

# Community Psychology

Community psychology has historically focused on understanding individual behavior in sociocultural context, assessing high-impact contexts, and working in and with communities to improve their resources and influence over their futures. This review adopts an ecological perspective on recent developments in the field, beginning with philosophy of science and progressing through a series of substantive research and intervention domains that characterize current work. These domains include research on the ecology of lives, the assessment of social settings and their impact on behavior, culture and diversity as expressed in the community research process, and community intervention.

The ultimate aim of community psychology is to enhance the quality of life through collaborative research and action. Community psychology focuses much attention on health and creating interventions to alleviate health concerns. Community psychology is attentive to contextual considerations in varying degrees, depending on the level of analysis.

In community psychology, interventions examine issues and problems in terms of an ecological perspective that is attuned to multiple levels of analysis. However, interventions are often targeted at the personal and relational levels. Prevention programs that strive to enhance competence and build social support are examples. When the macro level is addressed, power dynamics are ignored. For example, macro level health promotion interventions may aim to change social norms and practices regarding eating, drinking, smoking, and exercise to prevent heart disease or other health problems. In transformative interventions, issues and problems are examined in terms of power dynamics that are conceptualized as occurring at multiple levels of analysis. Intervention occurs at all levels of analysis, but there is concerted effort to change power relationships. The collective level of analysis is in the foreground, even for interventions at the personal and relational levels.

In my view there is differential progress in our understanding of primary, secondary and tertiary levels of prevention contexts.

For many health problems, a combination of primary, secondary and tertiary interventions are needed to achieve a meaningful degree of prevention and protection.

Developing definitions that clearly discriminate different types of prevention from each other and prevention from treatment is fraught with difficulty. **Caplan's application of the concepts of primary, secondary, and tertiary prevention, which are common in a public health context, had an important influence in developing early prevention models.**

**Primary Prevention** is intervention given to entire populations when they are not in a condition of known need or distress. the goal is to lower the rate of new cases (from a public health perspective, to reduce incidence) or disorders. Primary preventions intervene to reduce potentially harmful circumstances before they have a chance to create difficulty. Examples are such things as vaccinations, fluoridating water. Primary prevention also can be thought of as being applied to all persons in a given setting, regardless of potential need.

Primary prevention measures include activities that help avoid a given health care problem. Examples include passive and active immunization against disease as well as health protecting education and counseling promoting the use of automobile passenger restraints and bicycle helmets. Since successful primary prevention helps avoid the suffering, cost and burden associated with disease, it is typically considered the most cost-effective form of health care.

Primary prevention is concerned with preventing the onset of disease; it aims to reduce the *incidence* of disease. It involves interventions that are applied before there is any evidence of disease or injury. Examples include protection against the effects of a disease agent, as with vaccination. It can also include changes to behaviors such as cigarette smoking or diet. The strategy is to remove causative risk factors (risk reduction), which protects health and so overlaps with [health promotion](#).

Primary prevention may be aimed at individuals or at whole communities. Individual approaches (encouraging your patient to stop smoking) have the advantages that the clinician's personal contact should be motivational; the message can be tailored to the patient, and you can support him in actually making the decision to stop. But the limitation is that your advice does not tackle underlying forces driving his behavior in the first place or the context in which his behavior occurs (his friends may continue to smoke). Therefore, a community or population approach (e.g. via mass media advertising, increasing taxes, or banning smoking in public places)

tries to change risk factors in the whole population. It is more radical and may produce cultural and contextual changes that may support individual efforts.

The goal of primary prevention is to keep healthy people healthy. Primary prevention reduces the incidence of a disorder in that new cases that would have occurred without the intervention do not develop. This type of prevention differs from the other two types in that it targets people who do not show signs of a disorder. In addition, the goal of *primary prevention* is to limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health. The Prevention Institute defines prevention as a systematic process that promotes safe and healthy environments and behaviors, reducing the likelihood or frequency of an incident, injury or condition occurring (2007). Primary prevention is the terminology that the public health community uses to describe interventions designed to prevent first time perpetration or victimization. Primary prevention strategy focuses on reducing factors that put an individual at risk for perpetration and by promoting factors that protect an individual from victimization.

**Secondary Prevention** is intervention given to populations showing early signs of a disorder of difficulty. Another term for this is early intervention. Examples of secondary prevention are programs targeted to children who are shy or withdrawn, those who are beginning to have academic difficulty or adults who are getting into conflicts with coworkers on the job.

Secondary prevention presupposes some method of determining which individuals are at risk or demonstrating early signs of disorder. Identifying such individuals creates a potential for stigmatization, both because they do not currently have a disorder and because they might never develop one. Improving methods of risk identification represents an important area of work in community psychology.

**Secondary prevention** identifies persons in the early stages of problem behaviors and attempts to avert the ensuing negative consequences by inducing them to cease their problem behavior through counseling or treatment. It is often referred to as *early intervention*. *Secondary prevention* aims to reduce progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention. Secondary prevention attempts to arrest the

disease process, restore health by seeking out unrecognized disease and treating it before irreversible pathological changes take place, and reverse communicability of infectious diseases.

Secondary prevention decreases the prevalence of a disorder by reducing its duration through early case findings and promotes intervention. It does not reduce the incidence. Furthermore, secondary prevention measures as those that identify and treat asymptomatic persons who have already developed risk factors or preclinical disease but in whom the condition is not clinically apparent. These activities are focused on early case findings of asymptomatic disease that occurs commonly and has significant risk for negative outcome without treatment. Screening tests are examples of secondary prevention activities, as these are done on those without clinical presentation of disease that has a significant latency period such as hypertension, breast and prostate cancer. With early case finding, the natural history of disease or how the course of an illness unfolds over time without treatment can often be altered to maximize well-being and minimize suffering.

Secondary prevention is concerned with detecting a disease in its earliest stages, before symptoms appear, and intervening to slow or stop its progression. The assumption is that earlier intervention will be more effective, and that the disease can be slowed or reversed. It includes the use of screening tests or other suitable procedures to detect serious disease as early as possible so that its progress can be arrested and, if possible, the disease eradicated.

Screening is central to secondary prevention because it is the process by which otherwise unrecognized disease or defects are identified by tests that can be applied rapidly and on a large scale. Screening tests distinguish apparently healthy people from those who probably have the disease. To be detectable by screening, a disease must have a long latent period during which the disease can be identified before symptoms appear. These interventions happen after an illness or serious risk factors have already been diagnosed. The goal is to halt or slow the progress of disease (if possible) in its earliest stages; in the case of injury, goals include limiting long-term disability and preventing re-injury.

**Tertiary Prevention** is intervention given to populations who have a disorder with the intention of limiting the disability caused by the disorder, reducing its intensity and duration, and thereby preventing future reoccurrence or additional complications. Caplan's framework appealed to those seeking resources for treatment. Some early prevention grants were given to programs designed for such things as the tertiary prevention of schizophrenia: a worthy goal, but

not exactly what Caplan had in his mind. **Tertiary prevention-** Strives to end problem behavior and/or to ameliorate their negative effects through treatment and rehabilitation. This is most often referred to as treatment but also includes rehabilitation and relapse prevention. The goal of *tertiary prevention* is to improve function and includes minimization of the impact of established disease, and prevention or delay of complications and subsequent events through effective management and rehabilitation

Tertiary prevention refers to interventions designed to arrest the progress of an established disease and to control its negative consequences: to reduce disability and handicap, to minimize suffering caused by existing departures from good health, and to promote the patient's adjustment to irremediable conditions. "Minimize the consequences." This extends the concept of prevention into the field of clinical medicine and rehabilitation.

Tertiary prevention activities involve the care of established disease, with attempts made to restore to highest function, minimize the negative effects of disease, and prevent disease-related complications. Since the disease is now established, primary prevention activities may have been unsuccessful. Early detection through secondary prevention may have minimized the impact of the disease. This focuses on helping people manage complicated, long-term health problems such as diabetes, heart disease, cancer and chronic musculoskeletal pain. The goals include preventing further physical deterioration and maximizing quality of life.

In conclusion, community psychology is fundamentally concerned with the relationship between social systems and individual well-being in the community context. By integrating research with action, it seeks to understand and enhance quality of life for individuals, communities, and societies. Reflection on the underlying assumptions of community intervention theory and how community interventions are reported is recommended as critical to becoming more effective in improving community health in the levels of interventions.