
MENTORING PARTNERSHIP PROGRAM*: PROGRAM MANUAL

Planning and Implementing a Peer Mentoring Program for Individuals with Brain Injury and Their Families

Research and Training Center on Community Integration of Individuals with Traumatic Brain Injury, Mount Sinai School of Medicine, New York, NY

Mary R Hibbard, PhD, Joshua Cantor, PhD, Nancy Gundersen, BA, Heather Charatz,
MA, Wayne A. Gordon, Ph.D., Margaret Brown, PhD

Brain Injury Association of New York State, Albany, NY

Judith Avner, JD

Brain Injury Association of New Jersey, Edison, NJ

Jane Lowenstein, MSW, LSW, Wendy Berk, MSW, LCSW, Susan Quick, BA, Judi
Weinberger, MEd, CRC

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SECTION A: INTRODUCTION

Peer Mentoring – a Definition

Peer mentoring is a process in which an individual who is a "veteran" of a life experience helps another person currently coping with a similar life event and in need of support from a knowledgeable friend. Peer mentoring programs have been developed to aid people with a variety of medical conditions and physical disabilities, and to help their family members.

Peer Mentoring and Brain Injury

The long-term effects of brain injury (BI) on the injured person and his/her family members have been well documented. Individuals with BI experience a variety of life-long physical, cognitive and emotional challenges that often negatively affect quality of life¹⁻⁵. The toll on family members is also significant, with reports of emotional distress⁶⁻¹⁴, family tensions, social isolation and decreased health and wellness^{3, 13,15-16}. Because the benefits of providing social support and information are clear¹⁷⁻¹⁸, historically *professionals* have provided these types of interventions during the early phases of injury and subsequent re-entry into the community.

A peer-mentoring program for individuals with BI and their families provides an alternative, and much needed, form of support during both the early and later phases of adjustment in the community. Peer support has been shown to be an effective buffer for stress, in both individuals with BI and family members¹⁹, and has also been shown to increase one's sense of personal empowerment and self-efficacy²⁰⁻²¹. The mentoring programs for persons with BI and family members described in this manual were modeled after the Parent-to-Parent (P-to-P) Program²²⁻²⁵, which matches "veteran" parents of children with special needs and parents of children newly diagnosed with similar needs who are seeking peer support. The P-to-P program evaluation demonstrated that sharing with someone who had experienced a similar challenge was an essential component of the intervention's success.²⁴

The New York and New Jersey Brain Injury Mentoring Programs

The initial peer-mentoring program on brain injury, called the TBI Mentoring Partnership Program, was developed through a collaboration of the Research and Training Center on Community Integration of Individuals with Traumatic Brain Injury at Mount Sinai School of Medicine and the Brain Injury Association of New York State (BIANYS). Funding for development was provided by the National Institute of Disability and Rehabilitation Research, with additional funds provided by The Langeloth Foundation and the O'Neill Foundation. In this program, individuals who were "veterans" of BI and their family members (hereafter referred to as "mentors") were matched with similar individuals who were experiencing challenges in adjustment after BI and who sought peer support (hereafter referred to as "partners"). The program incorporated participatory action research (PAR)^{22,24,27-28}, in which individuals with BI and their family

members play significant roles in the shaping, implementation, maintenance and evaluation of program success. Partners who participated in this program reported many positive benefits of program participation, including increased knowledge of BI, better ability in coping with the consequences of BI, improvements in mood, anxiety level and quality of life²⁶.

In consultation with the New York program, the Brain Injury Association of New Jersey (BIANJ) implemented a mentoring program for families of individuals with brain injury under funding from the Department of Health and Human Services' Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. The program, entitled TBI Family Care, differed somewhat from Mount Sinai's TBI Mentoring Partnership Program in that its focus was on mentoring *family members* (only) during the *early* phase of recovery from brain injury. Program evaluation found 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 injury²⁹. BIANJ procured additional funding from The Langeloth Foundation to expand the mentoring program to additional regions of the state and to provide mentoring also for individuals with BI. Thus, two programs have documented the benefits of peer mentoring for both individuals with BI and their family members.

Organization of This Manual

This manual represents the experiences and expertise of the developers and administrators of the New York and New Jersey programs. The manual describes what is needed to start, maintain and evaluate a peer-mentoring program for individuals with BI and their families.

In Section B, some "up-front" issues are raised, which must be addressed before any organization commits to developing this type of program. Preliminary steps in moving from a vision of a program towards reality are provided. In Section C, a variety of approaches to maximize recruitment of mentors and partners is provided. Section D outlines the qualities of "good" mentors and "potential partners". Screening tools for potential mentors and partners are suggested (samples are provided in the Appendix).

A major tenet of this manual is that mentors need to be trained. Section E describes steps in preparing for mentor training, while Section F outlines the training agenda and provides a detailed plan for conducting a training workshop. Forms and exercises included in training are discussed (and provided in the Appendix). A *Mentor Training Workbook* is available as well (downloadable at www.tbicentral.org).

The process of mentoring begins with the matching of individuals in need of support with trained mentors who share similar experiences and demographics/ interests. Section G outlines the process of matching mentors and partners used in both the NY and NJ programs.

A key role of a program coordinator is providing technical assistance to mentors involved in partnerships. This oversight provides quality control for the program and allows for early interventions in partnerships experiencing difficulties. [Section H](#) outlines the role of the coordinator in maintaining and [Section I](#) in ending partnerships. [Section J](#) provides suggestions for keeping the program visible, viable and accountable, and suggestions to keep mentors fully engaged in the program.

No program manual would be complete without addressing the importance of program evaluation – which has proved perhaps the most challenging (but essential) aspect of the NY and NJ programs. Evaluation data allowed both programs to seek and obtain additional funding. Evaluation tools document program impact, satisfaction of partners with program participation and program intensity. Both "simple" and "complex" program evaluation designs are discussed in [Section K](#).

To provide a fuller sense of the rich process of mentoring partnerships, from match to conclusion, a series of vignettes is provided in [Section L](#).

Samples of recruitment letters, forms, screening questionnaires and prototypes of program evaluation instruments are provided in the [Appendix](#). One form, the Contact Log, is available in a Word file at www.tbicentral.org.

Adapting the Mentoring Program to Address Other Disabilities

The NY and NJ programs have triggered a lot of interest from community-based organizations across the country that are serving individuals with disabilities other than brain injury. The program described herein is focused on the needs of individuals with BI, with many sections of the manual, as well as of the *Mentor Training Workbook*, focused on brain injury. However, the mentoring program has already been successfully adapted for individuals with spinal cord injury, as part of the Spinal Cord Injury Model System at Mount Sinai. They adopted the core program we describe herein (i.e., how to recruit, screen, maintain and evaluate a mentoring program), while highlighting the unique challenges of SCI. Based upon this, we suggest that this program can be adopted, except for the need to augment the training of mentors to reflect the presenting challenges of the disability or condition in question.

Good luck with your program, and enjoy the fruits of the NY and NJ mentoring programs!!!

References

1. Koskinen S. Quality of life 10 years after a very severe traumatic brain injury (TBI): the perspective of the injured and the closest relative. *Brain Inj.* 1998; 12(8): 631-48.
2. Skell RL, Johnstone B, Schopp L, Shaw J, & Petroski GF. Neuropsychological predictors of distress following traumatic brain injury. *Brain Inj.* 2000; 14(8): 705-12.
3. Morton MV, & Wehman P. Psychosocial and emotional sequelae of individuals with traumatic brain injury: a literature review and recommendations. *Brain Inj.* 1995; 9(1): 81-92.

4. Taylor CA, & Jung HY. Disorders of mood after traumatic brain injury. *Semin Clin Neuropsychiatry*. 1998; 3(3): 224-31.
5. Fann JR, Katon WJ, Uomoto JM, & Esselman PC. Psychiatric disorders and functional disability in outpatients with traumatic brain injuries. *American Journal of Psychiatry*. 1995; 152: 1493-1499.
6. Hibbard M, Uysal S, Kepler K. et al. Axis I psychopathology in individuals with TBI. *Journal of Head Trauma Rehabilitation*. 1998; 13(4): 24-39.
7. Kreutzer JS, Doherty KR, Harris JA, & Zasler ND. Alcohol use among persons with traumatic brain injury. *Journal of Head Trauma Rehabilitation*. 1990;5: 9-20.
8. Perlesz A, Kinsella G, & Crowe S. Psychological distress and family satisfaction following traumatic brain injury: Injured individuals and their primary, secondary, and tertiary carers. *J Head Trauma Rehabil*, 2000; 15(3): 909-29.
9. Watanabe Y, Shiel A, Asami T, Taki K, & Tabuchi K. An evaluation of neurobehavioural problems as perceived by family members and levels of family stress 1-3 years following traumatic brain injury in Japan. *Clin Rehabil*, 2000;14(2): 172-7.
10. Knight RG, Devereux R, & Godfrey HP. Caring for family members with traumatic brain injury. *Brain Inj*.1998; 12(6): 467-81.
11. Harris JK, Godfrey HP, Partidge FM, & Knight RG. Caregiver depression following traumatic brain injury (TBI): a consequence of adverse effects on family members. *Brain Inj*. 2001; 15(3): 223-38.
12. Perlesz A, & O'Loughlan M. Changes in stress and burden in families seeking therapy following traumatic brain injury: a follow-up study. *Int J Rehabil Res*. 1998; 21(4): 339-54.
13. Marsh NV, Kersel DA, Havill JH, & Sleigh JW. Caregiver burden at 6 months following severe traumatic brain injury. *Brain Injury*. 1998; 12(3): 225-238.
14. Gillen R, Tennen H, Affleck G, & Steinpreis R. Distress, depressive symptoms, and depressive disorder among caregivers of patients with brain injury. *J Head Trauma Rehabil*.1998;13(3): 31-43.
15. Hall KM, Karzmark P, Stevens M, Englander J, O'Hare P, & Wright J. Family stressors in traumatic brain injury: a two-year follow-up. *Arch Phys Med Rehabil*. 1994; 75(8): 876-84.
16. Tyerman A, & Booth J. Family interventions after traumatic brain injury: a service example. *NeuroRehabilitation*. 2001; 16(1): 59-66.
17. Leach LR, Frank RG, Bouman DE, & Farmer J. Family functioning, social support and depression after traumatic brain injury. *Brain Injury*. 1994; 8(7): 599-606.
18. Curran CA, Ponsford JL, & Crowe S. Coping strategies and emotional outcome following traumatic brain injury; a comparison with orthopedic patients. *J Head Trauma Rehabil*. 2000; 15(6): 1256-74.
19. Dunst CJ, Trivette CM, & Deal AG. *Enabling and empowering families*. Cambridge: Brookline Books: 1988
20. Hartman AF, Radin MB, & McConnell B. Parent-to-parent support: A critical component of health care services for families. *Issues in Comprehensive Pediatric Nursing*. 1992; 15: 55-67.
21. Santelli B, Turnbull A, Higgins C. Parent to parent support and health care. *Pediatr Nurs*. 1997 May-Jun;23(3):303-6.

22. Santelli B, Singer GHS, DiVenere N, Ginsberg C, & Powers LE. Participatory action research: Reflections on critical incidents in a PAR Project. *J Assoc Pers Sev Handicaps*. 1998; 23(3): 211-222.
23. Santelli B, Turnbull A, Sergeant J, Lerner E, & Marquis J. Parent to parent: Parent preference for support. *Infant and Young Children*. 1996; 9(1): 53-62.
24. Santelli B, Turnbull A, Marquis JG, Lerner EP. Parent to parent programs: A unique form of mutual support. *Inf. Young Children*. 1995; 8(2): 48-57.
25. Santelli B. *Parent to Parent national survey results summary* . Lawrence, KS: The Beach Center on Families and Disability, The University of Kansas: 1993.
26. Hibbard, M.R., Cantor J.B., Charatz, H.J., Rosenthal, R. Ashman, T.A. Gundersen, N., Ireland-Knight, L. Gordon, W.A., Avner, J. & Gartner, A. Peer Support in the Community: Initial Findings of a Mentoring Program for Individuals with TBI and Their Families. *Journal of Head Trauma Rehabilitation*, 2002: 17(20), 112-131.
27. Stevens PE, & Hall JM. Participatory action research for sustaining individuals and community change: A model of HIV prevention education. *AIDS Education and Prevention*. 1998; 10(5): 387-402.
28. Cornwall A, & Jewkes R. What is participatory action research? *Social Science and Medicine*. 1995; 41: 1667-1676.
29. Ditto, W., Steindlberger, R. and Lowenstein, J. Final report, NJ TBI Demonstration Grant: Supporting Families in Crisis. NJ Department of Human Services, 2003 (unpublished).

SECTION B: GETTING THE PROGRAM LAUNCHED

In Section B, we will first discuss a series of critical questions that need to be addressed "up-front" by any group considering the initiation of a mentoring program:

1. What organization(s) will assume primary responsibility for the mentoring program?
2. With what other organizations or groups of individuals (i.e., stakeholders) do you want to collaborate in this venture?
3. How much will the program cost?
4. What sources are available for financial support of a mentoring program?
5. What equipment or technology is needed?
6. What are the liability/confidentiality issues involved in a program, and how can they be "covered"?

Then we will review questions to help focus and shape your program vision:

1. What will be the geographic scope of your program?
2. Who will be the participants in the program?
3. Who will coordinate and implement the program?
4. How will you recruit mentors and partners?
5. What policies and procedures will govern your program?
6. What is a realistic timeline to move from a program vision to actually implementing a peer-mentoring program?

The answers to these questions that we arrived at in New York and New Jersey were similar in some ways, but different in others. What worked for either or both of us might not be appropriate for you. It is an important first step, however, to ask these questions and design answers that fit your specific set of circumstances.

Critical "Up-front" Questions

1. What organization(s) will assume primary responsibility for the mentoring program?

Many activities must be implemented to start a mentoring program and then to ensure its continuing operation. We strongly recommend that an identified community-based organization assume the overall responsibility for the initial implementation and maintenance of the program, for example:

- A state brain injury association (BIA)

- A local BIA chapter or support group
- The state Traumatic Brain Injury (TBI) Advisory Council
- An entity receiving governmental or private funding for work focused on TBI, e.g., a TBI Model Systems program, a Research and Training Center on TBI, a HRSA TBI demonstration grantee
- A university-associated group with expertise in BI
- A medical facility with expertise in BI
- A community rehabilitation service provider with expertise in BI
- A state government agency or group involved with BI
- Some combination of the above

We will refer to the organization at the helm as the “lead agency”. One of the first tasks for this agency is to develop collaborative partnerships with other agencies and groups.

Note: In New York, the lead agency for its mentoring program was the Research and Training Center (RTC) on Community Integration of Individuals with TBI in collaboration with BIANYS; in New Jersey, the lead agency was BIANJ in consultation with the RTC.

2. With what other organizations or groups of individuals (i.e., stakeholders) do you want to collaborate in this venture?

To achieve a successful program, the lead agency needs to involve other groups and organizations. A crucial group to involve is those who will be the direct beneficiaries of such a program: persons with BI and their family members, as well as representatives of the community closely linked with BI. The lead agency might convene an ad hoc committee charged with the planning of the peer-mentoring program, which will help define the scope of the program and organize initial tasks to be completed. It is important to include those individuals who are in a position to assist the program by referring potential mentors and partners, as well as to include individuals who may be able to provide community-based resources, e.g., a place to hold training meetings. The broader the involvement of interested constituencies, the better access the program will have to potential resources.

Note: Regional ad hoc advisory committees were created in New York State, including individuals with BI, family members and service providers from each region. In New Jersey, the planning group involved representatives of several state agencies, persons directly affected by BI and staff of BIANJ.

3. How much will the program cost?

While a peer-mentoring program comprises a relatively inexpensive support for persons with BI and their families, it is not free! Thus, although mentors typically serve as volunteers in the program and receive no direct compensation for their time spent speaking with partners, experience has taught us the importance of reimbursing program expenses for mentors. The following costs are associated with mentors:

- Reimbursing the cost of toll phone calls
- Costs of bringing mentors together for training and "reunions", including food, fees for rental of a training room, materials used in training and reimbursement of travel expenses for mentors
- Use of periodic small incentives to encourage mentors to complete paper work required for quality assurance

The other major costs of the program include:

- Salary and benefits for the program coordinator. Depending on the scope of the program, the coordinator may work part time or full time. While it may be possible to find a dedicated skillful volunteer to serve in this capacity, this is not very likely.
- Training and resource materials, outreach supplies (e.g., recruitment brochures/flyers, postage) and telephone costs involved in recruitment of partners and mentors and in the continuing maintenance of partnerships
- Consultant fees to handle program quality assurance data or to help write grant applications to support program costs. The cost of consultants will vary with your program's in-house program evaluation expertise and with its need to complete quality assurance surveys or demands imposed by outside funding sources.
- Computer access, if other is not available
- A dedicated phone, phone number and answering machine

Note: In both the NY and NJ mentoring programs, part-time salary and benefits for a coordinator, a budget line for training resources and materials and monies to pay for a consultant to analyze program outcome data were paid by an external funding source. The program evaluation was needed to meet the requirements of the funding source.

4. What sources are available for financial support of a mentoring program?

While a few federal programs are geared towards "implementation" funding (e.g., HRSA), most federal and private support is unavailable without strong pilot data about program efficacy. Hence the need for program quality assurance data!

You are more able than we to suggest possible sources of funding of a "start-up" mentoring program within your area of the country. These are a few general ideas, which may or may not be appropriate for you:

- Do a presentation of the potential program at your state's TBI Advisory Council and ask for leads regarding financial support and interest.
- Propose a pilot mentoring program as part of your state's HRSA grant or include it as a project within a federally funded TBI Model System or RTC grant.
- Meet with hospitals and rehabilitation program administrators. Explore whether funds might be available to support mentoring program activities.
- Consider writing proposals to private foundations interested in community outreach. This is often the second step in the funding process – after you have started a "pilot" program and are able to demonstrate benefits to the potential funding source.

Note: Both the NY and NJ mentoring programs were initially funded as part of larger federal grants from NIDRR (New York) and HRSA (New Jersey). Subsequent funding for more extensive data analysis in the NY program and for the expanded BIANJ program was obtained from a private foundation. Creation of Web-based program manuals also was funded by a foundation.

5. *What equipment or technology is needed?*

Peer-mentoring programs are relatively "low-tech". In mentoring, the majority of interactions occur via phone, in person or via e-mail. Basic technology includes:

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

Computer access is very helpful in keeping the program efficient and organized:

- Recruiting of mentors and partners can be done via websites, newsletters and targeted e-mail to likely referral sources.
- Keeping track of potential and actual participants in the program and where they are in the process can be handled efficiently with a database or with a spreadsheet.
- Forms, newsletters, brochures and training materials can be developed, stored and updated through word processing and desktop printing applications.
- Some partnerships may include e-mail exchanges – this can make the program a possibility in situations where problems arise in oral communication or in finding times to talk that are mutually convenient.

- Some interactions between mentors and the program coordinator can take place via e-mail – for example, providing follow-up information to a mentor, or the mentor submitting required paperwork to the coordinator.
- 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 impact.

Note: These data are essential when planning to seek future funding and/or addressing current funding mandates.

6. What are the liability/confidentiality issues involved in a program, and how can they be “covered”?

Small but real risks exist in any organization linking one person with another in the community. These risks need to be minimized. By its nature, a mentoring program brings together people who are strangers to each other and creates a relationship between them that involves their revealing vulnerabilities and expressing personal reactions. When partners and mentors are persons with BI or their family members, they typically have psychological, cognitive and/or social challenges to deal with, in addition to feelings of grief, loss, frustration and the like. As a result, risks of psychosocial crises are heightened. We suggest that legal counsel reviews your planned mentoring program and discusses any liability issues with you.

Through experience in our mentoring programs, we have learned some steps to minimize risk:

- Make sure that your agency's liability policy covers volunteer activities in the community.
- Have a mechanism in place for continual oversight by your agency's legal counsel of the program's policies and procedures.
- Carefully screen mentors and partners to insure "readiness" for peer mentoring (see Section D for further detail). Do reference checks of potential mentors unknown to your agency.
- Require mentor training that includes:
 - Systematic discussion of the roles and responsibilities of mentors in the program
 - A discussion of steps to take if a partner has a psychiatric crisis
 - Signing a written agreement provided by the program summarizing the roles and responsibilities that are agreed to by the mentor.
- Have the coordinator maintain contact at least monthly with all mentors in current relationships to:
 - Promote quality control over the partnership
 - Enable the proactive ending of partnerships when appropriate

- Ensure the referral of partners to a community-based professional when issues arise that are beyond the scope of a peer-mentoring program
- Ensure that contact between mentor and partner remains limited to phone, e-mail or meeting in a public place (a support group, hospital room, etc.)

Shaping Your Vision of the Program

Now that you have answered the "tough" questions, it is time to begin shaping your new mentoring program. Some of the needed 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. What will be the geographic scope of your program?

- Where is the interest in a mentoring program strongest?
- Where does ready access exist to a large pool of persons with BI and/or family members who may be interested in participating in a mentoring program?
- What geographic area is convenient to the lead agency?
- Does a source of funding for the program have location requirements?

Since a mentoring program requires extensive and focused "grassroots" involvement to locate persons with BI and family members who may benefit from the program, as well as help from local resources to strengthen the program, we suggest that the initial region be limited. Taking the program statewide can come later!

Note: The mentoring program in New York began in the New York City area, which was most convenient in terms of proximity to the lead agency; it then expanded upstate to the co-lead agency's home base in Albany. The New Jersey program began in southern New Jersey, because a Level I trauma center there was motivated to partner with BIANJ. The program was expanded statewide only after obtaining a new funding source.

2. Who will be the participants in the program?

- Has a particular group of persons affected by brain injury been identified as needing the kind of support a mentoring program can provide? For example, have requests for peer support come primarily from adults or adolescents with brain injuries, family members, spouses, etc.?
- Is there a group of persons affected by BI to which the program would have easy access?
- Does a source of funding for the program have participation requirements?

Note: The NY program focused on meeting the needs of individuals with BI or family members living in the community. As a result, it involved mentors and partners across a broad continuum of time since injury. In part, this decision was reflective of one funding source and in part responsive to the perceived needs expressed by the advisory group.

In contrast, the pilot NJ program focused on meeting the needs of family members in the initial stage of dealing with the injury of a loved one who was still in a trauma center. As a result, it involved mentors and partners who were family members. This pilot program in NJ stimulated interest in providing mentoring for a broader group of participants, both family members and persons with BI, along the full continuum of time since injury. That interest led to defining the scope of the program more broadly in subsequent funding applications.

3. Who will coordinate and implement the program?

At least one person is needed to coordinate the activities of the mentoring program. This person can be a staff member or a highly 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.

Some of the duties of the program coordinator include:

- Conducting outreach activities to recruit mentors and partners
- Screening mentors and partners
- Training mentors
- Matching mentors and partners
- Providing technical assistance and support to mentors
- Maintaining partnerships
- Assisting in terminating partnerships
- Collecting information required for quality assurance

The qualities to look for in a potential coordinator include:

- Knowledge of BI from professional and/or personal experience
- Knowledge of resources – those specific to brain injury, as well as generic 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 others' needs
- Ability to encourage and support persons in difficult situations
- Strong organizational skills
- Basic knowledge of computers (e-mail, Internet, simple data bases)

Note: Both the NY and NJ mentoring programs benefited from having program coordinators who had, in addition to the qualities listed, a personal relationship with BI, i.e., all were family members of individuals with BI.

4. How will you recruit mentors and partners?

Initially, a pool of mentors is recruited and trained. In advance of mentor training, recruitment of partners is initiated. While recruitment of partners remains a *constant* activity of the program, recruitment of mentors is *cyclical* and is done in response to the need for additional mentors (see Section C). As part of program planning, a strategy for recruitment needs to be defined. Which of the strategies suggested below you select will depend on the availability of staff or volunteer "people power" as well as funds:

- Ads in local BIA newspapers, community bulletin boards, radio spots
- Creation of flyers/brochures re: need for mentors
- Creation of flyers/brochures re: availability of peer mentoring for potential partners
- Meetings with agencies and organizations with access to large pools of individuals with BI
- Meetings with support group leaders or actual support groups
- Meetings with BIA staff providing direct services to persons with BI and their families (family support, supported employment, etc.)
- Utilizing ad hoc committees to assist in recruiting

Because recruitment outreach is time-consuming and takes time to yield potential mentors and partners, this step needs to be implemented early. Key responsibility for recruitment outreach is in the hands of the coordinator.

5. What policies and procedures will govern your program?

Experience has taught us that planning ahead is better than looking back and being sorry. Issues to be addressed early on include:

- Will your program include 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? (see Section K)
- Procedures for recruitment, forms to be used and confidential storage of data obtained from mentors and partners need to be decided upon before startup. (The Appendix includes forms that can be modified for use in your mentoring program.)
- What is the "chain of command" and to whom does the coordinator report?

6. *What is a realistic timeline to move from a program vision to actually implementing a peer-mentoring program?*

Much work 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 affect the time required for start-up activities. How good your access is to sources of potential mentors and partners will also be a big factor.

You will need to recruit and screen a set of 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 and, depending on "people power", may take as long as six months before you are ready to match your first mentors and partners. Hopefully, the recruiting, screening, training and evaluation tools provided with this manual will significantly shorten the process for your program.

SECTION C: RECRUITING MENTORS AND PARTNERS

Recruiting Mentors

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

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

Key Elements in Successfully Recruiting Mentors

- Have a recruitment plan and a person responsible for overseeing the plan.
- Be sure that recruitment materials highlight the purpose as well as realistic limitations of the peer-mentoring program.
- Remember that recruiting for mentors and partners never ends. It is an integral part of running your mentoring program.
- Utilize as many resources and people as 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 program.
- Utilize current mentors to help promote your program and maintain its visibility.

Reasons Individuals Volunteer to Become Mentors

Common themes emerge from the persons who volunteer to become mentors in a BI mentoring program. They share the common experience of having their lives affected by a brain injury – whether they are family members, friends or persons with the injury. A number of other reasons why individuals might wish to reach out and help someone else deal with BI include:

- Giving back in return for something they received
- Feeling that their struggles had a purpose
- Supporting a cause that is important to them

- Improving the quality of life of people affected by BI
- Developing new relationships with others, including potential partners
- Developing new skills
- Becoming part of a large group with a shared interest

Overview of Mentor Recruitment

- Recruiting for mentors is a continuous process. An adequate pool of family members and individuals with BI must be available to respond to partner requests.
- After initial screenings, keep a list of people interested in becoming mentors.
- Recruiting for mentors should begin at least 3 - 4 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 should be directed at a broad array of potential volunteers – individuals with BI, spouses, family members, parents, both males and females.
- Conduct a formal screening interview to ensure the volunteer’s “readiness” to be a mentor (see Section D). Also, ensure availability to attend a planned training.
- Once your program develops, you may discover that you need to recruit specific subgroups of mentors. For example, you may be receiving a lot of requests for mentors who are fathers of children with a BI, but find you don’t have enough dads in your mentor pool. Thus, the need for targeted recruiting becomes clear once a pattern of requests for mentors emerges.

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

Mentor Recruitment Strategies

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

- **Print materials.** Brochures, flyers or fact sheets are essential in getting out the word about your program and the need for volunteers to serve as mentors. (See Appendix, pp. 70-71, for samples of flyers used in recruiting mentors and partners.) Once you have developed your materials, create a plan to distribute them to the widest possible audience. Include the following information in mentor brochures and flyers:
 - Describe the mentoring program
 - Define the characteristics of a good mentor
 - Discuss the role of mentors and the minimum requirements of a mentor, e.g., attend a half or full day of training, make weekly phone calls, complete paperwork and commit to the program for one year
 - Indicate what mentoring is *not*
 - Describe potential benefits of being a mentor
 - Indicate who to contact if interested in learning more about the program
 - Provide a phone number, address and other relevant information about your organization

- **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.
 - Educate everyone in your organization about the mentoring program and the need to recruit mentors.
 - Be sure all staff understands the referral process and who to contact.
 - Develop a referral sheet (see Appendix, p. 72) to make the referral process as efficient as possible. Be sure to include space to record the potential volunteer’s name, phone number and best time/method for follow-up.

- **Internal agency resources.** Depending on the size and mission of your organization, you may have staff that is in frequent contact with individuals with BI, their family members, and/or other facilities and community-based agencies involved in the delivery of BI services. Incorporate recruitment of mentors in discussions with these other agencies, since they may be 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”. With permission of the “graduate”, the program can make direct referrals to the mentoring program. Or, staff may target mailings of the program brochure to “graduates” and encourage them to volunteer for the program.

- Website. Have information about the mentoring program on your website, including information about how those who are interested in becoming mentors can self-refer.
- **Support groups**. People who attend BI support groups, as well as the facilitators of the groups are often interested in becoming mentors.
 - Contact support group leaders and provide them information about the mentoring program to pass on to their members. (See Appendix, p. 73, for a sample letter to distribute to support group leaders.)
 - Utilize trained mentors to meet with support group facilitators to talk about the benefits of being a mentor.
- Spread the word to staff in local trauma centers, hospitals, rehabilitation programs, community re-entry programs and other **programs that provide services to individuals with BI**.
 - Develop a plan. Contacting all of these programs may seem like an overwhelming task. It is helpful to develop a strategy for reaching out to programs within your geographical area.
 - Send out information describing the program. Start off by sending a letter of introduction to the program director or other contacts you may have; describe the mentoring program and how the agency can help refer potential mentors (see Appendix, p. 74). Be sure to 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 director and staff to generate interest in referring potential mentors. Make the referral process as easy as possible.
 - Follow-up reminders. It is important to remember that program directors and staff are very busy and may easily forget about your program. Send periodic reminders about the need for mentors and/or personally contact the programs that appear most interested.
- **Be visible**. The more you are able to get the word out about your program, the greater the number of referrals of interested mentors you will receive.
 - Make presentations at BI-related meetings or seminars.
 - Have information about the mentoring program available every time your organization presents itself 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's newsletter. Follow-up by running short updates in subsequent issues.

- Use local media, e.g., a radio talk show or a local community television program, to discuss the benefits of mentoring for the community.
- Send out a press release to newspapers in your area.

Recruiting Partners

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

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

Reasons Individuals Seek Peer Support

Individuals with BI, as well as their family and friends, may feel the need for someone to talk to at any point after injury, from the acute phase to many years after injury. People seek peer support for many reasons:

- They seek someone who shares the common experience of having their lives affected by BI
- They want to talk with someone who has “been there”
- They need information about BI
- They lack information about resources in the community
- They seek emotional support, encouragement and coping strategies
- They want to decrease their sense of social isolation

The key to program success is to find individuals who can benefit from the mentoring program. Thus, partner recruitment is an essential and continuing component of the mentoring program.

Overview of Partner Recruitment

- Recruiting partners should begin at least 1 - 2 months prior to the initial training of program mentors. It takes time to get the “word out” about the program and start the referral of potential partners into the program. So, advanced work is necessary.
- Recruiting partners is a continuous process.

- Recruitment approaches may change over time.

Partner Recruitment Strategies

You can use many of the strategies used for mentor recruitment when recruiting partners. Program presentations in the community should shift to recruitment of individuals in need of peer support, stressing the fact that a cadre of trained mentors is now ready to be matched with these individuals. Make sure that you are able to explain who is likely to benefit from the mentoring program (and who is not). (See Section D.)

- **Develop print materials** (see discussion with respect to mentor recruitment, and Appendix, p. 71):
 - Describe the mentoring program
 - Discuss who is likely to benefit from the program and why someone might seek peer support
 - Describe what a partner can expect from the partnership
 - Indicate who to contact if interested in learning more about the program
 - Provide a phone number, address and other relevant information about your organization
- **Word-of-mouth** (see discussion with respect to mentor recruitment).
- **Use internal agency resources** (see discussion with respect to mentor recruitment). Depending on the size and mission of your organization, you may have staff in frequent contact with people affected by BI. Incorporate the peer-mentoring program as one of the community services offered by your organization.
 - Family Help/Information Line. Information about the mentoring program can be provided to every person who calls for information. Staff should be trained to identify those individuals who could possibly benefit from peer mentoring (in contrast to crisis intervention or need for professional help).
 - Direct Services Staff. Staff of services offered to families and/or individuals with BI by your agency can serve as an excellent referral source of individuals and family members who could benefit from peer mentoring. With permission of the service recipient, staff can make direct referrals to the program for screening as a potential partner. Conversely, direct service staff may opt to send or distribute flyers to individuals and encourage participation in the mentoring program.
 - Website. Have information about the mentoring program on your website, including information about how those who are interested in becoming partners can self-refer.
- **Support groups** (see discussion with respect to mentor recruitment).

- Spread the “word” to trauma centers, hospitals, brain injury rehabilitation programs, community re-entry programs and other **programs that have contact with people affected by BI** (see discussion with respect to mentor recruitment).
 - Develop a plan.
 - Send out information describing the program. Send letters describing the mentoring program and how peer mentoring can be helpful (see Appendix, p. 75). Remember to include brochures and flyers about the program. Include a flyer for hanging on a centrally located bulletin board within the facility.
 - Meet with program directors and staff. Identify the programs that you believe may refer the most potential partners. Arrange to meet individually with the directors and staff of these programs to generate interest in referring potential partners. Because of confidentiality issues, programs are not able to supply you with a list of clients. They may, however, be able to do a direct distribution or direct mailing of the brochure to potential partners. Be sure to supply an adequate number of brochures. Ask them to display the brochures in a public area within their program.
 - Follow-up. It is important to remember that program directors and staff are very busy and may easily forget about your program. Send out periodic reminders about the program. More importantly, a call to those programs that appeared most interested is an important recruitment tool.
- **Be visible** (see discussion with respect to mentor recruitment).
- **Use your “ambassadors”.** Trained mentors are perhaps your “best” marketing tools!!! Recruitment is an excellent way to utilize the skills of mentors; it helps them feel connected to the program.
 - Have mentors promote the program at support group meetings.
 - Have mentors serve as panel members at BIA-sponsored presentations.
 - Have mentors regularly visit a rehabilitation hospital or program to remind staff of the program, bring in additional brochures or speak to potential mentors and/or partners.

SECTION D: SCREENING MENTORS AND PARTNERS

Screening Mentors

In recruiting prospective mentors, the program needs to assess the volunteer's ability to function in the mentor role. Not everyone who is interested in volunteering is suited to be a mentor. Careful screening enhances the quality of the program. In our experience, volunteers who appear less suited to being mentors are often willing to assist in partner recruitment.

Qualities of a Good Mentor

Gauging a person's potential success as a mentor is an inexact science. However, our experience in starting mentoring programs suggests that the most 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
- Their willingness and ability to complete paperwork required by the program

In addition, a mentor should display:

- Eagerness to volunteer time and energy needed to provide support to others
- Willingness to attend a training workshop
- Successful adjustment to personal challenges of living with BI
- Insight into his/her limitations and strengths

Initial Contact with a Prospective Mentor

Your first knowledge of a prospective mentor may be via telephone call from a potential volunteer, during face-to-face contact following a presentation or on a form from someone who is referring the prospective mentor. During your initial direct contact with the potential mentor, the following areas should be addressed:

- Explanation of the program and expectations of mentors

- Clarifying questions and concerns
- Identifying how the person is “related” to brain injury
- Exploring reasons why the person wants to be a mentor
- Assessing the person’s ability to communicate via telephone
- Scheduling a time for a detailed screening for program participation

Screening of Prospective Mentors: Interviews and References

Interviews with prospective mentors are generally conducted via telephone. Two major goals of the interview are to obtain demographic and background information, and to assess a volunteer’s motivation and ability to become a mentor. The Mentor Information Form (see Appendix, pp. 76-80) is a useful tool for this screening process.

Mentor screening should cover the following elements:

- **Basic contact information**, including name, address, telephone number(s), e-mail address and best way and time for subsequent follow-up contact
- **Background information**, including age, sex, marital status, language(s) spoken, ethnicity, employment and education, military involvement, religious affiliation and participation, and hobbies and special interests
- **Relationship to BI**, including who sustained the brain injury, time since injury and type of injury
- Questions about **perceived strengths and weaknesses** the person would bring to a mentoring program:
 - 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 BI that may make you uncomfortable?
 - Are there any factors that would limit your participation in the program?
 - Have you been involved in any type of peer support situation? If yes, what was it like for you? If no, would it have been helpful to you?
 - Is there anything else that you would like to share about yourself?
- Questions about **commitments implicit in becoming a mentor**:
 - The program is designed so that the majority of contact with partners will be by telephone. It is anticipated that after a mentor is assigned a partner, he/she will make approximately one phone contact each week to that partner. Is this okay with you?

- A mentor may be involved with two partners at a time. Is this okay 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?
- To become a mentor, participation in a one-day training program is required. Is this okay with you?
- Do you have any questions about the program?

Throughout the screening interview, the coordinator should be evaluating the potential candidate's "readiness" for mentoring:

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

Programs may choose to obtain additional references or 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 to other collaborating organizations. Ask the volunteer to supply the name of two to three personal references and sign a consent form giving you permission to contact these references (see Appendix, p. 81). When speaking with the person's references (see Appendix, p. 82), the coordinator should explain the mentoring process so that the reference person understands the responsibilities of the potential mentor. Three questions are then asked of the reference:

- Is being a mentor something you can see her/him doing?
- What are some specific qualities that would make her/him a good mentor?

- What aspects of being a mentor, as I have described it, do you think might be difficult for her/him?

If the volunteer appears to be a good prospective mentor, contact him/her and provide information about the next scheduled training workshop (date, time and place). Confirm his/her availability.

Screening Partners

Screening of partners follows a similar process as mentors. It is equally important to ensure that potential partners are able to benefit from peer support and able to engage and profit from a 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.

Qualities of a Potential Partner

Gauging a person's ability to benefit from peer mentoring takes practice. Partners who benefit the most from peer mentoring possess the following qualities:

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

Individuals who do **not** benefit from a peer-mentoring program include:

- Persons expressing suicidal or violent behavior, severe depression and/or serious psychiatric or substance abuse problems
- Persons who are unable to articulate specific reasons for wanting peer support
- Persons who were referred to the program but have no personal interest or investment in receiving peer support
- Persons who display excessive negativity, anger or volatility during the interview
- Persons looking solely for friendship or a romantic relationship
- Persons with such severe memory limitations that they cannot recall peer support efforts
- Persons with limited awareness of their behavior and/or the impact of BI on their functioning
- Persons whose sole interest is to "talk to someone", with no desire to change their current life situation

Initial Contact with a Potential Partner

Whenever possible, speak with the referral source to obtain some background information about the potential partner. During the initial direct contact with the potential partner, the same issues as with mentors should be addressed (see Initial Contact with Potential Mentors, pp. 22-23).

Note: In our experience, approximately one-third of referrals of potential partners are inappropriate for peer mentoring and require referral to more appropriate resources in the community.

Screening of Potential Partners

The screening interview with a potential partner is generally conducted via telephone. The three goals of the interview are to obtain biographical and background information, to identify areas of support that are needed and willingness to have a mentor help in these areas, and to assess the potential partner's ability to benefit from the mentoring program. The Partner Information Form (see Appendix, pp. 83-90) is a useful guide for this structured screening interview.

Partner screening should cover the following elements:

- **Contact information**, including name, address, telephone number(s), e-mail address, and best way and time for follow-up contact
- **Background information**, including age, marital status, language(s) spoken, ethnicity, employment and education, military involvement, religious affiliation and participation, and hobbies and special interests
- **Relationship to BI**, including who sustained the brain injury, time since injury and type of injury
- Questions about **current needs and willingness to have a mentor help** with these concerns, including:
 - Quality of life
 - Support from family, friends and the community
 - Ability to communicate with health care professionals
 - Ability to communicate with state and/or community agencies
 - Knowledge about brain injury
 - Knowledge about community resources
 - Satisfaction with social and recreational opportunities available to person with BI

- Overall mood, level of anxiety and anger
- **Partner's preference** about what characteristics may be important in a mentor (see Appendix, pp. 91-92)

Throughout the screening interview, program staff should evaluate the potential candidate's appropriateness for mentoring:

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

At the completion of the interview:

- If the potential 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.
- If the potential partner **is not appropriate** for the mentoring program:
 - Refer him/her to alternative services either within or outside your agency, including to support groups, private counseling, etc.
 - Provide appropriate resource materials.
 - Offer the services of the mentoring program at a future date (if appropriate).

Welcoming the Partner

To individuals who have been positively screened for peer mentoring, mail a Welcome to the Mentoring Program letter (see Appendix, p. 93), two copies of any consent forms (see Appendix, pp. 94-95) required by your agency (one to sign and return; one to keep), a pre-addressed return envelope and materials about community resources that may be of benefit. It is helpful to track the date that forms and materials were mailed to the prospective partner (see Appendix, p. 96). Once signed releases are returned to your agency, the matching process can be initiated.

SECTION E: PREPARATION FOR MENTOR TRAINING

Advance planning helps insure a successful mentor training experience for both the trainers and the participants.

One month or more prior to training:

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 should be wheelchair accessible.
- The room should be large enough to “hold” the group comfortably (but not too large); it should be private, quiet, clean and well lit.
- Avoid the traditional "classroom" set-up. Have a table large enough for all participants to sit around, or multiple tables that are square or circular. A U-shaped arrangement of rectangular tables works well, with an area at front for the trainers.
- If possible, look for a site that has a quiet area for participants with BI to take a break or rest if needed.

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

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

- Review the comments on the Mentor Information Forms to determine the dates and times convenient for most participants.
- 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.

Note: Anticipate that 10-15% of participants will be "no shows" for the training, despite agreeing to come.

3. Decide on the size of the group to be trained.

We provide below two approaches to training – one for large groups (six-hour workshops) and one for small groups (four-hour workshops). Consider the following factors when deciding which approach will best fit your program's needs:

Large Group Training (six hours)

Benefits:

- May be most useful for an initial training workshop (i.e., getting the kinks out of the training itself)
- Designed to accommodate a larger group of mentors (maximum of 20-25)
- Allows for rapid expansion (or creation) of a mentor pool during program start-up
- Expanded time allows for in-depth review of topics
- The larger group and lengthier workshop allows for greater socialization and networking opportunities

Disadvantages:

- Requires at least three facilitators to conduct training
- Participants with BI may become fatigued during afternoon session

Small Group Training (four hours)

Benefits:

- Most useful when facilitators are comfortable with training workshop format
- Designed to accommodate a smaller group of mentors (maximum of 8-12)
- Allows for focused expansion of the mentor pool, e.g., in one region, males only
- Two facilitators can conduct training
- Shorter time commitment may better fit participants' schedules
- Allows more frequent repetition of training workshops
- Smaller, more intimate group fosters open discussion and dialog
- May be more appropriate for persons with fatigue and/or concentration challenges

Disadvantages:

- Abbreviated time allows for only highlighted coverage of certain topics

4. *Develop a training agenda appropriate to the size of the group trained.*

The training agenda is the same for large and small groups; however, the time spent on each topic differs. The length for each topic is indicated in the agenda on the next page, first for large groups and then for small groups. For example, the "Opening and Introductions" is 15 minutes for large groups and 10 minutes for small groups.

Training Workshop Agenda

- Opening and Introductions (15/10 minutes)
- Group Exercise One: Getting to Know Your Fellow Mentors (45/30 minutes)
- Overview of the Peer Mentoring Program (45/40 minutes)

Break (15/0 minutes)

- Role Plays: Initial and Follow-up Contact with Partner (60/40 minutes)

Lunch (45/45 minutes)

- Overview: Communication Skills (45/20 minutes)
- Group Exercise Two: Handling Situations as a Mentor (30/20 minutes)

Break (10/0 minutes)

- Review of *Mentor Training Workbook* (25/15 minutes)
- Questions

Break (10/10 minutes)

- Wrap-up (15/10 minutes)

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

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

6. Prepare materials to be used during training.

Three types of materials are to be prepared for each trainee: a *Mentor Training Workbook*, a folder of materials to be used on the day of training and a folder of materials that will serve as resources for mentors after training.

Create *Mentor Training Workbooks* for each trainee.

The text for the *Mentor Training Workbook* can be downloaded from the TBI Central website (www.tbicentral.org). Copies of the text are to be placed in ring binders.

Place training day materials into individual folders.

- Membership application for national and/or state brain injury associations
- Agenda for the day

- Handouts:
 1. Getting to Know Your Fellow Mentors (see Appendix, p. 97)
 2. Roles and Responsibilities of Mentors (see Appendix, pp. 98-99)
 3. Mentor's Preference for Match with Partner (see Appendix, pp. 100-101)
 4. Sample Partner Information Form (see Appendix, p. 102)
 5. Contact Log (see Word file, at www.tbicentral.org)
 6. Key Points About Initial Contacts (see Appendix, p. 103)
 7. Key Points About Continuing Contacts (see Appendix, p. 104)
 8. Mentor Training Evaluation Form (see Appendix, p. 105)

Note: The training will go more smoothly if the materials in the folder are arranged in the order in which they will be used during the workshop.

Gather materials to be included as additional handouts.

- Latest state Brain Injury Association newsletter and brochure
- Other materials that may be useful for mentors to have as a resource
- State and community resource guides

Develop a reminder letter regarding training (see Appendix, p. 106). Xerox extra copies of the pre-training questionnaire and consent forms (see Appendix, pp. 107-110). Also, create a sign-in sheet for participants to share e-mail and phone numbers at end of training (include blank space for name, address, phone number and e-mail address). Consider making Certificates of Mentor Training Completion.

Two weeks prior to the training date:

1. **Send a reminder letter to all participants** (see Appendix, p. 106).
 - 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 (see Appendix, pp. 107-110). Ask participants to complete and bring to training.
 - Enclose a business card so the participants can contact someone if they have questions.
 - Make reminder phone calls to all participants the day before training. Reinforce their bringing with them paper work, as well as travel instructions and phone contact numbers.

2. Make arrangements to provide refreshments for workshop participants.

- Plan to feed people! Six-hour workshops should include a light breakfast, lunch and an afternoon snack. Four-hour workshops should include a light breakfast and lunch.
- 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).

3. 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 (see Appendix, pp. 107-110)
- Sign-in sheet for networking
- Pens, pencils, post-its, paperclips, highlighters, paper, tape
- *Mentor Training Workbook*, training day folder and additional handouts
- Certificates of Training Completion (if you opt to do this)
- Flip chart, easel and markers
- Telephones/cell phones for role playing

On the day of the training:

- Arrive early.
- If needed, put up signs showing participants where to go for training session.
- Pre-arrange tables and chairs.
- Do any necessary writing in advance on flip charts or chalk boards.
- Check equipment.
- Set up registration table; lay out *Training Workbooks* and mentor folders.
- Be sure refreshments are available.

- Greet participants as they arrive at the training room.
- Register participants:
 - Check off name on list of participants, and give each person a name-tag.
 - Have each sign in on the sheet provided (for networking).
 - Give each participant a *Mentor Training Workbook* and training day folder.
 - Collect signed mentor consent forms and completed pre-training questionnaires.
 - Have participants select refreshments and complete miscellaneous forms while waiting for others to arrive.

SECTION F: CONDUCTING A TRAINING WORKSHOP

Introduction

Establishing and maintaining a relationship between two people with an experience in common of coping with brain injury might seem like a "natural". As a result, new programs might overlook the importance of training mentors. However, in the experience of both the NY and NJ mentoring programs, mentor training has been found a critical element in the success of the mentoring program. We have seen that mentors benefit from a structured training experience, during which the responsibilities, as well as the limits, of the mentoring role are carefully delineated.

Goals of Training

Training should:

- Introduce participants to the concept of peer mentoring
- Provide participants an overview of the mentoring program
- Discuss mentor roles/responsibilities
- Describe supports provided to mentors as part of the mentoring program
- Help participants understand the scope and limits of mentoring
- Help participants develop needed mentoring skills
- Provide participants information about challenges for individuals and family members following BI
- Provide participants new networking opportunities
- Provide participants resource information to share with partners
- Answer participants' questions and concerns
- Build participants' confidence

(Some of the) Benefits of Trained Mentors

Clearly, training will help "ordinary people" better help other "ordinary people". Additionally, mentor training is an ideal way to:

- Obtain (first-hand) information about new mentors and further screen for their readiness to serve as mentors
- Observe mentors' ability to focus, listen and respond to others
- Determine which potential mentors may require additional help as mentors

Basic Principles of Mentor Training

1. Create a comfortable learning environment.

- Be sure that the physical space and seating are conducive to group learning and that participants can hear each other as well as the trainers.
- Make necessary accommodations for physical handicaps of participants, if any.
- Check that the room's temperature is comfortable.

2. Pace training appropriately.

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

3. Accommodate learning problems within the training group.

- Use multi-modal approaches to maximize learning of the mentors.
- Use chalkboards and flip charts to illustrate important points (e.g., translate abstract points into concrete details).
- Encourage mentors to take notes to help memory.
- Flip charts are useful for group problem-solving activities – facilitators should summarize major discussion points on the flip chart.

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

- Listen carefully and respectfully. Acknowledge what people say even if you don't agree.
- Maintain eye contact with each person as he/she speaks.
- Monitor your non-verbal signals (e.g., nodding, blinking, frowning, smiling), as well as your verbal comments.
- Respond by guiding, not imposing. Be non-judgmental.
- Model repetition and summarizing key points in the course of discussion.
- Help participants develop collaborative problem-solving skills.

Training Activities

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

1. Opening and Introductions

Objectives:

- Welcome participants
- Introduce training staff
- Complete necessary paper work
- Review the training agenda

Length:

- 15 minutes (6-hour training)
- 10 minutes (4-hour training)

Process:

- Introduce the training facilitators.
- Provide a brief history of your organization.
- Review the training agenda.
- Briefly orient participants to the *Mentor Training Workbook* and the folder containing forms that will be utilized during training.
- Inform participants of planned breaks, location of restrooms and food breaks.
- Encourage participants to take breaks whenever needed.
- Encourage participants to ask questions whenever additional clarification is needed.

2. Group Exercise: Getting to Know Your Fellow Mentors

Objectives: Participants

- Get acquainted with each other and become involved in the session
- Experience a situation that is somewhat parallel to the first contact with a partner
- Practice sharing information with another and helping that person communicate

Length:

- 45 minutes (6-hour training)
- 30 minutes (4-hour training)

Materials Needed:

- Getting to Know Your Fellow Mentors (in training folder, see Appendix, p. 97)

Process:

- Break group into dyads (with one threesome, if you have an odd number of participants). Be sure to pair people who do not know each other, as a key element is to learn how to "break the tension" with someone the mentor does not know.
- Inform participants that they are to introduce the other to the larger group after finding out some basic information about him/her.
- Ask the members of each dyad to interview each other using the handout, Getting to Know Your Fellow Mentors and to complete the information on the handout.
- Allow 10 minutes. Inform the group when 5 minutes have elapsed and encourage partners to "switch" interviewing roles.
- Bring the group together. Suggest a time limitation based on the number of people being trained. Have each person introduce his/her partner to the group.
- Conduct a brief discussion of how meeting a new person in training mirrors one activity of mentoring, i.e., starting a new relationship with a partner.

3. Overview of Peer Mentoring Program

Objectives:

- Help mentors feel connected to the program
- Discuss mentoring in the context of brain injury
- Discuss qualities of effective mentors
- Clarify the program's requirements
- Ask participants to identify their preferences for types of partners

Length:

- 45 minutes (6-hour training)
- 40 minutes (4-hour training)

Materials Needed:

- *Mentor Training Workbook* (Section A)
- Roles and Responsibilities of the Mentor (in *Workbook* [to read] and in training folder [to sign], see Appendix, pp. 98-99)
- Mentor's Preference for Match with Partner (in training folder, see Appendix pp. 100-101)

Process:

- Review the *Mentor Training Workbook's* Table of Contents. Then focus on materials in Section A.
- Ask participants to share experiences about people who have helped them through difficult periods in their own lives, or, alternately, times when they have assisted others in coping with the challenges of brain injury.
- Highlight information presented by participants by summarizing key qualities reported by the group on a flip chart or chalkboard.
- Point out that solid listening skills, empathy and knowledge/understanding about BI have been helpful in guiding participants in the past, and that use of these same skills will help guide others in coping with BI.
- Review the definition and purposes of mentoring (*Workbook*, page 2).
- Review the core elements of the program and qualities that make an effective mentor (*Workbook*, page 3).
- Discuss the roles of a mentor (*Workbook*, page 4).
- Describe the support that mentors can expect to receive from the program coordinator and why this support is sometimes needed.
- Discuss the importance of confidentiality within the mentoring program. Discuss when confidentiality should be broken.
- Review expectations and responsibilities of mentors, defined in the Mentorship Agreement (*Workbook*, p. 5). Allow time for participants to ask questions, and then ask participants to express agreement with these responsibilities by signing the forms (in the training folder). Collect the forms from participants.
- Facilitate a brief discussion about differences in participants' level of comfort in mentoring diverse types of individuals.
- Ask participants to think about their own "comfort zone in mentoring" and then complete the Mentor Preference Form (in the training folder). Stress that knowing preferences will be helpful to the coordinator in matching mentors and partners. Collect forms from participants.

4. Role Plays: Initial and Follow-up Contacts

Objectives:

- Familiarize participants with the initial steps in mentoring: discussion with the coordinator, initial contact with the partner and follow-up contact with a partner
- Model typical partner reactions and effective mentoring skills
- Discuss key points in initial and continuing contacts with partners

- Review and practice completing a Contact Log form

Length:

- 60 minutes (six-hour training)
- 40 minutes (four-hour training)

Materials Needed:

- *Mentor Training Workbook* (Sections F & G)
- Two telephones (or cell phones)
- Handouts from training folder (see Appendix, pp. 102-104)
 - Sample Partner Information Form
 - Key Points About Initial Contacts
 - Key Points About Continuing Contacts
 - Blank Contact Log (downloadable at www.tbicentral.org)

Process:

- Explain that facilitators will role-play the initial steps in a mentoring relationship.
 - In the first role-play, “the program coordinator” phones “the mentor” to ensure that the mentor is comfortable with the partner to be matched.
 - In the second role-play, “the mentor” makes initial phone contact with “the partner”.
 - In the third role-play, “the mentor” completes a follow-up phone contact with the “the partner”.
- Have two facilitators sit back-to-back in front of the group using telephones as props. Using the Sample Partner Information Form (in the training folder) as a script, the facilitators role play the “program coordinator” and “mentor” in the first role-play, and the “mentor” and “partner” in the second and third role-plays.
 - The facilitator who plays the “partner” will model a variety of moods and reactions.
 - The facilitator who plays the "program coordinator" and the “mentor” will model effective listening skills in exploring the readiness of the mentor to participate in the match, as well as effective listening skills in dealing with the issues presented by the partner during the role-play.
- During role-plays, the third facilitator summarizes (on a flip chart or chalkboard) key points about the phone dialogues as they emerge in the role-plays.
- After each role-play, key points recorded by the facilitator are reviewed with the group. Effective mentoring skills as portrayed in the role-plays are highlighted.

- Participants are referred to the handouts on Key Points for Initial Contacts and Key Points for Continuing Contacts (in training folder), which are reviewed and discussed.
- As a group, mentors practice completing a sample Contact Log (in the training folder), based upon the interactions viewed during the mentor-partner role-plays.
- Their experience and results of completion of codes are discussed.
- The mentors are referred to Discussion Codes: Definitions and Examples (*Workbook*, pages 51-52) for use when they later complete Contact Logs.
- Reasons why completion of Contact Logs is important are discussed.
 - To ensure the mentor's following through on prior discussions
 - To serve as a memory jog of prior conversations
 - To support program evaluation
- Participants then return to Sections F & G of the *Mentor Training Workbook*, for a brief review of:
 - Information about the initial contact (pages 47-48)
 - Telephone policies (page 49)
 - Reminders on use of the Contact Log (pages 50-52)

Reassure mentors that this information is intended for later review.

5. Overview: Communication Skills

Objectives:

- Identify qualities of a good listener
- Develop positive listening skills
- Recognize communication enhancers and roadblocks
- Learn to maintain a conversation with a partner

Length:

- 45 minutes (six-hour training)
- 20 minutes (four-hour training)

Materials Needed:

- *Mentor Training Workbook* (Section E)

Process:

- Invite mentors (only in six-hour training programs, see Note below) to participate in a brief “Visual Imagery Exercise”.
 - Ask participants to relax and close their eyes. Ask them to think about a time in their own lives when they were experiencing difficulty and someone was helpful.
 - Then, ask each person to think about the following question: What did that person do or what qualities did they have that made them a good listener?

(Note: Omit this exercise for the four-hour training. Begin the activity by asking the group to think of a person in their lives that was helpful to them and why.)
- Next ask the participants to visualize a time when they had a conversation with someone that did not feel very helpful. What did this person say or do? What aspects of his/her behavior interfered with the ability to listen?
- Bring the group together and ask for volunteers to share their recollections.
- A facilitator records participant responses under two headings: “Helpful” and “Not Helpful” on a flip chart or chalkboard.
- Review the qualities of a good listener provided by the group in comparison to those listed in the manual (*Workbook*, p. 40).
- Review and discuss communication enhancers and roadblocks (*Workbook*, p. 41-42).
- Briefly review Maintaining a Conversation with Your Partner (*Workbook*, pp. 43-45). Encourage participants to review these ideas when later involved in mentoring.
- Allow time for questions.

6. Group Exercise: Handling Situations as a Mentor

Objectives: Participants –

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

Length:

- 30 minutes (six-hour training)
- 20 minutes (four-hour training)

Materials Needed:

- *Mentor Training Workbook* (Section D)
- Sample Mentor Situations (see below)

Process:

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

Sample Mentor Situations

- *Your partner tells you that she has no one to call for assistance. How do you encourage her to gain support from others?*
- *Your partner is feeling alone and isolated. How do you help your partner increase his social and recreational opportunities?*
- *Your partner is feeling anxious and nervous. What can you suggest to help her overcome these feelings?*
- *Your partner does not understand what has happened to his brain and why he is experiencing certain symptoms. How do you help your partner increase his knowledge about brain injury?*
- *Your partner gets frustrated when she tries to call state or community agencies for help. How do you help her enhance her advocacy skills and ability to communicate with professionals?*
- *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?*
- *Your partner raises an issue that was very painful for you in the past. You feel yourself becoming overwhelmed by your emotional reactions. What do you do?*
- *Your partner wants you to recommend a good neurologist or asks you for the name of your doctor. How do you respond?*
- *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?*
- *Your partner wants you to visit him or her at home. How do you respond?*
- Allow the group to brainstorm approaches to handling the situation. As suggestions are made, summarize key ideas on the flip chart or chalkboard.

- Review the group's suggestions as an illustration of how individuals vary in their responses to any given situation. Use this illustration to emphasize that the most effective mentoring skills are those that incorporate a person's own style of interacting with another person.
- Select a second situation, read it to the group and ask for feedback about possible responses.
- Repeat this process with as many additional situations as time allows, encouraging group discussion and flexibility.
- Briefly review Section D of the *Workbook* with participants and highlight why this section was created.
- Allow time for questions.

7. Review of Mentor Training Workbook

Objectives:

- Familiarize participants with contents of the *Mentor Training Workbook* not yet covered in training session
- Emphasize that the *Mentor Training Workbook* is a resource tool for the mentor

Length:

- 25 minutes (six-hour training)
- 15 minutes (four-hour training)

Materials Needed:

- *Mentor Training Workbook*

Process:

- Reassure participants that, while there is inadequate time to thoroughly review the content of all sections of the *Workbook* during the workshop, it is theirs to be used for reference when needed in the future.
- Review Sections B-D and emphasize how each might be useful in the future.
 - Refer participants to Section B, which briefly reviews the definitions of acquired brain injury and traumatic brain injury.
 - Refer participants to Section C. Stress its importance, i.e., to understand emotional reactions of partners, mentors must be cognizant of the stage of recovery their partner is in.
 - Refer participants to Section D, which describes adjustment during the phases of recovery after BI – both for the individual with brain injury and the family member. It suggests questions that a mentor might ask during each phase of recovery.

- Allow time for questions.

8. Wrap-up

Objectives:

- Provide additional resource handouts to participants
- Evaluate the training session
- Recognize participants for their achievement in completing the mentor training
- Promote group bonding and networking

Length:

- 15 minutes (six-hour training)
- 10 minutes (four-hour training)

Materials Needed:

- Additional resource materials (if any)
- Mentor Training Evaluation Form (in training folder; see Appendix p. 105)
- Certificates of Completion (if you opt for this)
- Networking List (developed on the basis of sign-in sheet)

Process:

- Explain resource materials that are distributed to each trainee, and when to consider using these tools to help a partner find needed community resources. Stress that mentors are not expected to know all available resources, but instead to direct the partner to the right people who will know about resources.
- Thank participants for volunteering to be mentors. Emphasize that a waiting period may occur between training and when a mentor is matched with a partner. Mentors are selected based on the needs of the specific partners who request mentoring.
- Ask participants to complete the Mentor Training Evaluation (in the training folder). Collect forms.
- Ensure that all paperwork required of mentors has been completed before participants leave the workshop.
- Distribute the Networking List (or inform participants they will receive a copy in the mail). Encourage their using the list to network for mutual support.
- If you elect to conduct a “graduation ceremony,” call each participant to the front of the room and hand them a certificate of completion.

- Consider taking a group photo to send to mentors.

Post Training Workshop Follow-Up

Reflect on what worked well and what did not.

- Use the Mentor Training Evaluation to judge the aspects of training that went well from the participants' point of view. Also, discuss aspects of the training that you wish to modify and additional facilitation skills that need to be developed.
- Discuss the workshop with all facilitators. Think about situations when participants seemed involved, bored, stimulated, confused, angry or having fun. Based on your collective observations, make necessary adjustments in planned session content and future workshop strategies.

Contact workshop participants.

- Send follow-up thank you letter to participants.
- Provide follow-up information that has been promised.
- Re-emphasize to mentors that it may be some time before they are called upon to be a mentor.
- Send the Networking List (if not provided during training).

Ensure proper documentation has been collected from all mentors.

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

Contact volunteers who did not attend training. Determine if they would like to remain on the list for the next training.

SECTION G: FORMING 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.

Factors Found Helpful in Matching Mentors and Partners

In the development of the New York and New Jersey mentoring programs, we identified several factors that may be useful to think about when selecting mentors for potential partnerships:

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

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

- Family dynamics and family size
- Decisions 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

In our experience, usually one or two factors 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 coordinator knows the mentors well, including their personalities and interests.

Steps in the Matching Process

- 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 and appropriate for the program.

- During this initial interview, the coordinator assesses the potential partner's needs (stated and unstated), personality, communication style, temperament and preferences in a mentor (see Appendix, pp. 83-92).
- The coordinator informs the potential partner of any needed consent forms that must be signed prior to being matched with a mentor (see Appendix pp. 93-95). (Send paperwork to the partner for completion.)
- The coordinator reviews his/her pool of mentors to determine those available for matching, keeping in mind factors listed on the previous 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.
- Once a signed release is 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 unavailable or uncomfortable with 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.
- The coordinator shares specific information with the "matched" mentor about the partner (including the partner's contact information) and outlines the specific areas in which the partner would like assistance.
- The coordinator and the mentor 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 *Mentor Training Workbook* that may be helpful to review.
- The coordinator asks the mentor to select a date and time for the initial phone contact with the partner, reminds the mentor to contact the coordinator after the first contact has occurred and informs the mentor that a packet of information about the partnership will be sent via mail.
- 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.
- The mentor is mailed the following information:
 - A copy of the first page of the Partner Information Form (see Appendix, p. 83)
 - A letter on the need to complete Contact Logs (see Appendix, p. 111), a year's supply of Contact Logs (based on Word file, at www.tbicentral.org) starting from the month the partnership is formed, and a review sheet on completing the Logs and where to send them at the end of each month (see Appendix, p. 112)
 - Stamped envelopes in which to return the Contact Logs (if needed)

Information That Should Be Collected About a Partnership

Documentation should include information about contacts between the coordinator and mentor, as well as contacts of the mentor with the partner. While the scope of this documentation may vary from program to program, written documentation of these activities is necessary if your program wants to capture the nature and intensity of partnerships, and to provide the coordinator needed documentation to support his/her giving input to the mentor. Thus, it is suggested that each program create a unique identification number for each partner (to protect the partner's identity) and a partnership folder in which all information about the partnership is stored. Each partnership folder should contain:

- The Partner Information Form obtained during the initial interview with the partner
- Mentor matching information (i.e., factors used to create the match, date of initial contact, date of ending of the partnership; see Appendix, pp. 113-114)
- Contact Logs completed by the mentor (or other forms of documentation adopted by the program) over the course of the partnership
- Notes by the coordinator on conversations with the mentor about the partnership
- Notes by the coordinator of any conversations with the partner and any referrals provided to the partner

Remember, folders with this confidential information must be kept in a secure location!!

SECTION H: MAINTAINING 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 which to help their partners develop skills to cope with the challenges of living with a brain 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 is essential. Providing this support to the mentors on a continual basis is critical for a solid and quality mentoring program. Occasionally, support by the coordinator for the partner may be needed as well.

Coordinator's Role in Supporting Mentors

Providing support to mentors is a crucial role for the coordinator, with the goal of maintaining partnerships. Mentors need to feel that they have someone to turn to when they encounter problems or issues within partnerships. The coordinator serves a key role in ensuring not only the quality of mentoring relationships but also compliance with any paper work required by the program.

The following strategies have been found useful to ensure good communication between the coordinator and mentors:

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

Coordinator's Role in Supporting Partners

While the primary source of support for a partner in a mentoring program comes from the mentor, occasions arise when the coordinator needs to be in direct contact with the partner. Partners should feel that they always have someone to turn to when they encounter problems or issues within their partnerships. The following strategies have been found useful to ensure good communication between the coordinator and partners:

- At the time of initial matching and for the duration of the partnership, the partner should be encouraged to contact the coordinator if concerns arise.
- Follow-up contact with a partner is indicated when:
 - The mentor asks for direct assistance in dealing with a specific issue (e.g., a question about specific resources in the community)
 - On feedback from the mentor, the partnership seems to be in "trouble" (e.g., persisting difficulty in contacting the partner, difficulty in establishing a relationship with the partner). This situation may lead to any of the following actions:
 - Matching the partner with a new mentor
 - Ending the partnership and thanking the partner for his/her participation
 - Referral to a professional in the community to better address the partner's needs
- The coordinator should log all contacts with the partner and place this documentation in the partnership file.

SECTION I: ENDING MENTORING PARTNERSHIPS

Mentoring partnerships may be time-limited, or they may evolve into long-lasting friendships. The length of the partnership is typically determined by both the mentor and the partner. Your program may opt for a maximum duration for “official” partnerships. Occasionally, the coordinator may choose to end a partnership and match a partner with a new mentor. These situations imply slightly different roles for the coordinator.

Reasons for Partnerships Ending

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

- A partner feels 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 or in other ways feels disconnected from his/her mentor and wishes to be reassigned to a new mentor.
- A partner is unable to profit from peer support because of cognitive 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 of the partner's needs have been met . . . a successful outcome.
- The partnership has extended to the time limits set by the program.
- A mentor is reluctant to continue with his/her partner even though the partner’s needs remain unmet.
- A mentor is overextended by other life demands and cannot devote enough time to developing the partnership.
- 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.

Role of the Coordinator in Ending Partnerships

Partnership Time Limit Has Been Reached

When the date for the partnership's time limit is approaching, the coordinator needs to ensure a smooth ending of 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" partnership completion. If the mentor and partner both choose to stay in touch, they are free to do so; however, additional contacts are no longer considered to be part of the mentoring program.

In helping end 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 partnership's end date. Support and reassurance may be needed. Sometimes referrals for support need to be offered.
- The mentor may have feelings of guilt or failure, especially if the mentor feels that the partner's needs have not been fully met. Support of the mentor and appreciation for a job well done are indicated.

The coordinator should be sure to complete any paperwork required in ending the partnership (see Appendix, p. 115), and, if required, initiate the completion of program evaluation forms (see Appendix, p. 116).

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

Ending Partnerships Early

Many partnerships do not last for the maximum time the program allows. The coordinator may receive a call from either the mentor or partner indicating problems in the relationship and/or requesting a possible termination 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 matched with a new mentor.

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

- Contact the mentor to explore problems that are occurring

- Consider contacting the partner to explore satisfaction/dissatisfaction with the partnership

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

In situations where the partnership 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 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 re-matching.
- If the coordinator determines that the mentoring program will not be able to meet the needs of the partner or, conversely, that the partner is unable to profit from a peer-mentoring relationship, the coordinator should inform the partner of the ending of the partnership and that no further match will be made. 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 all or at this time, as a better match may be foreseen with an expanded mentor pool. The partner should be provided with referrals for alternative sources of support in the community and be thanked for his/her participation in the program.

The coordinator should be sure to complete any paperwork required in ending the partnership (see Appendix, p. 115), and, if required, initiate the completion of program evaluation forms (see Appendix, p. 116).

SECTION J: MAINTAINING THE MENTORING PROGRAM

A major task in a mentoring program is attending to a program's three "...bilities": 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, that is, individuals with BI and their families. Also to be viable, it must be accountable . . . to its lead agency and to its funding sources. In this section, we focus on how to keep the mentoring program alive: ways to maximize your program's viability and visibility, particularly with mentors, as well as to be accountable to financial and institutional support systems.

How to Keep a Program Visible and Viable

Maintaining enthusiasm among mentors is an important way to maximize your program's visibility and viability. If mentors feel involved, they become key to a successful program.

However, after completion of training, although mentors are excited to get started in their new role, they vary greatly in their initial experience of the program. Thus, depending upon the number and nature of partner referrals into the program, new mentors may wait months before being matched with a partner. Sometimes mentors never get matched, not because they aren't good mentors, but because partners are better matched with other mentors "more like them". One mentor likened the often-lengthy 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. Encouraging mentor involvement needs to acknowledge the need of active mentors to share their mentoring experiences and to learn new strategies for helping partners – from their fellow mentors. Thus, for many reasons, it is critical to keep "waiting", new and well-seasoned mentors motivated, interested and in touch with other mentors.

Some strategies to maximize the interest of mentors in the program:

- Encourage mentors to network with other mentors informally, to share experiences and issues arising in mentoring partnerships. (Note: Stress the need to maintain confidentiality about the partner's identifying data in these contacts.)
- Encourage mentors to create a newsletter or e-mail list serve to communicate with each other. Mentors should be encouraged to write articles for the newsletter or suggest topics to be discussed. Encourage mentors to include "successful mentoring stories" within such contacts.
- Actively solicit the opinions of mentors about the program and ways they feel it might be improved. This can be done at social gatherings, over the phone or via e-mail. Or, more formally, this can be done in a questionnaire or a focus group specifically formulated to seek this information.
- Share with mentors resource guides, articles, websites and other relevant materials.

- Use mentors to assist in recruitment of new partners into the program. Have mentors become volunteers in local rehabilitation facilities (where they can routinely distribute program information) or attend support groups to describe benefits of program participation.
- Provide continuing mentor training and development. For example, bringing mentors together for a round-table discussion of some of the common themes or issues that they have encountered can be a powerful motivating tool. Or, have active mentors share their experiences with "waiting" mentors.
- Create social gatherings for the mentors, e.g., special meetings at a state's BIA conference or a holiday party. Such events are excellent times for mentors to be recognized for their hard work and dedication.
- Provide special recognition and appreciation for mentor activities, e.g., mention of the project and its mentors in your agency's newsletter, a nomination of a mentor for a local or national volunteer award, arranging an interview with a mentor with a local newspaper or other publication, providing a complimentary BIA membership or a simple thank you from your organization's executive director.
- Use mentors in other volunteer activities within your organization, e.g., in public speaking, administrative outreach or committee membership.

As you can see, there are numerous ways for volunteers to be involved – which helps in maintaining the mentoring program's visibility and viability.

Note: In the NY program, mentors volunteered for a Hospital Advocacy Team (HAT), which did outreach to rehabilitation facilities and support groups in their geographic area. The HAT team provided basic information about brain injury, the State's brain injury association and the mentoring program. These mentors served as models of "successful living with brain injury" to the people they visited – during the acute phase of recovery from BI. These teams were essential to recruitment for the mentoring program.

Insuring Program Accountability

Any mentoring program that seeks to be viable must generate the paperwork to insure accountability. A well-developed plan (i.e., developed before the program begins) regarding required paperwork prevents a lot of headaches and lost information. The following comprises organizational strategies that have been helpful in our mentoring programs. These strategies have also proven helpful when pulling together information needed for program evaluation:

- **Computerized program forms.** All forms related to partnerships and program evaluation should be maintained on central computer files for easy updating and revisions. Remember to date all revisions. Some of the more frequently used forms

and materials have been referred to in other sections of this manual and have been provided for you to adapt to meet your programs needs.

- **A locked file cabinet.** To ensure confidentiality, all documentation (potential referrals, actual partners, mentors, matching information) needs to be kept in a centralized and locked cabinet.
- **A referral information spreadsheet.** Create a centralized spreadsheet for easy review, to keep track of potential and actual mentors, partners and partnerships, containing the following information:
 - General information, for both partners and mentors, includes basic identifier information (name, address, phone number, e-mail address), date referred, date of screening interview and date accepted/rejected from the program.
 - Specific information for partners should include a unique I.D. number, the date release forms were sent, the date release forms were returned, and the date of the partnership initiation and partnership termination.
 - Specific information for mentors should include a unique I.D. number, the date of training and the date program consent forms were completed.
- **A mechanism for keeping track of partnerships (actual and terminated).** A spreadsheet or simple database containing pertinent mentor/partner and partnership information should be created and updated frequently. Tracking should include:
 - Identifying data for both mentors and partners: address, telephone and e-mail
 - Demographic information, e.g., gender, age, relationship to BI
 - The intensity (frequency and duration) of contacts during a partnership, the partnership start and end dates, and the reasons for ending the partnership
 - Program evaluation data obtained from partners and/or mentors
- **Partnership folders.** A separate folder should be created for each partnership. Intake information for the partner and relevant information (name of mentor, date partnership began, reason for match) should be placed in this folder. Initial and follow-up phone contacts from the coordinator, and between the mentor and partner should be summarized and placed in each folder. Contact Logs (and/or other forms utilized by your program) should also be kept in the folder. Information about dates and reasons for ending of partnerships should be summarized in the folder.

Program Evaluation

As program evaluation will most likely be a component of your program, the strategies summarized above will be helpful in getting you started on collecting data in a meaningful way for later analysis. The next section of this manual discusses program evaluation in greater depth.

SECTION K: PROGRAM EVALUATION

Developing a plan to evaluate your mentoring program is an important step towards ensuring that a program that provides an important community service can be sustained over time. In your agency or organization, program evaluation may be an expected part of program development. However, if it is not an explicit requirement, you should consider making program evaluation an integral component of your program, to gain the following potential benefits:

- Documenting that the mentoring program is meeting its goals and achieving anticipated (or unanticipated) benefits
- Understanding for whom the mentoring program works or does not work
- Providing information that supports proactive improvements to the program
- Identifying other (and often unexpected) needs in your community
- Positioning your program to request funding for continuing support or for program expansion

In developing a program evaluation several steps must be taken:

1. Focus the evaluation on the expected outcomes.

Establishing an evaluation plan forces those involved in the development and implementation of a mentoring program to think about the possible and probable outcomes associated with program participation. For example, mentoring programs for individuals with BI and their families typically "expect" to achieve benefits for partners, such as increasing their knowledge about BI and of community resources, increasing their sense of empowerment and decreasing their negative mood.

When designing your program evaluation consider the following broad questions, and add questions to your evaluation that can help answer them:

- What specific benefits of program participation do you expect for partners?
- What specific benefits of program participation do you expect for partners?
- Do you think the mentoring program will achieve benefits that differ from those of other types of community supports, such as support groups? What are these?

2. Determine your program's "comfort zone" with addressing program evaluation demands.

The scope of your program evaluation should be in keeping with your organization's prior and current experiences. Has your agency done prior program evaluations? What resources – especially people – are available to devote to program evaluation? Who in your organization (or available consultants) can help in establishing

simple databases and assist with analyses of program evaluation data? If your organization is small or unfamiliar with program evaluation, your program may opt for a very basic approach. Conversely, if your organization has completed program evaluations in the past and/or is expected to do a more detailed program, it may opt for a more complex approach.

3. Determine the components of your evaluation.

When designing a program evaluation to meet the needs of your program, several components should be considered for inclusion: participant descriptors, program impact, satisfaction with program participation and descriptors of program intensity. For a basic evaluation, include participant descriptors, as well as a post-program evaluation by participants of program impact and satisfaction with program participation. More complex evaluations may include all of the components described below.

Description of Program Participants

An essential element in evaluating a program is knowing who is (and who is not) participating in your program. Collecting basic descriptive data will enable you to address this issue. Demographic and related information should be collected for all mentors and partners in the program, as well as for individuals referred to the program who do not become participants for one reason or another. Specific descriptive information to collect might include:

- Gender
- Age – in years or by category (e.g., teenage, young adult, adult, older adult, senior)
- Minority/ethnic background
- Relationship of person to individual with BI (e.g., person with BI, spouse/mate of individual with BI)
- Outcome of the referral (i.e., accepted into program as a mentor, accepted into program as a partner, rejected from program and reason)

Matching Characteristics

The program may elect to track the factors used to match mentors and partners. Factors used in matching in both the NY and NJ mentoring programs are listed below. Note: Only the most salient feature(s) used in each match should be summarized for each partnership.

- Age
- Gender
- Relationship to BI (e.g., person with BI matched with another person with BI)
- Marital status
- Cause of brain injury (e.g., car accident, assault)
- Duration of time since injury
- Ethnic or minority background
- Educational background

- Geographic proximity
- Similar spiritual beliefs

(A listing of matching criteria currently being utilized in the NJ program is provided in the Appendix, pp. 113-114.)

Evaluation of Program Impact

The most important element of a program evaluation is assessing the benefits of the program. Anticipated areas of impact for a TBI peer-mentoring program include, but are not limited to:

- Increased knowledge about brain injury
- Increased knowledge of BI-related community resources
- Increased ability to communicate with health care professionals
- Increased ability to obtain support from family members/friends
- Reduced depression and anxiety
- Enhanced quality of life

Outcome data from both the NY and NJ programs document positive outcomes of program participation across these areas, for both partners and mentors.

Although program evaluation can be "simple" or "complex", even a "simple" evaluation can provide valuable information about your program's benefits! Select the best evaluation approach for your program from the two approaches described below.

Measuring Impact Using a Pre-Post Design: In this design partners are assessed prior to their participation in the program and at the end of the partnership. The advantage of this approach is that it measures changes in functioning *within* individuals during the course of their involvement in the program. This approach involves completing *two* brief evaluations with partners. Changes in partners' functioning can be more strongly linked to program participation by asking a second question at post-testing, "Did your mentor help you with this area?"

The same format can be modified to assess change in mentors, i.e., a brief evaluation prior to training and a follow-up evaluation at a pre-determined time, or after a mentor has been involved with a specific number of partners.

The downside of this approach is that it is more "complex", as it requires two points of data collection, and requires some sophistication in analysis of the data.

Measuring Impact Using a Post-only Design: The advantage of this approach is that it requires only *one* evaluation of partners at completion of their partnership. The evaluation focuses solely on *perceived* benefits derived from program participation. A modification of this approach can be done with mentors as well. This "simple" design is straightforward, requires less "people power" to complete and needs less sophisticated data analysis. The downside of this approach is that self-reported changes in the

participant are more subjective and cannot be directly attributed to program participation.

Whether your program selects a "pre-post" or "post-only" approach to evaluation, the following areas of program impact should be explored:

- Empowerment (e.g., ability to cope with TBI, have control over one's life)
- Negative emotional states (i.e., depression, anger, anxiety)
- Quality of life
- Skill and knowledge (i.e., about TBI, community resources)
- Communication (i.e., with family, friends, health care professionals)

Peer mentoring program evaluation tools have evolved as a result of the experiences of the NY and NJ programs. Samples of these evaluation tools are found in the Appendix and can readily be modified to fit your program's needs:

- Pre-evaluation for partners (pp. 83-90)
- Pre-evaluation for mentors (pp. 107-109)
- Post-evaluation for partners (pp. 118-124)
- Post-evaluation for mentors (pp. 125-128)
- Post-only evaluation for partners (pp. 129-132)

Evaluation of Program Satisfaction

At a minimum, program evaluation should include questions about satisfaction of program participants (partner and/or mentor) with the program:

- Overall satisfaction with program participation
- Overall satisfaction with program duration (how long the partnership lasted)
- Overall satisfaction with program intensity
- Overall satisfaction with the assigned mentor

Program satisfaction questions have been embedded within the post- evaluations (pp. 118-128) and in the post-only interview (pp. 129-132).

Program Intensity Characteristics

Your program may want to quantify the intensity of program activities. Two types of information can be collected: the frequency, duration and nature of the contacts between mentors and partners, and the time spent by the coordinator in oversight of the program.

Contact Logs provide rich information about the "fabric" of the mentoring relationship. Logs allow a coordinator to gain a quick, clear idea of issues frequently discussed as well as the intensity (or lack of intensity) of contacts between mentor and partner. The failure to mail Contact Logs to the program also can alert a coordinator to either problematic interchanges between a partner and mentor, or simply a lack of documentation by the mentor. A review and summary of Contact Logs and contacts between the coordinator and mentors allows a program to summarize the average

number and duration of contacts. Coordinator documentation of his/her activities is helpful in determining staffing needs for a future or expanded program.

The experience of both the NY and NJ mentoring programs suggests that program intensity is a difficult aspect to capture, as mentors are often hesitant to document their contacts with partners, despite attempts to streamline this process. Coordinators may also find documenting their activities difficult. If your program opts to assess program intensity, the following suggestions are made:

- **Mentor Activities:** Documentation of contacts between mentors and their partners is the most direct way to understand the "process of mentoring". As a result, mentors should be encouraged to document dates and duration and general topics discussed with their partners. A user-friendly approach to helping mentors complete this documentation exists in the Contact Log. Mentors should be encouraged to return Logs to the coordinator monthly (pre-stamped and addressed envelopes for this purpose make this easier; see Appendix, p. 133 for one approach to encouraging mentors to complete their Logs). A sample Contact Log is downloadable (at www.tbicentral.org) and can easily be modified to fit your program's needs. If your program opts not to ask mentors to document contacts with partners, the coordinator should assume this responsibility and gather information from the mentor during monthly follow-up calls.
- **Coordinator Activities:** Coordinator activities can be documented by blocks of time spent in five core areas of program responsibility:
 - Program visibility efforts
 - Recruitment and training of mentors
 - Recruitment and matching partners
 - Providing technical assistance to mentors involved in partnerships
 - Program evaluation

Think about the information needs of your program and try to adopt a method of program evaluation that works, given available resources. The examples provided in the Appendix will help you get started.

4. Implement the evaluation with partners and/or mentors.

Whether using a pre-post or post-only design, you will need to obtain post-participation data from partners and/or mentors. Sample letters to send with evaluation questionnaires are included in the Appendix (pp. 116-117), as well as a "thank you" letter enclosed with a "reward" for completing the evaluation (p. 134).

5. Analyze the resulting data.

For those not familiar with undertaking program evaluation, it is best to hire a consultant in analyzing data: to ensure that the conclusions you reach fit the data that you have collected and to ensure that you fully explore the richness of the information at hand.

SECTION L: MENTORING PARTNERSHIP VIGNETTES

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

Vignette #1

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

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

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

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

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

Initially, Patricia spoke to Sandra three times each month, speaking about 45 to 90 minutes at each contact. After the first three months, contact typically was twice per month, with the duration of each call now about 60 minutes. The partnership lasted an entire year, with both women deciding to maintain contact on their own outside the framework of the mentoring program at that time.

Sandra says that Patricia helped her through the worst time of her life and that she was always there to offer support, suggestions and especially “just listen”. Patricia supported Sandra through the transition from hospital to rehabilitation and from rehabilitation to home. Sandra reports that these times of transition were the hardest for her, but her contact with Patricia gave her strength. Sandra states, “Knowing that Patricia was once in my shoes, dealing with similar things that I am, and knowing that she got through it, gives me enormous strength and conviction that I too will survive this.” Sandra also states that she relied more on her relationship with Patricia for support than she did on her family members or friends.

Patricia was equally pleased with the relationship. Patricia states that being able to support Sandra brought her great satisfaction and fulfillment. Patricia felt a sense of accomplishment in bringing her own issues and experiences with brain injury to a full circle. She remembers when she was where Sandra started – at the hospital and fearful of the unknown and the future. Being able now to help other people in similar situations has added meaning to her own life experiences.

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

Vignette #2

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

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

that her family and some doctors were recommending placing her husband in a nursing home. Phyllis was unsure and torn about that decision.

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

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

Phyllis speaks highly of her relationship with Betty. She states that they have a lot in common and that Betty is understanding and supportive. Phyllis adds that she was able to listen when Betty told her to take care of herself, whereas she would get angry with others who offered the same advice. "That's because", says Phyllis, "she knows what I am going through and I trust her because she has been here, too."

Phyllis did eventually place her husband in a nursing facility and knows that she could not have provided the care he required. She states that Betty's support through that decision was invaluable and served to decrease her significant feelings of guilt. Betty states that she thoroughly enjoyed speaking with Phyllis and that they connected immediately upon talking. Betty admits that, in many ways, supporting Phyllis has improved her own mood and ability to cope. Adds Betty, "I was pleasantly surprised to realize how much I could get out of helping somebody else deal with brain injury."

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

Vignette #3

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

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

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

Peter and Ted have been communicating almost eight months. They speak weekly for about 10-35 minutes. Peter states that Ted has been a positive outlet for his anger and has assisted in channeling his anger to more positive uses. Peter admits that he sometimes feels guilty for burdening Ted with his issues, but adds that Ted always responds, "That's what I am here for." Peter states that it has been invaluable to speak to another father who has gone through something similar and that it has helped normalize his situation and feelings.

Ted also agrees that this has decreased his isolation in having a daughter with a disability and that he has personally gained from speaking with Peter. Ted states that it was refreshing that Peter was able to express his emotions so well and that it has assisted his coming to terms with some of his own feelings that he held inside because "that's what men are suppose to do."

***Vignette #3:** This partnership was successful in part due to the similarities in circumstances and also personalities. Matching two fathers of daughters with acquired brain injury offered both the mentor and partner an immediate bond and connection, even though the issues they faced were not identical. The fact that both men had prior experience in the Navy also helped to build rapport. Another aspect of this relationship was their complementary personalities: The mentor was easy-going and quiet, while the partner was more verbal and outgoing. These complementary traits allowed the partner the opportunity to vent his anger and explore his feelings and the mentor an opportunity to validate his own feelings. As a result this was a solid match.*

Vignette #4

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

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

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

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

Vignette # 5

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

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

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

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

Vignette #6

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

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

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

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

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

APPENDIX: FORMS, QUESTIONNAIRES

The forms included here are based on those developed within the New York and New Jersey mentoring programs. **Information in bolded, italicized text** indicates elements of the forms that need to be individualized to fit your program. All forms and questionnaires are referred to and/or discussed in the text of this manual. One form, the Contact Log, is available as a Word file at www.tbicentral.org.

WOULD YOU LIKE TO VOLUNTEER YOUR TIME TO HELP OTHERS?

Agency Name

IS SEEKING FAMILY MEMBERS AND PEOPLE WITH BRAIN INJURIES
TO BE TRAINED AS MENTORS

Volunteers will attend one day of training, in which they will have the opportunity to meet others affected by brain injury and learn effective communication and listening skills.

Mentors provide weekly telephone support to others affected by brain injury and need to complete minimal paperwork each month.

To learn more about the mentoring program
and how **YOU** can make a difference in someone's life, please contact

Program Coordinator Name and Phone Number



Agency Name, Address, Phone Number

...DO YOU WISH YOU KNEW SOMEBODY WHO UNDERSTOOD WHAT IT IS LIKE TO LIVE WITH A BRAIN INJURY?

...SOMEBODY WHO COULD RELATE TO THE CHANGES THAT HAVE OCCURRED IN YOUR LIFE AND THE LIVES OF YOUR FAMILY?

Well, we may know just the person . . .

The *Agency Name* has mentors who are available to offer support, understanding and education about issues of brain injury and everyday life. Mentors provide this support through scheduled telephone contact. Mentors are trained volunteers who have been affected by brain injury. Mentors provide assistance to people with brain injuries and their family members.

For more information on this free mentoring program, please contact

Program Coordinator Name & Phone Number



Agency Name, Address, Phone Number

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: _____

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

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 program coordinator and telephone number.**

MEMO

TO: Support Group Leaders

FROM: *Name of Mentoring Program*

DATE:

RE: Assistance requested in recruiting for the *Name of Mentoring Program*

Attached you will find two flyers advertising our peer-mentoring program, ***Program Name***. We ask that you make the flyers available to members of your support group and to other known persons with brain injury or family members, as you think is appropriate.

Regarding the blue flyers: We are in the process of recruiting new partners for the program; that is, somebody who would benefit from the support of a trained mentor. Partners can be either persons with a brain injury or family members and can come from ***geographic location, e.g., northern New Jersey***. Potential partners will be screened by the mentor program staff to make sure that they are appropriate for the program.

Our mentors are volunteers who have been trained and are supervised by ***indicate who, e.g., an Association staff member***. Mentors are people with brain injury, parents of a child with brain injury, spouses, siblings and children of somebody with brain injury. We make every attempt to closely match a new partner with a mentor who shares common experiences. Mentors provide their partners support, education and resource information through telephone contact. The program has been successful in helping reduce isolation and depression, while increasing knowledge of brain injury and community resources. Both the mentor and partner receive benefits through participation ***Program Name***.

Regarding the green flyers: In addition to seeking partners, we are always looking to recruit potential mentors as well. If you know anybody who may be interested in volunteering their time to help others and who is able to communicate via the telephone and complete minimal paperwork, please give them the handout for volunteering and ask that they contact us.

Thank you so much for your help. If you would like a representative of the program to visit your group to further discuss ***Program Name***, please contact ***Program Coordinator Name & Phone Number***.

***Your Agency
Address***

Date

***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, ***Program Name***, to support individuals with TBI and their family members.

We are asking for your assistance in identifying potential mentors. Mentors can include individuals with TBI, family members of an individual with TBI, health care personnel or other caring person who wants to support a person in crisis. Mentors should possess good communication and listening skills.

Please provide us the names and phone numbers of individuals who 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 ***Program Name*** and the opportunity that it offers to support people affect by TBI. 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 ***Contact Information.***

Sincerely,

Program Coordinator Name

Agency Name
Address

Date

Name
Address
City, State Zip

Dear *First Name*:

As the holiday season is upon us and the year comes to an end, we wanted to remind you of an important program offered through *Agency Name*. With all the emotions and stress sometimes associated with this time of the year, we thought it an appropriate time to inform you of this FREE, supportive service.

Program Name is a peer-mentoring program that is designed to provide support via the telephone and/or e-mail. Mentors are trained volunteers who are supervised by *indicate who, e.g., an Association staff member*. Mentors offer support, education and information about brain injury and available resources. Most importantly, a mentor offers the perspective of somebody who has shared similar experiences, as all our mentors have been personally affected by brain injury. Additional information about the program is in the enclosed brochure.

Our mentoring program is open to *geographic region, e.g., all NJ residents* directly affected by a brain injury, not just those affected by a traumatic injury. It is a free program, and all that is required is a short interview with the Program Coordinator. For more information or questions about *Program Name*, please contact *Coordinator Name & Phone Number*.

Sincerely,

Name
Title

Mentor ID # _____

Length of Phone Call _____

Suitable for training as mentor? _____yes _____no

Program Name

MENTOR INFORMATION FORM

Contact Information _____ Date:_____

First Name:_____ Last Name:_____

Street Address:_____

City:_____ County:_____ Zip Code:_____

Phone Number (home):_____ (work):_____

Other phone number:_____

Fax Number:_____ E-Mail:_____

Best Place to Contact: home____ work____

Best Time to Contact:_____

Best Way to Contact: _____ Phone _____ E-Mail _____ Fax

Background Information

We are asking the following questions to assist in matching mentors with partners of similar backgrounds.

1. Sex: ___(0) male
 ___(1)female

2. Birthdate: mo.____ day____ year____

3. Age:_____

4a. Marital Status: ___(0)Single
 ___(1)Married
 ___(2)Living with Partner

 ___(3)Divorced

 ___(4)Widowed

4b. Spouse/Partner's Name:_____

5. Children: _____ ages: ___ (m/f) ___ (m/f) ___ (m/f) ___ (m/f) ___ (m/f)
names:_____

6a. Is English your preferred language?

- (0)no
- (1)yes

6b. Do you speak any languages other than English?

- (0)Spanish
- (1)Other (specify:_____)

7. Ethnicity:

- (0)African American
- (1)White
- (2)Hispanic
- (3)Asian
- (4)American Indian
- (5)Other (specify:_____)

8a. Are you currently working: (0)no

Retired_____

Homemaker_____

Student_____

Other_____

(1)yes

Full time _____ Part time _____

8b. Type of Occupation:_____

9. Educational Attainment:

- (0)less than high school
- (1)high school graduate
- (2)voc/tech degree
- (3)some college
- (4)college graduate
- (5)advanced degree (_____)

10. Military Background: (0)no (1)yes (Branch: _____)

11. Special skills, interests & hobbies:_____

12. Is spirituality an important part of your life?

- (0)no
- (1)yes

13a. Are you a participant in a church, synagogue or other religious group?

- (0)no
- (1)yes

13b. What affiliation?

- (0) Christian (specify: _____)
- (1) Jewish
- (2) Muslim
- (3) Hindu
- (4) Buddhist
- (5) Other (specify: _____)

14a. How are you related to a person with a brain injury?

- (0) self
- (1) spouse
- (2) partner
- (3) parent
- (4) child (son daughter)
- (5) sibling (brother sister)
- (6) extended family member
- (7) other (specify: _____)

Information about person with brain injury:

14b. Name: _____ 14c. Current Age: _____
(write "self" if mentor is PWBI)

14d. Age when injured _____ 14e. Date when injured _____

14f. Time Since Injury: (0) less than 1 year
 (1) 1 - 3 yrs
 (2) 3+ yrs

14g. Cause of injury: (0) motor vehicle crash
 (1) pedestrian accident
 (2) fall
 (3) sports injury
 (4) victim of violent crime (_____)
 (5) acquired brain injury (_____)
 (6) other (_____)

14h. Who does PWBI live with? _____

Additional Questions:

15. What interests you about being a mentor in this program?

16. What are some of your strengths that will help you in working with other people? *(examples: good listener, enjoy helping others, common experience)*

17. Can you think of any difficulties you may have in being a mentor?

18. Briefly describe your experience with brain injury. *(E.g., experiences with hospital, rehabilitation, community-based programs, work, etc.)*

19. Are there any situations related to brain injury that may make you uncomfortable? *(E.g., personal negative experiences, confronting old issues)*

20. 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?

21. 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 at least 1 phone contact each week to that partner. Is this all right with you?

22. A mentor may be involved with 2 partners at a time. Is this all right with you?

23. 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?

24. Are there any factors that would limit your participation in the program?

25. To become a mentor, participation in a one-day training program is required. Is this okay for you?

26. Do you have any specific needs related to the training site (consider accessibility, transportation, special diet, funding)?

27. Is there anything else that you would like to share with me about yourself?

28. Do you have any questions about the program?

29. Do you know of anyone else who might be interested in being a mentor?

Notes:

Screening completed by:_____ Date:_____

Date information packet mailed:_____

Program Name

REFERENCE REQUEST FORM

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

Program Name

REFERENCE VERIFICATION

Volunteer Name: _____

Reference Name: _____ Phone Number: _____

How long have you known this volunteer? _____

In what capacity? _____

He/she is interested in volunteering to provide emotional support and information to individuals with a brain injury or to their family members. Most of the contact 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 described, that you think might be difficult for her/him?

References verified by: _____ Date: _____

Program Name

PARTNER INFORMATION FORM

Date of Initial Contact: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Phone Number (home): _____ (work): _____

Other phone number: _____

Fax Number: _____ E-Mail: _____

Best Place to Contact: home ___ work ___

Best Time to Contact: _____

Best Way to Contact: ___ Phone ___ E-Mail ___ Fax

Partner's Relationship to Person with Brain Injury:

- ___ Self
- ___ Spouse
- ___ Child (___ son) (___ daughter)
- ___ Other family member (_____)
- ___ Other (_____)

Information Regarding Person with Brain Injury:

Name: _____ Current Age: _____

Age when Injured: _____ How Injury Occurred: _____

What are the primary needs/issues of concern of the partner?

Ph # for first mentor contact: _____ Best time to call: _____

Mentor Coordinator: _____ Date: _____

Mentor Assigned: _____ Mentor ID# _____

Mentor Telephone # _____ Partner ID# _____

Military Background: ___(0)no ___(1)yes (Branch: _____)

Special skills, interests & hobbies:_____

Is spirituality an important part of your life?

- ___ (0)no
- ___ (1)yes

Are you a participant in a church, synagogue or other religious group?

- ___ (0)no
- ___ (1)yes

What affiliation?

- ___ (0)Christian (specify:_____)
- ___ (1)Jewish
- ___ (2)Muslim
- ___ (3)Hindu
- ___ (4)Buddhist
- ___ (5)Other (specify:_____)

Partner's Relationship to Person with Brain Injury:

(Prompt: Do you have a BI? Or, are you the _____ of a PWBI?)

- ___(0)self
- ___(1)spouse
- ___(2)partner
- ___(3)parent
- ___(4)child (___son ___daughter)
- ___(5)sibling (___brother ___sister)
- ___(6)extended family member
- ___(7)other (specify:_____)

Information Regarding Person with Brain Injury:

Name:_____ Current Age:_____

(Write self if Partner is PWBI)

Age when injured_____ Date when injured_____

Time Since Injury: ___(0) less than 1 year

- ___(1) 1 - 3 yrs
- ___(2) 3+ yrs

Cause of injury:

- ___(0)motor vehicle crash
- ___(1)pedestrian accident
- ___(2)fall
- ___(3)sports injury
- ___(4)victim of violent crime (_____)
- ___(5)acquired brain injury (_____)
- ___(6)other (_____)

Comments: _____

2c. On a scale from 1 – 5, how would you describe the support you receive from members of your community?

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

Is increasing support from your community an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

Since the brain injury/accident, who has been your main source of support? (List names and nature of relationships)

3. On a scale from 1 – 5, how well do you communicate with health care professionals?

1	2	3	4	5
very poorly		okay		very well

Is improving your communication with healthcare professionals an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

4. On a scale from 1 – 5, how well are you able to communicate with state and/or community agencies (including school system, if applicable)?

1	2	3	4	5
very poorly		okay		very well

Is increasing your ability to communicate with state and/or community agencies an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

5. On a scale from 1 – 5, how much knowledge do you have about brain injury?

1	2	3	4	5
no knowledge		some knowledge		extensive knowledge

Is increasing your knowledge about brain injury an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

6. On a scale from 1 – 5, how much knowledge do you have of available community resources?

1	2	3	4	5
no knowledge		some knowledge		extensive knowledge

Is increasing your knowledge about community resources an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

7. On a scale from 1 – 5, how satisfied are you with the social and recreational opportunities that are available to you (if PWBI) {or “your loved one” (if family member)}?

1	2	3	4	5
very dissatisfied		somewhat satisfied		very satisfied

Is increasing social and recreational opportunities an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

8. On a scale from 1 – 5, in general, how would you describe your overall mood?

1	2	3	4	5
very sad		somewhat happy		very happy

Is improving your mood an area you would like your mentor to help you with?
___ (0) no ___ (1) yes

Comments: _____

9. On a scale from 1 – 5, in general, how would you describe your overall level of anxiety?

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

Is decreasing your level of anxiety an area you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

10. On a scale from 1 – 5, in general, how often are you angry?

1	2	3	4	5
all of the time		half of the time		never

Is decreasing your anger an area you would like your mentor to help you with?
___ (0) no ___ (1) yes

Comments: _____

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

1	2	3	4	5
very poor		okay		very good

Is improving your overall quality of life an area that you would like your mentor to help you with? ___ (0) no ___ (1) yes

Comments: _____

12. What additional ways are you hoping a mentor will be able to help you?

Partner's Preference for Match with Mentor

This list will be used as a guide when matching mentors and partners. Your responses will remain confidential.

Name: _____ Date: _____

Please check **all categories** of mentors with whom you would be willing to be partnered.

1. Would you like to be matched with a person who has a brain injury?

No (If you check "no", please skip to Question #2.)

Yes

If yes, would you like to work with: (check all that apply)

a male

a female

If yes, would you like to work with: (check all that apply)

a teenager (ages 13 – 19)

a young adult (ages 20 – 30)

an adult (ages 31 – 45)

an older adult (ages 46+)

If yes, would you like to work with a person whose brain injury was a result of:

(check all that apply)

a motor vehicle crash

a pedestrian accident

a fall

a sports injury

being the victim of violent crime (gunshot wound, assault, etc.)

an acquired brain injury (stroke, tumor, near drowning, etc.)

If yes, would you like to work with a person:

(check all that apply)

injured less than 1 year ago

injured 1 – 3 years ago

injured more than 3 years ago

2. Would you like to be matched with a family member of a person with a brain injury?

No (If you check "no", please skip to Question #3.)

Yes

If yes, would you like to work with: (check all that apply)

a male

a female

If yes, would you like to work with: (check all that apply)

a spouse (husband wife)

a parent (father mother)

a sibling (brother sister)

an extended family member

a partner, significant other, or close friend

If yes, would you like to work with a family member whose loved one sustained a brain injury as a result of: (check all that apply)

a motor vehicle crash

a pedestrian accident

a fall

a sports injury

being the victim of violent crime (gunshot wound, assault, etc.)

an acquired brain injury (stroke, tumor, near drowning, etc.)

If yes, would you like to work with a family member whose loved one was: (check all that apply)

injured less than 1 year ago

injured 1 – 3 years ago

injured more than 3 years ago

3. Please list any factors that might make it difficult for you to work with a particular type of mentor.

4. What are good times for you to receive phone calls? (please check all that apply)

morning afternoon evenings weekdays weekends

5. What are difficult times for you to receive phone calls? (please check all that apply)

morning afternoon evenings weekdays weekends

Agency Name
Agency Address

Date

Partner Name
Partner Address

Dear *Partner Name*,

Thank you for your interest in our mentoring program, *Program Name*. I enjoyed speaking with you on the phone today. I have included the information that I promised to send.

I have also enclosed two copies of a consent form, which is needed for participation in the program. Please sign one and return it to me in the enclosed stamped envelope. The other copy is for you to keep. If you prefer, you can fax the consent form to me at *fax number*. If you have any questions, please contact me at *contact information*.

Sincerely,

Name
Program Coordinator

Program Name

CONSENT FOR PROGRAM PARTICIPATION

The purpose of **Program Name** is to provide support and guidance to individuals with brain injury (BI) and their family members by pairing them with mentors. Each mentor is a volunteer with an interest in and/or experience with brain injury, and who has participated in a training program. The role of the mentor is to support the participant and offer information about available resources. Please note that a mentor is NOT:

- an expert on all issues
- a social worker, case manager, service coordinator
- a provider of transportation or other services (i.e. babysitting, housing)

All mentors are carefully screened and matched with participants by a Program Coordinator, who provides supervision of the mentor. While **Program Name** will try to match all interested participants with suitable mentors, this may not always be possible. Some participants may be placed on a waiting list or referred for more appropriate sources of support. If you have any questions about the program, please contact **name of Program Coordinator at phone number**.

As trained volunteers, mentors are instructed to hold information about the individual with a BI and his/her family in confidence and have signed a confidentiality agreement as part of their training. Mentors must not release confidential information to any unauthorized person or discuss confidential information in a manner that will lead to unauthorized persons obtaining this information. As necessary, mentors may discuss confidential information with the Program Coordinator supervising the mentor. Mentors must also divulge confidential information if a partner expresses an intent to harm himself/herself or others.

Program Name

Consent for Participation

I, _____, wish to participate in **Program Name**. I understand that participation is voluntary and that I may withdraw at any time from the program, or request a new mentor at any time and for any reason. I have read and fully understand this consent for participation in **Program Name**. My questions were sufficiently answered.

Participant
Signature _____ Date _____

Print name _____

Witness _____ Date _____

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE ADDITIONAL INFORMATION ABOUT THE PROGRAM, PLEASE CONTACT **name of Program Coordinator** AT **phone number**.

Program Name

Partner Mailing – Materials Needed

To: ***Office staff name***
From: ***Name of program coordinator***
Date: _____

Partner Name: _____

Address: _____

Please send the following checked materials:

- _____ New partner cover letter
- _____ 2 copies of partner consent form
- _____ Stamped return envelope addressed to ***agency name and contact person***
- _____ Mentor program brochure for partner
- _____ Agency brochure
- _____ Agency newsletter
- _____ List of BI support groups
- _____ Business card of program coordinator

- _____ Other _____

- _____ Other _____

Please notify program coordinator when information is mailed.

Date Mailed: _____

Program Name

Roles and Responsibilities of the Mentor

As a mentor in the **Program Name**, you will play a very important part in providing emotional support and guidance to a person who has experienced a brain injury or a member of his/her family.

The following is an outline of the roles and responsibilities of a mentor, as discussed in the *Mentor Training Workbook* and reviewed during training. Please review this summary and sign below. Your signature will serve as an agreement to participate in this program.

A Mentor's Responsibilities to Partners

- The Program Coordinator will contact you and discuss the background and needs of an individual requesting a mentor. Once you agree to work with a person, he/she will be considered your "Partner."
- You will not release any personal information about your Partner or his/her family to any unauthorized persons, including your own family and friends. Personal information may be shared with the Program Coordinator at any time.
- You will not discriminate against your Partner or any member of his/her family based on race, gender, religion, national origin, sexual orientation or disability.
- You agree to respect the values and decisions of your Partner and his/her family and not attempt to impose your values upon them.
- You agree to contact your Partner primarily by telephone. In-person meetings with your Partner can occur at **Agency name** related activities or in public settings.
- You agree to have regularly scheduled contact with your Partner, approximately once per week.
- If you are unable to maintain contact with your Partner, you will contact the Program Coordinator before ending the relationship.
- You understand the limits of the mentor's role as outlined in the *Training Workbook*.
- You agree to refer any concerns about your Partner's emotional well-being to the Program Coordinator. If your Partner expresses an intent to harm him/herself or others, you will:
 - Notify the Program Coordinator immediately.

- If the Program Coordinator is not available and your Partner is known to a trained professional (e.g., psychologist, social worker, psychiatrist), you will encourage him/her 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 **Program Name**:

- You agree to document all contacts on the monthly Contact Log.
- You agree to complete any forms relative to evaluation of the **Program Name**.
- You agree to notify the Program Coordinator with any change in your address, phone number, or changes in your availability to participate as a mentor.

My signature confirms that I have read and agree to follow the roles and responsibilities of a mentor listed above. I understand that I am a volunteer with the **Agency Name** and I will not accept payment for my services. I also agree to participate in all necessary training. I release **Agency Name** from any liability that may occur during my participation in **Program Name**.

Signature

Date

Printed Name

Mentor's Preference for Match with Partner

This list will be used as a guide when matching mentors and partners. Your responses will remain confidential.

Name: _____ Date: _____

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

1. Would you like to be matched with a person who has a brain injury?

_____ no (If you check "no", please skip ahead to Question #2.)

_____ yes

If yes, would you like to work with: (check all that apply)

_____ a male

_____ a female

If yes, would you like to work with: (check all that apply)

_____ a teenager (ages 13 – 19)

_____ a young adult (ages 20 – 30)

_____ an adult (ages 31 – 45)

_____ an older adult (ages 46+)

If yes, would you like to work with a person whose brain injury was a result of:

(check all that apply)

_____ a motor vehicle crash

_____ a pedestrian accident

_____ a fall

_____ a sports injury

_____ being the victim of violent crime (gunshot wound, assault, etc.)

_____ an acquired brain injury (stroke, tumor, near drowning, etc.)

If yes, would you like to work with a person:

(check all that apply)

_____ injured less than 1 year ago

_____ injured 1 – 3 years ago

_____ injured more than 3 years ago

3. Would you like to be matched with a family member of a person with a brain injury?

no (If you check "no", please skip ahead to Question #3.)

yes

If yes, would you like to work with: (check all that apply)

a male

a female

If yes, would you like to work with: (check all that apply)

a spouse (husband wife)

a parent (father mother)

a sibling (brother sister)

an extended family member

a partner, significant other, or close friend

If yes, would you like to work with a family member whose loved one sustained a brain injury as a result of: (check all that apply)

a motor vehicle crash

a pedestrian accident

a fall

a sports injury

being the victim of violent crime (gunshot wound, assault, etc.)

an acquired brain injury (stroke, tumor, near drowning, etc.)

If yes, would you like to work with a family member whose loved one was: (check all that apply)

injured less than 1 year ago

injured 1 – 3 years ago

injured more than 3 years ago

3. Please list any factors that might make it difficult for you to work with a particular type of partner.

4. What are good times for you to make phone calls? (please check all that apply)

morning afternoon evenings weekdays weekends

5. What are difficult times for you to make phone calls? (please check all that apply)

morning afternoon evenings weekdays weekends

KEY POINTS ABOUT INITIAL CONTACTS

Goals of First Contact

- Keep it brief!
- Establish rapport.
- Establish follow-up time for contact.
- Create agenda for next contact.
- Help prioritize tasks for partner to do before next contact.

Caveats

- Do not try to fix everything.
- Your primary role is to be a good listener.

Handling Questions

- Medical Issues: Suggest partner write down questions in a journal.
Find time to ask questions of doctor.
- Resources/TBI Issues: Mentor writes down questions.
Follow-up with program coordinator.
Feedback to partner on next contact.
- Personal Issues: Defer initially.
Redirect focus to partner.
Relate to your own experience only when relevant and when you feel comfortable with partner.

Role of Program Coordinator

- Reassurance
- Review of approaches to try with partner
- Planning strategies for follow-up contacts
- Resource Information
- Focused review of *Mentor Training Workbook*

KEY POINTS ABOUT CONTINUING CONTACTS

Contacts with your partner:

Keep in contact with your partner at least once a week.

Contacts may increase during times of crisis.

Contacts may decrease, but should occur at least once a month.

Contact Logs:

Fill in the date, length of contact and discussion codes.

Write down key points if you want to keep a diary of your conversation.

Complete your calendar log as soon as possible after the call.

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

Send in your Contact Log monthly...we need them to be able to evaluate the benefits of the program.

Do not hesitate to call the program coordinator if:

There are changes in your partner that are affecting the partnership

There are changes in your life that are affecting the partnership

You are feeling emotionally overwhelmed

You feel you need help in answering your partner's questions

A situation arises in which you feel "out of your league"

Program Name

Mentor Training: *training date*

Evaluation of Training Experience

Please respond to each question by circling a response using the following scale:

1-Poor 2-Adequate 3-Average 4-Good 5 –Excellent

1. How well did the program meet the training objective of giving you the tools to begin working with a partner as a mentor?

1 2 3 4 5

2. How well did the instructor (s) facilitate understanding of the material?

1 2 3 4 5

3. How helpful were the *Mentor Training Workbook* and the handouts?

1 2 3 4 5

4. How useful were the role-plays as a learning tool?

1 2 3 4 5

5. The most useful part of the training was _____

6. The least useful part of the training was _____

7. Comments or suggestions to improve the training?

Name: (optional) _____

Agency Name and Address

Date

Title and Name

Address

Dear First Name:

We are pleased to welcome you to the ***Program Name***. The purpose of the program is to provide peer support to individuals with brain injury and/or to members of their families. Your willingness to participate in this program is very much appreciated and will greatly enhance the lives of others.

The ***four-hour/six-hour*** training program for potential mentors is scheduled for ***date*** at ***place name and address***. Please see attached directions for more information. The training will begin with ***indicate refreshments, e.g., coffee and bagels*** at ***start time*** and end around ***time***. Lunch will also be served.

During the training you will learn about ***Program Name*** and your role and responsibilities as a mentor. We will provide basic information about brain injury, available resources and effective communication and listening skills. You will also receive a training manual and other materials that will help you when working with assigned partners.

The ***Funding Source***, which is providing the funding for ***Program Name***, is interested in understanding how mentoring can be helpful to both mentors and their partners. As a mentor, you will be asked to provide information in the course of your experience. Please fill out the mentor pre-training questionnaire, which asks you some questions about yourself and what you hope to get out of the mentoring experience. Bring the completed form with you. There are no right or wrong answers to these questions.

We look forward to seeing you at the training session on ***Day of week, Date***. In the meantime, if you have any questions or concerns, please feel free to contact ***Name of program coordinator and Phone Number***. If you are unable to attend the training for any reason, please contact us as soon as possible.

Sincerely,

Name

Program Coordinator

Enclosures

Program Name: MENTOR: PRE-TRAINING QUESTIONNAIRE

Mentor Name: _____ ID# _____

Date: _____

The following questions are designed to help us understand the possible impact that the peer mentoring program may have upon mentors. This information will be used for research purposes only and will have no impact on your participation in the program. There are no right or wrong answers – please answer the questions as they best describe your situation at this point in time.

PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOU ATTEND THE TRAINING WORKSHOP. BRING THE COMPLETED FORM WITH YOU TO THE TRAINING.

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

1. How would you describe your overall quality of life? That is, how good do you feel about your life?

1 **2** **3** **4** **5**
very poor okay very good

2. How well do you communicate with health care professionals?

1 **2** **3** **4** **5**
very poorly okay very well

3. How well are you able to communicate with state and/or community agencies?

1 **2** **3** **4** **5**
very poorly okay very well

4. How much knowledge do you have about brain injury?

1 **2** **3** **4** **5**
no knowledge some knowledge extensive knowledge

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

_____ Membership in a state chapter of the Brain Injury Association of America

_____ Attendance at a state chapter Brain Injury Association annual seminar

_____ Attendance at other seminars related to brain injury

_____ Attendance at support group meetings for brain injury

_____ Contacting legislators concerning brain injury issues

_____ Other activities related to brain injury

Please List: _____

Thank you for completing this questionnaire. Remember to bring it with you to the training workshop. We look forward to seeing you then.

Dear Mentor,

Enclosed is a year's supply of Contact Logs. When you complete the first calendar month, please fax that month's Log to *Name of program coordinator* at *fax number* or mail it to the *Agency name, address, and contact person*.

If you have any questions about completing the Log, please call *Name of program Coordinator and phone number*.

Thank you for your continued support and involvement with *Program Name*.

Program Name

CONTACT LOG REFRESHER

This is a reminder on how to complete the monthly Contact Logs.

- Circle the day of the month on which you make contact with your partner.
- Using the codes on the bottom of the calendar, indicate the areas you covered in the contact.
- Write down how long you spoke on the phone.

For E-mail Contacts:

- Circle the day of the month in which an e-mail was sent or received. Also indicate if the e-mail was sent or received.
- If Internet contact occurred via instant messaging or another form of computer conversation, please specify.
- For all Internet contact, please indicate the nature of contact by using the codes listed on the bottom of the calendar.

We thank you for your time and great efforts in volunteering as mentors. We have already gotten very positive feedback from partners about the difference the program is making in their lives.

Mentor-Partner Matching Information

Partner name _____ # _____ *

is matched with

Mentor name _____ # _____ *

STEPS FOR COMPLETION BY PROGRAM COORDINATOR:

1. For each factor, circle 'Yes' if the partner and mentor are similar. If they are not similar, circle 'No'.
2. Rank the top 2 factors that you used to make the match (mark as #1 and #2 to the left of the factor).

Factors

- | | | |
|-----|----|--|
| Yes | No | 1-Similar age |
| Yes | No | 2-Same sex |
| Yes | No | 3-Similar importance given to spiritual beliefs |
| Yes | No | 4-Similar relationship with BI (i.e. PWBI/PWBI; mother/mother) |
| Yes | No | 6-Same time frame since brain injury |
| Yes | No | 7-Same geographic region |
| Yes | No | 8-Same marital status |
| Yes | No | 9-Same cause of injury |
| Yes | No | 10-Same ethnicity |
| Yes | No | 11-Similar educational background |
| Yes | No | 12- Other _____ |
| Yes | No | 13- Other _____ |
| Yes | No | 14- Other _____ |

DATE PARTNERSHIP STARTED: _____

DATE PARTNERSHIP ENDED: _____

Key: Closeness of Fit

Similar age: Teenager (ages 13 – 19)
Young Adult (ages 20 – 30)
Adult (ages 31 – 45)
Older Adult (ages 46+)

Same sex: Male
Female

Similar importance given to spiritual beliefs: Same response (yes or no) to the question “is spirituality an important part of your life?”

Similar relationship with brain injury: (i.e. PWBI/PWBI; mother/mother)

Same time frame since brain injury: < 1 year
1 – 3 years
> 3 years

Same geographic region: Partner and mentor reside in the same county and/or share the same telephone Area Code.

Same marital status: Single
Married
Living with partner
Divorced
Widowed

Same cause of injury: Motor vehicle crash
Pedestrian accident
Fall
Sports injury
Victim of violent crime
Acquired brain injury

Same ethnicity: African American
White
Hispanic
Asian
American Indian
Other

Similar educational background: Less than high school
High school or voc/tech graduate
Some college
College graduate or advanced degree

Program Name
Ending The Partnership

Partnership #: _____

Mentor name: _____

Partner name: _____

Coordinator's Date of Contact with Partner: _____

Estimated Date of Last Mentor Contact with Partner: _____

1. How did coordinator learn that partnership ended?

- _____ (0) Mentor contacted coordinator
- _____ (1) Partner contacted coordinator
- _____ (2) Coordinator contacted mentor
- _____ (3) Coordinator contacted partner
- _____ (4) Other (Specify: _____)

2. Check all the reasons why the partnership ended:

- _____ (a) Partner believes all needs for mentoring have been met
- _____ (b) Partner does not wish to continue with program, although needs have not been met
- _____ (c) Partner is dissatisfied with mentor
- _____ (d) Partner unable to profit because of cognitive challenges
- _____ (e) Partner unable to profit because of emotional challenges
- _____ (f) Partner overextended by external life demands
- _____ (g) Partner relocated

- _____ (h) Mentor believes all needs for mentoring have been met
- _____ (i) Mentor is dissatisfied with partner
- _____ (j) Mentor overextended by external life demands
- _____ (k) Mentor relocated
- _____ (l) Mentor is unable to handle the complex needs of the partner
- _____ (m) Mentor unable to schedule calls with partner because of scheduling conflicts

- _____ (n) Partnership has completed one year

3. What other actions steps are needed?

- _____ (0) No further action steps are needed
- _____ (1) Partner needs referral elsewhere for treatment
- _____ (2) Partner wants to be matched with a different mentor

Agency Name
Agency Address

Date

Partner Name
Partner Address

Dear *Partner Name*,

Thank you for participating in *Program Name*. As you may be aware, an important part of the program is a research component to help determine what determines a successful partnership, the factors involved in partnerships that do not “click”, and the effects, if any, of having a mentor on a person with a brain injury or a family member. Your help is now needed. Whether you took part in the program for one phone call or over many months, your feedback is crucial in helping us understand more about mentoring.

Enclosed you will find a questionnaire about your experience with the *Program Name*. Please: (1) complete the questionnaire and return it in the enclosed self-addressed, stamped envelope, OR (2) review the questionnaire now, and we will call you in the next week to set up a time to talk about your experience with the program. This phone call will take about 30 minutes and can be scheduled at your convenience.

Because this information is so important to the project, we are able to offer you an incentive if you complete the questionnaire. After we receive the completed questionnaire from you or after you have completed a phone interview to answer these questions, you will receive a *describe incentive, e.g., \$___ gift certificate.*

If you have any questions about completing the questionnaire, or if you want to set up a time for the phone call to talk about your experience with *Program Name*, please contact *Name of Coordinator* at *telephone number*. Again, we thank you for your participation in *Program Name*.

Sincerely,

Name and Title

Agency Name
Agency Address

Date

Mentor Name
Mentor Address

Dear *Mentor Name*,

Thank you for all of your time and efforts as a mentor in *Program Name*. As you may be aware, an important part of the program is a research component to learn about your experiences as a mentor and how these experiences may have affected your life. Your help is now needed. Your feedback is crucial in helping us understand more about mentoring.

We are hoping you can take a few minutes to complete the enclosed questionnaire and return it in the enclosed self-addressed, stamped envelope.

If you have any questions about completing the questionnaire, or if you want to set up a time for the phone call to talk about your experience with *Program Name*, please contact *Coordinator and phone number*. Again, we thank you for your participation in *Program Name*.

Sincerely,

Name and Title

Program Name

PARTNER FOLLOW-UP QUESTIONNAIRE

Person completing this form: _____ Date: _____

Partner Name: _____ ID# _____ Partnership # _____

As a participant in **Program Name**, your opinions are very important to us. I am going to ask you some questions about your experiences in the program and how you are presently feeling about your situation. Please remember, there are no right or wrong answers, so answer as truthfully as possible.

- 1a. About how many times each month did you talk to your mentor?
_____ (record number)
- 1b. About how long was the average conversation with your mentor?
_____ (0) less than 15 min
_____ (1) 15 to 30 min
_____ (2) 30 min to less than one hour
_____ (3) more than one hour
_____ (4) don't know/remember
- 1c. What do you think about the amount of contact you had with your mentor?
_____ (0) would have preferred more contact
_____ (1) amount of contact was about right
_____ (2) would have preferred less contact
_____ (3) don't know
2. Was your mentor supportive and understanding of your needs?
_____ (0) No
_____ (1) Yes
_____ (2) Somewhat
_____ (3) Don't know/remember
3. Did your mentor give you her/his phone number?
_____ (0) No
_____ (1) Yes
4. Did you meet with your mentor face to face?
_____ (0) No
_____ (1) Yes

5. Did you and your mentor communicate by e-mail?

_____ (0) No

_____ (1) Yes

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

1 **2** **3** **4** **5**
very poor okay very good

7a. On a scale from 1 – 5, how would you describe the support you receive from your family?

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

Is increasing support from your family an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

7b. On a scale from 1 – 5, how would you describe the support you receive from friends?

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

Is increasing support from your friends an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

7c. On a scale from 1 – 5, how would you describe the support you receive from members of your community?

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

Is increasing support from your community an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

8. On a scale from 1 – 5, how well do you communicate with health care professionals?

1	2	3	4	5
very poorly		okay		very well

Is improving your communication with health care professionals an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

9. On a scale from 1 – 5, how well are you able to communicate with state and/or community agencies (including school system, if applicable)?

1	2	3	4	5
very poorly		okay		very well

Is increasing your ability to communicate with state and/or community agencies an area that your mentor helped you with?
___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

10. On a scale from 1 – 5, how much knowledge do you have about brain injury?

1 **2** **3** **4** **5**
no some extensive
knowledge knowledge knowledge

Is increasing your knowledge about brain injury an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

11. On a scale from 1 – 5, how much knowledge do you have of available community resources?

1 **2** **3** **4** **5**
no some extensive
knowledge knowledge knowledge

Is increasing your knowledge about community resources an area that your mentor helped you with? ___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

12. On a scale from 1 – 5, how satisfied are you with the social and recreational opportunities that are available to you (if PWBI) {or "your loved one" (if family member)}?

1 **2** **3** **4** **5**
very somewhat very
dissatisfied satisfied satisfied

Is increasing social and recreational opportunities an area that your mentor helped you with? ___ (0)no ___ (1)yes ___(2)don't know/remember

Comments:_____

13. On a scale from 1 – 5, in general, how would you describe your overall mood?

1	2	3	4	5
very sad		somewhat happy		very happy

Is improving your mood an area that your mentor helped you with?
___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments:_____

14. On a scale from 1 – 5, in general, how would you describe your overall level of anxiety?

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

Is decreasing your level of anxiety an area that your mentor helped you with? ___ (0)no ___ (1)yes ___ (2)don't know/remember

Comments:_____

15. On a scale from 1 – 5, in general, how often are you angry?

1	2	3	4	5
all of the time		half of the time		never

Is decreasing your anger an area that your mentor helped you with?
___ (0) no ___ (1) yes ___ (2) don't know/remember

Comments: _____

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

1	2	3	4	5
very poor		okay		very good

Is improving your overall quality of life an area that your mentor helped you with? ___ (0)no ___ (1)yes ___ (2)don't know/remember

Comments: _____

17. I am now going to read you a number of activities that you may have been involved with since taking part in **Program Name**. Have you ...
(check those items that the partner has been involved with).

- _____ Become a member of the state chapter of the Brain Injury Association of America (BIAA)
 - _____ Attended the state chapter of BIAA annual seminar
 - _____ Attended other seminars related to brain injury
 - _____ Attended support group meetings for brain injury
 - _____ Contacted legislators concerning brain injury issues
 - _____ Other activities related to brain injury
- List: _____

18. How did you feel about your initial contact with the coordinator, **insert name**?

- _____ (0) Very dissatisfied
- _____ (1) Somewhat dissatisfied
- _____ (2) Mixed
- _____ (3) Somewhat satisfied
- _____ (4) Very satisfied
- _____ (5) Don't know/remember

19. How did you feel about your follow-up contacts with the coordinator, **insert name**?
- _____ (0) Very dissatisfied
 - _____ (1) Somewhat dissatisfied
 - _____ (2) Mixed
 - _____ (3) Somewhat satisfied
 - _____ (4) Very satisfied
 - _____ (5) Don't know/remember
20. Would you recommend **Program Name** to someone else in a similar situation?
- _____ (0) No
 - _____ (1) Yes
 - _____ (2) Maybe
21. Do you have any additional comments about the **Program Name** or your mentor?

Program Name

MENTOR FOLLOW-UP QUESTIONNAIRE

Person completing this form: _____ Date: _____

Mentor Name: _____ ID# _____

As a mentor with **Program Name**, your opinions are very important to us. I am going to ask you some questions about your experiences as a mentor and how these experiences may have affected your life. Please remember, there are no right or wrong answers, so answer as truthfully as possible. This information will be kept confidential and used only to help us evaluate the program.

1. How many partners have you mentored in the program so far?

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

1	2	3	4	5
very poor		okay		very good

3a. On a scale from 1 – 5, how well do you communicate with health care professionals?

1	2	3	4	5
very poorly		okay		very well

3b. On a scale from 1-5, how much impact has your experience as a mentor had on your ability to communicate with health care professionals?

1	2	3	4	5
no impact		some impact		a lot of impact

4a. On a scale from 1 – 5, how well are you able to communicate with state and/or community agencies?

1	2	3	4	5
very poorly		okay		very well

4b. On a scale from 1-5, how much impact has your experience as a mentor had on your ability to communicate with state and/or community agencies?

1	2	3	4	5
no impact		some impact		a lot of impact

5a. On a scale from 1 – 5, how much knowledge do you have about brain injury?

1	2	3	4	5
no knowledge		some knowledge		extensive knowledge

5b. On a scale from 1-5, how much impact has your experience as a mentor had on your knowledge about brain injury?

1	2	3	4	5
no impact		some impact		a lot of impact

6a. On a scale from 1 – 5, how much knowledge do you have of available community resources?

1	2	3	4	5
no knowledge		some knowledge		extensive knowledge

6b. On a scale from 1-5, how much impact has your experience as a mentor had on your knowledge about community resources?

1	2	3	4	5
no impact		some impact		a lot of impact

7a. On a scale from 1 – 5, how satisfied are you with the social and recreational opportunities that are available to either you (or your loved one with a brain injury)?

1	2	3	4	5
very dissatisfied		satisfied		very satisfied

7b. On a scale from 1-5, how much impact has your experience as a mentor had on your satisfaction with social/recreational opportunities?

1	2	3	4	5
no impact		some impact		a lot of impact

8a. On a scale from 1 – 5, in general, how would you describe your overall mood?

1	2	3	4	5
very sad		happy		very happy

8b. On a scale from 1-5, how much impact has your experience as a mentor had on your overall mood?

1	2	3	4	5
no impact		some impact		a lot of impact

9a. On a scale from 1 – 5, in general, how would you describe your overall level of anxiety?

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

9b. On a scale from 1-5, how much impact has your experience as a mentor had on your overall level of anxiety?

1	2	3	4	5
no impact		some impact		a lot of impact

10a. On a scale from 1 – 5, in general, how often are you angry?

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

On a scale from 1-5, how much impact has your experience as a mentor had on how often you feel angry?

1	2	3	4	5
no impact		some impact		a lot of impact

11a. On a scale from 1 – 5, how would you describe your overall quality of life? That is, how good do you feel about your life?

1	2	3	4	5
very poor		okay		very good

11b. On a scale from 1-5, how much impact has your experience as a mentor had on your overall quality of life?

1	2	3	4	5
no impact		some impact		a lot of impact

12. I am now going to read you a number of activities that you may have been involved with since becoming a mentor. Have you... *(read each item and check those that mentor has been involved with)*.

- Become a member of the state chapter of the Brain Injury Association of America (BIAA)
- Attended the state chapter of BIAA annual seminar
- Attended other seminars related to brain injury
- Attended support group meetings for brain injury
- Contacted legislators concerning brain injury issues
- Other activities related to brain injury (List: _____)

13. On a scale from 1 – 5, how would you describe your overall experience as a mentor so far?

1	2	3	4	5
dissatisfied	somewhat dissatisfied	mixed	satisfied	very satisfied

14. Would you like to continue volunteering as a mentor for **Program Name**?

- (0) no
- (1) yes
- (2) maybe

15. Do you have any additional comments or suggestions you would like to share about *Program Name* or your mentoring experience?

SAMPLE POST-ONLY EVALUATION¹

Empowerment

- 1) Did the mentoring program help you cope with your/your loved one's brain injury?
- A lot
 - Somewhat
 - A little bit
 - Not at all
 - Not applicable
 - Don't know/remember
- 2) Did the mentoring program affect how much control you feel you have over your life?
- A lot
 - Somewhat
 - A little bit
 - Not at all
 - Not applicable
 - Don't know/remember

Quality of Life

- 3) How did the mentoring program affect the overall quality of your life?
- My QOL decreased a lot
 - My QOL decreased somewhat
 - My QOL decreased a little bit
 - My QOL did not change at all
 - My QOL increased a little bit
 - My QOL increased somewhat
 - My QOL increased a lot
- 4) Did the mentoring program contribute to changes in your general outlook on life?
- A lot
 - Somewhat
 - A little bit
 - Not at all
 - Not applicable
 - Don't know/remember

¹ Modified from Hibbard, M.R., Cantor J.B., Charatz, H.J., Rosenthal, R., Ashman, T.A., Gundersen, N., Ireland-Knight, L., Gordon, W.A., Avner, J., & Gartner, A. (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, 112-131.

Mood

5) Did the mentoring program affect how happy or cheerful you are (or how often you feel happy or cheerful)?

- My happiness increased a lot
- My happiness increased somewhat
- My happiness increased a little bit
- My happiness did not change at all
- My happiness decreased a little bit
- My happiness decreased somewhat
- My happiness decreased a lot
- Don't know/remember

6) Did the mentoring program help you cope with feeling depressed or sad?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

7) Did the mentoring program help you cope with feeling angry?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

8) Did the mentoring program help you cope with your nervousness or anxiety?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

Skills and Knowledge

9) Did the mentoring program help you communicate your needs to health care professionals?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

10) Did the mentoring program help you learn about TBI?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

11) Did the mentoring program help you learn about resources in your community?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

Social Support

12) Did the mentoring program assist you in getting the support you needed from your family?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

13) Did the mentoring program help you in getting the support you needed from your friends?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

14) Did the mentoring program help you in obtaining the support you needed from members of your community (e.g., clergy, co-workers)?

- A lot
- Somewhat
- A little bit
- Not at all
- Not applicable
- Don't know/remember

Satisfaction Ratings Overall Program

15) How satisfied or dissatisfied are you with the length of your partnership?

- Dissatisfied (would have preferred a longer partnership)
- Dissatisfied (would have preferred a shorter partnership)
- Satisfied (length of partnership was about right)
- Don't know/remember

16) How satisfied or dissatisfied are you with the frequency of contact that you had with your mentor?

- Dissatisfied (would have preferred more contact)
- Dissatisfied (would have preferred less contact)
- Satisfied (amount of contact was about right)
- Don't know/remember

17) How satisfied or dissatisfied are you with your mentor?

- Very dissatisfied
- Somewhat dissatisfied
- Mixed
- Somewhat satisfied
- Very satisfied
- Don't know/remember

Date

ATTENTION MENTORS:

Once again we are offering a special promotion!!!!

For all mentors who are up to date with their Contact Logs, and who return this month's log to the Coordinator by date, you will receive a *Specify reward, e.g., gift certificate to ____ Stores.*

If you have fallen behind with your logs, it is not too late (and you are not alone).

Please return your Logs to the Coordinator as soon as possible to receive your *Specify reward.*

Last time, all of you qualified for the gift certificate, so we are hoping for 100% participation again.

Contact Logs can be mailed to the office at the address below or faxed to the following numbers:

Name of Coordinator and Fax number

Agency Name

Agency address

Agency Name
Address

Date

Partner Name
Partner Address

Dear *Partner Name*,

Thank you for completing the questionnaire about your participation in the mentoring program. To show our appreciation, enclosed please find *describe reward, e.g., a \$10 gift certificate for ___ store.*

Once again, our thanks for your participation in the *Program Name*.

Sincerely,

Name and Title