PART IV

INTERVENTION AND PREVENTION STRATEGIES
Chapter Eleven Objectives

By the end of this chapter, you will be able to:

- Differentiate professionally-led versus grassroots interventions
- Understand what it means for a community intervention to be effective
- Know why a community needs to be ready for an intervention
- Be aware of the steps to implementing community interventions
Many older people live alone, as is the case with Antonia. Since her husband died, Antonia has been living on her own in a small apartment in the Triana neighborhood in Seville, Spain. Due to problems with her mobility, she barely leaves her home and needs help to clean her house and make food. She misses having company over to chat and hang out with. She is also afraid of falling or having an accident and is worried there is no one who can help her. A neighbor told Antonia that the University of Seville now offers a service where a student from outside the city can live with her during the academic year, in exchange for housing. Antonia decided to join this special Community Psychology oriented program and was very happy that the student could help her with household chores and accompany her on a day-to-day basis.

The Community Service of the University of Seville in Spain has developed this community intervention program that matches university students with those who need services, including the elderly, people with disabilities, and single mothers. With this program, students receive free housing in exchange for providing company to the people with whom they live. They are also expected to help out with small domestic tasks and provide assistance to their hosts. The program is based on models of social support and mutual help. The university helps by matching students with those who need these resources, but also provides training, guidance, and ongoing monitoring to ensure that both parties benefit from the program. By being involved in this exchange, the students develop empathy, caring skills, and communication competencies, all attributes necessary to build strong communities. The evaluation of the program has shown improved perceptions of available social support and improved
psychological well-being among participants. This program is an example of a successful community intervention.

In general terms, community interventions refer to actions that address social problems or unmet human needs, and take place in a neighborhood, community, or other setting. A community intervention is, therefore, an intentional action to promote change that can be expressed in different ways depending on the needs of the community. One type of program is a more traditional type known as a professionally-led intervention; it involves a program planned and implemented by professionals. For example, a mental health practitioner could have visited Antonia in the example above and provided her medications to relieve her depression. A second type of intervention aligns more with the spirit of Community Psychology, in that it uses approaches of both participation and collaboration, called a grassroots intervention. This second type of community intervention involves bringing volunteers into the homes of people like Antonia, and working together to develop and provide the social support intervention. These types of programs often have recurring themes of prevention, social justice, and an ecological understanding of people within their environments that were described in Chapter 1 (Jason, Glantsman, O’Brien, & Ramian, 2019). Below we will describe in more detail the methods utilized during the development and implementation phases of both traditional and participatory community interventions.

The first of the two types of interventions involves developing and implementing a program in a more traditional style, with a mental health professional designing and implementing the intervention. For example, a psychologist can teach a group of teenagers positive social skills so that they can confidently and voluntarily say “no” to their peers when they are encouraged to consume alcohol or other substances. A second type of intervention involves a participatory approach. For example, imagine security problems are affecting your neighborhood, and you meet with a group of neighbors to address how this issue is impacting your community. Instead of implementing preconceived and predesigned activities (e.g., the educational materials in the traditional example above), everything is decided in collaboration with the neighbors through active citizen participation. The intervention emerges as neighbors establish objectives (i.e., what problems they want to solve in the neighborhood) and decide what actions they can carry out together. The case study below shows how important citizen participation is for solving community problems.

**Case Study 11.1**  
The Rochelambert Lot and Grassroots Organizing
A grassroots movement of residents in Rochelambert, a neighborhood of Seville, formed when the city council and a company announced the construction of a private parking lot in their community. One of the neighborhood leaders explained: "Here we have 300 parking lots on the surface and the neighbors did not see the need to build a parking lot. The town hall and a promoter decided to build an underground car park, together with a building, without consulting the neighbors. We did not see the need, because, in the end, we would pay for a parking space in a place where we already had parking. So we organized ourselves. With the participation of the community presidents in each block we coordinated; each neighbor began to pay one euro per month for the expenses of posters, travel and lawyers; as we thought that the cranes would come at dawn, we made patrols during the night ... The press echoed and we were clear that this battle was going to be won, that things are not imposed ... I think it was important to have people in the neighborhood who had experienced the transition from dictatorship to democracy and knew the importance of political participation. The fight lasted five months, and in the end we managed to stop the parking lot. Since then we maintain friendship, because that united us a lot."

These types of bottom-up activities or grassroots movements are going on all the time, and it is our challenge to identify and work with these groups to promote behavioral change in defined community contexts so that social problems can be addressed. Community Psychology emphasizes the importance of community participation as a key process that improves preparation for change, contributes to community organization, and facilitates the implementation of collective actions, as the next case study below also illustrates.

**Case Study 11.2**

**Participatory Research with Fishing Communities**

The mouth of the Guadalquivir River is part of a “hotspot of biodiversity” in southern Europe, where fishermen make their livelihood. As there were certain areas of the river that were being overfished, there was a need to address this problem. In a study with fishermen in the area, we analyzed the social networks that connect them, exchanging social support and information about the marine environment (Maya-Jariego, Florido, Holgado, & Hernández, 2016). In a later meeting, the fishing communities decided, in a participatory way, on a series of actions that they would carry out in order to conserve the fishing resources of the area. The information on the networks
among the fishing community served to reflect on the preferred fishing areas of different groups of participants in the fishing community. Having an overview of the area allowed them to detect the fishing grounds that were being over-exploited so that they could self-regulate fishing practices.

In this case study, the involvement of fishing communities in the management of fisheries was essential for the effective implementation of quota policies as well as restrictions on permitted types of fishing. More information on these types of participatory approaches is available at Research for Organizing, which shows you how to use very practical toolkits for developing action efforts to solve community problems.

In the next section, we will show the importance of designing effective programs, or programs that actually work. Programs that are designed to work effectively are called "evidence-based," meaning that prior research has shown that these programs are successful in what they are intended to do. Another essential feature of community interventions is that they are implemented interventions to meet the needs and interests of the community. We will show how the outcomes of the intervention depend, in part, on the degree of readiness for change in the community. This means that the community members are generally excited about the intervention and committed to seeing the program through. Finally, community interventions are implemented successfully when the community psychologists have the necessary skills and abilities to work collaboratively with community members to make effective, long-lasting changes.

Figure 1. "Flowchart-sm" by Bates98 is licensed under CC BY-SA 4.0; Modified from original
The logic of effectiveness is strongly rooted in the tradition of Kurt Lewin’s (1946) action research. His work involved improving intergroup relations and preventing discrimination, and it helped us understand the importance of using solid research methods and outcome studies to support our work. The key for improving effectiveness is to base programs on previous research evidence and to apply strategies of further research to support the effectiveness of the program. The sequence of planning—action—fact-finding is a learning cycle based on experience. In the first step, the theory guides our action. In the second step, we then implement the intervention. In the third and last step, evaluative research is used to check the effects of the action. However, the intervention does not end there because the results can change the way we think about how we might develop even more effective interventions to solve problems in the future. Community psychologists constantly repeat these three steps to gain more data to improve the effectiveness of their interventions.
Let’s look at this approach with a specific case. The prevention of drug abuse is important, as thousands of people die each year from addiction. Research has shown that the majority of adults with drug abuse problems start using when they are teenagers, are subject to social peer pressure, and are exposed to negative behavior models in their immediate family and community environment. In addition, a growing number of studies over decades showed that specific programs are effective in overcoming these issues (Griffin & Botvin, 2010), and the results of one program led to even more effective and comprehensive programs. These types of prevention programs have multiple components including providing skills to resist attempts at social influence, improving communication in the family, and reducing adolescents’ access to drugs. Prevention programs at school have provided youths training in social skills to resist peer pressure, raise self-esteem, and reduce favorable perceptions about substance use. In addition, interventions with parents aimed to improve family communication and the establishment of rules against using drugs. Finally, community prevention efforts have confronted larger scale ecological factors, such as the media that often promote alcohol, tobacco, or illegal substance use. In this case, it is important for an intervention to use many of these strategies together, with comprehensive actions being developed through community coalitions. The following case study is an example of community psychologists working on multiple ecological levels when implementing a prevention program.

Case Study 11.3
A Community Intervention to Decrease Adolescent Tobacco Use

Kaufman, Jason, Sawlski, and Halpert (1994) launched a community intervention to decrease the number of new smokers, particularly focusing on African American adolescents. The preventive intervention combined a school-based curriculum with a media campaign. A total of 472 elementary schools provided students with a smoking prevention booklet, while the media campaign reached out to the broader community. A widely distributed local newspaper included parts of the curriculum on their weekly children’s page. A local radio station, with over a million listeners, aired a call-in talk show focusing on better parent-child communication about smoking. The station also aired anti-smoking public service announcements and promoted a smoking prevention rap
In the case study above, the intervention effects demonstrated the merit of community-wide, comprehensive preventive interventions. As demonstrated, Community Psychology interventions are based on the scientific understanding of the problem (e.g., drug abuse), with an empirical analysis of risk and protective factors. Secondly, the interventions keep in mind the changes that need to be achieved in the community, aiming to consider the ecological levels that were discussed in Chapter 1. As indicated earlier, these interventions also bring in the active participation of community members in planning and implementing the programs.

**IMPLEMENTATION**

What do we mean by implementation? As mentioned above, having a good community intervention depends on how well the program has been designed and tested out to be effective. It is also important to keep in mind how ready or interested the setting or people are in the intervention because if the community does not really want the program, it is very unlikely to be accepted or used by the community members.
Case Study 11.4
A Classroom Exercise and Lessons in Implementation

One high school teacher performed an interesting exercise with his students in a class. First, he inserted cotton in a transparent bottle. Next, he lit a cigarette and placed it so the smoke entered the bottle. After a while, the students could see that the cotton had blackened and retained a part of the tar and other harmful elements of tobacco. In a simple way, this showed the effect of smoking on the lungs. When adolescents are informed about the negative health consequences of smoking, they may be less likely to use tobacco. However, the achievement of good preventive results with this group of adolescents does not only depend on having clear intervention ideas, such as the demonstration of the cotton in the bottle but also enlists the help of the students and teachers in changing the social pressures to smoke. It also involves the larger community including the media, such as in Case Study 11.3. Furthermore, it is important to have the groups actively invested in the program, and this can occur when they participate in the design and implementation of the intervention. In part, the success of the intervention also depends on when and where this activity will occur during and after school; these type of factors influence how well the program is implemented.

In Case Study 11.4, we are focusing on community dynamics—a critical factor that is often forgotten when interventions are developed. By considering the community dynamics when implementing an intervention, this helps shape whether the intervention should be more traditional, with an expert delivering a packaged prevention program, or more in line with the spirit of Community Psychology, where community partnerships actively bring those voices into the design of the intervention.

Theory is an important aspect when community psychologists develop and implement ecological community interventions, but there is more that is needed to make long-lasting changes. Other critical areas involve the skill levels and knowledge of those who implement the programs, the interest and readiness for the intervention among the community members, and the availability of the needed resources required by the intervention. We can illustrate these points with the example of smoking, which was reviewed in Chapter 1. If you can believe it, there was a time when commercials had physicians endorsing tobacco use (see the video on physicians endorsing tobacco in Chapter 6; Stevens & Dropkin, 2019)! In the 1940s and 1950s, few people thought that tobacco use was harmful. It was not until tobacco use and its effects were studied for years that public perception, and then policy, were changed. Over the past 50 years, there have been significant reductions in smoking in the US (Biglan & Taylor, 2000). This reduction was due to evidence gathered over time on the consequences of tobacco abuse, which helped change people’s opinions about smoking.

Communities may vary in the degree of awareness to a specific social problem, as few were willing to address tobacco use as a problem before the 1960s. With the Surgeon General’s report, the public began to view tobacco as a harmful social problem. This shows that, in practice, some communities
may be more or less prepared for changes. That is why the degree of “community readiness” often determines whether our community interventions will be effective. From this perspective, implementation is a key process: since it is not enough to design effective programs, it is also necessary to attend to the factors that make the desired social change possible.

Case Study 11.5
The Importance of Public Awareness in Prevention Efforts

Investigators have tried to prevent intimate partner violence in different Latin American countries. In one of the countries, there was frequent debate on television about gender-based violence, and this led to several organizations advocating for greater protection of women. In another country, there was little publicity or awareness of these types of issues, and there was not the same type of organizational advocacy. In other words, the issue was not publicly discussed nor were there organizations promoting community awareness of this topic.

In the above case study, the level of community readiness was high in the first country but low in the second, which led to more intimate violence prevention programs being launched in one country than the other.

Let’s go back to the above cases 11.3 and 11.4 showing tobacco prevention to again illustrate the importance of community readiness and successful implementation. The “Communities That Care” program well represents this concern for awareness of community contexts and the implementation process (Oesterle et al., 2015). This is a Community Psychology program that aims to reduce drug dependency, criminal behavior, violence, and other harmful behaviors among adolescents. The program is often initiated through a local community coalition, in which different organizations collaborate to develop united action for preventive purposes. This means that adolescents receive a consistent message from different agents of the community and are exposed to social norms that promote healthy habits. In addition, these community agents participate in choosing the evidence-based practices that will be implemented. Accordingly, they are jointly responsible for both the actions that are carried out and the introduction of adjustments to adapt them to the specific characteristics of the community. Finally, it is important that preventive actions have the intensity, continuity, and dose necessary to have the most significant impact in the community context. Dose refers to the number of sessions or the duration of a program and influences the level of results we can achieve. For example, we cannot
expect one social skills training session to have the same result as a longer semester-long program. Just like a muscle, the more these programs are exercised, the stronger they are. Thus, beyond the quality of the programs, how the community supports the idea and helps to carry it out affects how the program is applied on multiple levels in the community. The application of the Communities That Care program in neighborhoods has been found to reduce the overall consumption of alcohol, cigarette, and smokeless tobacco, as well as delinquent behavior. This video link provides more information about the Communities That Care model and its effectiveness.

In Figure 3, we have summarized some of the key factors in the implementation process when trying to prevent alcohol abuse.

- The social norms on alcohol consumption, the sensitivity of the population on the problems associated with drug abuse and the levels of community organization condition the effectiveness of preventive actions.

- The intervention is a process dependent on the operator and the reactions of the community. The history of application of the program in a specific context and the competencies of the program facilitators also influence the results.

- The proper functioning of programs with a suitable theoretical design depends in practice on the interaction between organizational and community aspects in the specific context in which they are implemented.

Figure 3. "The logic of implementation in the prevention of abusive alcohol consumption" by Isidro Maya-Jariego and Daniel Holgado

TRANSFORMING COMMUNITY CONTEXTS

When we seek to address problems through community interventions, we discover the importance of the environment and potential community partners (Shinn & Toohey, 2003). In other words, we need to understand the context, or the neighborhoods and community settings, within which we place the community interventions. We can illustrate this with the following examples involving refugees and the approaches of several countries in dealing with this issue.

In Colombia, displaced persons can access housing when they flee political violence. However, this often places them in a segregated space where they share their day-to-day lives with other people who also suffer from post-traumatic stress. This also occurs in Spain with incoming refugees, who are received in publicly owned “reception centers” that cover their basic housing, food, and health needs. They can also access language courses, workshops to improve employability, and other programs that aim to ease their integration into a new country. However, only a small percentage of the residents in
the reception centers are actually able to find work in Spain. Consequently, refugees have not been able to take advantage of the provided psychosocial resources. The case study below illustrates what needs to be taken into consideration when designing effective community interventions.

**Case Study 11.6**

**The Importance of an Ecological Lens: A Family Seeking Asylum**

The Patatanian family arrived in Madrid from Armenia, fleeing the harassment they suffered for religious reasons. They were received in the center of asylum seekers and provided accommodation and food. The parents received Spanish classes and made some contacts to learn about the labor market in Madrid while waiting for their case to resolve. Their children joined a school and, despite some difficulties adapting to a new country, made friends and did well enough academically. However, after nine months in Spain, they received a notification that the government did not recognize their refugee status. Consequently, although the Spanish teaching and employment guidance programs were well designed, the legal situation prevented the integration of the Patatanian family in Spain by not providing them the ability to apply for jobs. This resulted in the programs not achieving the objectives they were designed to meet.

The family, however, was fortunate to have another chance for a better life. Shortly after their experience in Spain, they decided to try again in Canada, where they were welcomed with not only the classes and resources but also the opportunities to fully participate in the workforce. The family members learned French and integrated very well with the community of Armenians living in Montreal. They also became friends with some neighbors and, little by little, could normalize their lives and find employment.

The case study of the family above shows why community interventions often need to transcend the individual level and deal with higher ecological levels. That is, it is about introducing deeper, **second-order changes** such as providing employment opportunities, that can have a more lasting and sustainable effect on individual behavior.

Let’s take child labor as another example. Child labor is a worldwide problem, affecting a large number of developing countries. It has a very negative impact on the cognitive, affective, and social development of the child. Programs can be developed that promote self-esteem, train social skills, or reinforce academic motivation. But, an effective intervention program also needs to focus on the children’s environment. If parents need to have their children work at very young ages to support the family as a whole, community psychologists need to take this into consideration and possibly find better ways for the parents to earn money so that they do not need to depend on their children to earn money, as illustrated in the case study below.
The Edúcame Primero is an initiative that aims to reduce child labor through psychoeducational strategies and community collaboration. Some of the strategies are oriented toward creating safe learning spaces in the school and the involvement of the family in the education of the children, as well as the collaboration with other agents in the community context. A central element of the program is the use of a methodology called Spaces for Growth (SfG): that is, complementary training workshops for formal education that include strategies for facilitating participation and active collaboration for children and young people, as well as their families and the staffs of educational centers. The SfG promote collaboration with different agents in educational and community contexts, namely: teachers, professionals, community leaders, and families. They participate in the design of the workshops, the configuration of the program content, and the adaptation of the program to the characteristics of the educational center. To this end, the involvement of parents, exchange forums with community agents, and regular meetings with staff of the educational centers are organized. Community readiness is evaluated by gathering information on (a) existing resources and key players in the community context, (b) previous experience in the implementation of intervention programs in child labor, (c) the level of awareness about child labor as a problem among community members and (d) the degree of community cohesion around existing needs linked to child labor. Finally, facilitators play a key role in the adjustment to the community context. They are professionals selected on the basis of their capacity for teaching children
and young people, their knowledge of the community environments in which the SfG will be implemented, as well as their leadership skills (e.g., abilities for community mobilization). The Edúcame Primero program has proven to be a good practice in the prevention of child labor, with positive results in terms of prevention and reduction of child labor. A video of the Edúcame Primero is available [here](#).

In Latin America, these types of intervention efforts have been developed by international organizations, such as the International Labor Organization (through the [International Program on the Elimination of Child Labor](#)), in collaboration with national governments and other third-party entities. In the last two decades, these international organizations have designed and implemented programs that have resulted in the worldwide prevalence of child labor decreasing by about 30 percent. As we can see in the Edúcame Primero example, environmental contexts need to be considered when developing these types of Community Psychology interventions. Figure 4 illustrates the multiple ecological levels of community-based interventions.

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<th>Ecological level</th>
<th>Context of intervention</th>
<th>Examples of action</th>
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| Individual       | Children at risk        | • Promotion of self-esteem  
                     |                         | • Social skills training |
| Micro-social     | Families                | • Change of attitudes  
                     |                         | • Improvement of the supervision of children |
| Organizational   | Schools                 | • Improvement of the organizational social climate  
                     |                         | • School relations with families |
| Locations        | Rural vs. urban         | • Agricultural activities vs. selling in the streets  
                     |                         | • Internally displaced persons vs. parent studies |
| Macro-social     | Policies                | • Agreements between employers and unions  
                     |                         | • Compulsory education policies |

Figure 4. "Context matters: Prevention of child labor at multiple ecological levels" by Isidro Maya-Jariego and Daniel Holgado
There are many important lessons we can learn from working to develop community interventions. Some of these lessons include the need for using programs that have some evidence that supports them and working collaboratively with the community to be sure that they support and help design the actual program. Community psychologists use good theory and methods with the community members, and this is something that often does not occur with many interventions that are thrust on communities with little input from community members. Active community participation makes it more likely that the intervention is accepted and carried on into the future by the community members.

In summary, community intervention is a planned action aimed at changing behavior in relation to a social problem. Action research consists of a learning cycle based on experience, through which interventions are based on previous theoretical models and in turn, generate new knowledge through the application of programs. Effectiveness is gauged by aiming at obtaining results with the application of evidence-based practices. Implementation should take into consideration the level of community readiness and focus on promoting active community participation.
Critical Thought Questions

1. You probably know of a community program because you have been a participant, volunteer, or simply an observer of it. Can you explain the difference between planning and implementation of programs, using this example?

2. Explain the following sentence: “to make good planning it is important to know the previous research on the subject, to make a good implementation it is important to have a good knowledge of the community receiving the intervention.”

3. Think of a social problem that is relevant to you and reflect on the degree of “community readiness” that exists in your city to deal with this problem. Justify your arguments with some empirical data referring to the place where you reside.

4. Using the “Edúcame Primero” program as an example, try to explain the following concepts: “effectiveness”, “dose”, and “community coalition”.

Take the Chapter 11 Quiz
View the Chapter 11 Lecture Slides
REFERENCES

Chapter Twelve Objectives

By the end of this chapter, you will be able to:

- Understand historical perspectives on prevention and promotion
- Define the different types of prevention
- Identify examples of risk and protective factors
- Describe various aspects of prevention programs and evaluation
One notable characteristic in the field of Community Psychology is the focus on prevention of problems and wellness promotion, as discussed in Chapter 1 (Jason, Glantsman, O’Brien, & Ramian, 2019). This occurs through addressing individual-level competencies within a community and also through working to change systems and contexts. As highlighted in Chapter 1, prevention serves as an exemplary framework for Community Psychology research and also an innovative way to approach real-world problems. The core belief is that taking action early on can prevent more serious problems from developing in the future. Case Study 12.1 profiles Head Start, an early childhood prevention program for kids aimed to reduce the negative effects of poverty. The case study highlights the way the political and social forces of the time shaped the development of Head Start. This program represents a pivotal tale in the history of prevention, serving as an example of many of the key concepts detailed throughout this chapter.

### Case Study 12.1
**The Head Start Model**

Head Start, an early childhood education program for children experiencing poverty and related stressors, was first established in 1965. Head Start was created in response to President Lyndon B. Johnson’s famous State of the Union address in 1964 where he called for an “unconditional war on poverty” (Watch the speech [here](#)). Programs from this era reflected efforts to improve social conditions and prevent the negative outcomes associated with poverty.

The purpose of Head Start programming is to reduce gaps in skills, appearing at kindergarten entry, between children experiencing poverty and their counterparts. These early disparities can continue throughout schooling and into adulthood; therefore, Head Start aims to provide equitable preschool services to improve children’s readiness for entering school. The Head Start model adopts an ecological, whole-child approach and provides comprehensive services to children while promoting the well-being of the whole family that extends beyond academics (watch [The Head Start Advantage](#) for a closer look). Head Start involvement has resulted in improved language development, learning/pre-academics, and social-emotional skills of children by the time of kindergarten entry (U.S. Department of Health and Human Services Administration for Children and Families, 2010).

Since its inception over 50 years ago, Head Start has expanded and evolved greatly. See the Office of Head Start’s [interactive and detailed timeline](#). Head Start (and Early Head Start) programs currently serve children from birth to 5 years of age. According to the Office of Head Start, there are Head Start programs across all 50 states and several US territories.
The concept of prevention comes from the field of public health. This is very different from the medical model, which refers to the framework of treating social problems in the same manner that we treat illness. Community psychologists have long been critical of the medical model, given its shortcomings in locating social problems in the individual, which are often rooted in systematic inequalities. This talk describes key distinctions between the medical model and community-based advocacy to address female juvenile delinquency.

Two key aspects of a public health approach to problems include measuring the incidence and prevalence of disease. In Community Psychology, a public health approach requires that the focus is on measuring the incidence or prevalence of a social issue. **Incidence** refers to the number of new cases during a specified period of time (e.g., the annual rate of new cases of depression among women, the annual rate of new individuals who experience homelessness). **Prevalence** is the total number of cases in a population (e.g., the total number of women in the population with depression, the total number of people in the population who are homeless in a particular country). Understanding the incidence and prevalence of a social problem is a critical first step to developing a prevention focus.
The 1960s were a critical point in time for the change in focus to prevention, rather than treatment, of individual disease (medical model). As seen in President Johnson’s speech, a focus on prevention was in the spirit of the times. During this point in history, there was a concentrated focus on social inequality and civil rights, the prevention of mental health disorders, and the establishment of innovative prevention programming in the community (e.g., Head Start). This time was not without debates about where to focus resources and how to define social problems. For example, Albee (1983) argued forcefully against the medical model for treating mental illness.

That is, no mass disorder that affects large amounts of individuals (e.g., poverty, mental illness, homelessness) has ever been eradicated by providing treatment to each person affected by the problem. Nor is it feasible to train enough professionals (e.g., clinical psychologists) to end a problem (e.g., mental illness) that has roots in deeper social problems such as poverty and oppression. Prevention efforts require an ideology aligned with social change, education, and primary prevention (Albee, 1983).

The field of prevention was somewhat new to many in the field of psychology. The public was also not familiar with this idea as it represented a very different way of thinking about solving problems. As one example, at a psychological convention in 1981, Bob Felner and Leonard Jason, two community psychologists, had a most interesting conversation with Jerry Frank, who was a senior editor at Pergamon, a major book publishing company. What often occurs at these types of meetings is that publishers and authors have discussions about possible book ideas, and Felner and Jason approached Jerry with the idea of an edited book in a new field in psychology. Jerry seemed interested, and then Felner and Jason said they wanted to title the book Preventive Psychology. Jerry looked puzzled and asked them why they would want to prevent psychology. Jerry’s reaction was actually very typical of how many people reacted to this new way of thinking about social problems. Felner and Jason chuckled and said they were not trying to prevent the field of psychology, but rather wanted to provide examples of how prevention could be used to address many problems that psychologists were dealing with such as addictions and school difficulties. Jerry had not thought about this approach before, and after a long discussion, he finally understood the exciting possibilities of this field and agreed to publish the book which was titled: Preventive Psychology: Theory, Research and Practice.
In the wake of these debates, an abundance of programming and empirical research surfaced. This included research on preventive interventions to reduce mental illness and social problems such as crime and homelessness. The findings from these studies demonstrated that taking a prevention focus is effective (e.g., see Durlak & Wells’ 1997 meta-analysis on this topic).

**Primary Prevention**

Interventions designed to prevent the onset or future incidence of a specific problem

**Secondary Prevention**

An early intervention that decreases the prevalence of a specific problem

**Tertiary Prevention**

Treatment designed to improve quality of life and reduce the symptoms after a disease or disorder has developed

Does not reduce incidence or prevalence

Figure 1. "Types of Prevention" by Valerie Anderson, Samanta Boddupati, and Symone Pate.
There are three types of prevention: primary, secondary, and tertiary (Caplan, 1964). The corresponding Figure 1 above provides an overview of these types of prevention. **Primary prevention** includes efforts to stop the problem from beginning in the first place. For example, Durlak and Wells (1997), in a *meta-analysis*, analyzed mental health treatment studies and outcomes from prevention interventions with another area of focus: drug use, physical health, academic achievement. They identified that specific high-quality programs can prevent multiple problems across different areas. This research specified how important it is for collaboration to occur among prevention scientists across disciplines. Collaboration and **interdisciplinary** work are other key focus areas of Community Psychology. Collaboration can maximize prevention efficiency and help researchers and practitioners understand the short-term and long-term effects of preventive interventions. The other important finding from this study was that positive mental health outcomes could be achieved through interventions targeting other aspects of human development and functioning. For example, (1) successful education programming can reduce future drug use and (2) programs promoting positive physical health can boost academic achievement.

**Secondary prevention** includes interventions that detect a disease early and prevent it from getting worse. In another meta-analysis, Durlak and Wells (1998) evaluated outcomes of 130 secondary prevention mental health programs for children and adolescents. They found that secondary prevention produces positive effects on young people receiving treatment for mental health through significantly reducing problem behavior, increasing youth competencies, and improving social and emotional adjustment. This work was groundbreaking in that it highlighted how preventive interventions can be *just as effective* as providing individualized psychotherapy for children and adolescents and *more effective* than reactive approaches to preventing problem behavior such as smoking, alcohol use, and delinquency. One case study example of secondary prevention is sexual assault prevention on college campuses. The Rape, Abuse, and Incest National Network states that college-age women have a high likelihood of experiencing sexual assault. Secondary prevention efforts to reduce sexual assault on college campuses may include self-defense, bystander intervention training, sex education regarding consent, resource education, and increasing sexual assault survivor visibility. The [Centers for Disease Control](https://www.cdc.gov) and the [American Psychological Association](https://www.apa.org) have both published recommendations to reduce sexual violence and make college campuses safer. A life transition can be stressful, such as entering school, graduating from school or getting married, and these are excellent times for implementing secondary preventive interventions. The following Case Study 12.2 illustrates one such program from youth transferring into a new school when some children are at high risk for developing academic and social problems.
A group of community psychologists designed an intervention for transferring elementary students which included an orientation to the new school and a program buddy at the new school. Also, those transferring students who were assessed as having some early academic difficulties were provided tutoring twice a week, over the entire academic year. For some at-risk youth, the tutorial aspect of the intervention focused on working directly with the children; for another group of children, the intervention focused on working with both the children and their parents. One year after the intervention ended, only children in the schools with the parental involvement condition continued to improve in their math and reading grades. The continuing increase in reading grades following the intervention suggests that students receiving both school and home tutoring benefitted the most from the comprehensive intervention. This intervention demonstrates the value of providing comprehensive prevention interventions at critical points in a child’s life course (Jason et al., 1992).

Tertiary prevention treats disease or social problems with the goal to improve quality of life and reduce symptoms of the problem after it has developed. Tertiary prevention differs from primary and secondary prevention in that it does not focus on reducing the incidence or prevalence of a disease or social problems, but rather on treating the problem once it arises. For example, as depicted in the video “An Ounce of Prevention,” parenting programs that increase key parenting characteristics, such as parental warmth, and support parents’ abilities to manage disruptive behaviors during early childhood, can prevent child maltreatment and future behavioral concerns in children. The video specifically describes the impact of such a tertiary prevention effort for a Mexican immigrant family facing several risks that may place children at greater risk for maltreatment and future behavioral distress, including underlying medical factors and poverty. These programs can be delivered to families on an individual or group basis (e.g., Incredible Years®, Triple P – Positive Parenting Program®) in the community.

The Ounce of Prevention video further depicts four prevention and promotion programs for young children, middle school adolescents, unemployed adults, and elderly people. These programs highlight each of the different types of prevention discussed above and why these programs are advantageous for their respective populations. The video includes interviews of the participants and program developers, footage of program activities, and a discussion of program outcomes. Indeed, an ounce of prevention can reduce a host of problematic behaviors and outcomes later in life.
The Institute of Medicine also has developed definitions for prevention efforts. One key distinction in this definition is that tertiary prevention is no longer considered a type of prevention, but rather an intervention strategy.

**Indicated prevention** refers to programming that targets people who have detectable early signs of maladjustment that foreshadow social, physical, or mental health problems. For example, the field of pediatrics has increased attention to decreasing the prevalence of childhood obesity in order to prevent adult obesity. Goldschmidt et al. (2013) specifically describe an indicated prevention approach that employed an intensive family-based treatment that included a combination of dieting, exercise, and behavioral (e.g., self-monitoring, parent skill training) strategies that targeted 669 obese and overweight youth across three cities in the US. Researchers measured the change in weight that was necessary to alter the status of overweight or obese youth to non-overweight. Results showed that despite some differences by age and initial weight classification, even a small decrease in weight was enough to move children into the non-overweight status after one year. Specifically, this underscores that preventive efforts during childhood may need only a small investment of resources to produce important changes. Another example of indicated prevention programs targeting substance use among youth can be found [here](#).

**Selective prevention** involves programming that targets individuals who do not show any indication of the problem, but are at high risk for the development of the problem. For example, Head Start can be considered a type of selective prevention because many programs aim to provide comprehensive supports (e.g., schooling, family-based interventions) to children experiencing specific risk factors that place children at risk for later academic and social-emotional difficulties, such as poverty or developmental delays.
Universal prevention, which is similar to primary prevention, targets all of the people in a given population. School-based universal prevention programs that target behavioral and social–emotional functioning at the school or class-wide level are an example of a universal prevention approach to increasing access to services. These programs are a direct response to literature which indicated that the unmet behavioral and mental health needs of school-aged children increase the risk for longer-term declines in mental health, academic, and social functioning (Costello, Egger, & Angold, 2005; Nastasi, 2004). One such prevention approach to population health that has demonstrated immediate and long-term behavioral, academic, and societal benefits, the PAX Good Behavior Game, is described in Case Study 12.3.

The PAX Good Behavior Game® is a set of universal prevention strategies, rooted in decades of behavioral science that are implemented by classroom teachers in schools. PAX GBG aims to create a positive, safe, and nurturing classroom environment for learning and pro-social interactions. This nurturing environment enhances children’s behavioral skills, such as self-regulation and co-regulation with other classmates, and can improve learning outcomes in children. PAX is an example of universal prevention because it targets and benefits all students in a classroom or school, including the students who are exhibiting signs of behavioral and/or learning concerns as well as those who are not exhibiting these concerns. Click here to learn more about the good behavior game and watch Dr. Dennis Embry, president and senior scientist at PAXIS Institute talk about PAX.

In addition to immediate changes in the classroom, such as fewer instances of discipline referrals, studies have shown that children who were in PAX GBG classrooms during elementary school were less likely to use tobacco and other substances and more likely to experience better behavior and mental health in high school and young adulthood (e.g., Storr, Ialongo, Kellam, & Anthony, 2002; Wilcox et al., 2008). Learn more about some of the short and long-term benefits of PAX GBG here.

*PAX Good Behavior Game images reproduced with permission from PAXIS Institute
### Which Classrooms Do You Want Your Kids or Grandkids?

**Benefits of PAX GBG compared to control classrooms in the same schools when the students were in their early 20’s after 1-2 years of exposure to PAX GBG in 1st or 1st and 2nd grade.**

*Relative Difference = (GBG/Control) - 1*

<table>
<thead>
<tr>
<th>Increased Outcomes</th>
<th>Student Groups</th>
<th>Control Classrooms</th>
<th>PAX GBG Classrooms</th>
<th>Relative Benefit</th>
<th>PAX GBG Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>All girls</td>
<td>58.6%</td>
<td>73.6%</td>
<td>+125.5%</td>
<td>Increase</td>
</tr>
<tr>
<td></td>
<td>All boys</td>
<td>44.8%</td>
<td>53.3%</td>
<td>+118.9%</td>
<td>Increase</td>
</tr>
<tr>
<td>College attendance</td>
<td>All girls</td>
<td>26.4%</td>
<td>40.3%</td>
<td>+152.6%</td>
<td>Increase</td>
</tr>
<tr>
<td></td>
<td>All boys</td>
<td>12.8%</td>
<td>26.6%</td>
<td>+207.8%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decreased Outcomes</th>
<th>Student Groups</th>
<th>Control Classrooms</th>
<th>PAX GBG Classrooms</th>
<th>Relative Benefit</th>
<th>PAX GBG Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any special education services</td>
<td>All girls</td>
<td>26.2%</td>
<td>19.5%</td>
<td>-25.5%</td>
<td>Reduction</td>
</tr>
<tr>
<td></td>
<td>All boys</td>
<td>43.2%</td>
<td>24.6%</td>
<td>-56.9%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Regular smoking</td>
<td>All boys</td>
<td>19%</td>
<td>6%</td>
<td>-68.4%</td>
<td>Reduction</td>
</tr>
<tr>
<td></td>
<td>Aggressive boys</td>
<td>83%</td>
<td>29%</td>
<td>-65.0%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>All boys &amp; girls</td>
<td>20%</td>
<td>13%</td>
<td>-35%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Heroin, crack cocaine use</td>
<td>All boys &amp; girls</td>
<td>7.3%</td>
<td>2.6%</td>
<td>-64%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Any drug abuse disorder</td>
<td>All boys</td>
<td>38%</td>
<td>19%</td>
<td>-50%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Anti-social personality disorder</td>
<td>Hi-aggressive boys</td>
<td>100%</td>
<td>40%</td>
<td>-60%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Violent &amp; criminal behavior &amp; ASPD</td>
<td>Hi-aggressive boys</td>
<td>50%</td>
<td>34%</td>
<td>-32%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Any services for behavioral, emotional, drug or alcohol problems</td>
<td>All boys</td>
<td>42%</td>
<td>25%</td>
<td>-40.4%</td>
<td>Reduction</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>Boys &amp; Girls</td>
<td>12%</td>
<td>7.1%</td>
<td>-51.3%</td>
<td>Reduction</td>
</tr>
</tbody>
</table>
Related to the key concept of primary prevention is **promotion**. Promotion involves empowering individuals to increase control of their health and well-being through literacy and programming. Community psychologists identified that the goal of preventing problems can be done through promoting well-being. Generally, there are two approaches to promotion. The first is through reducing the chances that the problem will arise. The second is through increasing skills, strengths, and competencies of individuals and settings to reduce the risk for problems arising. Cost-benefit analyses of promotion have shown that efforts that focus on health promotion are very cost-effective compared to reactive or treatment-oriented approaches (Durlak & Wells, 1997). Community psychologists argue that promotion must also take into consideration *ecological approaches* to improving the human condition. That is, those who are interested in preventing social problems and promoting human competencies and well-being must call attention to the relationship between broader social forces and rates of disease and social distress seen in communities (Albee, 1983). For example, Case Study 12.4 describes a community-based advocacy program developed by community psychologists to promote well-being among girls in the juvenile justice system.
Resilience, Opportunity, Safety, Education, Strength is a community-based program in New York City that pairs a trained advocate with girls involved with or at-risk for juvenile justice system involvement. The program works to provide the girls with resources and education, defining personal goals, developing self-efficacy skills, encouraging engagement with various social contexts (i.e., school, family, peers) and promotion to reduce justice system involvement. Resilience, Opportunity, Safety, Education, Strength aims to learn more about justice-system-involved girls’ needs. Research shows that those girls who have participated in this program reported greater resilience and self-efficacy; fewer risk behaviors, including violence, crime, and substance use; and decreased negative emotions such as depression, anxiety, and anger (Javdani & Allen, 2016).

Learn more about ROSES.

Risk and Protective Factors

Another key concept is the role of risk and protective factors. Risk factors are variables that are related to an increased risk for developing a disease or problem. While the term comes from a public health perspective, community psychologists use risk factors to understand factors associated with increased risk for various social problems such as homelessness, juvenile delinquency, or gender-based violence. For example, Figure 3 below depicts some of the most common risk factors, especially among children and adolescents, which prevention programs need to consider in reducing the development of social problems. Case Study 12.5 provides a specific example of risk factors for human trafficking, a pervasive problem around the globe. In contrast to risk factors, protective factors include variables that are related to a decreased risk for developing a disease or a social problem. Protective factors can include variables such as positive relationships, academic achievement, parental support, and strong economic conditions.
Case Study 12.5
The Most Vulnerable, The Risk Factors, and The Most Effective Programming
Human trafficking is a serious social problem in the US and around the world. Human trafficking involves the use of force, fraud, or coercion for commercial sex or involuntary labor (Trafficking Victims Protection Act of 2000). For sex trafficking cases, there are a number of risk factors for youth. Taking an ecological perspective, these can include factors related to an individual’s sociodemographic characteristics as well as social, behavioral, and broader community risk factors. Figure 4 below includes a list of risk factors for human trafficking.

Thus, the most effective prevention programming, such as The Prevention Project program, should target the most vulnerable population (e.g., female youth) engaged in social or behavioral correlates of sex trafficking (e.g., running away), or involved with community systems and programs such as the juvenile justice system or foster care, or social problems more generally, like poverty. The most effective types of services tend to be integrated and target multiple risk factors.

Figure 4. "Risk Factors for Human Trafficking" by Valerie Anderson, Samanta Boddapati, and Symone Pate
The Institute of Medicine (1994) developed a model for problem assessment, intervention, and **dissemination** strategies. For example, this research cycle includes assessing the prevalence of risk and protective factors of a problem area, developing prevention **innovations**, researching the **effectiveness** of those innovations, and disseminating innovations into the community. Figure 5 below outlines each aspect of the preventive intervention research cycle.
There are a number of challenges to conducting prevention research and using these models since they identify what needs to be done but provide very little detail on how these things will happen. Most models, such as the Institute of Medicine framework, focus on the functions that are part of the innovation, implementation, and dissemination process, but not on the systems that support these functions. To address this gap, Wandersman and colleagues (2008) proposed a framework that describes relevant systems to help bridge the gap. The Interactive Systems Framework works to connect step four (conducting trials of the program) and step five (implementing the program in the community) of the Institute of Medicine model. Figure 6 below details the critical components of the Interactive Systems Framework to bridge this gap. For example, Halgunseth and colleagues (2012) used the Interactive Systems Framework to understand the relationship between program capacity and implementation in after-school settings. They examined eight after-school sites that received the Good Behavior Game (described in Case Study 12.2). Aligned with the Prevention Support System element of the Interactive Systems Framework, the after-school staff was trained and received weekly on-site
support in implementing the intervention. It was found that after-school settings that were more organized and maintained strong links to individuals or community-based organizations scored higher in program fidelity and quality. Funders can utilize the Interactive Systems Framework to identify what kinds of support they should provide for the Prevention Synthesis and Translation System element; similarly, practitioners can gather information from that same component for what they need as well as from the Prevention Support System element. Additionally, practitioners can see what they need to do to build capacity from the perspective of the Prevention Delivery System component.

Program evaluation is a cornerstone of Community Psychology research and action. Broadly, program evaluation involves measuring the effectiveness of interventions and policies. This can include both processes (e.g., how were intervention activities implemented) and outcomes (e.g., did the intervention achieve the outcome objectives). Community psychologists engaged in prevention and promotion research and action use logic models to guide these efforts. To read more about program evaluation, check out these resources from the Centers for Disease Control and the Community Tool Box. Conducting program evaluations is a key way that community psychologists can measure whether or not our prevention and promotion efforts are having the intended effect.
Even though prevention and promotion are seminal concepts in Community Psychology, they are not without drawbacks. Community psychologists have outlined two key critiques. First, prevention and promotion is limited in its focus on empowerment (Rappaport, 1981). Rappaport argued that prevention is “one-sided” in part because it is derived from a needs model, rather than a rights model. Further, Rappaport argued prevention programs may not be enough to change social institutions, but rather just add on to what is already in place. Rappaport made the case that empowerment is a better model because it prioritizes rights and offers a more transformative perspective to change social problems. Second, Miller and Shinn (2005) outlined another critique of prevention and promotion: the failure to adopt prevention programming is rooted in difficulties in implementation and dissemination.

Miller and Shinn (2005) described potential problems with the Institute of Medicine model of dissemination and potential ways community psychologists can directly counteract these problems in their dissemination efforts. They identified four distinct problems in disseminating prevention and promotion innovations. First, many communities have limited capacity (as shown in the video link) to implement a program causing dissemination failure. The context in which community-based organizations function shapes that capacity, so folks interested in disseminating programs must take into account ecological factors. Second, often times there is an incongruence of values—a lack of compatibility and/or consistency between the setting and the prevention program. Third, Miller and Shinn argued that there is a presumption that innovations that “prove their worth” in a controlled, experimental setting are better than what they might replace when implemented. They referred to this as “innovation bias” that wrongly characterizes communities as passively waiting to adopt a prevention program rather than problem-solving themselves. Finally, they
argued that the Institute of Medicine prevention and promotion model proposes an overly simplistic model of decision-making. It assumes that the evidence of the success of an innovation in a controlled, experimental setting is sufficient to promote decisions about adopting the innovation in practice. We know that many other considerations are also relevant in the decision-making of community agencies. Miller and Shinn (2005) proposed two potential solutions to these pitfalls of the Institute of Medicine framework. Rather than curating innovations in the context of a university and then translating them to a different environment in the community, community psychologists should identify promising prevention and promotion interventions already functioning in communities and study those to understand their effectiveness. Finally, they proposed that researchers should focus less on specific programs and more on powerful ideas that can improve the quality of life. This focus on powerful ideas may actually come from the process of understanding how prevention and promotion programs work in communities by specifying the core elements of a program that could be applied in other community contexts. Thus, we should be “learning from communities” and disseminating their prevention and promotion efforts that work.

Despite these critiques, prevention is still an important framework in Community Psychology and has the potential to create sustainable change in communities. Looking at precipitating factors, an attempt is made to make meaningful changes in environmental or personal factors to eliminate the barriers to success and wellness. Disease and community disorder will always require reactive responses and treatment; however, one goal of Community Psychology is to prevent some of it. Prevention lowers the demand for treatment and allows for increased access to resources that individuals may otherwise not have access to. As noted in this chapter, prevention also has the potential to reduce societal costs in the long run, which means resources can continue being spread for a greater amount of time.

**SUMMING UP**

This chapter outlined the importance of prevention and promotion as key concepts in Community Psychology. We highlighted the historical and contemporary perspectives on prevention and promotion including different types of prevention (e.g., primary, secondary, tertiary), risk and
protective factors, and the various aspects of prevention programs and the techniques needed to evaluate such programming. As seen throughout the chapter based on the wide range of examples—from childhood obesity prevention efforts to examining risk factors for human trafficking—there are a vast number of social issues community psychologists can explore with an eye towards prevention and promotion. These are important frameworks to use to target change across multiple levels (e.g., individuals, groups, settings, social systems) in order to prevent negative outcomes and promote well-being.

Critical Thought Questions

1. What role do risk factors play in promotion? Why is that important?
2. How have historical debates on prevention and promotion shaped the way we view their usefulness currently?
3. How does each type of prevention impact problems experienced in society or by members of society?
4. What aspects must we consider regarding prevention research and programming?

Take the Chapter 12 Quiz
View the Chapter 12 Lecture Slides

REFERENCES


Mrazek, P. J., Haggerty, R. J., & The Institute of Medicine, Committee on Prevention of Mental Disorders, Division of Biobehavioral Sciences and Mental Disorders. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.


# Chapter Thirteen Objectives

By the end of this chapter, you will be able to:

- Understand what stress is and the different forms people can experience
- Understand what coping is, what coping strategies are, and coping styles
- Understand how individuals and communities become resilient
It’s 2 am and your head is swarming with thoughts, none of them pleasant or relaxing: Did I reply to that important email? Am I ready for the upcoming presentation? Should I have studied more for tomorrow’s test? How long will it take me to fall asleep? Why is this always happening to me? All of these thoughts manifest as stress, an ever-present variable in our lives. You are not alone and as you will find out in this chapter, there are ways of coping and managing these stressors. Furthermore, there are ways that we can help communities better deal with these types of challenges too.
So what is stress? This shouldn’t be a trick question, but why is it so hard to answer? Stress can be three things: a stimulus event (i.e., a stressor), a process for understanding the stimulus and its context, and a reaction we have to this event. Essentially, to be stressful the event has to become an overload of incoming information into our system. Stress can cause both biological responses such as sweaty palms or a racing heart, as well as psychological responses such as nervousness. It is known to have effects on our behavior when we might avoid others, and it also affects cognitive performance when we might have difficulty concentrating.

A number of genetic studies have begun to identify candidate genes that may play a role on diverse forms of stress reactions. It is highly probable that genetics account for some of our responses to stress, but other factors are also of importance. Environmental stressors can also affect our behaviors and emotions. Environmental stressors can be grouped into different types: Major Life Events (e.g., experiencing a breakup, getting married, or having a baby), Life Transitions (e.g., puberty or transition into high school), Daily Hassles (e.g., family arguments or waiting in line at a security checkpoint of an airport) and Disasters (e.g., experiencing a car accident or a computer crashing causing lost of important information). These types of environmental stressors can cause you to be fearful and have a racing heartbeat. And our perceptions of these responses can actually make the symptoms worse. It is also important to note that these stressors can be perceived differently by different people. For instance, two people can get stuck in the same elevator and while one would find the experience as a nuisance, another will tell you it was the worse situation they have ever been in. Here is a podcast describing a poll about the role of stresses and stress responses in the natural world. This supplementary article explores what is the right amount of stress.
PHYSIOLOGICAL VS PSYCHOLOGICAL STRESS

While most of the time we think about stress in a negative way, some stress is adaptive and can even give us an edge. Part of the stress reaction involves the secretion of hormones, which in turn will stimulate the cardiovascular system, which includes your heart. In this way, the right amount of stress may release hormones and increase our ability to focus better on an exam or to quickly maneuver our car when we are trying to avoid an accident. Most stressors in our daily life are psychological in nature – dating, exams, presentations, and deadlines, so the adrenaline and cortisol (i.e., stress hormones) released into the bloodstream do not get burned off. These types of psychological stressors can initiate an over-activation with a tendency to make the stress response worse. So, a response to an environmental stressor may start as fear and turn into a panic attack.
Acute vs Chronic Stress

One of the goals of our body is to maintain stability (i.e., **homeostasis**). We can therefore, define stress as an actual or perceived threat capable of throwing our homeostasis off balance. Stress exposure starts the responses. When a person is exposed to prolonged stress, **overload** may occur. When the stress response is triggered too often and/or remains active too long, it can cause the “wear and tear” on the body from lowering your immune system and bone density, to hypertension, to heart attack.

There are two different types of stressors that we typically encounter. **Acute stressors** are observable stressful events that are time-limited such as an upcoming test or a family gathering. An acute stressor brings activation to our neuroendocrine system and makes us ready to act (i.e., “fight or flight”). Remember that pumped up feeling you got the last time you were getting ready to give a speech in front of the class? **Chronic stressors**, in contrast, are persistent demands on you; they are typically open-ended, using up your resources in coping but not having any resolution. Here is a [short article and podcast](#) on stress effects on health and suggestion for stress preventive activities.

A chronic illness, poverty, and racial discrimination are all examples of chronic stressors. Prolonged stress can lead to an eventual breakdown, such as destroying our DNA or contributing to aging. A number of recent studies have shown that lower socioeconomic status is associated with higher stress load. In addition, perceptions of racism, for example, serve as a chronic social stressor for ethnic minorities and can, in part, explain some of the health issues of African Americans and other ethnic minority groups in the US and other countries.

**Everyday Hassles**

**Robert Service**, a Canadian Poet, cautioned, “Be master of your petty annoyances and conserve your energies for the big, worthwhile things. It isn’t the mountain ahead that wears you out – it’s the grain of sand in your shoe.”

In addition to many stressors in our lives being psychological and chronic in nature, we should also pay attention to everyday hassles, which can be as harmful, if not more harmful than the life changing events. Everyday hassles may include things like worrying about one’s weight, having too much work with too little time, a stressful commute to school or work, etc. Major life changes usually bring about more hassles, which may lead to more physical stress symptoms.
In summary, stress can be adaptive—in a fearful or stress-causing situation, we can run away and save our lives or concentrate better on a test. Biologists might even say it is necessary. But, stress can also be maladaptive. This is especially true if it is prolonged (i.e., chronic stress) because it increases our risk of illness and health problems. Thus, reducing stress, especially prolonged stress, is essential to healthcare. This video explains the effects of daily hassles on our health.

**COPING AND STRESS**

To deal with stress in your life, it is important to figure out where that stress originates and notice how you tend to react to it. Later in this chapter, we will show you how community psychologists consider the environment and ecological perspectives as intertwined in stress and coping. Lazarus and Folkman (1984) have been among the most influential psychologists in the stress and coping field, and they defined coping as efforts to manage demands that could exceed our resources. It is important to highlight from this definition that when a person perceives a life circumstance as taxing and exceeding the resources they have, this person will experience stress. Therefore, coping involves your efforts to manage stress, which is illustrated in Figure 1.
Coping Defined

Lazarus and Folkman (1984) felt that when humans perceive a life circumstance as taxing and exceeding their resources, stress will be experienced, which we have already defined in prior section as an overload of incoming information into a system. Therefore, coping involves persons’ efforts to manage stress, whether the process of dealing with stress is adaptive or not (Lazarus, 1993). When we talk about coping, we will need to consider the intensity of the stressor, the context of coping, and an individual’s appraisal of coping expectations.

Coping Types

Research on coping has usually found five type of coping styles (Clarke, 2006; Skinner, et al., 2003; Folkman & Moskowitz, 2005). These include the following: (1) problem-focused coping style involves addressing the problem situation by taking direct acting, planning or thinking of ways to solve the problem, (2) emotional-focused coping style involves expressing feelings or engaging in emotional release activities such as exercising or practicing meditation, (3) seeking-understanding coping style refers to finding understanding of the problem and looking for a meaning of the experience, and (4) seeking help involves using others as a resource to solve the problem. Finally, people might respond to stressors by (5) avoiding the problem and trying to stay away from the problem or potential solution to the problem.

Coping Strategies

Coping strategies are the choices that a person makes in order to respond to a stressor. A strategy can be adaptive (effective) or maladaptive (ineffective or harmful). The ideal adaptive coping strategy varies depending on the context, as well as the personality traits of the person responding. The coping strategies can be problem-solving or active strategies, emotional expression and regulation strategies, seeking understanding strategies, help or support-seeking strategies, and problem avoidance or distraction strategies.

Here is one example of an intervention strategy that shows how to effectively cope with daily and transitional stressors. The strategy is called Shift-and-Persist (Chen & Miller, 2012), and it requires individuals to first shift views of the problem. To shift, you need to (1) recognize and accept the
presence of stress, (2) engage in emotional regulation and control negative emotions, and (3) practice self-distancing from the stressor to gain an outsider’s perspective of the stressful context. To persist, you would need to (1) plan for the future through goal setting, (2) recognize a broader perspective when obstacles arise, (3) determine what brings meaning to your life, and (4) become flexible to determine new pathways to goals. The Center for Disease Control and Prevention and the American Heart Association offer other coping strategies. Two more discussions on coping strategies are found in these two Ted Talk Videos here and here.

Table 1 below presents a list of coping strategies and is a summary of strategies reported in Clarke, 2006; Skinner, et al., 2003; Folkman & Moskowitz, 2005. Although completed lists are more extensive, this table presents styles reported across the three studies and presented similar response focus and orientation.
To understand coping as a process, we need to understand people's reaction to stress in context. This includes assessing whether the coping thoughts or actions are good or bad for that given challenge and given context. In addition, the process of coping includes the particular person, the particular encounters with the stressor, the time of the person’s reactions, and the outcome being examined. Practical Application 13.1 can help you examine your reaction to stress and understand your coping process.

### Table 1. Coping Strategies and Types of Responses

<table>
<thead>
<tr>
<th>Coping Strategies:</th>
<th>Type of Responses:</th>
</tr>
</thead>
</table>
| **Problem Solving or Active Strategies** | • Work on solving the problem in the situation  
• Make a plan for action and follow up |
| **Emotional Expression and Emotional Regulation Strategies** | • Let emotion out; get in touch with feelings and let them out  
• Let someone know about my feelings  
• Keep emotions under control by performing appeasing activities  
• Cognitive restructuring; reorganizing the way I look at the situation |
| **Seeking Understanding Strategies**     | • Try to understand or find meaning of the situation; looking for learning          |
| **Help-seeking Strategies and Support-seeking Strategies** | • Seeking instrumental aid or advice from others  
• Seeking comfort or understanding from others |
| **Problem Avoidance Strategies and Distraction Strategies** | • Acting like nothing had happened  
• Avoid thinking or doing anything about the problem  
• Leaving the scenario and staying away from the stressful situation  
• Efforts to avoid thinking about the problem situation by using distractions or entertainment activities |
Practical Application 13.1
Understanding Stress in Your Life

Think about an important stressful experience in your life:

• What was stressful about it for you?
• Was it a short-term or a long-term situation?
• What thing did you do to cope with this experience?
• What resources helped you cope with this stressful experience?
• How did your experience affect you as a person?
• What did you learn or how did you grow through this experience?

COPING AND CONTEXT

Community psychologists try to understand coping beyond individual perceptions and reactions to stress. In general, new coping models are looking into what the characteristics of people that will elicit a given coping style are. In addition, it is important to learn more about the effectiveness of different coping styles when used across different contexts (which includes the environment and nature of the stressors). A community psychologist is interested in understanding the contextual element that produces or reduces a given stressor, so they create interventions to help people cope with their stressors. Finding the best fitting coping strategy may improve people’s experiences and outcomes when confronted with challenging/stressful life transitions.
All people are exposed to transitions, with youth being even more likely (e.g., starting elementary/middle school, finishing high school, first job, etc.), and the experience of mastery of these situations might help school-age youth successfully cope with future transitions. The following Case Study 13.1 highlights how community psychologists might use preventive strategies to help youth deal with these types of natural stressors that they will encounter in life.

**Case Study 13.1**
**Preparing Students for High School Graduation**

Leonard Jason and Betty Burrows (1983) provided youth about to graduate from high school practice crisis experiences to work through so that they could generate successful outcomes for stressful situations. The youth were first informed that during times of transition, heightened levels of emotions are often experienced. These elevated levels of arousal can become maladaptive if experienced over a prolonged period of time. They then had a chance to practice techniques to effectively reduce excessive arousal or anxiety such as progressive muscle relaxation, meditation, or listening to quiet music. The youth were then given anxiety-promoting transitions to imagine. They were asked to try one of these strategies to alleviate the anxiety of this crisis situation.

The seniors also had a chance to discuss how personal beliefs and self-statements can affect one’s mood. When difficult transitions are encountered, irrational beliefs or negative self-statements might arise. An example of an irrational belief is that it is a necessity for us to be loved and approved by everyone we know. The seniors were provided with situations involving transitions to role-play. Within each of these scenes, one actor adopted an irrational belief; the other attempted to show a more rational way of thinking. Following each role-play, the participants had a chance to discuss how the adoption of a rational or irrational belief might affect their ability to successfully handle transitions. Following the role-plays, all the students discussed how effective the various coping strategies might have been in resolving transitional events.

This study found that seniors about to graduate from high school can profit from being provided a preventive intervention that prepares them for dealing with transitions. Here are some of the students’ comments: “You really helped me to really think out all my problems and how to answer them. Thanks!! .... It helped me to help other people who are in difficult situations.” “I think that problem solving is the most helpful to people at my age because we face problems every day.” “I feel that I have benefited from the sessions as I have gone through a lot as my mother has been divorced twice and is married for the third time and I just moved from a small town to a large city.”

But sometimes, crises occur, and then we need to find ways to deal with those situations. Case Study 13.2 will provide an example of helping individuals and communities with dealing with a natural disaster, Hurricane Maria.
Case Study 13.2
Coping with Hurricane Maria

On September 20th, 2017, Hurricane Maria devastated Puerto Rico. Watching the compounding difficulties over the course of that fall, Melissa Ponce-Rodas and a team of 20 members, four faculty, one alumna, 13 students, and two other staff members with backgrounds in undergraduate and graduate psychology, community and international development, and social work decided to spend their Spring break helping with the recovery. The ultimate goal of the mission was to “Accept, Talk, Heal,” providing mental health training in churches and communities to give those affected by the disaster the tools they needed to help them through the trauma of the aftereffect of the hurricane and to help them recover beyond the physical reconstruction of their community. This intervention was about more than cleaning up debris or restoring a school, it was about empowering a community to overcome trauma.

Prior to the intervention, the team contacted local church agencies and asked about their experiences and what was truly needed. This process of inquiry resulted in another group of people with expertise in the community to be invited into the collaborative process. The local collaborators included social workers, police officers, certified nursing assistants, staff from the four schools, church groups, and others who were directly affected by the natural disaster. It is not surprising that the team was quickly accepted and trusted by the community. Ponce-Rodas believes one contributor to this is her Puerto Rican heritage that helped bridge the intervention team to the community and facilitate connections between community members and those from the mainland.

Understanding the complexity of the coping process was one of the reasons Dr. Ponce-Rodas drew on her Community Psychology to partner with existing agencies on the island. Because so many community members had experienced symptoms of Post-Traumatic Stress Disorder the intervention aimed at normalizing the emotional reactions affecting the individuals. The team reminded the community members participating in the intervention that the whole community was going through this and no one should feel isolated in their experience and that it is normal to seek help from others when faced with adversity. The team emphasized this with the “Healing is a Process” slogan, highlighting the dynamic nature of this concept.

The team also agreed that a strength-based approach fits this intervention well. To help combat the loss and desperation, the community participants were encouraged to turn to the strengths the community still has. The message across the island was Puerto Rico Se Levanta (Puerto Rico Will Rise). Many heroic stories of selflessness and self-sacrifices emphasized resilience in the wake of such massive destruction and highlighted the power and strength in the community. The community members also often commented on their faith, which meant that the team included faith in their intervention. The team firmly believed that the best way the community could get help was by
understanding the community's background, by recognizing the dynamic process of coping, by alleviating the stigma of help-seeking, by drawing on their own strengths, and by helping themselves.

**Coping and Support**

Coping can be aided by asking others for support to help overcome problems. **Support-seeking strategies** include seeking advice or information or direct assistance. Individuals who engage in these types of help-seeking strategies are more likely to obtain social support. Seeking help from relatives may prove to be successful, which might contribute to it becoming a frequently employed coping mechanism. Barker (2007) suggests that youth's help-seeking behaviors set up the conditions to create a rich supportive network for them, such as the feeling that there is available support. Case Study 13.3 illustrates how one can go about studying supports using multiple points of view.

### Case Study 13.3
**Support Seeking Behavior**

Having at least one friend in a recovery home was found to be about the best predictor among residents of recovery homes of having a good outcome, which involves not using drugs or engaging in illegal activities. To better understand what seeking support might be about, several community psychologists used focus groups to better understand natural friendship and mentoring relationships. For example, participants were asked about how individuals determined who they would go to in the house for support, the type of support they received from housemates, and the characteristics that those individuals have. The findings from the focus groups had a theme of promoting social support within their recovery homes, as one female participant explained:

> "When I come in this door and I’ve got something to talk about, I don’t care which of these girls is here, I’m just going to talk about it. And that’s because they play a positive mentor or role model in my life. I don’t have to pick out two or three or one to say who I want to talk to."

Instrumental supports were often related to the ability of other house members to provide tangible support for residents. As one female participant described:
“I have not been employed . . . I’ve always been concerned about if my rent’s going to get paid on time. These sisters came together and told me if you can’t get your rent paid, we know what you’re doing and we know that you want to be here and they were willing to go into their own pockets to help me pay my rent.”

Focus-group themes indicated that men were also able to form supportive relationships within the recovery home settings, but not as quickly as the females (Lawlor et al., 2014).

RESILIENCE

Individuals who experience significant and chronic stressors are often referred to as being “at-risk” of something, whether it be poor school performance, problems with alcohol or drugs, or engaging in illegal activities. However, not all individuals “at risk” of negative outcomes end up struggling with the outcomes. Some people are able to avoid negative outcomes and even thrive despite the adversity they face. Why is it that some people are successful in spite of seemingly insurmountable obstacles?

These questions were at the heart of early studies of resilience. Resilience is a dynamic process characterized by positive outcomes despite adversity or stress (Luthar, Crossman, & Small, 2015). In other words, resilience refers to how people maintain, or in some cases develop, healthy and positive outcomes in spite of stressful situations. The study of resilience stemmed from researchers who began to notice that a subset of their participants, often children facing significant adversity, did well despite their difficult circumstances. For example, Garmezy (1974) studied children of parents with schizophrenia. Among this group of at-risk children, all were expected to struggle in various aspects of life and likely develop schizophrenia. But a subset of children exhibited surprisingly positive and adaptive behavioral patterns despite their level of risk. Another large-scale study recruited all of the children born on the island of Kauai, Hawaii (Werner, 1996). The original goal of the study was to assess the long-term consequences of stressful living environments (e.g., family discord, divorce,
parental alcoholism, mental illness). Most of the children living in these stressful environments struggled academically and behaviorally. However, one-third of these “high-risk” children did not develop learning or behavioral problems; in fact, many of them thrived. Studies like these helped to shift our focus from a deficits-only approach to one more able to consider both deficits and strengths.

Resilient children were thought to have been invulnerable and able to weather any storm. Traits found to characterize resilience include high creativity, effectiveness, competence, and ability to relate well to others. Now, resilience is viewed as the interaction between the person and their environment, and given the right combination of individual and environmental supports, it might be possible for anyone to be resilient. From a Community Psychology perspective, research had found that among others, these children are positively affected by their immediate and extended family networks and religious organizations (Wright et al., 2013).

“Resilience does not come from the rare and special qualities, but from the everyday magic or ordinary, normative human resources in … children, in their families and relationships, and in their communities.” (Masten, 2001, pp. 235)

So far, we have considered resilience as an individual construct. Individuals can be resilient to adversity. However, it is also possible to apply this idea of resilience to groups of people. Community resilience is the collective ability of a defined group of people to deal with change or adversity effectively (Aldrich & Meyer, 2015). When adversity, like a disaster, financial struggle, or war strikes a community, will the community as a whole be able to overcome and bounce back?

Resilient communities often have many characteristics in common. Communities that are resilient frequently have access to both resources and relationships that support resilient outcomes. An important element of community resilience includes local knowledge of the community, both its weaknesses and strengths. In addition, they have strong community social networks in which people work together to achieve goals, with competent governance and leadership. Often there is also an economic investment, both before and after adversity strikes. Another important factor is individual, family, and government preparedness. And finally, resilient communities have positive attitudes and acceptance of the change (Patel, Rogers, Amlôt, & Rubin, 2017). Both research and community work is now being done to help communities build these resources and relationships to protect against adversity.

Case Study 13.4
Promoting Community Resilience
From 2000 to 2010, poverty rates in the Belmont Cragin neighborhood in Chicago doubled. Consisting of 80% Latino residents, Belmont Cragin residents have experienced soaring poverty rates associated with the gentrification of nearby neighborhoods. In addition, many residents in the neighborhood experienced significant trauma when they were younger. These adverse childhood experiences include living in extreme poverty; suffering physical, sexual, or emotional abuse; being exposed to community violence; having a parent struggling with substance abuse, or many other potentially traumatic experiences. Having adverse childhood experiences can be detrimental to emotional and physical health, and individuals who have experienced them are more likely to experience additional negative emotional or behavioral outcomes. In recognition of the increasing poverty in the neighborhood and the trauma experienced by many residents, community leaders formed the Resilient Belmont Cragin Community Collaborative. Community Psychologists Suzette Fromm Reed and Judith Kent worked with Belmont Cragin leaders to help residents cope with adverse childhood experiences by facilitating trauma-informed programming at schools using mentoring, tutoring, and counseling to help at-risk youth stay on track. They also helped train police to de-escalate the conflict. The Resilient Belmont Cragin Community Collaborative utilized existing community resources and established partnerships with resources outside of the community to ensure collective healing and growth. It brought together members of the community, from schools, health care settings, businesses, police departments, families, faith leaders, and others to help residents address these traumatic experiences and thrive. Programs like these exemplify community resilience and help individuals, and the community as a whole, grow and heal together.

There is a need to apply this type of work to help those from disadvantaged neighborhoods and communities who frequently experience chronic stressors. This might be done by promoting the use of multilevel and interdisciplinary work that meshes with Community Psychology’s values of promoting social justice, as indicated in Chapter 1 (Jason, Glantsman, O’Brien, & Ramian, 2019).
We all experience stress. However, we respond to this stress in different ways. Sometimes low levels of stress can actually be helpful as it could motivate you to study for an exam. Although the experience of stress is very subjective, stress elicits physiological, emotional, and cognitive reactions in us all. To deal with these stressors, we mobilize resources for coping with the problems confronting us. The success of our coping efforts will depend on ourselves as well as the environmental challenge. For example, most of us have the resources to deal with the stress of a thunderstorm but we might really be challenged if we are confronted with a tornado that comes through our neighborhood. So there are different levels of stressors that we face. In this chapter, we examined the relationship between stressors and coping, we reviewed the different coping styles and the relationship between individual and context and coping outcomes, including resilience. We hope that this review of stress has provided you with some new insights about how you might use a variety of coping strategies to deal with stress and to work toward the reduction of stress among others.
1. What are the most difficult stressors for you?
2. With these most difficult stressors, what are the best ways you have found to cope with them?
3. Are there people whom you go to when you are having problems at college? What are the ways they are helpful and what are the ways they might change to be even more helpful to you?

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**REFERENCES**


