



Stone Soup  
P r o j e c t

# Stone Soup Volunteer Training

# Goals and Objectives

- By the end of the training, you should be able to:
- Identify the mission and goals of the Stone Soup Project.
- Use active listening skills while you work.
- Recognize key behavioral responses to energy work as demonstrated by select populations.
- Respond to situational behaviors within the scope of your role and refer for further care when indicated.

# Mission Statement

- Stone Soup is a collaborative of holistic health practitioners who believe all individuals should have access to wellness services. We are committed to ethically providing therapies and education in partnership with organizations that provide advocacy, education and services towards improving the health of their target populations.

# Vision Statement

- Stone Soup believes that each individual is equally deserving of access to the provision of wellness services. We are a collaborative of holistic health practitioners committed to building partnerships with organizations that provide advocacy, education and services towards the improvement of the health of their target population.

# Professional Standards for Volunteer Service

- A listing of professional standards for Stone Soup practitioners will be provided to you which outlines expectations for professional conduct and your treatment of clients.
- Submission of the SSP application will acknowledge that you have read and agree to abide by the professional standards.

# Your Role as a Practitioner

- If you accept a volunteer assignment, arrive on time at the requested location.
- If unavailable for a scheduled assignment, contact your facilitator as soon as possible to arrange for replacement.
- Bring equipment and supplies as requested.
- Upon arrival at client venue, contact facilitator and set up according to instruction.
- Provide services according to professional standards.

# Boundaries

- Boundaries define the limit of professional behavior, provide a professional and safe atmosphere for both client and practitioner, and safeguard both the client's and practitioner's dignity, autonomy and privacy.
- Give clear evidence of informed consent.
- If you believe that a boundary has been crossed, please contact your coordinator.

# Boundary Violations

- Abuse of power or a betrayal of trust
- Violations may be
  - Physical
  - Verbal
  - Emotional
  - Sexual
  - Financial
  - Lack of cultural awareness or sensitivity
  - Neglect



# Transference & Counter-Transference

- Transference: redirection of a patient's feelings for a significant person to the therapist. Could be erotic, dependent, rage, etc.
- Counter-Transference: when the therapist begins to project his or her own unresolved conflicts onto the client.
- Be aware and ask for peer support.

# Inacceptable Behavior

- Accepting/offering gifts or money
- Inappropriate physical contact
- Inappropriate dress
- Obsessing about client
- Excessive personal self-disclosure
- Socializing outside of the therapeutic relationship
- Providing special attention or treatment

# How to Prevent Violations

- Avoid discussing personal life
- Respect cultural/religious differences
- No socializing outside of sessions.
- Do not accept/offer gifts or money.
- Refrain from excessive touching or any other behaviors that could be interpreted as seductive, demeaning or abusive

# Communication: Active Listening Skills

- **Active listening** is a communication technique that requires the listener to feed back what they hear to the speaker, by way of re-stating or paraphrasing what they have heard in their own words, to confirm what they have heard and moreover, to confirm the understanding of both parties.

*Wiki*

# Reflection

- Repeating back what you just heard the person say to you.
- For example:
  - “I just heard you say how sad you are feeling today.”

# Rephrasing

- To restate in a new, clearer or different way.
- For example:
  - “He is driving me crazy.”
  - “I hear you telling me that he is behaving in some way that upsets you.”

# Reframing

- Changes the meaning of what is said and thereby changes minds by putting a positive spin on the statement.
- For example:
  - “When she looks at me like that, I think she hates me.”
  - “People sometimes cover up their hurt with a scowl.”

# Non-Verbal Behavior

- 90% of all communication is non-verbal.
- Eye contact
- Filling up one's own personal space
- Gestures e.g. head nodding
- Reassures the individual that you understand what s/he has said.



# Our Clients May Include

- Seriously or terminally ill
- Children (autistic, abused, learning disabled, traumatized, bereaved)
- Abused adults (domestic violence, adult victims of childhood abuse, bereaved)
- Older adults (dementia, bereaved)
- Military personnel and their families (PTSD, TBI, and body image disturbances)

# Working With Seriously or Terminally Ill Clients

Clients may verbalize or exhibit:

- Anxiety or Depression
- Physical Pain
- Fatigue
- Spiritual/Existential Crisis: Confront Mortality
- Financial Issues
- Body Image Issues
- Family Conflicts

# Working With Children

- Be careful not to over-stimulate.
- Use age-appropriate language to explain prior to working with them.
- Ask for permission to proceed.
- Empower children to stop the intervention whenever they feel uncomfortable.

# Working With Abused Adults

- Explain intervention ahead of time.
- Ask for permission to proceed.
- Empower the client to stop the intervention whenever s/he feels uncomfortable.
- Use active listening skills throughout.

# Working With Older Adults

- Be mindful of physical limitations (hearing loss, mobility, etc.) and minimize them (chair as opposed to table.)
- Proceed with calmness.
- Explain all procedures prior to providing them.

# Grief Responses

- Intense sadness, anger, denial, guilt
- Respond with active listening, support, validation that this is a normal healing response to loss.
- Refer to spiritual advisor, therapist or medical professional.

# Anger Management

- Verbally try to de-escalate the person first.
- Attempt relaxation induction (deep breathing.)
- Set limits under which you cannot proceed. (e.g., “If you cannot lower your voice, I will have to ask you to leave until you can regain your composure.”)
- Avoid challenging the person.
- Ask for help if you need it.

# Anxiety/Depression

- Relaxation induction (deep breathing)
- Provide verbal and non-verbal assurances of safety.
- Use active-listening to respond to expressions of anxiety and depression.
- Refer to therapist or medical professional.



# If the Client Talks About Suicide

- Ask if the client has a plan, has tried to make an attempt before, and what means they have at their disposal.
- If answers to the above are all affirmative, risk is high.
- Referral to same day services is encouraged:  
notify agency, family member, 911, go to emergency room or a mental health center, call suicide hotline.

# PTSD: Flashbacks and Triggers

- Reassure client that s/he is safe in the present moment.
- Ask client to say to himself: “I am having a flashback and it will clear shortly.”
- Remind client s/he can set boundaries in the present.
- Induce relaxation response (deep breathing or progressive muscle relaxation.)
- Ask client to remain in his/her body and to feel the body without responding to the fear.
- Use thought stopping and thought substitution to deal with trauma.
- Allow client to grieve his/her losses.
- Stay with client until client is clear.

# Hallucinations

- Assure the client that you do not see (hear, smell, feel, taste) what the client does, however you do believe that s/he is experiencing what s/he says s/he is.
- Avoid challenging the person.
- Reorient client to immediate environment as to time, person and place.
- Avoid proceeding with therapy until client stabilizes.
- Provide safe environment.

# The Client Who Sexually Acts Out

- Identify own level of discomfort and listen to it.
- Stop the intervention and say to the client: “I am uncomfortable with your behavior. If you don’t stop, I will have to ask you to leave.”
- If client complies, proceed with intervention.
- If client continues behavior, ask client to leave.
- Report it to event coordinator.

# Children Who Act Out

- First ask attending parents to set limits with child's disruptive behavior.
- If unavailable or ineffective, set limits by getting down to child's level, making eye contact, and asking child what s/he needs in order to receive treatment.
- As much as possible, respond to child's need prior to providing treatment.
- Let child know what you need from him/her in order to provide treatment.
- Adapt treatment to child's attention span, limitations and capacity as necessary. This may mean briefer, less manual contact, reduction in treatment time.

# Working With Resistance

- Acknowledge and normalize it as part of the change process.
- Ask the client whether or not s/he wishes to continue with the treatment.
- Proceed with client's choice, expressing confidence in the client's ability to know him/her self and to make the right choice.
- Invite client back when s/he is ready to participate.

# Taking Care of Yourself and Responding to Compassion Fatigue

- It is an error in judgment to believe we are not affected by the suffering of those with whom we work.
- If you need to process your emotional response to a session, please talk to your coordinator at first opportunity.

# For More Information

The Stone Soup Project is a program of  
The Reiki Center, 1540 West Fifth Avenue  
Columbus, OH 43212.

For additional information,  
please call 614-486-8323 or email  
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