Index

Alienation Scale, 402 Clinician in times of rapid social change, 461-484 Assumptions in creation of settings, Community Action Program, 67, 455 41-114 Community mental health movement choice of treatment or intervention, efficacy of new programs, 76 75 - 82as innovative phenomenon, 59 individual remediation as primary location of centers, 62-64 focus, 76, 109-110 need for models of clinical psychotherapeutic model of help, functioning, 78 need for new experts, 72 coordination with other agencies, problems of poor, 59-60 46 - 48doing for rather than with those professional and nonprofessional workers, 64-70 served, 104-108 psychiatrist's contributions, 73-74 exploration of alternatives, 48, 77 psychological distance from target focus on external needs, 95-102 population, 60 influence on practice of other psychologist as creative generalist, institutions, 108-109 institution as part of, but apart 73 psychotherapy, 76–81 from, community served, shift in strategy, 59 102-112 as pyramidal structure, 84-95 Community and processes of change, 224-227 as social structure, 82-84 issues of control and power, 103 Community Progress, Incorporated, 2, 19 location of facility, 57-64 changed image, 122-123 ideology of removal from setting, changes in leadership, 99 changes in programs and orientameeting of identified needs, 42–49 tion, 71-72 need for new and separate facility, development, 117-121 Neighborhood Youth Corps new patterns of functioning, 56 program, 70 professional versus nonprofessional problems of organization, 120-121 workers, 64-75 relationship with Residential Youth programs and patterns, 54 Center, 118 psychological poverty, 81-82 resident advisory committees, psychotherapy, 78–81 shared hope and frustration, 42-43 234-238 subsystems of pyramidal structure, successes, 121 undermined setting in early days, 88 - 92time perspective, 53 118–121 training of nonprofessionals, 67-68 work crew program, 7, 19-21, 70-73 viable mechanisms for problem-CPI. See Community Progress, Inc. solving, 97 Authoritarianism Scale, 403-404 Economic Opportunity Act of 1964, 103, 457 Clinical psychology alliance with psychiatry, 481–482 development by decades, 464-483 Horizontality, 126-130, 262-263, role in social issues, 461 426-436

Institutions, development of, 1

Job Corps, 22–26 basic assumption, 61 critics and cynics, 35–36 location of camps, 62 Job Corps Center resident counselor, 27–30 routine activities, 30–33 visits to, 26–35, 452–453

Kenniston Trust Scale, 402-403

Machiavellianism Scale, 403
Marlow-Crown Social Desirability
Scale, 401–402
Mentally retarded, services for
community movement, 59. See also
Community mental health
movement
regional concept, 45

National Training Laboratory, 154
Neighborhood Employment Centers,
91, 100, 121
Neighborhood Youth Corps, 1, 71
New Frontier and War on Poverty,
17–19
Nonprofessional in human service

field, 70. See also Professionals and nonprofessionals

Office of Economic Opportunity,

46–47 Community Action Program of, 67, 455 Outline of chapters, 5–15

Professionals and nonprofessionals, 64–76 Psycho-Educational Clinic of Yale University, 2 Psychological poverty, 81–82 Pyramidal structure, 84–88, 124–126

Regional centers for mentally retarded, 44–45, 56–57 Residential Youth Center beginnings, 17 ff birth, 2, 3 built by personal involvement, 5

evaluation of research program, 333-421 action research, 333-337 discussion in sensitivity session, 336–337 measures and assessment techniques, 398-406 attitudinal questionnaire and scales, 399-403 indices of community behavior and change, 405-406 indices of vocational behavior and change, 404-405 observational record of a worker, 339-389 problems of data interpretation, 416-420 definition of input variables, 417-418 follow-up research, 418-419 meaning and values, 419-420 numbers, 416-417 research design, 394-395 results, 406-415 attitude change, 409-413 community behavior, 413 initial follow-up data, 414-415 population summary, 413-414 status of control group, 414 vocational functioning, 407-409 subjects and procedures, 395-398 as functional reality, 271-331 action and the clinician, 315-320 choice of dynamic, 318 clinician plus activist, 319 two phenomenologic worlds, 316-318 opening days (Director's diary), 274-314, 324-325 problem of leadership, 319-325 question of bureaucracies, 326-330 funding, administration, and operation, 2 goals, 2-3, 423-424 horizontality, problems of, 426-436 clinical and administrative duties, 427-429 external response, 429 family conflicts, 431

Residential Youth Center (continued) interagency conflict, 429-430 structure, 431-436 implications of setting, 441-453 beyond New Haven, 450-453 Job Corps revisited, 452–453 setting to study creation of setting, 451-452 in New Haven, 442-450 interactions with established agencies, 445-448 revolt against CPI, 448 RYC for girls, 449-450 Yale University, 448 lasting impact, 424 opinion questionnaire, 400 scales, 400-404 prehistory, 223-269 the community and processes of change, 224-227 consequences of CPI's success, 264-268 contacts with community groups, contacts with police, 244-245 description of neighborhood, 238-239 focus on self-help, 251-252 history of the building, 239 horizontal setting in pyramidal system, 262-263 initial meetings with community groups, 231-234 location of center, 238 inspection of building, 240-243 preceding activities, 227-230 professional-nonprofessional issue, program as part of CPI, 260-262 relationship with mental health professions, 247–250 resident advisory committees of CPI, 234-238 residents and families, 250-251 direct involvement by staff and clients, 253-260 individual presentations, 252 sharing in decision-making, 256 program renewal and training, 438-441

bridging of generation gap, 439-440 management of flux, 440-441 riot at, 201 as setting, 115–151 clients, 139-143 conceptions of man, 125 dilemma of change agent, 115-117 horizontality, 126-130 administrative aspects, 128–129 clinical aspects, 128 individual growth and responsibility, 129–130 sharing of functions, 127-128 organization, 131 program: structured and unstructured help, 148-150 pyramidal organization, 124-126 relationship with CPI, 118-119 social structure, 123 staff criteria and processes of selection, growth and regression, 435-441 attitude change, 436-437 conflicting needs, 435-436 upgrading, 437–438 youngsters, 143-148

Sensitivity training, 153-220 definition of model, 164-165 group sensitivity, 181 sessions, 181-199 individual sensitivity, 166-168 sessions, 168-181 rationale and goals, 158-164 clinical training, 161-162 decision-making and growth, 162-163 feedback and research, 163-164 internal self-reflection and selfcorrection, 160-161 problems, 159-160 special sensitivity, 199-200 sessions, 200, 203-218 Slum clearance, 107 Societies, conceptions of, 1

Team approach to decision-making, 89 T-group phenomenon, 154-157

inapplicability, 157-158

United Social Services program of CPI, 71

Veterans Administration hospitals, 54

Walk-in clinics, 56 War on Poverty, 47, 48 basic assumption, 116 dilemma of change agent, 115-116 emergence of nonprofessionals, 65 increasing specialization, 72 individual remediation versus institutional change, 76, 115 need for ideological functional change, 72 nonprofessionals, 65-67 professional, role of, 72-73 status in 1969, 453-458 evaluation, 458 maximum participation, 456 political aspects, 453-455

Young Women's Multi-Purpose Training Center, 449–450