

Differences between the traditional focus of clinical psychology and community psychology

Clinical Psychology	Community psychology
More likely to work with individuals	More likely to work with groups and communities
Work confined to clinical populations	Work likely to involve the diverse groups in a local community
More likely to take place in a consulting room in a clinic	More likely to take place in a community setting
Focus on symptomatic change in the individual through individually-focused therapies	Focus on community level change through collective action
Work influenced by psychiatric diagnosis	Work influenced by mapping needs at community level and identifying sources of oppression
Work influenced by 'top down' treatment guidelines (e.g. NICE)	Work influenced by 'bottom up' feedback from community collaborators
Evidence base privileges RCTs	Evidence base privileges diverse research methods especially those which emphasise community action and participation
More likely to be short-term or time-limited	More likely to be long term and build and grow over time
Reactive and ameliorative in aim	Preventative and transformational in aim (e.g. advocacy, campaigning and acting to bring social change)

From: Cox, R., Holmes, G., Moloney, P., Priest, P. & Ridley-Dash, M. (2013) Community Psychology. In J. Cromby, D. Harper & P. Reavey, *Psychology, Mental Health and Distress*. Basingstoke: Palgrave Macmillan.