Peer Support Mentoring Program
For People Living With ABI

A Project of OBIA’s

Community Support Network/
Réseau De Soutien Communautaire

Coordinators’ Manual

Based On “Mentoring Partnership Program”

Exclusive Development Sponsors:

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Section A: Background

Peer Mentoring – Definition

Peer mentoring is a process in which an individual whose life experience helps another person currently coping with a similar event or issue and is in need of support from a knowledgeable friend.

Peer mentoring programs have been developed to aid people with a variety of medical conditions and physical disabilities, and to help their family members and non-professional care givers.

The Evolution of Peer Mentoring and Acquired Brain Injury (ABI)

The long-term effects of ABI on survivors and their family members have been well documented. Survivors experience a variety of life-long physical, cognitive and emotional challenges that often negatively affect quality of life. The toll on family members is also significant, with reports of emotional distress, family tensions, social isolation and decreased health and wellness. Historically, because the benefits of providing social support and information are clear, professionals have provided these types of interventions during the early phases of injury and subsequent re-entry into the community.

A peer-mentoring program for people living with ABI provides an alternative, and much needed form of support during both the early and later phases of adjustment in the community. For people living with ABI, peer support has been shown to be an effective buffer for stress, and has also been shown to increase the sense of personal empowerment and self-efficacy. The Peer Support Mentoring Program described in this manual was modeled after the Mentoring Partnership Program utilized in the New York and New Jersey Brain Injury Associations, which, in turn, was based largely on the Parent-to-Parent (P-to-P) Program. Three evaluation reports are available: Evaluation of a Mentoring Program for Individuals with Traumatic Brain Injury (TBI) and Their Families, the final report of the Brain Injury Association of New Jersey to the Langeloth Foundation; Peer Support in the Community: Initial Findings of a Mentoring Program for Individuals with Traumatic Brain Injury and Their Families; Final Report to the Jacob and Valeria Langeloth Foundation (February 28, 2005).

The Peer Support Mentoring program was introduced in Ontario in 2006. It is offered through many local brain injury associations across the province and coordinated by the Ontario Brain Injury Association. Like their counterparts in New York and New Jersey, participants value the program for the support provided by Mentors, for the opportunities to share ideas, challenges and strategies with others who face the same issues following the onset of ABI.

Initial development of the program was supported by corporate sponsors. Operational funding for the program is provided by the Ontario Ministry of Health and Long Term Care. The Ontario Neurotrauma Foundation has supported an evaluation of the program, provided by a research team with the Toronto Rehabilitation Institute.
Organization of this Manual

This manual is based on the experiences and expertise of the researchers within the RTC and administrators of the New York and New Jersey programs and has been modified for use in Ontario. The manual describes what community brain injury associations need to implement, maintain and evaluate the Peer Support Mentoring Program.

In **Section 3**, a variety of approaches to maximize recruitment of mentors and partners is provided. **Section 4** outlines the qualities of effective mentors and potential partners. Screening tools for potential mentors and partners are suggested (samples are provided in the **Appendix A**).

A major tenet of this manual is that mentors need to be screened and trained. **Section 5** describes steps in preparing for mentor training, while **Section 6** outlines the training agenda and provides a detailed plan for conducting a training workshop. Forms and exercises included in the training are discussed (and provided in the **Appendix A**).

The process of mentoring begins with the matching of individuals in need of support with trained mentors who share similar experiences and demographics/interests. **Section 7** outlines the process of matching mentors and partners.

As outlined in your Shared Activity Agreement, a key role of the Peer Support Coordinator (PSC) is the provision of ongoing assistance to mentors involved in partnerships. All PSCs, in turn, will have access to OBIA’s Peer Support Program Manager (PSPM) for assistance. This oversight helps to ensure quality control for the program and allows for early interventions should partnerships experience difficulties. **Section 8** outlines the role of the coordinator in maintaining partnerships and **Section 9** in concluding partnerships. **Section 10** provides suggestions for keeping the program visible, viable and accountable, and suggestions to keep mentors fully engaged in the program.

No program manual would be complete without addressing the importance of program evaluation. Evaluation data is the raw material for systematically determining if your program makes a difference, and what kind of difference. This helps in seeking then obtaining ongoing funding. The evaluation tools contained herein are modifications of tools developed and revised for use in New York and New Jersey's mentoring programs. These are essential to document the program’s impact, satisfaction levels of partners and mentors and capture statistics related to program participation and program intensity. Information and brief descriptions about the quantitative and qualitative evaluation and outcome tools will be found in **Section 11**.

To provide a fuller sense of the rich process of mentoring partnerships, from match to conclusion, a series of vignettes is provided in **Section 12**.

Samples of recruitment letters, forms, screening questionnaires and prototypes of program evaluation instruments are provided in the **Appendix A**.

A Program Evaluation Flow Chart is provided in **Appendix B**.
Section 2: Program Description

The Peer Support Mentoring Program matches volunteer mentors and partners for a series of one-to-one interactions that focuses on the discussion and resolution of problems or issues.

A Peer Support Coordinator (PSC) screens potential mentors then invites successful applicants to a group training session. The PSC serves as a resource to Mentors and Partners to establish, maintain and complete. Mentors are asked to commit to the program for one year at a time. Partnerships may last up to one year. In the US partnerships lasted about seven months, on average.

In order to ensure that the most appropriate match is made for the type of issues that the partner wishes to discuss with his or her mentor (a survivor or family member who has “walked in my shoes”), partners are also interviewed and screened by the PSC.

Once the partnership is established, the mentor and partner communicate with one another by telephone—usually a weekly call—until the issue or challenge is either resolved or a referral to another service is made (i.e. counselling, or community support services) For some matches, communication by e-mail or instant messaging is utilized.

Everyone involved will have the opportunity to assist the program’s ongoing evaluation.

Because the primary means of communication is the telephone, the program is more accessible to people whose schedule is busy, or who face transportation barriers. The pool of mentors is province wide, offering a wide range of experience, knowledge, abilities and interests to prospective partners. The Peer Support Mentoring Program will enhance already existing groups and—if the U.S. experience is repeated in Ontario—see many mentors come from these support groups.

Our U.S. colleagues have been most generous with their time, suggestions and—perhaps most importantly—their ready agreement to the adaptation of their work. All of that material has been adapted for Ontario.

The generosity has been matched in Ontario. Gluckstein & Associates, Henderson Structured Settlements Inc. and Sibley & Associates Inc. have taken a keen interest in the program and funded the development costs. “We’re excited to be part of this program from the perspectives of the survivor and the family members,” said Jim Richings, Executive Vice President of Sibley’s (disability management consultants) during a tour of the Burlington head office. “We’re in a position to give back to the community and this program will have a positive impact.”

“People living with ABI often have a life-long requirement for various types of support,” said Gluckstein consultant Dianne Henderson. “I truly believe that it’s necessary to have these supports available in one’s community. Not all of these interventions need to be clinical—some just require an experienced ear or a knowing hand.”

For 25 years, Henderson Structured Settlements has been assisting people living with ABI through the formulation of structured, financial settlements. “We’re very much dedicated to the principle of giving back to those most in need,” said spokesman Robert Nigol. “The opportunity to lend some measure of assistance to OBIA's Peer Support Mentoring Program is certainly in keeping with that principle, and we're genuinely thankful for the opportunity to participate in this worthwhile initiative.”
Section 3: Recruiting Mentors and Partners

Recruiting Mentors

“I have learned a lot since my son’s brain injury. I often thought that if there was someone there from early on who could show me the ropes and understand what I was going through, it would have been a lot easier. That’s why I want to become a mentor—to give back and help someone else through a difficult time.” Mother of a son with ABI

“Having a brain injury has changed my life. I can’t do a lot of the things that I used to. I can’t work anymore. But, I know a lot about living with a brain injury, and I like to help other people faced with this challenge. I felt very lonely at first. If I can help someone else be spared of feeling alone, it would be worth it. That’s why I wanted to become a mentor.” Woman with ABI

Key Elements in Successfully Recruiting Mentors

✓ Have a recruitment plan and one person responsible for overseeing the plan.
✓ Utilize as many resources and people as you can to promote the program.
✓ Be sure that recruitment materials highlight the purpose as well as realistic limitations of the peer support mentoring program.
✓ Remember that recruiting for mentors and partners never ends. It is an integral part of running your program.
✓ What works today, may not work six months from now. Be flexible and change your recruitment strategies to meet the needs of your program.
✓ Utilize current mentors to help promote your program and maintain its visibility.

Reasons Individuals Volunteer to Become Mentors

Common themes emerge from the people who volunteer to become mentors in a peer support mentoring program. They share the common experience of having their lives affected by ABI—whether they are family members, friends or the person with the injury. Other reasons why individuals might wish to reach out and help someone else deal with ABI include:

- Giving back in return for the help and support they received
- Feeling that their struggles had a purpose
- Supporting a cause that is important to them
- Improving the quality of life of people living with ABI
- Developing new relationships with others, including potential partners
- Developing new skills
- Being part of a large group with a shared interest
Overview of Mentor Recruitment

- **Recruiting mentors is an ongoing process.** An adequate pool of family members and individuals with ABI must be available to respond to partner requests.

- After initial screenings, develop a list of people interested in becoming mentors.

- Mentor recruitment should begin at least 3 - 4 months prior to a planned training session. It takes that long to network in the community, screen and interview potential mentors.

- Initial recruitment should be directed at a broad array of potential volunteers: individuals with ABI, spouses, family members, parents, non-professional caregivers.

- A formal screening interview is the first step to ensure the volunteer’s potential and “readiness” to be a mentor (see Section 4). During screening, confirm the volunteer’s availability to attend the training session.

Once your program develops, you may discover that you need to recruit specific subgroups of mentors. For example, you may be receiving a lot of requests for mentors who are fathers of children with ABI, but find you don’t have enough dads in your mentor pool. Thus, the need for targeted recruiting becomes clear once a pattern of requests for mentors emerges.

**Note:** In the NY program, focused recruitment of minorities, family members and parents of younger children with ABI was undertaken. Family members, minority individuals and facilities dealing with predominantly minority clients were brought together to problem-solve on how to recruit mentors and partners with these characteristics. In the NJ program, developing a racially diverse group of mentors was enhanced by recruiting through an inner city awareness and support program for people living with ABI, which the BIANJ had developed.

Mentor Recruitment Strategies

ABI mentors are individuals who have successfully adjusted to the impact of ABI and who can serve as positive role models for others who are currently struggling with the impact of ABI. When recruiting mentors, it is important to present a clear picture of the mentoring program and the characteristics of effective mentors. Use a variety of strategies to get your recruitment message out. Select strategies that best fit your organization’s time frame, staffing, budget and energy levels:

- **Develop a plan.** Make a list of ABI services in your region. Identify the ones that seem to have the greatest potential as a source for mentors. **Be strategic:** contact the most likely sources first. As your program grows, continue to reach out to other organizations.

- **Print materials.** Brochures, flyers or fact sheets are essential in announcing and publicizing your program and the need for volunteers to serve as mentors. (Flyers and brochures will be developed by OBIA and customized for your association.) Create a plan to distribute them to the widest possible audience- include churches, community centres and doctors offices in your distribution.

- **Word-of-mouth.** This is often the most effective long-term strategy for mentor recruitment.
Everyone connected to your program—including staff, board members and volunteers—can assist with recruitment by “talking up” the benefits of becoming a mentor.

✓ **Internal resources.** Your staff or volunteers have regular contact with people living with ABI, as well as other facilities and community-based agencies service providers. Whenever possible, discuss mentor recruitment strategies with these other agencies—they may be a good source of mentor referrals. Make sure they know how to contact the PSC and connect someone to the program.

✓ Use the referral sheet (see Appendix A1) to make the referral process as efficient as possible.

✓ **Website.** If practical, add information about the program to your website, including information about how those who are interested in becoming mentors can contact your PSC. Link that page to OBIA’s peer support mentoring program page.

✓ **Support groups.** People who attend ABI support groups by your association or by other service providers in your region as well as the facilitators of those groups are an excellent source of potential mentors. Also contact the support group leaders in your association or community and provide them with information and flyers to pass on to their members. Once your program has been established, encourage your trained mentors to meet with support group facilitators to talk about the benefits of being a mentor.

✓ **Community Partners.** Spread the word and provide program flyers to staff in hospitals, rehabilitation programs, community re-entry programs, and any other programs that provide services to people living with ABI as well as general community outlets (e.g., libraries, government offices, et cetera).

✓ **Send out information describing the program.** Start off by sending a letter of introduction to the program director or other contacts you may have; describe the peer support mentoring program and how the agency can help by referring potential mentors.

✓ **Meet with program directors and staff.** Identify the programs that you believe are most likely to refer mentors. Arrange to meet individually with the program director and staff to generate interest in referring potential mentors. Make the referral process as easy as possible.

✓ **Follow-up reminders.** It is important to remember that program directors and staff are very busy and may forget about your program. Send periodic reminders about the need for mentors and/or personally contact the programs that appear most interested. Add the program directors to the mailing list for your newsletter.

✓ **Be visible.** The more you are able to publicize your program, the greater the number of referrals you will receive.

✓ Make presentations at ABI-related meetings, seminars or conferences. Make presentations at health- or community-related meetings, seminars or conferences.

✓ Have information about the program available at all of your association’s events.

✓ Send out the program flyer to your association’s mailing list.

✓ Write an article for your association newsletter or use/adapt one from OBIA Review or other ABI-
related publications about the program for your association’s newsletter. Follow-up by running short updates in subsequent issues

✓ Use local media, e.g., a radio talk show or a local community television program, to discuss the benefits of mentoring for the community.

✓ Send out a media release to your media contact list to announce the program. (OBIA will provide a sample for your use.)

Recruiting Partners

“My husband had a brain injury six months ago. He is home from the rehabilitation hospital and I am overwhelmed. There is so much that needs to be done and I’m not sure how to begin. Will he ever be the same? I wish I had someone to talk to who understands what I’m going through.”

“I am 21-years-old and had a brain injury in a motorcycle accident two years ago. I tried going back to college but flunked out. I’ve lost most of my friends. My family has been great, but I want to talk to someone more my age—someone who has gotten his life together and could talk about how he did it.”

Why Individuals Will Use the Peer Support Mentoring Program

Individuals living with ABI may feel the need for someone to talk to at various stages—from the acute phase to community re-entry and even for years beyond. People seek peer support for many reasons. They may:

- seek someone who shares the common experience of having their lives affected by ABI
- need help solving problems related to the service(s) they receive
- need information about ABI
- need information about resources in the community
- want practical suggestions to help them achieve their goals
- seek emotional support, validation, encouragement and coping strategies
- want to become more connected with others

The key to success is to find individuals who will benefit from the peer support mentoring program. Accordingly, partner recruitment is an essential and continuing component of the program.

Overview of Partner Recruitment

Like Mentor recruitment, Partner recruitment is an ongoing process. Recruitment approaches may change over time.

Partner Recruitment Strategies

When recruiting partners, many of the same strategies used for mentors can be used. Community presentations should shift to recruitment of individuals in need of peer support and stress the fact that
trained mentors are ready and available to be matched with partners. Make sure that you are able to explain who is likely to benefit from the mentoring program (and who is not). (see Section D.)

In addition to the strategies outlined above, you may consider;

- **Using your “ambassadors.”** Trained mentors are perhaps your most effective marketing tools. Partner recruitment is an excellent way to utilize their skills and it helps them feel connected to the program and demonstrates to potential partners the qualities of a good mentor.
- Encourage mentors to promote the program at support group meetings.
- When possible, have mentors serve as panel members at workshops, meetings or conferences.
- Have mentors regularly visit a rehabilitation hospital or similar institution/service providers to remind staff of the program and bring in additional brochures or speak to potential mentors or partners.
- You may also want to engage help from partners who have successfully completed the program. They can share their experiences with their peers at support group meetings and other activities.
Section 4: Screening Applicants

Screening Mentors

In recruiting prospective mentors, the program needs to assess the volunteer’s ability to function in the mentor role. Not everyone who is interested in volunteering is suited to be a mentor. Careful screening enhances the quality of the program. However, it has been shown that volunteers who appear less suited to being mentors are often willing to assist in other work for the association.

Qualities of an Effective Mentor

Gauging a person’s potential success as a mentor is an inexact science. However, the experience of other programs suggests that the most successful mentors possess certain key qualities, including:

- Well-developed communication skills: listening and speaking
- Well-developed problem-solving skills
- Patience, warmth and empathy
- Motivation to help others
- Awareness of personal boundaries
- Understanding of the importance of maintaining confidentiality
- Ability to be non-judgmental
- Ability to limit personal views and opinions
- Successful adjustment to personal challenges of living with ABI
- Insight into their strengths and limitations
- Willingness to ask for help when needed
- Willingness and ability to complete documentation required by the program
- Eagerness to volunteer time and energy to the program
- Willingness to attend the training workshop

Initial Contact with a Prospective Mentor

Prospective mentors may indicate their interest in the program via a telephone call to the association, a conversation following a presentation or from a referral form. All such inquiries should be directed to your PSC. During the PSC’s initial direct contact with the potential mentor, the following topics should be discussed:

- Program overview and expectations of mentors
- Background with ABI
- Reasons for volunteering
- Comfort level with telephone communication
- Potential mentor’s questions
- Scheduling a time for the “formal” screening
Screening of Prospective Mentors: Interviews and References

Interviews with prospective mentors are usually conducted via telephone. Two major goals of the interview are to assess the volunteer’s motivation and ability to become a mentor and to obtain demographic and background information.

The Mentor Application form (see Appendix, pp. M - 2-4, and available on-line) is used for this process.

Throughout the screening interview, the PSC will evaluate the potential candidate’s “readiness” for mentoring:

- The open-ended conversation allows the PSC time to assess the applicant’s ability to listen.
- The PSC needs to be aware of any problems the volunteer may have in answering the questions and maintaining boundaries.
- The PSC listens carefully to the positive and negative experiences that the volunteer describes and the insight the volunteer has about these experiences.
- The PSC should be aware of “red flags” that may indicate that the volunteer would have difficulty in the mentor role, such as:
  - Judgmental views on specific issues, such as physicians, hospitals and/or rehabilitation facilities and therapies
  - Limited ability to understand the program and the role of a mentor
  - Rigid expectations about the kind of partner s/he is willing to support
  - A tendency to become “too involved” with helping—suggesting potential difficulties in setting limits and maintaining boundaries
  - Judgmental views towards specific groups (e.g., religion, ethnicity, disability, et cetera)
  - Somebody who is looking for a “friend” rather than looking to help someone in need of support

Character references or recommendations from individuals who know the potential mentor and a police check are also required. Ask the volunteer to supply the name of two references and sign a consent form giving you permission to contact them (see Appendix, A 4). When speaking with the person’s references (see Appendix, A5), the coordinator should explain the mentoring process so that the reference person understands the responsibilities of the potential mentor. Three questions are then asked of the reference:

  Is this candidate likely to succeed as a mentor?
  What are some specific qualities that would make this candidate a good mentor?
  What aspects of being a mentor do you think might be difficult for this candidate?

If the candidate appears to be an acceptable mentor, do the police check as soon as possible. If the check is satisfactory, contact the candidate and provide information about the next scheduled training workshop (date, time and place) and confirm his/her availability.

If the references or police check are unsatisfactory, contact the candidate, thank him/her for their interest and, as you end the conversation try to gauge his/her interest in some other volunteer work for your association.
Screening Partners

Screening of partners follows a similar process as mentors. It is equally important that potential partners are able to benefit from the program and able to engage and profit from the peer mentoring process. Not everyone who is interested in participating in the program is suited for peer-mentoring support. Thus, careful screening improves potential for all participants to have a good experience.

Qualities of a Potential Partner

As Peer Support Coordinator, you will need to assess person’s ability to benefit from peer mentoring and that can take practice. Partners who will probably benefit from peer mentoring possess the following qualities:

- Recognize their need for support
- Understand their own boundaries and the limitations of the program
- Available to receive phone calls (or alternative means of communication) at pre-arranged times and are able to maintain the schedule
- Have emotional reactions during interview situations appropriate to the context of the phone call, and within the scope that a peer mentor can handle

Individuals who will probably not benefit from a peer-mentoring program include:

- Persons expressing suicidal or violent behaviour, severe depression and/or psychiatric or substance abuse problems
- Persons who are unable to articulate clear reasons for wanting peer support
- Persons who were referred to the program but have no personal interest or investment in receiving peer support
- Persons who display excessive negativity, anger or volatility during the interview
- Persons looking solely for friendship or a romantic relationship
- Persons with such severe memory limitations that they cannot recall peer support efforts
- Persons with limited awareness of their behaviour and/or the impact of ABI on their functioning
- Persons whose sole interest is to “chat,” with no desire to change their current life situation
- Persons whose communication is impaired to the point that they cannot express or comprehend messages that are verbal in email

Initial Contact with a Potential Partner

Whenever possible, speak with the referral source to obtain some background information about the potential partner. During the initial direct contact with the potential partner, the same issues as with mentors should be addressed (see Initial Contact with Potential Mentors, pp. 13-14).

Note: Based on the experience of others, approximately one-third of referrals of potential partners are not ready for peer mentoring and require referral to other resources in the community.
Screening of Potential Partners

The screening interview with a potential partner is generally conducted via telephone. The three goals of the interview are to;

- identify areas of support that are needed and willingness to have a mentor help in these areas
- assess the potential partner’s ability to benefit from the mentoring program
- obtain background information and contact details.

The Partner Application Form (available on-line at www.obia-csn-rsc.org) is used for this purpose.

Throughout the screening interview, the PSC will evaluate the potential candidate’s appropriateness for the program:

- Allow for open conversation, especially during the open-ended questions, to assess the potential partner’s ability to listen.
- Be aware of any problems the potential partner may exhibit in answering questions and/or maintaining boundaries.
- Realistically assess how much a mentor might be of benefit, given the partner’s current situation.
- Decide if the partner’s preferences for a mentor are realistic

At the completion of the interview:

If the potential partner is appropriate for the mentoring program:
- Review the program, issues of confidentiality and agreements that must be completed prior to beginning the matching process.
- Discuss the process for matching with a mentor and a possible time delay if an appropriate mentor is not available.

If the potential partner is NOT appropriate for the mentoring program:
- Refer him/her to alternative services either within or outside your agency, including support groups, individual counselling, etc.
- Provide appropriate resource materials.
- Offer the services of the mentoring program at a future date (if appropriate).
- Suggest other volunteer options within the community.

Welcoming the Partner

To individuals who have been accepted into the program, send a Welcome to the Mentoring Program letter (OBIA will provide a sample letter for your use), two copies of the Partner Agreement (see Appendix, A10, 11) (one to sign and return; one to keep), a pre-addressed return envelope and materials about community resources that may be of benefit. Track the date that forms and materials were mailed to the prospective partner. It is possible to begin with matching process with verbal consent from the Partner for participation in the program and evaluation. Verbal consent must be documented, and you must still have the Partner sign and return the written copy of the agreement.
Section 5: Preparation for Mentor Training

Advance planning helps insure a successful mentor training experience for both the PSCs and the mentors.

One - two months prior to training:

1. Select and reserve a space for the training that is physically comfortable and contributes to group interaction.

 ✓ The training site should be centrally located for all participants and should be wheelchair accessible.

 ✓ The room should be large enough to hold the group comfortably (but not too large); it should be private, quiet, clean and well lit.

 ✓ Avoid the traditional classroom set-up. Have a table large enough for all participants to sit around, or multiple tables that are square or circular. A U-shaped arrangement of rectangular tables works well, with an area at the front for the trainers.

 ✓ If possible, look for a site that has a quiet area for participants with ABI to take a break or rest if needed.

 ✓ It is recommended that a minimum of eight mentors be the target before committing to a training day. Adjacent brain injury associations are encouraged to “team up” if their mentor pool is small.

 ✓ Ensure adequate facilitators will be available for training. A ratio of eight to one (mentors/trainers) is recommended. Consult the PSPM if more trainers are required than currently available in your association.

Note: Check with local hospitals, rehabilitation centres, community programs and businesses for available space. Frequently, community-based facilities are willing to donate space as a community service.

2. Select a date for the training far enough in advance to ensure good turnout.

Review the comments on the Mentor Application forms to determine the dates and times convenient for most participants.

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If most of the participants are working, it is best to schedule the training on a weekend. Remember to take into consideration holidays and vacation schedules.
Training Workshop Agenda
(all times are guides)

1. Opening and Introductions (15 minutes)
2. Group Exercise One: Getting to Know Your Fellow Mentors (45 minutes)
3. Overview of the Peer Mentoring Support Program (45 minutes)

   Break (15 minutes)

4. Overview: Communication Skills (45 minutes)

   Lunch (45 minutes)

5. Role Plays: Initial and Follow-up Contact with Partner (60 minutes)
6. Group Exercise Two: Handling Situations as a Mentor (30 minutes)

   Break (10 minutes)

7. Review of Mentor Training Manual (25 minutes)
8. Questions (25 minutes)
9. Wrap-up (15 minutes)

3. Assign facilitators to address each component of the agenda.

   • Decide which facilitators will do each portion of the training.
   • Divide tasks among facilitators.
   • Practice role-plays that will be part of the training.

4. Prepare materials to be used during training.

Three types of material will be provided for each trainee:

   a) the Mentor Training Manual

   b) a folder of materials to be used during training (including a membership brochure for the Community Support Network and the local Community Association and the Agenda) as well as:

      i. Getting to Know Your Fellow Mentors
      ii. Mentorship Agreement
      iii. Mentor’s Preference for Match with Partner
      iv. Sample Partner Application form
      v. Contact Log
      vi. Key Points About Initial Contacts
      vii. Key Points About Ongoing Contacts
      viii. Mentor Training Evaluation form
ix. Promotional materials for your association

(see Appendix for all forms, also available at www.obia-csn-rsc.org)

c) a folder of materials that will serve as resources for mentors after training including:

i. Latest OBIA and local association newsletter and brochure

ii. Other materials that may be useful for mentors to have as a resource

**Note:** *The training will go more smoothly if the materials in the folder are arranged in the order in which they will be used during the workshop. Using a variety of colored paper will also help make each sheet easier to find.*

Customize the reminder letter regarding training (OBIA will provide a sample letter for your use). Make extra copies of the pre-training questionnaire and consent forms (OBIA will provide samples for your use). Also, create a sign-in sheet for participants to share e-mail and phone numbers at the end of training (include blank space for name, address, phone number and e-mail address).

**Two weeks prior to the training date:**

1. **Send the reminder letter to all participants.**
   - Include the pre-training questionnaires. Ask participants to complete and bring to training.
   - Enclose a business card so the participants can contact someone if they have questions.
   - Call all participants the day before training. Remind them to bring their questionnaires and consent forms, as well as travel instructions and telephone contact numbers.

2. **Make arrangements to provide refreshments for workshop participants.**
   - Plan to feed everyone. Training should include a light breakfast, lunch and an afternoon snack. Beverages should be available at all times.
   - Ask participants about any special dietary needs.
   - Get a final participant count at least a week ahead of the training to facilitate food planning.
   - Plan on finger foods, sandwiches and refreshments being delivered to the training room—this will minimize time spent in obtaining food during training.
   - Assign a facilitator, staff member or association volunteer to oversee refreshments during the training (i.e., setting up, restocking, safekeeping of food ordered, making payment).

3. **Prepare and gather together materials/equipment to be used during the training session.**
   - On-site signs to direct participants to training room
   - Alphabetical list of participants for registration table
   - Name tags
• Extra copies of pre-training questionnaire, Mentor Agreements
• Pens, pencils, post-its, paperclips, highlighters, paper, tape
• Mentor Training Manual, training day folder and additional handouts
• Certificates of Training Completion
• Flip chart, easel and markers
• Telephones/cell phones for role playing

**On the day of the training:**

Arrive early.
✓ If needed, put up signs showing participants where to go for training session.
✓ Set up tables and chairs.
✓ Prepare flip charts or chalk boards as required.
✓ Set up, test and check equipment.
✓ Set up registration table; lay out Mentor Training Manuals and mentor folders.
✓ Be sure refreshments are available.
✓ Greet participants as they arrive at the training room.
✓ Register participants:
  • Check off name on list of participants, and give each person a name-tag.
  • Give each participant a Mentor Training Manual and training day folder.
  • Collect signed mentor consent forms and completed pre-training questionnaires.
  • Have participants select refreshments and complete miscellaneous forms while waiting for others to arrive.
Section 6: Conducting a Training

Workshop Introduction

Establishing and maintaining a relationship between two people who have common experience with ABI might seem like a “natural” activity. Consequently, some programs might overlook the importance of training mentors. However, in our experience and that of both the NY and NJ mentoring programs, mentor training has been found a critical key to success. It has been seen that mentors benefit from a structured training experience, especially because the mentor’s responsibilities and the limits are carefully described and delineated.

Goals of Training

Training should:

- Introduce participants to the concept of peer mentoring
- Provide participants an overview of the peer support mentoring program
- Discuss and clarify mentor roles and responsibilities
- Describe program support available to mentors
- Help participants understand the scope and limits of mentoring
- Help participants develop mentoring skills
- Provide participants with information about challenges for people living with ABI
- Provide participants new networking opportunities
- Provide participants resource information to share with partners
- Answer participants’ questions and concerns
- Build participants’ confidence to take on the role as a mentor

Benefits of Training

- Participants will learn if mentoring is for them
- Participants may learn that they would be better suited to become partners
- Participants will have the tools to begin their role as mentors
- PSC will obtain (first-hand) information about potential mentors and their readiness to serve as mentors
- PSC will observe mentors’ ability to focus, listen and respond to others
- PSC will determine which potential mentors may require additional help before beginning the program
  Because of the built-in evaluation components, improvements to the training program will be made

Basic Principles of Mentor Training

1. Create a comfortable learning environment.

- Be sure that the physical space and seating are conducive to group learning and that participants
can hear each other as well as the trainers.

- Make necessary accommodations for physical handicaps of participants, if any.
- Ensure that the room’s temperature is comfortable.

2. **Pace training appropriately.**

- Encourage an open exchange of ideas, while keeping activities on track.
- Assign a facilitator for participants who need more assistance in completing forms or need other individualized supports to keep abreast of the training.

3. **Accommodate learning challenges within the training group.**

- Use multi-modal (e.g., oral, written, interactive) approaches to maximize learning of the participants.
- Use chalkboards and flip charts to illustrate important points (i.e., translate abstract points into concrete details).
- Encourage participants to take notes.
- Flip charts are useful for group problem-solving activities—facilitators should summarize major discussion points on the flip chart.
- Repeat key points in a variety of ways; reinforce key messages.

4. **Trainers should model good listening, feedback and problem-solving skills.**

- Listen carefully and respectfully. Acknowledge what people say even if you don’t agree.
- Maintain eye contact with each person as he/she speaks.
- Monitor your non-verbal signals (e.g., nodding, blinking, frowning, smiling), as well as your verbal comments.
- Encourage participants to think through issues and challenges; stress that the role of the mentor is to assist the partner to find his/her own solution rather than impose “what worked for me.”
- Model repetition and summarize key points in the course of discussion.
- Help participants develop collaborative problem-solving skills.

**Training Activities**

In the next pages, the eight activities referenced in the training agenda are described. Objectives for each training activity, the estimated duration of the activity and the process of training are, in turn, described. While your association may choose to modify some aspects of training to better fit its needs, the overall goals of mentor training remain the same. Nonetheless, each workshop should include all of the listed activities.

1. **Opening and Introductions**

**Objectives:**

- Welcome participants
- Introduce facilitators, staff and volunteers
- Complete necessary questionnaires, application and consent forms
- Review the agenda
Length: 15 minutes

Process:
Introduce the training facilitators.
Provide a brief overview (history, programs) of your association.
Review the agenda.

Briefly orient participants to the Mentor Training Manual and the forms folders.
Inform participants of location of restrooms and exits.
Encourage participants to take breaks whenever needed.
Encourage participants to ask questions whenever additional clarification is needed.

2. Group Exercise: Getting to Know Your Fellow Mentors

Objectives:
♦ Everyone gets acquainted with each other and becomes involved in the session
♦ Participants experience a situation that is somewhat parallel to the first contact with a partner
♦ Participants practice sharing information with another, asking questions and making notes

Length: 20 minutes

Materials Required:
Getting to Know Your Fellow Mentors (in training folder, see Appendix A? )

Process:
♦ Break group into pairs (with one threesome, if you have an odd number of participants). Try to pair people who do not know each other—a key learning experience is how to break the tension with a stranger.
♦ Inform participants that, after learning some basic information, their task is to introduce their partner to the larger group.
♦ Ask the participants to interview each other using and completing the Getting to Know Your Fellow Mentors form.
♦ Allow 10 minutes. Inform the group when 5 minutes have elapsed and encourage partners to switch interviewing roles.
♦ Reconvene the group. Suggest a time limitation based on the number of people being trained. Have each participant introduce his/her partner to the group.
♦ Conduct a brief discussion of how meeting a new person in training mirrors one activity of mentoring, (i.e., starting a new relationship with a partner.)

3. Overview of Peer Support Mentoring

Objectives:
♦ Help participants feel connected to the program
Discussion of mentoring in the context of ABI
Learn qualities of effective mentors
Clarify the program’s requirements
Give participants an opportunity to identify their preferences for types of partners

**Length:** 45 minutes

**Materials Required:**
- *Mentor Training Manual*
- *Mentorship Agreement* (in *Mentor Training Manual* [to read] and in training folder [to sign], see *Appendix, A?*)
- *Mentor’s Preference for Match with Partner* (in training folder, see *Appendix A?*)

**Process:**
- Review the Mentor Training Manual’s Table of Contents.
- Review the definition and purposes of mentoring (see Mentor Training Manual, p. 1).
- Ask participants to share experiences about people who have helped them through difficult periods in their own lives, or times when they have assisted others in coping with the challenges of ABI.
- Highlight information presented by participants; summarize key qualities reported by the group on a flip chart or chalkboard.
- Emphasize that solid listening skills, empathy and knowledge/understanding about ABI have been helpful in guiding participants in the past, and that use of these same skills will help guide others in coping with ABI today.
- Review the core elements of the program and qualities that make an effective mentor (see Mentor Training Manual, pp. 2-4).
- Discuss the roles of a mentor (see Mentor Training Manual, p. 5).
- Describe the support that mentors can expect to receive from their PSC and why this support is sometimes needed.
- Discuss the importance of confidentiality within the mentoring program. Describe specific circumstances when confidentiality should be broken (see Mentor Training Manual, pp. 6, 7).
- Review expectations and responsibilities of mentors, defined in the Mentorship Agreement (see Mentor Training Manual, pp. 6, 7). Allow time for participants to ask questions, and then ask participants to express agreement with these responsibilities by signing the forms (in the training folder). Collect the forms from participants.
- Facilitate a brief discussion about differences in participants’ level of comfort in mentoring diverse types of individuals.

Ask participants to think about their own “comfort zone in mentoring” and then complete the Mentor Preference form (in the training folder). Stress that knowing preferences will be helpful to their PSC in matching mentors and partners. Collect forms from participants.

**4. Overview: Communication**

**Skills Objectives:**
- Identify qualities of a good listener
- Develop positive listening skills
♦ Recognize communication enhancers and roadblocks
♦ Learn to maintain a conversation

**Length:** 45 minutes

**Materials Required**
*Mentor Training Manual* (Section B)

**Process:**

♦ Invite participants to take part in a brief “Visual Imagery Exercise.”
♦ Ask participants to relax and close their eyes. Ask them to think about a time in their own lives when they were experiencing difficulty and someone was helpful.
♦ Then, ask each person to think about the following question: *What did that person do or what qualities did they have that made them a good listener?*
♦ Next, ask the participants to visualize a time when they had a conversation with someone that wasn’t helpful. *What did this person say or do? What aspects of his/her behaviour interfered with the ability to listen?*
♦ Bring the group together and share their recollections. (A facilitator records participant responses under two headings: “Helpful” and “Not Helpful” on a flip chart or chalkboard.)
♦ Review the qualities of a good listener provided by the group in comparison to those listed in the manual (see *Mentor Training Manual, p. 9*).
♦ Review and discuss communication enhancers and roadblocks (*Mentor Training Manual, pp. 10,11*).
♦ Briefly review “Maintaining a Conversation with Your Partner” (*Mentor Training Manual, p. 12*). Encourage participants to review these ideas when later involved in mentoring.
♦ Allow time for questions.

5. **Role Plays: Initial and Follow-up Contacts**

**Objectives:**

Familiarize participants with the initial steps in mentoring: discussion with their PSC, initial contact with the partner and follow-up contacts with a partner
Model typical partner reactions and effective mentoring skills
Discuss key points in initial and continuing contacts with partners
Review and practice completing a **Contact Log** form (see **Appendix A**)

**Length:** 60 minutes

**Materials Required:**

♦ *Mentor Training Manual (Section 5)*
♦ Two telephones (or cell phones)
♦ Handouts from training folder
♦ Sample Partner Application form
♦ Key Points About Initial Contacts
Key Points About Continuing Contacts
Blank Contact Log and printed view of electronic contact log

Process:

- Explain that facilitators will role-play the initial steps in a mentoring relationship.
- In the first role-play, the PSC phones the mentor to ensure that the mentor is comfortable with the partner to be matched.
- In the second role-play, the mentor makes initial phone contact with the partner.
- In the third role-play, the mentor completes a follow-up phone contact with the partner.

- Have two participants sit back-to-back in front of the group using telephones as props. Using the Sample Partner Application form (in the training folder) as a script, the participants role play as described above.
- The participant who plays the partner will model a variety of moods and reactions.
- The facilitator who plays the PSC and the mentor will model effective listening skills in exploring the readiness of the mentor to participate in the match, as well as effective listening skills in dealing with the issues presented by the partner during the role-play.
- During role-plays, one of the facilitators summarizes (on a flip chart or chalkboard) key points about the phone dialogues as they emerge in the role-plays.
- After each role-play, key points recorded by the facilitator are reviewed with the group. Effective mentoring skills are highlighted.
- Participants are referred to the handouts on Key Points for Initial Contacts and Key Points for Continuing Contacts (in training folder), which are reviewed and discussed.
- As a group, mentors practice completing a sample Contact Log (in the training folder), based upon the interactions viewed during the mentor-partner role-plays.
- Their experience and results of completion of codes are discussed.
- The mentors are referred to Discussion Codes: Definitions and Examples (see Mentor Training Manual, pp. 37-39) for use when they later complete Contact Logs.
- Reasons why completion of the Contact Log is important are discussed:
  - To ensure the mentor’s follow through on prior discussions
  - To serve as a memory jog of prior conversations
  - To support and contribute to program evaluation

Participants then return to the Mentor Training Manual, for a brief review of:
- Information about the initial contact (pp. 33-34)
- Long-distance policies (p. 34)
- Reminders on use of the Contact Log (Appendix A?)

6. Group Exercise: Handling Situations as a Mentor

Objectives:
- Practice handling situations and applying effective mentoring skills
- Increase confidence in participants’ ability to make good decisions as mentors
- Understand establishing possible goals when working with a partner
- Learn to enhance the partner’s coping skills and how to support them through grieving and loss
Length: 30 minutes

Materials Required:

*Mentor Training Manual (Section 7)*
Sample Mentor Situations (see below)

Process:

✦ Inform participants that the next activity involves their applying ideas and approaches that have been discussed in training to situations they might encounter as mentors.
✦ Present one of the sample mentoring situations (see below) or present a situation specific to your setting.

Sample Mentor Situations

1) Your partner tells you that she has no one to call for assistance. How do you encourage her to gain support from others?

2) Your partner is feeling alone and isolated. How do you help your partner increase his social and recreational opportunities?

3) Your partner is feeling anxious and nervous. What can you suggest to help her overcome these feelings?

4) Your partner does not understand what has happened to his brain and why he is experiencing certain symptoms. How do you help your partner increase his knowledge about ABI?

5) Your partner gets frustrated when she tries to call provincial or community agencies for help. How do you help her enhance her advocacy skills and ability to communicate with professionals?

6) Your partner never wants to end a phone conversation and you dread the amount of time you have to stay on the phone. How can you keep your phone calls brief and on track?

7) Your partner raises an issue that was very painful for you in the past. You feel yourself becoming overwhelmed by your emotional reactions. What do you do?

8) Your partner wants you to recommend a good neurologist or asks you for the name of your doctor. How do you respond?

9) Your partner asks you a question, and you are confused about how to respond, or you need time to think about an answer. What should you say?

10) Your partner wants you to visit him or her at home. How do you respond?
♦ In either small groups of 3 – 4, or with the whole group, encourage the group(s) to brainstorm approaches to handling the situation. If working in small groups, assign a few scenarios to each group.
♦ If working in small groups, have each group report their thoughts back to the whole group. As suggestions are made, summarize key ideas on the flip chart or chalkboard.
♦ Review the group’s suggestions as an illustration of how individuals vary in their responses to any given situation. Use this illustration to emphasize that the most effective mentoring skills are those that incorporate a person’s own style of interaction with another person.
♦ Select a second situation, read it to the group and ask for feedback about possible responses.
♦ Repeat this process with as many additional situations as time allows, encouraging group discussion and flexibility.
♦ Briefly review Section 7 of the Mentor Training Manual with participants and emphasize why this section was created.
♦ Allow time for questions.

7. Review of Mentor Training Manual

Objectives:
Familiarize participants with contents of the Mentor Training Manual not yet covered in training session
Emphasize that the Mentor Training Manual is a resource tool for the mentor

Length: 25 minutes

Materials Required:
Mentor Training Manual

Process:
♦ Reassure participants that, while there is inadequate time to thoroughly review the content of all sections of the Mentor Training Manual during the workshop, it is theirs to be used for reference when needed in the future.
♦ Review Sections 1 and 2 and emphasize how each might be useful in the future.
♦ Refer participants to Section 3, which provides background and information about ABI.
♦ Refer participants to Section 4. Stress its importance, i.e., to understand emotional reactions of partners, mentors must be cognizant of the stage of recovery their partner is in.
♦ Allow time for questions.

8. Wrap-up

Objectives:
♦ Provide additional resource handouts to participants
♦ Evaluate the training session
♦ Recognize participants for their achievement in completing their training
♦ Promote group bonding and networking
Length: 15 minutes

Materials Required:
Additional resource materials (if any)
Mentor Training Evaluation form (in training folder; see Appendix A?)
Participant Contact list (optional)

Process:
- Describe the resource materials that are distributed, and when to consider using them to help a partner. Emphasize the fact that mentors are not expected to know all available resources, but will more often direct their partner to other people or associations who have specific knowledge about resources.
- Thank participants for volunteering to become mentors. Emphasize that a waiting period may occur between training and when a mentor is first matched with a partner. Remind the participants that mentors are selected based on the needs of the specific partners.
- Ask participants to complete the Mentor Training Evaluation (in the training folder). Collect forms.
- Ensure that all paperwork required of mentors has been completed before participants leave the training.
- Distribute the Participant Contact list. Encourage networking for mutual support.
- Call each participant forward and present their Certificate of Completion.
- Consider taking a group photo to send to mentors.

Post-Training Follow-Up

Reflect on what worked well and what could be improved.

- Discuss the workshop with all facilitators. Think about situations when participants seemed involved, bored, stimulated, confused, angry or were having fun.
- If any participant exhibited behaviour or attitudes that are incompatible with Mentoring, discuss strategies for redirecting the individual to a more suitable role and assign responsibility for follow up.
- Share the findings of the “Mentor Training Evaluation” form with all facilitators. Also, discuss aspects of the training that you wish to modify and additional facilitation skills that need to be developed.
- Based on your collective observations and conclusions, make adjustments in training content and future strategies.
- Contact training participants.
- Send follow-up thank you letter to participants.
- Provide any follow-up information that was promised.
- Re-emphasize that it may be some time before they are called upon to be a mentor.
- Ensure proper documentation has been collected from all mentors.

Send a thank you letter to the training site and to any volunteers who helped with training.

Contact participants who did not attend training. Determine if they would like to remain on the list for the next training.
Section 7: Forming Partnerships

Successful partnerships are the key to an effective mentoring program. This Peer Support Mentoring Program is designed around the concept of “matching” people, based on commonalities or shared interests of the partner and the mentor.

Factors Found Helpful in Matching Mentors with Partners

In the development of the mentoring program, several factors that proved useful when working through the process of selecting mentors for potential partnerships were identified:

- Similar age, gender, marital status, racial/ethnic background, level of education and spiritual beliefs
- Similar relationships to person with ABI (e.g., both people living with ABI, both parents of young children living with ABI, both spouses)
- Similar personalities or interests (e.g., prior education level, sports)
- Similar type of injury (e.g., both involved in car crash, both with a sports-related injury)
- Similar challenges (e.g., problems with anger control, issues of child’s schooling)

When matching, keep in mind situations that the partner and mentor have in common, or that a mentor may have experienced and successfully coped with, such as:

- Family dynamics and family size
- Decisions required for treatment and/or rehabilitation
- Advocacy experiences within the school system, employment arena or with community, regional, provincial or federal programs and services

Experience shows that usually one or two factors seem to be most important for successfully matching a mentor with a partner. Keep in mind that many of the best matches are often based upon “a gut feeling” that a particular mentor will work well with a partner, based on either similar personality or shared interests. Accordingly, it is vital that the PSC knows the mentors well, particularly their personalities and interests.

Steps in the Matching Process

The matching process begins when a potential partner is first interviewed by the PSC.

- During the interview, the PSC—using the Partner Application form, Appendix, A?—assesses the potential partner’s needs, personality, communication style, temperament and mentor preferences.
- The PSC advises the potential partner of the Partner Agreement (see Appendix A?) that must be signed prior to being matched. (If the interview is completed successfully, the agreement is forwarded immediately to the partner for completion.)
- Keeping in mind factors listed above, the PSC reviews his/her pool of mentors to determine those currently available and who best fit the needs of the partner. The PSC then contacts one or two possible “good match” mentors to further explore their availability and suitability to start the partnership.
- If no match can be found in the local pool of mentors, the PSC can review the list of available mentors on the centralized database available at www.obia-csn-rsc.org.
- If considering a match in another region, the PSC will contact the other regional PSC by phone or email to assess the “fit” in more detail, and to develop and action plan.
- If verbal agreement has been confirmed, the PSC can contact the “best match” mentor. The PSC
will review basic information about the partner (without revealing the partner’s identity) and assesses the mentor’s willingness and preparedness for this match. If the mentor is unavailable or uncomfortable with this specific relationship, then the mentor is thanked, and the “next best match” mentor is contacted. This process is repeated until a mentor agrees to the match.

- Now, the PSC shares specific information with the mentor about the partner (including the partner’s contact information) and provides detailed information about the specific areas in which the partner would like to be assisted.
- The PSC and the mentor may discuss how to approach the partner’s needs. The PSC may also review the process for initiating a call to the partner, the specific program documentation required and suggested areas of the Mentor Training Manual that may be helpful to the mentor with this match.
- The PSC will send out the Partner Application Form and contact logs, or make these available electronically, as the Mentor prefers.
- The PSC will ask the mentor to select a date and time for the initial phone contact with the partner, reminds the mentor to contact the coordinator after the first contact has occurred
- Finally, the PSC (in the partner’s region) contacts the partner to inform her/him of the “matched” mentor’s first name, and date and time of their initial contact.

Note: The mentor is provide the following information by email or electronically:

- A copy of the completed first page of the Partner Application form (see Appendix A?)
- A supply of several months of contact logs (if mailing hard copy)
- Return envelopes for the Contact Logs (if logs are going to be completed in hard copy).

**Partnership Information that Should Be Collected**

PSC contacts with Mentors and Partners should be documented and kept in a file in a secure place at the association’s office. Mentor contacts with a Partner should be briefly documented. Written documentation of these activities is necessary for ongoing evaluation and funding purposes, to capture the nature and intensity of partnerships, and to provide the coordinator needed information so that s/he can give input to the mentor. Each participant file should contain:

- The Partner Application form obtained during the initial interview with the partner
- Mentor matching information (i.e., factors used to create the match, date of initial contact, date of ending of the partnership; see Appendix A?)
- Notes by the PSC on conversations with the mentor about the partnership
- Notes by the PSC of any conversations with the partner and any referrals provided to the partner

PSC’s may view the activity indicated in contact logs on the web site, under the Partnership section.

*Remember, files (paper or electronic) with this confidential information must be kept in a secure location.*
Section 8: Maintaining Partnerships

A key role of the PSC is to build, monitor and maintain mentoring partnerships. Mentoring is not always easy. To help their partners develop the skills necessary to cope with the challenges of living with ABI, mentors have to establish a new relationship. As is true of any friendship, it takes time for a mentor and partner to get to know, like and trust each other. Support and encouragement of mentors as they build these relationships is essential. Providing support to your mentors on a continual basis is critical for a successful outcome. Occasionally, partners may need the PSC’s support as well.

PSC’s Role in Supporting Mentors

In order to maintain partnerships, the support of mentors by the PSC is crucial. Mentors must be able to have someone to turn to when they encounter problems or issues within partnerships. The PSC serves a key role in ensuring not only the quality of mentoring relationships but also compliance with the Peer Support Mentoring Program’s related policies and paperwork.

To ensure effective communication between the PSC and mentors, the following strategies have proved to be useful:

- At the beginning of a partnership, the mentor should be encouraged to contact the PSC frequently to discuss the new relationship and any issues or concerns that arise.
- Once contact with a partner has been comfortably established, the mentor and PSC should be in contact at least monthly. Communication can be via phone, e-mail or in person.
- Regular PSC-mentor contact serves several purposes:
  - Ensures that contacts between a mentor and a partner are actually occurring
  - Allows the PSC to highlight sections of the Mentor Training Manual that may be helpful in addressing issues specific to the relationship
  - Allows for “friendly” reminders (e.g., completion of the Contact Log)
  - Alerts the PSC to situations that may be beyond the ability of the mentor to handle and/or allows for discussion of steps to take if a crisis arises in a relationship
  - Alerts the PSC that a relationship may need to end (typically signalled by a decrease in number of contacts)
- The PSC should log all contacts with the mentor and place them in the partnership file.

PSC’s Role in Supporting Partners

While the primary source of support for a partner in a mentoring program comes from the mentor, occasions may arise when the coordinator needs to be in direct contact with the partner. Like mentors, partners should feel that they have someone to turn to if they encounter problems or issues within their partnerships. At any time, from the initial matching and throughout the duration of the partnership, the partner should be encouraged to contact the PSC if concerns arise.

Follow-up contact with a partner is indicated when:

- The mentor asks for direct assistance in dealing with a specific issue (e.g., a question about specific resources in the community)
- On feedback from the mentor, the partnership seems to be in “trouble” (e.g., ongoing difficulty in
contacting the partner, difficulty in establishing a relationship with the partner).

In turn, these situations may lead to the following actions:

- Matching the partner with a new mentor
- Ending the partnership and thanking the partner for his/her participation
- Referral to a professional in the community to better address the partner’s needs

The coordinator should document all contacts with the partner and place this documentation in the partnership file.
Section 9: Ending Partnerships

Partnerships may be time-limited, or they may evolve into long-lasting friendships. The length of the partnership is usually determined by both the mentor and the partner. Partnerships within the Peer Support Mentoring Program have a maximum duration of one year. Occasionally, the PSC may facilitate the end of a partnership and match a partner with a new mentor.

Bringing Closure to a Partnership

Partnerships will come to an end for a variety of reasons.

- The partner’s needs are met
- The partner is unable to continue the relationship due to issues of time, energy or health
- You are unable to continue as a mentor due to issues of time, energy or health
- You and the partner are not a good match, and would be better paired with someone else
- The partner requires a different kind of support than a mentor can offer, and should be referred to another program or agency
- The partnership has lasted one year and comes to the allotted program time (if mutually agreeable, you may continue the relationship independently)

When the mentoring relationship is nearing its end, it is important that both the mentor and the partner to invest some time to reflect and talk about what has happened over the course of the relationship. It is an opportunity to express the value of the partnership, the challenges faced, and the hopes and fears about moving forward to another experience. Ideally, this is done together. However, there may be situations when that is not possible. It is still important for both participants to do this, perhaps in a journal, or with the PSC.

Reasons for Partnerships Ending

From the partner’s perspective:

- The partner feels his/her needs for mentoring have been met.
- The partnership has reached its one year maximum
- The partner is reluctant to continue in the program even though his/her needs remain unmet.
- The partner does not get along with or in other ways feels disconnected from his/her mentor and asks to be reassigned to a new mentor.
- The partner is unable to benefit from the program because of cognitive, emotional or health challenges.
- Due to other time commitments, the partner is unable to devote time to developing the partnership.

From the mentor’s perspective:

- The mentor believes that the partner’s needs have been met.
- The partnership has completed the one year maximum.
- The mentor is reluctant to continue with his/her partner even though the partner’s needs remain unmet.
- Due to other time commitments, the mentor cannot devote enough time to developing the partnership.
The mentor is unable to handle the needs of his/her partner; a referral to another program may be needed.
The mentor is unable to remain in contact with his/her partner because of scheduling conflicts.

**Role of the PSC in Ending Partnerships**

**One-Year Time Limit Has Been Reached**

When the one-year limit for the partnership is approaching, the PSC needs to ensure a smooth conclusion of the partnership. The PSC should contact the mentor a month in advance of the termination date and remind the mentor to inform the partner that the “official” partnership must come to an end. This gives time for both partner and mentor to reflect and bring closure to the relationship or determine if they wish to continue independently. If the mentor and partner both choose to stay in touch, they are free to do so; however, those additional contacts are no longer considered to be part of the mentoring program.

In helping to end a long-standing partnership, the PSC may be called upon to provide support to both mentor and partner:

- Both the partner or mentor may have feelings of abandonment or rejection, especially if they choose not to continue contact after the partnership’s end date. Support and reassurance may be needed. For partners, referrals for support may need to be offered.
- The mentor may have feelings of guilt or failure, especially if the mentor feels that the partner’s needs were not fully met. Support of the mentor and appreciation for a job well done are indicated.

The PSC should be sure to record the end of the partnership in the database, and, remind both participants that they will be contacted by a member of the evaluation team.

**Note**: In the NY and NJ programs, the average duration of partnerships was seven months. Both programs used a time limit for partnerships at the one-year anniversary. Approximately one-third of all partnerships lasted more than a year, with partners remaining friends after program termination.

**Ending Partnerships under 1 year**

Many partnerships do not last for the maximum time. In some cases, the needs will have been met so no further mentoring is required. In other situations, the PSC may receive a call from either the mentor or partner reporting problems with the relationship and/or requesting an early termination. The PSC should explore the nature of the difficulties in the partnership and determine if the mentor needs some additional guidance, if the partnership should end and/or whether the partner should be matched with another mentor.

Although a partnership may appear to be in “trouble,” by carefully probing, the PSC can often clarify the source of difficulty and refocus the partnership. In these situations, the coordinator should:

- Contact the mentor to explore the problems that have been reported
• Consider contacting the partner to explore satisfaction/dissatisfaction with the partnership
• If the partnership involves participants in different communities the two PSC’s should talk with one another and develop a strategy for resolving the issue, or ending the partnership

Note: In the NY and NJ mentoring programs, a typical “warning sign” of problems in a partnership was a marked decrease in the number of mentor contacts with a partner in the past month.

In situations where the partnership ends early, the PSC may need to provide support to both mentor and partner.

For fear of making either the mentor or the partner “look bad,” the mentor may be reluctant to say that the partnership is not going well or should end. The PSC should try to reassure the mentor about his/her abilities and suitability for the role. If appropriate, the PSC might discuss options when faced with similar situations in the future.

If the partner asks for re-matching, the PSC should work with the partner to better clarify the partner’s needs and expectations before attempting another match.

If the PSC determines that the program will not be able to meet the needs of the partner or, conversely, that the partner is unable to benefit from a peer-mentoring partnership, then the PSC should inform the partner that the partnership has to end and that no further match will be made. In this case, it is very important for the partner not to feel that he/she has failed, but that the mentoring program does not meet every partner’s needs all the time. Until the mentoring pool is sufficiently diverse, this situation will occur more frequently. The partner should be provided with referrals to alternative sources of support in the community and thanked for his/her participation in the program.

The PSC should enter the information about the completion of the partnership in the database.
Section 10: Maintaining the Peer Support Mentoring Program

A major task for the continuation of the Peer Support Mentoring Program for People Living with ABI is attending to its viability, visibility and accountability. For the program to remain viable, it must be visible: to the mentors & partners, to the community at large and to its primary constituents—people living with ABI. The program must also be accountable: to the funders and to your community association and OBIA. In this section, the focus is on how to keep your program alive with specific suggestions and strategies.

How to Keep the Program Visible and Viable

Maintaining enthusiasm among mentors is an important way to maximize your program’s visibility and viability. If mentors feel involved, your program’s success will increase.

After mentors complete their training they will be keen and excited to get started in their new role, but their initial experience can vary widely. Because the program is dependent on the number and nature of partner referrals, new mentors may wait months before being matched. Because of the wide variety of partner needs and backgrounds, some mentors, through no fault of their own may never get matched. Initially, mentors should think of themselves as “being in the reserves”—but they can be called up for action at any time. On the other hand, some mentors will be asked to mentor more than one partner at the same time.

Mentors will feel involved not only by direct program activity but also by sharing their mentoring experiences and learning additional strategies from their fellow mentors. Accordingly, it is most important to keep all mentors—“waiting,” new and seasoned mentors—motivated, interested and in touch with their colleagues.

Strategies to Maximize the Interest of Mentors:

- Encourage mentors to network informally and share experiences and issues arising from the program with their colleagues. (Note: Be sure to remind them of the need to maintain confidentiality about their partner’s identifying data in these contacts.)
- Encourage mentors to create an e-mail list-serve to communicate with each other or contribute a letter or an article to the Peer Support Mentoring Program’s newsletter. Mentors should be encouraged to write articles for the newsletter or suggest topics to be discussed. Encourage mentors to document “successful mentoring stories.”
- Actively solicit the opinions of mentors about the program and ways they feel it might be improved. This can be done at social gatherings, over the phone or via e-mail. Or, more formally, this can be done in a questionnaire or a focus group specifically formulated to capture this information.
- In the spirit of continuous learning, share new or relevant resource guides, articles, websites and other relevant materials with mentors.
- Use mentors to encourage assist partners in the recruitment and promotion of the program. Some mentors could become volunteers in local rehabilitation facilities (where they can routinely distribute program information) or attend support groups to describe the benefits of program participation.
- Provide opportunities for mentor training and development. For example, bring mentors together for a round-table discussion of some of the common themes or challenges that they have encountered. Or, have active mentors share their experiences with “waiting” mentors.
• Create social gatherings for the mentors (e.g., special sessions at your community association’s workshops or annual meeting). These events are excellent opportunities to acknowledge your mentors’ hard work and dedication.
• Provide special recognition and appreciation for mentor activities (e.g., mention of the project and its mentors in your community association’s newsletter, a nomination of a mentor for a local, provincial or national volunteer award, arranging an interview of a mentor with your local newspaper or other media outlet).
• Encourage mentors to participate in other volunteer activities within your community association (e.g., in public speaking, administrative outreach or committee membership).

There are many ways for volunteers to be involved—all of them help to maintain your program’s visibility and viability.

Note: In the NY program, mentors volunteered for a Hospital Advocacy Team (HAT), which did outreach to rehabilitation facilities and support groups. The HAT members provided basic information about ABI, the State’s brain injury association and the mentoring program. During the acute phase of ABI, these mentors served as models of “successful living with brain injury.” These teams were essential to recruitment for the mentoring program.

Program Accountability

Any program that wants to be viable must be documented and generate data to insure accountability and substantiate future funding requests. In order to achieve consistency, prevent headaches and safeguard program data, a plan has been developed. Here are the organizational strategies related to that plan that have been helpful in our mentoring programs. These strategies have also proven helpful:

• **Electronic program forms.** All forms related to partnerships and program evaluation will be maintained on central computer files for easy updating and revision. The materials are included on the central web site ([www.obia-csn-rsc.org/peersupport](http://www.obia-csn-rsc.org/peersupport)).

• **A locked file cabinet.** To ensure confidentiality, all paper documentation (potential referrals, actual partners, mentors, matching information) must be kept in a locked cabinet. Files should be accessible to the PSC and an alternate, such as an administrative staff person, or volunteer. Files must **not** be accessible to other staff or volunteers.

• **Participant files.** A hard copy of each participant’s record should be kept in a file. For those who are matched the printed copy of the mentor/partner with whom they are matched should be placed in the file. Initial and follow-up phone contacts from the PSC, and between the mentor and partner should be summarized and placed in each folder. A copy of the **Contact Logs** should also be kept in the Mentors’ folder.
Section 11: Program Evaluation

The Peer Support Mentoring Program’s evaluation plan is essential to both the short and long-term viability and evolution. Here is what will be tracked and reported on:

- Descriptive information about participants; key demographics including age, gender, cause of injury, etc.
- Documentation of the effects of the program to help determine if the program is meeting its goals and achieving anticipated (or unanticipated) benefits to mentors, partners and the community at large
- Components of the program that work well or require improvements
- Identification of ABI-related issues and challenges both province-wide and within your community association’s area
- Value for funding: developing funding models using the outcomes listed above to make the case to funders for the Peer Support Mentoring Program’s continuation

An evaluation team at Toronto Rehabilitation Institute will develop and provide evaluation tools. The tools will include:

Partner Application Form (PAF)
Mentor Application Form (MAF)
Mentor pre-training questionnaire
Pre-Match questionnaire – Mentors and Partners
Follow up baseline questionnaires – for unmatched participants
Contact logs
Post-partnership for partners
One year follow up for mentors

The Program Evaluation Flow Chart can be found in Appendix B, and is posted on-line at [www.obia-csn-rsc.org](http://www.obia-csn-rsc.org)
Section 12: Mentoring Partnership Vignettes

The following six vignettes illustrate the different paths a partnership can take, as well as the many types of relationships that can occur between partners and mentors. Some partnerships have very positive outcomes while others are not as successful. While the situations are all real, the names have been changed.

Vignette #1

Sandra contacted our program after being referred by staff at the hospital where her 25-year-old son Jeff was a patient. Jeff was involved in a motor vehicle collision two months prior and sustained a severe brain injury.

Sandra was in her mid-50’s, divorced from Jeff’s father, and remarried to a physician. Jeff, her only child, was in college at the time of his injury. She and Jeff’s father had an amicable relationship prior to the injury. Sandra was currently not working, although she had taught in the past.

When Sandra reached out to the mentoring program, she was overwhelmed. She was dealing with the shock of her son’s injury and the beginning realization of his future quality of life. She was also experiencing significant spiritual conflict, i.e. “Is there a God?” “Why us?” In addition, she was fighting with the insurance company. Her interaction with her ex-husband was tense, with minimal support provided. She felt that her ex-husband was “in denial” and resistant to making needed decisions about choice and location of rehabilitation facilities and future care. Sandra was feeling depressed, angry and anxious.

Upon speaking with Sandra and completing her partner interview, the coordinator sent resource material and a consent form for program participation to her home. When the form was received, the coordinator contacted one of the mentors, Patricia, to discuss a possible partnership.

Patricia was also in her mid-50’s, lived in relatively close geographic proximity to Sandra and was the mother of three children, one of whom, Thomas, had sustained a brain injury at age 24 in a motor vehicle collision. It was now four years since his injury. Patricia was eager to get involved when the coordinator told her about Sandra. Patricia and Sandra were matched on the basis of geographic proximity and both being parents of young men with TBI. Sandra’s contact information and needs (as outlined in the initial partner screening form) were shared with Patricia and a date for initial phone contact arranged. This information was conveyed to Sandra by the coordinator.

Initially, Patricia spoke to Sandra three times each month, speaking about 45 to 90 minutes at each contact. After the first three months, contact typically was twice per month, with the duration of each call now about 60 minutes. The partnership lasted an entire year, with both women deciding to maintain contact on their own outside the framework of the mentoring program at that time. Sandra says that Patricia helped her through the worst time of her life and that she was always there to offer support, suggestions and especially “just listen.” Patricia supported Sandra through the transition from hospital to rehabilitation and from rehabilitation to home. Sandra reports that these times of transition were the hardest for her, but her contact with Patricia gave her strength. Sandra states, “Knowing that Patricia was once in my shoes, dealing with similar things that I am, and knowing that she got through it, gives me enormous strength and conviction that I too will survive this.” Sandra also states that she relied more on her relationship with Patricia for support than she did on her family members or friends.
Patricia was equally pleased with the relationship. Patricia states that being able to support Sandra brought her great satisfaction and fulfillment. Patricia felt a sense of accomplishment in bringing her own issues and experiences with brain injury to a full circle. She remembers when she was where Sandra started—at the hospital and fearful of the unknown and the future. Being able now to help other people in similar situations has added meaning to her own life experiences.

Vignette #1: This very successful partnership benefited from the significant similarities between the partner and the mentor she was matched with—both were mothers in their 50’s with sons injured at similar ages and in similar ways. Geographical proximity meant that phone calls were local and knowledge of community resources was relevant. The mentor had four years of experience with her son’s injury to bring perspective to the partner’s reactions to her son’s recent injury. The mentor was an empathetic person who was able to “just listen” and, in turn, received something positive from the partnership, i.e., a sense of having come “full circle.” The willingness of both women to continue with the relationship past the program end date signifies a very successful partnership, indeed.

Vignette #2

Phyllis is a 59-year-old woman, whose 58-year-old husband, George, sustained a severe brain injury in a motor vehicle collision. It was eight months after his injury when she contacted our program for peer support. Her husband was still an inpatient in a local rehabilitation facility.

This was Phyllis’ second marriage, and she had two grown children from her previous marriage. She was seeking a mentor for emotional support, to assist with community resources and to help her improve her communication with the health care team. Phyllis also admitted feeling very angry with the driver who caused the collision, and she was depressed. She had recently started taking anti-depressants. Friction had developed within her family, as her children felt she was spending “too much time” at the hospital and felt she needed to “take better care of herself.” A pressing issue was that her family and some doctors were recommending placing her husband in a nursing home. Phyllis was unsure and torn about that decision.

Phyllis was matched with Betty, a 46-year-old woman, whose husband also had sustained a severe brain injury in a motor vehicle collision, seven years prior. Betty had cared for her husband at home for a few years and recently had him placed in a nursing facility, because his care was more than she and the family could provide. That decision caused hardship within her family, but Betty maintains that it was the best decision for her husband and family. Betty was matched with Phyllis based on the fact that both were wives, with common issues involving placing a loved one in a nursing home.

Phyllis and Betty initially spoke three or four times per month for about 30 minutes per call. After three months, they also began communicating through e-mail as a supplement to their phone conversations, which helped both, given their busy schedules. Time constraints on Betty’s part made it harder, as the end of the mentoring year approached, to maintain frequent contact; however, they continued to utilize the computer to support each other and planned to do so after the program’s end date.

Phyllis speaks highly of her relationship with Betty. She states that they have a lot in common and that Betty is understanding and supportive. Phyllis adds that she was able to listen when Betty told her to take care of herself, whereas she would get angry with others who offered the same advice. “That’s because,” says Phyllis, “she knows what I am going through and I trust her because she has been here, too.”
Phyllis did eventually place her husband in a nursing facility and knows that she could not have provided the care he required. She states that Betty’s support through that decision was invaluable and served to decrease her significant feelings of guilt.

Betty states that she thoroughly enjoyed speaking with Phyllis and that they connected immediately upon talking. Betty admits that, in many ways, supporting Phyllis has improved her own mood and ability to cope. Adds Betty, “I was pleasantly surprised to realize how much I could get out of helping somebody else deal with brain injury.”

**Vignette #2:** This is another example of a mentoring relationship that worked well. The partnership benefited from the significant similarities between partner and mentor. Most importantly, they were both spouses of men with severe injuries who had to deal with the issue of nursing home placement. The coordinator was fortunate to have a mentor available who had relevant prior experiences and sensitivity to the same emotional issues the partner was confronting. The partner and mentor’s use of e-mail as an additional means of communication allowed the relationship to continue despite often-conflicting schedules.

**Vignette #3**

A community outreach specialist from the local BIA office referred the father of a 39-year-old woman to the mentoring program. Peter is a 71-year-old man, married with four children. His daughter, Cindy, suffered a heart attack with anoxia at age 35, which left her with a severe brain injury. Cindy was married with one child, but was currently living at home with her parents. Peter was dissatisfied with how Cindy’s husband was caring for his daughter and making medical decisions on her behalf.

Peter sought someone to talk to about his situation—somebody who would understand what he was going through, and someone who could help decrease his sense of isolation. Peter also wanted help in dealing with his anger and frustration directed towards his son-in-law.

Peter was matched with Ted, a 52-year-old married man, with two daughters, one of whom had surgery for an AVM (car crash) at age 19, resulting in a severe brain injury. Both men had served in the Navy. Peter was matched with Ted based on the fact that both were fathers, with common issues involving care of a daughter and a mutual love of the Navy. Peter’s contact information and needs were shared with Ted and a date for initial phone contact arranged.

Peter and Ted have been communicating almost eight months. They speak weekly for about 1035 minutes. Peter states that Ted has been a positive outlet for his anger and has assisted in channelling his anger to more positive uses. Peter admits that he sometimes feels guilty for burdening Ted with his issues, but adds that Ted always responds, “That’s what I am here for.” Peter states that it has been invaluable to speak to another father who has gone through something similar and that it has helped normalize his situation and feelings.

Ted also agrees that this has decreased his isolation in having a daughter with a disability and that he has personally gained from speaking with Peter. Ted states that it was refreshing that Peter was able to express his emotions so well and that it has assisted his coming to terms with some of his own feelings that he held inside because “that’s what men are suppose to do.”
**Vignette #3:** This partnership was successful in part due to the similarities in circumstances and also personalities. Matching two fathers of daughters with acquired brain injury offered both the mentor and partner an immediate bond and connection, even though the issues they faced were not identical. The fact that both men had prior experience in the Navy also helped to build rapport. Another aspect of this relationship was their complementary personalities: The mentor was easygoing and quiet, while the partner was more verbal and outgoing. These complementary traits allowed the partner the opportunity to vent his anger and explore his feelings and the mentor an opportunity to validate his own feelings. As a result this was a solid match.

**Vignette #4**

Sharon is a 55-year-old woman who suffered an aneurysm at age 54. She saw our program advertised in an agency newsletter and was interested in having a mentor. Sharon was married with two grown children. She had held various jobs in the past, but currently was not working. Sharon was seeking a mentor with similar experiences, in hopes of decreasing her isolation and improving her ability to cope with her cognitive deficits. She was also interested in learning more about acquired brain injury.

Sharon had a strong personality and so it was important to find a mentor who would be an appropriate match. At the time, we did not have an available and appropriate mentor who had an acquired brain injury. When we offered a mentor who has been dealing with cognitive issues secondary to TBI, Sharon agreed. Sharon was paired with Anna, a 37-year-old woman who sustained a TBI five years earlier. Anna was married and did not have children. Anna was matched with Sharon based on her own strong personality, similarly strong spiritual faith, shared interests and hobbies, as well as both experiencing post-BI cognitive difficulties.

The first contact between Sharon and Anna seemed to go well. They both talked about having memory problems and how they have needed to compensate for them, among other things. They set a time to speak again. On the second contact, Anna called Sharon 15 minutes later than the scheduled time; however, their conversation again seemed to go fine. For the next contact, Anna again called several minutes late. Following this contact, Sharon contacted the coordinator to complain about Anna “calling later than promised.” The coordinator contacted Anna to discuss this issue. Anna made her next call at exactly the scheduled time; however, Sharon was not available. Anna attempted two additional calls and left messages for Sharon. Sharon contacted the coordinator and explained that she had a “lot of doctor and therapy appointments” and that keeping to a schedule was very important to her. She felt she didn’t “have time” to continue in the program. She also expressed dissatisfaction that the origin of Anna’s injury and hers was different and that, therefore, Anna was unable to relate to her needs. With mutual agreement, the partnership was terminated. Sharon opted not to be matched with a new mentor. She was offered alternative resources in her local community for support and thanked for her program participation. The coordinator called the mentor to inform her about ending the partnership, and to explore any feelings the mentor might have had about the termination.

**Vignette #4:** This is a partnership that did not go well. Initially, the partner had very strong ideas of what qualities she wanted in a mentor, which, in hindsight, should have raised a “red flag” about her readiness for mentoring. Although the coordinator attempted to meet the partner’s requests, it seems unlikely that the partner’s needs could have been met. Also, it became apparent that the partner was unwilling to develop a new relationship with another person unless that person had identical needs and experiences. The partner’s fairly rigid thinking made successful peer mentoring unlikely.
**Vignette #5**

Susan is a 58-year-old woman who sustained a brain injury after having surgery to remove a brain tumour. While attending an outpatient rehabilitation program, she was referred to the mentoring program for peer support. Susan was seeking support to assist her to cope with the cognitive and physical deficits she was experiencing. She was also questioning her ability to return to work as a guidance counsellor. In addition, Susan was hoping that a mentor could offer insight to maximize her rehabilitation and help alleviate some of her anxiety about the future.

Susan was matched with Paula, a 50-year-old woman, who had two surgeries to remove a recurrent brain tumour. Paula had gone through rehabilitation following each surgery and had made successful recoveries from both operations. Paula was pleased to be called upon as a mentor and was anxious to help somebody also similarly affected. Both women were married and lived in the same area, in addition to sharing interests in gardening and cooking. Susan and Paula spoke about three times per month for about 30 minutes each call. During their conversations, they addressed issues of rehabilitation and expected recovery, and Paula offered some tips on compensatory strategies. They both were happy with the partnership.

After three months, Paula began having difficulty in reaching Susan, although they had arranged a schedule of phone calls. After three unsuccessful attempts, Paula contacted the coordinator. When the coordinator was finally able to reach Susan, Susan explained that her therapy schedule had changed and that she now had “very little free time.” While Susan was very happy to have had contact with Paula, she felt that her needs had been met and that her current schedule no longer allowed for contact to continue. After speaking with Paula, the partnership was ended. The coordinator contacted Susan to offer her referrals for additional support in the community and to thank her for her participation in the program. Paula was disappointed that the partnership had ended; however, she understood the time and energy demands required of an individual during the early phases of rehabilitation. The coordinator stressed with Paula how helpful she had been, even though she only spoke with her partner for three months.

**Vignette #5: This vignette illustrates a brief partnership. The mentor and partner had much in common and the mentor had experience relevant to the partner’s current needs. It appears that the partner’s change in rehabilitation schedules did, in fact, impact the relationship. However, other reasons may have existed, but were not disclosed by the partner in her ending the partnership. While this partnership was relatively brief, it cannot be viewed as unsuccessful, because it appeared that the partner’s stated needs were met. This vignette illustrates that it is the mentors who are sometimes more disappointed than the partners when a partnership ends and need additional support and acknowledgement.**

**Vignette #6**

John is a 40-year-old man who sustained a brain injury eight years ago as a result of a bicycle crash. He is recently divorced and living alone. John referred himself to the mentor program after reading a flyer. John was seeking a mentor to help reduce his isolation. He felt that nobody understood the effects of BI on his personality. He was hoping that speaking to a mentor would help his mood and motivate him to seek work.

Hector was chosen to be his mentor because of similar situations and interests. Hector is 48 years old and sustained his BI in a motor vehicle collision 12 years ago. He is divorced, works full time and also
volunteers at a local rehabilitation centre. He is involved in many community activities and is a board member for two organizations. Both Hector and John had military experience and enjoy working on computers. Hector was thrilled to be paired with John.

John and Hector spoke weekly for the first month, with calls averaging about 15 minutes. During the second and third months, Hector called twice for about 10 minutes per call. In the fourth month, the coordinator noted a continuing decline in phone contacts. During the monthly follow-up call, he admitted to feeling overwhelmed because he had started a new job with increased travel. Hector was apologetic but felt that he did not have the time to call John as often as he should. He felt torn because he thought that John and he connected well, but that Hector was being “pulled in too many directions.” The coordinator discussed the possibility of reassigning John to a new mentor, and Hector was receptive to this idea. The coordinator contacted John to discuss finding another mentor. While disappointed, John had been sensing that Hector was getting very busy; John himself stated that he was beginning to feel guilty for taking Hector’s time. As a result, John was relieved that he could start with a new mentor.

John was re-matched and paired with Ted, a 59-year-old, retired man, who suffered a stroke with residual cognitive and physical deficits. Ted and John hit it off immediately and addressed ways to increase socialization through attendance at support groups and other recreational activities. Ted also provided motivation and support to assist John in connecting with a supported-employment program. The partnership continues to go well. Both Ted and John state that they feel less isolated since they have been speaking.

Vignette #6: This vignette illustrates the issues sometimes encountered with “super mentors”, i.e., those very involved in community activities, who can easily become overextended. Both the mentor and the coordinator should consider the mentor’s other community involvements before the mentor agrees to take on a new partner. If, during the partnership, the mentor becomes overextended, the mentor should be encouraged to proactively contact the coordinator to discuss the situation. This vignette also illustrates the importance of contact with mentors throughout the duration of the partnership. It was the careful follow-up by the coordinator that highlighted potential difficulties in the relationship.
Appendix A: Peer Support Program Forms

A1 Referral form

A2 Reference Request

A3 Reference Verification

A4 Partner Agreement ..............................................................

A5 Getting to Know your Fellow Mentors .....................................

A6 Mentorship Agreement ..........................................................

A7 Mentor Preferences for Partner Match .....................................

A8 Key Points – Contact with Partners .........................................

A9 Training Evaluation ..............................................................

A10 Mentor Pre-training Questionnaire ...........................................
Peer Support Mentoring Program for People Living with ABI
Referral Form

Check one:
_____ The following person is interested in being matched with a mentor.
_____ The following person is interested in becoming a mentor.

Contact Information:
Name:__________________________________________________________
Address:________________________________________________________

Phone #: (home)______________________ (work)________________________

Best place to contact:______________ Best time to contact:_________

How is the person you are referring related to a person with a brain injury?

Referral Source:
Your Name:_______________________________________________________
Place of Work:____________________________________________________
Address:__________________________________________________________
Telephone #:_________________________ Fax #:__________________________

Please mail or fax this form to: (ASSOCIATION NAME, ADDRESS TELEPHONE
NUMBER FAX NUMBER)

If you have questions about the program or would like to talk about someone who may
be interested in the program, please contact (name of PSC and telephone number).

A 1
Peer Support Mentoring Program for People Living with ABI References

Please provide two personal references. References may include friends, family, co-workers, professionals, etc.

Name:_________________________________________________ Address:__________________________________________________
Telephone number:_______________________________________ What is your relationship:______________________________

Name:_________________________________________________ Address:__________________________________________________
Telephone number:_______________________________________ What is your relationship:______________________________

THE (Association Name) HAS MY PERMISSION TO CONTACT THE ABOVE LISTED REFERENCES.

__________________________________________________________
signature printed name

date

A2
Peer Support Mentoring Program for People Living with ABI

Reference Verification

Volunteer Name: ____________________________

Reference Name:_______________________ Phone number:_____________

How long have you known (volunteer name)? ______________________

In what capacity?__________________________________________________

(Volunteer name) is interested in volunteering to provide emotional support and information to families of individuals who have sustained an acquired brain injury.

Most of the contact with the family would be by telephone. We ask our mentors to commit to the program for at least one year.

Can you see [name] fulfilling this role?
Could you tell me about some specific qualities that would make [name] a good volunteer?

Are there aspects of being a volunteer, as I have described it, that you think might be difficult for [name]?

Reference verified by:_____________________________ Date:____________
Partner Agreement

Preamble
The purpose of the Peer Support Mentoring Program for People Living with ABI is to provide support and guidance to ABI survivors and their family members by pairing partners with mentors. Mentors are volunteers with experience with ABI. All mentors must complete a training program. The role of mentors is to support their partners and offer information on available resources. Please keep in mind that a mentor is not:

- An expert on all issues related to brain injury
- A social worker, case manager or service coordinator
- A provider of support like transportation or child care

All mentors are carefully screened and matched with partners by a Peer Support Coordinator (PSC) who also provides supervision to the mentor. While the Peer Support Mentoring Program tries to match all potential partners with suitable mentors, this may not always be possible. You may be placed on a waiting list or referred for a different kind of support that will better meet your needs. If you have any questions about the program, or about other resources, please talk with your PSC.

Before a partnership begins, your PSC will contact you and provide the first name of your mentor and will let you know when you can expect the first phone call (based on your availability, as indicated in your application form). It is important to understand that both you and your mentor have signed Partner or Mentor Agreements before your PSC matches you.

During training, mentors are instructed to keep information about partners in strict confidence. When required, they will share information with their PSC or with OBIA’s Peer Support Program Manager, to ensure that you get the best support available. Your mentor, PSC or the Program Manager may share personal information with the appropriate authorities if you express an intent to harm yourself or someone else.

Responsibilities to a Mentor
- I understand that contact with my mentor will be primarily by telephone. Meetings in person may occur at program related activities, or in public places.
- I agree to have regularly scheduled contact with my mentor approximately once per week.
- If I am unable to maintain contact with my mentor, I will contact my PSC.

Responsibilities to the Program
- I understand that I can participate in the program until my issue(s) has/have been resolved, or for one year from the time that I am matched.
- I agree to notify my PSC with any change in my contact information (address, phone, email) or changes in my availability.
- I agree to discuss any problems or challenges with my PSC, as soon as they arise.
- I understand that I can request to be matched with a different mentor at any time.

Program Evaluation
- I agree to participate in a program evaluation of the Peer Support Mentoring Program, which will be conducted by the Toronto Rehabilitation Institute as described below.
Purpose and Process

The purpose of this study is to discover if the Peer Support Mentoring Program is an effective way to support people living with ABI. Both Mentors and Partners will participate in this program evaluation. The evaluation process will take the form of a questionnaire, completed on paper or administered over the phone. You will be asked to answer the same questions at different points in time;

- When you complete the Partner Application form with your PSC
- When the partnership ends (when the issue is resolved, or after one year)

You may also be asked to answer the questions during the time that you are waiting for a match, if there is a delay in connecting you with a Mentor. You will not be asked to answer questions more than three times while you are waiting.

When the questionnaire is completed by phone, this will be done by either your PSC or a researcher from the Toronto Rehabilitation Institute. You will be asked about your needs and experiences and the degree to which there has been a change in your needs or experiences and your satisfaction with these changes, if any. You will also be asked about your satisfaction with the Peer Support Mentoring Program. You will receive a lay summary of the evaluation report, which is expected to be published in the spring of 2010.

Confidentiality

The study results will be used for research purposes only and will not be seen by anyone outside of the Evaluation Team. They will be included in a project final report as well as in academic presentations and/or journal publications. Your name will not appear in any of the results, presentations or publications. All project results will be reported as group data, never as findings related to individual participants.

The information you provide will be kept confidential (including from your family members). Coded identifiers will be used in place of names on all interview materials. All data will be kept in a locked filing cabinet at either, the Toronto Rehabilitation Institute, Lyndhurst Centre or West Park Healthcare Centre in the Evaluation Coordinator’s office. No unauthorized individuals will have access to the materials and the ID code list, which will be stored in separate locked locations.

Potential Risks of Discomforts

To the best of our knowledge, there are no risks or discomforts to you from your involvement with this study, other than possible fatigue from completing the questionnaires over the telephone.

Questions

You may ask questions or give feedback about the evaluation at any point in the project. Should you wish to talk about or find out more about this study, you may contact either of the two team members from the Toronto Rehabilitation Institute listed below. If you have any questions about your rights as a participant in this project, you can contact Gaetan Tardif, Chair of the Toronto Rehabilitation Institute Research Ethics Board at (416)597-3422 ext. 3730.

Evaluation team;
I hereby consent to participate as a Partner in the Peer Support Mentoring Program.

____________________________________  _______________________
Partner                                      Date

____________________________________  _______________________
Peer Support Coordinator                       Date

Office use only:

Date received: ____________________  PAF Code:______________
Peer Support Mentoring Program for People Living with ABI

Getting to Know Your Fellow Mentors

MENTOR’S NAME: ___________________________________________  First Name  Last Name

MENTOR’S TOWN/COUNTY:

Town County

REASONS FOR WANTING TO BE A MENTOR:

AN INTERESTING BIT OF INFORMATION THAT THE MENTOR WOULD LIKE TO SHARE WITH THE GROUP:
Mentor Agreement

Preamble

As a Mentor, you will play an important part in providing emotional support and guidance to people living with acquired brain injury (PLWABI). Once you have:
  ✓ completed your Mentor Application Form (MAF) with you Peer Support Coordinator
  ✓ successfully completed training
  ✓ provided a Criminal Reference Check (volunteer category) and two personal references
  ✓ signed this agreement

you will be ready to start mentoring.

Before you are matched with a Partner, your Peer Support Coordinator (PSC) will contact you to discuss the background and needs of the person requesting a Mentor. The partnership can only begin after you have agreed to work with that person. It is important to understand that both you and your partner will have signed Mentor and Partner Agreements respectively, before your PSC contacts you with a potential match.

Responsibilities to a Partner

- I will not release any personal information about my partner or his/her family to any unauthorized persons including my family and friends. When required, I may share information with my PSC or OBIA’s Peer Support Program Manager (PSPM).

- I will not discriminate against my partner or any member of his/her family based on race, gender, religion, nationality, sexual orientation or disability.

- I agree to respect the values and decisions of my partner and his/her family; I will not attempt to impose my values upon them.

- I agree to contact my partner primarily by telephone. Meetings in person may occur at program related activities or in public places.

- I agree to have regularly scheduled contact with my partner approximately once per week.

- If I am unable to maintain contact with my partner, I will contact my PSC before ending the partnership.

- I understand the limits of my role as outlined and detailed in the Mentor Training Manual.

- I agree to contact my PSC, or OBIA’s PSPM if I have any concerns about my partner’s emotional well-being. If my partner expresses an intent to harm himself / herself or someone else, I will:
  o Encourage him/her to contact a trusted professional immediately, if I am aware that my partner is under the care of a trained professional. Then, I will notify my PSC and document the conversation including any action(s) taken.
- or -

- Notify my PSC, or OBIA’s PSPM **immediately** and provide any information that I have about the situation. My PSC, or designate, will determine if any emergency services need to be called.

- or -

- If no professional is available, I will encourage my partner to go to the nearest emergency room for evaluation, or call 911. I will then document the conversation and any action(s) taken.

**Responsibilities to the program**

- I agree to participate in the Peer Support Mentoring program for a one year period.

- I agree to notify my PSC with any change in my contact information (name, address, phone, email) or changes in my ability to participate as a Mentor.

- I agree to document all contacts in the monthly **Contact Logs**.

- I agree to follow the policies and procedures of the brain injury association.

- I agree to discuss any problems or challenges with my PSC as soon as they arise.

**Program Evaluation**

- I agree to participate in a program evaluation of the Peer Support Mentoring Program which will be conducted by the research team at the Toronto Rehabilitation Institute, as described below.

**Purpose and Process**

The purpose of this study is to discover of the Peer Support Mentoring Program is an effective way to support PLWABI. Both Mentors and Partners will participate in this program evaluation. The evaluation process will take the form of a questionnaire, completed on paper or administered over the phone. You will be asked to answer the same questions at different points in time;

- On the day of your training
- 6 mos. and 12 mos. after training if you have not been matched with a partner
- 12 months after the start of your first partnership
- At the completion of the study
- Or -
- Whenever you leave the program

When the questionnaire is completed by phone, this will be done by a researcher from the Toronto Rehabilitation Institute. You will be asked about your experiences and the degree to which there has been a change in your experiences and your satisfaction with these changes, if any. You will also be asked about your satisfaction with the Peer Support Mentoring Program. You will receive a lay summary of the evaluation report, which is expected to be published in the spring of 2010.
Confidentiality

The study results will be used for research purposes only and will not be seen by anyone outside of the Evaluation Team. They will be included in a project final report as well as in academic presentations and/or journal publications. Your name will not appear in any of the results, presentations or publications. All project results will be reported as group data, never as findings related to individual participants.

The information you provide will be kept confidential (including from your family members). Coded identifiers will be used in place of names on all interview materials. All data will be kept in a locked filing cabinet at either the Toronto Rehabilitation Institute, Lyndhurst Centre or West Park Healthcare Centre in the Evaluation Coordinator’s office. No unauthorized individuals will have access to the materials and the ID code list, which will be stored in separate locked locations.

Potential Risks of Discomforts

To the best of our knowledge, there are no risks or discomforts to you from your involvement with this study, other than possible fatigue from completing the questionnaires over the telephone.

Questions

You may ask questions or give feedback about the evaluation at any point in the project. Should you wish to talk about or find out more about this study, you may contact either of the two team members from the Toronto Rehabilitation Institute listed below. If you have any questions about your rights as a participant in this project, you can contact Gaetan Tardif, Chair of the Toronto Rehabilitation Institute Research Ethics Board at (416)597-3422 ext. 3730.

Evaluation team;

Kathy Boschen, Ph.D., C.Psych., Evaluation Director
Research Scientist, Toronto Rehabilitation Institute, Lyndhurst Centre
(416)597-3422 ext. 6205
Boschen.kathy@torontorehab.on.ca

Judy Gargaro, M.Ed., Evaluation Coordinator
Toronto Rehabilitation Institute and
West Park Healthcare Centre
(416)243-3600 ext. 2600
jgargaro@westpark.org

I hereby consent to participate as a Mentor in the Peer Support Mentoring Program.

_________________________________________________________________  _____________________________________________________________________
Mentor                                           Date

_________________________________________________________________  _____________________________________________________________________
Peer Support Coordinator                                           Date
Peer Support Mentoring Program for People Living with ABI
Mentor’s Preference for Partner Match

This list will be used as a guide when matching Mentors with Partners. Your responses will remain confidential.

Name:______________________________________ Date:___________________

Please check all categories of Partners that you would be willing to mentor.

1. Would you like to be matched with a survivor?
   _____ A survivor
   _____ A spouse
   _____ A parent of someone with ABI
   _____ An (adult) child of someone with ABI
   _____ A sibling of someone with ABI
   _____ other _____________________

   Would you like to work with: (check all that apply)
   _____ a male
   _____ a female

   If yes, would you like to work with: (check all that apply)
   _____ a teenager (ages 16 – 19)
   _____ a young adult (ages 20 – 30)
   _____ an adult (ages 31 – 50)
   _____ an older adult (ages 51+)

   If yes, would you like to work with a person whose injury (or whose family member’s injury) was a result of:
   (check all that apply)
   _____ a motor vehicle crash
   _____ a pedestrian accident
   _____ a fall
   _____ a sports injury
   _____ being the victim of violent crime
   _____ an acquired brain injury (stroke, tumor, near drowning, etc.)

   If yes, would you like to work with a person or family member for whom the injury was:
   (check all that apply)
   _____ less than 1 year ago
   _____ 1 – 3 years ago
   _____ more than 3 years ago

Please turn to the next page
1. Please list any factors that might make it difficult for you to work with a particular Partner.

2. What are good times for you to make phone calls? (please check all that apply)
   ____morning ____afternoon ____evenings ____weekdays ____weekends

3. What are difficult times for you to make phone calls? (please check all that apply)
   ____morning ____afternoon ____evenings ____weekdays ____weekends
Key Points about Contacts with Partners

Contacts with your Partner:
Contact with your Partner once a week on average. Contacts may increase during times of crisis. Contacts may decrease in frequency, but at should be no less than once a month.

Contact Calendar Logs:
Fill in the date, length of contact, and discussion codes. Write down key points if you want to keep a diary of your conversation. Complete your calendar log as soon as possible after the call.

Remember, it is easy to forget what you talked about, or what you promised to follow-up with for your Partner. Write down things you need to remember.

Send in your Contact Calendar Log monthly—they are key components of the program’s evaluation and statistical requirements.

Do not hesitate to call your Peer Support Coordinator if:
There are changes in your Partner that are impacting the partnership. There are changes in your own life that are impacting the partnership. You are feeling emotionally overwhelmed. You feel you need help in answering your Partner’s questions. If a situation arises in which you feel “out of your league.”
Insert Mentor Training Evaluation
Peer Support Mentoring Program for People Living with ABI
MENTOR: PRE-TRAINING QUESTIONNAIRE

Mentor Name: ________________________________ ID# __________
Date: _______________________

The following questions are designed to help us understand the possible impact that the peer mentoring program may have upon mentors. This information will be used for:

Marital Status: (explain) __________

Highest Education level: (explain) __________

Employment Status: (explain) _________________

t best represents

For the following questions, please circle the number on the scale that your response.

quality of life?

1. On a scale from 1 – 5, how would you describe your overall q
That is, how do you feel about your life?

<table>
<thead>
<tr>
<th>5</th>
<th>very</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>poor</td>
</tr>
</tbody>
</table>

2. How would you rate your communication skills?

<table>
<thead>
<tr>
<th>5</th>
<th>very</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>poor</td>
</tr>
</tbody>
</table>

3. How would you rate your knowledge of ABI?

<table>
<thead>
<tr>
<th>5</th>
<th>extensive</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>some knowledge</td>
</tr>
</tbody>
</table>
4a. How would you describe the support you receive from your family?

1  2  3  4  5
minimal support  some support  lots of support

4b. How would you describe the support you receive from friends and other people in your community?

1  2  3  4  5
minimal support  some support  lots of support

5. How much knowledge do you have of available ABI community resources?

1  2  3  4  5
minimal knowledge  some knowledge  lots of knowledge

6. How satisfied are you with your amount of participation in the community?

1  2  3  4  5
very dissatisfied  okay  very satisfied

7. Describe or list the community activities you participate in:

8. In general, how would you describe your overall mood?

1  2  3  4  5
very sad  neutral  very happy
9. In general, how would you describe your overall level of anxiety?

1  2  3  4  5
very anxious somewhat anxious not anxious at all

10. In general, how often are you angry?

1  2  3  4  5
most of the time some of the time never

11. How many times in the past 6 months (since month name) have you:

been admitted to a hospital/healthcare facility?

been to a hospital/healthcare facility on a walk-in, day patient, or emergency basis?

seen your family doctor?

12. In general, would you say your health is?

1  2  3  4  5
poor neutral excellent

13. Compared to 6 months ago, how would you rate your general health now?

1  2  3  4  5
much worse same much better

14. Please read through the following list and check any activities that you have been involved with:

(a) _____ Membership in a local community brain injury association
(b) _____ Membership in the Ontario Brain Injury Association
(c) _____ Attendance at seminars related to brain injury
(d) _____ Attendance at support group meetings for brain injury
(e) _____ Other activities related to brain injury
(f) Please list: ____________________________________________
# Appendix B

## Ontario Brain Injury Association

### Peer Support Mentoring Program

### Program Evaluation Flow Chart

**Mentors**

<table>
<thead>
<tr>
<th>Document/Timing</th>
<th>Notes</th>
<th>Trigger</th>
<th>PS staff action</th>
<th>Evaluation Team Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor Application Form (MAF)</td>
<td>Screens applicants for program</td>
<td>Initial contact</td>
<td>Enter into database; schedule training</td>
<td>Review and compile selected data</td>
</tr>
<tr>
<td>Mentor Agreement; includes consent to evaluation</td>
<td>Signed at training</td>
<td>Training</td>
<td>Two copies; - On file at local BIA - and at OBIA - Check mark on electronic file</td>
<td>Proof of consent received in electronic record</td>
</tr>
<tr>
<td>Mentor Pre-training questionnaire</td>
<td>Completed by Mentor and brought to training session</td>
<td>Training</td>
<td>PSC keys into database – first name and ID number only</td>
<td>Able to view baseline 1 data</td>
</tr>
<tr>
<td>Pre-match questionnaire</td>
<td>At time of match, if 4, 5, or 6 mos. after last time questionnaire was given</td>
<td>Match</td>
<td>Inform Mentor of match and remind that evaluation team will call</td>
<td>Administer questionnaire*</td>
</tr>
<tr>
<td>6 months</td>
<td>If not matched</td>
<td>Follow up call from eval team</td>
<td>Reminder call to Mentor</td>
<td>Calls mentor and administers questionnaire for Baseline 2</td>
</tr>
<tr>
<td>12 months</td>
<td>If not matched</td>
<td>Follow up call from eval team</td>
<td>Reminder call; Renew Mentor Agreement</td>
<td>Calls to administer questionnaire; Baseline 3</td>
</tr>
<tr>
<td>12 mos. after date of first match</td>
<td>Follow up call from eval team</td>
<td>Ensure all info regarding match is recorded (start/end dates)</td>
<td>Administers post-test questionnaire</td>
<td></td>
</tr>
<tr>
<td>Anytime</td>
<td>Mentor leaves program</td>
<td>Follow up call from eval. team</td>
<td>Updates record on database to indicate change in status</td>
<td>Conducts post questionnaire</td>
</tr>
</tbody>
</table>
### Ontario Brain Injury Association
#### Peer Support Mentoring Program
#### Program Evaluation Flow Chart

<table>
<thead>
<tr>
<th>Document and Timing</th>
<th>Notes</th>
<th>Trigger</th>
<th>PS staff action</th>
<th>Evaluation Team Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner Application Form (PAF)</td>
<td>Screens applicants for program</td>
<td>Initial contact</td>
<td>Enter into database; search for match</td>
<td>Review and compile selected data</td>
</tr>
<tr>
<td>Partner Agreement; includes consent to evaluation</td>
<td>Mailed to Partner for signature and returned to PSC</td>
<td>Completion of PAF</td>
<td>Two copies; - On file at local BIA - and at OBIA - Check mark on electronic file</td>
<td>Proof of consent received in electronic record</td>
</tr>
<tr>
<td>Intake questionnaire</td>
<td>Establishes baseline</td>
<td>Satisfactory completion of PAF</td>
<td>Inform Partner that Evaluation team will be calling</td>
<td>Administrates questionnaire</td>
</tr>
<tr>
<td>Pre-match questionnaire</td>
<td>If 4, 5 or 6 months since last administration of questionnaire</td>
<td>Match; before 1st contact</td>
<td>Inform partner of match pending, remind that eval team will call</td>
<td>Administrates questionnaire*</td>
</tr>
<tr>
<td>6 months</td>
<td>If not matched</td>
<td>Follow up call from eval team</td>
<td>Reminder call to Partner</td>
<td>Administrates questionnaire Baseline 2</td>
</tr>
<tr>
<td>12 months</td>
<td>If matched, or not matched</td>
<td>Follow up call from eval team</td>
<td>Reminder call to partner</td>
<td>Administrates questionnaire; Post test if matched Baseline 3 if unmatched</td>
</tr>
<tr>
<td>Completion of Partnership</td>
<td>- Issue(s) resolved - End of one year - Partner withdraws</td>
<td>Follow up call from eval team</td>
<td>Updates record on database to indicate change in status</td>
<td>Conducts post-test questionnaire</td>
</tr>
</tbody>
</table>

*Pre-match questionnaires must be administered immediately upon identification of match*