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A Rewarding Community Psychology Practice in State Government

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A Rewarding Community Psychology Practice in State Government

Abstract

Finding employment as a community psychologist outside of academia or “in practice,” has remained an elusive goal for many community psychology graduates. This is not, however due to a lack of opportunities. Many employers would welcome the skills of a community psychologist, but both applicant and recruiter may not realize this initially. One of the most promising employment venues is state government service. Unfortunately, state jobs are often viewed in a pejorative fashion because of their stereotypic link to mundane, paper-pushing civil service positions. The following article counters this misperception by describing how I was able to find a number of rewarding state government positions that allowed me to utilize virtually all of my community psychology training (e.g., advocacy, organizational assessment, collaboration/consultation, communication, research, resource development, service delivery, planning, and management). Although I was never specifically hired with the job title “community psychologist,” all of my employers came to appreciate the benefits of my community psychology training. In chronological order, I present my employment history, a description of the position, and how my community psychology training was utilized in the position. It is my hope that this article will provide potential employment ideas and options for recent community psychology graduates and those looking for a career change.

Introduction

Recent community psychology graduates and current ones seeking a career change continue to struggle with identifying non-academic work settings that can utilize their diverse and unique skill set. Outside of an academic setting, and possibly in community health or mental health organizations, there is no clear cut job listing for community psychologists. Community psychologists are still attempting to identify their identities, which makes it difficult for employers to understand how a community psychologist can contribute to their organizations. Therefore, it is important for both the community psychologist and the employer to keep an open mind. In this article, I describe my personal journey through various state government positions. None of my employers hired me for my community psychology degree (only my current employer bothered to even notice or understand that I even had such a degree), but were enlightened enough to appreciate that my diverse training could be beneficial to their organizations. In chronological order, I present a description of each position and how my community psychology background contributed to my job success.

I graduated in August 1996 from the University of Hawaii at Manoa with a Ph.D. in community psychology (i.e. Community and Cultural Concentration). One of my mentors had offered

to assist me with locating an academic position, but I declined. I wanted to actively practice what I learned in graduate school. Although I maintained my connection to community psychology through my membership in its professional society, I viewed myself as an “accidental community psychologist.” I felt strongly about this because I had not been working in a community setting or in an advocacy role (i.e., I was a state government worker who just happened to have a community psychology degree and only informally or “accidentally” used those skills). Through my graduate school practicum requirement, I selected public policy as my area of interest since I always wanted to work in a government setting. This eventually led to an entire career spent in state government positions as a budget analyst, auditor/analyst, regulatory reform director, and a university departmental administrator.

Coworkers in all my past work settings would often ask and wonder when I would be able to “practice.” Some had remarked that getting a doctorate in community psychology must have been a complete waste of time since I did not have the opportunity to use it. Little did I realize how key my graduate training was in helping me to navigate the various positions I had occupied. In all cases, the positions were by nature ambiguous and no one type of professional/field/specialty could dominate

(although they tried). For example, although normally pegged for those with a business degree, the budget analyst positions were occupied by people from a variety of backgrounds (e.g., psychology, political science, history, law). The case was similar with the performance auditor/analyst positions, which were typically not held by certified public accountants. Because performance audits review the management of government programs, including the efficiency and effectiveness of operations, this went beyond the scope of just looking at numbers. Usually an attorney would hold a regulatory reform position. And, for my current position, there also is no cookie cutter training or experience that would make a person successful. In fact, given the diversity of tasks involved, a generalist background is most helpful. Therefore, I always started out as a novice or blank slate, having to immerse myself in the culture and language of the places where I worked. My first step was always collecting all of the policy and procedures manuals and other directives, both formal and informal, verbal and written. After I did my "homework," I would meet with my colleagues as well as staff from other departments and offices to learn about their jobs and how they related to my responsibilities.

Frankly, only until recently was I able to clearly articulate and even directly link these skills to my community psychology training, although I knew that much of it was gained as a result of that training. What has been helpful to me are the recent attempts by various groups within community psychology to forge a more solid identity for the profession. There is now some consistency and common understanding with regard to these skills. Most applicable are the Community Psychology Practice (CPP) skills that were reported in the Fall 2009 issue of *The Community Psychologist* (Dziadkowiec and Jimenez, 2009). The list was derived from a 2008 survey instrument by Hazel that was sent to community psychology graduate programs. I edited the list and made the descriptors more generic and removed terms such as "community setting." I understand the term "community" to exemplify various types of groups, but utilization of the term may unintentionally narrow the scope and location for which a community psychologist can practice. Following is a list of the thirteen competencies:

Advocacy -- establishing relationships and communicating with policy makers and leaders, includes lobbying;

Assessment/Program Evaluation – analyzing problems and identifying strengths via a systematic process;

Organizational Assessment – conducting systematic reviews of organizations and assisting with capacity building;

Capacity Building – assisting with leadership development and self-sufficiency;

Collaboration/Consultation – developing and maintaining relationships with clients, communities, and organizations, as well as negotiating and mediating between different stakeholder groups;

Communication – sharing information effectively with diverse groups through conversation, social marketing, public speaking, and writing;

Group Processes – providing conflict analysis and facilitating meetings among a diverse group of decision-makers;

Research – performing qualitative and quantitative research, including the design and implementation of surveys, community participatory based research;

Interventions – designing and implementing interventions, including the facilitating strategic planning efforts;

Leadership, Supervisory, and Mentoring Skills – directing, organizing, and managing services, facilitating organizational decision making, and motivating and managing supervisees;

Resource Development – identifying and pursuing fundraising and extramural funding opportunities;

Professional Judgment – reflecting on current processes and, as necessary, evaluating alternatives; engaging in innovative decision-making when unanticipated situations arise; and

Service Delivery, Planning, and Management – assisting with risk assessment and oversight of operations, including a basic understanding of human resource and financial management.

Program Budget Analyst – Hawaii State Legislature (1993 and 1994 sessions)

Job Description

My first full-time job was a temporary position with the Hawaii State Legislature. I was required to participate in a practicum and internship as part of my graduate program requirements. Because of my interest in public policy and desire to work in government service, I went to the university career services center and found a posting for legislative job opportunities. These included positions as legislative aides, bill researchers, and as budget analysts. Other than a part-time job at Sears, Roebuck, and Co. in an accounting office and serving in teaching and research assistant positions, I did not have much work experience. Therefore, I was rather surprised that I was hired by the Senate Committee on Ways and Means as a program budget analyst. My duties included reviewing and evaluating the operating budget requests and programs of the Department of Human Services, Executive Office on Aging, and the Office of Children and Youth. I also worked in close consultation with branch and program administrators, fiscal officers, and budget staff.

I almost sabotaged myself when I was asked to interview for the budget analyst position because I had actually applied for a position as a bill researcher. I did not have a business degree and was not fond of accounting or numbers, despite having worked as a part-time account/audit clerk for five years. When I was called for an interview, I openly shared this concern and tried to convince my future supervisor that I would be more appropriately qualified as a bill researcher. He explained that my resume was selected not because of my accounting experience, but because I was pursuing a Ph.D. in psychology. In his mind, this meant that I had the capacity to understand the bigger picture of budget requests; I would not just be reviewing them from a fiscal standpoint. Each request for a staff person or piece of equipment would be viewed within the context of the department's mission, its relation to other state departments, and the overall state budget.

I was purposely assigned to review the Department of Human Services' budget because of its size and complexity. There were numerous federal and state funded programs within the department that had submitted requests for current and new initiatives, such as a jobs program to help those on public assistance with training and finding employment; a managed

health care Section 1115 Medicaid waiver program; and decisions on how much to set aside for funding for foster care, Aid to Families with Dependent Children/Temporary Assistance for Needy Families, and other types of federal/state assistance.

Community Psychology Skills Utilized

I utilized a number of community psychology skills, particularly with regard to communicating and working with diverse groups in order to understand and balance everyone's needs. I was required to understand and appreciate the points of views of the executive branch (e.g., governor, department heads, program staff), legislative branch (e.g., money and subject matter committees), advocacy groups, and the clients themselves. Therefore, the skills utilized were *Collaboration/Consultation, Communication, and Group Processes*. It is critical, however, to note that this was not conducted from an advocacy standpoint. I was required to review and make recommendations on each request objectively and consider everyone's viewpoints. I was not the decision-maker, but responsible for providing the decision-makers (i.e. legislators) with information.

Because I had to gain an understanding of each program and present that information to the committee verbally and in writing, I utilized my *Research* skills. This was not done in a traditional sense with scientific study design, but reading through voluminous materials, locating informational resources, and pulling seemingly unrelated matters together. Since the Department of Human Services is tied to the mammoth federal Department of Health and Human Services, an understanding of federal funding mechanisms (e.g., block and categorical grants) and the related mandates tied to receiving that funding was also important. Additionally, state health-related services and funding fall under a separate entity – the State of Hawaii Department of Health – therefore, consideration of any need for coordination or possible duplication of effort, was critical.

Professional Judgment and Service Delivery, Planning, and Management were also critical community psychology skills that I had utilized. As a budget analyst, I needed to understand each request, identify any possible alternatives, and have a good basic understanding of human resources and fiscal management. I could have

been characterized as a consultant to the legislative committee on these matters.

Associate Analyst, Analyst, Senior Analyst – Office of the Auditor (1994 to 1999);

Administrative Deputy Auditor, Deputy Auditor – Office of the Auditor (2001 to 2006)

Job Duties

I enjoyed my work at the Legislature so much that I decided to find full-time employment while working on my dissertation. After I had survived my comprehensive exams and was ABD, there was an opportunity to work as analytical staff at the legislative auditor's office (i.e., Office of the Auditor). Although the office reports to the Legislature, it is an independent body and has been considered the state version of Congress' investigational arm, the Government Accountability Office (GAO). All states in the United States have a version of this type of office, many at county levels as well. The staff of these offices can be referred to as auditors, analysts, and evaluators. What led the recruiter to consider me for an interview was my pursuit of a Ph.D. in psychology. She felt that this training helped to develop my analytical skills, particularly with regard to having the ability to view issues within a context of systems and levels (i.e., big picture).

As an analytical staff, I conducted performance/management audits and analyses of state organizations; special studies and projects involving complex and substantial issues; and program reviews, analyses, and evaluations of large and complex programs. I coordinated, reviewed, and evaluated the work of lower level analysts to ensure conformance with office standards and practices, completion of project objectives and work plan steps, and adequacy and quality of work performed. I also monitored the conduct of fieldwork to ensure standards were adhered to, and project deadlines met. I ensured that report drafts met office standards and office style. Although the office oversees traditional financial audits, which are contracted out to certified public accounting firms, the bulk of the work and what I was involved in was what are referred to as performance/management audits. The range of audit topics is extremely diverse and often do not have a clearly defined scope if requested by an outside party. The office can initiate audits, but often are based on legislative requests. Once, the office had been tasked with auditing an entire state department.

Given that an audit cycle lasts approximately six months, it requires a great deal of skill to gain enough of an understanding of an organization or topic to identify and assess key areas of concern.

Community Psychology Skills Utilized

I was able to utilize the same skills as my prior position as a budget analyst because the office's role was to provide the Legislature (and the general public) with objective analysis on a topic. These skills included *Organizational Assessment, Collaboration/Consultation, Communication, Group Processes, Research, Professional Judgment, Service Delivery, Planning, and Management*. Once again, my work had to be conducted in an objective fashion and not from an advocacy standpoint. This could not even be done from a consultative standpoint because of a potential conflict of interest/element of bias if I was to audit or review a program for which I had made recommendations.

I served as a team member of two projects and was then tasked with serving as the lead on a number of complex projects, usually in the areas of health, human services, and education because of my social science background. An example of some the audits I led are: *Management and Financial Audit of the Foster Board Payment Program; Follow-Up Report on Study of the MOA for Coordinating Mental Health Services to Children; Management and Fiscal Audit of the Hawaii State Hospital; Audit of the QUEST Demonstration Project; Management Audit of the Department of Human Services; Assessment of the State's efforts to Comply with the Felix Consent Decree; Audit of the Hawaii School-to-Work Opportunities System; Audit of the Temporary and Emergency Staffing of State Agencies; Joint Senate-House Felix Investigative Committee; Audit of the School-Based Behavioral Health Program*.

As I moved into management positions within the organization, I continued to oversee staff on projects, but became more involved with the office's operations. Therefore, I can include *Leadership, Supervisory, and Mentoring Skills*. When I was the Administrative Deputy Auditor, I served as the auditor when both the Auditor and Deputy Auditor were absent. I assisted them with managing office operations and bringing projects to their timely conclusion.

When I became the Deputy Auditor, I was the second in command and assisted the auditor in managing office operations and in bringing

projects to their timely conclusion. I chaired the Quality Assurance Committee and directed the implementation of quality assurance policies. I also served as the training coordinator for the office, and performed duties as directed by the Auditor. I assisted in recruitment and hiring. And, I continued to supervise and coordinate audits and other projects.

In 1999, I drew a link between my work in this office and community psychology training through a presentation at a biennial conference. Attendees expressed interest and had indicated they would follow up, but I have not received any inquiries. Given that there are similar opportunities in every state, I would think that this would be an avenue that at least some community psychologists may want to consider.

Director, Slice Waste and Tape (SWAT) Regulatory Reform Project -- Office of the Lieutenant Governor (1999 to 2001)

Job Duties

Seeking an opportunity to work for the executive branch, I left the Office of the Auditor for two years. I was recruited to serve as the Director of Lieutenant Governor Mazie Hirono's regulatory reform project called Slice Waste and Tape or SWAT. The project was designed to reduce the administrative burden of government, with a focus on streamlining the voluminous set of administrative rules through revision, consolidation and, in some cases, elimination. My job duties were comprised of providing leadership and management in planning, organizing, directing, and coordinating the mission, goals, and objectives of the SWAT Project, ensuring participation of all executive branch agencies, maintaining positive relations with various constituency groups in the private sector and community, coordinating SWAT legislation, and developing SWAT-related materials and events to promote the project. I reported to both the Chief of Staff and Lieutenant Governor regarding policy issues that affected the project. I also managed professional, technical, and clerical employees who had duties related to the SWAT project and the processing and filing of administrative rules.

Community Psychology Skills Utilized

For the first time in my career, I was expected to utilize *Advocacy* skills since I was involved in actively promoting a government initiative. I also had direct clients through my contacts in the

various state agencies and out in the community. The success of this project relied on a close and positive working relationship between a state agency that had a regulatory function and those professions and groups that were regulated. This included a number of community groups. Therefore, in addition to those skills utilized in prior positions, this job included elements of *Assessment/Program Evaluation, Capacity Building, Group Processes, and Interventions*. My role was to serve as the facilitator/liaison between the parties. One example of a successful partnership was between the Department of Commerce and Consumer Affairs' Real Estate Commission and the real estate professionals. The two groups collaborated on a project to review all of the administrative rules relevant to this area and streamlined them so that the rules were easier to understand and less burdensome.

Unfortunately, due to political and economic factors, funding for the program was eliminated. I had, however, been recruited back to my old office in a high level management position. After several years there, I left a rather high-profile and stable position as the Deputy Auditor because I missed actually developing and implementing programs as opposed to reviewing and critiquing them. Although I thoroughly enjoyed my work as an auditor/analyst, I wanted to be more actively involved in program development.

Associate Specialist and Associate Chair, Administration and Finance – University of Hawaii at Manoa, Department of Surgery (2006 to present)

Job Duties

In April 2006, I started in a newly created administrative faculty position on a three-year limited term basis. I was non-tenure track and hired to directly assist the Chair of Surgery with the development and oversight of the department's administrative and fiscal matters. The Chair was interested in developing the administrative infrastructure for our department's participation in the medical school's faculty practice plan and for research and grants administration. I was also tasked to assist him with the development of a method to assess and evaluate professionalism with regard to surgical residents. In July 2007, due to a clause in the faculty collective bargaining agreement, my position was converted to tenure track, which required a shifting of my duties to

more “scholarly activities” (aka publish or perish). Since I had for the most part left academia completely when I graduated from the community psychology doctoral program ten years ago, I was somewhat at a loss on how I would handle this sudden job transition.

Trying to link my topic to professionalism, which was the research interest of my Chair, I fell back on my area of focus during my graduate studies, cross-cultural psychology. In graduate medical education, cultural competency falls under professionalism – one of the six competencies the Accreditation Council for Graduate Medical Education (ACGME) expects residents to learn during their training. Specifically, I had an interest in multicultural education, so although I had 11 years of literature to catch up on, I was at least familiar with the basic concepts and theories. Initially, I had difficulty applying my knowledge to the field of medicine since I was unfamiliar with the “medical culture.” Therefore, my Chair recommended that I familiarize myself with both medical and graduate medical education as a start.

In January 2008, I met with the Director of the Office of Medical Education (OME) to learn about the medical school’s cultural competency initiatives. Although cultural diversity is included as part of the school’s mission, there were few explicit examples of cultural training. Most of the cultural competency initiatives were integrated into coursework. Additionally, an inventory or catalog of cultural activities did not exist. The only formal acknowledgement of culture was through the Department of Native Hawaiian Health (DNHH) who was the lead on all cultural competency activities at the school. They held workshops and Native Hawaiian cultural immersion programs for medical students, residents, and physicians. The OME Director was kind enough to introduce me to the lead faculty member in that department. She was extremely kind and generous with her time and knowledge and invited me to join her cultural competency committee. This then led to an introduction to other Native Hawaiian physicians as well as a cultural anthropologist in the Department of Family Medicine and Community Health.

As a means to help me learn about the cultural competency activities at the school, I asked the OME Director if it would help if I put together a resource guide. He agreed that this would be

helpful since the medical school was undergoing accreditation and the Liaison Committee for Medical Education (LCME) has explicit requirements regarding cultural competency. The resource guide would help with identifying what each department, office, or program has done in this area. He suggested that I do this in partnership with his office and with the DNHH. After obtaining approval, my research assistant and I sent emails to all the Department Chairs and Directors requesting interviews and/or documents regarding their cultural competency efforts (on a strictly voluntary basis). Through this endeavor, I realized that there were many pockets of cultural competency but little communication or collaboration.

After I was done conducting interviews and collecting data, I thought it might be a good idea for us to meet. The OME Director said he would host a half-day, mini-conference on cultural competency and invite those who participated in the resource guide or their designees. The purpose of the meeting was to learn what others were working on to identify opportunities for collaboration. It was meant to be very informal and no one had a set idea of where the meeting would lead. I emphasized to everyone that I was not the leader, but the facilitator because of my administrative skills (e.g., I didn’t mind setting up meetings, making copies, buying food for the meetings). I did have a “scientific” contribution, which was a project I was working on with my Chair – the adaptation of a validated tool to measure resident preparedness to provide cross-cultural care. In addition to me, there were representatives from the Departments of Family Medicine, Geriatric Medicine, Native Hawaiian Health, Public Health, and Health and Library Sciences. After the initial meeting in September 2008, we had developed an interest in a possible faculty development project in cultural competency.

Future meetings varied in attendance and the membership of the group changed over time. We were even unsure how to refer to the group. Since the DNHH already had a cultural competency committee, we did not want to use that name. And, the cultural anthropologist preferred the use of the term cultural humility as opposed to cultural competency. Therefore, I suggested “Cross-Cultural Health Care Interest Group.” At one point, it appeared that we were stuck since we had difficulty coming to consensus regarding what type of faculty

development project should be pursued. Frankly, I thought the group would die, but it suddenly became revitalized accidentally when another interdisciplinary collaboration collided with the group.

As I had been drafting the cultural competency resource guide draft report, I realized how my lack of knowledge of medical education was hampering my understanding. With my Chair's permission, I signed up for a nine-month OME Fellowship so that I could learn in depth about medical education. I was the only Ph.D. in a group of six M.D.s. Also, what made it interesting was that I was an administrative faculty with a psychology background, who happened to be working for the Department of Surgery. The group was comprised of faculty from the Departments of Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, and Pathology. Research and teaching partnerships grew from that faculty development experience. Some of the projects we are working on currently include validating standardized tools to assess resident preparedness in graduate medical education, and the impact of cultural training on medical professionals in general. We are also planning a cross-cultural health care conference that is a partnership/collaboration between the fields of medicine, psychology, and public health. Our Cross-Cultural Health Care Interest Group still exists after one year and meets on a quarterly basis.

Community Psychology Skills Utilized

My current position allows me to utilize all of the previously described community psychology skills. Because of the eclectic nature of my job and the diversity of projects and groups that I interact with, I am involved with *Advocacy, Assessment/Program Evaluation, Organizational Assessment, Capacity Building, Collaboration/Consultation, Communication, Group Processes, Research, Interventions, Leadership, Supervisory, and Mentoring Skills, Resource Development, Professional Judgment, and Service Delivery, Planning, and Management*. Although this position could technically be considered academic since it is located in a university setting, my job responsibilities are different from a typical instructional faculty. My official position title is *Associate Specialist* and is similar to an educational or curriculum specialist. Specialist faculty at the University of Hawaii provide

expertise in specific subject areas – for me, I was essentially hired for my administrative and fiscal background, but my community psychology training was viewed as an important part of my marketability.

Conclusion

A wide variety of employment opportunities await community psychologists. One particularly relevant and accessible venue is that of state government service. Given the vast and diverse types of services state agencies are expected to provide the general public, a community psychologist can contribute in a number of ways. The level of involvement with the traditional definition of "community" may vary depending on the position, but if one views the term "community" broadly as any organization or group of individuals, then any job in state government will allow us to use our community psychology training. All government workers have the general public as their ultimate stakeholders and "community." Although my job history may seem atypical and in some ways a crooked path, it has resulted in very rewarding experiences that led me to finally understand that I have actually been practicing community psychology throughout my entire career.

References

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