

The Transitional Volunteer

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For the purpose of this article, the transitional volunteer shall be defined as a person who is currently in a state of transition, receiving professional counseling, and interested in volunteering.

This state of transition could be caused by a daily living crisis experience such as death of a family member; divorce; empty nest syndrome; change in, or loss of, job or residence; or rehabilitation from drug or alcohol abuse. This state of transition could also be caused by a chemical or biological difficulty.

The transitional volunteer is currently in therapy with a mental health professional, such as a psychiatrist, psychologist, social worker or school counselor. The understanding and placement of the transitional volunteer is a current issue. This article will not have all the answers, perhaps not even all the questions, but it is an issue that must be recognized and addressed before it can be resolved.

In the 1960s the professional volunteer administrator saw the concept of the traditional volunteer change. People from all walks of life united and volunteered for common causes. In the 70's the doors literally opened (and widened) for the handicapped and disabled volunteers. In the 80's we are seeing the deinstitutionalization of the mentally ill. Today the volunteer administrator works with the young student, the retired, the blue-collar, the corporate, the handicapped, the unemployed and the court-referred as well as the transitional volunteer.

The questions addressed here are: should the transitional volunteer be channeled in the same manner as other volunteers, and are there special needs that

must be considered when placing the transitional volunteer?

This article will explore the viewpoints of the transitional volunteer, the mental-health professional and the volunteer administrator regarding volunteering.

THE THERAPIST

Today many mental health professionals recommend volunteering to their clients (the transitional volunteer). The therapist sees volunteering as a vehicle to help clients develop and build an informal social network. More and more studies and reports are documenting the fact that people's physical and mental health can be improved when there is a positive change in their social interaction. Often the therapist sees volunteering as a natural way to rehabilitate the client, an informal way to ease the client into the community.

Many therapists consider volunteering a non-threatening, no pressure, no stress setting. By placing a client in a volunteer position, therapists are optimistic that good habits (such as structure, routine and scheduling) will return or perhaps be found. Therapists will recommend volunteering to improve the client's self-image and social skills to lead to the ability to fully function in an adult lifestyle and have maximum participation in the community. The therapist also considers volunteering a step toward paid employment.

In reality some of this, of course, is true. Volunteer experience, done correctly, can be a step toward paid employment.

Depending on the volunteer position and the particular volunteer, the client's

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self-confidence and self-image can improve. It is also possible that by helping and interacting with others there could be a noticeable improvement in the social skills of the client.

Employment, self-image and social skills are areas the client could improve by volunteering, but only if the client and the volunteer situation are appropriate to each other.

The therapist's view that volunteering is an informal and natural means to ease the client into the community is not accurate. There is nothing informal about a good volunteer program. It is as structured with job descriptions, interviewing, training and evaluation procedures as is any other department within an organization. A paid employee is not eased into a position, but is professionally oriented and trained, as should be the volunteer. Volunteering is a job, and all jobs come with a certain amount of stress and pressure. Volunteering is no exception. To expect a client to be placed in a volunteer position with no pressure is unrealistic; however, low pressure is possible.

The client, the potential transitional volunteer, may have a variety of reasons for seeking information on volunteering. The client may volunteer to please the therapist or may be fearful or resentful that volunteering was suggested but feels compelled to follow the recommendation of the therapist. The client may have unrealistically high expectations, thinking volunteering will be the means to solve the personal problems.

THE TRANSITIONAL VOLUNTEER

One of the characteristics of transitional volunteers is that, as a result of their perception of past failure experiences, they are very unsure of themselves. This self-consciousness can cause strong assertiveness. The volunteer may ask many, many detailed questions to make sure he or she gets the job done right, or may ask no questions, afraid he or she is not intelligent or capable enough to do the job. The transitional volunteer has a low tolerance to stress and frustrates easily, is very sensitive and will quickly recognize a patronizing attitude. Because of such timidity and fears, a transitional volunteer may sit in a near fetal position. This volunteer

has a difficult time making decisions and commitments, dealing with changes and schedules. Stress can occur just by making an interviewing commitment to be at a certain place at a certain time on a certain day. The transitional volunteer can be temporarily mentally stressed or chronically mentally ill.

The temporarily stressed usually function at a higher level and are diagnosed "temporary" because of a life change, such as death or divorce. This situational change triggers an emotional problem causing the person to over-react. The client functions normally most of the time.

The lower-functioning client is one who is diagnosed as long-term or chronically mentally ill. These are bright, sensitive people whose performances may vary according to the amount of stress they are under. Because such clients have had fewer success experiences, they expect to fail. They can also be uncomfortable around people and less trustful of the world because they have fewer satisfying relationships.

Both the higher and lower functioning client can be a productive volunteer.

It is necessary for the volunteer administrator to balance the current system with the innovative and creative to ensure proper placement of the transitional volunteer.

PLACING THE TRANSITIONAL VOLUNTEER

The volunteer administrator's first step in working with a transitional volunteer is to determine why the client wants to volunteer. The right to refuse the applicant belongs to the volunteer administrator. If the motive of a person is to appease the therapist or is otherwise unacceptable, or if it is doubtful the potential volunteer will fit into the existing structure, for the integrity of the volunteer program, the administrator must refuse the applicant and refer him or her elsewhere.

Placement of the transitional volunteer will depend on each applicant's capabilities. The lower-functioning volunteer will do well in a short-term, one-step, one-time project. Complicated tasks can be broken down into one or more steps. For example, in a large bulk mailing, stuffing, addressing, postage and sorting

could each be a separate job. All envelopes would be addressed, then all envelopes would be stamped, etc.

The higher-functioning volunteer should first be placed in a position with little or no responsibility. It is best to teach one task at a time, allow mastery and add the others one at a time. An example of this would be to train the receptionist volunteer in telephone procedures. Once she or he felt secure on this, begin training on the filing system. It is important to let the volunteer progress at an individual own pace, if possible. The higher functioning volunteer can make and keep a weekly volunteer assignment.

All volunteers need encouraging, but both the lower and higher functioning transitional volunteer need extra support and encouragement.

The volunteer administrator should go over the job description with the volunteer in a slow and precise manner, and the volunteer should be given a copy of the job description to take home. Placement should be in an area in which the volunteer is naturally good, with the reassurance he or she will do well. The volunteer should know where and whom to go to if there is a problem. Written evaluations (copy given to the volunteer) should be given regularly and explained verbally. The volunteer's specific behavior should be compared to the duties on the job description. The evaluation should include the positive, with constructive criticism confined to only one area at a time.

The amount of interaction among the transitional volunteer, the therapist and volunteer administrator is an issue not yet resolved. For example, should the volunteer bring a list of specific goals and a confidential release form when interviewing for a volunteer assignment? Is it the responsibility of the volunteer administrator to notify the therapist if there is a behavioral change in the volunteer? Should the therapist and volunteer administrator work closely together to help the volunteer achieve specific goals? Who (and how) will inform the therapist on the principles of volunteer programs? Who (and how) will educate the volunteer administrator on the behavioral patterns of the mentally ill? Do we need forms (release, acceptance, goals, etc.) for this?

We do not yet have all the answers. We do know that when the therapist and volunteer administrator work together to help the client achieve specific goals, the result is a better and productive community member and successful volunteer.