

ABSTRACT

Can the 12 steps of recovery programs and the Myers-Briggs Type Indicator (MBTI) complement one another in a team-building effort for a diverse, in-recovery, volunteer team? This article examines an urban, non-profit residential treatment center's creation of a structured volunteer program, and the integration of volunteers into the treatment program for teenagers in recovery from chemical dependency. The MBTI had previously been used in the agency to enhance relationships among paid staff teams and management. The author was the human resources director and facilitator for the volunteer program initiative described in this article.

Steps and Types: How the MBTI Helped a Treatment Non-Profit Develop an Effective Volunteer Program

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THE 12 STEPS

The efforts of the community of recovering alcoholics and addicts in the treatment of adolescent chemical dependency can be quite remarkable. Of the employees at the Northern California urban, non-profit treatment center, the Adolescent Recovery Hospital (ARH), 70 percent are in recovery either from chemical dependency or codependency. They are actively engaged in a 12-step program such as Alcoholics Anonymous, Narcotics Anonymous or Codependents Anonymous.

Each 12-step program is a fellowship of people who share their experiences with addictive behavior in the hope of supporting one another's recovery. There is no formal structure and no membership procedure other than a desire to stop the addictive behavior. Twelve-step meetings, free of charge, are open to anyone with a desire to stop drinking and/or using illicit drugs and to family members who wish to gain insight into the disease of addiction. The 12 steps provide easy-to-understand guidelines for behavior and attitude change. By following the steps, the alcoholic or addict learns to accept re-

sponsibility for actions and to commit to a drug- or alcohol-free lifestyle.

A deep commitment to its adolescent population and to the tradition of service found in the twelfth step drives the delivery of treatment at ARH. Those who choose to work in this field are not motivated by high salaries or symbols of power, but often by a need to "give back" and to "make amends" for behavior in pre-recovery lives. Deferment of personal gratification in favor of service to others is highly valued at ARH. This is seen in the acceptance of low salaries for work which is both physically demanding and emotionally intense and which requires working unusual schedules. Although the same can be said of staff in a great many social service settings, coeducational, residential, adolescent drug treatment is a unique, 24-hour environment of raging hormones, drug-seeking behavior, and verbal, physical, and sexual acting out.

Maintaining a compassionate treatment atmosphere for this population is a challenge. The tools learned working through the philosophy of the 12 steps helps to support a step-by-step, in-the-moment style of

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response when the teens' behaviors require correction. For example, Alcoholics Anonymous encourages the person in recovery to promptly admit when he or she is wrong. This behavior is both modeled for the teens by the staff, who practice this principle among themselves, and is taught to the teenagers at the time they are being corrected.

THE MYERS-BRIGGS TYPE INDICATOR (MBTI)

The human resources director at ARH was asked to coordinate the development of a volunteer program for persons in recovery to enhance and support treatment for the adolescents in residence. The volunteers would sponsor recovering adolescents in 12-step programs, be partners in supporting families after teens graduated from treatment, and provide transportation to meetings, among other activities. Sponsoring a newly recovering alcoholic is an especially important tenet of Alcoholics Anonymous for people who have been in recovery for a substantial period of time. The volunteer must be able to meet or call a sponsored teen who is having trouble saying no to drug use or drinking and guide a newly sober teen through the 12-step process of self-examination and commitment to sobriety. Accustomed to activities that promote self-discovery, the 12-step volunteers were an ideal group with whom to implement the Myers-Briggs Type Indicator (MBTI), a tool which also builds self-awareness.

The human resources director recommended to the executive director that the agency use the MBTI as a team-building tool for the proposed group as was done in earlier team-building efforts at ARH. The MBTI, a psychometric questionnaire developed by Katharine Briggs and Isabel Myers, is considered the simplest and most reliable tool to identify personality types. Table I describes sixteen personality types based on a person's preferred style of solving problems and interacting with others. Used in a variety of ways, the MBTI has helped people explore career paths, im-

TABLE I

Explanation of the 16 MBTI Personality Acronyms

ISTJ:	INTROVERTED, SENSING, THINKING, JUDGING These people are serious, responsible, sensible, trustworthy and matter-of-fact. They are the organizers of life's details.
ISFJ:	INTROVERTED, SENSING, FEELING, JUDGING These people are loyal, devoted, compassionate, and perceptive. They are committed to getting the job done.
INFJ:	INTROVERTED, INTUITIVE, FEELING, JUDGING These people are very independent, original thinkers. They are quietly inspiring.
INTJ:	INTROVERTED, INTUITIVE, THINKING, JUDGING These people are logical, perfectionists, and ingenious. They have the vision.
ISTP:	INTROVERTED, SENSING, THINKING, PERCEIVING These people are straightforward, honest, pragmatic, reserved. Don't discuss it—just do it!
ISFP:	INTROVERTED, SENSING, FEELING, PERCEIVING These people are gentle, caring, sensitive and modest. They believe action speaks louder than words.
INFP:	INTROVERTED, INTUITIVE, FEELING, PERCEIVING These people greatly value inner harmony and are idealistic. They make life kinder and gentler.
INTP:	INTROVERTED, INTUITIVE, THINKING, PERCEIVING These people are conceptual problem-solvers and contemplative. They are quietly creative, intellectual.
*ESTP:	EXTRAVERTED, SENSING, THINKING, PERCEIVING These people are active, easy-going, and spontaneous, preferring action to talk. They make the most of the moment
ESFP:	EXTRAVERTED, SENSING, FEELING, PERCEIVING These people enjoy the company of others and have a zest for living. They make work fun.
ENFP:	EXTRAVERTED, INTUITIVE, FEELING, PERCEIVING These people are full of enthusiasm and new ideas. They put people first.
ENTP:	EXTRAVERTED, INTUITIVE, THINKING, PERCEIVING These people love excitement and a challenge. They are clever and talkative.
ESTJ:	EXTRAVERTED, SENSING, THINKING, JUDGING These people are responsible and conscientious. They are natural administrators.
ESFJ:	EXTRAVERTED, SENSING, FEELING, JUDGING These people are friendly and sympathetic. They are everyone's trusted friend.
ENFJ:	EXTRAVERTED, INTUITIVE, FEELING, JUDGING These people place highest importance on the feelings of others and consensus. They are engaging persuaders.
ENTJ:	EXTRAVERTED, INTUITIVE, THINKING, JUDGING These people are natural leaders and decision-makers. They are assured and confident.

Adapted from *Type Talk at Work* by Otto Kroeger and Janet Thuesen (1988). New York: Dalcorte Press.

*Spelling idiosyncratic to the MBTI. Extroverted is spelled "extraverted" in all of Myers' work.

prove communication skills, and build more effective teams in the workplace.

ARH had been committed to team-building over time. Four years previously, the agency's clinical management team and the executive director observed that not only were increased culturally-sensitive, collaborative strategies needed in the treatment of adolescents and families, but also in the management, supervision, and development of paid staff and, ultimately, the organized volunteer group. It was at this time that the first MBTI interventions took place, first with the management team, and then with the entire ARH staff, team by team. ARH had chosen a certified MBTI trainer, experienced in working with clients in the 12-step and non-profit worlds, to facilitate training. The staff clearly had become more cohesive and focused as a result of the intervention.

The use of the MBTI in creating a common understanding and way of communicating was so successful that when ARH began a structured volunteer program, the decision was easily reached that all volunteers be trained in the MBTI to more quickly integrate them into the delivery of treatment to the adolescents housed at the facility. It was believed this shared communication approach would also greatly facilitate the acceptance of the volunteer program by paid staff and more quickly break down potential interpersonal barriers inevitably encountered in such a diverse setting. Continuing to use the resources of the MBTI also demonstrated the consistent commitment of the agency's executive director to enhance participative management and shared leadership.

Like the departmental work teams, it was anticipated that the volunteer teams would have a similar character, mission, and purpose and would be racially and ethnically diverse. They also would vary widely in levels of education and life experience, including sentences served in the criminal justice system. The desire to "carry the message" of recovery (Alcoholics Anonymous's twelfth step) to the teens and their families, shared by paid

staff and volunteers, would be an additional bond to support the training. All of these conditions supported the continuing use of the MBTI as a foundation for creating a cohesive volunteer team.

ARH was committed to diversity in recruitment of paid staff and volunteers to serve a diverse, urban community. The MBTI was chosen because of its innate respect of differences and its everyday, easy-to-learn language with which previously unacquainted individuals bond, identify a shared mission, and become a team. Even in culturally diverse settings, they learn to value differences in work styles through an explanation of the 16 personality types. When the members of a team learn the differences in their individual communication and problem-solving styles, they recognize areas of potential misunderstanding and conflict which help them anticipate and avoid some of the common obstacles encountered by newly formed groups. For example, conflicts often arise in the manner in which information is shared. A simple solution is to discover through the MBTI how many in a team are extroverted and how many are introverted, in order to help the group process information more efficiently and move ahead more quickly. Introverts prefer to think things through in advance of discussions; providing them written information before meetings will help them prepare their comments and not feel frustrated that the extroverts are talking things through too quickly.

The MBTI provides a tool by which to redefine conflict into preferred styles of behavior by explaining each communication style's merit and exposing the differing interests expressed by each in a safe and respectful way. This approach allows each person to step back and consider their own and each other's preferred style and find common understanding.

It was anticipated that building the new volunteer team would present the challenges and obstacles inherent in all start-up activities. The MBTI parallels the developmental stages of group growth described by Tuckman as "storming, forming, norm-

ing, performing, and adjourning" (Tuckman and Jensen, 1977). Each stage of group development has its own particular emotional, behavioral, and cognitive demands. The MBTI enhances communication, reduces misunderstanding, and encourages cooperation, keys to the formation of a successful team.

BUILDING THE TEAM

Once a commitment to creating a supervised volunteer program was made and planning for it completed, the director of aftercare and the human resources director began recruiting volunteers by sending an announcement to everyone on the agency's mailing list. Staff involved in 12-step groups spoke of the opportunity at meetings. The aftercare department told graduates from the treatment program and their families. Response from the families of successful graduates of the treatment program was strong. A small core group of treatment graduates, 18-years-of-age or older, with at least one year of recovery from chemical dependency was identified. Interested adults—some of whom were family members who had completed aftercare, as well as other supporters of ARH—were invited to a meeting at which the executive director, the director of aftercare, and the human resources director described the goals and responsibilities of volunteering for the agency.

After this meeting 11 young adults and 26 adult family members and ARH supporters committed themselves to volunteer for one year. They were told that a screening and training process was required to satisfy agency licensing standards, to which all agreed.

To support the process of developing a new volunteer program for ARH, the human resources director, the director of the aftercare program, and the executive director contacted the MBTI certified consultant who had trained the agency's paid staff. She understood the culture of the agency and the goal of the management team to build a collaborative and consensual decision-making environment. The

consultant and human resources director met with the director of aftercare services. The director of aftercare services would coordinate the new volunteer program, and plan the training and follow-up meetings for the next twelve months. The volunteer team, like the paid staff teams, was racially and ethnically diverse and of widely ranging ages and levels of education.

A session to introduce the MBTI was held for the volunteers, all of whom had completed the MBTI questionnaire mailed to them with a letter briefly explaining its history and purpose. Instructions to complete the questionnaire and send it to the consultant for scoring before the introductory meeting were included. At the meeting the volunteers were told how the MBTI was used throughout ARH to support work teams and enhance understanding and communication.

The volunteers were separated into "type alike" groups. A series of exercises demonstrated how differences can lead to misunderstanding in a group. An added benefit of the session was that the group members not only learned new information about one another, but also they had fun! They were reminded at the end of the first four-hour training session that they would have to attend two one-hour follow-up sessions using MBTI tools.

The profile of the volunteer team as a whole was dominated by ENFJs (see Table I). This personality type, characterized by an engaging and persuasive style of communication, was predominant among ARH's paid staff as well. This was consistent with expectations and, in fact, bode well for the success of integrating the volunteer team with ARH's management style and paid staff teams. It also reinforced a belief that some care-giving institutions are dominated by people who fit the ENFJ type: people who recognize the impact of their behavior upon others, are nurturing, and able to empathize. Building a team of such caring types can be a rewarding experience, but is sometimes complicated by its members' avoidance of constructive conflict and resolution.

The volunteer group went through growing pains in its "storming phase" as it formed an identity within ARH and sought to become cohesive. Trust among the team members was a most significant issue. Racial tensions arose. Interpersonal, class and economic issues, and concerns about access to treatment and post-treatment services for poor and minority teens were discussed. Voices were raised and tears shed especially around race and gender differences. Driven by a majority of ENFJs, a high value was placed on identifying and respecting feelings. The volunteer team survived because of the commitment of this non-profit service community to allow feelings to be expressed in a safe setting without fear of reprisal, and because of the insights provided by the MBTI workshops. The agency's paid staff, also heavily populated by ENFJs, were already educated in the communication tools provided by the MBTI and were ideal role models for the volunteer team. Further modeling for this style of communication was provided by the executive director, an ENFP (putting people first), who placed a high priority on relationship-building and visioning. He took every appropriate opportunity to include the volunteers in agency planning sessions with paid staff and respectfully entertained their suggestions and contributions, just as he did those from his management team and staff.

Throughout the year the volunteers worked to define their role and build relationships within the group and with the paid staff. They made quarterly presentations to all paid staff describing their activities and growth, cementing their position as an important component of treatment for the teens in residence and for families after graduation from treatment. Volunteers attended workshops in the larger community that addressed issues faced by volunteers in other non-profit settings. Some took classes to improve their understanding of substance abuse clinical issues. Of the 37 volunteers who started the year 33, or 90 percent, remained active at the end of the year (see Table II). Attrition resulted because two volunteers moved away to attend college, one left to care for an ill parent, and another withdrew from the program.

Both before and during the promised second and third one-hour follow-up meetings with the MBTI trainer, which occurred at three-month intervals, volunteers used the acronyms they learned in the training as a special shorthand to resolve problems and for team-building and cohesiveness. In other words, they were "talking type." They worked hard to integrate the volunteer program into ARH's day-to-day mission. The follow-up meetings reinforced the principles of the MBTI and provided experiential exercises to illustrate how individual differences

TABLE II
Volunteers at ARH by Type

ISTJ	ISFJ	INFJ	INTJ
1	2	4	0
ISTP	ISFP	TNFP	INTP
0	0	1	0
ESTP	ESFP	ENFP	ENTP
0	1	9	0
ESTJ	ESFJ	ENFJ	ENTJ
3	3	13	0

strengthen a team's ability to achieve its purpose. An interface, consisting of periodic meetings and a monthly volunteer newsletter, was created between the volunteer and paid staff teams using communication tools learned throughout the MBTI training to accelerate the process of acceptance.

By the end of the year the volunteer group was a respected and valued part of the agency's treatment team. Not only were the volunteers able to provide more chaperones and transportation to 12-step meetings and events for the adolescents in treatment, but they were role models and offered moral support to the teens and the staff. Further, some of the volunteers were given additional training by the aftercare department in peer-to-peer dispute resolution, peer counseling, and group dynamics. This training permitted some volunteers to help the adolescents in residence to peacefully resolve disputes as they occurred during the treatment day and to participate in selected group counseling sessions for teens and their family members.

SUMMARY

The amount of time and attention paid to team-building and valuing differences in this non-profit treatment community is to be commended. The families for whom services are designed all share the need for competent and sensitive interventions. Stereotypes and misconceptions *within* an agency between paid staff and volunteers and between volunteers themselves must be addressed in order to meet the mission of service to which all have pledged. The MBTI provides the tools to value differences, and allows for more productive in-

teractions with others in order to better deliver critically needed help.

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This book focuses on the usefulness of the MBTI for improving understanding and communication in the workplace.

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This is required initial reading for preparing to use the MBTI in any setting.

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