

A COMMUNITY BASED PEER MENTORING PROGRAM FOR INDIVIDUALS WITH SPINAL CORD INJURY

PROGRAM MANUAL

Development of this Manual was made possible by grants from:

The Craig H. Neilsen Foundation

and

The SCI Model System Program (Grant # H 133N060027)
Department of Rehabilitation Medicine,
Mount Sinai School of Medicine, New York, NY

Project Staff

Mary R Hibbard, PhD, ABPP (RP)
Professor, Department of Rehabilitation Medicine

James Cesario, M.A
SCI Peer Mentoring Program Coordinator

This manual was modified from an earlier manual entitled Mentoring Partnership Program Manual: Planning and Implementing a *Peer Mentoring Program for Individuals with Brain Injury and Their Families* (Feb, 2005) produced by Mary R Hibbard, PhD, Joshua Cantor, PhD, Nancy Gundersen, BA, Heather Charatz of the Research and Training Center on Community Integration of Individuals with Traumatic Brain Injury, Mount Sinai School of Medicine, New York, NY with assistance of Judy Avner, Brain Injury Association of New York State, Albany, NY and Jane Lowenstein, MSW, LSW, Wendy Berk, MSW, LCSW, Susan Quick, BA, Judi Weinberger, MEd, CRC, Brain Injury Association of New Jersey, Edison, NJ. The prior manual production was supported by grants from the National Institute of Disability and Rehabilitation Research (Grant No. H133B980013), U.S. Department of Education; the Langeloth Foundation, New York, NY; and the O'Neill Foundation, Cleveland, OH.

TABLE OF CONTENTS

Introduction.....	1-2
Chapter One: History of Peer Mentoring.....	3-5
Definition of Peer Mentoring.....	3
History of Mount Sinai Peer Mentoring Programs.....	3
Chapter Two: Getting the Program Launched.....	6-18
Critical Questions to be Addressed.....	6
Initial Steps in Program Planning.....	12
Chapter Three: Selection of Mentors.....	17-26
Recruiting Potential Mentors.....	17
Screening Potential Mentors	22
Chapter Four: Selection of Partners	27-35
Recruiting Potential Partners.....	27
Screening Potential Partners.....	32
Chapter Five: Preparing for a Mentor Training Workshop.....	36-41
Chapter Six: Conducting a Mentor Training Workshop.....	42-55
The Importance of Mentor Training.....	42
Goals of Mentor Training.....	42
Roles of Facilitators in Training.....	43
Training Activities.....	44
1. Introductions.....	45
2. Getting to know your fellow mentors.....	46
3. Overview of Peer Mentoring Program.....	47
4. Mentor contacts role plays.....	49
5. Enhancing communication skills.....	51
6. Practicing communication skills.....	52
7. Review of mentor training workbook content.....	53
8. Workshop wrap-up.....	54
Post Training Review.....	55
Chapter Seven: Creating Program Partnerships.....	56-58
Chapter Eight: Maintaining Program Partnerships.....	59-60
Coordinator’s Role in Supporting Mentors.....	59
Coordinator’s Role in Supporting Partners.....	60
Chapter Nine: Ending Program Partnerships.....	61-64
Reasons for Partnerships Ending.....	61
Role of the Coordinator in Ending Partnerships.....	62
Chapter Ten: Ensuring the Continuity of the Mentoring Program.....	65
Program Visibility and Viability.....	65
Program Accountability.....	67
Chapter Eleven: Program Evaluation.....	69-75
Benefits of Program Evaluation.....	69
Steps in Planning Program Evaluation.....	69

Program Evaluation Design Considerations.....	72
Evaluating Program Satisfaction.....	73
Evaluating Program Characteristics.....	73
Chapter Twelve: Mentoring Partnership Vignettes.....	78-80
References.....	81
Appendix: Forms, Flyers and Questionnaires.....	1-28
Recruitment Letter: Generic Facility.....	1
Mount Sinai Mentor Training Announcement.....	2
Referral Form: Potential Mentor.....	3
SCI Mentor Information Form.....	4-7
Mentor Reference Request Form.....	8
Mentor Reference Verification Form.....	9
Mount Sinai Partner Recruitment Brochure.....	10-11
Harlem ILC Partner Recruitment Brochure.....	12-13
Long Island ILC Partner Flyer.....	14
SCI Partner Information and Pre-Evaluation Form.....	15-17
SCI Peer Mentor Training Introduction: Exercise I.....	18
SCI Mentor Responsibilities Form.....	19
SCI Mentor Calendar Log.....	20
Sample Mentor Situations.....	21-22
Web-based Resources.....	23
SCI Partnership Contact Sheet.....	24
SCI Mentoring Partnerships Statistics Forms.....	25
SCI Partner Post Evaluation and Program Impact Form.....	26-27
SCI Mentoring Program Summary Data Sheet.....	28

INTRODUCTION

Organization of This Manual

This manual represents the cumulative experiences and expertise of the original developers of the Mount Sinai School of Medicine's TBI and SCI Peer Mentoring Programs. The manual covers the essential components needed to begin, maintain and evaluate a peer-mentoring program for individuals with spinal cord injuries.

Chapter One provides a definition of peer mentoring and an overview of peer mentoring programs developed by staff of the Mount Sinai Department of Rehabilitation Medicine, New York over the past two decades.

Chapter Two provides some "up-front" issues that should be addressed before any organization commits to developing any type of peer support program. It suggests preliminary steps in moving from a "vision" of a program towards "reality".

Chapter Three summarizes approaches to maximizing recruitment of mentors and partners.

Chapter Four highlights the qualities of "good" mentors and "potential partners". Appendix A provides samples of screening tools for screening purposes.

Chapter Five describes preparatory steps for training a mentor.

Chapter Six outlines suggested mentor training agendas and provides a detailed plan for conducting a training workshop. Appendix A provides sample forms and exercises included in training.

Chapter Seven outlines the process of matching of partners and trained mentors.

Chapter Eight outlines the role of the coordinator in maintaining oversight for all ongoing partnerships to ensure quality control for the program.

Chapter Nine discusses the role of the coordinator in terminating partnerships.

Chapter Ten provides suggestions for keeping the program visible, viable and accountable as well as suggestions for keeping mentors fully engaged in the program.

Chapter Eleven addresses the importance of program evaluation – which perhaps is the most challenging (but essential) aspect of any Peer Mentoring Program. Evaluation data allows for quality control, and provides the efficacy data needed to seek and obtain additional funding. Both "simple" and "complex" program evaluation designs are discussed.

Chapter Twelve provides a series of vignettes of partnerships in the SCI Mentoring Program.

In the **Appendix** you will be provided with numerous samples of recruitment materials, training activities, forms, program evaluation tools and generic SCI information that has been used by the Mount Sinai and Community Based SCI Peer Mentoring Programs. These materials are discussed within the context of this manual. Materials are free to download and adapt to your particular setting. Recognition of our program should be included in all materials subsequently adapted for use in your facility.

Adapting the Mentoring Program to Address Other Disability Groups

As described in the Chapter One, the generic Peer Mentoring Program described in this program has been adapted for the unique needs of other states, facilities, age groups, or other disabilities. The program is suitable for individuals during both early and later stages of adjustment post onset of a disability. Based upon our prior experiences with shifting program focus, any adaptation of the core peer mentoring model will, by necessity, require training of mentors about the specific presenting challenges of the selected disability or medical condition.

Good luck as you develop your own peer mentoring program

Enjoy the fruits of the Mount Sinai and Community Based SCI Peer Mentoring Programs Successes!

CHAPTER ONE

HISTORY OF PEER MENTORING

Definition of Peer Mentoring

Peer mentoring is a process in which an individual who is a "veteran" of a specific life experience or their family member helps another person cope with a similar life event. Peer mentoring programs have been developed to assist both persons with a variety of medical conditions and/or physical disabilities and their family members cope with a new disability or medical condition (Santelli, Turnbull & Higgins, 1997). Peer support has been shown to be an effective buffer for stress (Dunst, Trivette & Deal, 1988) and shown to increase a person's sense of personal empowerment and self-efficacy (Santelli, Turnbull & Higgins, 1997; Hartman, Radin & McConnell, 1992)

History of Mount Sinai's Peer Mentoring Programs

Over the past two decades, the Mount Sinai School of Medicine, Department of Rehabilitation Medicine has been a leader in the development of clinical research programs in peer mentoring programs for individuals with acquired disabilities and their families. All Peer Mentoring Programs developed at the Mount Sinai School of Medicine were modeled after an earlier peer support model developed by Santelli and colleagues (Santelli, Turnbull, Higgins, 1997). In their Parent-to-Parent Program, "veteran" parents of children with special needs were matched with parents of children newly diagnosed with similar needs who sought peer support. Program outcomes support the unique benefits of sharing with someone who has had similar experiences and challenges as an essential component of such intervention's success (Santelli, 1993; Santelli, Singer, DiVernere, Ginsberg & Powers, 1998; Santielli, Turnbull, Sergeant, Lerner & Marquis, 1996; Santelli, Turnbull, Marquis & Lerner, 1995).

Phase I: The TBI Peer Mentoring Partnership Program

Peer Mentoring Programs at Mount Sinai were initially designed for individuals with traumatic brain injury (TBI) and their family members (Hibbard et al., 2000). This initial program, entitled the TBI Peer Mentor Partnership Program, involved a unique collaboration between researchers and the Brain Injury Association of New York State. In this program, individuals who were "veterans" of Brain Injury (BI) and/or their family members received training as peer "mentors" and then matched with similar individuals who sought support to address specific challenges in adjustment after BI (hereafter referred to as "partners").

The program incorporated a Participatory Action Research (PAR) paradigm (Santelli, Singer, DiVernere, Ginsberg & Powers, 1998; Santelli, Turnbull, Marquis & Lerner, 1995, Stevens & Hall, 1998; Cornwall & Jewkes, 1995), in that individuals

with BI and their family members played significant roles in the shaping, implementation, maintenance and evaluation of program success.

Major tenets of this program included: a) coordinators needed to be either individuals with TBI or family members of a person with TBI, 2) mentors were required to participate in a training workshop in which their roles and responsibilities were delineated, 3) mentors were provided ongoing support by a project coordinator for the durations of all partnerships, and d) program evaluation was an important component of the program. Partnerships typically lasted 10 months on average. Partners who participated in this initial program reported many positive benefits of the program, i.e., increased knowledge of BI, better ability in coping with the consequences of BI, improved mood, decreased anxiety, enhanced quality of life, increased knowledge of community resources, and enhanced sense of empowerment (Hibbard, Cantor, Charatz et al.; 2002; Hibbard, et al.; 2005)

Phase II: TBI Family Care Program

With funds from the Department of Health and Human Services' Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau to the Brain Injury Association of New Jersey in collaboration with researchers from Mount Sinai, the TBI Peer Mentoring Program was duplicated by the Brain Injury Association of New Jersey. This program, entitled the TBI Family Care Program, differed slightly from Mount Sinai's model in that its focus was on matching family members during the early phase of their adjustment to brain injury to a family member with a trained family member mentor. Program evaluation documents equally positive outcomes: family members reported improved coping with brain injury, better control over their lives, improved quality of life, decreased anger and anxiety and increased knowledge of brain injury (Ditto, Steindlberger & Lowenstein, 2003).

Phase III: Web based TBI Peer Mentoring Materials

In 2003, the TBI Peer Mentoring Program Model, inclusive of its training manual for coordinators and a workbook for mentor training was placed on the Mount Sinai TBI web site (<http://www.tbicentral.org>) for ease of maximal distribution. The Program has been adopted and/or modified by many State Brain Injury Associations as well as private and public institutions. Next generation TBI Peer Support Programs now exist for adults, adolescents and family members post TBI.

Phase IV: SCI Peer Mentoring Program

In 2003, the generic Peer Mentoring Program developed by staff of Mount Sinai was modified to address the unique needs of newly injured individuals experiencing a Spinal Cord Injury (SCI) under funding from the National Institute of Disability and Rehabilitation Research SCI Model System of Care (Grant # H 133N060027) and the Christopher Reeve Foundation. The core program included most aspects of

prior mentoring programs (i.e., identical approaches for recruitment and screening , approaches to ensure program visibility, program evaluation, etc) while modifying the program to reflect the unique challenges of early adjustment and community re-integration for individuals facing new onset SCI. In the SCI Peer Mentoring Program, individuals who were "veterans" of SCI were trained as mentors and then matched with similar individuals who had recently been injured and who sought peer support (partners) to assist with beginning adjustment issues while on the SCI inpatient rehabilitation unit. Partnerships typically lasted 8-12 months with mentors providing needed support as the partner transitioned back to the community. As with prior programs developed at Mount Sinai, the program incorporated a participatory action research paradigm, with an individual with SCI serving as the program coordinator. This program has become an established component of the Mount Sinai SCI Model System of Care. To date, over 150 partnerships have been made. For more information, visit <http://www.mssm.edu/rehab/spinal>

Outcome data from the SCI Peer Mentor Program provide evidence that mentoring assists with successful transitions of newly injured persons with SCI back into the community, i.e., participants in the program endorse an increased sense of empowerment, increased knowledge of SCI and resources, decreased depression, and improved communication with professionals and family as a direct result of program participation (Mount Sinai Spinal Cord Model System Grant #H133N060027, Annual Program Report, 2007).

Phase V: The SCI Community Based Peer Mentoring Program

The current SCI Community Based Peer Mentoring Program represents the next generation of Peer Mentoring Program, and builds on prior experience of project authors. With funding from the Craig H. Neilsen Foundation, the current authors adapted the SCI Peer Mentoring Model for use in the community with program oversight under several Independent Living Centers (ILC) in the New York City area. In this model, trained mentors residing in the community were matched with partners who were living in the community and/or an extended care facility with the goals of expanding community integration and enhancing well being after SCI.

The current manual is an outcome of this latest modification of the Peer Mentoring Program.

CHAPTER TWO

GETTING YOUR PROGRAM LAUNCHED

Prior to starting a peer mentoring program, there is a need to stop and plan the entire program. Critical questions must first be asked and answered prior to proceeding with implementation of the program. In this section, both "front end" concerns and "next step" questions in planning a successful program will be addressed.

Critical Questions To Be Addressed Before Implementing Your Program

How do I begin to make the "vision" of a peer mentoring program a reality?

Experience has taught us to spend time answering critical "front end" questions in order to make the vision of a mentoring program a reality. These questions include:

- What organization(s) will assume the lead responsibility for the mentoring program?
- What other organizations or groups of individuals (i.e., stakeholders) do you want to collaborate with in this venture?
- How much will the program cost and how will it be funded?
- Will any equipment or technology be needed?
- What are the liability/confidentiality issues involved in a mentoring program and how can they be handled?

Once you have answered the above questions honestly for your organization, it is time to begin to "shape your vision".

The following questions should next be asked:

- What will be the scope of your program?
- Who will be the key person(s) to implement the program?
- What skills do the key person(s) need to facilitate this type of program?
- What tasks need to be done to develop and implement a mentor program?

- How will you plan to recruit mentors and partners?
- What is a realistic timeline to move from a vision to actually implementing a peer mentoring program?

There is no right or wrong answers to any of these questions. The answers that other mentoring programs have arrived at are similar in some ways, different in others. What worked for one program might not be appropriate for you. We feel it is an important first step, however, to critically ask these questions and design flexible answers that fit for your specific set of circumstances.

Is there a lead organization(s) that will assume responsibility for the mentoring program?

Many activities need to be implemented in order to start and ensure ongoing support of a mentoring program for persons with spinal cord injury. It is strongly recommended that an identified community based organization assume the overall responsibility for the implementation and maintenance of the program. Such an organization(s) could be any one or more of these groups alone or in combination:

- A local ILC
- A local National Spinal Cord Injury Association (NSCIA) chapter or group
- The State SCI Advisory Council
- An entity receiving governmental or private funding for work focused on SCI - e.g., a SCI Model Systems Program, a research and training center on SCI, Christopher Reeves Foundation, Craig H. Neilsen Foundation
- A university entity with expertise in spinal cord injury
- A medical or rehab facility with expertise in spinal cord injury
- A community rehabilitation service provider with expertise in spinal cord injury
- A state or federal government entity involved with service delivery for individuals with spinal cord injury.

The organization at the helm is the “lead agency”. One of the first activities for the lead agency is to develop collaborative partnerships with other agencies or groups.

Are there other organizations or groups of individuals (i.e., stakeholders) that I will want to collaborate with in this venture?

The "lead agency" will need to involve other groups and organizations in order to put together a successful program.

- A crucial group to involve is those who would be the direct beneficiaries of such a program - persons with spinal cord injury and their family members, as well as members of the community closely linked with the spinal cord injury community.
- The lead agency might convene an ad hoc committee charged with the planning of a peer mentoring program. The committee can help define the scope of the program and organize initial tasks to be completed.
- Another crucial group is those individuals who are in a position to assist in getting the program started by referring potential mentors and partners.
- It is helpful to include individuals who may be able to provide community based resources, e.g., a place to hold training meetings, funding for select program activities.
- The broader the involvement of representatives of various interested constituencies, the more resources the program will have.

What are the financial commitments necessary in creating a mentoring program?

While a peer mentoring program is a relatively inexpensive community based support for persons with spinal cord injury and their families, it is not free!

Mentor Related Costs:

Mentors themselves typically serve as volunteers in the program and thus, receive no direct compensation for their time spent speaking with partners. Experience has taught us the importance of being able to reimburse program expenses for the mentors as needed. These expenses typically include:

- The cost of mentor phone calls to partners.
- The cost of travel for occasional person to person contact of mentor and partner.
- The cost of "reunions" for advanced training of mentors. Associated costs include food, fees for rental of a training room, materials development, and reimbursement of travel expenses occurred by mentors in getting to and from the training.

- The cost of small financial incentives for mentors to complete paper work required for quality assurance within the program.

Program Costs:

The major costs of the program are:

- A paid part time or full time person, depending on the scope of your program, is essential to ensure program success and ongoing visibility. It may be possible to find a dedicated skillful volunteer to serve as the program coordinator.
- Training and resource materials, outreach supplies (e.g., recruitment flyers, mail cost), telephone costs involved in recruitment of partners and mentors, and ongoing maintenance of the partnerships.
- Consultant fees to handle program quality assurance data or to help write grant proposals in order to seek additional funding. The cost of consultants will vary with your program's ability to write grants for funding, perform program evaluation, and its desire (or need) to complete quality assurance surveys, demands imposed by outside funding sources, etc.
- Computer access, if none is available.
- A dedicated phone, phone number and answering machine.

What funding sources are possible for obtaining financial support for a mentoring program?

While specific federal grants are geared towards "implementation" funding, most federal monies for program development are not available unless strong pilot data about program efficacy already exists. Private foundations, while they may be less rigid in their expectations, require preliminary data documenting the efficacy of a mentoring program before they will fund a new program's efforts. Hence there is a need for program quality assurance data.

You are more able than we are to come up with possible sources of funding of a "start-up" mentoring program from within your particular area. The following are some general ideas, which may or may not be appropriate in your area:

- Do a presentation at your statewide ILC Council and request leads as to financial support and interest.
- Propose a pilot mentor program as part of your state grant, or include it as a project within a federally funded SCI Model Systems or RTC grant.

- Meet with hospitals and rehabilitation program administrators. See if there are funds available to support mentoring program activities.
- Consider writing proposals to private foundations interested in community outreach. Note that this is often the second step in the funding process - after you have started a "pilot" program and are able to demonstrate its benefits to the potential funding source.

The Mount Sinai SCI Mentor Program was funded with private grant funds through the Christopher Reeve Foundation and the Craig H. Neilsen Foundation. The Community Board SCI Mentoring Program was funded by the Craig H. Neilsen Foundation.

What type of technology will a peer mentoring program need?

A peer mentoring program is usually very "low-tech". Primarily, mentoring is a structured interaction among people – mentors with other mentors, mentors and partners, mentors and the coordinator. As a result, the majority of interactions occur via phone, in person or via email. Basic office technology includes:

- A computer with Internet access and a printer
- A dedicated phone line with phone number
- An answering machine or voicemail service associated with that line

Computer access and knowledge is essential to maintaining an efficient and organized program. Computers can be used for:

- Recruiting mentors and partners. Websites, newsletters, and targeted email are likely referral sources.
- Keeping track of potential participants in the program, and where they are in the process. This can be handled efficiently using a simple database or spreadsheets.
- Forms, newsletters, brochures, and training materials can be developed, stored and updated easily through word processing and desktop printing applications.
- Some partnerships may consist of email exchanges – this can make the program a possibility in situations where there are verbal communication issues or difficulty finding times to talk that are mutually convenient.

- E-mail access allows for ongoing communication between mentors and a program coordinator, providing a ready source of documentation regarding follow-up and program activities.
- Data from mentors and partners needed for program quality assurance or program evaluation can be stored in a simple database for ease in summarizing program impacts.

Are there liability concerns related to running a mentoring program?

There are small but real risks involved in any organization linking one person with another in the larger community. These risks need to be addressed within your organization and minimized whenever possible. By its nature, a mentoring program brings together strangers and creates a relationship between them that involves revealing vulnerabilities and expressing personal reactions.

When the partners and mentors are persons with spinal cord injury, they have psychological, physical and social challenges to deal with, in addition to feelings of grief, loss, frustration, etc. As a result, risks of psychosocial crisis are heightened. Legal counsel for your agency is suggested to review your planned mentoring program, and discuss any specific liability issues.

We have learned through our mentoring programs about some necessary steps to take in order to minimize risk. These steps include:

- Ensure that your agency's liability policy covers volunteer activities within the community.
- Put into place a mechanism for ongoing oversight of the policies and forms used in your program. Review these with your agency's legal counsel.
- Insist on careful screening of mentors and partners to insure their "readiness" and "appropriateness" to engage in a peer mentoring process. Several programs have utilized reference checks of potential mentors who are unknown to the agency.
- Require that all mentors undergo focused training on the mentoring process. This training minimizes program risks by providing explicit discussion of the roles and responsibilities of mentors in the program, steps to take if there is a psychiatric crisis and written documents summarizing the mentor's roles and responsibilities which can be jointly signed by the mentor and the program.
- Ongoing program coordinator contact with mentors involved in partnerships at least monthly ensures:
 - Quality control over the partnership

- Pro-active ending of partnerships when appropriate
- Referral of partners to community-based professionals when an issue arises that is beyond the scope of the program
- Contact between mentor and partner remains limited to phone, email or meeting in a public place (a support group, hospital room, etc.)

INITIAL STEPS IN PROGRAM PLANNING

Now that you have answered the "tough" questions, it is time to begin shaping your new mentoring program. Some of the beginning activities for the lead agency and/or the ad hoc committees are listed below. More detail about these activities is provided in subsequent sections.

1. Determine the scope of your program

What geographical area will your peer mentoring program initially cover? Factors that may influence or determine the answer to that question include:

- Where is interest in a mentoring program strongest?
- Where is there access to a large pool of persons with spinal cord injury who may be interested in participating in a mentoring program?
- What area is convenient to the lead agency?
- Are there location requirements that relate to a source of funding for the program?

We suggest that the initial geographic region be limited, since a mentoring program requires considerable focused "grassroots" involvement to locate persons with spinal cord injury who would benefit from the program.

2. Decide who the potential participants in the program will be

Factors that may influence the answer to that question include:

- Is there a particular group of persons with spinal cord injury/family members that has been identified as needing the kind of support a mentoring program can provide? For example, have there been requests for peer support coming primarily from adults or adolescents with spinal cord injuries, family members, spouses, individuals with SCI residing in residential facilities, etc.

- Is there a group of persons with spinal cord injury that live in the geographic area and that the program would have access to?
- Are there participation requirements that relate to a source of funding for the program?

The SCI Peer Mentoring Program at Mount Sinai initially focused on linking individuals while they were inpatients on the SCI Rehabilitation Unit with individuals in the community. After successful implementation of the inpatient program, Mount Sinai expanded its program to include matching individuals in the outpatient service with mentors in the community. The SCI Mentoring Program was then expanded to community based Independent Living Centers in the New York area.

3. Identifying the person(s) who will coordinate and implement the program

There needs to be one designated person responsible for coordinating the various activities of the mentoring program in order to make the program work smoothly and effectively. This person can be a staff member or a dedicated trained volunteer. Ideally this person is identified early in the process of program planning and is involved in all subsequent planning and policy decisions, as well as in implementing the program.

Responsibilities of the program coordinator include:

- Conducting outreach activities to recruit mentors and partners
- Screening mentors and partners
- Training mentors
- Matching mentors and partners
- Providing ongoing technical assistance and support to the mentors
- Maintaining the partnerships
- Assisting in closing partnerships
- Collecting information required by the program or lead agency for quality assurance purposes

Important qualities to look for in a potential coordinator:

- Knowledge of spinal cord injury from a professional or personal experience
- Knowledge of specific spinal cord injury, disability and community resources
- Persuasive public speaking
- Good phone abilities
- Ability to assist a diverse group of individuals to learn a new role
- Strong counseling skills
- Solid clinical judgment and sensitivity to other's needs
- Ability to encourage and support persons in difficult situations
- Strong organizational skills
- Basic knowledge of computers (emails, Internet, simple databases)

The SCI Peer Mentoring Program at Mount Sinai has a program coordinator who is an individual with SCI. The SCI Peer Mentoring Programs established within Independent Living Centers in Long Island and Harlem, New York are also coordinated by individuals with SCI.

4. Plan a strategy for recruiting potential mentors and partners

Recruitment typically is a two-step process that gets repeated throughout the life of the mentoring program. Initially, a pool of mentors is recruited and trained. In advance of the mentor training, recruitment of partners is initiated. While recruitment of partners remains a constant activity of the program, recruitment of mentors is cyclical and done in response to the need for additional mentors.

As part of the initial program planning, an overall plan for recruitment needs to be defined. Several strategies from the list below should be utilized simultaneously, but will depend on the availability of staff or volunteer "people power" and funds:

- Ads in local SCI and disability community newspapers, community bulletin boards, radio spots
- Creation of flyers re: need for mentors

- Creation of flyers re: availability of peer mentoring program for potential partners
- Meetings with select agencies and organizations with access to large pools of individuals with SCI
- Meetings with support group leaders or actual support groups
- Meetings with SCI staff providing direct services to persons with spinal cord injury and their families (family support, supported employment, etc.)
- Utilizing ad hoc committees to assist with recruiting efforts

This kind of outreach is time-consuming and takes time to yield potential mentors and partners. So this step is one that needs to be implemented early. Key responsibilities for these outreach efforts are in the hands of the coordinator.

5. Developing policies and procedures for your program

This may seem unnecessary, but experience has taught us that pre-planning is better than looking back and realizing the problems could have been prevented at the beginning. Issues to be addressed early-on include:

- Does your program want to complete any quality assurance or outcome data collection? If so, what type of data, who will collect it, and when will it be collected? Who will analyze the data and for what purpose?
- Procedures for recruitment, forms to be utilized and confidential storage of data obtained from mentors and partners, etc. All need to be discussed with procedures decided upon before startup.
- Procedures for oversight of the program: What is the "chain of command" and to whom does the coordinator report?

6. Set a realistic time frame between planning and actual start up of your program

There is a great deal of work that needs to be accomplished after the decision is a "go" for starting a peer mentoring program. How much "people power" your program has at its disposal will have an impact on the time needed for startup activities. How easy your access is to sources for potential mentors and partners is also a big factor.

Hopefully the recruiting, screening, training and evaluation tools provided with this manual will significantly shorten the process for your program. You will need to recruit and screen potential mentors and arrange to do a training workshop. Simultaneously, you will need to be recruiting and screening potential partners. At

best, the process will take at least three months. Depending on "people power", it may take as long as six months before you are really ready to match your first mentors and partners.

CHAPTER THREE

SELECTION OF MENTORS

“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.”

“Having a spinal cord injury has changed my life. I can’t do a lot of the things that I used to do. But, I know a lot about living with SCI now and I like to help other people who are 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.”

RECRUITING POTENTIAL MENTORS

What are the keys to successfully recruiting mentors?

- Have a recruitment plan and a person responsible for overseeing the plan.
- Be sure recruitment materials highlight the purpose as well as realistic limitations of the peer mentoring program.
- Remember that recruitment of both mentors and partners is an ongoing process, and an integral part of maintaining your mentoring program.
- Utilize as many resources and people you can to promote the program.
- What works today, may not work six months from now.
- Be flexible and change your recruitment strategies to meet the needs of your emerging and/or shifting program.
- Utilize your trained mentors to help promote your program and maintain program visibility and flow of referrals for peer mentoring.

What are the reasons individuals volunteer to become mentors?

There are common themes noted in the persons who volunteer to become mentors in a spinal cord injury-mentoring program. These individuals share the common experience of having their lives impacted by a spinal cord injury...whether they are

family members, friends, or persons with the injury itself. Across programs, there are a number of other reasons why individuals wish to reach out and help someone else deal with a spinal cord injury. These individuals might want to:

- Give back in return for something they received
- Feel that their struggles had a purpose
- Support a cause that is important to them
- Improve the quality of life for others impacted by SCI
- Develop new relationships
- Become part of a large group with a shared interest

When should a program consider recruiting mentors?

- Recruiting for mentors is a continuous process. An adequate pool of individuals with a spinal cord injury must be available in order to recruit high caliber mentors.
- After initial screenings, keep an ongoing list of people interested in becoming mentors.
- Recruiting for mentor training should begin at least 2-3 months prior to a planned training session. It takes that long to network in the community (i.e., get the word out), screen and interview potential mentors.
- Initial recruitment efforts should be directed at the broadest array of potential volunteers.
- Contact potential mentors prior to a scheduled mentor training. Conduct a screening interview to ensure that the potential volunteer is "ready" to be a mentor and ensure their availability to attend a planned training.

As 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 have experienced high level spinal cord injuries or young woman post SCI but find you don't have enough of these individuals within your trained pool of mentors. Thus, targeted recruiting is usually necessary once your program has become familiar with the typical requests for mentors that the program is receiving.

What are the initial steps in recruiting mentors?

Mentors in a SCI mentoring program are individuals who have already adjusted to the impact of a spinal cord injury and who can serve as positive role models for others who are currently struggling with the impact of SCI itself. When recruiting mentors, it is important to present a clear picture of the mentoring program and whom the program feels would be “good” mentors. Use a variety of strategies to get your recruitment message out. Strategies can range from the uncomplicated and cost-free to the more complex and costly. Use strategies that best fit your agency’s time frame, staffing, budget and energy levels.

1. Develop printed materials:

Brochures, flyers, or fact sheets are essential in getting the word out about your program and need for volunteers to serve as trained mentors in the program. Once you have developed your materials, establish and implement a plan to distribute them to the widest possible audience (see Appendix, pgs. 1-3 for samples of mentor recruitment letters, a recruitment flyer and potential mentor referral forms).

Be sure to include the following information in the mentor brochure:

- A description of your mentoring program
- Who makes a good mentor
- What mentors do and the minimum requirements of a mentor (e.g., attend a half/full day training, make weekly phone calls, expected duration of time one needs to commit to program involvement).
- What mentoring is "not"
- Benefits of being a mentor
- Who to contact if interested in learning more about the program
- Your agency information

2. 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

current and former mentors – can assist with recruitment by “talking up” the benefits of being a mentor. These activities may include:

- Educating everyone in your agency about the mentoring program and the need to recruit mentors
- Ensuring that agency staff understand the referral process and who to contact
- Developing a referral sheet to make the referral process as efficient as possible. (Be sure to include space to write down the potential volunteers name, phone number and best time/method for follow up contact)

3. Use internal agency resources:

Depending on the size and mission of your organization, you may have staff that is in frequent contact with individuals with SCI and their family members, as well as facilities and community-based agencies involved in the delivery of services for persons with disabilities. Incorporate recruitment of potential mentors in ongoing discussion with the other agencies since they are often a good source of mentor referrals.

- Direct Services Staff:

Staff of community-based agencies can often be an excellent referral source of former program “graduates” to the mentoring program. With permission of the potential mentor, the program can make direct referrals to the mentoring program, or conversely, the program staff may target mailings of the program brochure to these individuals and encourage them to volunteer for the program.

- Support Groups:

People who attend SCI support group and the facilitators of these groups are often interested in becoming mentors.

- Contact support group leaders and provide them with information about the mentoring program to pass on to their members.
- Have your trained mentors meet with support groups/facilitators to discuss the benefits of being a mentor.

- Websites:

Have information about the mentoring program on your website, including information about how those who are interested in becoming mentors can self-refer.

4. Spread the word to other professionals:

Communicate with staff in local trauma centers, hospitals, rehabilitation programs, community re-entry programs, ILCs, residential and sub-acute care facilities and other programs in your state that provide services to individuals with spinal cord injury.

Develop a plan:

- Contacting community based programs may seem like an overwhelming task; but it is helpful to develop a strategy for reaching out to as many programs as possible within your geographical area.

- Send out program information:

Start off by sending a letter of introduction to the program director, or specific contacts you may have, describing the mentoring program and how the agency can help refer potential volunteers for mentoring. Be explicit about qualifications of a good mentor.

- Meet with program directors and staff:

Identify the programs that you believe may refer the most mentors. Arrange to meet individually with the program directors and staff to generate interest in referring volunteers to the mentoring program. Make the referral process as easy as possible.

- Send Follow-up Reminders:

Program directors and staff are very busy and may easily forget about your program. Send out periodic reminders about the need for mentors, and/or personally contact those programs that appear the most interested.

5. Be visible

The more you are able to get the word out about your mentoring program, the greater the number of referrals of interested mentors you will receive. There are lots of ways to stay visible.

- Make presentations at disability related meetings or seminars.
- Have information about the mentoring program available every time your organization displays at an event.
- Send out a mailing about the mentoring program to every member of your organization.
- Write an article about the mentoring program for your agency newsletter. Follow-up by running short updates in subsequent newsletters.
- Have information about the mentoring program on your website. Include information on how to become a mentor or be assigned one.
- 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 press release to newspapers in your area.

SCREENING POTENTIAL 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 your mentors and the overall program. Volunteers who may be less suited to serving as mentors are often willing to assist with ongoing partner recruitment efforts.

What are the Qualities of a Good Mentor?

Gauging a mentor's potential success in the mentoring program is an inexact science. However, prior experiences in screening potential mentors suggest that the majority of "successful" mentors possess certain key qualities including:

- The ability to listen and communicate
- A motivation to help others
- An awareness of personal boundaries
- An understanding of the importance of maintaining confidentiality
- The ability to be non-judgmental
- The ability to limit personal views and opinions when necessary

- A willingness to ask for help if the partnership runs into trouble
- The ability to complete any paperwork required of the program

In addition, mentors should possess:

- Willingness to volunteer time and energy needed to provide support to others in need.
- A willingness to attend a mentor training workshop
- Successful adjustment to personal challenges of living with a SCI
- Insight into one's own personal limitations and strengths

What is the Process of Screening for Potential Mentors?

1. Initial Contact with a Prospective Mentor

Your first introduction to a prospective mentor may be a telephone call from a potential volunteer, a face-to-face contact following a presentation, or a written referral. During initial contact with a potential mentor, the following areas need to be addressed:

- Explanation of the program and expectations of mentors
- Clarifying questions and concerns
- Exploring reasons why the person wants to be a mentor
- Assessing the person's ability to communicate via telephone
- Setting up a time for a detailed screening for program participation

2. Screening of Prospective Mentors

Interviews with prospective mentors are generally conducted via telephone. The two major goals of the interview are to obtain basic demographic and background information, and to assess a volunteer's motivation and ability to become a mentor. The SCI Mentor Information Form (see Appendix, pgs. 4-7, SCI Mentor Information Form) is the screening tool used by the Mount Sinai Peer Mentoring Programs. This tool can be easily modified for your program's use in this structured screening process.

Mentor screening should cover the following components:

- Basic contact information including name, address, telephone number(s), email address, and best way and time to contact for subsequent follow-up (see Appendix pg. 4, section A of Mentor Information Form,).
- Background information including age, gender, marital status, languages spoken, ethnicity, employment and education, military involvement, religious affiliation and participation, hobbies and special interests, as well as the nature of the spinal cord injury including type and level of injury, time since injury and assistive devices used (see Appendix pg. 4, section B of Mentor Information Form).
- Self-perceived strengths and weaknesses an individual could bring to a mentoring program. The following questions can elicit this information. (see Appendix pg. 6, section C of Mentor Information Form).
 - What interests you about being a mentor in this program?
 - What are some of your strengths that will help you in working with other people?
 - Can you think of any difficulties you may have in being a mentor?
 - Are there any situations related to SCI that may make you uncomfortable?
 - Are there any factors that would limit your participation in the program?
 - Is there anything else that you would like to share about yourself?
 - Have you been involved with any type of peer support situation yourself? If yes, what was it like for you? If no, would it have been helpful?
 - How comfortable are you in discussing peer support?

3. Explore the potential mentor's specific commitments to the program

The following questions can elicit this information:

- The program is designed so that the majority of contact with a partner will be by telephone. It is anticipated that after a mentor is assigned a partner, he/she will make approximately 1 phone contact each week to that partner. Is this all right with you?
- A mentor may be involved with 1 or 2 partners at a time. Is this all right with you?

- We need volunteers who are able to participate as mentors for at least one year. Are you able to make a one-year commitment to the program?
- In order to become a mentor, participation in a one-half day training program is required. Is this okay for you?
- Do you have any questions about the program?

4. How does the program determine the "readiness" of an individual to become a mentor?

Throughout the screening interview, the coordinator should be evaluating the potential candidate's "readiness" to be able to mentor another individual. Open ended conversation initiated by the program coordinator during the screening can easily elicit the following information:

- The ability of potential volunteers to listen to others.
- Problems volunteers may have answering the questions and maintaining boundaries.
- Positive and negative experiences that volunteers describe and the insight volunteers have about these experiences.
- Specific "red flags" which may indicate that volunteers would have difficulty in the mentor role:
 - Low ratings of self comfort in areas of needed support in a peer mentoring program
 - 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.
 - A tendency to become "too involved" with helping; suggesting potential difficulties setting limits and maintaining boundaries.
 - Judgmental viewpoint towards specific groups (e.g., religion, ethnicity, disability, etc).
 - Somebody who is looking for a "friend" rather than someone in need of peer support

5. Should the program consider the use of references/personal recommendations for potential mentors?

Programs may opt to obtain recommendations from individuals who know the potential mentor. This may be particularly important if the program receives self-referrals from persons unknown to the agency or from other collaborating organizations.

Ask each potential mentor to supply the name of 2-3 personal references and sign a consent form giving you permission to contact these references (see Appendix, pg. 8, Reference Request Form and Appendix pg. 9, Mentor Reference Verification Form)

If speaking to references over the phone, the program coordinator should explain the mentoring process so that the referral contacts understand the responsibilities of potential mentors. Three questions are then asked of the reference person:

- Is being a peer mentor something you can see her/him doing?
- Could you tell me about some specific qualities that would make her/him a good mentor?
- Are there aspects of being a mentor, as I have described, that you think might be difficult for her/him?

.

CHAPTER FOUR

SELECTING PARTNERS

"I am 21 years old and incurred a spinal cord injury from a gunshot wound two years ago. I tried going back to college but failed 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."

RECRUITING POTENTIAL PARTNERS

What are the reasons individuals seek peer support?

Individuals with spinal cord injuries, their family and friends often express the need for someone to talk to at some point after the spinal cord injury. This can occur during both the acute phase of adjustment as well as many years after the injury. Typically, individuals seek someone who shares the common experience of having their lives affected by SCI ...whether they are family members, friends, or persons with the injury itself.

Across programs, there are a number of other reasons why individuals seek mentoring, including wanting to:

- Talk with someone who has been there "before".
- Gather information about SCI from a personal perspective.
- Learn about helpful resources in the community.
- Seek emotional support, encouragement and coping strategies.
- Decrease a sense of social isolation.

The key to program success is to find the individuals who can "benefit" from the mentoring program; thus partner recruitment is an essential and ongoing component of the mentoring program.

When should partner recruitment begin?

- *Recruiting for partners should begin at least 1 - 2 months prior to the initial mentor training for your program.* It takes a while to get the “word out” about the program and start the referral of potential partners into the program. So advanced work is necessary.
- *Recruiting for partners is an ongoing process.* In order for your program to grow and to maximize the number of individuals helped by such a program, ongoing recruitment of potential partners is necessary.
- *Recruitment approaches may change over time.* As your program matures, you may need to re-focus your recruitment strategies to target specific types of partners, however, there is a continuous need to recruit “new” partners to keep the program alive.

How does the program go about recruiting partners?

Strategies utilized by many mentoring programs include using trained mentors to recruit potential partners into the program. Program presentations in the community should shift to recruitment of individuals in need of peer support, stressing the fact that a group of trained mentors is available to work with these individuals. Make sure that you are able to explain who will and who will not likely benefit from the mentoring program.

As in mentor recruitment, strategies for recruiting partners can range from the uncomplicated and cost-free to the more complex and costly (see Appendix, pgs. 10-14 for sample brochures and flyers used for partner recruitment).

Use strategies that best fit your agency’s time frame, staffing, and budget.

1. Develop printed materials;

Brochures, flyers, or fact sheets are essential in getting the word out about your program. Once you have developed your materials, establish and implement a plan to distribute them to the widest possible audience. Be sure to include the following information:

- A description of your mentoring program.
- Who would benefit from mentoring supports.
- Why might someone seek peer support.
- What a partner can expect from the partnership.

- Who to contact if they are interested in learning more.
- Your agency information.

2. Word-of-mouth:

This is often the most effective long-term recruitment strategy. Everyone connected to your program – including staff, board members, and current and former mentors and partners – can help with recruiting by “talking up” the benefits of peer mentoring.

- Educate everyone in your agency about the mentoring program and the need to recruit partners.
- Make sure everyone understands the referral process and who to contact.
- Develop a referral sheet to make the referral as simple as possible. Be sure to include space to write down the potential partner’s name, phone number and best time/method for follow up contact.

3. Use internal agency resources:

Depending on the size and mission of your organization, you may have staff that is in frequent contact with individuals with spinal cord injury. Incorporating a peer mentoring program as a key service provided by your organization ensures that staff will mention the mentoring program as a possible resource.

- SCI Help/Information Lines:

Information about the mentoring program is provided to every person who calls local or national organizations for information and support. Staff should be trained to identify those individuals who could possibly benefit from peer mentor (as opposed to crisis intervention or need for professional help).

- Direct Services Staff:

Staff involved in service delivery for individuals with SCI is an excellent referral source for individuals and/or family members who could benefit from peer mentoring. With permission of the individuals, staff can make direct referrals to the program for screening as a potential partner. Direct service providers may also opt to distribute mentoring flyers to select clients and their families and encourage participation in the mentoring program.

- Support Groups:

Individuals and family members who attend support groups are often interested in individual peer support. There are a number of ways that information about the program can be provided to those who attend support groups.

- Contact or meet with support group leaders and provide them with information about the peer mentoring program. Remember to provide copies of brochures that can be handed out at meetings.
- Have trained mentors in your program attend support or chapter group meetings in order to give a short presentation about the program. The mentor should be available to answer questions after the support group/chapter meeting is over. Hand out brochures about the program should be distributed during such meetings.

- Websites:

Have information about the mentoring program on your website, including information about how those who are interested in becoming partners can self-refer.

4. Spread the “word”

This outreach includes contacting local trauma centers, hospitals and rehab centers, SCI rehabilitation programs, community re-entry programs, and residential programs in your state that have contact to treat individuals with spinal cord injury.

- Develop a Plan:

Contacting all potential programs can seem like an overwhelming task. It is helpful to develop a strategy for outreach. Start small and geographically local, and work slowly on expanding outreach.

- Send out program information

Send letters of introduction to program directors, or specific contacts you may have, describing the mentoring program and how peer mentoring can be helpful. Remember to include brochures and flyers about the program. Include a flyer for hanging on centrally located bulletin boards within the facility itself.

- Meet with program directors and staff:

Identify the programs that may refer potential partners. Arrange to meet individually with the program directors and staff to generate interest in

referring people to the mentoring program. Make the referral process as easy as possible.

- Due to confidentiality (HIPAA) issues, many programs are prohibited from supply a lists of their clients. Select programs may be willing to do a direct distribution or direct mailing of a program brochure to potential partners. Be sure to supply an adequate number of brochures. Ask programs to display brochures in a public area within their program.
- Follow-up:

Program directors and staff are very busy and may easily "forget" about your program. Sending out periodic reminders about the program enhances sustained visibility. Personal calls to select program directors may also be beneficial.

5. Be Visible:

The more your program is able to get the "word" out about peer mentoring, the greater number of referrals you will receive. As with recruitment of mentors, there are lots of ways to stay visible and keep the program viable:

- Make presentations at spinal cord injury related meetings or seminars
- Have information about the mentoring program available every time your organization displays at an event
- Send out a mailing about the SCI mentoring program to every member of your organization
- Write an article about the mentoring program for your agency newsletter
- Follow-up by running short updates in subsequent newsletters
- Appear on radio talk shows or a local community television show to discuss the benefits of peer mentoring
- Send out a press release to newspapers in your area.

6. Utilize your Program's Mentors for Recruitment

Your mentors are perhaps your "best" marketing tools!!! Recruitment is an excellent way to utilize the skills of the trained mentors; it helps the mentors feel connected to the program. There are a number of different ways to use your mentors.

- Have your mentors promote the program at support group meetings.
- Have your mentors serve as panel members at association-sponsored presentations.
- Have your mentors visit a rehabilitation hospital or SCI community or residential program on a regular basis to remind individuals with SCI and staff of the SCI mentoring program. Bring additional brochures to these outreach events and try to speak personally to potential mentors or partners for the program.

SCREENING POTENTIAL PARTNERS

Screening of partners follows a similar process as mentors. It is equally important to ensure that potential partners are "ready" to benefit from peer support, and able to engage and profit from the peer mentoring process. In our experience, not everyone who is interested in participating in the program is suited for peer mentoring support. Thus, careful screening improves the quality of the program and serves to enhance the usefulness of planned mentor-partner matches.

What are the Qualities of a Potential Partner?

Gauging a person's "readiness" to benefit from peer mentoring can take practice. Partners who benefit the most from this type of program possess the following qualities:

- Recognize their need for support.
- Able to understand their own boundaries and limitations of the mentoring program.
- Available to receive phone calls (or alternative means of communication) at pre-arranged times and able to adhere to these commitments.

Individuals who *do not benefit* from a peer mentoring program present with a cluster of behaviors that may include:

- Expressing suicidal or violent behavior, severe depression and/or serious psychiatric or substance abuse problems.
- Are unable to articulate specific reasons for wanting peer support.

- Are referred to the program but have no personal interest or investment in receiving peer support.
- Are excessively negative, angry, or volatile during the screening interview.
- Are looking solely for "friendship" or a "romantic relationship".
- Are interested solely in "talking to someone" with no desire to change current life situation or behaviors.
- Have emotional challenges that are beyond the ability of a mentor to handle.

What is the Process of Screening Potential Partners

1. Initial Contact with a Potential Partner

As with mentors, your first introduction to a potential partner may be a telephone call, during face-to-face contact following a presentation, or a call from someone else that is referring the potential partner. Whenever possible, speak with the referral source to obtain some background information about the potential partner. During your initial contact with the potential partner, the following issues should be addressed:

- Explain the program and its benefits to the potential partner.
- Clarify questions and concerns.
- Determine why the person wants to participate in the program.
- Assess the potential partner's ability to communicate via telephone (or alternate communication methods, i.e. email).
- Set up a time for a screening interview necessary for program participation.

In the SCI Peer Mentoring Program, approximately one third of individuals referred to be potential partners are inappropriate for the peer mentoring program. These individuals typically are referred to other types of community resources and professionals for needed treatment and services.

2. The Screening of Potential Partners

The interview with a potential partner is generally conducted via telephone in order to obtain biographical and background information, identify areas of support that are needed and the person's willingness to engage with a peer mentor. The screening also allows for an assessment of the potential partner's need at start of the program and willingness to discuss these needs with a potential mentor. Thus, an inherent pre-program interview is embedded within the screening (see Appendix, pgs. 15-17, SCI Partner Information and Pre-Evaluation Form).

Partner screening should cover the following components:

- Contact information including name, address, telephone number(s), email address, and best way and time to contact (see Appendix, pg. 15, section A, SCI Partner Information and Pre-Evaluation Form)
- Background information including age, marital status, language spoken, ethnicity, employment and education, military involvement, religious affiliation and participation, hobbies and special interests, as well as information about the nature of the spinal cord injury including type and level of injury, time since injury, assistive devices used (see Appendix, pg. 15, section B, SCI Partner Information and Pre-Evaluation Form).
- In part C of the SCI Partner Information and Pre-Evaluation Form, self-reported ratings of the person's current needs and his/her willingness to discuss these needs with a mentor is assessed (see Appendix, pg. 17, section C, SCI Partner Information and Pre-Evaluation Form).
 - Quality of life
 - Current ability to cope with SCI
 - Communication with family and friends
 - Advocacy for needs with healthcare professionals
 - Knowledge about SCI
 - Knowledge of community resources
 - Involvement with community based activities
 - Coping with feelings of sadness or depression
 - Coping with anger and frustration
 - General outlook

- Characteristics desired in a mentor (e.g., similar age, cultural background, etiology of injury, etc.)

How does the Program determine that a potential partner is "ready" to engage in a peer mentoring relationship?

Throughout the screening interview, the project coordinator needs to evaluate the potential candidate's appropriateness for mentoring:

- Allow for open ended questions, in order to assess the potential partners' ability to listen.
- Be aware of problems the potential partners may exhibit in answering questions and/or maintaining boundaries.
- Assess the partners' ability to benefit from the mentoring program.
- Assess how much a mentor might be of benefit given a partner's current situation.
- Assess the preferences expressed by the potential partner regarding a mentor. Be sure they are realistic expectations given your current list of mentors.

What are the next steps after screening a potential partner is complete?

- If the partner **is appropriate** for the mentoring program:
 - Re-explain the program, issues of confidentiality and any release forms that must be completed as part of the program.
 - Discuss the process for matching with a mentor and a possible time delay if an appropriate mentor is not available.
 - Send program materials and a welcome letter to the partner along with any release forms required by your agency to complete.
- If the partner **is not appropriate** for the mentoring program:
 - Refer to alternative services either within or outside your agency, including support groups, private counseling, etc. and document this referral.
 - Provide appropriate resource materials to participant as needed.

CHAPTER FIVE

PREPARING FOR A MENTOR TRAINING WORKSHOP

In prior SCI Mentor Trainings, training goes more smoothly if all materials to be used are organized in a folder and arranged in the order in which the materials will be used during the workshop.

What steps should you take in advance when planning a Mentor Training Workshop?

1. Select 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 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 best, with seating at the front of the table reserved for the trainers

In planning a community-based workshop, it is recommended that facilities such as local hospitals, rehabilitation centers, community programs and businesses be contacted about availability to provide free space for training meetings. Frequently, these community settings are willing to "donate" space as a community service

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

- Review the availability on the Mentor Information Forms used for screening to determine the most convenient dates and times convenient for a workshop. If most of participants are working, it is best to schedule the training on a weekend.
- Remember to take into consideration holidays and vacation schedules

When planning your SCI Peer Mentoring Training, it is wise to anticipate that 10-15% of potential mentors will be "no shows" for the training, despite agreeing to come.

3. Determine the scope/duration for the training workshop

Several factors need to be considered when deciding duration of a planned training.

A four hour training session should be considered when:

- It is your initial training workshop (i.e., allows time to get the kinks out of the training itself)
- Your workshop will include a larger group of new mentors (maximum of 8-12 persons)
- You need to rapidly expand an existing and/or create a new pool of mentors
- You want additional time for in-depth review of mentoring topics
- You want to allow for greater socialization and networking opportunities during the workshop

The four hour session presents with few disadvantages:

- You will need multiple facilitators to conduct training and assist mentors in completing needed paper/pencil tasks.
- Participants may become fatigued during a long training session
- Lunch break must be built into the workshop

A three hour training session should be considered when:

- Facilitators are comfortable with the training workshop format
- You have a smaller group of mentors to train (maximum of 4-6 persons)
- You seek to do a focused expansion of your mentor pool, e.g., mentors living in a given region, males, minority groups, etc.
- Two facilitators are available to conduct the workshop

- Your mentors in training have limited time to attend the workshop and/or have limited overall stamina
- Allows more frequent repetition of training workshops
- Smaller, more intimate group fosters greater socialization, open discussion and networking
- A shorter training may be more appropriate for persons with higher level injuries
- Allows for providing a light refreshment break instead of a lunch

A three hour session presents with one primary disadvantage:

- In depth coverage of all mentoring topics may not be possible

4. Create a training agenda and assign facilitator roles within workshop

- Agenda for a *four hour training workshop*

A sample agenda for a four hour training workshop is highlighted below. Approximate times for each training activity are provided. In a start up four hour training, the facilitator discusses basic communication skills during the planned lunch period. If the program is already established, an active mentor in the program joins the lunch session to discuss his/her experiences in mentoring with the new mentors.

- Opening and Introductions (10 minutes)
- Group Exercise: Getting to Know Your Fellow Mentors (20 minutes)
- Overview of the Peer Mentoring Program (30 minutes)
- Role Plays: Initial and Follow-up Contact with Partner (30 minutes)
- Lunch (60 minutes)
(Overview Communication Skills or Meeting with Program Mentor)
- Group Exercise: Handling Situations as a Mentor (60 minutes)
- Review of Mentor Training Manual and Program Paper Work (20 minutes)
- Questions and Wrap Up (10 minutes)

- Agenda for a *three hour training workshop*

A sample agenda for a three hour training workshop is highlighted below. Approximate times for each training activity are provided. In the three hour workshop, the facilitator discusses basic communication skills during the planned snack break. If the program is already established, an active mentor in the program is typically invited to the lunch session to discuss his/her experiences in mentoring.

- Opening and Introductions (10 minutes)
- Group Exercise One: Getting to Know Your Fellow Mentors (15 minutes)
- Overview of the Peer Mentoring Program (20 minutes)
- Role Plays: Initial and Follow-up Contact with Partner (15 minutes)
- Snack (30 minutes) with Overview of Communication Skills and/or Meeting with Program Mentor provided by Facilitators)
- Group Exercise: Handling Situations as a Mentor (60 minutes)
- Review of Mentor Training Manual and Program Paper Work (20 minutes)
- Questions and Wrap Up (10 minutes)

5. Advanced preparation of Mentor Training Folders

To expedite training, individualized training folders should be prepared in advance for each participant. The folder should contain:

- Agenda for the day
- Mentor Training Manual
- A supply of calendar contact logs to keep track of contacts with partner
- Samples of mentor and partner brochures
- Specific Handouts for Training Exercises
- Getting to Know Your Fellow Mentors
- Roles and Responsibilities of Mentors
- Mentor's Preference for Partner Match

- Sample Partner Information Form and Calendar Contact Logs
- Key Points About Initial and Continuing Contacts
- Mentor Training Evaluation Form (see Appendix)
- Additional SCI Community Resource Information
 - Membership application for the local chapter of National Spinal Cord Injury Association, United Spinal Association, and other SCI organizations
 - Latest Spinal Injury Newsletter for your facility, NSCIA or USA
 - Tips for Caregivers Brochure
 - SCI 101 Fact Sheet
 - State and community resource guides
 - Other materials that would be useful for mentors to have as a resource

6. Final preparatory steps prior to workshop

- Send a reminder letter or e-mail to all participants
 - Include the address of the training location, driving directions and start time
 - Be sure to mention details regarding parking, meals to be included, etc.
 - Include information about how to contact the program if last minute cancellation is necessary
 - Include any pre-training questionnaires and consent forms required by your program. Ask participants to complete and bring to training
 - Enclose a business card of program coordinator as contact for questions
 - Make reminder phone calls to all participants the day before training. Reinforce their bringing the paper work with them, as well as travel instructions and phone contact numbers.
- Make arrangements to provide refreshments for workshop participants.

- Plan to feed people! Four hour workshops should include a light lunch. Three hour workshops should include a snack
- Get a final "head count" of participants at least a week ahead of the training to facilitate food planning
- Poll participants for any special dietary needs
- Plan on finger foods, sandwiches and refreshments being delivered to the training room (to minimize time spent in obtaining food during training)
- Assign a facilitator to overseeing refreshments during the training (i.e., setting up restocking, safekeeping of food ordered, making payment on day of workshop)
- Gather materials/equipment to be used during the training session.
 - Signs for posting to direct participants to training room
 - Alphabetical list of participants for registration table
 - Name tags
 - Extra copies of pre-training questionnaire, mentor consent forms
 - Sign-in sheet for networking (exchange of phone numbers and emails for participants if agreed upon by group members)
 - Pens, pencils, post-its, paperclips, highlighters, paper, tape
 - Mentor Training Workbook, training day folder and additional handouts
 - Certificates of Training Completion (optional but well liked!)
 - Flip chart, easel and markers (if chalk board not available)
 - Telephones/cell phones for role playing
 - Pre-arrange room tables and chairs for workshop

CHAPTER SIX

CONDUCTING A MENTOR TRAINING WORKSHOP

Why is training important for new mentors?

The relationship between two people who have a shared common experience of coping with a spinal cord injury may seem like a "natural" connection. As a result, new programs might overlook the importance of focused training of mentors. Mentor training is a critical element to the overall success of a mentoring program. Each mentor benefits from a structured training experience during which the responsibilities as well as the limits of the mentoring role are carefully delineated.

What are the goals of mentor training?

- To introduce participants to the concept of peer mentoring
- To provide participants with an overview of the mentoring process
- To educate participants about mentor roles/responsibilities
- To help participants understand the importance of follow-up and support in the mentoring process
- To help participants understand the scope as well as limitations of their roles as mentors
- To enhance participants' skills needed to perform in their roles as mentors
- To provide participants with information about challenges for individuals and family members following spinal cord injury
- To educate participants about resources and information to share with potential partners
- To provide a forum in which participants' questions and concerns can be addressed
- To build participants' confidence in their abilities to provide peer support to others

What are the benefits of mentor training for the program coordinators/facilitators?

- Coordinators/facilitators can obtain "first hand" information about new mentors and further assess their readiness to serve as mentors
- Coordinators can observe the mentors' ability to focus, listen and respond to others
- Coordinators can determine which mentors may require additional help in the mentoring process. In short, training provides a wonderful opportunity for the program staff to get to know the mentors better.

What Are The Primary Roles of Program Coordinators in Training?

1. To ensure a comfortable learning environment

- Be sure the physical space is conducive to group learning and that participants can hear each other as they speak.
- Make necessary accommodations for any functional limitations of participants.
- Check that the temperature of the room appropriate.

2. Pace training activities appropriately

- Encourage an exchange of ideas while keeping activities on track.
- Assign a co-facilitator to buddy with an individual in need of greater assistance in their ability to participate in the workshop.

3. Reinforce learning within the group modality

- Use multi-modal approach to maximize learning of the mentors.
- Use chalkboards and flip charts to highlight important points.
- Encourage mentors to take notes during training session.
- Summarize major discussion points on the flip chart.

4. 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 nonverbal signals as well as your verbal comments
- Respond by guiding, not imposing.
- Be non-judgmental
- Model repetition and summarizing key points in discussion
- Help participants develop collaborative problem-solving skills.

MENTOR TRAINING: WORKSHOP ACTIVITIES

Eight suggested training activities for use in a mentor training workshop are described on the next pages of the manual. Each activity description includes training objectives, the estimated duration of the activity, and the role for the facilitator in implementing the activity. The activities are described in detail in the following highlighted sections.

1. Introductions
 2. Getting to know your fellow mentors
 3. Overview of Peer Mentoring Program
 4. Mentor contacts role plays
 5. Enhancing communication skills
 6. Practicing communication skills
 7. Review of mentor training workbook content
 8. Workshop wrap-up
- Post Training Review

While your specific agency may opt to modify select aspects of a given training activity based on the specific disability group to be addressed, it is strongly recommended that all training activities be routinely included in mentor training workshops.

1. PARTICIPANT INTRODUCTIONS

Objectives:

To welcome participants
To introduce training staff
To complete necessary paper work
To review the training agenda

Duration:

5-10 minutes depending on size of training session

Materials Needed:

Name tags for participants
Community SCI Peer Mentor Training Workbook for workshop participants

Process:

- Introduce the training facilitators
- Provide a brief history of your organization
- Review the training agenda
- Orient participants to the mentor training manual and contents of training folder to be utilized in the training
- Inform participants of planned breaks, location of restrooms, food breaks
- Encourage participants to take breaks whenever needed
- Encourage participants to ask questions whenever additional clarification needed

2. GETTING TO KNOW YOUR FELLOW MENTORS

Objectives:

To help participants become acquainted with each other and become involved in the session

To provide an experience that is somewhat parallel to the first contact with their partners

To provide practice in sharing information with another person and in helping that person share information with you

Duration:

20 minutes

Materials Needed:

Exercise One: "Getting to Know Your Fellow Mentor" (see Appendix, pg. 18, SCI Mentoring Training Introduction: Exercise I Form)

Process:

- Break group into pairs (with a threesome if an odd number of participants). Be sure to pair people who do not know each other since this is the best way to "break the tension" and establish familiarity among the group members
- Inform participants that they are to introduce each other to the larger group after finding out some basic information about another mentor. This is a core activity of mentoring and one that is stressed throughout the training
- Ask each member to interview the other person, and summarize the information requested on the handout. Inform participants that each interview should be brief (about 5 minutes). Remind the group that after 5 minutes the facilitator will encourage partners to "switch" interviewing roles.
- Bring the entire group back together. Have each person introduce his/her partner to the larger group. Limit introductions to 5 minutes per person.
- Initiate a brief discussion of how meeting a new mentor mirrors the activity of mentoring, i.e., starting a new relationship with a previously unknown person.

3. OVERVIEW OF PEER MENTORING PROGRAM

Objectives:

- To help mentors feel connected to the program
- To discuss mentoring as related to spinal cord injury
- To identify qualities of effective mentors
- To be clear about program's requirements

Duration:

30 minutes

Materials Needed:

- The Mentor Training Workbook
- Roles and Responsibilities of a Mentor

Process

- In a general discussion, facilitators ask participants to volunteer prior experiences about people who have helped them through difficult periods in their own lives. Alternatively, discuss times when they have assisted others in coping with the challenges of living with their spinal cord injury.
- Facilitators highlight information presented by participants (who was helpful and why) on a flip chart/blackboard
- Facilitators next summarize discussion by highlighting how solid listening skills, empathy, understanding and knowledge about spinal cord injury have been helpful to participants in the past. Link these same communication abilities to the current mentoring program in that these same skills will help guide others in their attempts to cope with their SCI.
- Facilitators review select content of the mentor training manual with participants. Specifically, the following sections are reviewed:
 - The purpose and definition of peer mentoring (see Mentor Training Workbook, pgs. 4-5)
 - The roles of a mentor (see Mentor Training Workbook, pgs. 6-8)

- Responsibilities of mentors (see Mentor Training Workbook, pgs. 9-10)
- Facilitators discuss the importance of ongoing support for mentors that will be provided by the program coordinator and why this support is so essential.
- Facilitators discuss the importance of confidentiality as related to the mentoring process (see Mentor Training Workbook, pgs. 9-10). Situations where confidentiality should be breached are also reviewed.
- Facilitators review the “Roles and Responsibilities of the Mentor” with participants. Allow time for participants to ask questions, and then ask participants to sign the SCI Mentor’s Responsibilities form agreeing to the terms. Facilitators collect signed consents from participants
- Facilitators discuss possible challenges a participant may have in comfortably mentoring an individual with a specific injury level or a specific demographic background. Each participant is asked to consider his/her own comfort with the full range of SCI as well as demographic backgrounds, and discuss any concerns with the facilitators at time of potential matching with a partner.

4. MENTOR CONTACT ROLE PLAYS

Objectives:

To familiarize participants with the initial steps in the mentoring process: discussion with the coordinator, initial contact with the partner, and follow-up contact with a partner, via role-play of these situations by facilitators

To model typical partner reactions and effective mentoring skills

To emphasize key points in initial and ongoing contacts with partners

To review and practice completing a Calendar Contact Log form

Duration:

30 minutes

Materials Needed:

Mentor Training Workbook

Two cell phones to illustrate role plays

Sample Contact Log Calendar

Process

- Facilitators initiate a series of role plays depicting the initial contacts involved in new partnership. For this exercise, two facilitators sit back-to-back in front of the group using cell phones as props:
 - The first role-play depicts “the mentor coordinator” will call “the mentor” and provides basic information about the partner. The coordinator role checks with the mentor to ensure he/she is comfortable with being matched with the partner
 - The second role-play depicts “the mentor” making initial phone contact with “the partner”, introducing him/herself, and determining areas that the partner wants support with and planning a follow up call.
 - The third role-play depicts “the mentor” completing a follow-up phone contact with the “the partner” providing the partner with requested resources and exploring areas of requested support.

- During role-plays, one facilitator summarizes key points about each phone contact on a flip chart/black board as issues emerge in the role-plays. Effective mentoring skills portrayed in the role-plays are highlighted.
- Facilitators review possible questions that a mentor might have when contacting a new partner while on an inpatient unit (see Mentor Training Workbook, pg. 26) in a community setting (see Mentor Training Workbook, pg. 27), or during follow up phone contacts (see Mentor Training Workbook, pg. 28).
- Facilitators stress the importance of logging the frequency and nature of contacts made with partners on a calendar. The facilitators distribute sample Contact Log Calendars which match the role play contacts for review (see Appendix, pg. 20 Mentor Contact Calendar). The benefits of documenting contacts are discussed: they serve as a record of contacts made with a partner, they serve to remind the mentor of key points discussed in prior conversations, and they allow for remaining points to be discussed during futures calls to the partner.
- If the program plans to collect frequency of contacts from mentors, facilitators should discuss the mechanism in which the program will gather calendar information from mentors in the future.

5. ENHANCING COMMUNICATION SKILLS

Objectives:

To identify the qualities of a good listener

To develop positive listening skills

To recognize communication enhancers and roadblocks

To discuss tips to maintain a conversation with a partner

Length:

30 minutes (four hour training)

20 minutes (three hour training)

Materials Needed:

Mentor Training Workbook

Process:

- Facilitators instruct participants to think about their own experiences and about a time when they had a mentor or a person who guided them in a positive way. This may have been prior to or after injury. Think for a few minutes and then answer the questions on page 31 in the workbook (see Mentor Training Workbook, pg. 31).
- Bring the group together and ask for volunteers to share their positive recollections.
- Facilitators review good listening skills, response skills and tips to maintain ongoing conversations with a partner (see Mentor Training Workbook, pgs. 15-24).
- Facilitators answer questions and concerns of participants.

6. PRACTICING COMMUNICATION SKILLS

Objectives:

To practice handling situations and applying effective mentoring skills by participating in a group brainstorming exercise

To increase confidence of the trainees in their capacity to make good decisions as mentors

Duration:

30 -45 minutes (four hour training)

20 -30 minutes (three hour training)

Materials Needed:

Mentor Training Workbook

Sample Mentor Situations Form

Process:

- Inform participants that the next exercise will allow practice in building communication skills needed for effective mentoring. Several "fictitious" or role play situations will be presented for group discussion about potential responses to partner's questions.
- Divide the participants into discussion groups of two to three persons and present the first of three sample mentor situation vignettes (or modify situation particular to your setting) for group small discussion (see Mentor Training Workbook, pg. 35, Responding: Exercise 6).
- Following a mini-group discussion of approaches to handling a given situation, have a representative from each group present the group's thoughts about the best communication approach. Facilitators summarize key communication points on the flip chart/blackboard.
- Facilitators review group suggestions to illustrate how individual responses to a given situation can vary. Emphasize that the most effective mentoring skills are those that incorporate a person's own style of interacting with another person.
- Facilitators selects the second and then third mentor situation and repeat the above process. Additional scenarios are provided in the Appendix (see Appendix, pgs. 21-22, Sample Mentor Situations).

7. REVIEW OF MENTOR WORKBOOK

Objectives:

To familiarize participants with remaining content of the Mentor Training Workbook

To reinforce the Mentor Training Workbook as a resource for the mentor

Duration:

30 minutes (four hour training)

15 minutes (three hour training)

Materials Needed:

Mentor Training Workbook

Process:

- Facilitators reassure participants that while there is inadequate time to thoroughly review content of all sections of the training manual during the workshop, the manual is their own, and should be used for reference when needed in the future.
- The facilitators highlight the following two sections of the manual while emphasizing how mentors might use this information in the future partnerships.
 1. Facilitators review the section of the mentoring manual discussing “Disability Etiquette” (see Mentor Training Workbook, pgs. 11-12). This section reviews proper and acceptable terminology and language when discussing issues related to disability with a partner or others. If adequate time within the workshop, the facilitator may opt to undertake the Disability Discrimination Exercise (see Mentor Training Workbook, pg. 33, Disability Discrimination: Exercise 4).
 2. Facilitators review the section of mentoring workbook discussing “Dealing with a New Disability” (see Mentor Training Workbook, pgs.13-14). This section discusses the gradual process of adjustment for a person post new onset of a spinal cord injury. If there is adequate time within the workshop, the facilitator may opt to undertake Exercise 5 in the Mentor Training Workbook (see Mentor Training Workbook, pg. 34, Stages of Adjustment: Exercise 5).

8. WORKSHOP WRAP-UP

Objectives:

To explain additional resources provided to participants

To have mentors evaluate the utility of the training session

To recognize participants for completing the mentor training workshop

To promote future networking and peer support

Duration:

15 minutes (four hour training)

10 minutes (three hour training)

Materials Needed:

Additional community resources

Mentor Training Evaluation Form

Process:

- Facilitators review resource materials that have been distributed to mentors, emphasizing that these materials may be useful when helping future partners find needed community resources (see Appendix, pg. 15 for web-based links to SCI information) .
- Emphasize that the mentors are not expected to know all available resources. Mentors are encouraged to discuss possible community resources with the project coordinator before directing a partner to a specific community contacts.
- Stress that there may be a waiting period between this training and when a mentor is matched with a partner. Mentors are selected based on the needs of a particular partner.
- Ensure that all paperwork required of mentors has been completed before participants leave the workshop.

Post Training Review

After completion of a workshop, facilitators are encouraged to:

- **Review the overall content of the workshop**
 - What aspects of training went well from the participants' point of view
 - What aspects of the training need to be modified
 - What additional facilitation skills with program staff need to be developed
 - What adjustments are needed to enhance program vitality

- **Provide follow up information as needed**
 - Send follow-up thank you letter to participants re-emphasizing that it may be some time before a trained mentor is called upon to be involved in a partnership.
 - Send networking list of attendees and their contact information (if this information was collected during the training).

- **Ensure all documentation has been collected from workshop participants**
 - Check for any missing paperwork or signatures from workshop participants
 - Send a thank you letter to the training site and any volunteers who helped with training
 - Contact potential volunteers for the mentoring program who did not attend training. Check to see if they would like to remain on the list for the next training.

CHAPTER SEVEN

CREATING PROGRAM PARTNERSHIPS

Successful partnerships are key elements of a solid mentoring program. Most mentoring programs are designed around the concept of "matching" people based on commonalities or shared interests of the partner and the mentor. Several factors need to be considered when attempting to match mentors with potential partners. These factors are addressed below.

What factors appear to be the most helpful when considering a match of a given mentor and a new partner?

- Similar level of injury, (T5, C4, ambulatory)
- Similar age, gender, marital status, racial/ethnic background, level of education, and spiritual beliefs
- Similar personalities or prior interests (e.g., prior military history, similar interest in sports)
- Similar etiology of the spinal cord injury (e.g., both involved in car crash, both involving a sports injury, both a victim of violence, etc.,)
- Similar challenges (e.g., vent dependency, finding a mate, children's reactions to the injury)
- Geographic proximity

Are there situations that the partner and mentor may have in common?

- Family dynamics and family size (number of children, etc.)
- Decisions to be made about treatment and/or rehabilitation
- Advocacy experiences within the school system, employment arena, or with community, state or federal programs and services.

How does a program know which factors are the best for matching?

Based on experience, there are usually one or two factors that seem to be most important for matching a given mentor and 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. Thus, it is vital that the coordinators know both the personalities, interests of both the program mentors and partners as well as the mentor's comfort in addressing the needs of a potential partner.

What are the steps in the matching process?

1. The matching process begins as soon as a potential partner is interviewed and the coordinator determines the partner to be in need of peer support within your program.
2. Using the SCI Partner Information Form as a structured initial interview (see Appendix, pg. 15-17), the coordinator assesses the potential partner's needs (stated and unstated), personality, communication style, temperament, and preferences for a mentor.
3. The coordinator informs the potential partner of any needed release forms that must be signed *prior* to being matched with a mentor and forwards this paperwork to the partner for completion.
4. The coordinator reviews his/her pool of mentors to determine which mentors are available for matching, keeping in mind various matching factors (listed on the prior page) as well as the needs of the potential partner. The coordinator then contacts one or two possible “good match” mentors to determine their availability to start a potential partnership.
5. Once signed releases are obtained from the partner, the coordinator contacts the "best match" mentor, reviews basic information about the partner (without revealing specific partner identity), and determines the mentor's willingness to be matched with the person. If the mentor is unable or uncomfortable with starting this specific relationship, the mentor is thanked, and the "next best match" mentor contacted. This process is repeated until a mentor agrees to work with a partner.
6. Once a mentor has agreed to be matched with a given partner, the coordinator shares specific information with the “matched” mentor about the individual (including the partner's contact information). The mentor then outlines specific areas in which the partner has expressed a need for assistance.
7. The coordinator and the mentor jointly discuss how to best approach the partner's needs. The coordinator reviews the process for initiating a call to the

partner, specific program documentation required, and suggested areas of the training manual that may be helpful to review.

8. The coordinator asks the mentor to select a date and time for either an initial in-person meeting (if this is the design of your program) and/or phone contact with the partner, asking the mentor to contact the coordinator after the first contact has occurred. Any written information about the partner can then be sent to the mentor.
9. The coordinator contacts the partner to inform her/him of the “matched” mentor’s first name, and date and time of the pre-planned initial contact.
10. The coordinator reminds mentor about the importance of logging ongoing contacts with partners on the Mentor Contact Sheet (see Appendix, pg 24 , SCI Partnership Contact Sheet)

What kind of information should be collected about a partnership?

While the scope of documentation may vary from program to program, minimal documentation of mentoring activities is necessary if your program wishes to capture the nature and intensity of your partnerships. It is recommended that the program coordinator create a separate SCI Peer Mentor Contact Log for each ongoing partnership. This file will allow a coordinator to get a rapid overview of the number and nature of contacts between partner and mentor (See Appendix, pg 24 SCI Partnerships Contact Sheet), Remember, that this information is confidential and need to be kept in a secure file!!

SCI Peer Mentor Contact Logs should contain:

- Basic demographic and medical information about the partner (obtained from the intake form) and nature of partnership (inpatient or community based)
- The name and contact information of the mentor
- The date the partnership started and proposed date of ending of the partnership
- The nature of the contacts between mentor and partner (i.e., date of contact, whom was contacted). Additional notes can be logged by the coordinator as to specific issues arising in the partnership (e.g., need to contact the partner, need for referral of partner, resistance by the partner, etc)..

CHAPTER EIGHT

MAINTAINING PROGRAM PARTNERSHIPS

A key role of a coordinator is to build and maintain mentoring partnerships. Mentoring is not always easy. Mentors have to build a new relationship in order to help their partners develop skills to cope with the challenges of living with a spinal cord injury. As is true of any friendship, time is typically required for a mentor and partner to get to know, like and trust each other. Support and encouragement of the mentors as they build these relationships are essential. Providing this support to the mentors on an ongoing basis is critical for a solid and quality mentoring program. Occasionally, support by the coordinator for the partner is needed as well. In this section, these two key elements in maintaining successful mentoring partnerships are discussed.

What is the coordinator's role in supporting mentors?

Providing on-going support to mentors is a crucial role for the coordinator in order to maintain partnerships. Mentors need to feel that they have someone to turn to when they encounter problems or issues within their partnerships. The coordinator ensures the ongoing quality of the mentoring relationships as well as a mentor's compliance with completing documentation specific to the mentor program itself. All contacts with a given mentor are typically documented by the coordinator.

The following strategies have been useful to ensure good communication between the coordinator and a mentor:

- At the beginning of a new partnership, the mentor should be encouraged to contact the coordinator to discuss the new relationship and any issues/concerns arising in the partnership. During this contact, the coordinator should remind the mentor to log future contacts on their Mentor Contact Logs (see Appendix, pg. 24, SCI Partnerships Contact Sheet).
- The coordinator should maintain contact with the mentor *monthly* to ensure ongoing communication is occurring between mentor and partner. Coordinators should log the intensity and nature of these contacts on the SCI Partnerships Contact Sheet. Communication can be through phone calls, email, or in person.
- Regular coordinator–mentor contact:
 - Ensures that on-going contacts between a mentor and a partner are occurring.
 - Allows the coordinator to review sections of the Mentor Training Manual that may be helpful in addressing issues specific to the relationship.

- Alerts the coordinator to situations that may be beyond the scope of the mentor and/or allows for discussion of steps to take if a crisis arises in a relationship.
- Alerts the coordinator to when a relationship may need to end (typically observed by a gradual decrease in number of contacts in a month's time) and/or when a possible transfer of the partnership to another is indicated.

What is the coordinator's role in supporting partners?

While the primary source of support for a partner in a mentoring program comes directly from the mentor, the partner should be encouraged to contact the coordinator if concerns arise in the partnership.

There are times however, when a coordinator should consider contacting a partner about their involvement in the program and with the mentor.

- The mentor is having significant difficulty contacting the partner.
- The mentor has requested specific help of the coordinator in an issue or referral question presented by the partner.
- The mentor feels that the emotional or environmental challenges presented by the partner are beyond the comfort of the mentor to handle.
- The mentor is having trouble engaging the partner. In this situation, the coordinator needs to determine if a transfer to a new mentor is to be considered.
- The mentor feels the partner is a danger to self or others. Ending the partnership and crisis intervention is needed.
- A mentor is overextended by external life demands and cannot devote time to developing the partnership.

CHAPTER NINE

ENDING PROGRAM PARTNERSHIPS

In the Mount Sinai SCI Peer Mentor Program, the average duration of a partnership was eight months. The program created an "artificial" end of each partnership at six-months

Mentoring partnerships may be time-limited, or they may evolve into new long lasting friendships. The length of the partnership is typically determined by both the mentor and the partner; however, your program may opt for a maximum duration for each partnership. Occasionally, the coordinator may choose to end a partnership or re-match a partner with a new mentor. Each of these situations requires slightly different roles for the coordinator.

What are some reasons for partnerships ending?

From the *partner's perspective*, the partnership may end for many reasons:

- A partner feels that many of his/her needs for mentoring have been met...a very successful outcome.
- A partner is reluctant to continue in the program even though his/her needs remain unmet.
- A partner does not get along with his/her mentor, and wishes to be reassigned to a new mentor.
- A partner is unable to profit from peer support due to overriding psychological or emotional challenges.
- A partner is overextended, and therefore, unable to devote time to developing the partnership.
- A partner relocates outside of the geographical area.

From the *mentor's perspective*, the partnership may end for many reasons:

- A mentor believes that all or many of the partner's needs have been met...a very successful outcome.

- The partnership has extended beyond the scope of program duration...a very successful outcome.
- A mentor is reluctant to continue with his/her partner even though the partner's needs remain unmet.
- A mentor is unable to handle the complex needs of his/her partner.
- A mentor is unable to remain in contact with his/her partner because of scheduling conflicts.
- A mentor relocates outside of the geographical area.

What is the role of the coordinator in ending a partnership that has reached maximum program duration?

When the date for maximum program duration is approaching, the coordinator needs to ensure a smooth closure to the partnership. The coordinator should contact the mentor a month in advance of the termination date and remind the mentor to inform the partner that the "official" partnership is coming to an end. This gives time for both partner and mentor to discuss feelings about the partnership ending and whether both parties want to continue a dialogue after "official" program completion.

If the mentor and partner choose to remain in contact, they are free to do so; however, ongoing contact is no longer considered under the auspices of the mentoring program.

At completion of a long-standing partnership, the coordinator may be called upon to provide support to both mentor and partner.

- The partner may have feelings of abandonment or rejection, especially if the mentor chooses not to continue contact after the program end date. Support and reassurance may be need. Sometimes alternative referrals for ongoing support need to be suggested.
- The mentor may have feelings of guilt or failure, especially if the mentor feels that all of the partner's needs have not been met. Support to the mentor and appreciation for a job well done are indicated.

What is the role of the coordinator in ending a partnership early?

Many partnerships do not last for the maximum duration of the program. The coordinator may receive a call from either the mentor or partner suggesting problems in the relationship and/or requesting a possible ending of the partnership. The coordinator needs to 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 re-matched with a new mentor.

Many times a partnership may appear to be in "trouble". By doing a bit of "detective work", the coordinator often can clarify the source of current difficulties and refocus the partnership. In these situations, the coordinator should:

- Contact the mentor to explore issues that are occurring.
- Contact the partner to explore satisfaction/dissatisfaction with the partnership.

In the Mount Sinai program, there was a typical "warning sign" of problems in a partnership, i.e., a marked decrease in the number of mentor contacts with a partner over the past month.

In situations where the partnership needs to be ended early, the coordinator may be called upon to provide support to both mentor and partner.

- The mentor may be reluctant to say that a partnership is not going well or needs to end, for fear of making either the mentor or the partner "look bad". The coordinator should provide reassurance that the mentor is doing a good job. If appropriate, the coordinator might discuss how to handle a similar situation more effectively in the future.
- If the partner opts for re-matching, the coordinator should work with the partner to better clarify the partner's needs and expectations for the program, and then proceed with a re-matching.
- If the coordinator determines that mentoring program will not be able to meet the needs of the partner, or conversely, that the partner is unable to profit from a mentoring relationship, the coordinator should inform the partner of the ending of the partnership. It is important for the partner not to feel that he/she has failed, but that the mentoring program cannot meet the partner's needs at the current time. The partner should be provided with referrals for alternative sources of support in the community and thanked for his/her participation in the program.

The coordinator should be sure to complete any paperwork required in ending the partnership.

What is the role of the coordinator in collecting information about completed partnership?

Most peer mentoring programs collect basic statistics about the persons seen in their programs. While the needs of specific programs vary, it is assumed that your

program would want to collect minimal data about the nature of the program partnerships. It is recommended that a Statistics form similar to the one used in the SCI Community Peer Mentoring Program be utilized. This form centralizes information about patient demographics, the number and nature of program contacts made, the duration of the partnership and its outcome. Follow-up assessments (if utilized in the program) can also be logged on this form (see Appendix pg. 25, SCI Mentoring Partnership Statistics form).

Statistics are grouped into categories for each of the following information:

- Level of injury
- Age range
- Gender
- Racial background
- Place and type of residence for the partner
- Primary reason for matching partner with mentor
- Duration of the partnership
- Frequency of the partnership
- Outcome of the partnership in terms of program evaluation
- Ending date of partnership

CHAPTER TEN

ENSURING THE CONTINUITY OF THE MENTORING PROGRAM

In the Mount Sinai program, mentors who visit other SCI centers or support/chapter meetings called themselves the Hospital Advocacy Team (HAT for short). Select HAT team mentors provide ongoing outreach to newly injured individuals on the in-patient SCI unit and use these direct contacts to provide information about the mentoring program and the contact information for the program coordinator. Perhaps most important, these mentors served as models of “successful living with spinal cord injury” for individuals and their families during the early phases of adjustment to living with a spinal cord injury. These HAT teams are essential to the ongoing recruitment process for the mentoring program itself.

A major task in a mentoring program is ongoing planning related to a program's three “-abilities” : *viability, visibility* and *accountability*. For a mentoring program to remain *viable*, it must be *visible*...to its mentors, to the community, and to its constituency, i.e., individuals and family members impacted by SCI. To be self-sustaining, the program must be *accountable*...to its home agency and/or its funding provider.

In this chapter, we will focus on how to keep the mentoring program alive, by maintaining program mentors' interests so they assist with maximizing the program's viability and visibility. This chapter will also address approaches to ensure accountability to the funding or institutional support systems.

PROGRAM VISIBILITY AND VIABILITY

Maintaining enthusiasm among trained mentors is the most productive way to maximize and sustain visibility and vitality. If mentors feel involved, they are the keys to a successful mentoring program! After completing training, mentors are excited to get started in their new role. Depending upon the number and nature of partner referrals into the program, new mentors may wait weeks or months before being matched with a partner.

At times, mentors can remain unmatched, not because they are not good mentors, but because partners are better matched with mentors who have more in common. One mentor described the prolonged waiting period as “being in the reserves; you can be called into action at any time.”

In contrast, some mentors will be asked to mentor several partners at the same time. Finally, mentors often seek ways to share their mentoring experiences and to learn new strategies for helping partners from their fellow mentors. For all of the above reasons, it is critical to keep waiting, new and “seasoned” mentors motivated, interested and in touch with other mentors.

Helpful strategies to maximize mentor involvement in the program include:

- Encourage mentors to informally network with other mentors and share experiences and share common issues/challenges arising in mentoring partnerships. (Reminder: stress confidentiality of specifics about the partner in these contacts.)
- Encourage mentors to create a newsletter or email communication board to communicate with each other. Mentors can be encouraged to write articles for a newsletter or suggest topics to be discussed. Encourage mentors to write "successful mentoring stories" which can then be included within an agency newsletter and sent to other mentors.
- Actively solicit the opinions of mentors about the program. Ask for constructive ways they feel the program might be improved. This feedback can be gathered informally at a social gathering or during periodic phone or email contact, or feedback can be more formally gathered via questionnaire or during a focus group specifically designed to gather this information.
- Share resource guides, articles, websites and other materials of interest with your mentors.
- Utilize mentors to assist with ongoing recruitment of new partners into the program. Assist mentors in becoming a "volunteer" in local rehabilitation facilities where they can informally distribute program information on a routine basis, and/or attend support groups to describe the benefits of program participation.
- Provide ongoing mentor training and development sessions, i.e., “mentor reunions”. The coordinator should consider bringing mentors together for a round table discussion of common themes or issues encountered as a mentor or some research findings that they should be alerted to. During these reunions, it is empowering for "matched" mentors to share their experiences with mentoring with mentors who are currently “unmatched”.
- Create alternative social gatherings for the mentors. Such events are excellent times for mentors to be recognized for their hard work and dedication. For example, special meetings at a local SCI conference, or special invitations to a holiday party.

- Provide special recognition and appreciation for a mentor's activities, i.e., a mention of the project and its mentors in the organization's newsletter, a nomination of a mentor for a local or national volunteer award, an interview with a mentor in a local newspaper or other publication, or a simple thank you from the organization's executive director.
- Utilize mentors in other volunteer activities within your organization, e.g. public speaking, administrative or outreach committee membership.

PROGRAM ACCOUNTABILITY

Any mentoring program will generate a significant amount of paperwork that is needed to ensure accountability in your program. In the experiences of the Mount Sinai SCI Peer Mentoring Program, a well-developed plan regarding the organization of paperwork *before* the program begins saves lots of headaches and lost information later on. Your program will need to develop its own procedures to fit your specific agency's evaluation plan for your program.

The following are a few organizational strategies that have been helpful in prior mentoring programs. These strategies will be extremely helpful when attempting to gather information needed for program evaluation:

- Computerized program forms:

All information related to mentors, partners and partnerships as well as planned program evaluation tools should be maintained on central computer files for easy updates and revisions (see Appendix, pg. 24 for SCI Partnership Contact Sheet and pg. 25 for SCI Mentoring Partnership Statistics forms).

- A locked file cabinet:

For confidentiality, all documentation (potential referrals, partners, mentors, match information) needs to be kept in a centralized and locked cabinet.

- A centralized spreadsheet will help coordinators:

Since program evaluation will most likely be a key component part of your program, organizational strategies will be extremely helpful during your collection of program data for later analysis. Many of the more frequently used forms from the Mount Sinai SCI Mentoring Programs have been previously described and are provided in the Appendix. These forms may be downloaded and modified to meet your specific programs needs.

- Keep track of the referrals of potential new mentors and partners.

- Provide thumbnail sketches of key information about partners and mentors for ease of recall.
- Be alerted to when a partnership may be experiencing a problem.
- Keep track of all partnerships.
- Maintain a summary of the nature (frequency and duration) of contacts during a partnership, the partnership start and end date, and an alert when the partnership should be nearing completion.
- Be reminded when program evaluations are needed from partners.

CHAPTER ELEVEN

PROGRAM EVALUATION

Developing a plan to evaluate your mentoring program is an important first step towards creating a program that provides an important community service and can be sustained over time. Program evaluation may be an expected part of your program development; however, if it is not an explicit requirement of your program, there are many reasons to consider inclusion of a program evaluation component in your program.

What are the benefits of program evaluation?

Benefits of program evaluation are many and can include:

- Documentation that the mentoring program is meeting its goals and providing anticipated (or unanticipated) benefits.
- Understanding for whom the mentoring program works or does not work.
- Pro-active corrections to the program resulting in program improvement.
- Identification of other (and often unexpected) needs in your community.
- Positioning your program to request funding for future program expansion.

What are the steps in planning a program evaluation?

1. Focus on expected outcomes that you want to evaluate

Putting together an evaluation plan forces those involved in developing and implementing a mentoring program to think about the possible and probable outcomes from program participation. Mentoring programs for individuals with spinal cord injury and their families typically focus on areas of "expected" benefit: increasing knowledge about spinal cord injury, increasing knowledge of community resources, increasing sense of empowerment, and decreasing negative moods for participants. You may feel that there will be other specific outcomes that your program would like to capture within the evaluation. When designing your own program evaluation consider the following broad questions, and add questions to your evaluation that can help answer them.

Consider the following:

- Do you think there will be some specific benefits of program participation for your partners? If so, what would these benefits look like?

- Do you think there will be some specific benefits of program participation for your mentors? If so, what would these benefits look like?
- Do you think there will be different benefits from the mentoring program as compared to other types of community support, such as support groups?

2. Determine your program's "comfort zone" with completing program evaluations

The scope of your program evaluation should be in keeping with your organization's prior and current experiences. Has your agency done prior program or outcome analyses? What are the "people power" resources available to devote to program evaluation? Is there staff in your organization, or consultants, who can help with setting up simple databases and assist with analysis of program outcome data? If your organization is small or unfamiliar with outcome evaluation, your program may opt for a more "basic" evaluation. Conversely, if your organization has completed program evaluations in the past and/or is expected to do more detailed program evaluations as part of your current or anticipated funding sources; it may opt for using a more "complex" program evaluation.

3. Determine the components of your evaluation

When creating a program evaluation to meet the needs of your program, several common components should be considered: participant demographics, program impact, satisfaction with program participation, and program intensity. Consider including as many core components as possible to gather the richest data. For a "basic" evaluation, focus on participant demographics, a post-program participation evaluation of program impact and satisfaction. More "complex" evaluations may include all components. Specifics of each component are described in the section below.

Core components of a program evaluation typically include:

- **Demographic Descriptions of Program Participants**

To effectively evaluate a program, you first need to know who is (and who is not) participating in your program. Collecting basic demographic data will enable you to fully answer this question. Demographic information should be collected for all mentors and partners in the program, and from referrals who did not become program participants for one reason or another. Specific demographic information to collect might include:

- Gender

- Age of referral/program participant (e.g., teenage, young adult, adult, older adult, senior citizen)
- Ethnicity of participant
- Outcome of the referral (i.e., accepted into program as a mentor, accepted into program as a partner, rejected from program and reason for same)
- Program Matching Characteristics

The program may elect to track the factors used to match mentors and partners. Potential factors used in matching in the Mount Sinai SCI Mentoring Program are listed below. Note that only the most salient feature(s) used in each match should be summarized for each partnership.

- Similar age
- Similar injury levels and/or duration of time post injury
- Same gender
- Similar marital status (single, married, divorced or separated)
- Similar origin of spinal cord injury (e.g., car accident, assault, fall, gunshot wound, etc.)
- Compatible personalities
- Similar ethnic or background commonalities
- Similar educational background
- Geographic proximity
- Similar spiritual beliefs
- Evaluation of Program Impact

The most important aspect of a program evaluation is assessing the impact of the program. Anticipated areas of impact for a SCI peer Mentoring Program include:

- Knowledge about spinal cord injury

- Knowledge of community resources
- Ability to communicate with healthcare professionals
- Ability to obtain support from family members/friends
- Extent of community participation and involvement
- Improved emotional state and coping
- Enhanced quality of life
- Enhanced sense of empowerment

What program evaluation design should be considered?

Program designs can be complex or simple. Remember that even a simple program evaluation will provide valuable information about your program's impact! The evaluation tools used by the SCI Community Mentoring Program are included in the Appendix (see Appendix, pgs. 15-17 for the Pre-Partnership Evaluation for Partners form, Section C, and pgs. 26-27 for the Post-Partnership Evaluation).

When choosing the best design for your program evaluation, consider the following recommendations about each design:

- Pre-Partnership and Post-Partnership Evaluations:
 - While a bit more complex, the advantages of this approach are that the evaluation looks at changes in functioning within *partners* during the course of their involvement with a peer mentoring program as well as the specific role of the mentor in facilitating this change. This approach involves completing two brief evaluations with program partners.
 - Partners are evaluated *prior* to beginning a partnership (*Pre-Partnership Evaluation for Partners*).
 - Partners are evaluated at *completion* of the partnership (*Post-Partnership Evaluation for Partners*).
 - Changes in a partner's functioning over time can be directly linked to program participation by asking a second question at post testing "Did your mentor help you with this area?" (*Evaluation of Program Impact by Partners*).

The same format can be modified to assess change and impact for *mentors*, i.e., a brief evaluation prior to training (*Pre-Mentor Workshop Evaluation*) and a follow up

evaluation at a pre-determined time (or after a mentor has been involved with a specific number of partners (*Post-Program Participation Mentor Evaluation*) can be undertaken. The design is slightly more "complex" and requires two evaluations for partners and mentors (if pursued), and greater sophistication in handling of data.

- Post Partnership Evaluations for Partners

The advantage of this simplified approach is that it requires only one evaluation of *partners* at completion of their partnership (see Appendix, pgs 26-27 for Post-Partnership Evaluation Form). The evaluation focuses solely on the benefits derived from program participation. This design is straightforward, requires less "people power" to complete and needs less sophisticated data analysis. While appealing, a potential negative of this approach is that self-reported changes in the participant are more subjective and cannot be directly attributed to program participation.

How does one evaluate program satisfaction?

A program evaluation should consider inclusion of questions about overall satisfaction of program partners within the program. At a minimum, questions should be asked about:

- Overall satisfaction with program participation
- Overall satisfaction with program duration (how long the partnership lasted)
- Overall satisfaction with program intensity (how often and for how long the conversations between mentor and partner took place)
- Overall satisfaction with the assigned mentor

Program satisfaction questions are typically embedded within the *Evaluation of Program Impact by Partners*. Samples of satisfaction questions used in earlier mentoring studies can be found in the evaluation tools in the Appendix.

Coordinators may want to merge demographic and outcome data from evaluations of partners into one centralized file. A sample of a SCI Mentoring Summary Sheet can be found in the Appendix (see Appendix, pg. 28 for SCI Mentoring Program Summary Data Sheet)

How does one capture program intensity characteristics

Your program may want to quantify the intensity of activities required to implement your program. This information can be collected in two ways: 1. the frequency, duration and nature of the contacts between mentors and partners, and 2. the time

spent by the coordinator in oversight of the program itself. Combined, these measures create a picture of program intensity as well as program accountability.

Contact logs provide rich information about the actual "fabric" of the mentoring relationship. Logs also allow the coordinator to have a quick, clear idea of the common issues discussed, and the intensity (or lack of intensity) of contacts between mentor and partner. Missing calendar contact logs also can alert a coordinator to either problematic interchanges between a partner and mentor, or simple lack of documentation by the mentor.

A review and summary of contact logs and contacts between the coordinator and mentor allows a program to summarize the average number and duration of contacts and topics discussed within partnerships. Coordinator documentation of program activities is helpful when determining staffing needs for a future or expanded program.

Prior experience suggests that program intensity is the most difficult aspect of program evaluation to capture. Mentors are often hesitant to document their contacts with partners despite ongoing attempts to streamline this process over time. Coordinators may also find documenting ongoing activities difficult. If your program opts to capture program intensity, the following suggestions are made:

- Mentor Activities:

Documentation of ongoing contacts between mentors and their partners is the most direct way to understand the process of mentoring. As a result, your mentors should be encouraged to document *dates and duration and general topics* discussed with their partners throughout the partnerships. The most user-friendly approach to helping mentors complete this documentation has been a simple contact log calendar. The calendar format allows for rapid completion of dates of contacts, durations of contact and topics discussed. Mentors should be encouraged to return logs to the coordinator on a monthly basis (pre-stamped and addressed envelopes for this purpose are handy). A sample of the mentor calendar log is found in the Appendix (see Appendix pg. 20, SCI Mentor Calendar Log). If your program opts *not* to ask mentors to document contacts with mentors, the coordinator should assume this responsibility and gather information from the mentor during monthly follow-up calls about ongoing partnerships.

- Coordinator Activities:

Coordinator activities can be documented by blocks of time spent in the five core areas of program responsibility:

- Program visibility efforts

- Recruitment and training of mentors
- Recruitment and matching partners
- Ongoing technical assistance to mentors involved in partnerships
- Program evaluation

CHAPTER 12

MENTORING PARTNERSHIP VIGNETTES

The following vignettes illustrate the varied paths that partnerships can take, as well as the varied relationships that can develop between partners and their 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

Steve was an inpatient at Mount Sinai who sustained a C-4 tetraplegia while mountain biking in upstate New York. He was 30 years old and an iron worker who lived alone in an apartment on Long Island. Steve was born in the United States but his mother and father were born in Argentina. He came from a close knit family and has an older brother with whom he was very close. He was brought up predominantly by his hardworking mother.

Steve was the type of guy who loved adventure and risk. He was never a good student and used his physical and athletic abilities to get by. During his acute rehabilitation stay, Steve would often alienate himself from other staff and patients. At times, he would cry about the inability to even move his arms. Steve was discharged from the rehabilitation center to a sub-acute care facility in Queens, New York. He requested a peer mentor to help him with issues related to his adjustment to his SCI and his need to reside in a sub-acute facility.

Steve was matched up with a peer mentor, Johnny. Johnny was a 38 year old who sustained a C-5 tetraplegia secondary to a gunshot injury three years prior. At the time of his SCI, Johnny was separated from his wife; the couple had three boys ages 6, 11 and 15 years old. He was of Spanish heritage. Steve was living in the same residence as Johnny. Johnny had been previously trained as a mentor in the SCI Independent Living Center mentoring program.

Steve and Johnny were matched on the basis of similar injury level, Spanish heritage, age and current need for sub-acute residency. Their partnership began shortly after Johnny entered the sub-acute facility. Steve and Johnny spoke by phone twice a month, attended a weekly outpatient psycho-social discussion group at the rehabilitation hospital, and periodically visit each other at the sub-acute facility.

Steve and Johnny discussed the many challenges of living with such a high injury and the importance of remaining upbeat. Steve looked up to Johnny because he was three years post injury, older, self assured and knowledgeable about the systems needed to create independent living arrangements. The fact that both Steve and Johnny had been at the same acute rehabilitation setting and now

resided at the same sub acute care facility was a benefit for the partnership. Johnny encouraged Steve to get out, socialize and explore the community. Johnny also encouraged Steve to advocate for accessible housing since the process was a long one.

This partnership was a successful one based on the similarity of both Steve and Johnny's injury levels and discharge situations, i.e., sub-acute facility placement. His mentor could really show his partner "the ropes". The ability for the Johnny and Steve to meet face to face at the sub-acute facility and at weekly therapy sessions in the outpatient rehabilitation center added to the success of the partnership. Both partners were not afraid to share their real feeling. One year into their peer partnerships, both Steve and Johnny remain residents at the sub-acute facility but both continue to stay positive in hopes of getting their own apartment. Johnny and Steve remain solid friends.

Vignette #2

Ellen was 19 year old college student who sustained a T-11 spinal cord injury from a three story fall from a dorm balcony. Ellen had been an active college student with varied sports interests prior to her injury. Ellen had a very supportive family that lived in upstate New York. While an inpatient on the SCI Unit, Ellen was positive in her outlook, and as a result, was supportive of many other inpatients on the unit. Ellen requested a female mentor who could answer questions about being a young female in a wheelchair.

While on an inpatient SCI unit, Ellen was matched with a peer mentor, Abby, a single 26 year old woman who sustained a T-12 paraplegic as a child. Abby lived independently in NYC and worked as a high school English teacher. She was energetic and an active sports enthusiast with many friends and a busy social life. Abby could serve as a positive role model for Ellen.

The partners were matched on the basis of their injury level, common interests and social economic factors. Abby visit Ellen weekly while she was on the inpatient rehabilitation unit. Prior to inpatient discharge, Abby arranged to take Ellen out for dinner at a nearby restaurant.

After discharge, Abby moved back upstate to live with her parents. Abby and Ellen spoke two to three times a month as well contacting each other frequently through e-mail. Both spent a great deal of time discussing how Ellen could maximize her independence as soon as possible since her long term goal was to return to college the next year. Ellen continued physical therapy as an outpatient, contacted a driving school to take lessons and equipped her car with hand controls. Abby and Ellen discussed issues related to returning to college in a wheelchair, meeting men after

SCI, issues related to sexuality after SCI and options to resume participation in sports.

Over the next few months, the frequent calls and e-mails between the partners gradually declined, a reflection of both Abby's and Ellen's busy schedules. Contact shifted to long calls every other month to "catch up" with Ellen's re-adjustment progress. When Ellen returned to the rehabilitation center for a six month check up post discharge, Ellen and Abby got together for lunch. Ellen told Abby that she now was driving with plans to enroll at a city university. She planned to move into a dormitory on the same campus as her sister. Abby and Ellen continues to speak monthly and saw each other every few months.

This partnership was an example of a successful partnership due to similar social factors, injury levels, personalities and love of sports. The mentor and partner had much in common with the mentor's experiences post SCI relevant to the partner's current needs. Despite geographic distance between partner and mentor post rehabilitation discharge, infrequent phone and email contacts as well as periodic meals together in the community ensured continued support for the partner and enhanced her overall adjustment and community integration.

Vignette #3

Chris was a single black, 30 year old male who sustained a T-10 paraplegia as a result of a gunshot. He had been living in his own apartment in New York City and worked as a salesman for a public relations company. He was a college graduate with a business degree. Chris was a large, well built athlete in college. Chris was referred to the peer mentor program by an outpatient psychologist at the hospital who felt that Chris could benefit from peer support. Chris agreed to participate in the peer mentoring program.

Chris had many concerns that he wanted to discuss with a peer mentor. These issues included bowel and bladder management, return to work, self image and sexuality. In addition, Chris was currently dealing with a stage three pressure sore.

Chris was matched with a peer mentor, Derrick, a single white 35 year old who experienced a T-4 paraplegia following a motorcycle accident three years prior. Chris and Derrick met each other while both were in the outpatient department. Even though Derrick and Chris had different injury levels and social economic backgrounds, they "hit it off". Derrick agreed to work with Chris.

The partners spoke every 3 to 4 weeks for an average of 20 minutes each call. It appeared the partnership was not a very strong match. However, four months into the partnership, Chris was admitted to the hospital to address a pressure sore.

Derrick visited Chris at the hospital where they would talk for many hours about topics varying from football to meeting women.

After two months of inpatient hospitalization, Chris was discharged and went home. The partnership continued. Derrick encouraged Chris to attend a weekend “Life Challenge” ski trip for individuals with SCI. Derrick picked up Chris in his car and drove up to Vermont for the weekend. This event was the first time after his spinal cord injury that Chris spent a night away from his apartment of the hospital. He described the event as “a wake up call” where handling his own self care was met head on with help from his mentor.

This partnership was successful despite the many socio-economic and cultural differences that each had. The opportunities to converse and share experiences face to face strengthened their relationship. The Life Challenge trip provided Chris with the opportunity to test his ADL skills and learn first hand, with the help of his mentor, that he could be independent.

Vignette #4

David was a 25 year-old who experienced a C-6 tetraplegia during a diving accident. He had a history of substance abuse; drinking was involved in his accident. David was the oldest of three brothers and was raised predominantly by his mother.

During his inpatient rehabilitation stay, David worked hard and felt that through his dedication and belief in God, he would walk again. At times, he was angry and abusiveness with his family as well as the staff. While a patient, David agreed to participate in the SCI peer mentoring program, and was introduced to a peer mentor, Greg, a 30 year old who experienced a C-6 tetraplegia as a result of a car accident. David worked full time in the Bio Engineering Dept. of a local hospital, lived on his own with help of attendants and was the captain of the Quad Rugby team in his local area. David was matched up with Greg as his mentor on the basis of age and injury level. Through the help of the rehabilitation center staff, Greg arranged for his team to put on a “rugby demonstration”. Although somewhat reluctant to even join the demonstration, David eventually agreed to be transferred into a sports chair and competed in the demonstration game.

Greg contacted David when he first got home and suggested that they get together for a movie or even to watch a quad rugby practice in the area. David was intent on therapy and walking, and only venturing out to go to outpatient therapy. Greg continued to call David but David began not to answer the phone; he stopped returning the mentor’s calls. Greg contacted the SCI Peer Coordinator since he

was experiencing difficulty maintaining contact with David. The Coordinator contacted David to ask how things were going with his mentor. David reported that while Greg was a nice guy, he was not interested in getting involved with him or any other mentor. At David's request, the partnership was ended, and Greg informed of same.

This partnership did not go well. David's sole focus was on walking. He did not want to address the idea of living with a spinal cord injury. The peer mentor's interventions and outreach only reinforced what David did want to know, and thus he actively began to avoid all involvement in the program. David's anger and abusiveness to staff and family and his continued sole focus on outpatient physical therapy should have raised a red flag about his actual readiness for peer support. In addition, outpatient counseling had been suggested at the time of discharge, but David had refused this intervention as well. Clearly, matching David with a peer mentoring was premature given his marked denial of the probable permanence of his SCI.

References

- Cornwall A., & Jewkes R. (1995). What is participatory action research? *Social Science and Medicine* (41), 1667-1676.
- Ditto, W., Steindlberger, R., & Lowenstein, J. (2003) Final report, NJ TBI Demonstration Grant: Supporting Families in Crisis. *NJ Department of Human Services*, (unpublished).
- Dunst CJ, Trivette CM, & Deal AG. *Enabling and empowering families*. Cambridge: Brookline Books: 1988.
- Hartman AF, Radin MB, & McConnell B. (1992). Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing* (15), 55-67.
- Hibbard, M.R., & Cantor, J.B. (2005, Oct.). *Evaluating the impact of a peer mentoring program for individuals with TBI and their families*. Presentation, American Congress of Rehabilitation Medicine, Chicago, IL.
- Hibbard, M.R., Cantor J.B., Charatz, H.J., Rosenthal, R. Ashman, T.A. Gundersen, N., et alt. (2002). Peer Support in the Community: Initial Findings of a Mentoring Program for Individuals with TBI and Their Families. *Journal of Head Trauma Rehabilitation*, 17 (20), 112-131.
- Mount Sinai Spinal Cord Model System Grant #H133N060027. (2007). *Annual Program Report (APR) to National Institute on Disability and Rehabilitation Research (NIDRR)*. New York, New York.
- Santelli B. (1993). Parent to Parent national survey results summary. *The Beach Center on Families and Disability*. The University of Kansas, Lawrence, KS.
- Santelli B, Singer GHS, DiVenere N, Ginsberg C, & Powers LE. (1998). Participatory action research: Reflections on critical incidents in a PAR Project. *Journal of the Association for Persons with Severe Handicaps*, 23(3), 211-222.
- Santelli B, Turnbull A, Higgins C. (1997 May-June). Parent to parent support and health care. *Pediatric Nursing*, 23(3):303-6.
- Santelli B, Turnbull A, Marquis JG, Lerner EP. (1995) Parent to parent programs: A unique form of mutual support. *Infant and Young Children*, 8(2): 48-57.
- Santelli B, Turnbull A, Sergeant J, Lerner E, & Marquis J. (1996). Parent to parent: Parent preference for support. *Infant and Young Children*, 9(1): 53-62.

Stevens PE, & Hall JM. (1998). Participatory action research for sustaining individuals and community change: A model of HIV prevention education. *AIDS Education and Prevention*, 10(5): 387-402.

Appendix: Forms, Flyers and Questionnaires.....	1-28
Recruitment Letter: Generic Facility.....	1
Mount Sinai Mentor Training Announcement.....	2
Referral Form: Potential Mentor.....	3
SCI Mentor Information Form.....	4-7
Mentor Reference Request Form.....	8
Mentor Reference Verification Form.....	9
Mount Sinai Partner Recruitment Brochure.....	10-11
Harlem ILC Partner Recruitment Brochure.....	12-13
Long Island ILC Partner Flyer.....	14
SCI Partner Information and Pre-Evaluation Form.....	15-17
SCI Peer Mentor Training Introduction: Exercise I.....	18
SCI Mentor Responsibilities Form.....	19
SCI Mentor Calendar Log.....	20
Sample Mentor Situations.....	21-22
Web-based Resources.....	23
SCI Partnership Contact Sheet.....	24
SCI Mentoring Partnerships Statistics Forms.....	25
SCI Partner Post Evaluation and Program Impact Form.....	26-27
SCI Mentoring Program Summary Data Sheet.....	28

Facility Name
Address

Dear Facility Contact,

The *(Agency Name)* needs your help! As the enclosed announcement states, we are in the process of implementing a new mentoring program, **(Mentor Program Name)**, to support individuals with Spinal Cord Injury (SCI) at the time of the initial hospitalization and continuing after discharge.

We are asking for your assistance in identifying potential mentors. Mentors are individuals with spinal cord injuries, living successfully in the community, possessing good communication and listening skills who would like to help other persons with spinal cord injuries.

Please provide us with the names and phone numbers of individuals whom you think would make good mentors. We will then contact them. Please note that not every person whose name is submitted will become a mentor. This is just the first step in the screening process.

We are very excited about **(Mentor Program Name)** and the opportunity that it offers to support families. We appreciate your help in providing us with the requested information as quickly as possible. If you have any questions feel free to contact me at:

(Mentor Coordinator Name & Contact Information)

Sincerely,

(Mentor Coordinator Name)



Mount Sinai

SCI Peer Mentor Training

June 6, 2005

Are you a person with a spinal cord injury who would like to reach out to a recently injured patient as a "peer mentor" and share your experiences that life is not over?

The Mount Sinai Peer Mentorship Program matches up people who have recently incurred spinal cord injuries with individual "*peer mentors*" who are living successfully in the community with spinal cord injuries.

What is required of me as a peer mentor?

- Attend half-day SCI Peer Mentor Training**
- Willingness to meet with inpatients on the SCI Unit**
- Willingness to telephone recently injured persons with SCI**

**If you are interested in participating in the training, please fill out the attached form and mail it to: James Cesario
Mount Sinai Department of Rehabilitation Medicine, One Gustave L. Levy Place, Box 1240, New York, N.Y. 10029-6574**

Name _____ **Telephone** _____

Address _____

E-mail _____ **Level and date of injury** _____

The Mount Sinai Spinal Cord Injury Model System (MS-SCI-MS) provides comprehensive care to meet the diverse needs of persons with spinal cord injury (SCI). The MS-SCI-MS is one of sixteen Model Systems for care of persons with SCI funded by the National Institute on Disability and Rehabilitation Research, US Department of Education. It is the only such funded Model System in New York State.

For further information contact Jim Cesario 212-659-9369, james.cesario@mssm.edu Mount Sinai Rehabilitation Center

(Mentor Program Name)
Initial 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: _____

Referral Source:

Your Name: _____

Your Place of Work: _____

Address: _____

Telephone #: _____ Fax #: _____

Please mail or fax this form to: *(AGENCY 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 mentor coordinator and telephone number)*.

SCI Mentor Information Form

A. Contact Information

Date: _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ (E-mail) _____

Best place to contact: home _____ work _____

Best time to contact: _____

Best way to contact: phone _____ E-mail _____ Who are you living with? _____

B. Background Information

The following questions will help in matching you with a partner

Level of injury _____ complete _____ incomplete _____

Mobility: _____ manual wheelchair _____ power wheelchair _____ ambulation with assistive device
_____ ambulation without device

Method of bladder management _____ Method of bowel management _____

Age when injured _____ date when injured _____

Time since injury: _____ less than 1-year _____ 1-3 year's _____ 3+ years

Type of injury: _____ motor vehicle _____ pedestrian accident _____ victim of a violent crime _____ sports injury
_____ fall _____ other (specify) _____

Age: _____ Gender: _____ male _____ female

Marital Status: _____ single _____ married _____ living with a partner _____ divorced _____ widowed

Children: _____ ages: _____ (m/f) _____ (m/f) _____ (m/f) _____ (m/f) _____ (m/f)

Amount of hours of nursing/ personal care assistance received daily: 1 -3 ____ 4-8 ____ 9-12 ____ +12 ____

How satisfied are you with this care? greatly ____ fairly ____ poorly ____

Is English your preferred speaking language? ____ yes ____ no

Do you speak any languages other than English? ____ yes ____ no

- ____ Spanish
- ____ Portuguese
- ____ French
- ____ Korean
- ____ Other (specify) _____

Ethnicity:

- ____ African American
- ____ White
- ____ Hispanic
- ____ Asian
- ____ American Indian
- ____ Other (specify) _____

Are you currently working: ____ no ____ yes ____ full time ____ part time

Occupation _____

Retired ____ Homemaker ____ Student ____ Other _____

Education:

- ____ Less than high school
- ____ High School graduate
- ____ Voc/Tech degree
- ____ Some college
- ____ College graduate
- ____ Advanced degree (specify) _____

Military: ____ no ____ yes (branch) _____

Hobbies, skills and interests

Other Important
Information _____

C. Questions

1. What interests you about being a mentor in this program?
2. What are some of your strengths that will help you in working with other people?
3. Can you think of any difficulties you may have in being a mentor?
4. Are there any situations related to SCI that may make you uncomfortable?
(Examples: personal negative experiences, confronting old issues, sexuality)
5. Are you able to make a one-year commitment to the program? Yes No
6. Are you able to attend a 1/2-day mentor training? Yes No
7. The program is designed so that the majority of contact with a partner will be by phone. Will you be able to contact you partner at least two times per month? Yes No
8. Are there any factors that would limit your participation in the program?

D. Mentor's Comfort with Providing Support

As a mentor you will be asked to provide support in a number of areas. On a scale of 1 – 5, with (1) being very poor and (5) being very good, describe your ability to provide assistance in the following areas:

1. Family support your partner is receiving 1 2 3 4 5

2. Support your partner is receiving from friends 1 2 3 4 5

3. Communication with healthcare professionals 1 2 3 4 5

4. Knowledge about spinal cord injury 1 2 3 4 5

5. Knowledge on available community resources 1 2 3 4 5

6. Providing emotional support 1 2 3 4 5

Notes:

Screening completed by: _____ Date _____

Volunteer suitability: ____ yes ____ no

(Mentor Program Name)
Reference Request Form

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

1. Name: _____

Address: _____

Telephone number: _____

What is your relationship: _____

2. Name: _____

Address: _____

Telephone number: _____

What is your relationship: _____

The (Agency Name) has my permission to contact the above listed references.

signature

printed name

date

(Mentor Program Name)
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 individuals with spinal cord injury. Most of the contact with the person would be by telephone, and we are asking volunteers to commit to working with the program for at least one year. Is being a volunteer something you can see her/him doing? _____

Could you tell me about some specific qualities that would make her/him a good volunteer?

Are there aspects of being a volunteer, as I have described it, that you think might be difficult for her/him?

References verified by: _____ Date: _____

Revised 8/16/2000



**SCI Peer Mentor
Partnership
Program**

The Mount Sinai SCI Peer Mentor Partnership Program matches up people who have recently incurred spinal cord injuries with individual “peer mentors” who are living successfully in the community with spinal cord injuries.



**Mount Sinai
Department of
Rehabilitation
Medicine
One Gustave L. Levy
Place Box 1240
New York, N.Y.
10029-6574**

**Mount Sinai
Spinal Cord Injury
Model System**



**SCI Peer
Mentoring
Partnership
Program**

**Are you interested
in connecting with a
person who has been
where you are now?**



A Mentor is a

Friend

Guide

Helper

Listener

Role-model

Sounding Board

Motivator

Advisor

Coach

Information provider

Teacher

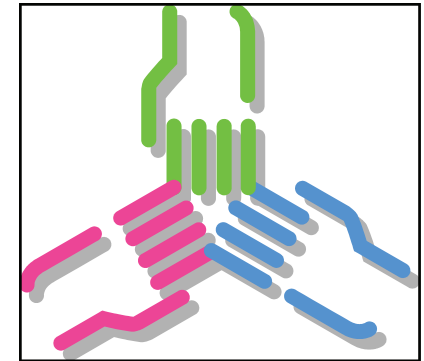
What are the Purposes of Mentoring

Some people may need help and support soon after they enter the rehab center. A peer mentor will be available to assist these patients as they go through their rehabilitation.

Other people may need help when they are close to being discharged and ready to return to home. A peer mentor will be available to provide support and guidance during this transition time

Still others may need someone to talk to as they try to rebuild their lives after they are home. A peer mentor will have the knowledge of the community resources to guide them through this process.

Mount Sinai Spinal Cord Injury Model System



If you would like a mentor assigned to you or if you would like more information contact:

**James Cesario
Project Coordinator**

**212-659-9369
james.cesario@mssm.edu**

**HILC SCI
Peer Mentor
Partnership Program**

The Harlem Independent Living Center (HILC) has partnered with Mount Sinai Hospital to establish the Spinal Cord Injury (SCI) Peer Mentor Program. This program matches people who have recently incurred spinal cord injuries with individual “peer mentors” who are living successfully in the community with spinal cord injuries.

HILC
289 St. Nicholas Ave.
Lower Level
New York, N.Y. 10027



**The Harlem
Independent
Living Center**

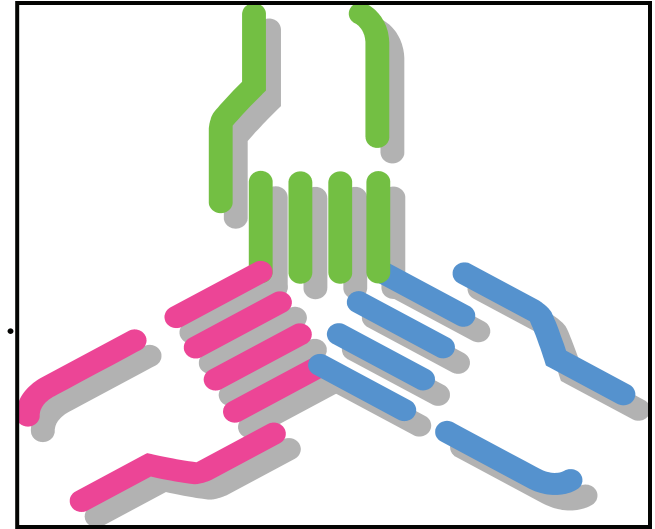
**SPINAL CORD
INJURY PEER
MENTORING
PROGRAM**

**Are you interested in
connecting with a
person who has been
where you are now?**



**The Harlem
Independent
Living Center
Spinal Cord
Injury
Peer Mentor
Program**

**Peer Mentors
are trained volunteers
who have incurred
spinal cord injuries
and have lived through
what you are going
through now.**



We've been there...

**We know what you're
dealing with...**

**We would like to help
you with the tough
times...**

**We have a lot of the
answers your looking
for...**

**What Can A
Mentor Be For You?**

A

- **Guide**
- **Coach**
- **Friend**
- **Teacher**
- **Listener**
- **Motivator**
- **Role Model**
- **Sounding Board**
- **Information Provider**

**If you would like a
mentor assigned to
you or would like more
information contact:**

**Chris Noel
Project Coordinator
Harlem Independent
Living Center
289 Nicholas Ave.
New York, N.Y. 10027
212-222-7122
hilcsci@hotmail.com
Fax-212-222-7199
TTY-212-222-7198**



Spinal Cord Injury Mentoring Program

... DO YOU WISH YOU KNEW SOMEBODY WHO UNDERSTOOD YOU?

... SOMEBODY WHO KNEW WHAT IT WAS LIKE TO LIVE WITH A SPINAL CORD INJURY?

The Independent Living Center of Long Island has trained spinal cord injured volunteer mentors who are available to offer support, understanding and education about living with a spinal cord injury



For more information on this free mentoring program, please contact:

The Long Island Center for Independent Living

3601 Hempstead Turnpike, Suite 208

Levittown, N.Y. 11756

516-796-0144

Sponsored by the Mount Sinai Department of Rehabilitation Medicine of New York
212-659-9369 james.cesario@mssm.edu

SCI Partner Information and Pre-Evaluation Form

A. Contact Information

Date: _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ (E-mail) _____

Best place to contact: home _____ work _____

Best time to contact: _____

Best way to contact: phone _____ E-mail _____

B. Background Information

The following questions will help in matching you with a mentor

Level of injury _____ complete _____ incomplete _____

Mobility: _____ manual wheelchair _____ power wheelchair _____ ambulation with assistive device
_____ ambulation without device

Method of bladder management _____ Method of bowel management _____

Age when injured _____ date when injured _____

Time since injury: _____ less than 1-year _____ 1-3 year's _____ 3+ years

Type of injury: _____ motor vehicle _____ pedestrian accident _____ victim of a violent crime _____ sports injury
_____ fall _____ other (specify) _____

Age: _____ Sex: _____ male _____ female

Marital Status: _____ single _____ married _____ living with a partner _____ divorced _____ widowed

Children: _____ ages: _____ (m/f) _____ (m/f) _____ (m/f) _____ (m/f) _____ (m/f)

Is English your preferred speaking language? ____ yes ____ no

Do you speak any languages other than English? ____ yes ____ no

____ Spanish

____ Portuguese

____ French

____ Korean

____ Other (specify) _____

Ethnicity:

____ African American

____ White

____ Hispanic

____ Asian

____ American Indian

____ Other (specify) _____

Are you currently working: ____ no ____ yes ____ full time ____ part time

Occupation _____

Retired ____ Homemaker ____ Student ____ Other _____

Education:

____ Less than high school

____ High School graduate

____ Voc/Tech degree

____ Some college

____ College graduate

____ Advanced degree (specify) _____

Military: ____ no ____ yes (branch) _____

Hobbies, skills and interests

Other Important

Information _____

SCI Peer Mentor Training Introduction –Exercise 1

Listening to what the person you are mentoring says will be an important activity that you will be doing. You will not only be listening to what he or she says, you will be taking written as well as mental notes so you might be able to follow through with issues you and your partner talked about.

In order to practice this skill as well as inform each other who you are, you will team up with another person and ascertain the answers to the questions below. You will then each introduce your partner to the group by telling us what you have found out about him or her.

1. .What would the person you interviewed like to be called?

2. What about the peer-mentoring program interested the person?

3. What was the nature of the person's injury and how was it sustained?

4. What one unique thing the person would like to share with the group?

A MENTOR'S RESPONSIBILITIES

A Mentor's Responsibilities to a Partner(s):

- You agree not to discriminate against or refuse support to anyone based on race, gender, religion, national origin, sexual orientation, or disability.
- You agree to refer any concerns about your partner's emotional well being to the project coordinator.
- You agree not to neglect or abandon your partner without making reasonable arrangements for her/his continued support.
- You agree not to take advantage of your partner's trust.
- You agree to safeguard all personal information that you obtain in the Mentoring Partnership Program. Personal information can be shared with the project coordinator at any time.
- You will not release any personal information obtained from your partner(s) to your family, friends, or any unauthorized persons.
- You will only break confidentiality if your mentoring partner expresses intent to harm him/herself or others.
 - In such a situation, the project coordinator needs to be notified immediately.
 - If the coordinator is not available and a trained professional (e.g., a psychologist, social worker, and psychiatrist) knows your partner, you will encourage your partner to contact this professional immediately.
 - If no professional is available, you will encourage your partner to go to the nearest psychiatric emergency room for evaluation.

A Mentor's Responsibilities to the Mentoring Partnership Program

- You agree to complete any forms relative to evaluation of the Mentoring Partnership Program.
- You agree to provide to the Peer Coordinator monthly partnership contact information.
- You agree to commit to the program for one year.

Mentor's Name _____

Mentor's Signature _____

Date _____



Mentor Name _____ **1. Circle date of contact**
Partner First Name _____ **2. Write down length of contact**
Phone # _____ **3. Write down subject talked about**
E-mail address _____ **4. Brief summary of conversation**
_____ **5. Follow-up needed**

Month _____
Year _____

SCI Peer Mentorship Contact Log

Notes

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Sample Mentor Situations

These sample mentor situations are intended to provide participants an opportunity to explore various ways to respond to their “fictitious” partners, incorporating the communication skills they have been discussing during the training workshop. You can use these examples, or create new scenarios that describe situations that more closely represent your particular program.

1. Your partner tells you that he/she has no one to call for help. How do you encourage your partner to gain support from others?
2. Your partner is feeling alone and isolated. How do you help your partner increase his/her social and recreational opportunities?
3. Your partner is feeling anxious and nervous. What can you suggest to help him/her overcome these feelings?
4. You begin working with a recently injured SCI patient who was injured about 3 weeks ago. They are in a state of disbelief and shock. They want to know if and when they will walk again and want an answer. How would you respond?
5. Your partner gets frustrated when he/she tries to call state or community agencies for help. How do you help your partner enhance his/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 brings up an issue that was very painful for you in the past. You feel yourself becoming overwhelmed by your own emotional reactions. What do you do?
8. Your partner wants you to recommend a good physiatrist 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 peer partner was very independent before the injury. He lived on his own, had a job that required physical skills and was happy go lucky. Now he will have to move in with his mother and will need assistance from her. What do you say to him?

11. Your peer partner is worried and feels sexually inadequate. He feels that he will never be able to have a satisfying sexual relationship. How do you respond?

12. Your partner wants you to come to his/her house for a visit. How do you respond?

Web-Based Resources

Craig H. Neilsen Foundation

<http://www.chnfoundation.org/>

National Spinal Cord Injury Association

<http://www.spinalcord.org/>

United Spinal Association

<http://www.unitedspinal.org/>

Spinal Cord Injury Resource Center

<http://www.spinalinjury.net/>

List of SCI Model Systems in United States

http://msktc.washington.edu/sci/sci_model_systems.htm

Spinal Cord Injury Information Network

<http://www.spinalcord.uab.edu/>

The Greater New York Chapter of the National Spinal Cord Injury Association

<http://www.nycspinal.org/>

The Christopher and Dana Reeve Foundation

<http://www.christopherreeve.org/>

The Allen T. Brown Foundation to Cure Paralysis

<http://www.atbf.org/>

Harlem Independent Living Center

<http://www.harlemilc.com/>

Long Island Center for Independent Living, Inc.

<http://www.licil.net/>

Initial mentor contact date:

Program discharge date:

Inpatient/Community

SCI PARTNERSHIP CONTACT SHEET

Month	In-Person	Phone	Phone Message	Spoke to Partner	Spoke to Family	Face to Face

Comments:

Mentor

Name-
Level-
Accident-
Doa-
Address-
Phone-
Age-

SCI Post-Partnership and Program Evaluation Form

Name of Partner: _____ Name of Mentor: _____

Date of Evaluation: _____ Length of Partnership: _____ to _____

On a scale of 1-7, with 1 being "terrible" and 7, "a great deal", how would you describe your:

1. Overall quality of life? 1 2 3 4 5 6 7

On a scale of 1-5, with 1 being "not at all" and 5 being "a great deal", rate the following:

	<u>How you are currently feeling?</u>	<u>Did your mentor help in this area?</u>
2. Ability to cope with SCI	1 2 3 4 5	1 2 3 4 5
3. Communication with family and friends	1 2 3 4 5	1 2 3 4 5
4. Ability to advocate for yourself with healthcare professionals	1 2 3 4 5	1 2 3 4 5
5. Understanding of your SCI	1 2 3 4 5	1 2 3 4 5
6. Knowledge of community resources	1 2 3 4 5	1 2 3 4 5
7. Involvement in community activities	1 2 3 4 5	1 2 3 4 5
8. Ability to cope with feelings of sadness and depression	1 2 3 4 5	1 2 3 4 5
9. Ability to cope with feelings of anger and frustration	1 2 3 4 5	1 2 3 4 5
10. General outlook on life	1 2 3 4 5	1 2 3 4 5

11. *On a scale of 1-7, with 1 being terrible and 7 being delighted how would you describe your:*

Overall quality of life?

1 2 3 4 5 6 7

12. Satisfaction with mentor

1 2 3 4 5

13, How satisfied were you with the length of your partnership?

1 2 3

- 1. Not (would have preferred a shorter partnership
- 2. Not (would have preferred a longer partnership
- 3. Yes (length of partnership was about right)

Comments about overall satisfaction with program: _____

SCI Mentoring Program Summary Data Sheet

Name	Personal Input				Program Impact										Satis. Prg. Eval.	
	1,15	16	1,15-16	17	2	3	4	5	6	7	8	9	10	Total	11	12
	mean Q	Q/Start	Diff.Q	Q/M	Cope	Fam/friend	Adv/Health	Knowlg	Res	Actv.	Dep	Anger	Outlook		Length	Satis/Mentor
1	6	2	4	4	5	3	1	4	4	3	5	1	5	31	3	5
2	4	2	2	4	5	3	3	2	1	3	0	0	4	21	3	4
3	7	6	1	2	3	4	0	3	3	4	0	0	0	17	3	5
4	6	4	2	3	3	1	1	4	2	1	1	1	4	18	3	4
5	6	3	3	3	4	3	3	4	3	3	4	0	4	28	3	4
6	3	1	2	4	5	1	5	4	5	5	5	5	5	40	1	5
7	5	2	3	5	4	0	4	4	4	4	1	3	3	27	3	4
8	5	4	1	4	4	4	1	3	2	0	4	4	5	27	3	5
9	3	2	1	2	3	1	3	3	3	2	4	4	3	26	3	4
10	6	4	2	3	4	2	1	4	1	3	3	2	3	23	3	5
11	6	5	1	3	5	4	3	3	1	1	0	0	3	20	1	5
12	6	5	1	4	2	0	4	4	3	4	3	0	0	20	3	3
13	3	7	-3	4	5	4	4	3	4	0	4	4	4	32	3	5
14	5	1	4	4	5	3	3	5	1	2	2	3	4	28	3	5
15	6	6	0	4	4	1	4	4	4	5	4	1	4	31	3	5
16	7	2	5	4	4	3	2	5	1	4	4	4	4	31	3	5
17	7	5	2	5	4	4	4	4	4	4	4	4	5	37	3	5
18	5	4	1	3	5	1	3	2	4	1	1	1	1	19	1	2
19	5	3	2	3	4	4	0	5	2	4	2	1	4	26	3	3
20	5	0	5	1	3	1	5	3	4	3	1	3	3	26	3	3
21	5	4	1	5	3	4	1	1	1	1	4	4	3	22	3	5
22	4	2	2	4	4	4	3	4	2	1	4	4	4	30	3	4
23	6	5	1	4	4	4	4	4	4	5	4	0	2	31	3	4
24	4	1	3	2	2	3	1	3	5	2	3	1	4	24	3	4
25	7	4	3	5	5	1	4	4	4	5	5	3	5	36	3	5
26	6	2	4	3	2	2	3	3	2	3	4	4	4	27	3	5
27	5	3	2	3	3	5	2	5	4	4	5	5	5	38	3	5
28	6	4	2	3	3	3	3	3	3	5	3	2	4	29	2	5
29																
30																
31																
32																

