

Training Volunteers To Work with Institutionalized Children



'SET A GOOD EXAMPLE'

By Jarene Frances Lee and
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THE "CHILD" TIPTOED AROUND the room, her fingers busy making purposeless motions. She spoke to no one.

The "volunteer" pursued her, calling her by name and urging her to sit at the table nearby so they could color.

In time the "child" allowed herself to be led to the table. She held a crayon briefly, then without warning jumped up and again began tiptoeing around the room.

The "volunteer" shrugged his shoulders and turned to the instructors saying, "What do I do now?"

This role-playing scene had just been enacted by two volunteers. They were participating in an orientation and training course given at Trenton, N.J., Psychiatric Hospital for new volunteers working with children hospitalized there. The role-playing exercises—there are 12 scenes in all—are the most unique and certainly the most important element of the three-hour course.

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The course was designed two years ago by Jarene Frances Lee, director of volunteer services; Val Casey, director of the social reeducation (SRE) program; and Michelle Merlino, assistant director of the SRE program. The trio began teaching the course, making some modifications in response to volunteers' suggestions. A year later Johna Peters became an instructor. A student at Trenton State College, Peters had been a volunteer in the children's unit for a year and had expressed an eagerness to contribute her experience to the training course.

Each of the four instructors regularly teaches a specific part of the curriculum, though the arrangement is informal and all four are free to comment at any point during the class.

The purpose of the course is to prepare new volunteers to work with children who are severely disturbed emotionally. For the most part, that means teaching them how to deal therapeutically with children with various behavioral problems: children who act out, those who are nonverbal and withdrawn, those whose behavior is inappropriate or bizarre, and those who are hostile, unpredictable and aggressive. Since working with emotionally disturbed children is different from working with emotionally disturbed adults, both the training course and assignments had to be tailored to the setting.

The important role which volunteers play in creating a therapeutic environment is not underestimated by the clinical

staff in the children's unit. Volunteers, in fact, are defined by hospital policy as "lay members of the treatment team." All three assignments which volunteers may have in the children's unit reflect this viewpoint.

A carefully selected group of adults serve as Best Friends. Similar to the Big Brothers/Big Sisters program, Best Friends are assigned on a one-to-one basis with a child who has minimal contact with his or her family and needs a quality relationship with an adult as well as exposure to a stable home environment. Best Friends are encouraged to take the child off the hospital campus and to participate together in appropriate community activities. Best Friends are required to visit at least twice a month.

Each Best Friend is supervised by the child's social worker, and together they define the therapeutic objectives of the relationship and periodically get together to evaluate the friendship.

A second assignment open to volunteers is to work in the social reeducation program. During the academic year, SRE runs an evening group activities program, designed for fun and therapy. It consists of such activities as crafts, recreation, cooking and community trips. During the summer, SRE runs a day camp, located adjacent to the hospital farm about a mile from the main campus. There the children participate in such camp activities as swimming and horseback riding. Volunteers help the paid staff plan and carry out both of these programs.

The third assignment enables volunteers to work with the nursing staff in the children's residences during their leisure time, usually after school from 3:00 to 5:00 p.m. As no structured activities are planned for this period, volunteers help the children make appropriate use of their leisure time. They may play indoor or outdoor games, read or simply talk.

In all three assignments emphasis is on creating a relationship—and therefore an environment—which is therapeutic. The orientation and training course helps prepare new volunteers to assume this important role.

The course begins with an orientation to the children's unit. Volunteers learn about its physical layout, the staff, the children, purpose of the facility, the treatment programs, and a review of the laws governing admission. The SRE director usually presents this segment.

The volunteer director then describes the role of volunteers, emphasizing the importance of serving as a role-model of normative behavior and verbally reinforcing such behavior. "Set a good example," the volunteers are told. Volunteers are cautioned not to feel responsible for "curing" the kids. Dealing with the underlying causes of their emotional problems remains, logically, the province of the professional staff. The volunteers are reminded, however, that every interaction with every child has the potential of being therapeutic.

The role-playing exercise is introduced by the SRE staff. It takes up approximately half of the course and, in the instructors' opinions, is the most useful and effective aspect of the course. It provides new volunteers with interaction situations before they actually begin working with the children. The scenes used are adapted from real life situations.

The role-playing exercise serves the purpose of

- presenting a semi-structured scene in which volunteers can react according to their past experiences and learning;
- allowing the instructors to guide the volunteers to gain insight into and an understanding of some aspects of the behavior that can be expected from the children;
- permitting enough freedom for volunteers to explore questions that arise from the situations enacted; and
- sharing ideas and opinions which can result in a creative change in attitudes

toward mental illness and identifying feelings in order to cope and communicate effectively.

This is how it works: The volunteers pair off. In each pair one volunteer will play the role of the "volunteer" and the other will play the "child." They are given statements with a general description of the situation they must enact. They do not tell each "actor" precisely what to do; the volunteers will have to ad-lib each scene as they go along.

After the pair has had a few moments to think about the scene, the "volunteer" reads his or her role aloud to the group but the "child" does not. The pair then acts out the scene. The following is an example of such a scene:

Child: *You are an autistic child functioning at a relatively low level. You are withdrawn and remote, deriving pleasure from walking around the room, staring at your hands and making strange motions with your fingers. Your attention span is very short, and you generally will not remain seated for more than a minute at a time. You are nonverbal.*

Volunteer: *You are assigned to work with a lower functioning child who you are told is autistic. The scheduled project is coloring with crayons.*

As the scene begins the "child" is in control of the situation because he or she is the only one who knows what he or she is about to do. The "volunteer" can only guess what is going to happen. One of the goals in this exercise is to create confidence in the interpersonal and communication skills of the volunteers so that they can cope with the new and unexpected types of behavior of the children. Coping means that they can begin to take control of the situation and guide the child toward more appropriate behavior. In this scene it means that the volunteer will be persistent in getting the child to color, even if it's for a short time.

Each of the 12 scenes makes a specific point. Some scenes, like the one described above, deal with behavioral problems. Others are conversational; for example:

Child: *You are upset because your SRE counselor has told you that since you did not earn enough points in the token economy program during the week, you have not earned your privileges. As a result, you will not be able to attend this week's field trip. You approach a volunteer, hoping to find a sympathetic ear—someone who will take your side. You*

stay near the volunteer, and when he or she starts a conversation with you, you air your troubles, such as, "I lost my points but I was good. It wasn't my fault, I said I was sorry. Why can't I go? I never get to go anywhere."

Volunteer: *While working with a group of older children you notice that one child seems upset and depressed about something. The child approaches you and stays nearby, seemingly wanting you to pay attention.*

As each pair proceeds to act out its assigned scene, the rest of the group observes, evaluating the "volunteer"/"child" interaction as it progresses. Some of the scenes are fairly difficult and the "actors" sometimes struggle with their roles. When this happens the instructors and the volunteers observing the scene may offer suggestions as to how to get or keep the interaction going. Occasionally a volunteer is too shy or inhibited to get really involved in the scene. Occasionally the volunteers misread or read into the situation something which was not intended. When this happens the instructors redirect or clarify the objectives of the scene. However, the volunteers are usually good actors. Often the role-playing is entertaining as well as educational.

During the group discussion which follows the enactment of each scene, the volunteers suggest other ways to handle the situation. Each suggestion is evaluated by the instructors; they share specific advice on how to handle each incident presented in the role-playing scenes. The volunteers are encouraged to identify their feelings, to observe carefully, and to evaluate each situation to know whether they can handle it alone or whether to seek help.

The anxieties and fears associated with working with the emotionally-disturbed as well as the personalities of the volunteers surface during role-playing. When these factors present such difficulties as misreading or reading into a scene, the instructors assist with creative redirection aimed at meeting the objectives of the course as well as the needs of the volunteers. They discuss any questions or problems that are brought up. This type of group process activity reinforces the caring and understanding attitude which the instructors hope to foster in the volunteers' relationships with the children and staff. Most important, the role-playing brings home the point that volunteers are expected to be effective, responsible

members of the staff—a part of the team. Parenthetically, this point is effectively demonstrated to the volunteers by the presence of a volunteer instructor.

In the final segment of the course, the volunteer instructor covers rules for volunteers. These include the ethics of confidentiality, volunteer/staff relations, the importance of being familiar with each child's treatment plan, and procedural matters such as signing-in. The major points are contained in a handbook and other material given to the volunteers during the course.

What do volunteers think about the course? In her final evaluation one volunteer wrote, "It really helped me a lot. There were many situations I wasn't really sure how to handle, such as . . . withdrawal or aggressiveness. I started to feel much more self-confident after the training class."

Another wrote, "The role-playing situations really helped me to realize how unprepared I was to deal with unconventional situations and impressed upon my mind how important listening and hearing are."

Of course the training course does not give volunteers specific solutions to every situation they might face. Instead, it offers a theoretical framework and simulated experience in preparation for their work with the children. It sensitizes them to the importance of their work, builds their self-confidence, and helps them develop a consistent approach.

As one volunteer commented, "It provided a good and necessary background. . . . The role-playing was an effective demonstration on how to handle several situations. Many things I learned while working could not be taught at the training class, and that's what and how you learn—through first-hand experience."

More than any other training technique, role-playing enables new volunteers to begin their work with self-confidence and an awareness of their importance in joint therapeutic efforts.

To obtain a copy of the role-playing scenes, write Volunteer Services, Trenton Psychiatric Hospital, Station A, Trenton, NJ 08625 or call (609) 396-8261.



The important role volunteers play in creating a therapeutic environment is not underestimated by the staff in the children's unit at Trenton Psychiatric Hospital. To prepare for their assignments, volunteers participate in 12 role-playing exercises. Janet Van Sise and Bob Bartleson (top left) enact one of the scenes, then watch as Barbara Faulkner (bottom left) and Diane Simone interact in a different situation. Volunteer instructor Johna Peters (right) observes.