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THE MANPOWER IMPLICATIONS OF VOLUNTEERS IN PROBATIONARY SERVICE

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Automation has given us more leisure time and it must be planned for. We must find opportunities to put people in touch with people; help them to use their time in a meaningful way. The key is not to take man out of the system, but to make sure that he is involved in a meaningful way. People want to be involved where the action is.¹

The American people have long felt a need to be involved with their fellow men. Indeed, much of the early history of our country is a portrayal of people helping people. In order to survive the rigors of the early frontier, settlers were forced to seek the cooperation and assistance of one another in an effort to gain a foothold in this land. They gathered together for mutual defense, and shared with each other their energies and resources. This American spirit of cooperation has existed and flourished since that time. Modern voluntarism is but an outgrowth of this early American ethic, and its continued growth seems assured. In fact, the United States Department of Labor has "estimated that by 1980, volunteer activity will contribute \$30 billion annually to the economy if counted as part of the gross national product."²

Americans have assumed the volunteer role ever more strongly during the last decade. In an effort "to be involved where the action is," citizens have sought the opportunity to be directly involved with the problems facing our society. Individual citizens have virtually demanded the right to assist in the solution of social problems and, hence, American voluntarism entered a new era in the 1960's. Citizen involvement in the civil rights movement is well documented, and this effort marked the true beginning of the modern, direct-service volunteer. In addition, President John F. Kennedy announced the creation of the Peace Corps in 1961; hundreds of Americans responded to his call. This was a revolutionary idea when announced, but the idealism of youthful Americans has made the Corps a success. In a ten-year span the Peace Corps has grown from 800 volunteers serving

nine countries in its initial year to a force of 9,000 volunteers serving sixty countries in 1971.³ A notable aspect of the Peace Corps' success and the civil rights movement is the fact that both are direct-service volunteer opportunities. The volunteer is put to work toward the solution of a significant problem. The re-establishment of the direct-service volunteer has been the recognizable result of recent voluntary programs.

Voluntary Action in Urban Communities: A Report from the New York-New Jersey-Connecticut Metropolitan Region has defined voluntarism as "... the traditional response of Americans to crisis."⁴ In our modern society social crises are continually brought to public attention via the mass media; Americans then respond to meet the needs of the situation. Perhaps one of the most serious crises facing modern America is the continual growth of crime. Ramsey Clark, in *Crime in America*, has said:

Crime is the ultimate human degradation. A civilized people have no higher duty than to do everything within their power to seek its reduction. We can prevent nearly all of the crime now suffered in America--if we care. Our character is at stake.⁵

Clark further states that

The most important statistic of all in the field of criminal justice is the one which tells us that probably four out of five of all felonies are committed by people convicted of crime before. The first crime was committed almost always as a teenager. Approximately half of all persons released from prisons return to prison, many again and again.⁶

Although during the 1960's the American people responded wholeheartedly to the problems of the rehabilitation of the youthful and the young adult offender, it is still well known that youthful and young adult offenders frequently become hardened adult criminals. Our system of criminal justice does little to prevent this everrecurring pattern. The majority of Americans are reluctant to finance the type of services and institutions that are necessary to rehabilitate our criminal offenders. However, a significant number of individuals, serving as volunteers in the volunteer courts movement, have sought to meet the challenge of rehabilitating the youthful and young adult offender before he becomes the hardened adult criminal. And they have had to face the simple fact that our current institutional approach to the rehabilitation of offenders has not been successful.

The service gaps in the system of juvenile justice and the rehabilitation of the offender traditionally and primarily have been attributed to: (1) the lack of sufficient numbers of well-trained and highly qualified personnel, and (2) the lack of adequate community services upon which the courts are partly, if not entirely, dependent. As such, understaffed, underpaid, and overburdened probation departments are unintentionally undermining the rehabilitative efforts of courts and correctional agencies. While it has been estimated that approximately 1 million youngsters pass through the juvenile courts each year, only about 12,000 of an estimated 100,000 paid correctional workers render their services to youth outside of the institutional setting to those on probation and parole.⁷

Volunteers have stepped in to meet the needs of juvenile and adult misdemeanor courts in an effort to forstall the current progression from first offender to hardened criminal. Where there was no probationary system, volunteers have said, "let us serve." Where there was a probationary system that was overburdened and understaffed, volunteers have said, "let us assist." During the last ten years, volunteers have performed in every possible job or category of service within the court setting in an effort to assist in the rehabilitation of youthful and young adult offenders in order to prevent their further criminal careers. During 1960's the volunteer courts movement gained strength throughout the United States. From less than five courts in 1960, the movement has grown to encompass an estimated 1500-2000 volunteer courts as we enter the seventies.⁸ In only ten years, the volunteer courts movement has developed from a daring idea in to a major force in the rehabilitation of youthful and young adult misdemeanor offenders.

In its history, probation as a method of criminal rehabilitation has come full circle with regards to the people who have operated with its code. Probation was instituted by *volunteers*, yet after formal authorization as a rehabilitative practice by the legislators of the several states, the probationary system has moved toward greater *professionalism*. Its remunerated officers have occupied themselves with striving for professional status and high standards. But finally, in an effort to meet the manpower shortage, created as a result of the scarcity of those who can meet this status and its implied standards, the volunteer has returned to the court--not as a replacement for, but as an assistant to the professional probation officer already there.

It is significant that the entire concept of probation developed as a result of the efforts of one individual and his followers who served as

volunteers in the early courts of Boston. In August 1841 John Augustus, a Boston shoemaker, posted bail for a common drunkard; the court then agreed to release the individual to Augustus for a period of three weeks after which the man would have to appear for sentencing. In Augustus' own words:

...He (the drunkard) told me that if he could be saved from the House of Correction, he never again would taste intoxicating liquors; there was such an earnestness in that tone, and a look expressive of firm resolve, that I determined to aid him; I bailed him, by permission of the Court. He was ordered to appear for sentence in three weeks from that time. He signed the pledge and became a sober man; at the expiration of this period of probation, I accompanied him into the courtroom; his whole appearance was changed and no one...could have believed that he was the same person who less than a month before had stood trembling on the prisoner's stand...The judge expressed himself much pleased with the account we gave the man, and instead of the usual penalty,—imprisonment in the House of Correction,—he fined him one cent and costs, amounting in all to \$3.76, which was immediately paid.⁹

This incident marked the beginning for John Augustus of many years of volunteer service to the people of Boston. Between 1841 and his death in 1859 Augustus worked with over 1900 men, women and children who had been called before the Police or Municiple Courts of Boston.

Augustus' true devotion to his cause, and his clear status as a volunteer are evident in his following comments:

I devote my time daily, and often a large portion of the night, in the performance of the various labors which fall within my province. I am no agent for any sect, society, or association whatever. I receive no salary, neither have I ever received a dollar for any service as a salary, nor do I know of any individual who ever became responsible for me, even to the amount of a dollar; I am therefore not accountable to any sect, society or individual for the manner in which my efforts have been applied.¹⁰

Modern probationary services are directly descended from the efforts of John Augustus. In fact, his methods of accepting individuals for probation have served as a foundation for current practices in this field. Charles L. Chute, formerly Executive Director of the National Probation Association, has said:

John Augustus originated in rudimentary form many of the techniques of probation officers and other social workers today, including preliminary social investigation, tactful interviewing, family casework, foster-home placement, protective work for women and children, detention, and cooperation with schools, employers, institutions and social agencies.¹¹

John Augustus and the few pioneers that followed him set the example for the need of regular probationary services. In 1878 Massachusetts passed the first statute authorizing such services; this statute required the Mayor of Boston to appoint a paid probation officer who would be responsible to the chief of police.

The powers granted to this officer were extensive. He was required to attend the sessions of the courts of criminal jurisdiction held within the county of Suffolk, investigate the cases of persons charged with or convicted of crime and misdemeanors, and to recommend to such court the placing on probation of such persons as may reasonably be expected to be reformed without punishment.' The last words are significant. Probation was conceived of not as punishment, but reformatory treatment. With the judgement of the court suspended, every encouragement to 'make good' was offered and for the first time in history a social worker (though he was not called so then) was introduced as an important officer of the court.¹²

Twenty years later, in 1898, Vermont was the second state in the country to adopt the concept of probation, and to formally enact legislation calling for the appointment of probation officers. Rhode Island and Minnesota followed in 1899. Since that time virtually every state has gradually enacted legislation providing for probationary services.

Another important development which occurred in 1899 was the creation of the first juvenile court law in Illinois. The Illinois statute called for probation services as the main approach to the rehabilitation of youthful offenders. By 1910 thirty-six states had adopted legislation creating juvenile courts and providing for the use of probation as a method of rehabilitation for youthful offenders.

The greatest drawback to the use of probation as a rehabilitative measure is the fact that the current system of probationary services is not adequate to meet the needs that exist. Probation officers in many jurisdictions have as many as 100 offenders on probation to supervise.

In addition to the supervision of offenders, most probation officers are required to prepare presentence and other reports which diminishes their time to serve in a supervisory capacity. Not only is the probation system overworked, but also in many instances probationary services are nonexistent. This lack of probationary services is the general case in most misdemeanor courts in our country. The unfortunate fact is, as Ramsey Clark has made clear that most individuals convicted of felony offenses have a long prior record of convictions for misdemeanor offenses. Perhaps if probationary services could be made available at the misdemeanor court level, we would be able to save many individuals from becoming felony offenders.

...the fact is that in at least 90 percent of our lower courts there is no money for a probation or rehabilitation program of any kind. The defendant may be released 'on probation,' but, unless he commits another offense and is brought back into court, that is the last the judge will hear from him. He gets no help and no guidance from the court. No investigation is made of his family background, and no effort is made to discover the underlying reasons for his violations of the law. That is the pattern in about 90 percent of our lower courts.¹³

Recognizing the importance of and the need for adequate probationary services, the President's Commission On Law Enforcement And Administration Of Justice has made the following recommendation:

All courts, felony and misdemeanor, should have probation services. Standards for recruitment and training of probation officers should be set by the States, and the funds necessary to implement this recommendation should be provided by the States to those local courts that cannot finance probation services for themselves.¹⁴

The Commission further recommends:

All jurisdictions should examine their need for probation and parole officers on the basis of an average ratio of 35 offenders per officer, and make an immediate start toward recruiting additional officers on the basis of that examination.¹⁵

Regardless of the recommendations made by the President's Commission On Law Enforcement And Administration Of Justice, it seems certain that more adequate probationary services will not be available for some time. We are faced with a difficult situation in which there is either a lack of resources to hire trained personnel, or a lack of

trained personnel to hire even if the resources are available. Judge Wilfred W. Nuernberger of the Lancaster County Court in Lincoln, Nebraska has said: "there aren't enough professional staff now and there is little possibility that our professional training schools will be able to keep up with the increased demand for services."¹⁶ Gary Auslander, in his Master's Thesis entitled "The Volunteer in the Court,"¹⁷ has reached a similar conclusion. He says: "The prospects of ever securing a sufficient number of professionals in the field of corrections appears to be impossible." These comments are confirmed by the U.S. Department of Health, Education and Welfare in its report, *The Crisis of Qualified Manpower for Criminal Justice: An Analytic Assessment with Guidelines for New Policy*. The report states:

Probation/parole will probably continue to experience a serious shortage of qualified manpower. This pessimistic conclusion is based on an appraisal of existing resources and strategies: (1) social work education will probably continue to supply only a small pool of the M.S.W. graduates; (2) major gains cannot be expected in the near future from improved recruitment efficiency; (3) degree programs in corrections and public administration will furnish limited supplementary pools of manpower.

At the same time, the need for trained probation/parole personnel is apt to increase as: (1) the population expands; (2) the official crime rate is not reduced (and perhaps continues to rise); and (3) probation and parole are viewed as preferable (and cheaper) alternatives to incarceration.¹⁸

Finally then, one hundred thirty years after the concept of probation was originated by a volunteer, probationary service is faced with a serious lack of qualified manpower. To meet this crisis, the citizen volunteer has returned to the court in overwhelming numbers. In fact, it has been estimated that there are currently 150,000 to 200,000 volunteers serving the courts of our country.¹⁹ Although the volunteer in probationary service receives little public attention, the manpower implications of his efforts are enormous.

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3. *Peace Corps/71* (Washington), pp.2-3.

4. Metropolitan Regional Council, *Voluntary Action in Urban Communities: A Report from the New York-New Jersey-Connecticut Metropolitan Region* (New York, 1970), p.11.
5. Ramsey Clark, *Crime in America* (New York: Simon & Schuster, 1970), p. 21.
6. *Ibid.*, p. 55.
7. Ivan H. Scheier and Leroy P. Goter, *Using Volunteers in Court Settings: A Manual for Volunteer Probation Programs*, Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation Service, U.S., Department of Health, Education, and Welfare, JD Publication Number 477 (Washington: Government Printing Office, n.d.), p. 1.
8. Ivan H. Scheier (ed.), "Volunteer Courts Newsletter," III (June, 1970).
9. Charles Lionel Chute and Marjorie Bell, *Crime, Courts, and Probation* (New York: The MacMillan Company, 1956), p. 37.
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12. Charles L. Chute, "The Development of Probation in the United States," *Probation and Criminal Justice*, ed. Sheldon Glueck (New York: The MacMillan Company, 1933), p. 229.
13. Joe Alex Morris, *First Offender: A Volunteer Program for Youth in Trouble with the Law* (New York: Funk & Wagnalls, 1970), pp.7-8.
14. The President's Commission On Law Enforcement And Administration Of Justice, *The Challenge of Crime in a Free Society* (Washington: Government Printing Office, 1967), p. 144.
15. *Ibid.*, p. 167.
16. *Volunteer Programs In Courts: Collected Papers on Productive Programs*, eds. Ivan H. Scheier and Others, Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation Service, U.S., Department of Health, Education and Welfare, JD Publication Number 478 (Washington: Government Printing Office, 1969), p. 7.
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18. Herman Piven and Abraham Alcabes (eds.), *The Crisis of Qualified Manpower for Criminal Justice: An Analytic Assessment with Guidelines for New Policy*, Volume 1, "Probation/Parole," Office of Juvenile Delinquency and Youth Development, Social and Rehabilitation Service, U.S., Department of Health, Education and Welfare, JD Publication Number 564 (Washington: Government Printing Office, n.d.), p. 37.
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VOLUNTEERS AS PSYCHOLOGICAL TESTING ASSISTANTS

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Because of the severe manpower shortage in the mental health field, attention has been increasingly focused upon expanding the role of existing mental health specialists and creating new roles for so-called paraprofessionals and subprofessionals. The role of the volunteer in mental health over the last decade has also undergone many changes. Volunteers under supervision have served as interviewers, counselors, therapists, crisis intervenors, outreach workers and the like.

A group of specially trained volunteers has made a unique contribution to our Community Mental Health Center by assisting in the psychological assessment of children. All of the children who are hospitalized in our facility and many of the child outpatients are referred for a psychological evaluation. They range in age from 4-17 years and most come from poor families living in the City of St. Louis. The evaluation consists of a battery of psychological tests which are used to assess levels of intelligence, school achievement, cognitive-motor disabilities and cerebral dysfunction. In special instances, a full personality evaluation is also requested.

In the past, psychological assessment instruments were administered by professionals with a Masters or Doctoral degree. After the tests were completed, the psychologist would compile the data, interpret the findings in light of the case history and make recommendations to the staff physician. The entire assessment generally took 4 to 8 hours of the psychologist's time.

A number of years ago, several authors pointed out that administration of the tests could be separated from interpretation and report writing which requires considerable training and experience. It was suggested that highly trained technicians could assume the responsibility for administering the tests while the professional psychologist would assume responsibility for pulling together the information and producing a narrative report. The adoption of this suggestion resulted in the development of the position of the psychological technician.

While the creation of positions for psychological technicians helped matters greatly, there still remained a large discrepancy between the number of children referred for psychological evaluation and the number of evaluations that could be done. Previous experience in a private children's hospital demonstrated that specially trained volunteers could be effectively utilized as psychological technicians. Consequently, an effort was made to recruit volunteers to help the Psychology Department of the Malcolm Bliss Mental Health Center. The American Red Cross was good enough to supply the original group of volunteers. Since that time, word has spread and the hospital has received many inquiries from volunteers who wish to join the program. At one point there were 18 individuals on our waiting list!

All volunteers who are accepted in the program have completed at least two years in college. Most have a college degree. Without exception, they have had considerable experience as volunteers in other facilities before joining our program. Most have expressed the desire for more meaningful volunteer experiences. Their motivation has been extremely high.

Each volunteer tester goes through a ten-week training program. They meet with an experienced psychologist once a week for two hours at which time test administration, scoring, etc. are thoroughly discussed and demonstrated. In addition, they are expected to do about four hours of practice testing on their own each week. All materials which the volunteer trainees have collected from their practice testing are carefully corrected and discussed within the training group setting. There is also a great deal of discussion about hospital regulations and the ethical considerations which surround their use of the testing instruments. A portion of each session is spent talking about the kinds of behaviors they are to watch for while in the process of testing a child. Suggestions are given about how they might handle any problems that may arise. In the event that volunteer testers encounter difficulties which would interfere with the testing (a very rare occurrence), they are instructed to call the psychologist for help immediately.

Once the training has been completed, most volunteers work once a week for approximately five hours for children's services. During their weekly service, they administer and score psychological tests for one child. In general, about 5 different tests are given to each child. Their test results are given to the psychologist who reviews them and incorporates the findings into a formal psychological report.

We have found that the volunteer testers have made a valuable contribution to our children's program. They are excellent and reliable testers with remarkable enthusiasm. After their initial experience as volunteers in the testing program, many have decided to take additional studies which enable them to become psychological technicians. Volunteers have experienced little difficulty in being accepted by either the children or the staff.

In the past two years, six volunteer testers have joined our program. From June, 1971 to May, 1972 they assisted in the psychological evaluation of 119 children. They have provided the hospital with 476 man hours. If the same number of professional hours had been purchased by hospital, the cost would have exceeded \$10,000.00!

At this point in time, the psychology staff has come to regard the volunteer as an integral part of the department. It is difficult for us to imagine the department operating smoothly without our volunteer testers. Their services have been well received and greatly appreciated. Our success with the volunteer testing program suggests to us that there exist a great number of potential volunteers who are eager for specialized training and entirely capable of assuming a great amount of responsibility under professional supervision.

CLIENTS AS VOLUNTEERS*

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We are familiar with such phrases as "the missile gap", "the communications gap", "the generation gap", but seldom do we hear about what I would characterize as "the human services gap". Yet if we were to count the people who reside in our mental institutions, prisons, and nursing homes and add to these the 4.5 million who are severely disabled and the 14 million whose existence depends on welfare payments we would begin to get some measure of the human suffering and disability which indeed indicate that there is a gap in our human services delivery systems. Many of these millions who are so desperately in need of a variety of human services are offered only custodial and institutional care and become subjected to coercion and intimidation which serves to alienate them from society and to dehumanize their individuality. By any measure used, the disparity between the social, psychological and rehabilitative needs of people and the available financial and human resources to meet these needs is horrendous.

My assigned topic suggests a possible solution to the dilemma of "the human services gap". Why not simply convert clients, who have time on their hands to volunteer who could then provide the needed services? This notion sounds simple enough and we might well wonder why such an obvious arrangement is not more widely utilized. But the obvious often ignores the forces that operate in the practical application of an idea. Nevertheless, I am one who holds the view that the potential for clients to participate in our service delivery systems is largely overlooked by the helping professions in health, welfare, and rehabilitation agencies. I want to explore some of the professional attitudes and practices which inhibit such participation on the part of clients and to offer some guidelines, and principles and conditions which, I believe, can serve to unlock this human resource potential.

Historically, our culture has emphasized individual achievement in a laissezfaire competitive environment. We have never been sufficiently tolerant of people who do not achieve this norm and tend to perceive them as deviant. As our technology advances amid many complex social changes, the support and care of this vast pool of humanity become an ever increasing problem. Dr. Werner Mendel, Professor of Psychiatry at

the University of Southern California School of Medicine, has characterized these groups as the "resourceless people." He is highly critical of the traditional solution of "storing" these individuals in "monuments of chronicity" which carry the labels of hospitals, nursing homes, and prisons. One could add the welfare system and maybe even some rehabilitation centers to his "monuments of chronicity."¹

But labels are elusive and even dangerous when applied to people. For example, the late Whitney M. Young, Jr., Executive Director of the National Urban League, often emphasized the fact that people living in our ghettos and impoverished areas are anything but resourceless. Their ability to survive under the adverse conditions which characterize our inner cities points to the great strength, resiliency, and courage of these people who have learned out of desperation and necessity to support and sustain each other in circumstances which would defy the resourcefulness of any suburban dweller.

No human service gap is fully explained solely by the magnitude of the problem alone. On one bank of the gap are the people. On the other bank are the resources and delivery systems which we have established to meet the social and rehabilitative needs of various client groupings. Aside from the issues of public fiscal support, national commitment, and ordering of priorities, which are subjects in their own right, let us examine some of the methods and approaches we have hit upon in our service delivery systems.

Our institutional care systems tend to categorize people into providers and consumers--those who have something to give and those who receive. The relationship is usually a vertical one with a one-way flow from the giver to the receiver. Too often, the professionals and trained specialists among us regard themselves as sole possessors of the knowledge and skills to be used in the helping process. Professionals tend to retreat behind academic curtains and to justify their exclusiveness by accumulating scientific and technical knowledge to be shared by a chosen few. This proclivity of the professional along with the usually implied superiority of the provider over the consumer has served to separate the professional from the client. This professional distance--another gap!--is extended by the class differential between the provider and his client. The vast majority of our providers are in the middle and upper classes while our clients generally tend to be in the lower social and economic classes. Yet their resourcefulness, their ability to survive, their innate understanding of problems common to welfare clients, are invaluable qualities. Thus, these clients constitute a rich but neglected source of volunteer workers whose services could well be of enormous help to the professionals.

An issue for our consideration of the client as a volunteer is the one raised by the National Organization for Women of the women's liberation movement. In a resolution adopted at their Fifth National Conference in September 1971, they raised the issue of exploitation of women through volunteer work which, as they claim, "serves to reinforce the second class status of women and buttresses the social structures which keep women in a subordinate role." While they have no quarrel with voluntarism directed toward social change, they do view service-oriented voluntarism as unpaid labor used to alleviate social ills and which in turn lowers public pressure for a more equal distribution of the nation's resources.²

This issue can and must be raised even more pointedly with regard to the client volunteer, particularly if we look to a group of clients who are themselves without financial resources and whom we, in turn, would ask to contribute valued services without pay or without opportunity to advance toward income-producing work. This would seem to me to be a blatant form of exploitation which would be most difficult to defend.

Whenever one seeks to engage the services of people toward some common objective, one must consider what motivates people to act in ways which will achieve that objective. Maslow who has provided a concept of human behavior, was among the first to develop a dynamic theory of motivation.³ He views motivation in terms of a hierarchy of needs with the higher level needs activated to the extent that the lower ones are satisfied. He views man as an aspiring animal; as soon as a basic need is satisfied, a higher level need appears in its place. The process is unending and continues from birth until death.

At the lowest level are man's *physiological needs* for food, shelter, rest, and exercise. "Man lives for bread alone when there is no bread," but according to Maslow, a satisfied physiological need is not a motivator of behavior.

When physiological needs are reasonably satisfied, needs at the next higher level begin to motivate man's behavior. These are called *safety needs*—for protection against danger, theft, and deprivation. In common parlance, these constitute the need for the "fairest possible break." When man is confident, he risks more. When he feels threatened, his greatest need is for protection and security from harm.

When man's physiological needs are satisfied and he is no longer fearful about his physical welfare, his social needs become the important motivation for behavior—the needs for belonging, for acceptance, for giving and receiving friendship and love. Experience

bears out the fact that a closely knit, cohesive staff or family group can be more effective than separate, individual efforts in achieving organizational goals.

Above the social needs are the *egotistic*, relating to one's self-esteem and self-confidence--the need for independence, for achievement, for knowledge. Egoistic needs also include the need for recognition, for appreciation, and for the deserved respect of others. Unlike the lower needs, these are rarely satisfied but they do not emerge to any noticeable degree until physiological, safety, and social needs are reasonably satisfied.

Finally, and the capstone on the hierarchy there are the needs for self-fulfillment. These are the needs for realizing one's potential, for continued self-development, for being creative in the broadest sense.

Drawing upon Maslow's notion of a need hierarchy provides one possible explanation why the vast majority of people who are now participating in volunteer work is drawn from the middle and upper classes. It would seem that these people, having satisfied their physiological and safety needs, now experience the emergence of social, egoistic, and self-fulfillment needs and seek and gain satisfaction and expression through voluntarism. By contrast, a group of people who are preoccupied with the day-to-day necessity of meeting physiological and safety needs would have a lower potential for motivation to do volunteer work.

Clients who fall into the general category of those whose basic needs are not being met, should most certainly be afforded the opportunity to become volunteers, but additionally they should have the opportunity for special job training and work experiences which could lead toward paid employment. Certainly, as a minimum, there should be money allowances to cover expenses and some expectation that the volunteer experiences will lead to job qualifications.

Another well-recognized motivational factor, and one noted many years ago by Alexis de Tocqueville in his *Democracy in America*, is the proclivity of Americans to induce their fellow men into organizations that espouse causes. This tendency for people to band together for the purpose of acting on some common need or self-interest is the basis for many of our national organizations as well as for the increasing number of self-help groups which characterizes American life today. I view this as an extremely important generating force in approaching the question of the client as a volunteer in any human service system, such as welfare, rehabilitation, or health. Any effort to engage the client as a volunteer should always encompass some viable plan whereby client-volunteer representation is included in the program-planning and

policy decision-making process of the agency. Such a feature not only stimulates client interest, identification, and involvement, but becomes an essential input to the appropriateness and acceptability of services provided by any agency.

Traditional voluntarism has tended to parrot institutionalized helping systems in that the status of the volunteer, like that of professional staff member, is of a higher level than that of the recipient of the service. That is, one has something to give, in the old tradition of "noblesse oblige"; the other has a need to receive. The inclusion of client-volunteers in the service function and decision-making process can add new vitality of purpose and direction to any agency and, in turn, help further the American dream of participatory democracy. The challenge to engage the client as a volunteer in our welfare and rehabilitative agencies policies and planning is indeed a formidable one but one that holds great promise.

Long ago, St. Francis of Assisi, in his Prayer for Peace, said: "It is in the giving that we receive." More contemporary students of human behavior have discovered the "helper therapy principle" which suggests that the person who provides assistance to another with a similar problem frequently improves his own condition.⁴ Thus, the helper principle calls attention to the therapeutic aid accruing to the volunteer who puts himself in a helper role to another person with a similar problem. Undoubtedly, this principle has accounted for the phenomenal success of Alcoholics Anonymous, Recovery, Inc., National Association of Patients on Hemodialysis, Paraplegic Veterans Association, Blind Veterans Association, and many other self-help organizations.

Established agencies in health, welfare, and rehabilitation have not capitalized on this potential use of volunteers. The reasons are not clearly evident but very likely are related to our earlier discussions about professional distance from clients. But for whatever reasons, the question remains as to whether or not agencies indeed have readily available to them a rich source of volunteer potential in those clients who have benefited from the services of the agency. Unlike the clientele group who are in a day-to-day struggle to meet their basic physiological needs, these clients are on the road to coping successfully with their problems and have achieved a degree of independence, social functioning, and self-sufficiency.

Whether or not these clients can be brought into present agency structures as volunteers or must function only in autonomous self-help organizations is another question which remains unanswered.⁵ My own hope would be that both forms of self-help voluntarism can prosper and that established agencies will foster and promote further developments

in the self-help autonomous groupings as well as agency-based voluntarism utilizing the helper therapy principle. With regard to the latter, I am encouraged by developments within my own agency, the Veterans Administration.

For example, at the VA Hospital in Brooklyn, emphysema patients with only minimal supportive help from Social Work Service have organized for the purpose of mutual help and are mobilizing resources to meet a common problem. They have undertaken self-and family-educational projects and are actively involved in developing an emergency outpatient inhalation therapy clinic which will allow many of their members to leave their hospital beds and pursue a life in the community.

At our VA Domiciliary in Dayton, Ohio, older veterans of World War I and World War II have organized themselves into a group responsible for making contact with veterans returning from Vietnam, particularly the educationally disadvantaged, and encouraging them to use their VA benefits to further education and vocational skills.

A rather ambitious community mental health pilot project sponsored by the VA Hospital in Tuscaloosa, Alabama, provides for a professional team to go into the community when a veteran is experiencing a mental health problem. Instead of recommending a quick entry into the hospital, this team works with the veteran's family and other available resources to administer needed help in the community. Since the area covered by the hospital team is largely rural, most of the resources brought to bear on the individual and his problem are provided by local volunteers interested in the welfare of one of their neighbors.

As a final example, I would cite the experience of a number of VA Hospitals in operating self-help wards and communal homes. Groups of veterans are brought together, and with a mutual self-help concept they assist one another in making the transition from the hospital to the community and, later, in sustaining a successful readjustment to community life. Only minimal professional help is offered or needed.

Is the client as a volunteer a viable concept or just "pie in the sky"? If we approach the question with the simplistic solution that we need merely match the gaps in human services gaps with available client groups, we are doomed to failure. But if agency and staff perceptions of clients can change and if the agencies' practices and structures can be transformed into more imaginative, innovative approaches, I see great promise for the client as a volunteer.

I suggest the following guidelines and principles:

1. For those who are clients primarily because of their physiological need for food, shelter, clothing, and so forth, I would see a volunteer program which: (a) offers training, counseling, and assigned activities which carry the likelihood of future job placement; (b) provides compensation for any out-of-pocket expenses involved in training and in carrying out the volunteer assignment; and (c) gives representation in the policy and program decision-making process of the agency.
2. For clients who have benefited from health and rehabilitative programs, I would see a volunteer program based on the helping therapy principle using both individual (one-to-one) and group approaches. The volunteer assignments should be geared toward rehabilitation or health maintenance goals and coupled with the professional effort. Professionals should perceive such volunteers as enablers and not usurpers of professional prerogatives. The valuable insight these volunteers have into the agency's service program should be utilized as feed-back into the agency's decision-making authority and program design.
3. Agencies should actively encourage and support the development of autonomous self-help organizations. These efforts should be seen as supportive of rehabilitation goals rather than as competitive with established agency practices. Agencies should make every attempt to link the programs of self-help groups to their own programs.

And finally, I would offer a set of rights and expectations for voluntarism by clients:

- While a client should have the opportunity to volunteer, voluntarism should never be made a condition for receiving service.
- A client-volunteer should be afforded a peer relationship with others who serve in that role.
- The volunteer's assignment must be a purposeful one in keeping with his talents and abilities.
- The client-volunteer's life experience should be recognized for its unique value in the therapeutic process.
- The client-volunteer should be allowed to stipulate that his volunteer assignment encompass duties that will enhance his opportunity for paid employment.
- Client-volunteers should have representation in the program and policy decision-making processes of the agency.
- Client-volunteers who join or start to organize self-help groups within or outside the agency structure should be afforded professional help and support as needed and when requested.

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