

# CILT'S Volunteer Vibes

**Volume 8, Issue 4**  
**March 2007**

## **International Volunteer Day Celebrates 12 Million Canadian Volunteers!**

OTTAWA- International Volunteer Day, December 5, 2006, celebrated the dedicated volunteers who work to make life better for others. And, according to the latest study on volunteering, Canada has a lot to celebrate! An astonishing 12 million Canadians volunteer their time in some capacity, contributing a staggering two billion volunteer hours each year.

Volunteerism touches almost every aspect of Canadian life—from art and culture, sport and recreation, education and research, health and social services, to the environment and religion. This year, as part of its promotion of International Volunteer Day, Volunteer Canada focused primarily on the contributions volunteers make to the health and safety of Canadians, to engagement and citizenship, and to the accountability of organizations in every sector through volunteer boards of directors.

“Canadian volunteers contribute in so many ways,” said Marlene Deboisbriand, President of Volunteer Canada. “For example, all of the 161,000 non-profit and charitable organizations in Canada have boards of directors comprised exclusively of volunteers! Volunteers are such an integral part of life as we know it, that they are sometimes taken for granted. International Volunteer Day helps to ensure that the contributions of literally millions of dedicated individuals in this country do not go unnoticed.”

Volunteer Canada promoted International Volunteer Day through an interactive website ([volunteer.ca/dec5](http://volunteer.ca/dec5)) which provides education about volunteerism in Canada and provides tools for organizations to plan and carry out their own promotional activities. In addition, a targeted media-based campaign was carried out.

“Volunteering is truly the lifeblood of our communities,” said Deboisbriand. “It brings people together—in hospitals, schools, playing fields, board rooms—for all the right reasons. It lets us give of ourselves, share our wealth and express our human values of community and caring. In short, volunteering helps us build better, stronger, healthier Canadian communities.”

Volunteer Canada is a registered charitable organization and a national leader with a mission to promote volunteerism in Canada. Working with community organizations, Volunteer Centres, businesses, charities, governments and

municipalities across the country, Volunteer Canada actively leads national dialogues and public policy discussions on how volunteerism is related to citizen engagement and civil society; actively promotes the role of volunteers and volunteerism in a civil society; and actively leads and creates mutual relationships with the Volunteer Centre network and volunteer organizations to enhance capacity, promote volunteerism and involve volunteers in community.

For more information on Volunteer Canada and International Volunteer Day, please visit their website at [www.volunteer.ca](http://www.volunteer.ca). Financial support for International Volunteer Day was provided by the Government of Canada through the Department of Canadian Heritage.

## **Managing Workplace Conflict – Part II**

**continued from December 2006 issue** © Malaspina College, [www.mala.ca](http://www.mala.ca)

### **Direct Discussion – How to Approach a Co-Worker**

#### *Don't talk to your colleague in anger*

**D**o not engage in a discussion while feelings are escalated; when you are angry your ability to use rational, problem-solving skills is impaired. Remove yourself from any situation where feelings are high and take the time to cool down and reflect. To find out more about the role of anger and how it can be channelled in productive ways review the section on *Managing Anger – Yours and Others*.

#### *Analyze and think about the problem*

Spend some time determining what the issues or problems are from your perspective. Try to consider the situation from the other employee's perspective and what their wants or needs might be. Separate the issues from the person - plan how to discuss the problem in a non-blaming manner. Often conflict is fuelled by inaccurate assumptions, misperceptions, and unmet expectations.

#### *Set time to have a discussion*

Arrange a meeting with the co-worker when you both have some time. Let him/her know that you wish to discuss the working relationship. Express your desire to have a good working relationship and to tackle issues that emerge jointly.

#### *Communicate effectively*

Use good communication skills. While being an effective communicator is always important, in conflict situations it becomes even more important.

### ***Be ready to listen***

Be open to hearing from the other person about their concerns. It is usually not a one-way street. The old adage that it “takes two to tango” often applies to conflict situations. We may be unaware of how we are contributing to the situation or how others perceive our behaviour.

Keep in mind that striving to understand the situation from the other person’s perspective does not mean that you share that perspective or agree with it. Conflict is not resolved by arguing with someone regarding what happened. Resolving the conflict involves understanding the other person’s perspective and having the other person understand yours. It also involves knowing what each person wants and needs in relation to the conflict issue.

### ***Work together to solve the problem***

Get the other person involved in solving the problem with you. Identify possible solutions and assess which option works best for both of you. Be open. This is not about getting the other person to agree to a solution you have already chosen. To really solve the problem it needs to be a mutual, sincere process of identifying, exploring and evaluating options in relation to what each person needs and wants.

If workplace problems that you and your colleague cannot solve are producing conflict in the working relationship identify the proper arena for addressing the issue, e.g. a department meeting, discussion with a supervisor or your dean, etc.

### ***Don’t vent to others - keep the matter confidential***

Imagine if you heard from a co-worker that a colleague was complaining about you. Hearing from others that someone is criticizing you “behind your back” often generates anger and the potential for the conflict to escalate.

If you find yourself talking to others about the situation and wanting confirmation from them that you are “right”, stop. Take a step back and think about the issue.

### ***Keep working at it***

Understand that sometimes it takes more than one meeting to really develop a good working relationship. Special attention may need to be placed on ensuring that clear and effective communication occurs with this colleague until a smoother working relationship has been attained.

**O**bsessive-Compulsive Disorder is an anxiety disorder characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Repetitive behaviors are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these so-called "rituals," however, provides only temporary relief.

### ***What are obsessions and compulsions?***

Obsessions are recurrent, persistent, unwanted ideas, thoughts, images or impulses that are experienced involuntarily, appear to be senseless, and feel out of control. They commonly intrude when you are trying to focus on thinking or doing other things. Obsessions are often accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done in a way that is "just so."

Some common obsessions include:

- fear of danger to oneself or others
- fear of contamination
- a need for exactness or order
- sexually explicit or repugnant thoughts

A compulsion is a repetitive behaviour - a ritual - that you feel driven to do, and seemingly cannot stop doing. Compulsions occur as a result of obsessions and represent your attempts to manage your incessant thoughts by doing something to try to settle them. For example, if an obsessive worry is whether or not the door was locked, then a compulsive response might be to check the lock repeatedly. Some common compulsive behaviours are:

- excessive checking
- counting
- silent repetition of words
- hand washing
- cleaning
- ordering / arranging
- touching
- praying
- hoarding

Obsessions and compulsions range from mild checking behaviour (did I lock the door?) to severe cases where you are unable to function based on compulsions having taken over normal life functioning. If we think of obsessive-compulsive

traits and behaviours on a continuum of varying degrees and intensities, most people experience them with little or no negative consequence on their daily lives and relationships.

When obsessions, compulsions, and perfectionist behaviours take up excessive time and significantly interfere with your daily life and relationships, it is time to seek help. When this occurs, the repetitive and seemingly out-of-control behaviours of obsession and compulsion may be indicative of a disorder that should be addressed with the help of a licensed professional.

If:

- you feel unable to keep up with your normal appearance and behavior,
- you can't work,
- you cut off connections with friends and families and are unable to socialize, or
- you can't take care of yourself and have trouble eating, sleeping, bathing, etc. it is time to seek help!

## **What treatments and types of support are available for OCPD and OCD?**

Behavioural therapy with medications seems to offer the best long-term improvement for the treatment of OCD. Even though you probably realize that your anxiety and behaviours are excessive and irrational, changing them is not a simple matter. Most people with OCD require assistance from a qualified therapist.

- **Cognitive Behavioral Therapy (CBT):** Generally viewed as the most effective form of psychotherapy for treating most anxiety disorders, CBT involves the use of such techniques as:
  - thought-stopping
  - gradual challenging of irrational behaviors
  - identifying triggers and separating them from the feelings of extreme fear and the desire to avoid certain situations
  - systematic desensitization focused on the physical sensations of your anxiety
- **Psychoeducation:** One of the difficulties with OCD is the confusion about this disorder. It is frustrating for the individual and family members to manage a situation that is so misunderstood. An early and important part of treatment is getting a good education in what is known about this disorder.

- **Medications:** Certain anti-depressants (usually SSRIs) or other anti-anxiety medications have had good success with many people who suffer from OCD. It appears that these medications act on the area of the brain which is functioning abnormally in those with OCD. This same area can be seen on brain scans of those with Attention Deficit Disorder and tic disorders, which may explain the co-occurrence of these difficulties in some individuals. Because of the triggering of OCD symptoms following certain infections in children, antibiotics may also be helpful in preventing the appearance of OCD.
- **Support Groups:** In addition to individual psychotherapy, it may be helpful for you to participate in a group with others who have also experienced OCD. Support groups can help decrease your sense of isolation and provide a compassionate way for you to stay engaged in activities in a supportive and safe environment.
- **Family Therapy:** If you have OCD, family therapy can assist you by relieving some of the ongoing stress for you and your family in coping with the disorder. Family therapy often fosters an environment that allows the individual with OCD to manage symptoms more effectively with his or her own therapy.

## CILT News

### Gateway to Cancer Screening: Project Update

Please welcome Tara Geraghty as the official Coordinator for the Gateway to Cancer Screening Project. Tara is a consumer with a Masters degree in Social Work, and has also had a lot of experience working in participatory research, the very foundation of the Gateway Project, along with experiential knowledge in group facilitation. Tara will be working out of the office of the Canadian Cancer Society, CILT's partner in this exciting new project. Tara will be the primary contact for the project.

The working group is currently putting together, piece by piece, the needs assessment which will be the primary data collection tool when we hold the focus groups. We will be speaking with women with mobility disabilities in order to find out what their experiences have been with regards to accessing the healthcare system, particularly cancer screening. Tara, in conjunction with the working group, has put together a brief synopsis of the project:

### Gateways to Cancer Screening: A Participatory Needs Assessment of Women with Mobility Disabilities

Women with disabilities have the same biological risks as other women for

developing breast, cervical and colorectal cancer, yet these women are routinely under screened. The current research indicates that barriers to effective screening for women with disabilities include lack of knowledge among these women of the need for preventive screening, neglect on the part of healthcare providers, and physical access barriers (Nosek, Young and Rintala, 1995; Welner, 1998).

The prior research, while providing convincing testimonials as to the experiences of women with disabilities, has failed to capture the diversity that exists, nor reflect the experiences of women with disabilities from diverse backgrounds.

The goal of this project is to determine the cancer screening needs of women with mobility disabilities and determine the gaps and barriers associated with accessing these services. This will be situated within an urban Canadian centre and strive to reflect its demographic and experiential diversity.

As we know, women with mobility disabilities are a diverse group. Therefore, with this in mind, we will be conducting focus groups with women who have mobility disabilities, and will be outreaching to diverse groups of women living with mobility disabilities, including women who identify as ethno-racial, aboriginal, lesbian/bisexual, may be living on fixed incomes We will be holding the focus groups in the spring of 2007.

We invite your participation in this exciting project. If you would like to be a focus group participant, or would like more information on the project, please feel free to call Tara Geraghty, Community Outreach and Research Coordinator for the project at (416) 440-3330 ext. 241. or by e-mail at [tgeraghty@ontario.cancer.ca](mailto:tgeraghty@ontario.cancer.ca)

### **Call for Research Participants:**

#### **Gateways to Cancer Screening: A Participatory Needs Assessment of Women with Mobility Disabilities**

If you are a woman living with a mobility disability who has experiences or views of what is needed to increase your access to preventive screenings for cancer, we would love to hear from YOU.

We are conducting focus groups with women with mobility disabilities in Toronto to determine their cancer screening needs and examine the gaps and barriers associated with accessing these services. Based on the focus groups, a series of recommendations will be developed and shared with key people involved in the delivery of screening services to enhance the cancer screening experience of present and future Toronto women with disabilities.

The focus groups will take place in early spring. Each participant will take part in one focus group, which will last for 2 hours. Refreshments will be served at the focus group, and each participant will receive an honorarium for their time and participation. Attendant services will be provided and transportation costs (equivalent to TTC costs) will be covered. Other accommodations may be provided upon request.

If you are interested in joining a focus group, or would like more information, please contact Tara Geraghty, Community Outreach and Research Coordinator for the project at (416) 440-3330 ext. 241 [tgeraghty@ontario.cancer.ca](mailto:tgeraghty@ontario.cancer.ca)

The Gateway to Screening Project is a partnership between CILT and the Canadian Cancer Society (CCS), with funding being provided through CCS. The working group for the project consists of CILT, CCS, Mount Sinai's Breast Health Clinic, University of Toronto's Faculty of Nursing, St. Michael's Hospital, Anne Johnston Health Station, Springtide Resources and consumers.

### **New Coffee Club for Adults with a Disability**

The Coffee Club concept was inspired by a Prime Timer, Carmen McGee. He wanted to create an opportunity for people to come together in an informal environment and chat over coffee. The group has already met a couple of times in the food court at Dufferin Mall. Both events have been a great success!

We hope to meet on a regular basis. Carmen chose Dufferin Mall because he felt that it was a very accessible environment, and that if people wanted to go off and do some shopping, they would have that option.

The next meeting will take place on Saturday April 14, 2007 from 2:00 pm to 4:00 pm. For more information or to RSVP, call Nancy at (416) 599-2458, extension 27, by TTY at (416) 599-5077 or by email to [peervolunteer@cilt.ca](mailto:peervolunteer@cilt.ca). Attendant services will be provided. However, as with the Diner's Club, transportation and food costs are your responsibility.