

## A Community-Based Disaster Chaplaincy Education Program

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*Editors' note: Dr. Elaine Yuen served as chair of the master of divinity program at Naropa University. Cross-trained as a meditation teacher, Buddhist chaplain, and public health researcher, she continues to teach and is interested in how social contexts inform spiritual and contemplative care practices. Dr. Yuen's contribution below draws from experience leading a pilot program providing disaster training for volunteers with Tzu Chi USA, a Taiwan-based charity active around the world in providing financial and food support after disasters.<sup>1</sup> Yuen quotes from her trainees' field reports and self-reflections as they remark on the challenges and rewards faced as they attend to the physical and spiritual needs of those they meet. Yuen's study provides examples of how individuals may deepen their understanding of the four noble truths and four great vows through interacting with those they serve. Her article is valuable for emphasizing that chaplaincy is not just about professionally trained and licensed individuals undertaking paid work. Rather, we can draw upon the in-depth understandings and practices found in North American master's level and clinical pastoral education programs and apply them to training motivated laypeople in the community who wish to deepen their spiritual practice while serving those facing crisis.*

### THE NATURE OF CHAPLAINCY IN COLLECTIVE CRISIS

Environmental, social, and political events have immense power to affect large populations. We have witnessed the tsunami and meltdown at Fukushima in Japan, fires in California and elsewhere, and starvation and war in Ukraine and Gaza. The collective crises of our world have invited me to consider two sometimes divergent orientations: While chaplaincy work is intensely interpersonal, public health

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1. For more on Tzu Chi, see Chengpang Lee, *The Rise of Tzu Chi: The Making of a Global Buddhist Movement* (University of Chicago Press, 2025).

is focused on the well-being of large groups. The role of the chaplain is to accompany and to listen to the “cries of the world”; most important is to evoke our individual and collective humanity. This need is magnified when large groups are presented with challenging situations beyond their control. Physical resources are often needed, and at times chaplains are also called upon to provide psychological first aid as well as refer to appropriate food, financial, and shelter resources.

The essential nature of chaplaincy practice is to serve people at times of emotional difficulty, grief, and transition. Chaplains often provide spiritual as well as religious care.<sup>2</sup> Chaplaincy has evolved in the contemporary context from a profession populated by clergy and monastics from specific religious traditions to a “ministry of presence.”<sup>3</sup> Contemporary chaplains, often laypersons as well as monastics, serve in many settings such as healthcare, prisons, military, and universities.<sup>4</sup>

A compassionate presence demands that the chaplain honor the authenticity found within their own traditions and practices, while at the same time opening to however others may frame their distress and comfort. This authenticity may be found in a somatic felt sense, a chanting practice, or a theological framework. However it is utilized, chaplains rely on the authenticity and human interpersonal quality that is evoked to provide further gestures of care, meaning-making, and concern.

A Buddhist informed chaplaincy understands suffering<sup>5</sup> as part of the human condition, but rather than being limiting, this

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2. Elaine Yuen, “Spirituality, Religion and Health,” *American Journal of Medical Quality* 22, no. 2 (2007): 77–79, <https://doi.org/10.1177/1062860606298872>; Amy Lawton, Wendy Cadge, and Jessica Hamar Martinez, “Interactions with Chaplains: Results from a National Survey,” *Journal of Contemporary Religion* 40, no. 2 (2025): 1–18, <https://doi.org/10.1080/13537903.2025.2514874>.

3. Dagmar Greife, Pamela McCarroll, and Bilal Ansari, “Meaning Making in Chaplaincy Practice: Presence, Assessment, and Interventions,” in *Chaplaincy and Spiritual Care in the Twenty-First Century*, ed. Wendy Cadge and Shelly Rambo (University of North Carolina Press, 2022), 66–89 (Kindle ed.).

4. Ronit Stahl, “Chaplaincy in the United States,” *Chaplaincy and Spiritual Care in the Twenty-First Century*, ed. Wendy Cadge and Shelly Rambo (University of North Carolina Press, 2022), 19–31 (Kindle ed.).

5. Monica Sanford, “The Four Noble Truths,” in *Kalyāṇamitra: A Model for Buddhist Spiritual Care*, vol. 1 (Sumeru Press, 2021), 11–14.

understanding opens one's heart to a shared compassion, the heart of *bodhicitta*.<sup>6</sup> Chaplaincy in Buddhist contexts, often framed as compassionate presence,<sup>7</sup> can be understood as an acknowledgment and expression of *bodhicitta*—or basic goodness—that resides in the heart of all beings.

In the United States, Buddhist chaplains must explore how to develop trust and communication within diverse communities. There may be different languages, cultures, and practices that chaplains encounter in population-wide crises. Although Buddhist chaplains provide care within their own communities, when serving wider populations Buddhist chaplains often encounter others of different traditions. To develop trusting communication modalities demands a sensitivity not only to words, but to other aspects of expression such as body language and presence. In a 2021 survey of Buddhist chaplains,<sup>8</sup> respondents reported a variety of educational modalities, as well as work contexts. Educational formation, which develops Buddhist values and beliefs to be applicable in chaplaincy contexts, drew upon formal graduate school training as well as applied practices such as clinical pastoral education.

At times of social crisis, interconnections with other organized aspects of society become highlighted. Among these aspects are governments, NGOs, and religious communities that include Buddhist sanghas as well as non-Buddhist communities. Chaplains in crisis situations must be familiar with these larger social systems for referral sources (e.g., for food, shelter, or rituals of other traditions) and also for communication support (e.g., translators, logistics).<sup>9</sup>

Religious communities, monasteries, nunneries, and broad-based religious social organizations may be places of trust and care,

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6. Elaine Yuen, "Humility and Humanity: Contemporary Perspectives on Healthcare Chaplaincy," in *Shadows and Light: Theory, Research, and Practice in Transpersonal Psychology*, ed. Francis J. Kaklauskas, Carla J. Clements, and Dan Hocoy, vol. 2 (University Professors Press, 2016).

7. Greife et al., "Meaning Making in Chaplaincy Practice," 66.

8. Monica Sanford, Elaine Yuen, Cheryl Giles, Hakusho Johan Ostlund, and Alex Baskin, *Mapping Buddhist Chaplains in North America* (Chaplaincy Innovation Lab, 2022).

9. Dawn Neal, "Responding to Multiple Crises and the Roles of Community Chaplaincy," in *Refuge in the Storm: Buddhist Voices in Crisis Care*, ed. Nathan Michon (North Atlantic Books, 2022), 47–54.

particularly in areas where psychological and social support systems are not well developed. Some of my work has involved training monastics in Asia in conversational chaplaincy practices.<sup>10</sup> In these settings, community members may find solace and meaning. Monastics, often well versed in ritual and doctrinal practices, have recognized their unfamiliarity with the more interpersonal skills that chaplaincy offers and have been open to learning and collaboration.

Many disasters and crises happen unpredictably in various geographic locations. In the United States, the National Voluntary Organizations Active in Disasters (VOAD) has developed guidelines that address how lay and religious persons may prepare to address the myriad “on the ground” needs that arise at those times. Spiritual and emotional care is important for both those affected by disaster as well as for caregivers. VOAD has developed guidelines as well as workbooks that are intended to be mobilized by community and religious groups.<sup>11</sup>

#### A DISASTER CHAPLAIN TRAINING PROGRAM

For the past two years, I have been a consultant and educator for Tzu Chi USA. Tzu Chi USA, based in Taiwan and founded by Master Cheng Yen, is a nationwide community in the United States. This community has developed extensive charitable networks and is well known to the Red Cross and others through their financial and food support during disasters.<sup>12</sup> My work with this group involved helping them to pilot a disaster training program for their volunteers.

The program adapted spiritual care sections of online workbooks provided by VOAD<sup>13</sup> and the National Center for PTSD on psychological

10. “Monastic Education,” Sarnath International Nyingma Institute, <https://www.sinibridge.org/our-initiatives/dharma-transmission/monastic-education/>, accessed August 7, 2025.

11. “Disaster Spiritual Care Points of Consensus,” National Voluntary Organizations Active in Disaster, [https://www.nvoad.org/all\\_resources/poc\\_disasterspiritualcare/](https://www.nvoad.org/all_resources/poc_disasterspiritualcare/), accessed July 22, 2025.

12. “Disaster Relief,” Tzu Chi USA, <https://tzuchi.us/what-we-do/disaster-relief>, accessed August 25, 2024.

13. “Quick Reference Guide: Disaster Emotional Care Guidelines,” National Voluntary Organizations Active in Disaster, <https://www.nvoad.org/wp-content/uploads/Quick-Reference-Guide-Disaster-Emotional-Care-Guidelines.pdf>, accessed June 23, 2020.

first aid,<sup>14</sup> as well as other resources, to develop community-based trainings. Buddhist-based values and actions were grounded in the four noble truths and the four great vows.<sup>15</sup>

The training group met online monthly for three hours over nine months, with seven smaller online group meetings locally arranged in between the larger monthly meetings. Each three-hour online session included a Dharma reflection and grounding practice, lectures from chaplaincy and disaster experts, and small group reflections and discussions. In addition to these meetings, participants were asked to find a local in-person site as a practicum where they could develop their chaplaincy skills in person for at least twenty hours. While the formal training (nine months online and small group meetings) has concluded, participants continue to document and reflect on their in-person chaplaincy practicums. Here I share some of their encounter documentation, self-assessments, and reflections,<sup>16</sup> as well as some of the materials developed for this program.

#### REPORTS FROM THE FIELD

As of this writing, encounter documentation and self-assessments were completed by twelve participants in the program, which certified completion of the program. Participants<sup>17</sup> filled out a practicum log and journal, reflective self-assessments, and an individualized learning plan. Comments and reflections were captured in a Google Doc form with links to comments. The process of self-reflection was new for some of the participants; logs and reflections contained varying levels of detail. Eleven of the twelve encounter logs and self-assessments came from bilingual Chinese speakers, so responses were occasionally not complete. Participants came from different communities

14. M. Brymer, A. Jacobs, C. Layne, R. Pynoos, J. Ruzek, A. Steinberg, E. Vernberg, P. Watson, *Psychological First Aid: Field Operations Guide*, 2<sup>nd</sup> ed. (National Child Traumatic Stress Network and National Center for PTSD, 2006), [https://www.ptsd.va.gov/disaster\\_events/for\\_providers/PFA/PFA\\_V2.pdf](https://www.ptsd.va.gov/disaster_events/for_providers/PFA/PFA_V2.pdf), accessed July 22, 2025.

15. "The Four Great Vows," Tzu Chi Foundation, <https://global.tzuchi.org/the-four-great-vows>, accessed August 25, 2024.

16. Please note that I have changed the grammar in some quotes.

17. The volunteers were mostly first- and second-generation bilingual Chinese and English speakers. Many had connections to Taiwan, as their master also lives and teaches there. There were a few Caucasians in our group.

throughout the United States (primarily Texas, California, and New York) and ranged in age from in their twenties to retired. Below I will first describe reports from participants' encounters. I will then describe some of their reflective self-assessments.

Participants identified their own encounter sites where they would practice the skills learned in the online trainings. As Tzu Chi volunteers also provide financial assistance (cash cards) at disasters, some of the encounters "overlapped" in terms of services provided and skills practiced. Initially, many participants went out with other volunteers, as this was often their practice in distributing financial assistance. Participants initially identified opportunities to provide care within their community—many at Tzu Chi service centers. Participants were familiar with these settings and explored what spiritual care "looked like" in addition to the provisions that they were already comfortable providing. Other practicum sites included family shelters and missions, hospital-based CPE programs, and fire disaster relief in Hawaii and the Pacific northwest, as well as tornado relief in Texas.

Forms for encounter documentation included a practicum log and journal. For each encounter, information included location and date, as well as skills practiced, a brief description of the encounter, and their self-reflections on the encounter. Practicum encounter documentation was modelled after more structured and professionalized programs, such as clinical pastoral education and/or field education practices found within master's level chaplaincy trainings.<sup>18</sup> However, this training was intended to be directly applicable to community members, who would provide volunteer services within the community.

Some encounters described below were directly related to disaster spiritual care at a disaster recovery center after a tornado. Several participants had many encounters in one day, some while also providing financial and physical support. For other encounters, there was an opportunity for the Tzu Chi participants to be Chinese-speaking chaplain

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18. Jitsujo Gauthier, Daijaku Kinst, Leigh Miller, and Elaine Yuen, "The Path to Buddhist Chaplaincy: Academic Education, Religious Endorsement, Professional Board Certification," Chaplaincy Innovation Lab, <https://chaplaincyinnovation.org/wp-content/uploads/2020/04/The-Path-to-Buddhist-Chaplaincy-April-2020.pdf>, accessed July 22, 2025.

volunteers under the supervision of the pastoral care department in a large urban hospital.

*Participant Encounters:  
Meeting Physical, Psychological, and Spiritual Needs*

Many Tzu Chi volunteers began their practicums at their local Tzu Chi service centers or with people they may have known before. AW describes an interaction with an old friend and classmate who was in a nursing home:

I touched SY's hand softly and asked her if she knew who I was. She called out my name correctly right away. Other classmates asked and SY couldn't call out their names correctly. . . . The nursing home didn't have enough staff to spoon feed her and she lost a lot of weight. SY is picky about her food, so when [the doctor] fed her the restaurant dishes and we fed her our classmate's delicious dishes, she ate very well. In just two days, she gained two pounds from 60 to 62. Her roommate was shouting for help when our classmates were by SY's bedside. I went to calm her down and ask if she needed anything, . . . so SY could nap.

AW's Dharma reflection of this encounter with an old friend reflects sadness and impermanence:

I felt life is really impermanent and unpredictable. . . . We [had] traveled to Peru and Argentina, Brazil, and Chile together in 2018.

Some participants had the opportunity to provide spiritual care as they provided physical and financial support in disasters. SY writes of her experience at the disaster recovery center in Texas after a tornado, and reflecting on material as well as spiritual support:

Ms. G. [is] calm, but her mother constantly say[s], "What can we do? We do not have money." Ms. G. told her, "We will be okay."

SY then wrote about the encounter:

Encourage[d] client to visit every booth to get what she want[s]. . . . You can't give too much materially, but you can give spiritual support. In fact the spiritual support [is] more difficult than material support. [Spiritual care is] difficult to do, but still do it. When people suffer, I feel sad, when people hurt, I feel pain. To do spiritual support



take[s] practice. A sincere heart is one of honesty and integrity; it is the foundation of our spiritual practice.

In another encounter the same day, SY described the multidimensionality of her care in her notes as “Listening; Information Gathering; Connection with Social Support; Sympathy [for] her stress.” SY described the details of her interaction:

She described her damage and things [that] need[ed] [to be] take[n] care of. She said her friend [would] take care of [the] kids while she [worked]. Father [was] just discharged from hospital two weeks ago. She is very tired of need[ing to] take care of everything. She does not have money for [the] deductible, but luckily [the] house [is] still livable. I told her I can [imagine] how busy she is and [how it is] never ending. She said once everything settle[s] down in the house she [is] already exhausted. She said that [is] why she appreciated her friend help[ed] her, and she does [have] faith to support her.

In another event, where Tzu Chi volunteers were also giving out cash cards after a flood in California, SH describes her dialogue with M, who came in for a cash card. This dialogue demonstrates how SH guided the conversation from one about physical needs to an emotional and spiritual reflection.

M came to us by herself. With smiles, she looked bright and energetic. When she described her situation, she mention[ed] a couple times that her two sons were killed at different time[s]. . . . M was a confident lady. I had eye contact with her and thought she was [such a] brave mom. . . . I focused on her expressions, especially when she mentioned her sons. When there was a pause, I asked M if she was willing to talk more about her lost sons. She recalled two incidents and her grief that motivate[d] her to volunteer in her community. She said we should reach out to help when at peace, not [just] after tragedies happened. I agreed with her. She cried, not as strong [as] earlier. I tried to show my empathy. She became soft.

Tzu Chi volunteers were also called to interactions with immigrants and others who spoke only Chinese in a large urban New York hospital. Here, Tzu Chi volunteers were mentored by the clinical pastoral care chaplains to be part of their team. KC was serving as part of the Chinese-speaking chaplain team. She describes her verbal and non-verbal interaction with Mrs. Y, an elderly woman who was, according



to KC, “Attentive, but [spoke in an unfamiliar Chinese dialect].” Mrs. Y was anxious to go home from the hospital, and KC reflected:

Both Ms. Y and [I] are practicing “giving smiles” to each other, turning this encounter from a possible sad exchange to be[ing] pleasant and pleasing.

KC and NT were supervised by the pastoral care department there. Gradually they attended many Asian patients on their own, offering spiritual care practices of listening, conversation, and emotional support. While not all Asians are devout Buddhists, some patients appreciated the Buddhist ritual practices the Tzu Chi volunteers offered. KC noted one patient who was in a great deal of pain and wanted to die:

Ms. C, age 70+, was on dialysis and in a great deal of pain. Ms. C didn’t want to live any longer. We gave her a small radio device that chants Kuanyin Pusa and Amitābha’s names continuously [Buddhist prayers]. She accepted it; however she insisted her wish to be led by Amitābha to the Pure Land as soon as possible. . . . We tried to steer the conversation so that she could set her mind thinking about her two good daughters [in this life].

NT wrote of an encounter where conversation about Buddhist study engendered trust and a closer connection:

The patient openly welcomed us . . . eager to talk to us regarding Buddhis[t] study and practice. . . . He was amazed when I asked him, “So you go by Tibetan practice?” He asked, “How did you know?” That seemed to bring our conversation closer. I shared Tzu Chi’s practice by reaching out to help people. That caught his interest further. He then began to share his health situation a little bit.

### *Self-Assessments*

Self-assessments were developed as a tool for participants to reflect on how their grounding in Buddhist teachings and practices could support their communication within the diverse communities they served. Self-assessments were administered at three times during the practicums: before, during, and after the program.

Assessment and reflections prior to the program sought to characterize expectations while inviting participants to connect their volunteer work with their Buddhist practice. It also provided a way to gauge

their development in working with mental health issues. The following prompts were offered to initiate reflection:

- Please tell us how you understand the *buddhadharma* to speak to situations of change, grief, and loss.
- Please tell us about your experience working with psychological and mental health issues.
- What is your motivation for participating in this training? What are your expectations for what you might learn?

The self-assessment, administered during the active portion of the program, sought to help volunteers assess their areas in need of growth as well as their strengths and personal supports that could bolster their abilities in communication and compassionate presence:

- What are your personal strengths and weaknesses regarding chaplaincy practices and psychological first aid? How do you plan to continue to deepen your practice of these aspects?
- How is meeting and practicing going between the different modules? What is working for you, and what could be improved?

Finally, participants reflected on their growth during the program. The final assessment given at the end of the program asked participants to reflect on their integration of their volunteer experience with the *buddhadharma*:

- How has your understanding and practice of Buddhism been relevant in caring situations? Can you give an example from your personal experience?
- What was the most challenging aspect of this program for you? What was the most engaging?

In the first self-assessment, participants often quoted the four noble truths and the four great vows. Many also reflected on their personal experiences of suffering and also noted how these experiences served as motivation for them to take the course and serve others in this way. AW notes in their first self-assessment:

Factors like anxiety, worry, frustrations, etc. have bad impacts on our emotional health. They are various kinds of suffering described in the first noble truth: suffering. What are the causes of them? Our greed,

anger, ignorance, arrogance, and doubt, these five poisons are the common ones.

In contemplating the four great vows, SH expressed longing to find the meaning of compassion as one motivation to take the course:

Master said great vows came out of compassion and through compassion. As for making vows, I am a good student following teacher's guidance. But, what is compassion? Do I have compassion? Sometimes, but not always.

The second and third self-assessments gave participants the opportunity to reflect on how their learning informed their interactions with others, practicing communication modalities, listening, and self-care. Self-care is of utmost importance in chaplaincy roles, and chaplains are especially vulnerable to compassion fatigue and burnout<sup>19</sup> as they may "overextend" their empathy and compassion. There were a number of approaches that participants found helpful. For some, mindfulness and other mind-body practices were helpful:

I have been learning/practicing mindfulness meditation for many years, and it helps me ground in the present moment. My mind would still wander from time to time, but not bother me too much as it comes and goes. Simply aware, observing my mind works, what it is supposed to do.... Turning back to what I need to do in the moment, [I] will let go of any concerns of the past and future.

Breathing in through my nose and counting to five, then breathing out through my mouth and counting to ten. Rub my palms together and count to ten, as they warm up, massage my face, head,

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19. Cynda H. Rushton, Alfred W. Kaszniak, and Joan S. Halifax, "Addressing Moral Distress: Application of a Framework to Palliative Care Practice," *Journal of Palliative Medicine* 16, no. 9 (2013): 1080–1088.

ears, neck, spine, etc. Practice tai chi-qigong [eighteen] breathing exercises and Wu style tai chi 108 moves.

Others worked with chanting and reminders from their teacher.

I usually chant in my mind to calm myself. I learned from the master that we have to let go of our past and expectations of the future, just do whatever is right in the present time.

Another person noted: "I chant Buddha's name silently as a way to ground myself." One participant commented on connecting her practice and grounding to everyday life experience:

. . . every day whenever possible I walk outdoors. I enjoy looking at the sky day and night, watching the clouds afloat. It clearly demonstrates nothing is permanent. Within a breath, the shape of the clouds will be different.

#### *Looking Back at Their Learning*

At the end of the program, participants were asked to join their understanding of the Buddhist Dharma with the caring interactions they had experienced. They reflected on their understanding of the four noble truths and the four great vows in terms of ongoing benefits and challenges:

We know that life involves suffering. Even when things seem good, we still feel an undercurrent of anxiety. . . . The practice cases are the most challenging aspect of this program. We get our cases through charity cases, but most of the time, we are unable to purely practice what we learn from the program.

Many participants commented on their appreciation of both the information and the many perspectives expressed in the presentations. Additionally, they all commented on their engagement with group learning and discussion.

The lessons that I learn from every speaker are very helpful.... The most engaging is group discussion; you can really learn [from] life experiences and [find] solutions from team members.

Most importantly, they acknowledged that their online and group study came to fruition in the actual practice of spiritual caregiving. SH

also expressed that the program had opened the door to learning in larger contexts and environments:

I feel I am more interested in chaplaincy and psychology since joining this workshop. . . . I listen to speeches on YouTube sometimes and will attend workshops of mindfulness practice, non-violen[t] communication, Satir communication, hospice, and so on. I even thought of taking classes in [the] university.

### CONCLUSIONS

This pilot program illuminated the many possibilities and limitations of community-based education in chaplaincy practices. While this chaplaincy training program drew upon the more in-depth understandings and practices found in a master's level program or clinical pastoral education, it demonstrates that community members are able to become proficient in listening and caregiving skills while also acknowledging the need for further training. The training of community-based chaplains becomes important as contexts and events within our world may require a "psychological (and spiritual) first-aid" approach that has been demonstrated in disaster chaplaincy training programs.

Because we began during the COVID pandemic, content was delivered online, with in-person practicums determined locally. The online format allowed for the program to reach many participants who were geographically diverse. Learning was appreciated through online presentations of content—which was varied but also ripened through in-person group discussion and practicums. Participants often supported each other in navigating the internet-based learning environment (which was new for many of them) and benefited from the local in-person meetings. Journaling and reflection of practicum encounters were intended to facilitate individual formation. Writing was more challenging for some participants, as English was not always their first language. Active learning was more effective for some: One person commented, "We need more practicum hours—more real life experience. Doing is the actual learning."

There was a heartfelt ripening of understanding and embodiment of the four noble truths and the four great vows through the program. Suffering became more personally felt, and the intentions (and vows) to support those in suffering took on a living, rather than rote, quality. In some instances, participants came to see how their compassion could help them reach out and dialogue with those of different faiths

and ethnicities. Participants have continued as an ongoing community that meets monthly for additional practice and study. Recent workshops have addressed a deeper understanding of grief, as well as an exploration of other Buddhist and non-Buddhist religious traditions in the United States.

There was also an acknowledgment that additional familiarity and practice with chaplaincy was needed, and at this time participants would remain as chaplains/carers within their own Tzu Chi community rather than serve a larger community unless requested. However, Tzu Chi is recognized as a resource for financial and food support, as well as being able to reach linguistically challenged Chinese populations. Volunteers at times provided “on the spot” spiritual and emotional support.

Chaplaincy practices of compassionate presence, listening, and meaning-making are important skills. This program describes how a community-based approach, which provides training to motivated laypersons, addresses spiritual care needs in diverse circumstances. It demonstrates that compassionate motivation and activity is possible—and often needed—in many human interactions. It also illustrates the often indeterminate boundary between professional chaplains and community-trained volunteers. More insights and research are needed to illuminate how chaplaincy practices may evolve to serve our changing world.<sup>20</sup>

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20. I would like to thank the many Tzu Chi volunteers who helped develop and who participated in this program, as well as the professional CPE supervisors who took these volunteers under their wing.