

CILT's Volunteer Vibes

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Welcome New Volunteers

Please welcome Diana Diaz to CILT's team of volunteers. Diana is originally from Colombia where she worked doing clinical laboratory work. She has also worked in other related areas including laboratory technology blood bank work. Diana will be volunteering at CILT two days a week. We are very happy to welcome Diana to our volunteer team

A Fond Farewell to...

We bid farewell to Poopalasingham Sureshwaran (Suresh) who has been with us for about one year. Suresh came in to the office twice a week and assisted staff with various clerical tasks. Suresh has moved on to a new volunteer opportunity at the Good Will, where he will be utilizing more of his accounting skills. We wish Suresh the best of luck in all his future endeavours.

Conflict Resolution -- Listening with a Willingness to Change

By: *Patty Rhule*

The following article was published in the most recent issue (Fall 2003) of "*Keeping in Touch*", a quarterly newsletter published by the staff at the Volunteer Centre of Toronto. I think that the topic of conflict resolution is a significant topic that is near and dear to the hearts of people in the workplace – employees and volunteers.

Repeat this mantra: **Conflict is good.**

When executive coach Timothy Ursiny holds sessions on conflict in the workplace, he first asks people to play the word association game with "conflict."

Fight, argument, bitterness, anger are just a few that usually come up.

"We really fear conflict," says Ursiny, author of *The Coward's Guide to Conflict*, due next spring from Sourcebooks. But people don't realize

that without conflict, few good ideas would arise, nor would an organization change or improve.

"Without conflict, everybody would be saying the same things all the time," says Rick Mauer, author of *Why Don't You Want What I Want?* (Bard Press). "Conflict allows you to have different points of view that allow somebody to see for instance, our membership is changing."

Adds San Francisco mediator James Strock (www.jamesstrock.com), "Conflict is part of life, it goes with dealing with change. Nonprofits tend to be aiming toward a leadership role, which by definition is an agent of change. "

Yet Strock has seen a tendency in the nonprofit world to avoid crystallizing differences or even accepting conflict. " Because they're not driven by a goal of financial success in a profit sense, measurements can be hard to come up with and it allows people to put off issues," he says. "It can be because it seems incongruous with the sanctity of the mission."

And that's dangerous. Refusing to accept and effectively deal with conflict can lead to delayed decisions, anger, frustration, loss of direction and ultimately, loss of valuable people.

To manage conflict effectively, a nonprofit must deal with issues of disagreement as an ongoing concern and make people understand how resolving conflict in a healthy way can build relationships and strengthen an organization. And conversely, how avoiding conflict can paralyze a group.

Often in nonprofit and volunteer-based organizations, the people who are drawn to work there are goodhearted people who sign on to the mission because they care - but are terrified of conflict, even seeing it as disrespectful. In fact, says Ursiny, "it's more disrespectful to have a conflict and not bring it up."

"One myth is if you are going to volunteer, it'll all be wonderful, there'll be no conflict at all," says Glen Wagner, a leadership coach and trainer with Advantage Coaching & Training in Wheaton, Ill. "We'll feed the homeless and do good work and it's going to be fun and everybody's going to love us. It's shocking when conflict arises."

A basic tenet of conflict resolution is people live and act from their own reality, says Dr. Tracey Manning, a social psychologist and senior scholar at the Academy of Leadership at the University of Maryland. And a key to resolving conflict is to **try to see things from another's point of view.**

The way people handle conflict arises not just from how conflict was handled in their homes when they were growing up, but also from how they feel about themselves. Are they confident, do they tend to trust others, do they tend to trust themselves?

Researchers have identified five different ways that people handle conflict: **by avoiding, accommodating, competing, compromising and collaborating**. The last two are the most constructive ways of handling conflict, Manning says.

In any conflict, there are two issues: Preservation of the relationship and achieving a goal. Conflict arises when you are frustrated in reaching a goal. The conflict avoider loses both the relationship and the goal; he or she is afraid of conflict, he gradually avoids the other person and loses the goal.

How do you make people feel safe with conflict? As in many things, it's a matter of trust. Emphasis must be placed on healthy relationships among board members, between board and staff, and between staff and volunteers, says consultant Susan B. Wilson (www.execstrategies.com). "People will not share their intellectual best if they don't first trust you."

Mauer quotes actor Alan Alda: "We need to listen with willingness to be changed. In resolving conflicts, the relationship with the other person is as important as the idea," says Maurer. "If I believe we should do X, and you believe we should do Y, the typical way of handling that is for me to argue you. If I have more power than you, it's an unfair argument. If I'm as interested in the relationship as the idea, I say, 'You're a right-minded person too. How are you connecting the dots?' and allow me to be influenced." *Reprinted from Volunteer Leadership, Winter 2003.*

Humanitarian Volunteers in the Field

Susan Ellis is the author or co-author of 11 books and more than 90 articles on volunteer management. The following excerpts are taken from the April issue of Susan's online Hot Topic column at www.energizeinc.com. The following article was excerpted from "The Volunteer Beat," June 2003.

The war in Iraq is the overwhelming news story of the moment. A leopard can't change its spots and I can't see a situation without thinking about volunteers. So I'd like to ruminate on conflict, politics, protest, and volunteering.

When Katie Noyes Campbell and I wrote the first edition of *By the People: A History of Americans as Volunteers* in the 1970s, we were disconcerted to realize that logical chapter breaks most consistently fell just before or just after a war. Military action evokes citizen action, and such activities have been remarkably similar from war to war. Yes, now we have the Internet as a new twist, but the purpose of the communication it fosters is the same: mobilizing people to a cause.

Take a volunteer perspective on the Iraq conflict and observe global response. Whether for or against the military action, its citizen activists -- volunteers -- who are taking to the streets to express their opinion and engage in public demonstrations. Projects conducted by volunteers to support the troops range

from collecting/sending lip balm and sunscreen to making it possible for deployed parents to read bedtime stories to their children from overseas. There are also many organizations from dozens of countries sending humanitarian aid to Iraqi civilians, especially food and medicine -- all with donations of time and money from volunteers.

Much of this activity is what we call 'spontaneous' volunteering, akin to the outpouring of service that occurred immediately after September 11th. Apart from the very real political beliefs expressed, consider other possible motivations for these volunteers:

War, just as natural disasters, leaves people frightened and feeling helpless. The act of doing something useful channels these emotions and allows volunteers to regain some sense of control over at least one small part of the situation.

Isolation increases fear. Volunteering brings people together with others who are experiencing the same crisis and reacting in the same way -- in this case, with those who are for or against the war. It's 'mutual coping' through support of one another.

Sitting at home listening to news reports requires patience and trust of the news sources. But helping out on site puts the volunteer 'in the know', seeing what is going on first hand and being a part of it.

If a loved one is involved (most especially if serving in the military right now), volunteering is a way to avoid panic and fear. It might be categorized as 'therapeutic self-help'.

As can be seen by this partial list of things that volunteers are doing right now, the activities are incredibly diverse and not every one offers emotional support. But the actual activity may not be as important as the doing of it. Volunteering is engagement. It requires getting up and out, affiliating with a cause, joining forces with others. In this way it is personally powerful.

Disability Awareness Corner

Friedreich's Ataxia is a slowly progressive disorder of the nervous system and muscles. The disorder, named for the physician, Nicholaus Friedreich who first identified it in the early 1860s, results in the inability to coordinate voluntary muscle movements (ataxia). This condition is caused by degeneration of nerve tissue in the spinal cord and of nerves that extend to peripheral areas such as the arms and legs.

That ataxia affects upper and lower limbs, and the head and neck. There is also a particular loss of the sensations of touch and pressure in the arms and legs.

Unlike some neurological diseases, Friedreich's Ataxia does not affect an individual's mental capacity.

Friedreich's Ataxia is not contagious; however, it is hereditary, caused by a defective gene that can be passed down through a family from one generation to the next. The word "ataxia" comes from the Greek word "ataxis," meaning "without order" or "incoordination." Sometimes the word ataxia is used to describe symptoms associated with infections, injuries or degenerative changes occurring within the central nervous system.

The hereditary ataxias include a broad range of physical changes occurring within the nervous system, making classification difficult at times. As research discovers the basic underlying cause(s) of ataxia, diagnosis of specific types of hereditary ataxia should become more precise.

What causes it?

It is thought that the gene(s) responsible for ataxia cause the body to produce an abnormal protein, which for some unknown reason causes the nerve cells to degenerate, thereby reducing nerve signals to the muscles. The cells affected are primarily in the brain (cerebellum) and spinal cord. As the nerve cells continue to degenerate, muscles become less and less responsive to commands from the brain, causing coordination problems to become more pronounced.

Friedreich's Ataxia is caused by defects, or mutations in the frataxin gene located on chromosome 9 that carries the *recipe* or *code* for a cellular protein known as "frataxin". Scientists believe the frataxin protein regulates the iron in our bodies. A prominent theory holds that frataxin acts like a storage depot for iron, releasing it only when it's needed. Friedreich's Ataxia doesn't affect parts of the brain involved in mental functions; it mostly affects the spinal cord and the peripheral nerves that connect the spinal cord to the body's muscles and sensory organs.

Everyone has two copies of the frataxin gene, one inherited from each parent. A person with one defective gene copy will not develop Friedreich's Ataxia but will be a "carrier" of the disease gene, who can then pass it on to his or her children. A person who inherits two defective frataxin genes will develop Friedreich's Ataxia. The disorder is said to be 'recessive' because it demonstrates this pattern of inheritance. In a recessive disease, it is necessary for both parents to be carriers in order to have a child who has the disease. When both parents are carriers, they have a one-in-four chance in each pregnancy of conceiving a child who will develop the disease.

What are the symptoms?

One of the most common recessive ataxias is Friedreich Ataxia, which usually begins in childhood or adolescence. Dominant ataxia often begins in a person's

twenties or thirties. This is sometimes referred to as Marie or Olivopontocerebellar Atrophy (OPCA).

While it is thought that many of the inherited ataxias have onsets early in the life span, there now appears to be good evidence that there are forms of hereditary ataxia which have onsets in the age range of 50-65 years. These may be inherited in either a dominant or a recessive pattern depending on family history.

Balance and coordination are affected first. What may just seem like “clumsy” movements may not be diagnosed until symptoms become more pronounced, often over a period of years. Coordination affects both arms and legs. Walking becomes difficult and is characterized by walking with feet placed farther apart to compensate for poor balance. A wheelchair may become necessary as the ataxia progresses. Lack of coordination of the arms and hands affects the person’s ability to perform tasks which require fine motor control such as writing and eating.

Ataxia can, in many instances, affect speech and swallowing. Fear of choking becomes very real when and if the ability to swallow and cough has been affected. Special precautions may need to be taken to prevent the inhaling of fluids and secretions. Most ataxias are progressive but are not always fatal, and do not always result in total disability. Ataxia can shorten the life span due to respiratory complications. In the recessively inherited ataxias, cardiac complications can be involved.

Coping with a progressive disorder often causes feelings of depression, anger, frustration and other emotional symptoms.

Typical symptoms may include:

- muscle weakness and loss of coordination (ataxia) in the arms and legs
- vision impairment, hearing loss and slurred speech
- aggressive scoliosis (curvature of the spine)
- diabetes
- a serious heart condition

How is it diagnosed?

Diagnosis is based on a person’s medical history, family history and a complete neurological evaluation. To supplement the evaluation, various tests may be performed which assist in the diagnosis and rule out other possible disorders which may present similar symptoms.

At this time, ataxia can not be diagnosed before symptoms appear. Currently, there are no specific blood tests to determine if an unborn child has inherited the ataxia gene.

Is there any cure or treatment?

Although there is no known cure for Friedreich's Ataxia, many barriers imposed by the disease can be treated. Orthopedic intervention, which may include surgery, can alleviate scoliosis, and orthopedic appliances and physical therapy can help prolong ambulation. Heart problems can also be successfully treated for many years with medication. Insulin therapy is effective in controlling diabetes.

How rapidly does Friedreich's Ataxia progress?

In most cases, the disease is slowly progressive. Scientists have described the progression of Friedreich's Ataxia in terms of two stages:

ambulatory - when the patient is able to walk; and
nonambulatory - when the patient requires a wheelchair.

What research is being done?

Scientists are conducting research into the biochemistry, neurobiology, and biophysics of central and peripheral nerves, heart and skeletal muscle, and the interactions between muscles and nerves to uncover the pathological process of Friedreich's Ataxia. In addition, in-depth studies of diabetes and heart disease are being conducted to determine their relationship with this neurological disorder.

Sources:

1. *National Institute of Neurological Disorders and Stroke; Bethesda, MO., USA, July 1/2001.*
2. *The Muscular Dystrophy Association (MDA); April 11/2003.*

Community Events

What it means to be a Volunteer

Bellwoods Centres for Community Living Inc. is holding workshops on "**What it means to be a Volunteer.**" The workshop is for adults (16 years and older) with a physical disability. In this workshop you will discuss volunteer work in Toronto, including the benefits of volunteering, resources for researching different kinds of opportunities, how you fit in, and how to apply. Get your questions answered by representatives from volunteer organizations including the Volunteer Centre of Toronto. Come to all three workshops to prepare to volunteer soon! Workshops will be held on the following dates:

Thursdays October 2nd, 9th

and 16th,2003 at
Bellwoods Park House Lounge
300 Shaw Street, Toronto
(Dundas & Ossington)

Workshops are free of charge. Refreshments will be provided. Registration is required, as space is limited. Call Yoli at (416) 530-1448. Plus, you can win a door prize!

Integrated and Disability Programs

Birchmount Bluffs Neighbourhood Centre's Integrated and Disability Programs is offering active living and wellness programs this fall:

Peer Support Club - enjoy and plan community events, outings and stimulating workshops. This is a member-directed club designed for adults with disabilities and meets about twice monthly (free)!

Fitness and Wellness Classes - integrated and adapted fitness/wellness classes. Classes include Qi Gong, Aquafit, yoga in the hot tub, low impact fitness classes. Some adaptations of exercises are offered and persons are welcome to participate at their level of ability and choice.

For more information and to register, please contact David Meyers at (416) 396-7606 or at demeyers@rogers.com. All workshops are held at Birchmount Bluff's Neighbourhood Centre at 93 Birchmount Road (at Kingston Road) in Scarborough.

SexAbility is holding social events for youth and young adults with mobility disabilities who want to learn and share information about relationships and disability. In September, the topic for discussion will be "**Healthy Ways to Communicate in Relationships.**" In this workshop you will explore answers to questions like:

- How do I ask him/her out on a date?
- How can I talk to him/her about my disability?
- I want to tell him/her that I'm in love!
- How do I tell him/her that I'm scared to have sex?

Saturday September 20, 2003
Anne Johnston Health Station
2398 Yonge Street (at Eglinton)
1:00pm - 3:00pm

Please RSVP to Suzanne by September 11th, 2003.

CILT News

Tanya Hyland, coordinator of the Project Information Centre (PIC) has resigned from her position at CILT to pursue a career at the University of Toronto, in their office of services to students with disabilities. We will miss Tanya and we wish her every success in her future endeavours.

In Tanya's place we welcome Petra Heinzlemann, one of CILT's volunteers. Petra is from Germany where she practiced law. She is also a consumer and is very aware of disability issues. We are happy to have Petra at CILT once again, although this time in a different capacity.

CILT's Volunteer Vibes is a quarterly publication of the **Peer Support Program**. If you are interested in volunteering at CILT, please call Nancy to request a Volunteer Application Package.

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Volunteer Vibes is also available on audiotape.

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