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Enhancing Volunteer Effectiveness: A Didactic and Experiential Workshop

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Enhancing volunteer effectiveness: A didactic and experiential workshop

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Abstract

Presented is an actual workshop to enhance the personal and professional development of volunteers and their relationship with others. This workshop is a follow up to information in the article, "Enhancing volunteer effectiveness" which appeared in the May/June (1996) issue of The American Journal of Hospice & Palliative Care.

Introduction

Recently, an innovative workshop was presented to new hospice volunteers in North Carolina as part of their initial training. This workshop focused on the characteristics of being genuine and congruent, having an unconditional positive regard, and an empathic understanding. In the article, "Enhancing volunteer effectiveness," published in the May/June issue of *The American Journal of Hospice & Palliative Care*, we suggested these characteristics be integrated into volunteer training as a way of further promoting the interpersonal relationships hospice volunteers have with patients/families and other hospice professionals. In this current article we provide a detailed outline of the training component focusing on the core conditions with a report on participant feedback. It is our hope readers will see the value in the training session and will be able to implement the concepts in their own volunteer training.

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Person-centered theory stresses the relationship between the care giver and client instead of diagnosing and using specific techniques.

The following workshop took approximately one to one and a half hours including time for participants to complete written evaluations. The format began with a lecture style overview (using flipchart) of the Person-Centered theory, a definition of the core conditions and their importance, and steps to integrate the core conditions into one's communication style. Participants were then divided into small groups and given scenarios to discuss with specific questions to be answered. After allowing approximately 30 minutes for small group discussion, the workshop facilitator read each scenario out loud and asked each group to share some general thoughts with the rest of the class. The training outline, as presented below, served as a handout on the lecture content and was provided to participants at the beginning of the workshop. At the workshop's end, participants completed a questionnaire on the core condition training.

Training outline

I. Overview of person-centered theory

Person-centered theory was developed by Carl Rogers in the 1940s and is a branch of humanistic psychology. Person-centered theory stresses the relationship between the care giver and client instead of diagnosing and using specific techniques. It maximizes active listening and hearing, reflection of feelings, and clarification. Rogers stated that the care giver's attitude is the key to a successful helping relationship. The core conditions of the necessary attitude consist of the care giver being congruent and genuine, showing unconditional positive regard, and having an empathic understanding toward the client. This approach is applicable to many person to person situations other than therapy and helps promote the potential for growth, wholeness, and inner-directedness.[1]

II. The core conditions

Congruence/genuineness is a characteristic that implies that an individual is "real" with the person they are speaking with. In other words, the individual does not hide behind a false front but provides honest communication about how s/he feels in a certain situation. This does not mean, however, that one should impul-

sively share all feelings since self-disclosure must also be appropriate.[2]

Unconditional positive regard is a deep, genuine, unconditional caring for the other person without judging his/her thoughts, feelings, or behaviors as good or bad. There is an acceptance of the other person(s) for "who they are" not "who they should be" or "what they should do." The client should be made to feel that s/he can express feelings and experiences without the risk of rejection.[3]

Being aware is an ongoing process and a critical first step in making positive change.

Empathic understanding is the ability to understand the client's subjective view of their experience in the "here and now." This begins when volunteers acknowledge the underlying emotions associated with the client's experience in relation to similar feelings they have had. The focus is on feelings, not necessarily the experience.[4]

III. Why it is important to understand and practice the core conditions.

1. Builds a trusting and caring relationship with others.
2. Helps one understand and acknowledge one's own biases and emotions.
3. Encourages one to be open and nonjudgemental toward others.
4. Urges one to be honest with oneself and others.
5. Ensures the best possible match between volunteer and patient/family.
6. Provides a foundation for continued personal and professional growth.

IV. Making the core conditions part of one's communication style.

Step 1: Be aware

Being aware is an ongoing process and a critical first step in making positive change. Awareness includes an openness and degree of curiosity to understand oneself and others simultaneously. Although this can be a difficult process for some, it is essential in fully developing one's personal attributes and ability to effectively communicate with others using the core conditions.

Awareness of self—by understanding and accepting who we are, we begin to live and interact with others in a genuine way. In other words, we are congruent with who we are on the inside and what we present on the outside. ("What you see is the true me!")

However, the "true you" may not be compatible with all assignments, which is why it is important for volunteers to discuss with the volunteer coordinator any reservations about an assignment prior to being placed.

Awareness of self includes:

- a) knowing one's personality;
- b) understanding why one chooses to be a hospice volunteer;
- c) exploring past feelings and situations one has experienced that may help or hinder their effectiveness with clients (*i.e.* anger, sadness, bitterness, hope, or the recent death of a loved one);
- d) discussing the various emotions a volunteer may feel during assignments;
- e) exploring one's own coping strategies.

Awareness of others - by understanding and accepting others, we begin to communicate with an unconditional positive regard based on respect. This does not mean we have to agree with a patient/families' lifestyle or type of services requested. What we accept is the other person(s') right to their lifestyle, emotions, and needs. This also helps in showing empathy toward the patient/family. Awareness of others includes:

- a) being open to learning about lifestyles and opinions that are different from one's own
- b) realizing that one's lifestyle and opinions may be viewed as odd or different by others
- c) discussing various situations volunteers may encounter.
- d) identifying the emotions the patients/families may experience

Communicating with other hospice professionals and peer volunteers is an important component of the training process.

Step 2: Share

Communicating with other hospice professionals and peer volunteers is an important component of the training process. By exploring and discussing one's feelings and attitudes in a small group format, volunteers gain feedback from one another and realize they are not alone with their anticipations and anxieties, which promotes an empathic understanding. In addition, volunteers are practicing being genuine in their interactions with others. Scheduling frequent team meetings among volunteers and other hospice professionals is an excellent way to reinforce the sharing strategy beyond initial training.

Step 3: Care

As hospice work is one of the helping professions, it is critical that the philosophy of care extend beyond the patient/family. Volunteers should also care

for themselves and their colleagues. Frequently, helping professionals put so much effort into assisting their identified clients that they unfortunately neglect themselves. It is important for volunteers to refrain from becoming so enmeshed in the patient/family struggles that they avoid "down time" from their assignment. If volunteers integrate personal leisure time into their lifestyle, they reduce the chance for "burnout." Listening to, and sharing with, other volunteers during training begins to set the stage for the continued care of oneself and other hospice professionals.

Regardless of the amount of training, there will be situations and reactions that cannot be accounted for in training.

Step 4: Prepare

Becoming aware of oneself and others, sharing in a "risk-free" setting one's thoughts and feelings about oneself and the various situations that might be encountered and learning to care for oneself and colleagues, gives volunteers insight and practice of the core conditions. Regardless of the amount of training, there will be situations and reactions that cannot be accounted for in training. However, if steps one through three are facilitated properly, then volunteers should prepare to begin their work with the skills, enthusiasm, and flexibility characteristic of the volunteers role.

Experiential exercises and small group discussion

In order for this training component to be successful, the trainer must set a "risk free" environment. Volunteers should be reminded that the class is a "safe zone" where any comments and feelings can be shared and will be respected without negative consequences or criticism. The trainer should proceed by dividing the class into small groups with three to four participants in each. A different scenario is given to each group with instructions to discuss the specific questions as they relate to the respective scenarios.

Scenario 1

George, your 66-year-old male patient, has lung cancer that has metastasized to other parts of his body. You know that, in the past, he has had several rounds of chemotherapy and radiation, both of which made him very ill and showed little affect on the cancer. George is not currently taking any treatment, nor does he plan to. He shares that he is now more interested in quality of life rather than quantity. When he talks about this, you notice his wife, Pam, seems to be very short tempered and leaves the room. George shares his feelings easily and cries openly sometimes. Pam usually tries to busy herself doing odd things around the house when you are there. George states that she tries to busy herself even when no one is visiting.

Scenario 2

Maggie, your 54-year-old female patient, has severe emphysema and congestive heart failure. During your visits you spend a lot of time reading and visiting with Maggie, which she enjoys and looks forward to. You have noticed, though, that whenever her husband and care giver, Mike, attempts to include himself she snaps and very quickly finds a task for him to work on. Sometimes Mike snaps back at her, but it never progresses further than a few sharp words. The couple's grown children have also been in the home on a few of your visits, and you have noticed that they talk to their parents in the same snappy tone.

Scenario 3

Katie, your 24-year-old female patient, lives with her sister and care giver, Barbara, and Barbara's female friend Judy. They have requested a volunteer to visit and help, but neither Barbara nor Judy seem very comfortable when you are visiting. Katie shares that Barbara and Judy are extremely close and a good support to her and to each other. In the few instances where Barbara has been emotional, you have noticed Judy is hesitant about comforting Barbara if you are nearby.

Volunteers should also care for themselves and their colleagues.

Scenario 4

Sam, your 55-year-old male patient has colon cancer. He has several grown children, all but one visits often. In your visits, you have found the family to be very nice and Sam's wife, Clara, to be a good care giver. When Sam was admitted to Hospice, the family openly shared the reason why one child, a daughter, doesn't visit. It is because Sam sexually abused her. He has admitted his guilt and sorrow over the incident more than once and the family has been through several years of counseling. Now that Sam's health is deteriorating, he talks more about seeing the daughter before he dies.

Questions for small group discussion of scenarios:

1. What are your personal reactions to the situation?

2. What are the underlying emotions the patient/family is experiencing?

3. What within yourself would allow you to be empathic?

4. If you found yourself disagreeing with the lifestyle, beliefs, or emotions of the patient/family after you were placed, how would you show unconditional positive regard?

5. If you knew this situation prior to placement and felt strongly about not working with this patient/family, how could

you be genuine in addressing this concern?

6. Do you have broad life experiences that may help you identify with your patient's emotions and struggles?

Participant feedback

At the end of the workshop, participants completed an eight question evaluation form reflecting the format and content of the "core conditions" training. Rating options were *Very Helpful*, *Helpful*, *Slightly Helpful*, or *Not Helpful* on the following questions:

- "How helpful was the training on empathy in preparing you to understand your patient/family's feelings?"

Providing examples is an excellent training tool and makes it easier for participants to understand the concepts presented.

- "How helpful was the unconditional positive regard training in preparing you to work with your patient/family without judging them?"
- "How helpful was the training on genuineness in helping you acknowledge and discuss your true thoughts and feelings?"
- "How helpful was the training in reducing any anxiety you may feel about volunteer work?"
- "How helpful were the handouts and reference materials used in the class?"

The majority of participants rated the questions as *Very Helpful* with a few ratings of *Helpful*.

Participants were also asked to expand on what they especially liked about the workshop and to provide any additional comments. Participants consistently favored the opportunity to express opinions, share experiences, and evaluate feelings and communications skills. One individual stated the interaction and case study helped "put it all together." In addition, the presenter was complimented for using examples of situations when lecturing. Providing examples is an excellent training tool and makes it easier for participants to understand the concepts presented.

The time frame for the workshop (one hour) was designed to supplement and fit within the standard communication block of training. Several participants, however, felt the core condition training should be expanded to two hours allowing for further review and additional case studies. This is an excellent point and should be considered by volunteer coordinators when implementing the workshop.

Conclusion

The purpose of the workshop was to help volunteers understand and practice the characteristics of being genuine/congruent, having an unconditional positive regard, and an empathic understanding. By design, the workshop provided a safe environment where participants became aware of themselves and others through introspection and sharing of thoughts and experiences. Also, learning to care about themselves and other hospice professionals was stressed.

...the workshop provided a safe environment where participants became aware of themselves and others...

The format of the workshop was a balance of short lecture with practical application using "real world" scenarios. By addressing the core conditions in this manner, volunteers were able to recognize in themselves the ability to use the person-centered theory in promoting the personal and professional development of themselves and others.

References

1. Corey G: *Theory and practice of counseling and psychotherapy* (5th ed.). Pacific Grove, CA., Brooks/Cole, 1996.
2. Rogers, C: *Client centered therapy*. Boston, Houghton Mifflin, 1957.
3. Ibid.
4. Ibid.

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