A GENERIC TRAINING DESIGN FOR ADULT SERVICES
VOLUNTEER PROGRAMS

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Division of Volunteerism
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INTRODUCTION

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Introduction

Adult services clients are defined as people 18 and over with a disability and/or those 65 and over who receive services through their local departments of social services. Volunteers need to be well prepared to provide the best service possible to this client group. The basis of this preparation is good volunteer training, one advantage being that it helps remove myths about disabled and elderly people.

Since working with volunteers in adult services is a relatively new emphasis for the Department of Welfare, this generic training design has been developed to aid local departments in providing training.

Various training approaches are explained, using a hypothetical adult services volunteer program to illustrate applicability. Any type of adult services volunteer program may incorporate, change, or build upon these approaches to satisfy its particular needs.

This generic training design considers those factors which stimulate the adult learner and describes methods that may be used to facilitate learning.

In addition, the design deals with evaluating a volunteer training program. Evaluation is important because it provides data on the success of the training, helps determine if redesign is needed, and identifies areas of need for future volunteer training.

Types of Training Programs

Four general types of training programs can be undertaken by a volunteer program. They are orientation, pre-service training, on-the-job training, and in-service training.

Orientation

An orientation program provides volunteers with information needed to function competently in their jobs. The information obtained through an orientation program should help volunteers feel comfortable about being a part of the volunteer program. It should also help them feel confident about their ability to do the job.

In addition to supplying basic information, an orientation program serves as a final screening tool for the agency and volunteers. Since this is the point at which volunteers receive their first comprehensive overview of the program, they have one more opportunity to decide if this is what they want to do. The agency is given the opportunity to observe the volunteers in interaction with other volunteers and staff. If the interaction shows that a volunteer is not suited for a particular job, the agency can direct that volunteer to other duties. This is particularly helpful in situations in which the volunteer coordinator may not be sure from the interview that the potential volunteer is suited for the job. The orientation program then determines the final decision for placing the volunteer.

Generally, the content areas for an orientation program in adult services include the following:

- Purpose of the volunteer program

- Goals and objectives of the volunteer program

- Definitions of basic terms, including technical jargon

- Characteristics and problems associated with working with older and/or disabled adults

- Organizational structure of agency

- Services provided by the agency

- The volunteer's role (review of volunteer job description)

- Physical lay-out, if any volunteers will be working in the agency

- Community resources available to the volunteer and his/her client

- Policies and procedures of the volunteer program

Pre-service, on-the-job, and in-service training programs may be considered more technical than an orientation program. Whereas an orientation program gives general knowledge about the volunteer program, these three types of training programs provide more specific information and skills that will help volunteers

develop and/or improve their compentency in doing their jobs. Yet these technical training programs are dependent on a good orientation program because volunteers need a solid background to help them understand the principles presented in pre-service, on-the-job, or in-service training.

Pre-Service Training

Pre-service training programs help volunteers become knowledgeable about the job before they actually begin it. In most instances, pre-service training consists of observation of paid staff or experienced volunteers in the under-taking of activities the new volunteers must perform. Seminars that review the technical aspects of the job and outside reading are also a part of this type of training.

On-The-Job Training

On-the-job training provides the volunteer with an opportunity to learn while doing. When a volunteer program utilizes this approach, volunteers have the chance to practice the skills they will use in their jobs. At the same time, the volunteers' supervisors provide them with immediate feedback on their performance and offer suggestions on how to improve.

In-Service Training

In-service training, sometimes referred to as continuing education, enables volunteers to increase their understanding of clients' behavior and to improve their skills. The content area for in-service training programs will be determined by the needs that staff and volunteers identify. Examples of subjects are counseling skills, new findings about older and/or disabled people, communication skills, reality orientation, and motivation.

A volunteer program may employ one or more of these training programs. The decision regarding which ones to use is determined by several factors. They are:

- Staff size--Agencies that do not have volunteer coordinators undertaking an adult services volunteer project must rely on staff willing to assume an additional responsibility. Such staff may not be able to do an extensive amount of training.

- Timing of volunteer recruitment--If many volunteers are selected for the program at the same time, it may be better to have a more structured training program rather than to do individual training of each volunteer.

- Nature of the job--Some volunteers do not require as much training as others. For example, a clerical volunteer will not need to know as much about working with older and/or disabled people as a volunteer in a one-to-one relationship with a client.

- The agency's time and resources available to devote to training-- This relates to the point about staff size. If workers have to perform all their other duties as well as supervise volunteers, there may not be sufficient time to devote to a formal training session. In addition, the resources the agency has for training may be limited, e.g., lack of space for a training session and lack of funds to provide training materials.

- <u>Time volunteers can devote to training</u>--The time devoted to training by the agency has to be weighed against the volunteers' available time. Many times, the staff will have to work around those times of the day best suited for volunteers. This may mean night sessions and/or training held over a period of weeks instead of all at onec.

Sample Training Design

Description: Companion Volunteer Program

Purpose: To help socially isolated older and/or disabled adults

Volunteer Responsibilities: Visit clients weekly, help with small household
   chores when needed, identify potential problem areas for clients such as
   lack of heat and food or ill helath, help to link clients with the proper
   community resources to resolve their potential problem areas, and help the
   clients develop a sense of self-confidence and independence so that they
   can continue to live in their own homes.

Type of Training: Orientation Program

No. Volunteers Being Trained: 10

Frequency of Training: Once a week for four weeks in the evening

   The following is the training plan for this orientation program:

Goals and Objectives of the Orientation Sessions
for the Companion Volunteer Program

1. Goal: To understand the role of the volunteer in the companion volunteer program.

   Objectives:

   A. To list 3 major job responsibilities of the companion volunteer program.
   B. To outline the procedure for helping clients resolve any problem areas a volunteer might identify in a visit.

2. Goal: To have a better understanding and appreciation of what it means to be an older person and a disabled person.

   Objectives:

   A. To identify 5 unmet needs of the older person and 5 unmet needs of the disabled person.

   B. To describe 4 ways an older person and 4 ways a disabled person is made to feel "left out" and suggest one solution for overcoming each one.

3. Goal: To understand how to establish a relationship with a socially isolated individual.

   Objectives:

   A. To list 4 factors of which a volunteer must be aware in dealing with a socially isolated individual.
   B. To describe 2 ways a volunteer can impede the establishment of a relationship.
   C. To then discuss how the impediments in #B can be overcome.

4. Goal: To be familiar with community resources available to older and/or disabled people.

   Objective: To list a minimum of 5 community resources and describe 2 services for each one listed.

What	When	How
Who's Here?	7:30-8:00 p.m.	Volunteer coordinator welcomes everyone. Then gives instructions for a mixer game so that volunteers can meet each other. <u>Instructions:</u> Volunteers will pair and will have one minute to tell each other something about themselves based on questions volunteer coordinator asks. Volunteer coordinator times everyone. At end of first minute, groups break up and form new pair to repeat process of responding to question. This is done until everyone has met everyone else. <u>Suggested Questions:</u> How do you like to spend your leisure time? What is a book or film you would recommend, and why?; Who is a historical figure you most admire and why?; Why did you volunteer?; What do you want to be doing in 5 years?; What is the most exciting place you ever visited, and why? At the end of the exercise, volunteer coordinator summarizes by stating that all have had a chance to meet and learn something about each other. (<u>NOTE:</u> This exercise is best done with a small group, no more than 14. If there are more than 14, the volunteer coordinator will need to specify small groups of three or four and allow two minutes for participation.)
What You Can Expect	8:00-8:15 p.m.	Volunteer coordinator reviews what will be covered during the rest of the orientation sessions.
Test of Knowledge	8:15-8:30 p.m.	Volunteer coordinator passes out a short quiz and asks volunteers to complete it. This is to get volunteers thinking about what it means to be an older person and a disabled person.
Break	8:30-8:45 p.m	

What	When	How
What It Means to Be an Older Person and a Disabled Person	8:45 - 10:00 p.m.	A person who works with older people, one who works with disabled people, and one or two older people and disabled people are brought in to discuss what it means to be an older person and a disabled person. They talk about the characteristics and myths of each, using the quiz as a starting point. Then they discuss unmet needs, how older or disabled people can be made to feel "left out" of the mainstream of community life, and how to overcome these situations. Volunteers are encouraged to ask questions. (NOTE: If video tape on characteristics of older people and disabled people is avialable, it may be incorporated into this segment).

<div align="center">END OF FIRST SESSION</div>

What	When	How
The Companion Volunteer Program	7:30 - 8:15 p.m.	Volunteer coordinator and staff that will superivse volunteers discuss purpose of program, explain how it operates, and thoroughly review volunteer job description. Volunteers are encouraged to ask questions. Also at this time, the volunteer manual is reviewed.
Break	8:15 - 8:30 p.m.	
The Companion Volunteer Program	8:30 - 9:00 p.m.	Volunteer coordinator reviews the procedure for helping clients resolve any problems that a volunteer might identify in a visit. Volunteers are asked to respond to sample problems with which they may be confronted. The group discusses the responses.
What It Means to Be a Volunteer	9:00 - 9:30 p.m.	Volunteer coordinator conducts a final review of the information disseminated during the evening by splitting the group in two for a game show format in which each side is asked questions. The team with the most points gets a "grand prize." The other team gets a "consolation prize."

END OF SECOND SESSION

6

What	When	How
Developing and Maintaining Relationships with Older/Disabled People	7:30 - 10:00 p.m. with 15 minute break	Someone experienced in relationship-building should conduct this session. A review is given of the causes of isolation for older people and disabled people. Four role play situations are then given concerning how to establish a relationship with the isolated individual. (NOTE : If video tape on these situations is available, it may be used instead of the role plays). The group discusses what was wrong in each situation and offers suggestions on other ways to handle the situations depicted. The consultant reviews the principles of listening and conducts an exercise on this aspect of relationship-building.

As a conclusion, the handout on developing and maintaining relationships with older or disabled people is reviewed. (NOTE: If available, the Friendly Visitor film may be shown here with the explanation that is an example of how a volunteer relationship can be established).

<p align="center">END OF THIRD SESSION</p>

What	When	How
Community Resources	7:30 - 8:30 p.m.	Volunteer coordinator serves as "Master of Ceremonies" for a game of "Hollywood Squares" in which staff serve as "celebrities" and volunteers are the "contestants" to test the volunteers on their knowledge of community resources. Allow 30 min. for this activity. Volunteer coordinator then distributes the list of community resources and discusses each agency's functions, referring back to the game to reiterate certain points as deemed necessary. A reiteration of the volunteers' responsibility to help resolve clients' problems is also made and tied into the discussion of community resources. Volunteers are encouraged to ask questions. An evaluation questionnaire on program is then given to each volunteer.
Closing Activity	8:30 - 9:00 p.m.	A get-together with refreshments is held for the volunteers who have completed the orientation program. Pictures of each one are taken for a display on the agency's bulletin board so everyone will know they are now a part of the agency's volunteer staff.

Suggested Handouts and Other Pertinent Information
for the Orientation Sessions
on the Companion Volunteer Program

The final component of the sample training design is an outline
of the handouts cited in the Schedule of Events as well as other
information needed to successfully execute the orientaion sessions:

Session 1--Quiz Handout*

1. When a person reaches 70, it means automatic retirement under today's laws.   T_____   F_____

2. A senile individual often experiences a disorientation to reality as he has known it.   T_____   F_____

3. Older people always repeat themselves because they do not remember as well as they once did.   T_____   F_____

4. All disabled people are handicapped and/or crippled.   T_____   F_____

5. Architectural barriers are a great concern to disabled people.   T_____   F_____

6. All disabled people and older people would be happier if they were living in special places instead of being a part of regular society.   T_____   F_____

7. Many disabled people have made exciting contributions to science, music, and other fields of endeavor.   T_____   F_____

8. Disabled people are courageous, brave, and inspirational by being able to overcome their handicaps.   T_____   F_____

9. Disabled people lead totally different lives than others do.   T_____   F_____

10. Older people do not require as large dosages of medicine as do younger adults.   T_____   F_____

Key: 1. F   2. T   3. F   4. F   5. T   6. F   7. T   8. F   9. F   10. T

*Note: If volunteers will work only with older people, use only those questions concerning them; if volunteers will work only with disabled people, use only those questions concerning them.

Session 1 - Script of Video Tape on the Characteristics
of Older People and Disabled People

Script for the Characteristics of Older and Disabled People

How Old is Old?

There were times, even in the United States, when old age began in one's thirties--around 1900, for instance, when life expectancy was about 47. Today most younger people define old age as somewhere in the sixties. When they get to their sixties, however, people tend to define old as "ten years older than me."

In the United States there is no initiation ceremony into old age. It can be anywhere from 50 to 90 . "Old" is not automatically a matter of birthdays, for there are health and psychological factors as well.

All too often, society defines "old" by number - for example, 60, 70, 80. Maggie Kuhn of the Grey Panthers refers to this phenomenon as "sociogenic aging," meaning the role that society imposes on people at a certain chronological age. Even more depressing is the extent to which older people themselves fall into this trap and accept this role.

Instead, we should concentrate on treating old age as a natural process and not an unavoidable disease. Just as you would want to be treated as an individual with respect and with recognition of your unique capabilities and skills, so do the elderly.

There are currently over 23.5 million Americans 65 years of age and older. By the year 2000, there will be 30.6 million, representing one out of every eight people in the country.

As a volunteer, there are many issues concerning the elderly of which you should be aware. Some of them are:

Income

In 1975, 15% of all older Americans fell below the poverty level. This represents 3.3 million persons. When the "near poor" are included, the ratio of older persons falling into this category is 25%. Inflation, rising health care costs, and fixed income are the main sources of economic problems for most older persons.

Health

The largest health care problem facing those over 65 concerns treatment of chronic conditions. These conditions include hypertension, heart, arthritis, and vision and hearing impairments. The number one effect resulting from any one of these conditions is the limitation of activities for most older people. (Medicare is still geared primarily for acute, short-term illness, not chronic conditions.)

Housing

Although up to 15% of those over 65 may need some form of short-term hospitalization, the vast majority continue to live in independent residential settings in the community. This is an important statistic, which belies the image of the elderly as a group of "senile old people shelved away in a nursing home."

Transporatation

The ratio of households headed by persons over 65, who do not own an automobile is 40%, which doubles that of younger age groups. Reasons for the difference include prohibitively high insurance rates, cancellation of insurance, and self-imposed limitations. However, public transportation is not heavily used by older persons, and there are particular problems of transportation in rural areas where both public and private transportation are unavailable.

Crime Victimization

The most frequent type of crime affecting the elderly is crime against property. It is really the FEAR OF CRIME, however, that is the crux of the problem for many older people. 28% of women and 17% of men rank fear of crime as a serious problem.

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In conclusion, there are many areas in which you as a volunteer can serve. For example, you can help the older person be as active as possible by providing transportation to appointments, shopping, and special activities. You can help older persons by reading to those with vision difficulties; by visiting and/or frequently calling those who are lonely and perhaps hesitant to leave their homes; by lending a hand with light housekeeping, shopping, cooking, and light yard work, thereby enabling them to maintain their homes; or you can help by simply letting these people know that you are there if they need you.

What is a Disability?

A disability is a severe, chronic condition of a person which:

...is caused by a mental or physical impairment, or a combination of such impairments;
...is likely to last for a very long time, perhaps forever; and
...makes it most difficult to do things in at least three of the following seven areas:

(1) self-care (eating by oneself, dressing oneself, and taking care of one's health)

(2) receptive and expressive language (hearing and understanding what is being said and being understood by others);

(3) learning;

(4) mobility (getting around inside and outside of home, school, and work);

(5) self-direction (making decisions about relationships with others and about jobs, education, money, and, other important things);

(6) capacity for independent living (living safely without assistance for at least half the time);

(7) capacity for self-sufficiency (working at a job and earning a living).

Attitudinal Barriers

Perhaps the most limiting factors in the potential for independence in older people are attitudinal barriers. These barriers include:

Prejudice	Discrimination
Ignorance	Dislike
Fear	Invisibility
Insensitivity	Insecurity
Bigotry	Discomfort
Stereotyping	Condescension
Misconception	Intolerance

As volunteers, we must be aware of and examine our own opinions and attitudes.

Myths & Facts About Disabilities

MYTH:

Disability is a constantly frustrating tragedy. Disabled people are courageous, brave, and inspirational by being able to overcome their handicaps.

FACT:

Disability is an inconvenience. Most disabled people do not sit around and ponder their disabilities all the time. They simply carry on their lives as normally as they can. Individuals with disabilities cannot be sterotyped any more than can other minority groups. Each person is an individual personality and, as such, each disabled person will deal with his or her disability differently.

MYTH:

All disabled people are handicapped and/or crippled.

FACT:

The terms, "disabled," "handicapped," and "crippled" are often used interchange-ably. In fact, the latter two terms carry negative connotations, indicating that a disability prevents someone from being a fully functioning member of society. A disability does not always present a handicap. Rather it often only means that a disabled person may do something a little differently from a nondisabled person, but with the same result and with equal participation.

MYTH:

Disabled people lead totally different lives than others do.

FACT:

Approximately 40 million U.S. citizens have physical and mental disabilities. Most disabled people living at home occupy their time just as you do. They go to work, go shopping, go out to dinner, raise families, and pay taxes. Chances are that when you meet a disabled person you will discover several similar interests.

When You Meet A Disabled Person

1. Offer help, but wait until it is accepted before giving it. Offering assistance to someone is only polite behavior. Giving help before it is accepted is rude. It can sometimes be unsafe, as when you grab the arm of someone using a crutch and the person loses his balance.

2. Accept the fact that a disability exists. Not acknowledging a disability is similar to ignoring someone's sex or height. But to ask personal questions regarding the disability would be inappropriate until a closer relationship develops in which personal questions are more naturally asked.

3. Talk directly to a disabled person, not to someone accompanying him. To ignore a person's existence in a group is very insensitive and it is always rude for two people to discuss a third person who is also present.

4. Don't park your car in a parking place which is specially designated for use by disabled people. These places are reserved out of necessity, not convenience. Some disabled people cannot walk distances; others need extra space in order to get wheelchairs in and out of the car. If you park in handicapped space it may be convenient for you, but totally prohibitive for disabled people.

5. Treat a disabled person as a healthy person. Because an individual has a functional limitation does not mean the individual is sick. Some disabilities have no accompanying health problems.

6. Don't assume that a lack of response indicates rudeness. In some cases a disabled person may seem to react to situations in an unconventional manner or may appear to be ignoring you. Consider that the individual may have a hearing impairment or disability which may affect social or motor skills.

7. Keep in mind that disabled people have the same activities of daily living as you do. Many persons with disabilities find it almost impossible to get a cab to stop for them or to have a clerk wait on them in stores. Remember that disabled individuals are customers and patrons and deserve equal attention when shopping, dining, or traveling.

Session 2 --Volunteer Manual

A volunteer handbook should always be one of the handouts that volunteers receive when they come into a volunteer program. Below are suggested areas for inclusion in a handbook:

--welcome letter from the agency's director

--organization chart

--listing of key terms and definitions in simple language

--rules and regulations

--rights and responsibilities of the agency to the volunteer

--information about record keeping, training, confidentiality,supervision, and benefits.

The Department of Welfare has developed a model volunteer orientation handbook. Copies may be obtained from the Coordinator of Volunteer Services, Department of Welfare, 8007 Discovery Drive, Richmond, Virginia 23288.

Session 2 --Sample Problems

You are visiting your client and you find...

1. Unsanitary conditions--unwashed dishes, garbage, and the client in need of a bath, shave, haircut, and clean clothes.

2. The client's cousin insisting she take more than the recommended amount of medicine for her high blood pressure.

3. The client has had no heat for three days and the phone is out of order.

4. The client complaining of harassment from his neighbor's grandson.

5. The client complaining about the bank being unwilling to take her Housing Authority rent money since she has misplaced her statement.

6. The client unconscious on the floor.

7. The client suddenly accusing you of taking her keys and money which she has just put in her bedroom.

8. The client trying to get you to go talk with his family about their mistreatment of him.

9. The client complaining about how badly his caseworker does her job.

Session 2 --Sample Questions for Game Show

1. What do you do when you first meet your client?

2. Who do you call when you have a problem?

3. Name one of your rights as a volunteer.

4. How often do you report your hours?

5. How often do you meet with your client?

6. How often do you meet with your supervisor?

7. What do you do if a client wants you to do something that is not part of your job description?

8. What is the name of this program?

9. What is the program's purpose?

10. What do you do if you cannot see your client on the day you are scheduled?

11. Who do you call after office hours when you have an emergency problem?

12. What do you do if you find you can no longer continue as a volunteer?

13. What is your supervisor's name?

14. What is the volunteer coordinator's name?

15. How often must you attend training as a volunteer with this program?

Session 3 --Video Tape Role Play Situations

How <u>NOT</u> to Establish a Relationship with Older or Disabled People

1. Friendly visitor volunteer, seeing a client for first time. Volunteer is nosey—looks into everything client has, picks up objects, opens drawers, asks client how long she has had certain things and if she wants to sell them to her, continually talks about herself, paying no attention to client. At one point, she does move the client from one chair to another for "better exposure to the light."

   Client is seen as timid, steadily withdrawing during visit. At beginning client tries to object to volunteer's actions. Says, "Be careful," then gradually ends as mumbler, shrinking into little ball.

   No interaction between them to draw out client.

2. Disabled client in wheelchair in need of transportation to doctor's appointment. Volunteer does not help person into car, but offers suggestions on how to do it from 10 paces away. Treats person as someone she doesn't want to be around. At one point, client asks for help and volunteer backs away.

3. Volunteer helping with crafts at a nursing home, does everything for the residents in sense of taking out of hands to do work because only her way is best way. (Says, "No, this way. What's wrong with you? Why don't you ever get it straight?") Offers to run errands for residents, then forgets about them.

   Clients reveal frustration and withdrawal or apathy. They don't do anything. One mumbles under breath, sticks out tongue behind volunteer's back, breaks something "accidentally."

4. Volunteer helping older client with grocery shopping—becomes impatient because client is slow, not sure of what she wants, and is excited about the shopping trip. Volunteer wants to get this over with as quickly as possible. Volunteer walks fast, drums fingers, looks into air, taps foot, looks at watch. Client acts excited about trip, can't make up mind about groceries; about half-way through shopping trip, asks volunteer to decide on things to get.

Session 3 --SUGGESTED Exercises on Listening as a Part of Relationship Building.

EXERCISE A: Listening Triads--Building Communications Skills

Goal:

1. To develop skills in active listening.

2. To study barriers to effective listening.

Group Size:

Unlimited number of triads.

Time Required:

Approximately forty-five minutes.

Materials:

1. Listening Triads Topics for Discussion Sheet for each participant.

2. Listening Triads Questions for Discussion Sheet for each participant.

Physical Setting:

Room large enough for triads to be seated apart to avoid noise interference.

Process:

1. The facilitator briefly discusses the goals of the activity.

2. Triads are formed.

3. Participants in each triad identify themselves as A, B, or C.

4. The facilitator distributes copies of the Topic for Discussion Sheet.

5. The following instructions are given by the facilitator:

    a. Participant A is the first speaker and chooses the topic to be discussed from those listed.

    b. Participant B is the first listener.

    c. Participant C is the first referee.

    d. The topic chosen is to be discussed by the speaker. It is important that he be sensitive to the capacity of the listener. They can establish nonverbal cues for pacing the discussion.

    e. The listener must summarize in his own words and without notes.

    f. If the summary is thought to be incorrect, both the speaker and the referee are free to interrupt and correct any misunderstanding.

6. Round 1 is begun. The facilitator stops the process after seven minutes and responds to procedural questions.

7. Participant B then becomes the speaker, participant C the listener, and participant A the referee. The new speaker chooses his topic and begins. Round 2 should also take seven minutes.

8. Then C becomes the speaker, A the listener, and B the referee. After seven minutes, the discussion in Round 3 ends.

9. The facilitator distributes copies of the Listening Triads Questions for Discussion Sheet, and triads discuss their process. Then generalizations about barriers to effective listening are elicited from the entire group.

Listening Triads Topics for Discussion Sheet

Each speaker chooses one topic.

1. Capital punishment

2. Prison reform

3. Drug use and abuse

4. Women's liberation

5. Foreign policy

6. Ecology

7. The new morality

8. Interracial marriage

9. Premarital and extramarial sex

10. Cohabitation

11. All-volunteer army

12. Political reform

13. Divorce

14. Homosexuality

15. The open classroom

16. The profit motive

Listening Triads Questions for Discussion Sheet

    1.   What difficulties did you experience in each of the roles--speaker, listener, and referee?

    2.   What barriers to effective listening emerged during the excercise?

    3.   What did you learn about the effectiveness of your self-expression?

    4.   What applications might you make of this paraphrasing technique?

(Taken from A Handbook of Structured Experiences for Human Relations Training, Volume 1)

EXERCISE B: Rumor Clinic--A Communications Experiment

Goal:

To illustrate distortions which may occur in transmission of information from
an original source through several individuals to a final destination.

Group Size:

Unlimited.   There should be a minimum of eight participants.

Time Required:

Thirty minutes.

Material:

1.   Copies of the Rumor-Clinic Observation Form for process observers.

2.   Newsprint and a felt-tipped marker.

Physical Setting:

1.   A meeting room.   All observers is seated facing an area where the rumor
     clinic staged.

2.   A separate room in which volunteers can be isolated.

Process:

1.   The facilitator asks for six volunteers.   (The rest of the group remains to
     act as process observers.)

2.   Five of the six volunteers are asked to go into the isolation room.   One
     remains in the meeting room with the facilitator and the observers.

3.   The facilitator distributes the Rumor-Clinic Observation Forms to the
     observers, who are to take notes on the proceedings.

4.   He then reads the "accident report" on the Observation Form to the volunteer,
     who may not take notes on what he hears.

5.   The facilitator asks a volunteer in the isolation room to return.

6.   The first volunteer repeats to the second what he heard from the facilitator.
     It is important that each volunteer transmit the message in his own way,
     without help.

7.   A third volunteer returns, and the second repeats what he heard from the
     first.

8.   The process is repeated until all volunteers but the sixth have had the message
     transmitted to them.

9. Then the sixth volunteer returns to the room. He is told that he is to assume the role of policeman. The fifth participant repeats the message to the policeman. Afterwards, the policeman writes the message on newsprint so the group can read it.

10. The facilitator then posts the original message (previously prepared on newsprint) so it can be compared with the policeman's version.

11. Observers are asked to report their notes. Volunteers then discuss their experience. The facilitator leads a discussion with the entire group on implications of the Rumor Clinic.

Rumor-Clinic Observation Form

Accident Report: "I cannot wait to report this accident to the police. I must get to the hsopital as soon as possible.

"The delivery truck, heading south, was turning right at the intersection when the sports car, heading north, attempted to turn left. When they saw that they were turning into the same lane, they both honked their horns but continued to turn without slowing down. In fact, the sports car seemed to be accelerating just before the crash."

Volunteer	Additions	Deletions	Distortions
1			
2			
3			
4			
5			
6 (Policeman)			

(Taken from a Handbook of Structured Experiences for Human Relations Training, Volume II)

Session 3--Developing and Maintaining a Relationship with Older or Disabled People

To build a satisfying relationship, the following elements must be present:

--a sense of <u>trust</u> and <u>confidence</u> between both the volunteer and client

--<u>confidentiality</u>: the client and volunteer know that the volunteer will not <u>discuss the client's</u> case with any unauthorized people

--<u>sensitivity</u> to problems: the volunteer is able to empathize with the client <u>without making</u> any judgments

--the ability to <u>patiently</u> listen to the client

--<u>acceptance</u> of the person and his/her lifestyle

--the ability to show <u>respect</u> for the individual

--the ability to build a <u>sense of self-confidence and independence</u> within the individual

--<u>reliability</u>: the client knows that the volunteer can be depended upon

Session 4 --Rules of "Hollywood Squares" Game

> Master of Ceremonies: Volunteer coordinator serves in this capacity, asking
> questions to celebrities and asking contestants to verify correctness of
> celebrities' answers.
>
> Celebrities: Staff sit at table, answering either correctly or incorrectly as
> they see fit, to questions M.C. asks.
>
> Contestants: Volunteers divided into group of X contestants and group of O
> contestants; each person in group takes turn answering. They verify if
> a celebrity's response is true or false.
>
> Other Information: Each question is worth 5 points, the first team to get a
> score of 50 wins. Questions asked are based on community resources available
> in the particular community. For example; What is the emergency telephone
> number? Where is the health department? What does the sheltered workshop do?

Session 4 --Community Resources

These areas are recommended for inclusion in a listing of community resources:

--transportation

--shopping assistance

--emergency assistance

--counseling and mental health services

--legal assistance

--Medicare

--Social Security

--SSI, retirement, disability, and survivors benefits

--safety and security programs

--fire safety and protection

--housing assistance

--hearing aid program

--meal sites and mobile meals

--merchant discount programs

--health services

--information and referral services

--homemaker and chore services

--food stamps

--local financial assistance

--Medicaid

Whenever a community agency is listed for a particular area, the address, telephone number, and a name of a contact person should be given.

Factors That Influence the Adult Learner

Several principles must be kept in mind when designing a training program for adults. They are important because they have a bearing on the success of the training effort.

The first and most basic principle is that adults learn differently from children. Those methods that would encourage a child to learn would not be the same ones that would encourage an adult. For example, a child learns his numbers by repeating them, but an adult could not learn accounting procedures by this mehtod. The adult learns them best through practice.

The second principle follows from the first--namely, training must have relevancy for adults. Therefore, all experiences should be based on the "here and now." The more the learning activities relate to the identified needs of the volunteers, clients, and staff, the more meaning they will have for the trainees, and trainees will be more likely to retain the information.

In turn, the third principle, involvement and participation, follows from the second one. When volunteers actively participate in the training, there is a greater chance of their remembering the information. An important aspect of this principle is the size of the training group. The larger the group, the more limited the volunteers' participation. Limited participation can mean that the information being conveyed may not be retained as readily as it could be with more active participation.

The fourth principle, flexibility, relates to the trainer's ability to facilitate information retention. The trainer must be able to change approaches if it becomes apparent that the group is not learning through the methods chosen. His/her responsibility is to use whatever methods are appropriate so that the volunteers can retain information for future use. Flexibility in approach helps to assure this happening.

The fifth principle relates to the shared responsibility of the training between volunteers and trainer. The trainer alone cannot be responsible for volunteers learning. As a facilitator, she/he is responsible for creating the best possible atmosphere for training. However, it is the volunteers' responsibility to make certain that they acquire the information needed to do their jobs.

The final principle concerns the physical aspects of the training. Volunteers will be more amenable to learning if they are in a comfortable setting. Therefore, consideration has to be given to a room's lighting, sound, furniture, temperature, and noise level. The volunteers' physical comfort also has to be considered. Time must be allowed for stretching and refreshments. The exact location of the training site is one more consideration. Sometimes it may be better to have the training away from the agency because the physical aspects of the agency may not be conducive to learning.

Methods to Facilitate Learning

Because people learn differently, a trainer must be able to employ a variety of techniques to help convey information to participants. As stated previously, these techniques or methods need to be interchangeable, since what works for one group may not work for another.

Different techniques are available to trainers. Following are descriptions of five with brief examples in the context of adult services volunteer programming:

1. Role Play--An impromptu acting out of a defined situation so that volunteers can gain insight on how to handle similar situations in real life. The role play usually has a set time limit and may involve two or more people. Usually, people are asked to volunteer for these situations. If they do not, the trainer may make assignments. At the conclusion of each role play, the group analyzes the behavior in terms of good and bad features and offers suggestions for improvement.

    Example:
    A volunteer comes to the home of a wheelchair-bound client to take him to a doctor's appointment. The volunteer has learned in her pre-service training how to assist wheelchair-bound clients, but she is nervous because this man is her first case. During the ride to the doctor's office, the client says nothing. How would you handle this situation?

2. Small Group Discussion--Groups of three or more people are given specific topics to consider. This type of exercise provides an opportunity for people to pool and/or share their ideas on specific subjects.

    Examples:
    A. Identification of ways to teach older people better nutrition habits.
    B. How to make the public aware of barriers to the disabled.

3. Case Study - An actual case is presented for study. The participants are usually given the case ahead of time and asked to study it. They are usually instructed to look for certain key elements. The participants then meet as a group and discuss the case.

    Example:
    A 73 year old woman was a resident of a rest home and needed someone to talk with because most of the things in which she was interested were not of interest to other people at the home. The history of the caseworker's involvement would be given along with certain critical incidents. The participants would be asked to read the case for the purpose of identifying various ways to have helped this client.

4. Demonstration--Participants are given the opportunity to observe a technique or piece of equipment in action. Then they are given the chance to practice what they have observed.

Examples:
A. Helping a wheelchair-bound person to get in and out of a car.
B. Helping an older person with arthritis to do certain exercises.
C. Completing forms for clients.

5. Lecturette--A formal or informal presentation by a speaker knowledgeable in a certain area. This method is best used when incorporated with something else, e.g., a talk on the characteristics of older people followed by a film, small group discussion, or role play situation.

Examples:
A. Characteristics of older people and disabled people.
B. Developing and maintaining a relationship with older people and disabled people.
C. What senility really means.
D. Nutrition tips for older people.
E. Drug use/abuse among older people.

Evaluation of Volunteer Training Programs

Evaluation is often the aspect of training that is overlooked. Yet it is perhaps the most important. After all, evaluation helps determine the extent to which training objectives were achieved. It helps determine whether or not the trainees can correlate what they learned with their volunteer jobs. Furthermore, evaluation can provide a guage of the trainees' feelings about the training and about the trainer's performance. Finally, it can identify areas for future training.

Without evaluation, volunteer coordinators may think they have done a good job preparing volunteers to do their jobs when they really need to improve their training programs.

The following example illustrates the areas that may be incorporated into an evaluation instrument:

<center>Sample Evaluation Questionnaire
for Orientation Program</center>

1. How would you rate the orientation program?
    excellent
    good   _____
    fair   _____
    poor   _____
    not worthwhile   _____

2. What did you expect to get from this training?

    Did you get what you expected?   Yes_____ No_____

    If no, why not?

3. What was the most valuable part of the training for you?

4. What was the least valuable part of the training for you?

5. What suggestions do you have for improving the orientation program?

6. As a result of this orientation program, in what areas do you feel the need for additional training?