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TOWARDS A COMMUNITY CLINICAL PSYCHOLOGY? INSIGHTS FROM A SYSTEMATIC REVIEW OF PEER-REVIEWED LITERATURE

Andrea Caputo[*], Agnese Giacchetta[*], Viviana Langher[*] and Manuela Tomai[*]

The present systematic review provides a narrative synthesis of the peer-reviewed literature concerning the synergy between community and clinical psychology, with the specific aim of detecting the theoretical, research, and practical basis for the development of a community clinical psychology perspective. The authors screened 216 records on the topic, found in major citation databases (PsycArticles, PsycINFO, Scopus, and Web of Science) without time or language restrictions. Six articles addressing the review question were identified and examined through seven conceptual criteria referred to contextual premises, definitions, addressed problems/issues, application areas, reference theoretical models, examined constructs, and required professional competences. The results do not show evidence for a community clinical psychological perspective, despite the many synergies between such disciplines on a theoretical and applied level. Community and clinical psychology could thus be further integrated in the future, potentially giving rise to a new and independent field of knowledge to get more comprehensive understanding of the relationship between individuals and social contexts.

***Keywords**: community psychology, clinical psychology, community clinical psychology, systematic review*

1. Introduction

The term "Community Psychology" was first used in the 1960s and spread throughout the world to highlight a new focus of psychology on societal issues, within a cultural climate characterized by intense struggles and protests regarding civil rights, and oriented to challenging the status quo (Reich et al., 2007; Wandersman & Florin, 2003). The novelty of community psychology relies on the opposition to a medicalized and individual model that was characteristic of traditional clinical psychology. Specifically, community psychology questioned psychotherapy as the prevalent form of intervention provision, mostly grounded on a deficit-oriented and reductionist perspective, in contrast with a strength-based approach (Jason et al., 2019; Liang et al., 2011). As well, the etiological conception of psychological distress as uniquely determined by individual factors, beyond social and cultural influences, was particularly opposed (Goodman et al., 2004). Criticisms against the dominant paradigm of clinical psychology were led by the increasing awareness about the principles of social justice and inclusion, which were threatened by Western values of health care industry (e.g., Nelson & Prilleltensky, 2005; Page, 1998) and hegemonic epistemologies legitimizing social inequalities (Allen & Mohatt, 2014; Avissar, 2016; Gone, 2011). From a historical point of view, community psychology has detached itself from traditional clinical

[*] "Sapienza" University of Rome, Italy

psychology, in line with the dictum of giving psychology away (Orford, 1992), like a *wayward daughter* looking for progressive independence and ideals worth fighting for. In this regard, community psychology has proposed a prevention- and population-oriented focus, fostering participation, empowerment, mutual respect, and advocacy (Gregory, 2001). However, the shift of community psychology from clinical psychology has not been often accompanied by the development of a consistent and well-defined body of theory and research (Dzidic et al., 2013). As stated by Dzidic and colleagues (2013), "in its revolutionary zeal, community psychology could only bring itself to be critical of mainstream individualised treatment, rather than reconceptualizing its understandings of people" (p. 2). Indeed, to develop as an independent field, community psychology has progressively positioned itself on the sidelines of influential contemporary movements, leaving the field open to reductionist and pathologizing paradigms in community mental health (Hartmann et al., 2018; Martin et al., 2004; Timimi, 2010). Besides, community psychology could have overemphasized pragmatic and cognitive aspects in pursuing socio-political change, thus devoting less attention to subjective dimensions (Hartmann et al., 2018; King & Shelley, 2008; Koh & Twemlow, 2016).

In this scenario, several authors have claimed the need to develop a clinic-community dialogue as to instigate transformative change in community mental health (Hartmann et al., 2018) and to get back the role of affect and its connection to action (King & Shelley, 2008; Lane & Sawaia, 1991; Leon & Montenegro, 1998; Rimé, 1993). The initial effort to integrate community principles into clinical psychology arouse from the need for additional training to realize a community psychology perspective of psychotherapy and increase treatment effectiveness (Gendlin, 1968; Jones & Levine, 1963; Sarason & Ganzer, 1969). To this purpose, the usefulness of combining community and clinical psychology has been advanced from several synergies between such disciplines (Kloos & Johnson, 2017). For instance, the preventative approach seems partially to represent a field of integration between these psychology disciplines (Jenkins, 2016; Kelly, 1990). Both community and clinical psychology share the relevance of applied implications of psychology science to improve the adjustment processes of individuals (Kloos & Johnson, 2017). As well, compared to the past, clinical psychologists are more attentive to policy and societal issues, and their formal training is increasingly incorporating community-related knowledge to develop more varied intervention skills (Jenkins, 2016; Kloos & Johnson, 2017), although the concept of community in clinical psychology is often defined in a narrow sense. These disciplines, therefore, can be considered complementary rather than opposed each other (Kelly, 1990). In this regard, more recent developments of community psychology have fruitfully integrated positivist and constructivist paradigms highlighting the relevance of subjective and emotional aspects along with pragmatic ones (Francescato & Aber, 2015; Francescato et al., 2009; Francescato & Tomai, 2001; Francescato & Zani, 2017). As well, a cultural approach to clinical psychology has been conceptualized as addressing issues of social coexistence rather than individual distress (Carli & Giovagnoli, 2011), which was used in several action-research works on social groups, organizations and communities (Caputo et al., 2016; Langher et al., 2019; Mannarini et al., 2012; Mannarini & Salvatore, 2019). Then, in the last decades, new emerging paradigms have been proposed, such as community psychoanalysis, providing useful insights for community work from the psychodynamic tradition of clinical psychology (Bermudez, 2019; Borg, 2010; Koh & Twemlow, 2016; Swartz et al., 2002).

Overall, based on these premises, the current manuscript proposes a systematic review of the peer-reviewed literature concerning the synergy between community and clinical psychology, with

the specific aim of detecting the theoretical, research, and practical basis for the development of a community clinical psychology perspective.

2. Method

2.1 Eligibility criteria and search strategy

Given the aim of exploring if community clinical psychology exists as a new and emerging specialty area, we conducted a systematic review of the literature using the following inclusion criteria: a) include theoretical or research articles, books, and other scholarly sources addressing the synergies between community and clinical psychology, and b) provide a theoretical, research, and/or practical basis for community clinical psychology as a distinct field of knowledge.

The search was conducted in four electronic databases (PsycArticles, PsycINFO, Scopus, and Web of Science) on 27 November 2019, using the search terms "clinical and community psycholog*" OR "community and clinical psycholog*" OR "clinical community psycholog*" OR "community clinical psycholog*" OR "clinical-community psycholog*" OR "community-clinical psycholog*" OR "community/clinical psycholog*" OR "clinical/community psycholog*". These searches were limited to the title, abstract, and keywords for PsycArticles, PsycINFO, and Scopus databases; whereas, for Web of Science, terms were searched into "Topic" field. There were no date or language restrictions on any of the searches, thus including all records published up to November 2019.

2.2 Study selection

Of the returned records ($N = 216$), 65 duplicates were removed, resulting in 151 records for which title and abstract screening was conducted. Overall, 107 records were removed since they were out of scope ($n = 66$) or included book reviews, errata, obituaries, and comments/replies, thus not consenting to inspect literature relevant to the field. By out of scope, we meant the lack of pertinence to our review aim, since the terms "community psychology" and "clinical psychology" were just listed or mentioned in a narrow sense, without being the subjects of the publications. The remaining 44 records were full-text screened by two independent reviewers to determine their eligibility and an additional 38 records were eliminated. In some cases, they were excluded because they proposed contraposition between community and clinical psychology as alternatives ($n = 28$), thus not addressing the review question. In other cases, despite proposing potential synergies between such fields, they failed to provide evidence for a community clinical psychology perspective ($n = 10$). In particular, these records considered community and clinical psychology as substantially distinct disciplines and just claimed the potential usefulness of an integration as a general declaration of intent, without specifying how this could be achieved.

Overall, six records met the inclusion criteria and were included in the current review. An illustration of the study selection phases is provided in Figure 1 to ensure a complete and transparent synthesis according to the standards of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Moher et al., 2009).

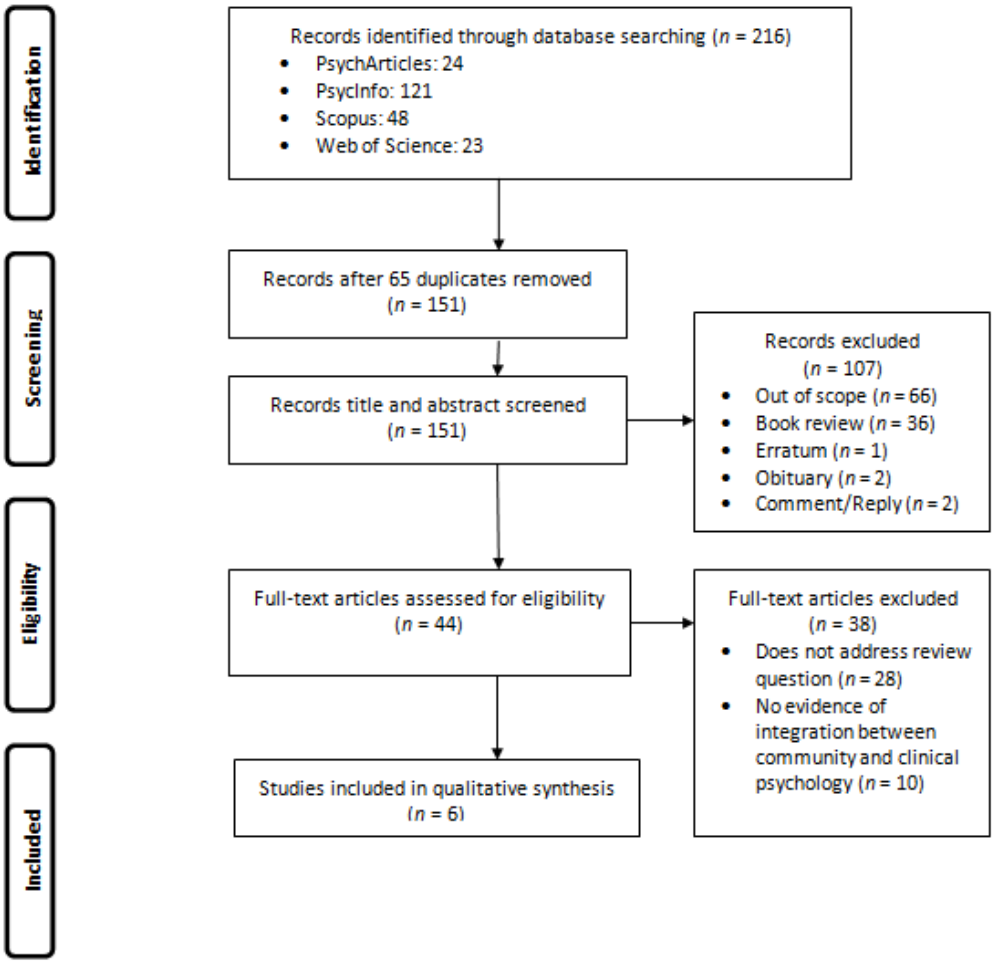

Figure 1. PRISMA flow diagram

2.3 Narrative synthesis

The final records were examined by two independent reviewers and a coding scheme was used to provide a narrative synthesis of the examined articles. The coding scheme was developed after reading the articles through an inductive analysis of the retrieved contents to identify some general criteria that could address the review question. Specifically, seven conceptual criteria were used, which were aimed at clarifying how a community clinical psychology perspective was conceptualized in the relevant literature and at providing a comprehensive understanding of its basics. This allowed the coding of the articles and discrepancies were solved by consensus. The coding scheme included the following key criteria: contextual premises, definitions, addressed problems/issues, application areas, reference theoretical models, examined constructs, and required professional competences.

Contextual premises deal with the historical, cultural, and social factors leading to the scientific development of a community clinical psychology perspective. The proposed *definitions* of a

community clinical psychology perspective shed light on the levels and modalities of integration between the existing fields of community psychology and clinical psychology. *Addressed problems/issues* deal with the specific research and/or intervention objects, questions, and critical issues that a community clinical psychology perspective is interested in, as to understand its attained goals more widely. Whereas, *application areas* specify the working contexts regarding the social, community, and organizational settings where community clinical psychologists come to operate and can be potentially employed. By *reference theoretical models*, we mean the conceptual paradigms and approaches that represent the knowledge base of a community clinical psychology perspective, guiding research work and informing intervention practice. *Examined constructs* refer to the properties of phenomena being studied by community clinical psychologists, in terms of more specific dimensions and potential variables that can be assessed or measured. Then, by *required professional competences*, we mean the core skills needed to work in the field, as well as practical expertise to develop as community clinical psychologists.

3. Results

The final six records included four journal articles and two book chapters and were published between 1975 and 2016. Most of the publications were written in English (except for one study that was written in Spanish); four of them were from the United States of America, one from South Africa and one from Mexico. Four publications dealt with training programs or issues in the field of community/clinical psychology, one provided an overview on such field as a specialty area within clinical psychology, and one was a case description from an action-research project adopting a community clinical approach (which was the only research study). Looking at the categories of publication sources, publications were distributed across fields of community psychology (n = 2), clinical psychology (n = 2), and multidisciplinary psychology (n = 2) (Table 1).

Table 1. Characteristics of the final records

Author(s)	Publication year	Publication type	Publication Language	Publication source	Publication country	Summary
Ballard	1975	Journal Article	English	American Journal of Community Psychology	USA, Maryland	Delineates the basic skills that might be appropriate for a community-clinical psychologist and the effort to incorporate the skills and insights of a clinician into a community setting
Lorion	1991	Book chapter	English	Ethnic minority perspectives on clinical training and services in psychology	USA, Maryland	Examines the Clinical/Community Psychology graduate program at the University of Maryland, College Park

Meissen and Slavich	1997	Journal Article	English	Journal of Prevention & Intervention in the Community	USA, Kansas	Provides an overview of doctoral clinical-community psychology programs and highlights some possible future directions in training
Gibson, Sandenberg and Swartz	2001	Journal Article	English	South African Journal of Psychology	South Africa, Cape Town	Examines the experience of a clinical psychology training course at the University of Cape Town and the challenging issues for students in community work
Koh Yah and Castillo León	2014	Journal Article	Spanish (Castilian)	Psicoperspectivas	México, Yucatán	Describes the findings of an action-research project for women health promotion using a clinical community approach
Jason and Aase	2016	Book chapter	English	APA handbook of clinical psychology: Roots and branches	USA, Illinois	Proposes community-clinical psychology as a specialty area emphasizing new perspectives for psychologists collaborating with citizen groups and community-based organizations

3.1 Contextual premises

The work by Jason and Aase (2016) traces the historical evolution of community clinical psychology from between 1950 and 1960, considering the Swampscott's conference, in 1965, as the milestone in the development of this new field of study. Regarding the rationale leading to the emergence of community clinical psychology, Jason and Aase (2016) point out three aspects: the desire of some clinical psychologists to work not only on individual problems but also on social and community ones, the insufficiency of psychotherapy in dealing with these problems, and the limits of the person-centered medical model. Concerning the latter aspect, Koh Yah and Castillo León (2014) highlight the need to integrate the social dimension into the biomedical model of clinical psychology and develop services accessible to the poorest social groups. Indeed, as stated by Meissen and Slavich (1997), the motivation behind the introduction of a community clinical psychology approach is to be found in the possibility of carrying out cost-effective interventions, especially of preventive nature, capable of reaching a large number of people in natural settings.

3.2 Definitions

All the examined articles propose that a community clinical psychology perspective was developed from clinical psychology, despite with a different extent of integration. Lorion (1991) and Meissen and Slavich (1997) look at the fundamental principles of community psychology as relevant aspects to be integrated within the training in clinical psychology, so that community clinical psychologists can become sensitive to "the mental health needs of the nation's low-income and minority populations" (Lorion, 1991, p. 97). Consistently, Koh Yah and Castillo León (2014) define community clinical psychology as an area of intervention for clinical psychology, which aims at empowering civil society and promoting social transformation. Gibson et al. (2001) suggest incorporating some community psychology-related skills and abilities into the traditional clinical training, enabling "to intervene in different ways with larger groups of people, organisations and communities as well as with the individuals and families usually targeted by clinical psychology" (p. 29). Ballard (1975) defines this new discipline as "an effort to incorporate the skills and insights of a clinician into a community setting. For this practitioner, the laboratory is the street; the office is the front porch" (p. 386). Then, a well-integrated definition of a community clinical psychology perspective is more recently proposed by Jason and Aase (2016) as "a specialty area within clinical psychology that emphasizes new perspectives, as well as new roles, for psychologists collaborating with citizen groups and community based organizations*"* (p. 201). Accordingly, community clinical psychologists could "act as change agents within their communities by developing prevention programs and working for community change" (p. 201), thus contributing to widening the range of psychology services offered.

3.3 Addressed problems/issues

Several problems/issues are specified as objects of interest of a community clinical psychology approach, ranging from organization and delivery of health services to unequal access to resources. Specifically, greater synergy between mental health services and community settings is advocated (Ballard, 1975), in terms of integration of services, public education, and collaboration with other agencies as well as further public health-related issues concerning prevention (e.g. HIV/AIDS) and rehabilitation (e.g., drugs or alcohol) (Jason & Aase, 2016; Meissen & Slavich, 1997). Besides, social and cultural differences in access to financial, educational and information resources are dealt with, concerning disadvantaged groups because of socioeconomic conditions (e.g., homeless), gender or ethnic belonging (e.g., women or Asian Americans) or health status (e.g., AIDS patients) (Koh Yah & Castillo León, 2014; Jason & Aase, 2016; Lorion, 1991). Then, the realm of violence is also reported, referring to family violence, child sexual abuse, school violence, gang activity or recidivism (Gibson et al., 2001, Jason & Aase, 2016).

3.4 Application areas

A wide range of intervention contexts is identified for possible application of a community clinical psychology approach, such as health or mental health agencies, academia and research institutes, industry settings and organizations, human services and NGOs, regular and special schools, local agencies, neighborhoods or parishes. As well, community clinical psychologists may

work as consultants for the development of community or in-home interventions (Gibson et al., 2001; Jason & Aase, 2016; Meissen & Slavich, 1997).

3.5 Reference theoretical models

The most frequently reported theoretical model refers to a social-ecological approach to communities (Koh Yah & Castillo León, 2014; Jason & Aase, 2016; Lorion, 1991; Meissen & Slavich, 1997). In detail, the principles of ecology by Kelly (1968, 1990) are applied to community setting in terms of interdependence (i.e. any community has multiple related parts and relationships with other systems), cycling of resources (i.e. any community can be understood by examining how resources are used, distributed, conserved, and transformed), adaptation (i.e. individuals cope with the constraints or demands of the community environment and communities adapt to their members), and succession (i.e. social environments of communities are in a continuous and dynamic course of change). As well, Bronfenbrenner's Ecological Framework (1979) allows understanding human behavior through influences from a series of environmental contexts which are referred to as: microsystem (immediate environment an individual is directly in contact with), mesosystem (interactions between the different parts of an individual's microsystem), exosystem (links between social settings that do not involve the individual), macrosystem (the overarching culture), and chronosystem (pattern of environmental events and transitions over the life course). Besides this, the Tavistock model of psychoanalytic group and organizational theory (Obholzer & Roberts, 1994; Swartz & Gibson, 2001) plays a minor role. It is proposed by Gibson et al. (2001) and represents the basis for psychoanalytically informed community psychology, dealing with the defensive functioning (e.g., splitting, denial, or projective identification) of social systems and communities against anxiety. Accordingly, a binocular focus is proposed on the interaction between conscious and unconscious levels and the dialectic between personal and political meanings, grounded on self-reflexivity about power issues and transference relationships in community work.

3.6 Examined constructs

The most frequently reported construct is empowerment (Jason & Aase, 2016; Gibson et al., 2001; Koh Yah & Castillo León, 2004) that can be observed at the individual, organizational and community levels, as an effort to exert control and gain mastery, freedom, and inclusion (e.g., Hunter et al., 2013; Rappaport, 1981; Trickett, 2009). As well, the constructs of proactive participation and engagement (Jason & Aase, 2016; Koh Yah & Castillo León, 2004) are advocated, which may contribute to effective decision-making, behavior change, and healthy environments (e.g. Romero, 1999). Then, in line with the revised model of stress proposed by Dohrenwend (1978) that includes both individual and contextual variables, the central role of coping is highlighted, as well as the importance of contextual mediators, such as social support or access to resources, aimed at strengthening personal competence and well-being (Jason & Aase, 2016).

3.7 Required professional competences

Some core competences are detected for working as community clinical psychologists as follows: skills on the group processes and facilitation (Ballard, 1975; Jason & Aase, 2016); contextualization involving the understanding of rules and conventions within communities (Gibson et al., 2001; Jason & Aase, 2016; Lorion, 1991); interdisciplinary collaboration with other professionals or community leaders (Koh Yah & Castillo León, 2014; Jason & Aase, 2016); program development and evaluation with specific regard to planning as well as need and resource assessment (Ballard, 1975; Koh Yah & Castillo León, 2014; Jason & Aase, 2016; Meissen & Slavich, 1997); and community research favoring methodological pluralism, participatory action research, and experimental social innovation and dissemination within naturalistic settings (Ballard, 1975; Koh Yah & Castillo León, 2014; Jason & Aase, 2016; Lorion, 1991).

4. Discussion

From a systematic review of the peer-reviewed literature regarding the development of a community clinical psychology perspective, the current manuscript provides a narrative synthesis about the main contributions addressing the potential integration between community and clinical psychology. Overall, only six relevant publications addressing the review question were retrieved, thus suggesting the poor reliance of scholarly literature on the issue, despite the wide time range of the retrieved records. Looking at some characteristics of the retrieved publications, there is a prevalence of articles from American countries (especially USA), suggesting that the use of a community clinical approach is a scarcely debated issue worldwide. It should be acknowledged that most of the publications (n = 4) dealt with formal training in clinical/community psychology, generally suggesting the need to develop further professional competences for clinical psychological intervention. In this regard, a seminal work by Jones and Levine published in 1963 highlighted the role change of the clinical psychologist, moving from being a technician to a consultant. Indeed, clinical psychologists have been increasingly faced with new kinds of interprofessional relationships and responsibilities requiring a better understanding of community organization and resources (Jason & Aase, 2016). In this regard, several research studies concerning professional clinical psychology training have outlined the perceived gap between theory and practice and the insufficiency of acquired knowledge and techniques by young clinical psychologists, confronted with the challenges and complexity of the labor market (Langher et al., 2014; Langher & Caputo, 2016).

About our review question, we could note that the contextual premises for a community clinical perspective are substantially overlapping with the historical development and foundational principles giving rise to community psychology (see, for example, Jason & Aase, 2016). Accordingly, the community clinical approach is mostly defined as stemming from clinical psychology to widen the provision of related interventions. This requires adopting a preventative, cost-effective, and population-oriented perspective, and shifting from traditional medicalized and individual settings. The current review highlights some specific issues/problems that could be more fruitfully dealt with through a community clinical psychology approach. When dealing with clinical issues, such as health prevention and promotion, the lack of demand for treatment, and the focus on communal problems make the reductionist and deficit-oriented paradigm of the

traditional clinical psychology unfair. Therefore, some typical competences of community psychologists could be necessary, such as the capacity to work with social groups and organizations, and deliver participatory and strength-based interventions, more attentive to the individual-context relationship (Ockene et al., 2007). As well, when dealing with community issues, such as social violence and inequalities, the analysis of systemic and power dynamics could be more articulated if community psychology benefits from clinical/psychodynamic insights. For instance, the analysis of transference and countertransference experiences may be informative about the consultant-community interaction (Borg, 2005). As well, some defensive patterns may contribute to the understanding of social dynamics (Gibson & Swartz, 2008), as in the case of intra-group conflicts reflecting split emotional experiences (e.g., desire or fear for social change) or discrimination against minorities (e.g., homeless or ill people) which powerful groups project disavowed feelings into. The wide range of application areas for community clinical psychologists (as indicated in the retrieved publications) seems to require a cultural/contextual competence based on reflexivity (Case, 2017; Fernández, 2018) and deconstruction of hegemonic epistemologies (Allen & Mohatt, 2014; Cherniss, 2002). This involves preserving the capacity for choice and self-care of community members, as to avoid power unbalance and socio-cultural iatrogenic effects of the intervention (Cherniss, 2002; Illich, 1976). However, some limitations still exist that may prevent from combining community and clinical activities, such as the differences on epistemological and methodological positions in terms of idealism and pragmatism, the legislated separation of prevention and psychotherapy, as well as statutory duties and practical issues (Bostock, 1998; Roehrle & Strouse, 2019).

About the reference theoretical models, the examined publications seem to share a social-ecological approach to communities, integrating principles of ecology by Kelly (1968, 1990) and systems theory by Bronfenbrenner (1979). However, except for the Tavistock model of psychoanalytic group and organizational theory (Gibson et al., 2001), the contribution of clinical psychological theories appears less taken into account. Overall, the goal of developing models grounded on both community and clinical principles does not seem to be fully achieved. Also, the main examined constructs mostly refer to community and social psychology and deal with "positive" dimensions reflecting a strength-based approach. Specifically, empowerment and community participation indicate the relevance of agency to provide solutions for "problems in living" (Rappaport, 1981; Zimmerman, 2000). Besides, coping and social support highlight the need for a balance between personal and contextual sources of help that individuals may rely on (Jason & Aase, 2016). Then, regarding the core professional competences to work as community clinical psychologists, overall four major areas emerge relating to group processes, project planning and evaluation, interprofessional collaboration, and participatory methods. Such competences pertain to transversal skills and involve a multilevel frame for intervention, taking into account the complexity of community problems. The importance of working on projects and with other professionals may suggest that psychologists have to give up their powerful role and the centrality of the technical expertise when dealing with community-clinical issues. From such a perspective, they should rely on a theory of technique able to adapt to specific contexts and on the competence to detect unexpressed demands for intervention (Carli & Giovagnoli, 2011).

5. Conclusion

Some limitations of the present review should be acknowledged. First, the limited number of retrieved publications does not consent to provide an exhaustive view about the interrelations and synergies between community and clinical psychology. Indeed, the current review study has taken into account the major citation databases (i.e. PsycArticles, PsycINFO, Scopus, and Web of Science), which are deemed the largest bibliometric data sources indexing high-quality peer-reviewed publications. Therefore, our results could be biased due to not including grey literature and other nonscientific publications that may ensure more extensive coverage. This is particularly significant if considering that community practitioners are less prone to disseminate their work since they may be more focused on applied aspects than academic and research interests (Jenkins, 2016; Steltenpohl et al., 2019). Along with this, some theories or models integrating clinical psychological principles into community settings could have been omitted because of the used search terms. However, probably, such theories or models would mostly represent derivatives or developments of community or clinical psychology respectively, without a specific and systematic theoretical reflection on the potential integration between such disciplines. Then, since the current review focused on the integration between the disciplines of community and clinical psychology more widely, regardless specific theoretical orientations (e.g., psychodynamic, systemic, humanistic), some publications may not have been retrieved in our search, such as those pertaining to community psychoanalysis.

Overall, our results seem to highlight that the time is not yet ripe for a well-integrated community clinical psychological perspective, despite the many synergies between community and clinical psychology on a theoretical and applied level. As stated by Gibson et al. (2001), when working in community settings, there is "a lack of certainty about theoretical models and practical approaches [since] no psychological theory seems sufficient to account for the multiple layers of factors" (p. 31). Indeed, the demands for psychological intervention from groups, organizations, and communities in real-life contexts focus on complexity and the multi-faceted nature of problems, thus connecting community and clinical issues more than academic psychology itself does. Consistent and effective professional responses would require action-research methods integrating idiographic and ecological paradigms, and providing locally-based solutions (e.g., Caputo, 2013; Langher et al., 2019; Mannarini & Salvatore, 2019; Francescato et al., 2017; Francesccato & Zani, 2017). Indeed, dealing with cultural, social, and linguistic differences in community work requires a greater capacity to constantly confront oneself with new sets of rules and meanings (Gibson et al., 2001), which could be better understood relying on a cultural approach to clinical psychology. Along with qualitative and narrative-based methods, some data analysis techniques, such as multivariate and multilevel analyses, are also crucial to taking into account several levels of complexity beyond the individual, in line with an ecosystem-oriented view (Caputo & Rastelli, 2014; Caputo & Tomai, 2020).

Besides, community psychology principles may be fruitful when faced with challenging situations compared to the conventional forms of clinical practice, such as working in deprived and unsafe places, and dealing with poverty or environmental degradation (Gibson et al., 2001; Jason & Aase, 2016). In conclusion, we consider that community and clinical psychology could be further integrated in the future, potentially giving rise to a new and independent field of knowledge that, borrowing the definition by Stark (2011), could represent a linking science and

practice for a more comprehensive understanding of the relationship between individuals and social contexts.

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