Psychology Times

Service Learning Opportunities: The Advocacy Model

By Nicole Allen

The Department of Psychology has a long history of bridging scholarship and action through service learning. In fact, the department has championed community-based learning opportunities for nearly four decades. Community Projects (Psychology 340/341) is a course that helps facilitate service learning by allowing faculty and doctoral students to develop community-based opportunities for undergraduate students, based on the current needs of the community at large.

Girls' Advocacy Project members (bottom row) Sandra Domico, Micaela Chan, Lily Ortega; (top row) Patti McGinn, Andrea Lindemann, Christian Fears.

The Advocacy Model, originally developed in our department in the 1970s by then graduate student William Davidson, is the basis for many service learning opportunities, including: the Community Advocacy Project for domestic violence survivors and their children; the Family Advocacy Program for low-income and African American families; and the Girls' Advocacy Project for girls involved in the juvenile justice system. In each of these interventions, undergraduates work as paraprofessionals to engage and assist these traditionally underserved populations.

The Community Advocacy Project

Nicole Allen, in collaboration with graduate students Jennifer Trotter and Sadie Larsen, offers the Community Advocacy Project in the local community. This intervention model, originally developed by Cris Sullivan at Michigan State University, is based on Sullivan's collaboration with domestic violence survivors and on the effective model established by William Davidson with adolescents diverted from the juvenile justice system (Davidson & Rappaport, 1978). The model is explicitly strengths-focused—the interventions aim to build on survivors' existing strengths by focusing on their assets, gifts, and abilities, rather than on their deficiencies. In addition, the goals of the intervention are survivor-driven, uniquely tailored to the survivors' wants and needs as they describe them.

How Service Learning Makes a Difference

What Students Are Saying:

"After going to Public Aid and other social service agencies, I learned how hard it is for folks with lower incomes. Some folks are not eligible. There seem to be flaws in the system, which make it harder for lower income folks to progress. I used to think, 'Why don't low income people try harder?' But I now see where they're coming from. It's not that they don't try. It's just that they've suffered so much economic abuse, and it's hard to pull themselves up when they have little assistance."

"[The program] gave me a chance to experience things that I was not familiar with, such as working with people from different racial or low-income backgrounds. I used to feel self-conscious about my privilege, but I learned that differences are not always as important as we think. I felt accepted by my client and her family, and never experienced a sense of not belonging."

What Participants Are Saying:

"[I] know more about where to go for resources. [I] decided to start my own childcare business."

"[The student] made me want to be a better person, you know…. I'm thinking about going back to school now and making my life better. … She inspired me."

"I'm not as stressed out. [I'm] more focused. I used to be focused on the bad things and now I am focused on what I need to do."

Service Learning *(continued from page 1)*

The intervention consists of four primary components that can be easily adapted to the unique circumstances of survivors' lives:

(1) assessment of the woman's situation, her needs, her resources, and her available supports;

(2) advocacy intervention, including mutually agreed upon strategies that help her meet her needs using community resources;

(3) assessment of progress and additional advocacy and/or strategies, to ensure her goals will be met; and

(4) termination, which involves transferring skills so that the woman can be her own advocate long after the intervention has ended.

Undergraduate advocates attend a class twice weekly and study domestic violence in great depth with attention to: mental health effects, effects of witnessing on children, and diversity and oppression. The undergraduates are also intensively trained in the Advocacy Model and then assigned to work with two women, each for a period of 10 weeks (one beginning in the fall semester and one in the spring). Throughout the intervention, students receive weekly group supervision and individual supervision as needed.

Importantly, the Community Advocacy Project is an empirically supported intervention. Sullivan and colleagues demonstrated in a true field experiment that women who worked with undergraduate advocates experienced less

Community Advocacy Project members (bottom row) Katlynn Boutan, Christina Crowe, Anne Rufa, Megan Rutter, Diana Boehler; (top row) JooYeon Seok (undergraduate TA), Colleen Overbay, Rebecca Sieracki, Ashley Forsythe, Caitlin Mroz, Jessica Kenny, Carol Fonseca (graduate TA), Amanda Ball (undergraduate TA), Sadie Larsen (graduate TA/instructor).

abuse, greater social support, higher quality of life, and greater access to resources when compared to women in the control group, even two years after the 10-week intervention had ended (Sullivan & Bybee, 1999).

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Family Advocacy Program

The Family Advocacy Program, supervised by Gladys Hunt of the Psychological Services Center and taught by graduate student Simone Barr, builds on the Advocacy Model. The course involves undergraduates in ways similar to the Community Advocacy Model but also pairs undergraduate advocates with Community Mentors, individuals identified as natural leaders and helpers within the community (e.g., teachers, ministers). Over a 15-week period, the undergraduate advocates and mentors serve low-income and African American families in need. Using the same strengths-based approach as the Advocacy Model, families are engaged in setting goals and mobilizing a broad range of resources to meet those goals. Undergraduates and mentors serve as a critical bridge between the human service delivery system and families who are often alienated from the system due to a historical lack of culturally competent service delivery (*Mental Health: Culture, Race and Ethnicity— Supplement to Mental Health: A Report of the Surgeon General*, 2001).

Girls' Advocacy Project

Finally, the Girls' Advocacy Project, developed by graduate student Shabnam Javdani, under the supervision of Nicole Allen, aims to reduce recidivism and promote the well-being of girls involved with the juvenile justice system. Building directly on the model advanced by Davidson, Girls' Advocacy engages youth

in a 15-week intervention. Davidson and colleagues (Smith, Wolf, Cantillon, Thomas & Davidson, 2004) demonstrated that youth who worked with advocates were less likely to recidivate and had fewer contacts with law enforcement at one- and two-year follow-ups.

Benefits to Students

Through these programs, undergraduates are given powerful opportunities to engage in "hands-on" learning. They are exposed to problems in living (e.g., living in poverty, navigating institutional racism and classism) that are often quite different from those they have encountered in their own lives, and they build skills that will be directly transferable to the real-world contexts in which they will work.

The benefits were evident in a recent evaluation of the Community and Family Advocacy courses spearheaded by Elaine Shpungin, director of the Psychological Services Center, in collaboration with Dr. Allen and graduate students Natasha Watkins and Mona Taylor, and funded by the Chancellor's Civic Commitment Task Force. While still ongoing, initial data from this evaluation suggests that student advocates gained specific service delivery skills (e.g., advocacy, documentation, crisis management), knowledge of the service delivery system and related career opportunities, a more complex understanding of social problems, and experience working and forming relationships with individuals of varied backgrounds.

Benefits to Participants

The benefits of service learning are not confined to the students. Local research with program participants, examining the effects of the Community and Family Advocacy programs, mirrors the benefits established in the true field experiments conducted by Sullivan and Davidson. A quasi-experimental design tracks outcomes for participants. Findings suggest that parents who have successfully completed the Family Advocacy Program reported less depression and higher quality of life following the intervention. In addition, parents had greater knowledge of the resources available to them, felt more capable of accessing these resources, and had more positive experiences with social service agencies. Similarly, domestic violence survivors met many of the goals they initially set, were better able to access needed community resources, and had increased quality of life and greater well-being following the intervention (e.g., women reported fewer symptoms of depression and post-traumatic stress).

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Benefits to the Community

Finally, the Advocacy Model also seems to have an effect on the service delivery system in Champaign County. This is particularly true regarding the Family Advocacy Program, which serves low-income and African American families in the county in unprecedented ways. The model, by virtue of its success, has demonstrated that traditionally under-served families can be effectively engaged by using culturally competent interventions. Family Advocacy Program staff have, in fact, been called upon to help engage "hard to reach" families with youths involved in the juvenile justice system. In addition, the local community recently completed a grant for federal funds to develop a system of care for youth involved in, or at risk for involvement in, the juvenile justice system. Components of the Advocacy Model, and the value of incorporating paraprofessional service providers, were incorporated as key service delivery components in the proposed system of care.

Through the commitment of our undergraduate students, and their faculty, staff, and graduate student supervisors, the University is making a positive contribution to the lives of hundreds of community members in Champaign County and further illustrating the benefits of the advocacy approach to intervention.

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Nicole Allen is an assistant professor of psychology. She completed her doctorate in ecological community psychology at Michigan State University. Her research interests include intimate partner violence, community collaboration, and systems and social change. Allen has developed a manual to support the self-evaluation efforts of domestic violence coordinating councils published by the National Resource Center on Domestic Violence. For over 10 years, she has trained and supervised advocates working with survivors to provide community-based, survivor-driven advocacy.

Does Life End at Death? (continued from page 1)

to teach their children about death, having respect for the dead, and showing them how it is an essential part of their national heritage. Children's participation is also extremely important because it is expected that in future years, at least during Día de Muertos, these children will provide for their deceased parents the way their parents provided for their own departed relatives.

Impact of Mexican Cultural Beliefs and Practices

Aside from its cultural relevance, Mexican children's participation in this festivity also plays an important role in their understanding of death. Findings from our previous research demonstrate how, as children grow older (ages three-and-a-half to six-and-a-half) and have more opportunities to participate in these celebrations, they are more likely to believe that some humans, pets, or plants can live forever (universality). In terms of the finality of death, all the participating children seem to understand that life does not end after the physical body dies. This overall developmental trend toward believing that some entities can live forever has its roots in Mexican cultural beliefs and practices.

Implications for Cognitive Development Research

Our main goal is to provide a more comprehensive perspective for studying children and death within a cultural context, something that is relatively new to the field of developmental psychology. For this, we have explored children's developing conceptions of death by combining data from several methodological perspectives (e.g., ethnographic inquiry, parental reports, and children's direct reports). We also focused on children's socialization with death, including their involvement in practices related to death and dying, and parental assessments about children's involvement in these rituals. In terms of cognitive development, this is the first study to incorporate information about the cultural meaning systems surrounding children (e.g.,

Sugar skulls are on display at a market in San Pedro Cholula, Puebla, days prior to the main celebration. They can be given as presents with the recipient's name written on the forehead to honor living friends.

On the eve of "Día de Muertos," families in Tlapanala, Puebla, put up large "ofrendas" for relatives who died within the last year. Visitors can view the "ofrendas" and spend time with the dead relatives.

children's understanding of the surrounding practices and beliefs related to death) when looking at their conceptions of death. ∎

Isabel T. Gutiérrez is a postdoctoral fellow with Professor Karl Rosengren in the Department of Psychology (Cognitive Division) at Northwestern University. Dr. Gutiérrez has continued exploring the role of culture and religion in children's biological concepts (e.g., understanding of life, death). She was awarded a grant from the University of Oxford/Templeton Foundation to continue research on children's conceptualization of the afterlife in Puebla, Mexico.

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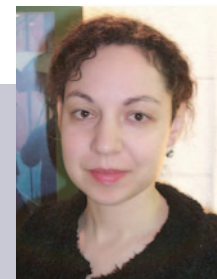*By Elaine Shpungin*
Psychological Services Center Director

ACCESS Initiative Will Help Communities Become 'Systems of Care'

Last fall, Champaign County joined 22 communities around the U.S. to receive a $9,000,000 six-year grant. The grant targets local youth aged 10 to 17 with serious mental health issues who are at risk for, or involved in, the juvenile justice and child welfare systems. The grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. SAMHSA has been helping communities around the nation become village-based "systems of care" through competitive seed grants since the early 1990s.

The funded project, known as the ACCESS Initiative, is the result of a multi-year collaboration among local social service agencies, parents and concerned community members, mental health and juvenile justice professionals, youth, public school educators, and a number of faculty and staff from the Department of Psychology's Clinical/Community Division.

I was one of the lead writers on this year's successful application, and I am currently a meeting facilitator. My role is to facilitate project-related meetings, including the interim governing team meetings, the monthly public meeting, and to assist the interim leadership team with administrative tasks. Drs. Allen and Aber are the lead investigators and authors of the $1.8 million research evaluation component of the ACCESS Initiative. They will examine how well the project meets its stated goals and investigate a variety of research questions related to systems change processes and outcomes. This component

D E P A R T M E N T

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of the grant will also help fund multiple graduate students per year for the next five years who will assist with the evaluation of the project. Ms. Hunt, outreach coordinator at the Psychological Services Center, is currently heading the family engagement and leadership portion of the project, a central component of the system of care philosophy.

System of Care Versus the Current Wrap-Around Approach

"System of care" (SoC) is not a program but a different way of helping youth and families based on a specific set of values or principles. One important SoC principle is that families and youth get full choice in how, where, when, and who is involved in their services. Families and youth are also centrally involved in choosing which services they receive from the menu of available ones, which will be expanded to better meet consumer needs.

Another principle is that anyone helping the youth or family uses a "strength-based" approach. This does not mean ignoring the areas where the youth is struggling, but it does mean seeing the youth as a whole person (not just a set of symptoms or behavioral problems that need to be "fixed") and including an understanding of their talents, gifts, abilities, and goals in the intervention.

Youth and families also receive services with respect, care, and understanding of their unique cultural values and realities. In our community, this means a special focus on the needs and unique history of African American youth and their families, because they are overrepresented in the juvenile justice, child welfare, and school discipline systems.

CASE STUDY: HIGH-RISK TEEN

Consider the case of Joe Smith*, a 15-year-old with a shy smile, a talent for pen and ink art, and a history of foster homes and in-patient stays at the local mental health facility. Currently, Joe is living with his maternal grandmother while his mother finishes her last month in prison for possession of narcotics. When she is released, Joe will probably be pulled out of his grandmother's house and current school to be with his mother and other siblings. Joe's school notebooks are filled with artistic sketches and rap lyrics that speak of frustration, hopelessness, and anger. Joe has been threatened with juvenile detention if he misses any more school.

To Joe and his family, the current social service system is a complex maze of collaborating agencies, each with their own procedures, policies, treatment philosophies, payment structures, paperwork, bureaucracies, staffing hierarchies, penalties, incentives, and rules. Despite the system's best efforts, for the approximately 1,500 youth in our community who are struggling with serious mental health issues, the chance of dropping out of high school, winding up in juvenile detention, becoming a teen dad, and remaining in poverty is fairly high.

All providers within the SoC will be trained to follow SoC principles. In addition, the SoC will bring together all the youth services and natural supports (natural community helpers) in our community to form a seamless provider network. That means that each youth will have his or her own care coordination team. The team will include all of the providers the youth and his or her family want to work with, as well as trusted people they choose to include (such as a pastor or a basketball coach). The team will work with the youth and family using a common intake procedure, assessment tools, paperwork, and philosophical approach under the guidance of a trained care coordinator.

While the SoC approach to service delivery has shown great promise in research studies, creating such a systems transformation can be quite challenging for communities. Changes must be made at the grassroots, service-delivery, and policy-making levels (e.g., county and state). The six-year grant provides the infrastructure and support to help communities establish this new way of doing business among all the child-serving systems in our county, while involving youth and families in every step of the village-building process.

name changed to protect identity

System of Care Costs/Benefits

Rigorous studies have shown that previous community recipients of SoC grants (county and/or state level) have become places where kids like Joe begin to thrive, while saving thousands of dollars and actually increasing the richness of social service offerings in those communities. Much of the funds within the ACCESS Initiative will be spent on creating policies and structures that make sure

the system is still in place long after the federal funding is over.

We expect that the University partners currently involved in the project, along with additional partners as the project progresses, will continue to play an important role in this successful campus-community collaboration, contributing to community transformation and wellness while advancing the research and training missions of the University.
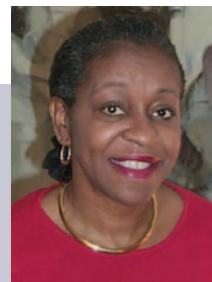
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