

**VOLUNTEER  
ADMINISTRATION**

**Volume IV**

**Number 3**

**FALL 1970**

# VOLUNTEER ADMINISTRATION

A quarterly journal devoted to the promotion of research, theory, and creative programming of volunteer services.

## EDITOR

Marvin S. Arffa, Ed. D.  
Department of Mental Health  
Wakefield, Mass.

## ASSOCIATE EDITOR

Robert McCreech  
Director, Institute for Advancement of Human Services  
Northeastern University, Boston, Massachusetts

## ADVISORY EDITORIAL COMMITTEE

Miriam Karlins  
Director, Mental Health  
Information  
Education and Volunteer  
Services  
St. Paul, Minnesota

Glenna B. Kent  
Coordinator of Volunteer  
Services  
Indiana Department of Mental  
Health  
Indianapolis, Indiana

Mary C. Mackin  
Staff Assistant for  
Program Development  
and Appraisal  
Veterans Administration  
Voluntary Service

Martha Moss  
Supervisor, Volunteer  
Services  
Rockland State Hospital  
Orangeburg, New York

Jane Phillips  
Chief, Volunteer Services  
Program  
Illinois Department of  
Mental Health  
Chicago, Illinois

Herbert Rooney  
Chief, Citizen Participation  
Branch  
National Institute of Mental  
Health  
Chevy Chase, Maryland

---

---

MANUSCRIPTS: Address all correspondence concerning manuscripts to the Editor, VOLUNTEER ADMINISTRATION, 15 Pleasant Park Road, Sharon, Massachusetts 02067.

SUBSCRIPTIONS: Subscriptions are \$5.00 per year. Checks should be made payable to VOLUNTEER ADMINISTRATION.

Published in cooperation with the Center for Continuing Education, Northeastern University, Boston Massachusetts.

ADVERTISING SPACE available. Write the Editor for further information.

# TABLE OF CONTENTS

Training Coordinators of Volunteer Services . . .	1
at Northeastern University	
MARVIN S. ARFFA, Ed.D.	
Court Volunteers' Knowledge of Courts prior . . .	9
to Training	
JAMES D. JORGENSEN and	
KATHLEEN WELLS	
The Volunteer Clinical Worker at the . . . . .	16
Suicide Prevention Center	
PAUL W. PRETZEL, Th.D.	
Motivating Concepts and Their Application . . .	24
for Voluntary Health Associations	
BERNARD M. KAPELL	

## **TRAINING COORDINATORS OF VOLUNTEER SERVICES AT NORTHEASTERN UNIVERSITY**

by  
**MARVIN S. ARFFA**

Volunteer participation in the care, treatment and rehabilitation of persons affected by a variety of afflictions ranging from cancer, to mental illness, to poverty, is an increasingly important facet in the organization of services in medical, psychiatric, educational and community settings throughout the nation. Particularly important is the expanding idea of using volunteers in more professional or semi-professional tasks, relieving the health and welfare manpower shortage and the burdens of understaffing. The role of the volunteer is constantly changing and expanding. Volunteers have extended their experience to new concepts of prevention, treatment and rehabilitation in the community as well as within the hospitals.

This expansion of volunteer services has placed the coordinator of volunteer services in all settings in the position of having to establish more sophisticated recruitment, selection, orientation, training and assignment procedures which were not as necessary in dealing with the limited functions of volunteers in the past. As a result of this pressure and their feeling of being undertrained for their role, more and more coordinators voice their need for additional and continuing education. As more agencies create additional positions for coordinators, the demand for entry training will increase rapidly.

The need to provide better knowledge, understanding and improvement of technical and professional skills in accordance with the responsibilities of a coordinator of volunteer services is documented in the report of a planning conference, co-sponsored by NIMH, on "The Development of Standards and Training Curriculum for Volunteer Services Coordinators" held in Washington, D. C., 1963. The opening statement of this report states: "During the past years there has been tremendous growth in the area of volunteer services, not only in state hospitals for the mentally ill and mentally retarded, but in community psychiatric facilities and programs as well. This has meant that increasing numbers of people are being employed as volunteer services coordinators, bringing to their job a variety of backgrounds and experience— but very little specialized training to equip them to handle the numerous responsibilities involved in this particular position. These individuals recognize their lack of preparation and are requesting assistance. The American Association of Volunteer Services Coordinators (AAVSC) feels that the development of a training curriculum to more adequately prepare volunteer services coordinators for their job will, in turn, affect the quality of programs and services."

On May 11-12, 1967 Northeastern University in cooperation with AAVSC and the Division of Mental Retardation of Public Health Serv-

ice held a workshop in Boston, Massachusetts to explore further the implications of specific educational programs for coordinators. In the Foreword of the Proceedings, Dr. Robert Jaslow stated:

"The field of volunteers has assumed increasing importance during the past ten years for a number of reasons . . . The utilization of the volunteers according to their particular skills has been enhanced and brought about primarily through the development of the Volunteer Coordinators. Their ability to place volunteers appropriately, conduct proper orientations, handle problems with staff, and prepare staff for working with volunteers has been vital in the increased use of volunteers.

Another extremely important value of Volunteer Coordinators is the use of the volunteer group as a recruiting mechanism, both for the young high school student as well as for the housewife who may or may not have had previous training. The numbers who go on into the service field from the volunteer groups are not inconsiderable and is a frequently overlooked advantage of a volunteer program.

Throughout this entire discussion it should be understood that much of this has been accomplished by the Volunteer Coordinators. The training of people to do this will improve both the quality and quantity of the volunteer movement in a particular institution both in regard to public relations, counseling of the individual, utilization and stimulation of the volunteers. Since the volunteers are not a paid group their rise and fall depends considerably on the Volunteer Coordinator. The difficulties of keeping and stimulating a volunteer group are considerable and in many situations a volunteer program is only saved by the large population group it can draw upon. Therefore, the need for an astute, well-trained coordinator of this group becomes apparent. As in every other case, it is much easier to destroy than to build and maintain and by now we should have developed enough experience to be able to learn what type of training is required and what are the qualities that are worthwhile for the role of Volunteer Coordinator to enable us to develop effective training programs."

In a memorandum to all State agencies administering Social and Rehabilitation Service programs, former Administrator Mary E. Switzer noted that the major objectives of the volunteer program are: "(1) to assist the consumers of services and volunteers to participate on advisory committees so that the Agency's program and policies may be responsive to the needs of the persons it serves, (2) to open channels so that the young and old, the poor and well-to-do, men and women, the housewife and the professional may supplement and complement the agency's work in the planning, administration and delivery of health, social and rehabilitation services as volunteers, (3) to open opportunity to the middle-class for involvement in the problems of poverty, and the agency's effort to cope with them, and (4) to assist staff members, particularly "new careers" personnel, in career planning and work adjustment.

These observations, combined with the establishment of the Office of Citizen Participation under the Department of Health, Education, and Welfare, the Citizen Participation division of the Model Cities program, the Citizen Participation Branch of NIMH, and the passage of Public Law 90-248, a Social Security Amendment of 1967, Section 210, charging states to include volunteer programs in state plans, document the trend and importance of establishing leadership patterns for volunteer programs. In summary, the rationale for a major training program in the Coordination of Volunteer programs is based on the following facts:

1. Authorities in the field have indicated that the need is great and there is no such major training program in any university in the country.
2. Busy coordinators, because of the heavy burdens of their administrative responsibilities, do not have the opportunity to keep up with the changes in the areas of mental health or administrative practice.
3. Because of the impact of the community mental health programs and other developments in the field, there is an expanding need for specially trained administrators in the many rehabilitation facilities developing new volunteer programs.

The Center for Continuing Education at Northeastern University has pioneered a basic workshop program on the administration of volunteer programs; established the first national periodical publication devoted to the topic; has developed educational programs in cooperation with the Massachusetts and New England Association of Directors of Volunteer Services; and has actively participated on the Continuing Education Committee of AAVSC.

### PROGRAM OBJECTIVES

The proposed training program at Northeastern University consists of trainees selected according to the following eligibility requirements:

1. Each applicant must have earned a baccalaureate degree, preferably with a major in one of the behavioral or social sciences.
2. A trainee must be a citizen of the United States currently employed or intending to be employed as a Coordinator or Director of Volunteer Services in mental health setting.
3. Each employed trainee must be recommended by his employing agency and be released by his employer from regular duties so that the trainee can devote full time to study during the period of the course.

For the purposes of this program, the term "coordinator of volunteer services" is defined as any paid person who performs highly responsible administrative work in planning, developing, integrating, and coordinating volunteers from all socio-economic segments of the community.

The purpose of the training program is to provide a graduate entry

level curriculum for coordinators of volunteer services in all mental health settings that use volunteers, providing them with consistent, systematic training designed to improve their knowledge, creativity and effectiveness and thereby improving the volunteer services which they supervise.

Since administration involves getting work done through others, a major portion of the coordinator's time and effort is devoted to dealing with people. Knowledge and skill in dealing with others then becomes a prime requisite of effective managerial performance. The ability of the coordinator to develop and maintain a healthy, dynamic and productive organization will depend largely on the extent to which he understands human behavior and learns to apply sound principles and practices in his dealings with others in the organization.

This knowledge and skill is something that some people come by naturally—but, in many cases, they are unprepared by either training or experiences to handle effectively this extremely important and demanding aspect of their responsibilities. This kind of knowledge and skill needs to be taught, learned and practiced if the agency is to be assured of the effective utilization of its human resources and of achieving its objectives through the combined efforts, imagination, initiative, cooperation and creative contribution of its people.

The program is generally designed to help participants to:

1. Gain a better understanding of the concepts and principles governing the functioning of the organization and the behavior of both managers and those whose work is being managed.
2. Develop an understanding of the essential processes and skills required for applying these principles and communicating effectively with those to whom they report, those who report to them, and others in the organization with whom they must maintain working relationships.
3. Learn how these principles and skills can be applied in dealing effectively with the human situations encountered in every organization, so as to insure the full utilization of all its resources toward the purposeful, efficient and profitable achievement of its objectives.
4. Gain experience in applying these skills in specific situations encountered in their working relationships so as to:
  - a. Develop common understanding and support of agency objectives, policies and plans.
  - b. Stimulate individual and group effort, acceptance of responsibility, creativity, contribution and teamwork.
  - c. Constructively resolve conflicts and difficulties.
  - d. Develop and maintain a cooperative, dynamic and productive working climate based on mutual understanding and confidence.

Specific objectives of the program are to provide:

1. understanding of the nature of volunteer services and its value to patients and clients, hospitals and other agencies, and the community;
2. knowledge of the principles of organization, supervision, and administration and learning to apply these in structuring an effective volunteer service program;
3. knowledge of the structure and function of community organizations and social institutions and their existing or potential resources, including the legal implications of volunteer versus paid employment;
4. skill to coordinate community resources and volunteer services with treatment or rehabilitation programs;
5. skills for effective leadership and to establish and maintain effective working relationships with staff, community leaders, and volunteers;
6. skill to interpret the concept and potentials underlying the use of volunteers as members of the treatment, rehabilitation, and educational programs;
7. knowledge of the principles and practices of personnel management and the learning process as they relate to the recruitment, selection, referring for assignment, training, motivation, counseling, retention and evaluation of volunteers;
8. knowledge of the media, methods, and techniques, to relate volunteer resources and service needs of any health, education, or welfare agency to resources of the community;
9. skill in presenting ideas accurately, effectively, and concisely.

## METHOD AND PROCEDURES

An underlying approach to the program is that the sequences of topics to be covered be both generic and practical. The concept of voluntarism, including its organization and administration, is imbedded in a sociological framework which defines the place of the volunteer in our existing social system, how he got there, and in what ways he may be expected to develop. The concepts basic to administering any group of individuals working in the formal social structure of an organization are equally valid for the administration of volunteer services in a variety of settings. At the same time, these concepts must be applied to the unique elements of a comprehensive volunteer program and relate to the immediate needs of the director.

The content of the curriculum closely follows the recommendations of the Continuing Education Committee of AAVSC and the results of a job-activity study conducted by Mr. Fred Will. The latter concluded that such a curriculum should emphasize, in part: individual and group behavior, communications, and principles of leadership.



Generic and particular professional topics are integrated throughout the entire educational experience which includes lectures, small group discussion, and experiences in the field.

Didactic lecture-discussions are organized into the following categories of information:

1. Core Curriculum includes (a) the dynamics of human behavior, (b) interpersonal communications, (c) the dynamics and techniques of leadership, and (d) inter- and intra- group behavior.
2. General Administrative Theory sessions include (a) principles of personnel management, (b) supervision, (c) formal and informal structure of organizations, (d) community organization, (e) record keeping, (f) budget proposals and fiscal management, (g) job analysis and description, (h) public relations management, (i) program evaluation.
3. Administration of Volunteer Programs includes (a) history and sociology of the volunteer movement, (b) recruitment practices, (c) interviewing techniques in selection and assignment of volunteers, (d) working with allied staff, (e) using community resources, (f) evaluation of volunteer performance, (g) in-service training principles and practices.
4. Special Issues in Volunteer Administration is presented by guest speakers most expert in particular situations. Topics include:  
(a) principles of adult education, (b) understanding the mentally ill and mentally retarded, (c) using high school and college students as volunteers, (d) the minority person as volunteer, (e) the community mental health movement and its implications for volunteerism.

Throughout the 4-month residential program, class sessions provide an opportunity for the active study, analysis and application of the information, ideas, principles, and practices presented. Each session will call for a reasonable amount of advance study and preparation to provide background and set the stage for a productive learning experience. Selected readings from the writings of recognized authorities are provided. The sessions provide unique opportunities for learning by doing, and applying what has been learned to real situations. Discussions are designed to encourage maximum participation of each member of the group, a free exchange of ideas and opinions, a healthy amount of constructive disagreement, and the freedom to take advantage of the diverse backgrounds of experience and the considered thinking of the entire group.

The inclusion of field experience as an integral part of the training program has been stressed by the Certification Committee of AAVCS. The field experience is regarded as a work-study program and trainees have no further commitment toward employment. Such experience enables students to become familiar with operational aspects of the job, i.e., planning and organizing, conducting orientation and training courses, interviewing prospective volunteers, working with facility departments

in maintaining volunteer programs now existing or developing new ones. They have experience in working directly with a community volunteer bureau and local mental health associations. They have experience in public relations, e.g., speaking to community groups and providing material for the hospital Public Relations department. They have an opportunity to deal with administrative tasks, e.g., setting up volunteer schedules, correspondence, liaison with community groups, work with volunteer planning committees, responsible for special activities. They have an opportunity to attend lectures, and sections of other training courses offered by a hospital or community facility which would contribute to the general knowledge needed by a Coordinator of Volunteer Services. Trainees also have an opportunity to learn about the expanding array of community mental health services as well as community rehabilitation services.

In our program, arrangements have been made with the Massachusetts Department of Mental Health to have the students use the facilities of the State for field experience. Most notably, Region IV of the comprehensive mental health and retardation service is ready to integrate students. Students will be placed in the region and will rotate on an individual basis among the facilities of the region. The local associations for mental health and associations for retarded children will cooperate in this venture. Trainees will spend a minimum of two full days per week in the field and will be supervised by professional coordinators of volunteer services.

An illustrative academic schedule is as follows:

#### SCHEDULE FOR SAMPLE WEEK

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	8:30 - 9:30	small group meeting	field		task
	10:00 - 12:00	lecture period	work		
P.M.	2:00 - 4:00	discussion period	experience		group*
	Evening	Special Events as scheduled			

\*Evaluative discussion of field experience; integration of theory and practice.

#### PROJECT EVALUATION

The general question of evaluation asks the extent to which the program achieved what it set out to achieve. Three complementary dimensions

of evaluation evolve from this basic question: (1) evaluating the training program; (2) evaluating the training objectives; and (3) evaluating the participants.

The latter may be further delineated in terms of two major dimensions: (1) what happens to the participants during the process of training, i.e., development of professional self image, and (2) what happens in terms of performance on the job following this training.

The contents and methods, including timing and sequence of training inputs, trainer behavior and its effects, participants' attitudes and behavior during the program and back on the job will be examined. Instruments will be developed in the form of assignments, questionnaires, interaction analysis, observation schedules, and debriefing sessions in order to accomplish these evaluations. Both trainers and participants will share in the evaluation. Questionnaires and interviews with participants will be conducted at regular intervals ranging from the time of immediate completion of the course to one year following the course. In general, the emphasis of the evaluation will be concerned with: (1) what changes, if any, occur in the occupational behavior of participants after completing the course, (2) the direction of these changes; and (3) the extent to which these changes can be attributed to the training experience.

It is hoped that the evaluation will serve as a guide to further action in developing, enhancing, and continuing training programs such as ours. As you read this, new positions numbering close to 1000 are being established as part of comprehensive state planning for mental health and retardation services. The position of Coordinator of Volunteer Services is a viable alternative and additional occupational option for young people to enter the administrative ranks of mental health services.

---

For further information about training programs at Northeastern University, contact Professor Robert B. McCreech at the Center for Continuing Education, 11 Leon Street, Boston, Massachusetts 02115.

## COURT VOLUNTEERS' KNOWLEDGE OF COURTS PRIOR TO TRAINING: A SURVEY

by

JAMES D. JORGENSEN

Associate Professor, University of Denver Graduate School of Social Work  
Senior Consultant, National Court Volunteer Training Project

and

KATHLEEN WELLS, Research Assistant

The National Information Center on Volunteers in Courts, Boulder, Colorado

In the development of a training program for volunteers in courts, it is essential that the trainer have cognizance of the familiarity of the court volunteer with the court and the correctional process in order that training objectives can be developed and individualized for each volunteer.

A class of volunteers is not unlike a class in any other setting, in that there are among the individual trainees diverse levels of knowledge and preparation. Some volunteers present themselves for training very much misinformed; some have good intentions but little information, while others possess a great deal of information. The only real justification for training is to provide minimum knowledge about certain subject matter and to provide the opportunity for attitude change. A training program then, if it is to have relevance for a class of diverse individuals, must have within it something for each trainee.

One means of assessing the knowledge of volunteers is through the administration of a simple paper-and-pencil test given before volunteer training has begun. Preliminary Report # 6 of the National Court Volunteer Training Project provides one model of such a test. It is recognized that in utilizing such a test there are obvious limitations, particularly when dealing with questions where the answer is not necessarily right or wrong but rather reveals an attitude on the part of the volunteer. Research points to the conclusion that attitudes toward a subject, as expressed verbally, are not necessarily correlated with similar behavior toward that subject. As a result, it is necessary to suggest here that paper-and-pencil tests be used as only one means of assessment, and that observation of behavior in experimental training also be used in order to supplement our knowledge of the volunteer's training needs.

Hoping to learn more about volunteer training needs by establishing a baseline of volunteer knowledge prior to training, and keeping in mind the above-recognized limitations, Dr. Ivan Scheier, Director of the National Information Center on Volunteers in Courts, devised a preliminary paper-and-pencil test. This test was administered to two novice volunteer training groups which had been recruited and screened, but had not yet begun formal pre-assignment training. The groups were comprised of (1) 31 PARTNERS, a group of mostly college-age young

people undergoing training to serve as volunteers to delinquent children coming before the Denver Juvenile Court, and (2) 31 community volunteers with a wider age spread preparing to serve the Denver County Court as Probation Counselors for adult misdemeanants. The responses of the 62 people were categorized by a rater. Thus the responses to follow are not necessarily verbatim statements from the volunteers.

The procedure followed in administration of the test was as follows. When the class was assembled and settled in their seats, the trainer began.

"We would like you to answer a few questions before the training class begins. We fully realize that you can't possibly know all or even most of the answers until training is completed. We also realize some of your answers might be different after training. Write the number of the question down on your paper as I read it, and then the answer. We do not need your name on the paper. We're just interested in group averages. Answer each question fully. No more than a sentence or two perhaps. If you don't know the answer, simply write 'don't know'."

#### THE TEST QUESTIONS

1. Have you ever been a volunteer in a court before? Yes - No
2. Have you ever been through a training session for court volunteers? Yes - No
3. Have you read any volunteer orientation materials yet?
  - (a) Just scanned it.
  - (b) Really studied it.
  - (c) Not looked at it.
4. Briefly what do you think "probation" means?
5. How does probation differ from parole?
6. In your opinion what is the purpose of probation?
7. What would you guess are the four most frequent crimes or offenses of people brought before this court?
8. What is the average age of people brought before this court?
9. What is the youngest age at which a person can be brought before this court?
10. What is the difference between a misdemeanor and a felony?
11. How many hours a month do you think the court expects you to put in on your volunteer job? Choose one of the following options:
  - (a) No fixed minimum.
  - (b) Two hours minimum.
  - (c) Five hours minimum.
  - (d) Ten hours minimum.
  - (e) Fifteen hours maximum allowed.
12. Can you give the full names of the following people?
  - (a) Judge closely associated with this volunteer program.
  - (b) The person who heads this probation department.
  - (c) The person most directly responsible for this program.

13. As for the volunteer program in this court:
- (a) How long has it been in existence?
  - (b) How many volunteers have worked in it?

#### THE RESPONSES

Responses to question # 1 clearly show that the vast majority of the volunteers tested had never before been volunteers in courts prior to the training sessions. Out of 62 examinees, only four of the PARTNERS and one of the Denver County Court volunteers had in fact been volunteers in other court programs. Consistent with this finding was the response to question # 2. Here only two volunteers answered "yes" to the question, "Have you ever been through a training session for court volunteers?"

The fact that volunteer programs in courts are relatively new would probably be the main reason for the small number of volunteers with previous court volunteer experience. It is quite clear that a group with nominal exposure to volunteer experience and/or training does require a program of orientation and training. A key point also established here is that these are in fact naive pre-training volunteers, so the test is getting at what court volunteers know or don't know prior to any training.

The authors do not feel that a justification for court volunteer training is any longer a point of contention. If we are indeed intent on using lay citizens as change agents for offenders, they must be equipped with knowledge of the goals of the court, how the court is organized to achieve its goals, the role of the court in the larger community, as well as knowledge of the people who are under the court's jurisdiction. Specific training about purposeful use of self in relation to the offender is now a common part of volunteer training for courts.

With the exception of one person, the volunteers either had only scanned the written orientation materials given them or had not looked at it at all prior to being surveyed. This was not terribly surprising, due to the time factor involved, but it does lend credence to the fact that the trainees' information about the court and corrections was not particularly enhanced by exposure to written study materials presented to the class prior to training.

Thirty-eight of the trainees responded to the query, "Briefly what do you think 'probation' means?" by making reference to the "trial period" connotation of probation. Twelve other respondents were inclined to see probation as surveillance, while eight individuals emphasized the counseling motif of probation. Only three trainees admitted that they didn't know what probation was.

The general understanding of probation, while reflecting a differential in emphasis, was considered to be positive and generally accurate. Training would thus need to be directed toward more specific under-

standing for this group but it does not appear that the naive trainees were victims of basic misinformation about the concept of probation.

In order to get at a clearer picture of volunteers' ability to distinguish probation from parole, the question asked was, "How does probation differ from parole?" These two terms which are commonly confused and misunderstood by many laymen were also confusing to our sample of court volunteers prior to training. Fully twenty-six of the 62 trainees frankly admitted they did not know the answer to this question or their responses were so vague as to convince the raters that they could not differentiate the two. Twenty-nine of the sample group responded in such language as to reveal a clear differentiation of the two processes, while the remaining seven of the trainees reflected partial understanding in that they saw the difference largely in terms of the goals set for the offender or a difference in the severity of the penalty.

The sixth question, "In your opinion what is the purpose of probation?" demonstrated that the trainees generally had rehabilitation-oriented opinions about the purpose of probation to the extent that only four respondents answered "don't know". Nineteen felt probation was a chance for the offender to prove himself; twenty saw probation as counseling of some sort; and nineteen indicated it was a process of adjustment. It is interesting to note that none of the volunteers saw probation as a sentence, a penalty, or punishment.

Question seven was designed to indicate the pre-training sensitivity of the volunteer to the types of offenses being committed by offenders coming before the courts to which they were offering their services. It was recognized that the news media may have the effect of distorting the accuracy with which a volunteer may perceive the incidence of certain types of crimes. Further, it was felt that neophyte volunteers may be apprehensive about and preparing for a more aggravated type of offender than is actually placed on probation.

According to 1968 statistics, the four most common offenses in the Denver Juvenile Court were burglary, joyriding, shoplifting, and assault and battery. The PARTNERS Volunteers, according to their responses, underestimated the occurrence of joyriding, shoplifting, and assault and battery. They correctly surmised that burglary was prevalent among juveniles, and they overestimated the extent of narcotics as a reason for coming before the court.

Denver County Court Volunteers were inclined to overestimate the degree to which narcotics is a County Court problem, and they were also overly prepared to deal with offenders convicted of various kinds of theft. They correctly defined drunkenness as a major problem of the court.

For the most part, the trainees were correct in their assumptions regarding the average age of the offender coming before the court. The aver-

age age of children appearing in Denver Juvenile Court is 14.7 years. Only five of the PARTNERS responded to this question with an expectation of dealing with a younger age group. The Denver County Court Volunteers also in large measure correctly anticipated working with a youthful age group of 18-21.

There was, however, an evident lack of clarity regarding the youngest age at which an offender can be brought to the court. This probably reflects the differing policies in various states with which the volunteers are familiar and the obvious confusion about which courts have jurisdiction over various age groups. The youngest age at which a child can be brought to Juvenile Court in Denver is ten, yet only ten of 31 PARTNERS knew this. Similarly, seventeen of 31 of the Denver County Court Volunteers were incorrectly operating under the assumption that an adult misdemeanor court had jurisdiction over juveniles. Only twelve of 31 correctly understood age 18 to be the minimum age for this court.

A slight majority of the 31 Denver County Court Volunteers saw the distinction between a felony and a misdemeanor as being the seriousness of the offense. Eighteen trainees responded in this vein, while 24 of the 31 PARTNERS elicited a similar distinction. It is recognized that the complexity of this distinction from jurisdiction to jurisdiction negates more precise responses. However, the fact that the majority of the volunteers understood the basic concept in this distinction is indication of a level of sophistication not anticipated by many, from the average layman.

Question eleven was designed to determine to what extent the trainees and the court were in agreement as to what was expected of the volunteer in terms of time commitment. PARTNERS expects considerably more time from their volunteers than the Denver County Court, asking for a minimum of twelve hours per month. The Denver County Court asks for a minimum of one hour per week or four hours per month.

Fifteen of the 31 Denver County Court Volunteers were expecting to give the exact number of hours expected, while the remainder were expecting to give more in varying amounts. PARTNERS volunteers were extremely close to their agency's time expectations. Two expected no fixed minimum time; 22 out of 31 expected to give a ten-hour monthly minimum time commitment, while three expected to give at least fifteen hours. One respondent admitted he didn't know.

The conclusion that might be drawn from this finding is indeed encouraging in that the volunteers clearly expected to give as much or more time to the offender than is in fact being asked of them.

The twelfth question was geared to inquire into the pre-trained volunteer's knowledge of key court personnel involved with the volunteer program. Correct answers here would perhaps reflect internal know-



ledge of the court. Thus trainees were asked if they could list the names of the judge associated with the program, the person heading the probation program, and the person responsible for the volunteer program. Half of the PARTNERS could identify Judge Philip Gilliam as one of two judges in the Juvenile Court, but not a single one of them could name the Director of Probation, while only eighteen of 31 correctly identified the Director of the PARTNERS by name.

Denver County Court, having thirteen judges, provided the volunteer with a more formidable task. Only seven of 31 correctly identified the judge most closely associated with their volunteer program, while 21 said they did not know. Since a new Director of Probation had just assumed office at the time of this survey, the fact that only eight people could identify him by name is understandable.

The last question regarding the length of time the volunteer programs have operated and the number of volunteers having participated, revealed that the volunteers seemed to be generally aware of the size of the organizations they were joining as well as the length of their operation. Thus, a clear majority of the volunteers knew that the Denver volunteer program had operated for four years and had utilized over 1500 volunteers. PARTNERS trainees also had a clear understanding of the fact that this organization was two years old and included nearly 200 volunteers.

#### IMPLICATIONS

Rather than attempt to form firm conclusions, the authors would suggest some inferences that may be drawn from the above material. They are:

- (1) The volunteers had not, at the time of training, performed volunteer services in another court nor had they received training to do so. Thus, courts are not yet at the point where they can expect to recruit many experienced volunteers who are graduates of other related programs elsewhere. If courts want trained volunteers, each court must do it for themselves.
- (2) Untrained court volunteers have a generalized idea of probation that is accurate and in keeping with the goals of probation. On the other hand, they lack specific understanding of more technical areas.
- (3) Court volunteers, prior to training, like the rest of the population, are probably more sensitive to the more publicized offenses and expect to be working with offenders who commit these offenses.
- (4) Neophyte court volunteers, in substantial numbers, seem confused about the jurisdiction of the various courts, as reflected in their uncertainty regarding such items as minimum age and types of offenses handled in the two courts in the present study.

- (5) Untrained court volunteers are prepared to spend time working with offenders consistent with or in excess of the expectations of the court. Again, within the limitations of the present verbal testing procedure, the inference is that they are prepared to be serious about their volunteer work, if you are.
- (6) The volunteer prior to training does not seem to be familiar with the names of key court personnel, although he has accurate general knowledge about the volunteer program he is joining.

This test as it stands can be utilized to provide the trainer with a general picture of each class, and in that sense can make him more sensitive to the training needs of that class. However, the present test does not seek to identify volunteer attitudes toward the judicial system, although the reader is urged to refer to Preliminary Report # 6 as a beginning step in this direction. Obviously there is a need for more sophisticated test instruments in relation to both knowledge and attitudes, which in turn could provide court volunteer trainers with a better-guided and researched training design.

## THE VOLUNTEER CLINICAL WORKER AT THE SUICIDE PREVENTION CENTER\*

by

PAUL W. PRETZEL, Th. D.  
Assistant Professor of Psychology  
California State College at Los Angeles

### *Introduction*

Of all the developments that have taken place in the field of mental health in the last few decades, probably one of the most dramatic and important is the growth of community psychology and community psychiatry. With this development, old modes of doctor-patient relationships are being re-examined, and both psychiatrists and psychologists are accepting the responsibility of taking the initiative of moving into their communities, seeking areas of need without waiting for the patient to identify himself prior to being helped. In order to do this, the community psychiatrist and psychologist have had to develop some important new techniques, new goals, new methods and new definitions of their roles. Of the many changes which the growth of community psychiatry has fostered, two of them are especially germane to this paper: (1) the growth and development of crisis theory which aims at short-term focused and incisive treatment, offered at the propitious time when the patient most needs help; and (2) the development of various programs employing the use of non-professional volunteers.

Names such as Caplan (1) and Lindemann (4) are commonly associated with the development of overall crisis theory, just as the names of Litman (5), Farberow (2), Shneidman (7) and Tabachnick (8) are associated with the development of theory and techniques relative to the suicidal crisis. Fittingly, theory about crisis intervention and suicide prevention did not long remain upon library shelves but soon found expression in empirical clinical operations. In the city of Los Angeles, for example, the Los Angeles Psychiatric Services provides crisis intervention services based on the theories of Lindemann and Caplan just as, in that same city, the Los Angeles Suicide Prevention Center carries on clinical services, applying the theories of the men who direct it.

Short-term crisis intervention techniques are already a real and effective part of the psychiatric and psychological disciplines in our culture.

The use of non-professional volunteer personnel in vital clinical roles is more an empirical development than a theoretical innovation. In Los Angeles, for example, the Suicide Prevention Center, faced with a county population of eight million, soon found that it could not fulfill what was demanded of it exclusively through the use of professional persons. Largely as a matter of necessity, then, the Center began to experiment with the use of non-professional volunteers in a clinical role. As was pointed out in the paper by Heilig, Farberow and Litman

---

\*Reprinted from *Bulletin of Suicidology*, NIMH, No. 6, Spring 1970.

(3), the program was not entirely without precedent. Literature in this field goes back at least as far as 1948, at which time volunteers were being used in the field of mental health to provide services that called for only tangential and indirect patient contact. It has only been in recent years that serious efforts have been made to train lay people as clinicians actually performing the therapeutic roles that previously had been the exclusive domain of professionals. One of the most famous and extensive of these programs was that of Rioch (6) in 1960, in which a group of housewives were extensively trained over a 2-year period and who, even now, continue to function as therapists working with patients.

But even with the encouragement that such a program offered, the problem remained whether nonprofessional volunteers could be equipped with a short period of training and extensive supervision to function effectively in the field of suicide prevention.

The role for which the volunteer was needed was that of a clinical telephone therapist. She would be the person in direct telephone contact with the patient or with the person calling the Center. At times she would be called upon to make rapid and important life and death decisions. At all times she would need the ability to establish a working rapport with sometimes difficult, confused, depressed, defensive, or intoxicated patients. She would need the skill and the ability to formulate a diagnostic impression and to accurately assess the suicidal danger the patient represented.

She would be called upon to be creative and often inventive in formulating a plan of crisis intervention and forceful enough to help the patient carry it through. She would need to be sufficiently stable and secure that she would not be overcome by strong negative affect of some patients and could continue functioning in the face of the contagious feeling of despair and hopelessness. Although the volunteer would usually have professional consultation within easy access, she would be depended upon, nevertheless to make reasonable assessment and decisions independently.

#### I

Chad Verah (9), head of the Samaritans in England, makes the point that his Samaritans are not made, they are found. To some extent, this can be said about the volunteers at the Suicide Prevention Center. Although the training and supervision that is offered them is an important part of the program (as we shall describe in more detail later), the importance of selection should not be minimized.

Because of the experimental nature of the program at the beginning, it was decided that the criteria of selection would be of the broadest possible nature, and the applicants were judged clinically on the basis of seven general guidelines: (1) Strength of motivation—that is, did the applicant seem willing to make some sacrifices to work? (2) Responsi-

bility—could the applicant be depended upon; could she take responsibility for her own feelings and her own actions? (3) Stability—was her life history reasonably stable; does her emotional life appear stable at this time? (4) Maturity—is the applicant realistic in her thinking; does she exhibit common sense in problem-solving? (5) Sensitivity—does the applicant appear to be aware of other persons' feelings and emotions; does she relate in an appropriate way? (6) Does the applicant demonstrate the ability to work as a member of a team? (7) Does the applicant demonstrate the ability to accept training and supervision?

The selection procedure normally begins with the initial phone call from the applicant to the Center. Characteristically, she has heard about the program from one of the other volunteers or through some other word-of-mouth source. On the basis of this first phone contact, the staff worker begins the screening process and attempts to distinguish the genuine volunteer applicants from the patient who selects this way to gain contact with the Center. If the worker feels that the applicant may be appropriate for the program, he will invite her into the Center for a personal interview. If, after this initial interview, he still has a feeling that she has potential, he will then invite one or two other staff members to interview the applicant and ask her to take the MMPI. The final decision about accepting the applicant is made through consultation with the staff members, using the criteria above, and calling upon their own clinical judgment.

The first group of volunteers was selected and began functioning late in 1964. In that year, the volunteers took a total of 45 calls. In 1965, the volunteers handled 745 new calls; in 1966, the number increased to 823; and in 1967, 959 new calls for help were received by the volunteers. Presently this represents 65 percent of the new calls which come into the Center during the day. The other calls are handled by students and staff members.

From these early beginnings, the volunteer program at the Suicide Prevention Center has now developed to where it is an indigenous and organic part of the Center's functioning. The purpose of this paper is to look back upon the experience of the Center with non-professional volunteers in order to systematically understand who they are, how they are trained, and how they function.

At the present time, 25 women over the last three years have been accepted for training at the Center and have entered the program. A composite picture of a typical volunteer would look something like this:

She is 44 years old, married, has three children—two girls and a boy—one of whom is still living at home and two of whom have left home either through marriage or school. Having been raised in a home headed by a father with a high school education and earning less than \$10,000 a year, she was married relatively early at the age of twenty to a man who is one year her senior and who is now either a successful professional person or a businessman, earning over \$20,000 a year. He has at least a college education.

She is Jewish but only occasionally attends her synagogue, probably only on holidays, if then. She has two years of college education.

She tends to be an active, bright person who, since college, continues to take a variety of courses primarily in art, philosophy, history, and the social sciences.

She is a stable person who, since high school, has seen herself primarily in the role of wife and mother, although she has had fantasies of becoming an actress, model or fashion designer.

She has lived in Los Angeles for twenty years, has lived in the same house or apartment for the last seven years, and spent seven years in the house prior to that (this at a time when 20 percent of the general population moves every year).

She has experienced within her own family background either some suicidal behavior or serious mental illness which required hospitalization. She herself has been in therapy for an average of a 2-year duration and reports a positive experience.

Even as she is giving at least one day a week to the Suicide Prevention Center, she remains active in a number of other volunteer activities including political and social causes, such as race relations and peace movements. In addition, she finds time to read 22 books a year, watch an average of six hours of television a week, be interested in sports both as a spectator and a participant (golf and swimming), and remain interested in the theater, attending on an average of more than once a month, and occasionally taking a more active role.

Her participation in the Suicide Prevention Center volunteer program is supported by her family and her friends. Her husband is proud of her for her ability, and he understands her need for such activity outside the home. Her friends tend to be amazed when they find out what she is doing and characteristically respond with the words, "I could never do anything like that."

She prizes her own experience at the Center, feeling that the work she is doing is important, and that she is making a valuable contribution to humanity. Motivation is a difficult quality to measure, but as she herself expresses it, she came to the Center because she wanted to help people and to feel valuable as a contributing person in some way connected with direct service. She becomes dissatisfied with the program when the calls are slow in coming or when the work seems to appear routine. She likes to be busy and to have a variety of demands placed upon her. Another motivation for her remaining with the program is the satisfaction she receives in her relationship to the professional staff whom she respects and admires.

Apparently there has been little change in her physical health as a result of her participation with the program, but she reports emotional growth as a result of her work at the LASPC. She reports increased self-esteem

in being able to accomplish this difficult and important task. She feels herself developing in her ability to cope with problems in her own life, and she also reports increased sensitivity to other people. She tends to be less judgmental and more understanding about the problems that a variety of other people face.

Once the volunteers have been selected and trained, they tend to remain loyal to the Center. Over the three and a half years that the program has existed, a total of 25 volunteers have been selected and placed in training. Of these, fourteen are still active. Three left the program to return to school full-time, one moved away, one joined another volunteer program, one became employed on a part-time basis at the Center, two had to resign because of poor physical health, and three left the program early in the training when it was determined by them and by the Center that this was not work appropriate to their abilities.

Preliminary study of the composite MMPI profile of the volunteers reveals little pathology (10). They approached the test in a cautious and guarded way, demonstrating both the need and the ability to present themselves in a good light. This was true both as they took the test when they were first applying for admission to the program and when they were retested a year later.

As a group, the volunteers do not try to conform rigidly to rules but instead tend to challenge the conventional, and they have both the initiative and the energy to seek new and inventive methods of performing. The value of these characteristics in a person dealing with suicidal crises is clear.

The volunteers tend to handle their depressive feelings in a counterphobic way, both by employing denial in some degree and by becoming active in problem-solving. Although their thinking is free enough to be creative, they are able to formulate concrete plans, and they are comfortable enough with detail that the plans can be practical.

The volunteers (all women) indicate a feeling of comfortable feminine identification, and they are able to project themselves appropriately in this role. The test also reflects what is apparent upon meeting them, that they tend to be gregarious, outgoing, active people.

Many people heard of the program who, for a variety of reasons, were felt to be inappropriate and were screened out early. Heilig (3) describes one group:

*Often they were people looking for a way to gratify their egos and to push their own individual conceptions of human problems and their solution. Their investment was frequently in such areas as astrology, hypnotism, spiritualism, numerology, graphology, and others. Often such persons were emotionally disturbed themselves, rigid, inflexible, and tenuously organized. It was felt that such persons would not serve the agency; they would use it.*

Some women decided against the program when the nature of the task became clear. There are women who are looking for more traditional volunteer roles resulting in social gratification.

Once accepted into training, the volunteers are told that if they find that they are not comfortable with the work, they should feel free to drop the program. It is stressed that they are under no obligation to the Center, and it would be better for all concerned if they did not feel forced to stay. Nevertheless, it has been difficult for some to accept this freedom. When the volunteer does feel trapped, somatic symptoms begin to develop. It usually rests with the professional staff to be aware when tensions are beginning to develop and to take the initiative to speak with the volunteer.

MMPI data on women who did not work out are incomplete and represent too wide a range of personality structure to permit generalization.

## II

The training program itself is organized into three phases. The first phase, which takes place before the volunteer takes her first telephone call, is a 4-week program meeting two full days a week. Every member of the professional staff participates in this portion of the training program, both for the purpose of making what original contribution he can, and to come to know the new class of volunteers and to permit them to know him. Experienced volunteers also help in this phase of training. The content of this course includes: (1) preliminary personality theory; (2) theoretical concepts on suicide and self-destruction; (3) lethality assessment; (4) intervention techniques; (5) use of community resources. In addition to this didactic material, this preliminary phase includes approximately 40 hours of clinical practicum, including listening to training tapes, role playing, and case discussion.

The second phase of training begins as the new volunteers start taking their first phone calls. At this stage of the training, they are closely supervised, and they discuss the content of each case and alternative ways of handling it in detail with their clinical supervisor. At the same time, meetings once a week are continuing, and at this stage they are used primarily for case conferences.

The third phase of the training consists of continued weekly volunteer meetings where the content now varies from case conferences to the presentation of additional theoretical material to differing techniques in handling both in-person interviews and telephone calls. Along with these weekly plenary conferences, the two or three volunteers who are assigned to any one day meet with that day's supervisor for an hour to an hour and a half supervisory conference where they can discuss whatever is on their minds. These conferences usually tend to be centered on difficult phone calls that the volunteers have been handling. Phase



Three lasts as long as the volunteer is with the Center. Although the need for close supervision diminishes as she gains experience, both the volunteer and the professional staff function more comfortably within the context of frequent consultations.

### III

The stringent selection procedures, in conjunction with the seriousness with which the professional staff took its training and supervisory responsibilities, combine to make a core of nonprofessional volunteers who characteristically function in an efficient and effective way. One of the important areas of concern was that of morale. For the most part, morale never developed as a problem.

The program is noteworthy for the absence of rivalry, gossip or the formation of cliques that have been noted in some other women's groups. The main reason for this is probably that women seeking admission to the program for ulterior personal needs were successfully screened out. The volunteers remaining active are those who wish to perform the clinical task. Those who wanted volunteer affiliation to fulfill social or other emotional needs found other groups more satisfying to them.

Some problem with morale did arise, not as a result of the anxiety in handling seriously suicidal calls, as was anticipated, but on the contrary, when calls were slow in coming in, or when the volunteer had several years working with the Center and handling calls became a routine matter. She then tended to become bored and began to feel that she did not have the kind of involvement that was meaningful to her. She evidenced this boredom through complaining and by putting in fewer hours at the Center.

The way the Center has attempted to cope with this problem is to make a wider variety of tasks available to the volunteer. Approximately one-third of the volunteers have become active in some of the research projects which are being carried on at the Center; about one-third have taken on some of the clerical tasks in connection with administration of the Center; and almost half of them have seen patients at the Center, usually jointly with one of the staff members. As this latter function becomes more established at the Center, it becomes more evident in the content of the weekly training programs. Lectures and discussions are held, for example, on what kind of patients can be seen at the Center, for what reasons the patient will be seen, what some of the goals of short term and longer-term counseling may entail, difficulties that the interviewer is likely to come across, and some of the basic interpersonal dynamics that take place in an interview.

Opening these other areas of interest to the volunteer has the effect of widening her scope of activity and probably extending her life as a volunteer. Our experience has been that as long as the Center staff can provide the volunteer with new horizons and further opportunity for

learning, for self-development and for service, she retains a high sense of enthusiasm and loyalty to the program. When the Center has reached its limitations on what it can offer, the volunteer is then faced with the problem of remaining with the program with a dwindling feeling of involvement, returning to school for advanced education, as some of them have done, or beginning to look for new volunteer programs and new experiences. What the average life of a volunteer in the Suicide Prevention Center is, it is too early to determine. At present, it is only possible to isolate some of those factors, mentioned above, which tend to keep the volunteer interested and active.

The next step in our attempt to more clearly define the type of volunteer who functions best in this kind of clinical setting is to compare our data with other types of volunteer groups in the community. By defining the distinguishing characteristics of these men and women more precisely, their contributions to the field of community mental health can be most effective.

---

## References

- (1) Caplan, G. *Principles of Preventive Psychiatry*, New York: Basic Books, Inc., 1964.
- (2) Farberow, Norman L. Suicide: psychological aspects (2) *International Encyclopedia of the Social Sciences*. New York: The Macmillan Company and The Free Press, 1968. pp. 390-394.
- (3) Heilig, S. M.; Farberow, N. L.; and Litman, Robert E. The role of nonprofessional volunteers in a suicide prevention center. *Journal of Community Mental Health*. (In press).
- (4) Lindemann, Eric. Symptomatology and management of acute grief. *American Journal of Psychiatry*, 2:101, September, 1944.
- (5) Litman, Robert E. Emergency response to potential suicide. *Journal of the Michigan State Medical Society*, 62:68-72, 1963.
- (6) Rioch, Margaret; Elkes, Charmian; and Flint, Arden. *Pilot Project in Training of Mental Health Counselors*. Public Health Service Publication No. 1254. Washington, D.C.; Superintendent of Documents, U.S. Government Printing Office.
- (7) Shneidman, E.S. Orientations toward death. In: White, Robert W., ed. *The Study of Lives*. New York: Atherton Press, 1963.
- (8) Tabachnick, Norman. Observations on attempted suicide. In: Shneidman, E.S. and Farberow, N.L., eds. *Clues to Suicide*. New York: McGraw-Hill Book Company, 1957.
- (9) Verah, Chad. *The Samaritans*. London: Constable, 1965.
- (10) Carl I. Wold, Ph.D., and Michael Peck, Ph.D., staff psychologists of the LASPC, consulted on interpretation of MMPI scores.

## MOTIVATING CONCEPTS AND THEIR APPLICATION FOR VOLUNTARY HEALTH ASSOCIATIONS

by

BERNARD M. KAPELL

Training Director, American Heart Association, Inc.  
New York City, New York

Motivation is a term used with increasing frequency during these past decades. Most of us have a general idea of what a person means when he uses the word. Webster defines *motivation* as the *noun of the verb motivated—to impel, to incite, to prompt or move to action*. Semantically, we come up with *choice, inducement, incentive, to give impetus to some inner drive or intention*. Occasionally the term *motivation* is used in the sense of referring to human instincts, impulses or desires. It generally refers to drives that influence people or explain their behavior.

What are the meaningful messages surfacing from this developing field of study and what are the lessons for volunteers and staff of health and health related agencies? Much of what is identified as drive, accomplishment, and success is part of our cultural value system. We can put a monkey or a mouse into an experimental situation and test reaction to bells that have to be rung, or cords that can be pulled, and so on. Success is rewarded with such 'goodies' as bananas, or cheese, or nuts. This gives us some predictive measure of the ability of the monkey or the mouse to perform and of his growing awareness of the reward system. Measuring motivation in human beings is a far more subtle task and infinitely more difficult. We believe that 'motivation' or some aspect of it, underlies the entire set of work habits which prevails throughout the world. Yet few aspects of human behavior have been as confusing and difficult to analyze and understand.

### SOME FINDINGS

A growing number of social scientists have grappled with the concept of 'motivation' since it came under close scrutiny in the early 1920's. The available literature is now so voluminous as to be staggering. In the early stages of research a wide variety of interpretations surfaced, many of them unsatisfactory or with built-in inconsistencies. It has been pointed out, for example, that a normal, highly motivated person should be able to do a given job better than one who is less motivated or one who is poorly motivated. If this is accepted, it would follow that 'performance' could be used as an index of motivation. The answer, however, reads differently, because performance depends not only on motivation but also on ability, experience, technical knowledge, body coordination, and a host of other factors. It is possible to have a great deal of motion arising out of drive, and show little or no results. If quality is a factor as well as quantity, then understanding and measuring motivation becomes even more complex.

Assuming a balanced equation, one would suspect that subjects with high motivation to achieve better performance would outdistance those with lesser drive. Evidence exists, however, that the relationship between motivation and performance tends to improve only up to a point. In certain work fields, once this optimum has been reached further increase in drive can lead to a less creditable performance. This is frequently demonstrated in the field of sports—where a coach admonishes an athlete to relax, and not try so hard.

The Hawthorne Studies, conducted during the late 20's and early 30's at the Hawthorne plant of Western Electric Company, were one of the first to be conducted on a large scale within an industrial setting. The research goal was to discover, if possible, the effect of various changes in working conditions on worker efficiency. As the study progressed, certain cherished concepts of management fell by the wayside and new unforeseen factors made their appearance. One of the most important of these new learnings was that workers tended to create and become members of formal and informal groups or joined existing groups. These groups were entities within or outside the site of employment, but were the outgrowth of relationships established through the work situation.

Workers became participating members and accepted the social values, taboos and other psychological commitments of the group which they joined. As a result, a worker's attitudes, particularly those related to his job, were conditioned by the group mores, and his responses to working conditions approximated those of the other members of the group. Behavior while on the job was conditioned to a measurable extent by the group in which he had acquired tacit or real membership. Here is a significant research finding to agency personnel and volunteers.

The Hawthorne Studies were the precursors of a series of related studies, all directed to putting different aspects and degrees of motivation under the microscopes of a new and growing group of behavioral scientists.

By the middle of the 1950's a considerable number of psychologists and other professional investigators had completed or were working on studies connected with patterns of work and amount of productivity in which motivation was a prime factor. The literature they produced about motivation was of concern primarily to the fields of industrial psychology and human engineering, although other fields, such as advertising and public relations, which place their personnel under pressure to produce, were equally interested in the nature of motivation and the manner in which it could be channeled to result in maximal productivity.

In 1954 Dr. A. H. Maslow published his book, *Personality and Motivation*<sup>1</sup>. He came to his task as an author with impressive credentials; he was a clinical psychologist, a college professor with recognized teaching abilities, and a scientific investigator with high standards.

The theory Dr. Maslow projected made a strong impact because it could be applied on a broad spectrum, whereas earlier investigators had worked in the narrower range of specific work patterns in a limited number of occupations. He presented a theory which could be applied to analyze and account for human behavior on a much broader basis.

Dr. Maslow classified men's motivation on the basis of needs, and established that these needs exist in a hierarchal system, which he labeled "A Theory of Human Motivation Based on Fundamental Goals or Needs," and that man responds to these needs, to achieve his satisfactions, in a pattern of upward trend.

Maslow postulated that man responds first to satisfy his Physiological Needs and his Safety Needs. He must get satisfaction of his wants for air, food, shelter, and for reasonable protection from physical danger, sickness, unemployment, etc. After these needs are reasonably satisfied, man inevitably seeks to satisfy higher level needs, which Maslow categorized under Social Needs, and then Esteem Needs. The third level of the hierarchy—the Social Needs—include human requirements for affection, love, and belonging. At the fourth level—the Esteem Needs—he lists competence, self-esteem, esteem of others, recognition of personal worth, status, and prestige. The apex of the hierarchy of needs, as Maslow presented it, is the Self-Actualization Need, in which man seeks to fulfill his highest potential and his fullest capacity.

With the range of vision opened by Maslow's theory, management consultants started to construct more meaningful concepts, which they offered to administrators for their application in the business world. A leading contributor at this time was Douglas M. McGregor, whose book, *The Human Side of Enterprise*<sup>2</sup>, made its appearance in 1960. McGregor was knowledgeable in the management field, and he realized that the prime interest of management was to make money, which it could do best by achieving higher productivity. However, he proceeded to relate Maslow's theory to industry's needs. Using this new knowledge about human behavior, he developed his X Y Theory, which described two major management patterns.

The X part of the theory is expressed in a number of basic assumptions:

- The Manager knows the objectives of the work effort and is the only member of the group who needs to be aware of the purpose for which the group effort is expended.

---

<sup>1</sup>Maslow, A. H. *Motivation and Personality*, New York: Harper and Brothers, 1954.

<sup>2</sup>McGregor, D. M. *The Human Side of Enterprise*, New York: McGraw-Hill, 1960.

- The organization must be scientifically structured to the degree that this can be achieved.
- Authority and Responsibility are firmly fixed. These were supposed to be equated, but in practice the authority vested in an individual was not always commensurate with his responsibility, and vice versa.
- The Manager establishes 'standards' and/or 'norms' and sets up the 'task.'
- The Manager determines the 'one best way' for work performance. (This later opened the field for the industrial engineer who became the 'specialist' available to the Manager.)
- The Manager recruits and employs his workers, and he trains them in the 'one best way' to get the work done.
- The major incentive to work is financial (money). All other motives are downgraded or ignored.
- Employees require close supervision.
- The Manager needs to maintain tight control and to utilize strict control devices.

If these assumptions seem a bit archaic today, it is because they are. But they did work in the culture in which they originated. McGregor claims that this significant change in prevailing conditions required a change in approach and operational procedures, if management was to fulfill its function effectively. Management now had to contend with a different type of worker: better educated, articulate, mobile, who would not—according to McGregor—react satisfactorily to an autocratic, non-permissive, confining, mechanistic management approach. His Y part of the theory offered management a philosophy encompassing the following precepts:

- Management's process, techniques, and methodology are important only to the extent that they contribute to attaining organizational objectives.
- The role of Management is to provide standards and then to assist employees to meet these standards.
- The sharing of values between those who are managing and those who are being managed is a necessary component in the Management process.
- Any criteria or objectives employed by an organization, and particularly those which it shares with its workers, should be specific, understandable, obtainable, and measurable.
- Employees require money, but something over and above money is necessary to motivate an employee to give his best performance.
- A psychological climate prevails throughout the business world. In such a climate human factors such as motivation play a large role in individual development and in the desire and ability of the individual to contribute acceptable or above average results.
- Satisfying basic physical needs or other physiological need will not necessarily motivate workers to better performance.

McGregor points out, in effect, that imagination, ingenuity and creativeness in meeting organizational problems is not confined to only a few people. With proper incentives and opportunities these attributes will emerge and be exercised by a greater population of the employing organization. The participative management technique is one of the devices by which this is accomplished. It is by relating employee goals to the goals of the organization that we make it possible for an employee to contribute his maximal output to the organization.

This participative management concept is equally applicable to all health and health related agencies. We must learn to relate staff and volunteer goals to agency goals to get maximum output for all agencies.

Research in the area of motivation as related to work has accelerated greatly in recent years, and outstanding researchers have made substantial contributions to the field. For those of us who are neither psychologists nor management experts, the detail is finely drawn, and not all the material has high relevancy to us or to our agency. However, two findings deserve our attention because they contribute meaningful insights to the work field with which we are concerned.

A group of psychologists at Harvard<sup>3</sup>, in a prediction study designed to systematically test a number of hypotheses to learn more about how individuals behave and relate to each other in small work groups, blocked out a field for their focus which tied in motivation, productivity, and satisfaction of workers. They built on a conceptual scheme of external and internal systems developed by George C. Homans, a sociologist who had used the term 'frozen state' to explain a phenomenon which freezes people on the fringes of the society in which they live. These individuals are unable to communicate effectively or relate meaningfully with a large part of the dynamic community which determines the life patterns of the populations.

Working from this hypothesis, the Harvard group conducted a series of controlled studies which led them to observe that a 'frozen group' exists in every large organization and, in fact, in most organizations. They found that a significant number of these employees do not become meaningfully interrelated with the goal achievement and participative aspects of the organization. There are built in factors in organizational structures such as 'chain of command,' 'internal communications patterns,' and 'operational procedures'—which tend to create the conditions that 'freeze' the motivation and energy of a significant number of their employees. In turn, these employees—as members of small sub-groups—tend to attract others who react in a similar fashion. The research team observed that this 'frozen state' gets in the way of effect-

---

<sup>3</sup>Zaleznik, A., Christensne, D.R., Homans, A.C. and Roethlisberger, F.J. *The Motivation, Productivity and Satisfaction of Workers*, Cambridge: Division of Research, Harvard University Graduate School of Business Administration, 1958.

ive problem solving because it tends to prevent the exercise of more useful ways of thinking and talking about the organization. The problem is to overcome the organizational and procedural straightjackets that organizations 'wear' and to clear the thinking processes that make it possible to examine new solutions for achieving a higher productive level.

The investigators also found that factors such as poor supervision, unclear directions, poorly stated objectives, and lack of recognition, push personnel into the 'frozen state.' The motivational level and the energy drive of these 'locked in' people thus becomes minimal, since human output which remains unenergized diminishes the organizational output and the employing organization does not receive a productive day's work from such employees. How to cope with this 'frozen group,' or, in fact, how to 'unfreeze' them, is one of management's major challenges.

Dr. Frederick Herzberg<sup>4</sup> postulates his findings into a Motivation-Hygiene Theory, in which he lists Hygiene Factors as those that pertain to physical working conditions, the climate of management/employee relationships, wages and salaries, fringe benefits, and supervisory policies. According to Dr. Herzberg, these Hygiene Factors are essentially preventive, in that they remove sources of dissatisfaction from the work environment, just as sanitation removes potential threats to health from our physical environment. Correcting the deficiencies in environment may return the productivity level to normal, but does not necessarily cause it to rise above that. His position is that the environment approach—the Hygiene Factor—can influence the employee's behavior to only a limited degree; that the real motivation—the factors that elicit job satisfaction, the satisfiers—are imbedded in the work itself. These are the elements which Dr. Herzberg classifies as job satisfactions, and which he claims are the real 'motivators'—work itself, a sense of achievement, recognition for the job done, the assignment of additional responsibility, and the opportunity for growth on the job.

How does Dr. Herzberg believe these can be achieved? The key, he says, is 'job enrichment.' He maintains that most jobs, being designed from the standpoint of efficiency and/or economy, are unduly fragmented and regimented. He believes that jobs should be so structured as to permit the worker to draw upon his individual talents on skills, to apply his previous learning experiences, and to encourage initiative. Such a job structure would introduce enriching experiences into the workload.

A clear distinction is drawn between 'job enrichment'—the deliberate enlargement of responsibility, challenge, and scope,—and 'job rotation'—which may mean merely the movement of a worker from one job to another, with no commensurate increase in responsibilities.

---

<sup>4</sup>Herzberg, F., Mausner, B. and Synderman, B. *The Motivation to Work*, New York: John Wiley and Sons, Inc., 1959.



The findings of these motivation studies impose an obligation to relate that body of knowledge to organizations and agencies operating on a non-profit basis as they search for more effective methods to maximize the effort-output of both staff and volunteers.

The pressure on our burgeoning industrial complex for improved efficiency has inevitably led to the investment of money and effort required to find out the full meaning and impact of motivation as it relates to work. Original studies were primarily with people in the 'product' end of industry; most of the recent work on motivation has been with the professional worker and the employee in creative or service fields. We in the voluntary health field have learned that good administration and sound management principles apply equally to our type of organization. The lessons to be learned from costly motivational research already accomplished must not be ignored, especially since we can see that the findings tend to relate and reinforce each other.

The major work concerned with motivation is in the hands of Behavioral Scientists, who relate the disciplines of psychology, anthropology, sociology, and many sub-branches of these major areas of study. They are researching in two major directions: (1) the kinds of management behavior which the more successful managers exercise, and (2) whether the application of the behavior pattern of these successful managers can be applied in different industries and occupations or in different settings and situations. The idea is advanced that many of the findings are significant for the service agencies because they are applicable to organizational patterns, to the kinds of personnel employed, and to their role in working with volunteers.

#### DISCUSSION AND SUMMARY

Let us examine some of the 'messages' that the Behavioral Scientists are communicating. They are consistent and insistent, telling us something about organizations and the people that work in organizations. The 'messages' can be grouped under several major headings, all worthy of our review.

The first 'message' focuses on organizational climate, and what happens to people who are placed in varying organizational structures. The centralized—'tall' structure type of organization—narrows the span of supervision but is not conducive toward achieving organizational objectives because it tends to stifle initiative and cultivates rigid and pre-set thinking and approaches to problem solving. Eventually the staff member ceases to make any suggestion and no longer plays a constructive role within the organization.

Alternatively, the decentralized or 'flat' type of organizational structure delegates responsibility to a greater number of staff members and thus establishes a climate of involvement leading to better understanding of the agency's goals and an acceptance of its objectives. This type of in-

volvement stimulates individual commitment and results in more effective efforts toward goal achievement.

Closely connected with the positive aspects of the decentralized organizational structure is McGregor's 'message,' which has influenced organizational behavior almost as much as the *McGuffey Readers* influenced our educational system from the 1830's through the 1850's. It would be difficult to exaggerate the impact of the *McGuffey Readers*; it would be equally unwise for any organization to ignore McGregor's 'Participative Management' concept.

This is not to advocate an unbridled exercise of participative democracy, which would lead to endless hours spent belaboring technical points and meaningless minutiae. However, a sensible utilization of this management pattern would involve a greater number in the 'problem solving' required to reach the desired goals.

Many studies refute old allegations that people are basically lazy, lacking in loyalty, and unresponsive to job challenges and agency needs. Restrictive policies, rigid procedures, adherence to meaningless traditions, and stubborn insistence on retaining old habits create a turgid climate which erodes initiative and the creative impulses of staff. An agency must energize the capability to avoid or overcome these manifestations of organizational dry rot.

Management and supervisory techniques are the prime skills required in the effective utilization of time and energy. There is no disagreement with the statement that 'general' supervision is more successful than the 'over the shoulder' technique. But a supervisor should be technically competent, must be constructive in his counsel, must be objective and in complete control of his personal predilections and should communicate clearly. The exercise of these attributes will go far toward meeting basic human psychological needs and values, and will motivate individuals to increased work productivity and result attainment.

Finally, let us bring into focus the principle of 'psychological advantage,' which, simply stated, means that people tend to seek out values they consider important to the extent that they believe it is safe and possible for them to do so. If management and supervisors create or permit work conditions to exist which make it disadvantageous to be productive, the staff member is thwarted; if positive conditions are set up he finds an advantageous psychological home.

Voluntary health or health related and all service organizations draw into their fold an educated group of committed staff and volunteers. It is essential that such organizations demonstrate their ability to learn the lessons and apply the benefits of the 'homework' which has already been researched. The staff member's individuality and creativity can be encouraged and given free play if he is properly motivated. Further, he will be making his maximum contribution to the goals and objectives

to which his agency is committed if he can learn and use these lessons in working with volunteers.

Behavior codes may change but standards of sensitive and effective human behavior change little over time. The qualities needed for leadership and effective service in health and health related agencies are exacting for both staff and volunteers but the results are more meaningful programming for the communities being served.

**SUBSCRIPTION BLANK**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\* New Subscription

Renewal

Payment: enclosed

please bill

\*Subscription rate for new subscribers is \$5.00 per four issue volume.

**Make Checks payable to "VOLUNTEER ADMINISTRATION"**

**and send to**

**Dr. Marvin S. Arffa, Editor**

**Volunteer Administration**

**15 Pleasant Park Road**

**Sharon, Massachusetts 02067**