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TABLE OF CONTENTS

1

"Many have attempted to produce a title for the dynamic period of social change through which man is passing. All have failed, because each in turn has attempted to bring it into focus through his personal system of lenses. Truly, it is a period of searching, where man is seeking deeper meanings in life. And it is through these inquiring efforts, culminating in an ever broadening recognition that the true meaning of life—God's kingdom on this earth—can be found in man helping his fellow man through volunteer service, that this period will eventually be recorded in history as one in which Man Discovered Man."

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Northeastern University
Center for Continuing Education
ALBERT E. EVERETT, *Dean Emeritus*

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THE DEVELOPMENT OF VOLUNTEER SERVICES IN A COMMUNITY MENTAL HEALTH CENTER

by
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Maimonides Community Mental Health Center—an integral part of Maimonides Medical Center, a large general hospital—is a newly developed facility with its own building which serves a population of 112,000 in its "catchment area" in the Boro-Park; Sunset-Park Communities of Brooklyn, New York.

The Center receives matching funds from the Federal, State and City government and offers not only five mandated services (Emergency, Outpatient, Inpatient, Partial Hospitalization, Community Consultation and Education) but also referral services, vocational rehabilitation, learning disability therapy, research, etc. Its Hospitalization Services include a receiving and short-term hospital for the population in its "catchment area" and has 41 beds with an average census of 24 full-time inpatients with 15 day hospital patients and 2 night patients.

Since the focus of the Center is to render its services easily accessible, a large part of its treatment and prevention programs are located in the community: in homes, schools, churches and synagogues, two Neighborhood Service Centers, etc.

During a given year, the Center provides direct clinical services to over 2,000 patients (including 350 inpatients), clinical consultation to 2,500, and outreach community services to over 10,000 individuals.

VOLUNTEERS AND THE COMMUNITY MENTAL HEALTH CENTER CONCEPT

The concept of a Community Mental Health Center implies three concerns: the treatment of mental illness, the prevention of mental illness, and the maintenance of mental health. The latter two goals, especially, require a sensitive exploration of new ways in which the community may be informed of the nature of mental illness and the resources available to meet it. In addition, methods must be developed by which the community's own organizations and relationships can be determined, approached, studied, and improved in terms of mental health. The use of local volunteers is one vital way in which the Community Mental Health Center can begin to get to know its community.

3

In the Community Mental Health Center setting, patient care can become a unified process. The outpatient who comes in from the neighborhood for weekly therapy can, during a crisis period, be fully hospitalized in our Inpatient Service, can return later to the community as a Day Hospital patient, and ultimately can resume weekly Outpatient treatment—all without a break in time or place. Or a person unknown to us can arrive at the Center in an emergency and be immediately hospitalized—to be followed, when later released, as an outpatient living in the community. Since the community thus tends to be a continuing part of our patients' experience, its volunteers (recruited locally and representing all segments) become a natural resource to the Center.

The benefit is not only to the Center in terms of manpower but also to the community. As the experienced volunteers inevitably become more knowledgeable about mental illness and the Center's resources, they are seen by their neighbors as "experts" on what the Center has to offer. More important than facts about the Center, the volunteers' changing attitude around mental illness can communicate itself also to the community. Volunteers can, in addition, bring feed-back from their neighborhoods on local needs and problems, as well as keeping the Center alert to how it is being experienced by the community. Volunteers—outside the professional "system"—can offer a critical appraisal of how the Center operates (often as seen through the eyes of a patient) and they should be encouraged to do so.

Since it seemed important at the outset of our Volunteer Program to help the volunteers see themselves as concerned community people offering personal relationships to other community people who happen to be patients, volunteers have been used only in direct service to patients: not for clerical, messenger, or similar indirect services. Volunteer assignments are made around a certain ongoing task (visiting one patient, leading a group) rather than in terms of "clocking in" each time to perform different kinds of assignments.

PROTOCOL FOR VOLUNTEER SERVICES

At the outset of the Volunteer Program, and in order to explore the various needs for volunteers in the Center, many individual conferences with staff members were held. Out of this dialogue and thinking, a written *Protocol for Volunteer Services* was prepared, tentatively outlining philosophy, plans, and procedures; this was circulated to all staff in the Center.

RECRUITMENT

Recruitment was expected to be most difficult, but so far, has not been necessary. Interested applicants still, after two years, telephone almost every day: housewives, college and high school students, pro-

fessional people—boys and girls, men and women. At such time as recruitment becomes necessary, or the need for a broader representation of volunteers apparent, visits to the various organizations in the community (schools, churches and synagogues, block associations, social and political clubs, etc.) will interpret both the Center and its needs for volunteers. A forty minute "picture story" on the Community Mental Health Center for this purpose has been used by the Coordinator of Volunteer Services about ten times in the community with favorable response. A network of volunteers throughout our entire Center community should be the ultimate goal.

MOTIVATION

Motives for volunteering are mixed: some applicants come as concerned local community people, some are intrigued by the mystery of mental illness, some seek adventure and identity outside of home and children, some want to test themselves out for possible work in the mental health field.

It sometimes becomes evident that volunteers have come unconsciously seeking help for their own problems. An effort is then made to work with them around their volunteer assignments (through training, on-the-job supervision, crisis conferences) until they have either become more successful in dealing with their "hang-ups" or have realized themselves that they are not equipped at this time for volunteer work in this setting. Applicants are seldom rejected at the outset; it is important to keep in mind that each volunteer has something unique to offer, and conformity to a certain "model" may well deprive the Center of just that variety needed to stimulate its growth.

INITIAL INTERVIEW

Each applicant is seen initially by the Coordinator of Volunteer Services in an hour-long interview which involves an exploration into the applicant's reasons for volunteering, background, affiliations, abilities and interests. This information is entered on a <u>Volunteer Application Form</u> and is later cross-indexed for future reference. It is important to know how much time the volunteer plans to give; in this low-middle-income community time is precious and limited. Available job assignments are explained and also a brief interpretation of the Center's philosophy, goals, services, and structure is given (often the only overview the volunteer receives).

For example, volunteers preparing to work in our Hospitalization Services need to know that we consider all elements in a patient's environment to be important and are trying to create a "therapeutic community" which will embody this concept. No uniforms or name tags are worn by staff, volunteers, or patients; patients are expected to

5

take as much responsibility for themselves as possible; crises on the Unit are handled on the spur of the moment by patients and staff, meeting in open confrontation. A volunteer going to one of our Outpatient Services is oriented as to the specific nature of that service.

At the end of the initial interview, the volunteer and the Coordinator of Volunteer Services usually reach a tentative agreement on a possible job assignment, generally made in response to a special or standing request from a staff member which has been previously submitted on a Request Form for Volunteer Services devised for that purpose. Should a volunteer turn out to have some special talent (such as hair-styling) this possibility would be brought to the appropriate staff member (the Director of Inservice Program) who would then discuss it not only with other staff but with the patients on the Unit as well.

ROLES OF VOLUNTEERS

Roles which volunteers have assumed in our Center seem to divide into four categories, that of:

1. volunteers who work with one patient (in the Center or at the patient's home), filling a request by the therapist of the patient and usually supervised by that therapist (In our setting, the therapist may be a psychiatrist, psychologist, psychiatric nurse, or social worker.),

2. volunteers who work with a group of patients in terms of an activity (sewing, etc.),

3. volunteers who supplement the activities of staff (helping the dance therapist, etc.),

4. volunteers (with considerable time to give) who function as members of a staff team and respond to the needs of patients as determined by that team. This use of volunteers was suggested by the Director of our Hospitalization Services and has proved so satisfactory that it has become the regular procedure.

TYPES OF VOLUNTEER ASSIGNMENT

During 1968, the first year of our Community Mental Health Center Volunteer Services, 131 volunteers (men and women of all creeds, ranging in age from 16 to 75), contributed the following services on a weekly or more frequent basis:

* tutoring children in our Remedial Reading Clinic

* acting as "big brothers and sisters" for emotionally disturbed children

6

* helping a Senior Citizens' Club plan trips and programs
* assisting in our Children's Waiting Room
* acting as language interpreters (Spanish and Hebrew)
* visiting patients in our Hospitalization Services both to share interests and skills and to provide social stimulation
* serving as escorts for patients (to and from the Center, to Welfare, to find apartments and jobs, to shop, etc.)
* visiting the housebound (the aged, the physically and emotionally handicapped, the socially isolated)
* collecting clothing and furniture

Since the first of the year 1969, volunteers who were involved in our Training Course for Volunteers have taken greater responsibility, focused especially around helping discharged inpatients to get back into the mainstream of life: following up on their home situations, trying to help them structure their lives in terms of home-making and care of their children. Some volunteers have worked with relatives of patients, relatives who will not come to the Center for guidance but will trust someone from the community. Several volunteers have also been involved this year in working with a group of school dropouts in an experimental program—alongside of staff. Another volunteer, trained in group process through one of our Community Education programs, worked with a small committee of our Senior Citizens' Club which contacts absent members.

PLACEMENT INTERVIEW

After the initial interview, and on the basis of our choice of assignment, an interview is arranged for the volunteer with the staff member who requested the service and who will be supervising the volunteer. The Coordinator of Volunteer Services is not usually present at this interview and sometimes does not see the volunteer again unless problems arise on either side which necessitate a three-way conference (with volunteer, supervisor, and Coordinator). If the volunteer does not have a fixed supervisor (as in the case of those working weekends on our Inpatient Service—due to staff rotation) the Coordinator then assumes more of a supervisory role and acts as liaison between the volunteer and the Program Director of the Unit.

TRAINING AND SUPERVISION

For the sake of the patients, volunteers need to be able to respond sensitively and therapeutically to situations as they arise; for their own sake volunteers need to feel comfortable in so responding. If volunteers

7

have been made aware of the goals of treatment to which they are con-
tributing (ei ther in terms of an individual or a group) it will help prevent
their being side-tracked or overwhelmed in their work. If volunteers
can see the importance of encouraging the patient toward independ-
ence, they will not undermine this in their eagerness to be "helpful." It
has helped our volunteers to understand that they are expected to relate
to patients in the here and now as human beings to human beings—not
as "therapists" (though the result may be therapeutic).

To help the volunteers feel secure in their work, training can be
done individually or in groups. Where individual training and super-
vision are concerned, staff members seem to accept volunteers more
readily if given the responsibility for on-the-job training of these vol-
unteers. There is less anxiety for both parties: staff has less fear the
volunteer will go off on a tangent; the volunteer has someone to turn to
immediately in a crisis, an essential for those working in our Hospitaliz-
ation Services, but appropriate also for volunteers in our Remedial
Reading Clinic, for example, where a carefully structured tutoring
method is employed. The patient's therapist can give immeasurable
help to the volunteer in terms of long range goals for the patient.

When the volunteers' assignments take them alone into the
community, however, on-the-spot supervision is impossible, and some
foundation must have been laid to help volunteers meet situations on
the basis of their own judgement.

TRAINING COURSE

In an effort to provide this foundation, our first formal Training
Course for a group of volunteers was instituted in the beginning of this
year, running for 14 weeks and involving six local housewives who were
also mothers (their children ranging from elementary to graduate school
age). These volunteers had all previously been interviewed by the
Coordinator of Volunteer Services and had expressed eagerness to take
the Training Course.

The course really opened with a weekend (two and one half days)
of Sensitivity Training—though this had been preceded by one session
involving introductions of the volunteers to each other, explanations of
the format of the course, and an explanation of Sensitivity Training by
the staff member who was to lead it. At this preliminary session, the
group was told that this course was the first attempted in this setting,
was of necessity a bit of an experiment; and the volunteers were
invited to examine its effectiveness—was it meeting their needs as they
began their volunteer assignments?

Outstanding among the reasons for choosing Sensitivity Training
were the following:

8

1. to acquaint the volunteers with the kind of open climate that can exist in the "therapeutic community,"

2. to encourage them to recognize and accept the strong feelings that exist within all of us (both positive and negative feelings),

3. to give them feedback from the members of the group which would help them:

    a) learn how they were being seen by others,

    b) to become aware of their own "hang-ups" as a way toward understanding patients' deeper problems,

4. to initiate them into some understanding of group process in a setting where the use of groups is a frequent modality.

At the end of the Sensitivity Training, the above goals seemed to be largely realized. It had been a moving experience for everyone, even upsetting for some; later, when these volunteers were assigned to the Inpatient Service, each reported that the experience had provided a helpful basis for functioning in this difficult setting. Staff found these volunteers to be more insightful than those who had not participated in the training. Obviously it is not possible to require Sensitivity Training for all volunteers on all levels of service, but it has proved a useful training tool for those preparing to take fuller responsibility with patients.

One caution: while the Coordinator of Volunteer Services participated in this first Sensitivity Training ostensibly as "just another member" of the group, it was impossible for these new volunteers to see her as anything but an authority figure who was there to give informaation, to test, and to judge them. This not only occupied much precious time, but blurred the role of the actual leader of the group. It is better for the Coordinator not to participate.

After the Sensitivity Training, these volunteers met as a group twice a week: one day for Seminars, another day for Group Supervision. They also began giving a third block of time around their volunteer assignments.

The two-hour, weekly Seminars (with discussion time included) featured our staff members who spoke on a variety of subjects: the Community Mental Health Center itself, the Inpatient Service, the community we serve, ways in which the community organizers reach out to the community, and four sessions on human behavior. Frankly, the volunteers never felt that these theoretical Seminars had quite filled their needs. The two Seminars they found most satisfactory were those in which the speaker was willing to abandon his agenda in order to discuss with them their questions around their own immediate con-

9

cerns: their role with patients ("what is therapy and what do we do instead?"), their relationship to staff ("we are afraid they'll look down on us because we haven't their education"), how to deal with unexpected situations ("will we harm a patient if we respond in the wrong way?")—they were asking for guidelines and reassurance that they did have something to offer.

The open, exploratory climate of the Sensitivity Training was continued in the two-hour, weekly Group Supervision, led by the Coordinator of Volunteer Services. These sessions were held with the full consent of the volunteers' individual supervisors, as they were geared more to dealing with the volunteers' feelings around their assignments than to supervision in the assignments. The volunteers were encouraged to help each other as they discussed their various problems, with some working principles drawn out of whatever had been discussed. Since the volunteers' job assignments included work with individuals and groups both inside and outside the Center, this allowed them a larger range of experience, helped them discover some common guidelines, and also build a sort of group morale during the first difficult weeks of their work.

The volunteers said they found these sessions more helpful than the Seminars (probably because they dealt with concrete problems and allowed for ventilation of feelings around these). Attendance for the 14 weeks at both sessions was high, broken only by an occasional crisis at home. At the end of the course, the volunteers indicated a desire to continue after the summer with some kind of group training related to actual situations in which they found themselves.

VOLUNTEER COMMITTEE

This group of volunteers has become the core of a Volunteer Committee which has begun to take responsibility for planning the entire Volunteer Program in terms of policy, training, use of volunteers, recruitment, etc.; as active, "working" volunteers they make an enormous contribution at each monthly meeting. New volunteers have been invited to join this group and all areas of volunteer service will ultimately be represented.

EVALUATION OF VOLUNTEERS

No formal system of evaluation has been worked out for volunteers as yet, partly because the program is still small enough for each volunteer's particular contribution to be known by the Coordinator. It would be advisable to set up some method of evaluating each volunteer at regular intervals: perhaps initially after three months, in a session shared by the volunteer, the supervisor and the Coordinator of Volunteer Services at longer intervals thereafter.

10

RECOGNITION

While our volunteers hopefully derive their satisfactions from the work they do with patients, from their association with staff members who respect their contribution, from their feeling of testing out new roles in a pioneer program, it is unrealistic to think that they will not be warmed by some formal recognition of their work—either through a party given by staff and patients or some other acknowledgement of their efforts, perhaps a certificate or pin. This has not yet been achieved at our Center, but it is a "must" for the coming year.

RECORD KEEPING

It is important to work out a system of record keeping from the beginning of the Volunteer Program, as it is much harder to institute at a later date. Every service in our Center that uses a volunteer keeps a record of that volunteer's days and hours on a Weekly Schedule Form designed for the purpose. Returned to the Coordinator of Volunteer Services, this goes on file (by month) and serves as a basis for statistical information.

A volunteer working individually with a patient has an Individual Monthly Schedule Form to fill out and return; this form is also used by staff for volunteers in the Inpatient Unit.

PROBLEMS IN DEVELOPING A CMHC VOLUNTEER SERVICE
VOLUNTEER-STAFF RELATIONSHIPS

Volunteer-staff relationships should probably head this list. Staff attitudes toward volunteers can range from an enthusiastic acceptance to an unyielding mistrust. Some staff members see volunteers as a threat to their jobs; others see them as a threat to their professionalism. Staff resistance to volunteers may be based on the fear that confidentiality will be violated by them. Staff should be encouraged to air its misgivings to the Coordinator of Volunteer Services, who should respond to them seriously. In the final analysis, a competent and creative volunteer is the best selling point for the use of volunteers.

In our setting, staff antagonism to volunteers has been minimal. A greater handicap to the Volunteer Program has been staff preoccupation. In a new Center, where the structure is evolving, where reorganization is frequent, where staff itself is struggling with its own roles and relationships, volunteers often get lost in the shuffle. It has been tragic to witness on the one hand the need for volunteers in our Center and on the other to be bombarded by applicants—yet not be able to find a way to install volunteers so that they can function securely under staff supervision in this setting. Much patience and determination is required in the face of continuous frustration.

11

OUR SETTING CREATES ITS OWN PROBLEMS

Sometimes our scheduling creates problems for volunteers. Due to a rotating, skeleton staff on week-ends in our Hospitalization Services (owing to a smaller patient population at those times) there is less opportunity for volunteers to relate to staff or program. As a result, in spite of efforts by the Coordinator of Volunteer Services to give regular supervision and support on a "remote-control" basis to week-end volunteers, frequent drop-outs occur. This kind of after-the-fact supervision does not take the place of on-the-spot coaching by the actual staff on duty and probably is not even appropriate to the role of Coordinator.

Too, some Hospitalization Services volunteers experience disappointment around the fact that ours is a short-term hospital (three months maximum stay); no sooner do they see progress in the patients they are working with than these may be discharged to go home. Two factors help to ameliorate this problem. First, it is important to help the volunteer to focus on the therapeutic process in which everyone is involved, rather than on the volunteer's personal "success" with an individual patient. Secondly, since ours is a Community Mental Health Center, some volunteers are able to continue with the same patients after they are discharged through our Mobile Treatment Team, furnishing supportive services such as help in job and apartment hunting, home management, or just companionship.

COMMUNITY RELATIONSHIPS

Adding to the complexity of the many problems is the fact that there are community people involved with our Center who are not service volunteers to the Center but who represent the concern of the community, helping Center staff in its planning and decision making. They must be allowed to develop their own roles in the Center and not be co-opted thoughtlessly as volunteers.

Another tricky question: should our community organizers and the Coordinator of Volunteer Services reach out together into the community to serve their separate purposes or should each make overtures and develop relationships on their own—which way will best promote the growth of the Center while preserving its unity?

STUDENTS

To make the volunteer situation more complex: a Community Mental Health Center is a desirable field work setting for college and university students who need assignments which will provide good learning experiences. Should these assignments differ from those of the volunteer? And if there are not enough well-supervised placements to

12

go around, who should be sacrificed: the student who plans to go into the field as a professional or the community volunteer who needs to be a part of his own Community Mental Health Center? These questions are not easily answered; it can only be hoped that all parties can remain open-minded as they explore the possibilities.

CMHC-GENERAL HOSPITAL RELATIONSHIPS

If the Community Mental Health Center is an adjunct of a General Hospital, as is ours, questions may arise in connection with overall policies. Our General Hospital has its own large, active, and well-run Volunteer Department with its own Director of Volunteers. Its traditions differ from what we have developed at the Center (uniforms for volunteers, pins for hours of service, volunteer assignments which include indirect service but not yet visiting the house-bound). By regarding our two departments as completely separate entities (as are our buildings) with different needs and requirements, and by maintaining open and frequent communication about any overlappings that arise, we two Volunteer Directors have achieved a relationship of trust and cooperation instead of rivalry.

INSURANCE FOR VOLUNTEERS

Insurance for volunteers who are escorting patients or visiting them in the community can be a problem. Each Community Mental Health Center can be governed by different rules or laws regarding this, so there is little point in discussing it here. The Volunteer Departments of the hospital funding agencies (such as United Hospital Fund, Federation of Jewish Philanthropies, etc.) and the government funding agencies (city, state and federal) are an excellent resource for the latest information and good advice. The trend is toward a freer interpretation of existing policies, and no progress will be made if our Centers are not willing to push ahead.

CONCLUSION

This *Report* was written in response to several requests made of this Coordinator for guidelines for the development of Volunteer Services in a Community Mental Health Center. It does not pretend to be definitive or to offer global solutions. It represents just one person's attempt to deal with some of the problems of volunteer administration in this new setting.

VOLUNTARISM CAN HELP ACHIEVE SOCIETAL UNITY: NOT SO WILD A DREAM

by

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One of the most popular topics of recent years is that of the extensive socio-economic changes being rapidly experienced throughout American society. Compared to circumstances and events that happened during previous eras of our nations's development, people living in 20th century America are indeed experiencing a "new world."

There is a distinction to be made between changing conditions which produce and reflect "new worlds" and the idea of expanding horizons. New worlds are created and discovered. They are tangible products of human effort—some positive and some negative. In contrast, horizons are related to vision, physical or mental. While appearing to have a limit, a particular horizon may also suggest infinity or can encourage interest in what may be beyond the physical dimensions of human eyesight.

This distinction is important to the concept of voluntarism and its current status. The importance and implications of this distinction can be illustrated through a few brief references to historical and current situations.

How can "new worlds" be identified? One way is to consider the subject from a geographical perspective, i.e., where humans have lived over the centuries. Life is reported to have begun in the Middle East. Man methodically, or accidentally, discovered new continents on this planet. These discoveries represented "new worlds" to people of previous eras This land of ours is a good example. Remember how Columbus is recorded as having discovered a new world on his first daring voyage in 1492. Another example is the current space program in which earthmen are actually exploring other planets. And there is the fascinating, though less publicized, exploration of the oceans and the seas.

Another approach to identifying "new worlds" is the recognition of the impact of inventions and scientific discoveries. The wheel and fire are really so historical that it is difficult for people living in the age of atomic power to comprehend the new worlds that were produced by such basic discoveries of thousands of years ago. A few meaningful examples of this second approach can be selected from within the short span of the past 300 years. There is Eli Whitney and the cotton gin, Madame Curie and radium, and Edison and the incandescent lamp. In addition, there is the automobile, the radio, the television, open heart

14

surgery, and heart transplants. It can be overwhelming to consider the results of these inventions and advancements, and the "new worlds" which each produced for humanity.

There is something artificial about a discussion of "new worlds" of voluntarism. Worlds are usually tangible in nature; voluntarism is an intellectual concept. However, volunteer programs are tangible manifestations of the concept of voluntarism. Further, the dramatic social and economic changes of the past decade have produced real and tangible repercussions within volunteer programs. Thus, one can construct "old worlds" of voluntarism such as that characterized by the phrase "Lady Bountiful." Characteristics of "new worlds" of voluntarism are governmental sponsorship and material reimbursement.

Reconsideration of some of the events that have produced "new worlds" may help to distinguish between new worlds and expanding horizons. Picture Columbus sitting on a dock in Portugal. He watches ships going out to sea. He observes the outlines of the ships against the visible horizon. The ships do not suddenly drop out of sight, although there is a popular notion that a ledge exists over which ships will fall if they sail too far. But Columbus dreams and imagines and reasons that he can discover something new and of benefit to mankind if he sails far enough west.

Consider the fantastic imagination of Jules Verne who wrote in the 19th century about submarines, traveling around the world in 80 days, and many other subjects that had little scientific basis at that time. He foretold the automobile, the air brake, cross fertilization of plants and a thousand other devices which the critics of his day laughed at, but which are commonplace in our lives. Many people of about 100 years ago had their horizons extended beyond all reasonable belief by the novels of this imaginative writer.

Worthy of consideration are the imaginative efforts of Edgar Allen Poe, the Wright brothers, and the dreams of individuals such as Clara Barton, Woodrow Wilson, Jonas Salk, and Martin Luther King, Jr. These and others have nurtured their imagination and shared their dreams. In so doing they have expanded horizons for many others. In addition, the widespread stirring of imaginations and sharing of dreams have often resulted in "new worlds" or tangible products that have profound impact on the lives of thousands, if not millions.

While it may not be direct, there is a relationship between imagination, dreaming, and voluntarism. The individuals mentioned earlier and described as imaginative or dreamers all engaged in programs of voluntary action. Columbus and his crew were volunteers. The Wright brothers pursued their dream of a flying machine as a matter of personal choice. Indeed, the astronauts of this decade are volunteers. In addition, these persons portray a spirit of enthusiasm and adventure.

15

How vital is the need for enthusiastic and adventuresome people in today's volunteer programs!

It would be difficult to dispute that people living in this decade enjoy an era of expanding horizons. Advancements in communication, transportation, scientific-technological capabilities, and the widespread endorsement of sharing and exchange have resulted in a daily barrage of ideas, theories, concepts and proposals from which few escape. Indeed, the knowledge explosion reaches the majority of our population in some form almost every day. The previously neatly arranged arenas of life have been bombarded to such an extent as to obliterate or make fuzzy what once were fairly rigid limits of belief and behavior. Our horizons in most important aspects of living—religion, education, politics, government, health, and human relations—are being extended and reshaped on an increasingly frequent basis. This may not be good or convenient, but it is the way it is and the way it will be in the future.

The previous remarks outline the bases and prospects for a special role to be performed through voluntarism. Of course, there is no single role of voluntarism. Volunteer efforts have commonly been described through three categories: direct service, administrative, and policy formulation. These three might be interpreted broadly enough to encompass any conceivable type of voluntary activity. However, recent events require at least some direct recognition of roles that might be specifically referred to as catalyst for societal change or agent for individual development. Whatever categories or terms are used, it is essential that there be clear understanding of the interrelatedness and interdependence of the roles fulfilled through voluntary action.

It will always be important that volunteers perform direct services. The increasing complexity of social institutions will sustain a certain need for administrative volunteers. The strong traditions of our nation will continuously reinforce the volunteer role of decision-maker and formulator of policy. Indeed, this last mentioned role of voluntarism may expand rapidly and substantially in the immediate future.

There will be a few people surprised by voluntarism serving as a vehicle for societal change. Whether through processes of public education, programs of social action, or formation of movements—voluntarism can promote and should help produce revisions in the institutions of society. In addition, voluntary activities should provide opportunities for each member of society to participate and develop to the fullest extent of his or her potential.

Our nation is resplendent with resources. Our short existence as an independent country has been full of great accomplishments. Despite this great progress and potential, we are a society beset with many serious problems. In recent reports, such as that produced by the Commission on Civil Disorders, our nation has been described as being on the brink of polarizing—racially and economically. The problems of

16

discrimination, poverty, and the generation gap defy the capacities of this country. There is clearly an urgent need for a force that can unify and constructively channel this nation's resources into effective problem-solving programs.

It may be rejected as foolish but it is a thesis of this writer that voluntarism can serve as a potent unifying force so desperately needed by this country. The precedents are numerous and documented. Many volunteer programs have demonstrated the ability to successfully bring together blacks and whites, rich and poor, young and old, and other segments of the population which may otherwise be going in separate directions. Despite certain serious differences, the setting of a voluntary program has succeeded in bringing people of diverse characteristics together. As a nation, we must get ourselves together. What better way might we try than the uniquely American tradition of voluntarism which can unite people in common causes and simultaneously benefit individuals and the entire society?

In an era of expanding horizons voluntarism can effectively facilitate societal change. Voluntary programs have the capacity to stir the imaginations of men and women, to nourish creativity and innovation, and to expedite action in the best interests of our society. Voluntarism cannot simply or singly solve all our social problems, but it can serve to unite people, to nourish understanding, and to increase our compassion and love for one another.

This contention does not suggest the elimination of government or any large-scale reduction in existing institutions and programs. However, it does suggest the examination of existing governmental and non-governmental mechanisms operating within our society. Such an examination should proceed with the purpose of improving the effective and meaningful involvement of all human resources in order to achieve the goal of life, liberty and the pursuit of happiness for every American.

Is this an impossible dream? This is posed as a question, but is also proposed as a challenge. In both forms the writer addresses persons responsible for the direction and operation of volunteer programs. Their attention is sought because it is believed that the role (or roles) of voluntarism—indeed, the future nature of voluntarism—in these United States will depend to considerable extent upon the leadership provided by directors of volunteer programs.

Some years ago the late President Kennedy wrote the following passage: "The poet, the artist, the musician continue the quiet work of centuries, building bridges of experience between peoples, reminding man of the universality of his feelings and desires and despairs, and reminding him that the forces that unite are deeper than those that divide."

17

It is hereby proposed that the director of volunteers be added to the list of persons who unite people. Further, it is contended that directors of volunteers are as creative as artists, as imaginative as poets, and as harmonious as musicians. Add the qualities of adventuresome and leadership and the result is a unique personality who can achieve the impossible.

Indeed, directors of volunteer programs are in key positions relative to unifying divergent segments of our population. In addition, directors of voluntary activities can be instrumental in expanding the horizons of individuals and groups which express concern about this nation's present and future.

Horizons can be limited by narrow or fuzzy vision. Horizons can, on the other hand, be limitless and flexible; projections of dreams and imagination. In very realistic ways horizons can be expanded by desires, dreams and dedication.

What, then, shall be done? Will the limitations of the visible horizon be seen and accepted as the goal? Or will imaginations be encouraged to accelerate freely? To adapt the inquiry of a famous poet—"Is the achievement of brotherhood and societal harmony through voluntary activities so wild a dream?" In any event, will directors of volunteer programs direct their energies toward such an impossible dream? America eagerly awaits answers and actions.

TRAINING THE COURT VOLUNTEER: ONE MODEL

by

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INTRODUCTION

The training course described below has been designed specifically for trainees preparing to become volunteer counselors at the juvenile court level. It has relevance, however, for volunteers who may be preparing to serve in juvenile institutional programs. With certain modifications it may lend itself for use in training people to work in adult courts.

Any training course eventually must address itself to certain training objectives. These objectives are based on certain assumptions on the part of the training designers regarding the training needs of the people to be trained.

The assumptions on which this training course is designed are "working assumptions." They are tentative and subject to change. They are based on observations gleaned from training approximately 2,000 volunteers preparing to serve courts dealing with juvenile and young adult offenders.

ASSUMPTION I

Volunteers entering court service for the most part do not understand the life styles of delinquent youth and are deficient in understanding the systems which produce delinquency and delinquents.

Volunteers do not come from high delinquency neighborhoods or schools. They generally come from middle and upper class echelons of the socio-economic strata. They recognize that delinquents are problems to society, but they see solutions in changing delinquents to the exclusion of addressing a "problem system." The lack of understanding in this area can be remedied in training which systematically exposes the trainee to a delinquency producing system. The trainee could then see delinquency as a social problem and the delinquent as a victim or "carrier" of the problem.

ASSUMPTION II

The volunteer is deficient in his understanding of how the problem of juvenile delinquency is managed within our correctional system, and how the delinquent is dealt with by society.

The citizen participant or lay volunteer although reflecting success, professional and educational achievement, and concern has not in most cases been exposed to the process of handling delinquents. He

19

has probably not seen juvenile courts in operation, detention homes, jails, training schools, etc. If he has been exposed to any of the above, it has probably been an isolated experience and not in relation to understanding a process of problem management.

ASSUMPTION III

The volunteer has not thought extensively about delinquency being a means of meeting human needs. Because delinquency seems bizarre, self-defeating, and alien to the norms and values of the non-delinquent, any attempts to understand it as purposeful behavior have been met with resistance or at best selective listening on the part of the layman. The citizen who views or hears about deviant behavior out of context and makes judgments on this basis is being reinforced in fragmented approaches to understanding the delinquent.

ASSUMPTION IV

The trainee does not have adequate perception of learning as a process and delinquent behavior as learned behavior.

Many theories of delinquency are to be found among volunteers. They are often piecemeal and reflect a popular theme, a recent book, or public opinion. The "mental illness" model, "good-bad" model, and "if parents would shape up" model of explaining delinquents and delinquency are often expressed in some form by volunteers. However, to see all behavior, including delinquency, within the framework of learned behavior has not been the experience of most people in our psychiatrized society. On the contrary, we have gone to extremes in punishing people because they were bad or "treating" them because they were sick. Only recently have we begun to talk of re-educating people for living.

ASSUMPTION V

The trainee needs to be made more aware of his potential as a force for change in dealing with delinquency and delinquents.

The volunteer, being a successful person, is not failure-oriented. He may see the changing of delinquents' behavior in simplistic terms or he may go the other extreme of looking for things that are not really present. In short, the volunteer has certain fantasies about himself in relation to the delinquent. These fantasies must be dealt with in training in order that the trainee can use himself constructively to become a change agent.

Volunteers serving in juvenile courts will benefit from training which to them is real, as non-theoretical as possible, and relevant to increasing their understanding of delinquents and delinquency. The training outlined below is geared to enhance the role performance of volunteers and aid in establishing a distinct identity for this level of staff as an educator for living.

20

The training content and method will be directed toward dealing with five major objectives: (1) Preparing the trainee to see himself in relation to the court and the court within the total system, (2) Understanding basic human needs, (3) Becoming aware of learning as a process, (4) Appreciation of delinquency as learned behavior, and (5) Understanding the change process and methods of purposefully effective change.

In that each class of volunteers represents uniqueness in terms of levels of understanding, the training can be applied in a differential way to each class. Some material may be determined to have greater relevance to a particular class while some material may have little or no relevance at all. Grouping of trainees in classes will be an important consideration in terms of developing a level of training which has meaning for an entire class. Determining the level of sophistication of volunteers can be achieved by reviewing application forms, contacting personal references, and by conducting personal interviews. These interviews can be utilized for preparation for training and are important in terms of providing the trainee with a reality-based picture of his role in the correctional process and the problem of juvenile delinquency.

STRATEGY FOR ACHIEVING OBJECTIVE NO. I

The major strategy for achieving objective No. 1 would be training in the form of selected pre-conditioning experiences which would acquaint the trainee with a problem flow which culminates in delinquent behavior.

The trainee would

1. Visit a high delinquency neighborhood.
   This visit is intended to give the trainee insights into poverty, blight, and neglect. This visit may be to an urban ghetto, an Indian reservation, or to a rural poverty area. In any case, the purposes of such a visit would be:

   A. To provide cultural shock in terms of introduction to different value systems, and
   B. To provide opportunities for the trainee to encounter the various social systems affecting youth in high delinquency neighborhoods.

   Visits with families of delinquents may be programmed. These visits may be arranged through the cooperation of welfare departments, OEO agencies, churches, private social agencies, probation and parole departments, and obviously through the voluntary consent of the families themselves.

   Observation of juvenile officers in police departments, in the performance of their duties would, if made a part of this training program, provide an important dimension of in-training in terms

21

of making the trainee aware of the police as an element in the system of delinquency management. The results to be anticipated from such an experience would be:

A. The trainee would develop a better appreciation for different values, life styles, and life forces under which delinquents operate, and
B. Feelings of neutrality toward the delinquent and his physical, social and psychological needs would be reduced.

II. The trainee would attend one or more sessions of a juvenile court in order to observe the judicial process. Included in this visit would be a meeting with a juvenile judge and a visit to detention and jail facilities utilized for juveniles. The purposes inherent in such a visit would be to:

A. Allow the trainee to observe the judicial process which diverts children into a confined status.
B. Learn about juvenile law; i.e., Gault decision and its implications for the juvenile court.
C. Develop an appreciation for necessary programming at this stage of the juvenile correctional process and relate the volunteer to his role at this stage of the process.

Anticipated results from this experience would be:

A. The trainee will become sensitive to the legal nature of the problem.
B. He will become sensitive to the need for justice for delinquent children as well as adults, and further see himself as playing an integral role in the judicial disposition of children.
C. He will gain appreciation of the meaning of the initial experience of confinement to the juvenile.

III. The trainee would visit one of the high delinquency junior high schools and/or senior high schools in the state (with school permission, of course).

Behind this strategy would be the goals of providing experience wherein trainees could:

A. See first-hand the interaction of students with educators.
B. Discuss with educators their perceptions of difficult-to-educate students.
C. Discuss with students their perceptions of educators and the educational process. (Include unsuccessful as well as successful students, of course.)

The anticipated results from such an experience would be that:

A. The trainee would become more sensitive to the need for education which engages the delinquent youth in creative thought and action, and,

22

B. He would presumably be helped to see himself as a broker and advocate in providing experiences which are re-educational in nature.

This experience would:
A. Highlight the secondary preventive role of the volunteer working in a court setting.
B. Allow the trainee to see an added dimension of the correctional process.

IV. The trainee would visit a juvenile correctional institution or a jail or detention facility, where he could observe and interact with delinquents, institutional personnel and gain insights into institutionalization as a process in handling delinquent children.

V. The trainee would undergo a session of de-briefing. It is assumed at this point that the trainee will wish to talk about what he has seen and heard during these visits. Although the trainees have each been viewing the same things, they will not necessarily have perceived the same things. The trainer who would have accompanied the trainees on their visits will lead this session for the purposes of:
A. Providing an experience for the trainee to validate himself in relation to his experiences, and,
B. To integrate what he perceived with what other trainees have perceived.

The results to be anticipated from this would be that:
A. The trainee would experience mixed feelings of enthusiasm and dissatisfaction.
B. The trainee would retain a desire to pursue additional training sessions.

The above experiences would be considered pre-requisites for admission to further training. Trainees who have the benefit of these experiences would enter Phase II—Training in Understanding Human Needs.

STRATEGY FOR ACHIEVING OBJECTIVE NO. 2
TRAINING IN UNDERSTANDING HUMAN NEEDS

Group discussion would be the major tool utilized in teaching about basic human needs. Selected readings, tapes, games, movies, and role playing would be inserted into the training program, wherever applicable. The participation of juveniles presently on probation as well as ex-offenders as training aids would add a new dimension of concreteness and reality to the discussion sessions.

The class leader would personalize this content by directing the discussion into the area of the trainees' needs. They would identify

needs that they have, the means they have of satisfying their needs, how they sense the needs of those around them, how they satisfy the needs of those around them, etc. The goal in this procedure is that of identifying an on-going process of all people: meeting needs through individual resourcefulness or utilizing other human resources. The trainee must be helped to recognize that he is vital in need satisfactions of people with whom he interacts.

When the class leader is satisfied that the class has begun to personalize the concept of human needs, discussion is directed to another area with which he is less familiar—delinquent children. The class can be asked to contrast and compare the need satisfaction patterns they employ with those of the delinquent children they have seen. The discussion leader must at this point employ his skill in making the trainees aware of the process of need satisfaction.

The discussion then can be directed back to the trainees. They would discuss what they do when they fail to meet their needs or when they find other people unwilling to meet their needs. Their behavior is examined and related to and compared with the behavior of delinquent children who cannot find socially sanctioned ways of meeting their needs.

In the area of human needs, William Glasser's books *Reality Therapy* and *Schools Without Failure* provide rich material which would be relevant to the trainees' concerns. A tape by Dr. Glasser which was geared for counselors would also provide an excellent training aid.

The length of this session may vary from class to class but the training would not proceed further until the class leader is certain that the class has become sensitive to the fact that delinquent behavior is a means for a child to satisfy his needs.

Anticipated results from the above training would be:

1. The class would be sensitized to need satisfaction in themselves and each other.
2. This will provide linkage which will help them understand need satisfaction in delinquents, that delinquency satisfied a need in delinquents.
3. They will be responsive to the next part of training which is The Process of Learning.

STRATEGY FOR ACHIEVING OBJECTIVE NO. 3
TRAINING TO UNDERSTANDING THE LEARNING PROCESS

The basic strategy for achieving objective No. 3 would also utilize the group discussion method. Having become sensitive to seeing behavior as attempts to satisfy human needs, the class is now ready to move a

24

step toward seeing how people in the process of satisfying needs undergo a process of learning.

The class would be asked to personalize learning by discussing how they learn. The class leader may ask each trainee to list something in the performance of their jobs that they do particularly well as well as something they feel they do not do very well. The class may be broken into sub-groups and asked to struggle with how they learned to do something and how they failed to learn.

Having struggled with this, the class would be motivated for additional group discussion and information regarding the learning process. The group leader then might be in a good position to introduce some basic concepts from learning theory. He would particularly emphasize the role of significant others in facilitating or hindering the learning process.

The class, only after having spent adequate time in relating the process of learning to themselves, would move on to learning as it is experienced by delinquent children. This part of training would be facilitated by the discussion of a particular child or case material presented by the trainer. Being able to personalize the issue to a particular subject, the class could be assigned the task of understanding how this child learned to behave in his present manner. If possible, a delinquent child himself may be utilized as a training aid by participating in this part of the training.

The inmate or ex-offender would be an integral part of this training phase in that he could provide confirmation or denial regarding some of the trainees' pre-conceptions about learning. Such practices as punishment, rewards, etc., could be looked at within the learning framework.

Trainees may be asked to cite certain instances where they dealt with people in ways that facilitated learning and ways that did not. This technique would be implemented by the leadership of the group leader who would begin the process by relating a particular negative as well as a positive incident. The willingness of the group leader to be honest will serve to provide behavior which the class can emulate in honestly looking at their own deficiencies. Anticipated results from the above training would be:

1. The class would see learning as a process in which everyone is engaged.
2. The class would learn that situations can be such that learning can be hindered or facilitated.
3. The class would be prepared to look at delinquency within the learning frame of reference.
4. They will be motivated to understand behavioral differential in terms of learning.

This part of training will encompass a substantial time period. The strategy must address itself to the tasks of creating or renewing the trainees' awareness of causal factors as they relate to the delinquent and thereby leading into focus on:

1. The types of delinquent youth.
2. The need for a system of identification or classification.
3. The need for differential re-educative methods and techniques keyed to the needs of specific types of delinquents.

In identifying types of delinquent youth, the class would be assigned the task of either buzz groups or by themselves categorizing in any way they chose, the kinds of delinquent children they have known. The purpose in this is to enable the trainees to identify or describe what they have observed regarding behavior differentials. It is felt to be important that the class come up with this material by themselves rather than having some typology superimposed by the training leader. The trainer can translate the class member's inputs into an understandable terminology of categories.

Once the class has come to some common agreement regarding types or categories of delinquents, they will be ready to think of examples of delinquents from their own communities which reflect this differential. The class leader will lead a discussion which may bring this material even more into focus as learned behavior. As trainees are cued to certain children's behavior, they will be more receptive to understanding the behavior as learned and as behavior which is an attempt to satisfy basic needs.

As the class moves from their own understanding to differences in delinquents, to understanding of differences in experiences which lead to differences in behavior, they can be introduced to an organizational frame of reference which leads to differential strategies in re-education. Such material may well be extracted from the Integration Level Classification Scheme as developed by Marguerite Warren and the Community Treatment Staff, Community Treatment Project of the California Youth Authority or the Differential Treatment Program which is presently in operation at the Robert F. Kennedy Youth Center in Morgantown, West Virginia.

The material in either of these systems would lend itself well to presenting delinquent behavior as learned. Again, children under the court's jurisdiction who are representative of these different delinquent types may be utilized as training aids to illustrate development and learning. Anticipated results of this experience:

1. Trainees would be given some authentication regarding their own

precepts regarding delinquency.
2. They would have an organizational framework to facilitate under-
standing of delinquency.
3. They would be motivated to learn more about systems of inter-
vention and re-education.

STRATEGY FOR ACHIEVING OBJECTIVE NO. 5
UNDERSTANDING THE CHANGE PROCESS

The theory and principles of change underlie the training course.
Basic to the five elements in training is that people change in the process
of meeting their own needs as well as the needs of others. They change
as they learn. They change as they fail to learn. We are interested in
the kind of change related to becoming a socialized human being who
is achieving his self-actualization. Training is geared to providing know-
ledge and skills which allow the cottage personnel to use themselves in
ways which facilitate change of this type.

Discussion is the primary vehicle for understanding change. The
class is involved in the task of understanding changes for better or for
worse in their own lives. They would through discussion identify
changes that they would like to see in themselves as re-educators of
delinquent children. Identifying and discussing opportunities for
changes would also be a part of this phase of training.

The concept must be developed that we generally are dissatisfied
with our own ability or potential for change. This dissatisfaction keeps
us continually striving for change within ourselves and changes in the
outside world. If we cannot find the opportunity to change and become
frustrated as a result, we will transfer this frustration to the children
whom we are supposed to change.

The class will through discussion come to some agreement about
what behavior needs change and what can realistically be changed.

The discussion can then be focused on examples of delinquents or
other people known to the trainees who illustrate change both for the
better and for the worse. These examples can be examined for the
process of change in each instance. The focus of discussion must be on
the factors that produced the change.

The class having come this far and having been oriented to
I-level concepts and differential treatment categories, can then be ex-
posed to change strategies as depicted in this material.

It is recognized, however, that the class will need more than
general change strategies. They will want and need to develop skills
wherein they can become change agents within change strategies. Role
playing, discussion, and laboratory experiences will be utilized to

27

provide these skills. Basic principles of counseling will be emphasized.

Training aids in the form of tapes prepared by the Berkshire Farm Institute for Training and Research can be obtained for use in promoting discussion in any of the following areas:

1. The Child Care Worker
2. Working with the Aggressive Youngster
3. Working with Passive and Withdrawn Youngsters
4. Working with the Group
5. Cottage Programming and Activities
6. Discipline and Punishment
7. Child Care Worker and Supervisor
8. Child Care Worker and Visiting Parent
9. Working with Prejudice
10. Working with Sex Problems in the Institution
11. Child Care Worker and Professional Staff

PLEASE NOTE: During the year the National Court Volunteer Project will be issuing directories of tapes, films, readings, and other training aids suitable for court volunteers.

Role playing with "staged" incidents can be utilized to achieve maximum involvement. An example of this might be to stage a particular problem which occurs on probation such as being expelled from school. The problem for the class would be that of creating out of this incident a learning experience.

Group discussion leading as a technique to create change will be taught by the example of the trainer. Class members at this stage of training may be enlisted to lead the group discussion of trainees. They would be critiqued by other trainees. This may provide a pool for potential training.
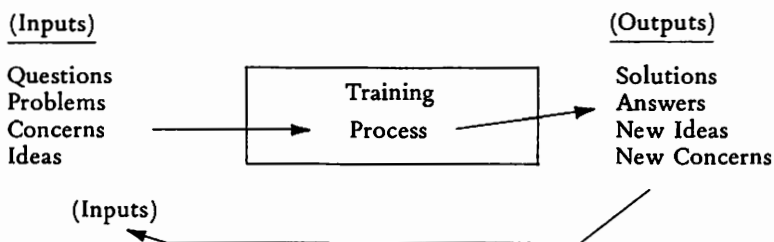
Laboratory sessions where trainees lead group problem discussion meetings as depicted by Dr. Glasser would also be a part of training. Other trainees would monitor these sessions and offer feedback. Every trainee should have a laboratory experience of some type prior to the end of training.

At this juncture of training, the trainers along with the class, must decide how and in what areas training will continue. Options might be that new areas are outlined and additional training is planned—or the training leader may find himself in a complementary, consultant, or back-up role for potential trainers that have emerged out of the class. An open-ended, fluid arrangement must exist to insure that training continues and is self-perpetuating. (One track for continued training, in some courts, would be to move beyond what every volunteer should

know, to concentrate on the trainees' "specialty area" in volunteer work, e.g., tutor, foster parent, lay group discussion leader, etc.)

Whatever its content, a model for ongoing training may be based on the continual inputs of class members in the form of questions, concerns, problems, observations, ideas, etc. These inputs are "process-ed" by the training class which comes up with outputs in the form of solutions, answers, new ideas, new concerns, etc. These outputs be-come inputs in the form of a feedback loop which continually directs the level and content of training.

<div align="center">DIAGRAM</div>

(Inputs)   (Outputs)

Questions   Solutions
Problems   Training   Answers
Concerns   Process   New Ideas
Ideas   New Concerns

(Inputs)

To facilitate the group discussion technique, class size becomes an important consideration. Every trainer may have a number in mind when he thinks of the ideal class size for discussion. Fifteen to 25 people provide a range wherein a group is large enough to warrant the time of a trainer yet small enough to facilitate good discussion. For purposes of inservice training, a group should be large enough to accom-modate the usual attrition, yet lend itself to group identity of its members.