THE DEVELOPMENT OF A VOLUNTEER DEPARTMENT IN A COMUNITY MENTAL HEALTH CLINIC *

Anne Umana Vargus, ACSW
Chief, Special Community Services
Greater Lawrence Guidance Center

We cannot pick up a newspaper, journal or magazine without reading of new and exciting programs utilizing volunteers; for today the volunteer movement is gaining tremendous momentum and sophistication, reflecting and paralleling the society which has mobilized it. It is a complex movement motivated by human needs which are being frustrated by accelerating social change, automation, mobility, national and international crises.

We see volunteers in the Peace Corps working with people in foreign lands who lack the basic necessities for healthy living; we see volunteers in the Vista Program working with people in overwhelming despair, poverty and deprivation; we see volunteers in the Massachusetts Commonwealth Service Corps helping people with various handicaps or problems which deprive them of a full, meaningful or even comfortable life; we see volunteers throughout the country demonstrating their disapproval of the status quo; we see youth volunteers attracted by the Red Cross Program for the elderly and we see volunteers in clinics, hospitals and facilities for the retarded or mentally ill expressing their desire to participate in programs designed to help others. Indeed, today's vol-

---

*An amended version of a paper presented at the Massachusetts Association for Mental Health Volunteer Conference, October 27, 1965, Boston State Hospital, Boston, Massachusetts

unteer movement is comprised not only of those from the upper and middle classes, rather it encourages the participation of people from all socio-economic levels. As part of the total movement, local and federal governmental installations are promoting and supporting these programs. Churches, schools, colleges and private agencies are encouraging these activities; and in this pandemonium, if you will, the professional is hopefully becoming less threatened by, and more positive about, the value and worth of these volunteer resolutions.

The current volunteer resolves, an extension of our historical tradition, stem from the very roots of our communities and reflect the inherent beliefs of a democratic society. These resolves should be channeled rather than inhibited, they should be guided not left undirected; they should be integrated into the mainstream rather than isolated, for there is much that can be accomplished by this groundswell of enthusiasm. At the Greater Lawrence Guidance Center (1) we have met the groundswell of volunteer interest with the resolve to guide, channel and integrate this valuable resevoir of talent from our community into the total clinic service program.

The Guidance Center, founded in 1954, serves the area of Andover, Lawrence, North Andover and Methuen. These municipalities encompass a population of 135,000 people. The Center is supported by the Commonwealth of Massachusetts,

---

[1]The author wishes to acknowledge the invaluable assistance of Mary D. Bain, M.D., Psychiatric Director of the Greater Lawrence Guidance Center, Inc., in the writing of this paper.

the United Fund of Greater Lawrence, the City of Lawrence, the towns of Andover, Methuen and North Andover, as well as by modest fees and generous donations. The Founders and Board of Directors of the Clinic represent various levels, economic and cultural, of the total community and of the different structures within it. This group of citizens is committed to the improvement of their community, and their involvement in the Guidance Center is a reflection of this committment. The Clinic is rather unique in that a large percentage of its staff are residents of the Greater Lawrence area. This high percentage, which at varying intervals has ranged from 40% to 100% of staff residing in the area served by the Clinic, has numerous implications relative to the whole concept of a community clinic. The multiple dimensions of this factor will not be discussed in this paper.

The Center is an outpatient psychiatric facility with services for both children and adults; its children's service is one of the few full and active members of the American Association of Psychiatric Clinics for Children. The Clinic has been recognized as a training center by the Harvard School of Public Health, by four graduate schools of social work in Massachusetts and by the United States Public Health Service. Plans for a graduate training program in psychiatric nursing at the master's level are currently underway. Clinic research is supported by NIMH, the United States Public Health Service.

The Greater Lawrence Guidance Center provides direct clinic services which includes crisis-focused treatment. It provides consultation to medical and non-medical professionals

in the community whose daily work is concerned with the health and welfare of children, adults and their families. It also provides mental health education for the local professional community, with courses for graduate and student nurses, social workers, teachers, general practitioners, as well as for the lay public, to promote broader community understanding of the clinic philosophy and services and its relationship to the total mental health needs of the area. The community also relates to the Center as a resource for mental health education through the Lilly Siskind Library, named in honor of the Founder and first President of the Board. This library, housed within the Center, has an excellent collection of books, periodicals and journals in the field of mental health and the behavioral sciences. The collection includes 600 bound volumes, 45 journal subscriptions and nearly 1000 pamphlets, reprints, and monographs.

The Clinic philosophy is based on the concept that a community psychiatric facility is by definition part of the community. This basic concept provides the philosophical foundation for the development of the Volunteer Department. In every community people desire the self-fulfillment found in the personal interaction with their neighbors. Mental health is achieved in an environment which provides opportunity for social usefulness and the attainment of human satisfaction. Programming for and with volunteers is based on these premises.

Prior to the establishment of the formal Volunteer Department, occasional volunteers

were recruited to assist staff on various time-limited programs. The services of these volunteers were given further impetus with the formation of the Friends, the Center's auxiliary. Chartered on January 2, 1962, the Friends organized to further the aims of the Center, to create community understanding of its programs and services and to assist with the Clinic's extra-budgetary needs. In retrospect, it appears that this group reflected the community's acknowledgement, understanding, response and acceptance of the Clinic's philosophy vis a vis the role and responsibility of the public it serves.

Within two years the Chairman of the Volunteer Committee of the Friends, despite the obvious progress of her various programs, had begun to state with conviction that the future of volunteer activities could only be assured if professional staff were made available for direction. Because the Chairman of Volunteers was not a staff person, she could not possibly be aware of total clinic needs and had recruited more volunteers than anticipated. Also, it was quite evident that she had neither the time nor the professional training to provide supervision. The volunteers felt neither part of the staff nor of the clinic program. These observations were acknowledged by the administrators of the Center who began active recruiting for a full-time, professional Director of Volunteers. In the process of recruiting a person for this position, it became clear that for the sound development of the volunteer program, a mental health specialist was necessary.

Our description of the Greater Lawrence Guidanc

Center and the community has been offered to provide the perspective needed to understand the structure, services and philosophy within which our Volunteer Department has been integrated. It is on this frame of reference that the Director of Volunteers relied as the actual Volunteer Department was further conceptualized and developed.

In November 1964, a full-time Director of Volunteers was appointed. A certified social worker, she had five years of psychiatric casework experience, group therapy, supervision of graduate social work students, placement and supervision of volunteers in a Veterans' Neuropsychiatric Hospital and experience in community organization. She brought to this position a strong conviction that volunteers have a vital role in a community clinic and, when properly deployed, make a valuable contribution in the provision of psychiatric services to patients. This conviction was obviously shared by the Psychiatric Director and Board as shown by their initial investment and continued interest in the development of the Volunteer Department. This support was of critical importance, for no program can function to full potential without the interwoven support of the Board, Administration and Staff.

Inventory, evaluation and development are three major and continuous dimensions of the role of any chief of service. Of key importance during the initial planning stages were the meetings between the newly-appointed Director of Volunteers and the Chairman of the Volunteer Committee of the Friends. These meetings were scheduled to take inventory of previous volunteer activities, their present

plans and future expectations; to appraise problems encountered or anticipated; to exchange ideas; to explore avenues for recruiting future volunteers. Meetings were frequent at first, but were held less often as the Director of Volunteers gathered and incorporated the Committee's ideas and expectations into the total developmental planning. In the course of these meetings, as the Friends' Chairman shared her judgement regarding the volunteers and her knowledge of the community of which she had been a long-time resident, it became obvious that the Chairman of this committee was a most valuable and resourceful person.

During this period, the Chairman also acted as liaison between her committee and the Volunteer Department. Four years later, she continues to function as the barometer of community reaction to the programs and services of the Volunteer Department.

The Director of Volunteers, again, as with any chief of service, has continuing responsibilities as innovator, communicator, leader within his Department, as well as a role of influence in the total organization. During the initial stages, weekly conferences were held with the Psychiatric Director and Director of Volunteers in which total clinic services, potential growth of clinic programs, and ideas and plans for the volunteers, present and future, were reviewed and appraised. Following these preliminary steps, the operational development of the Volunteer Department began with a REQUEST FOR VOLUNTEER FORM, designed as a referral and face sheet to be used by the staff for the VOLUNTEER CASE RECORD; and outline of the VOLUNTEER ORIENTATION COURSE; a

VOLUNTEER APPLICATION FORM; and a TIME CARD for statistical purposes.

Also during these initial stages, a preliminary report was requested by the President of the Board of Directors. We determined this request to be significant and directly related to their interest in the program. The Board was impressed with our prefatory efforts and clearly saw the program's potential for growth. They communicated their desire to be of help and through the years, have proven to be a resource for recruitment.

Clarification of function and program should be effected vertically from the Director of Volunteers and those to whom he is responsible. Therefore, it is deemed essential that integration and coordination of the program relate to the abstract super-structure and persons within it before it is worked out on a tangible service level. Thus, the exchanges between the Director of Volunteers and the Community, Administration and Board were essential steps in the integration of the formalized department.

Clarification of program function and responsibility should also be effected horizontally between the Director of Volunteers and his associates for obviously, staff will only relate constructively to what they know and understand. As the personal and professional relationships with the Director of Volunteers and the staff began to solidify, conferences with each Department head as well as with individual staff members were arranged to exchange ideas about the potential areas of volunteer service, interpretation of the volunteer's function relevant to service for patients and the administrative

structure of the Volunteer Department. Despite the staff's manifest expressions of acceptance, their initial latent resistance was obvious by the nature of their requests. Social workers tended to request service for children rather than for adults who were seen as "their patients"; requests from the psychologists were slow in coming. The response of the psychiatrists varied: one was enthused and quickly and regularly requested volunteer service; another was also enthused initially, but referrals gradually diminished; a third referred only cases with learning problems. The clerical department was the first to request volunteers. The volunteer turnover rate within this department, although high at the outset, decreased as the volunteers proved their worth. We were aware of these natural resistances and accepted them as an inevitable phenomenon in a total process. In general, resistance has been handled on a building-block basis. It was anticipated that in time, with demonstrated success of volunteer performance, staff confidence would develop, thereby lowering the defensive patterns. This approach has been somewhat successful, for we have not evidenced gross, chronic or insurmountable resistance to the use of volunteers.

Our preliminary study of the services to be performed by volunteers, a compilation of suggestions by staff, administration, and former volunteers, was by no means conclusive. We felt that increased use of volunteers would parallel not only the expansion of the clinic services with the concomitant increase in senior staff available for supervision, but the increasing skill and creativity in utilizing volunteers. The first listing of areas of need to be serviced by volunteers included:

(1) Indirect services, such as writing for our newsletter, typing, filing, stenographing, addressographing and bookkeeping in the library and the administrative offices; and (2) Direct service which included automobile escorts, individual or group sessions with children, adolescents, and adults who needed basic tutoring or cultural enrichment; and the formation of relationships with those emotionally deprived patients manifesting a need for support and ego-building. Waiting room assistants were also needed. Request for this service was based on a determination of the need for the provision of a healthy relationship via an activity program for siblings who regularly accompanied parents or other siblings to their appointments. It was felt that intervention through relationship activities with family members, part of the constellation currently in crisis, could be a preventive measure. This preliminary survey served to delineate areas for volunteer service in the Clinic. It further helped clarify the relationships between the volunteer and the professional staff and the volunteer and patient.

Once vertical and horizontal understanding of this program was clarified and a genuine need for volunteers was established, we began recruiting volunteers from a mailing list of 600 members of the Friends. The Chairman of the Volunteer Committee sent a letter to all the Friends introducing the Director of Volunteers. Following this introductory letter, a second letter briefly outlining the program with an enclosed return postcard to indicate degree of interest and availability was mailed by the Director of Volunteers. Out of 600, approximately 60 women responded, 25 of whom indicated

availability at that particular time. Others stated interest but requested that we contact them the following year. With the escalation of staff requests for volunteer service, we broadened our recruitment channels for adult and youth volunteers to include local high-schools, private academies, colleges and secretarial associations. Simultaneously, as the community became more aware of our volunteer department, churches, P.T.A.'s, social groups and individuals expressed interest. In addition, we applied to the Commonwealth Service Corps for ten full-time, paid, youth volunteers to staff a special therapeutic summer program. In essence, these volunteers were the basic staff of this Clinic project. The success of the program and the ramifications of the experience for these youth volunteers are so complex and extensive that we find ourselves unable to incorporate them into this paper. Because it has served a community need, this special summer program has been continued for the past four years.

There are many untapped resources in a community for volunteer activity. One very unusual and exciting program at the Center was provided by a local actors' group. A staff psychologist suggested that a group of volunteers might present a well-known mental health play in his teachers' seminar. This, he felt, would be a unique method of conveying psychiatric theory to this group, who had grown weary of the traditional lectures, films and discussions. The Director of Volunteers talked with a local theatrical group about volunteering their time in this new venture. The spokesman for the actors' group was delighted with the request, for this actors' guild, interestingly enough, see themselves as a community service. The even-

ing was such a tremendous success that a neighboring clinic requested a repeat performance as the highlight of their annual evening Board meeting.

Through the use of volunteers, a very active and successful program for the child with Perceptual Disability has been initiated at the Guidance Center. It is staffed by carefully selected female volunteers who are trained and supervised by a language training consultant. The program provides special tutorial services for children with Perceptual Disability who are seen one, two or three times per week. In this way, the community has been provided with a service heretofore almost unavailable, demonstrating how volunteers can backbone services not feasible within regular operating resources. (2)

The potential use of volunteers in an outpatient facility is unlimited. We have chosen to highlight a few of our specific and unprecedented projects here for the purpose of illustration. It is suggested that these illustrations serve as guides or models. Variations are contingent upon the creativity of the Director and the sophistication of staff in a particular setting.

Despite the various community groups expressing interest in our volunteer department, all screening has been individualized. The advantage of the individualized screening method

---

[2]A current and more detailed description of the Clinic's program for the child with Perceptual Disability was discussed in a panel presentation, "A Language Training Program in a Child Guidance Center", at the Fifth International ACLD Conference, February 1968.

is that it permits careful selection essential to building a program around the interest and natural abilities of the volunteer rather than around the designation of function. Secondly, it allows more careful matching of volunteers for the potential assignments and thirdly, it allows the time to outline clinic needs and services, to explain the function of the Volunteer Department, the role of the volunteer, the rules and regulations, standards of performance, and the methods to be used. These three steps are of critical importance in that they establish the climate of the department to which the volunteer will relate and sets the tone of the volunteer's future relationship with the Center. As the Volunteer Department developed, recruiting has been done only to fill specific requests from the staff so as to discourage a waiting list of interested, but unusable volunteers, which would have a negative influence in the community.

The selection of volunteers is the responsibility of the Director of Volunteer Services. The application interview, conducted in an informal manner, is scheduled with adequate time to enable the applicant to pursue any doubts or questions. In the selection of volunteers, the interviewer must sensitively explore motivation, attitudes, interests, qualifications or training, ability and willingness to dedicate time, willingness to adapt skills and capabilities to a particular job and flexibility to adjust them to the program, and willingness to accept training and supervision.

Volunteers interested in direct services must manifest warmth, understanding, sound judgment and an ability to relate to others with ease. These are prerequisites; for the fundamental contribution of the direct service vol-

unteer is warmth, spontaneity, and ability to relate. In addition to the volunteer's role and responsibility, the interviewer must allow adequate time for the discussion of the Center's role and responsibility to the volunteer. Despite these rather specific, theoretical guides for the screening interview, we have also found intuitive judgment to be a valid criterion for selection. This intuitive perception, however, remains only one of the many selection factors involved in the final analysis.

Often times, the interviewer's initial impression of the applicant in the waiting room is revealing. A volunteer applicant, who arrived a few minutes early for her appointment and began reading to a little child in the waiting room, presented a dramatically warm picture. Needless to say, this applicant was selected, and has proven to be an excellent volunteer. On the other hand, an applicant in her thirties who sat rigidly in the corner of the waiting room, who complained of the stairs to climb and noise of the children in the waiting room, did not seem a likely choice. Her firm request to work with children, yet her total inability to commit time confirmed our initial impression. While exploring her motivation, she was greatly relieved and indicated some self-awareness when she stated that she applied partly in response to social pressure which dictates that the wife of a doctor should do some volunteer work. We eased her guilt by supporting her many family and social committments which obviously allowed little time at that point for service at the Center.

The volunteer who has been accepted by the clinic needs orientation to the new under-

taking. Staff, too, may need review regarding the volunteer services. Unless staff know how best to use volunteers' services, relate to the volunteers' need to be accepted and given a place of dignity within the Center, the program will be severely handicapped. Orientation is a continuing process based on the turnover of volunteers and staff, professional resistance to changing roles, increased services and the introduction of volunteers into new areas.

Our Orientation Course for Volunteers is two hours a week for eight weeks. Open to all applicants and non-applicants, the Course is publicized by press releases in local newspapers and special mailings. Many are interested in taking the course for their own knowledge and this is welcomed; others attend in order to satisfy a pressing social need for companionship; others because of intellectual curiosity. We feel those who attend are potential community missionaries regarding the philosophy and function of the Clinic. Some who begin the course drop out after the first few sessions. This process of attrition is interpreted as a healthy self-screening mechanism, for volunteers who are not interested in the orientation course would probably drop out later. Many express ambivalence by spasmodic attendance, which is noted, and utilized in the screening interview. The primary purpose of the orientation course is to enhance the volunteers' identification with the goals and objectives of the clinic, thereby instilling a feeling of belonging so necessary for good esprit de corps. It also provides an opportunity for the Director, who attends each session, to observe sensitivities and quality of interactions as he begins evaluation of potential individual volunteers. These observations provide valuable insights which can be

utilized in the screening interviews.

The subject matter of the orientation course focuses on the philosophy, departmental structure, and staffing patterns of the Center; the roles of the various professional disciplines in the total treatment process; the functions of other available community agencies and resources; the meaning of illness, its inter-relationship with the past, present, future, and its effect on the person, family constellation and community; current mental health issues; the use of the relationship in the treatment process; and the role of the volunteer within the Center. Each session is led by an appropriate member of the Guidance Center Staff. This serves the two-fold purpose of giving potential volunteers an opportunity to relate to staff and vice versa, which hopefully results in correcting stereotypes and diminishing respective anxieties which reflect mutual insecurities. In addition to the Orientation Course, a series of eight to ten field trips to other community agencies are scheduled. These field trips are designed to widen the volunteers' frame of reference as they begin to place the clinic in perspective vis a vis the gestalt of community caretakers. Field trips include visits to the Welfare Department, Society for the Prevention of Cruelty to Children, Regional Psychiatric Hospital, Family Service Association, Probation Office, Young Women's Christian Association, Division of Child Guardianship, Boys' Club, State School, et al.

It seems timely at this point to state our definition of "volunteer". At the Greater Lawrence Guidance Center, we have defined volunteers as professional or non-professional unpaid staff members. This distinction is

important to note as so often we find in researching the literature, the term volunteer used interchangeably and synonomously with the terms non-professional, sub-professional, and indigenous worker. It would not be unusual for a professionally trained teacher, social worker, speech therapist, dietician as well as housewife, student, etc., to volunteer at the Guidance Center. When volunteers are screened, their respective backgrounds are of vital significance. We deploy, for example, a trained social worker to the social service department, a speech therapist to the special therapeutic education department, a dietician to work with a group of obese adolescents, a math teacher to a patient experiencing difficulty in that particular subject. On occasion, by request of the volunteer or by design of a specific request, assignments are not related to background; but this would be the exception rather than the rule. For example, a dental hygienist, whose professional training would not find a place within the Center, but who states in the screening interview that she has always found the greatest pleasure in teaching children good dental care, may, with training, prove to be an excellent remedial tutor. A very feminine mother states that rearing four boys has been most difficult as she had no brothers and little previous knowledge about the management and growth process of boys. When we talk with her about working with a culturally deprived five year old girl, her eyes sparkle. It is noteworthy to add that, since her experience here, she adopted a three year old girl.

Placement or assignment of the volunteer is a matching process, a utilization of all knowledge gathered about the emotional needs and qualifications of the volunteer with the

prerequisites for a particular service. Placement actually begins in the screening interview. During the placement interview, the Director of Volunteers should make clear the purpose and importance of the particular assignment, reassure the volunteer of her competence for this undertaking and make clear the resources arranged or available to her for supervision.

If the volunteer is assigned to an area of indirect service, she is introduced to her supervisor, the office manager, within the placement interview. If the volunteer is to participate in direct service, she is introduced to the professional staff person who has requested the volunteer service; this initiates the relationship with the supervisory and/or collateral staff which will continue during the course of the volunteer's tour of duty. All volunteers assigned to direct service are supervised by the Director of Volunteers or another member of the professional staff. Supervision conferences with direct service volunteers are scheduled weekly and range from a half hour to an hour depending on the material to be covered and the number of cases to be discussed.

Supervision of volunteers is a prime concern, and one would be truly remiss to underestimate its worth in the total process. It is here that a volunteer service distinguishes itself, for supervision represents the focal investment of the agency sponsoring the program. A volunteer responds, internalizes, and translates this investment into quality performance. Volunteers are no different than others in their need to feel that their work is meaningful and the investment of supervision may serve as a barometer for their measurement. They need

support and reassurance in their performance; they need an opportunity to explore, discuss and question. They need encouragement to go forward with confidence.

In addition to the regular supervisory sessions, conferences are arranged as needed, with the volunteer, therapist and Director of Volunteers to discuss case assignments. Here again, volunteers need, especially initially, to be supported, for they often feel inadequate and insecure with the professional. These conferences which can be initiated by either volunteer, staff, or Director of Volunteers not only serve as a method of communication but anchor the relationship between volunteers and staff.

In this paper we have reported the historical planning and development of our volunteer program, with a description of our method of formulation, integration, and coordination. We are cognizant that this description and appraisal is largely subjective and look forward to objective research which would reveal weak spots and highlight strengths. We would like to say in closing that in our experience the Volunteer Department has proven to be a most worthwhile pioneering venture. That the Volunteer Department has provided service to patients, has engaged and involved the community and has met the needs of the Volunteers is now a matter of history.

Now our questions must be, how far can we go and in what direction. Volunteers provide service at many diverse levels and it is important to underscore that they serve to bring the community into the clinic in a way that no other method has yet been able. As we contemplate the projected plans for the delivery of mental health

services to patients, it becomes apparent that volunteers must be an integral part of our planning and programs, for the community is being asked by planners and legislation to deepen its awareness of mental health needs and to take a role of leadership and partnership in the planning of services.

Our clinic's use of volunteers in the delivery of services to patients is indeed a milestone in community mental health programming.

BIBLIOGRAPHY

Barton, Walter, M.D., Administration in Psychiatry, Illinois: Charles C. Thomas Publishers, 1962.

Caplan, Gerald, M.D., Principles of Preventive Psychiatry. New York: Basic Books, Inc., 1964.

Rennie, Thomas A.C., M.D., and Woodward, Luther E., Ph.D., Mental Health in Modern Society. New York: The Commonwealth Fund, 1948.

Arffa, Marvin S., Ed.D. (ed.) Volunteer Administration. Boston, Massachusetts: Northeastern University, Center for Continuing Education. A journal. Vol. 1, No. 3, Fall, 1967.

Frank, Marjorie (ed.). Volunteers in Mental Hospitals. New York: The National Association for Mental Health, Inc. A pamphlet -- no date given.

Frechtman, Bernice, "Education for and by Volunteers -- The Psychiatric Social Worker's Role", Journal of Psychiatric Social Work, Vol. 21, No. 4, (June 1952), reprint.

"The Development of Standards and Training Curriculum for Volunteer Services Coordinators", Psychiatric Studies and Projects. (Feb. 1964), Vol. 2, No. 2, Published by the Mental Hospital Service of the American Psychiatric Association, 1700 18th Street, N.W., Washington 9, D. C.

"A Language Training Program in a Child Guidance Center", Greater Lawrence Guidance Center, Lawrence, Massachusetts, a panel. Participants: Mary D. Bain, M.D., Psychiatric Director; John M. Harmes, M.A., Chief, Psychology Department; Anne U. Vargus, ACSW, Coordinator, Special Therapeutic Educational Services; Reta V. Buchan, Language Training Consultant, Presented at Massachusetts ACLD Fifth International Conference, Boston, Massachusetts (February 1968).

The Significance of the Volunteer on the American Scene. Summary Report and Appraisal Workshop, April 17, 1962, New York, Published by the National Social Welfare Assembly, 345 East 46 Street, New York 17, N. Y., 1963.

Volunteers in Selected Casework Programs: Standards for Their Use. A report. New York: Welfare and Health Council of New York City, June 1956.

Volunteer Services in Mental Hospitals. Report of the Institute for Directors of Volunteer Services in Mental Hospitals. Topeka, Kansas, Feb. 8-19, 1960, published by The National Association for Mental Health, New York, 1961.