MENTORING PARTNERSHIP PROGRAM*: MENTOR TRAINING WORKBOOK

Mentoring Individuals with Brain Injury and Their Families

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February 2005

* Supported by grants from the National Institute of Disability and Rehabilitation Research (Grant No. H133B980013), U.S. Department of Education; the Langeloth Foundation, New York, NY; and the O'Neill Foundation, Cleveland, OH.
MENTORING PARTNERSHIP PROGRAM:
MENTOR TRAINING WORKBOOK

This Workbook is to be used when training individuals as potential mentors for a Mentoring Partnership Program. It provides the text for training and a copy should be given to each trainee to use during training and to take home.

This Workbook is arranged in Sections, which are referred to in the Program Manual. The Program Manual provides instructions on how to use each Section within training workshops.
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SECTION A: OVERVIEW OF MENTORING

Definition of Mentoring
Purposes of Mentoring
Core Elements of the Program
Mentor Characteristics
The Roles of a Mentor
Mentorship Agreement
DEFINITION OF MENTORING

• Mentoring occurs within a one-to-one relationship between a caring volunteer and a person coping with a brain injury or a member of his/her family.

• Mentoring involves a give and take, building on the strengths of both the mentor and his/her partner.

• Mentoring means providing a confidential and consistent commitment to someone in need.

• The gifts a mentor receives are the benefits of helping someone else and feeling good about helping.

PURPOSES OF MENTORING

• It is a chance to provide social and emotional support, reduce isolation and offer hope to others for the future.

• It is a chance to provide someone else an understanding of the process of adjustment to brain injury.

• It is a chance to provide someone information about resources and services.

• It is a chance to help partners gain the skills and the confidence to be responsible for their own future.
CORE ELEMENTS OF THE PROGRAM

• A mentor is asked to commit himself/herself to one partnership for one year.

• A mentor is given training before he/she is assigned a partner.

• A mentor is provided continuing support from the program coordinator.

• A mentor is provided continuing training, tailored to address any special challenges encountered.

• A mentor is asked to keep records and fill out forms to assist in the evaluation of the mentoring program.

MENTOR CHARACTERISTICS

A mentor is someone who…

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A mentor is someone who is…

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### THE ROLES OF A MENTOR

**A MENTOR IS NOT:**

- **A Professional Counselor:** psychologist, psychiatrist, social worker, case manager, counselor
- **An Expert on Issues:** rehabilitation, medical, legal, benefits
- **A Provider of Direct Family Support:** babysitting, housekeeping, shopping, driving, etc.

**A MENTOR DOES:**

- Facilitate trust, openness and empathy
- Accept people as they are
- Listen, clarify, help people see alternatives for decision-making
- Give advice and offer multiple solutions
- Give support and encouragement to take positive action
- Validate people without being phony
- Respect confidentiality
- Realize that not all problems can be “fixed” and not all people want to be “helped”

**A MENTOR DOES NOT:**

- Dominate or preach
- Judge people or try to change them
- Tell people what to do
- Impose his/her own solution (i.e., “what worked for me”)
- “Rescue”, that is, do for a person what he/she can do independently
- Put people down
- Gossip about what was said in confidence by a partner
- Expect all problems to be “fixed” quickly and easily

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Adapted from R. Myrick *Caring and Sharing*, Center for Human Development
MENTORSHIP AGREEMENT

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

A Mentor’s Responsibilities to a Partner:

• 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 to 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 program-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 program.

• You agree to contact the program coordinator with concerns about your partner’s emotional well-being. If your partner expresses an intent to harm him/herself or others, you will:
  o Notify the program coordinator immediately.
  o If the program coordinator is not available and your partner is known to a trained professional, you will encourage him/her to contact this professional immediately.
  o If no professional is available, you will encourage your partner to go to the nearest psychiatric emergency room for evaluation.

A Mentor’s Responsibilities to the Mentoring Program:

• You agree to document all contacts on the monthly Contact Log.

• You agree to complete any forms relative to evaluation of the mentoring program.

• 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.
SECTION B: BRAIN INJURY – BASICS

Acquired Brain Injury
Traumatic Brain Injury
Other Acquired Brain Injuries
ACQUIRED BRAIN INJURY (ABI)

- **ABI** is defined as an injury to the brain that:
  - Occurs after birth – it is not hereditary or congenital, and
  - Is not degenerative.

- **TRAUMATIC BRAIN INJURY (TBI)** is one type of acquired brain injury.

TRAUMATIC BRAIN INJURY (TBI)

- **TBI** is defined as an external blow to the head,
- That leads to a loss of consciousness or a period of being dazed/confused, and to
- Changes in the brain that affect thinking, emotions and/or physical functioning.

The **DIAGNOSIS** of TBI is based on:

- X-ray findings (MRI, CT scans), and/or
- Neuropsychological testing, which confirms the person’s problems in thinking, physical functioning and/or emotions.

The **most COMMON CAUSES** of TBI are:

- Motor vehicle crashes
- Pedestrian accidents
- Falls
- Sports injuries
- Violence (e.g., shaken baby syndrome; child, adult or elder abuse; gunshot wounds to the head)

The **most COMMON AGES** for onset of TBI are:

- Children under age 5
- Adolescents age 15-21
- Elderly over the age of 65
Over 2 MILLION NEW TBIs occur each year.

For 85% of TBIs, SEVERITY OF INJURY is classified as MILD.

• Most individuals with TBI are seen in a local emergency room or local doctor’s office and then are sent home.

• Many mild TBIs are called “concussions”.

• Most people with mild injuries do not have problems as a result of the injury that continue. Only approximately 15% of the large number of individuals with mild TBI have persisting problems in thinking, mood and functioning as a result of the TBI. For them, “mild” TBI may be experienced as “major”.

The remaining 15% of TBIs are MODERATE TO SEVERE.

• These individuals are typically seen in a local emergency room, admitted to the hospital and often receive inpatient and/or outpatient rehabilitation.

• Individuals with moderate to severe TBI typically have persisting difficulties with functioning, thinking and mood as a result of TBI.

OTHER ACQUIRED BRAIN INJURIES

• Other ABIs are defined as MEDICAL CONDITIONS that result in impairment in brain functioning.

• The medical condition leads to either a loss of consciousness or a period of being dazed and confused.

• Persisting behavioral changes follow this condition and affect thinking, emotions and/or physical functioning.

The DIAGNOSIS of ABI is based on:

• X-ray findings (MRI, CT scans) and/or

• Neuropsychological testing, which confirms the person’s problems in thinking, physical functioning and/or emotions.

Typical MEDICAL DIAGNOSES THAT RESULT IN AN ABI include:

Anoxia:

• A lack of oxygen to the brain for a lengthy period, causing permanent injury to the brain

• Anoxia usually occurs as a result of cardiac arrest, prolonged and repeated seizures, near drowning accident and the like.
**Stroke**
- A blockage of the blood vessels within the brain, caused by gradual narrowing of the blood vessel (thrombotic stroke), OR
- A blockage of the blood vessel by a clot floating in the circulatory system (embolic stroke)
- Also called a “cerebrovascular accident” (CVA)

**A Brain Infection**
- An inflammation of the brain or its lining
- Also called “encephalitis” or “meningitis”

**A Vascular Abnormality of the Brain**
- A weakened blood vessel in the brain that bursts and results in internal bleeding within the brain
- Also called “arteriovenous malformations” (AVM) or “cerebral aneurysms”

**A Brain Tumor**
- An abnormal growth of brain tissue that compresses normal tissue within the skull
- May be cancerous or non-cancerous
- May require surgical removal with follow-up radiation or drug therapy

**Various Metabolic Events**
- A medical event that affects brain functioning as well as other body functioning, e.g., ingestion of poison, over-medication, etc.
SECTION C: CHALLENGES AFTER BRAIN INJURY

Physical Changes
Thinking Changes
Emotional Reactions: Introduction
Emotional Reactions During the Acute Hospital Stay
Emotional Reactions During Inpatient Rehabilitation
Emotional Reactions During Outpatient Rehabilitation
Emotional Reactions During Transition Back to the Community
Long-term Emotional Reactions
Understanding Issues of Grief and Loss
The Stages of Grief
PHYSICAL CHANGES AFTER BRAIN INJURY

The extent of physical difficulties experienced by the individual is dependent on:

- The severity of the TBI
- The location of the brain damage in ABI

Typical physical challenges facing individuals after brain injury include:

- Clumsiness
- Weakness
- Inability to move an extremity (arm or leg)
- Headaches
- Sensitivity to light
- Sensitivity to noise
- Changes in smell or taste
- Changes in vision
- Changes in hearing
- Sleep difficulties
- Reduced speed when doing any task
- Extensive fatigue
- Seizures
- Chronic pain
The extent of thinking difficulties experienced by the individual is dependent on:

- The severity of the TBI
- The location of the brain damage in ABI

Each person experiences a UNIQUE PATTERN of thinking strengths and weaknesses.

Typical thinking challenges facing individuals after brain injury include:

- Having difficulty in paying attention
- Being easily confused and overwhelmed
- Having reduced memory for new information
- Experiencing loss of long-term memory
- Having problems in learning new information
- Being slower in processing information
- Experiencing difficulty in keeping up with conversations
- Having difficulty in initiating activities
- Experiencing word-finding difficulties
- Having problems in producing or understanding language
- Having problems getting or staying organized
- Having problems in planning
- Experiencing problem-solving difficulties
- Displaying rigidity in thinking
EMOTIONAL REACTIONS: INTRODUCTION

EMOTIONAL REACTIONS: SOME GENERAL “RULES OF THUMB”

• Unlike physical and thinking changes after brain injury, emotional reactions affect both the individual with BI and family members.

• Individuals with BI and family members will have differing emotional reactions.

• The intensity and longevity of emotional reactions will vary from person to person.

• Each person’s emotional reactions change over time. Most individuals proceed through stages of emotional adjustment following brain injury.

• Some individuals may remain emotionally “stuck”; that is, they may not be able to move through the various stages of adjustment without professional help.

• As a result, it is important that mentors:
  o Know where in the adjustment process a person is, and
  o Provide support at the current phase of the individual’s or family member’s adjustment.

The extent of emotional challenges the person with BI experiences depends on:

• The severity of the TBI

• The location of the brain damage in ABI

• The length of time since brain injury

• The extent a person has been able to integrate back into the community

Each person displays a unique pattern of emotional strengths and weaknesses.

Typical emotional challenges facing individuals with brain injury include:

• Loss of self-esteem

• Changes in personality, including difficulties in emotional control

• Sadness and grief

• Depression and/or anxiety

• Use of substances (self medication with drugs/alcohol)

• Irritability and “short fuse”

• "Before/now" comparisons
EMOTIONAL REACTIONS DURING THE ACUTE HOSPITAL STAY

INDIVIDUALS WITH BRAIN INJURY ARE LIKELY TO . . .

• Be totally dependent on family and hospital staff
• Experience a loss of autonomy
• Experience agitation as they emerge from coma
• Have decreased awareness and confusion
• Have little recall of this period

FAMILY MEMBERS ARE LIKELY TO . . .

• Feel disbelief and shock (“just a bad dream”)
• Have fear of the unknown
• Feel sadness and grief
• Have difficulty accepting what has happened
• Feel guilt over not preventing the brain injury from happening
• Feel a lack of information about what has happened to the person
• Receive basic information and then feel overwhelmed
• Have concerns about what to do next
• Feel alone with the burden
• Feel overwhelmed by support
• Experience guilt about being away from the hospital due to other responsibilities
EMOTIONAL REACTIONS DURING INPATIENT REHABILITATION

INDIVIDUALS WITH BRAIN INJURY ARE LIKELY TO . . .

• Have a beginning awareness of changes in self
• Feel frustrated at the continued limitations set on their freedom of choice
• Feel annoyed by the need for constant supervision
• Display increasing anger and irritability
• Experience continued dependence
• Feel childlike

FAMILY MEMBERS ARE LIKELY TO . . .

• Be hopeful for a rapid and total recovery
• Feel over-involvement with the “patient” and experience a loss of focus on self
• Feel “safe” while the hospital cares for the person with BI
• Experience anger at limits set by professional staff
• Feel increased isolation and loss of social supports
• Experience exhaustion
• Be concerned about what to do next
• Have a beginning awareness of real changes in the person with brain injury
• Feel guilt about absence from the home and workplace
• Begin experiencing financial concerns

Family members, the medical staff and the person with BI are likely to have differing expectations regarding recovery.
EMOTIONAL REACTIONS
DURING OUTPATIENT REHABILITATION

INDIVIDUALS WITH BRAIN INJURY ARE LIKELY TO . . .

• Have an increased awareness of specific cognitive and behavioral difficulties
• Attempt to increase independent activities, often resulting in failure
• Feel confusion and anger
• Assume things will be better after outpatient rehabilitation is completed
• Tolerate a less structured environment, but feel less sure of actual abilities
• Begin to experience loss of former social supports

FAMILY MEMBERS ARE LIKELY TO . . .

• Be in charge of most activities
• Experience major shifts in family roles
• Feel an increased burden of responsibility
• Miss the support and structure provided by the hospital setting
• Fear their inability to be “primary therapist” for the person with BI
• Experience increased tension within the family structure
• Better understand the extent of the cognitive and behavioral changes
• Have to juggle caring for the person with BI with other family, home and work demands
• Experience loss of social support
• Learn how to advocate for the person with brain injury
EMOTIONAL REACTIONS
DURING TRANSITION BACK TO THE COMMUNITY

INDIVIDUALS WITH BRAIN INJURY ARE LIKELY TO . . .
• Feel a sense of abandonment by professionals and friends
• Have an increased reliance on family in structuring daily activities
• Feel increased friction with the family, due to changing roles and expectations of all family members
• Experience increased emotional difficulties, i.e., irritation, depression, anger
• Have a growing sense of social isolation

FAMILY MEMBERS ARE LIKELY TO . . .
• Feel a sense of abandonment by professionals and friends
• Experience increased caregiver responsibilities
• Feel increased personal as well as interpersonal stress
• Withdraw from shared caregiving roles or responsibilities
• Have less time for personal needs and enjoyments
• Experience increasing social isolation; feel trapped
• Have job disruptions
• Have increased financial burdens
• Sharpen skills as an advocate for the person with BI
LONG-TERM EMOTIONAL REACTIONS

INDIVIDUALS WITH BRAIN INJURY ARE FACED WITH . . .

• Dealing with actual losses
• Grieving the “old” self and learning to respect the “new” self
• Redefining their expectations and priorities
• Attempting to maximize independence and autonomy
• Vocational experimentation, return and potential failure
• Limitations of personal choice in living arrangements
• Changed social relationships and roles in the community
• Late-onset emotional changes, especially the onset of depression

FAMILY MEMBERS OR CARE PROVIDERS ARE FACED WITH . . .

• Realizing changes in the person with BI are permanent
• Mourning losses in the person with BI
• Redefining the self
• Redefining expectations and responsibilities for all family members
• Possible vocational readjustment
• Examining choices regarding living arrangements and social relationships
• Late-onset emotional changes, i.e., depression and anxiety
• Learning to nourish the self
• Fear of the long-term burden of care
UNDERSTANDING
ISSUES OF GRIEF AND LOSS

• Any kind of traumatic event can cause a feeling of grief.
• Everyone experiences grief due to loss at some point in his or her life.
• Each person has a unique experience following loss.
• Grieving one’s losses can last a few days, several months, to several years post BI.
• Grief is not a weakness, but a necessary phase in mourning the loss of something important.
• Talking about feelings of grief and loss are important to emotional recovery.
• Being able to talk to people one trusts is essential in bringing comfort and relief.
• Experiencing a loss may result in an individual’s resetting his or her priorities.
• Often relationships are strengthened by sharing the thoughts and feelings connected to loss.
THE STAGES OF GRIEF

People commonly experience several stages of grieving. Individuals may move back and forth between the stages as they progress through recovery.

Stage 1: Denial

After a terrible experience, a person may act as if it did not happen. The person may avoid discussing anything related to the loss, or may be in complete shock and unable to believe that the traumatic event occurred.

Typical statements include:

“This could not have happened to me, to my family…”

“I will be back to my normal self within a week…”

“See how she just acted? She’ll be her old self very soon.”

Stage 2: Anger

Once the person accepts that the event did happen, anger and frustration are often next experienced. At this point the person may direct rage or hostility at doctors, family, friends, God and even at self.

Typical statements include:

“That doctor knows nothing about my condition.”

“My friends never say anything helpful.”

“If my parents understood, they would not be going on vacation.”

Stage 3: Bargaining

“Making deals” is common once a person realizes that the traumatic event has happened.

Typical statements include:

“God, I promise to always be a perfect person, if you let my son be normal again.”

“I will never do/think/say________ again, if you let me return to my old self.”

Stage 4: Depression

This is a very painful and common stage in recovering from traumatic loss. A person feels sad, hopeless and helpless about the loss and his or her ability to survive the experience. A person may withdraw from everyone, even those who are closest.
Typical symptoms of depression include loss of sleep and appetite, inability to enjoy things and a desire to stop living. The person may also have many physical symptoms: stomach and intestinal problems, restlessness, sleep disturbances, lack of appetite, difficulty concentrating, trouble making decisions and trouble remembering things.

**Typical statements** include:

“Why should I bother going to rehab? My life will never be any good again.”

“I had a perfect life. Now I’ll never be happy again.”

“What’s the use?”

**Stage 5: Acceptance**

As time passes and the person slowly starts to feel better, she/he can accept the changes that have occurred as a result of the BI. Nothing can make life be as it was before, but life can be worthwhile. At this stage the person begins to accept the challenges of this new life.

**Typical statements** include:

“I came to accept that I have to be more organized, and I am probably more organized than I ever was.”

“I realize that my sister will always have some limitations, but her strength has given me great joy.”

“I realize that my family needs me no matter what has happened.”
Another way to look at the process of grief is as a journey that begins with loss:

**Loss**

**Protest (Denial)**
- Shock
- Numbness
- Confusion
- Anger
- Physical symptoms

**Searching**
- In mind
- In body

**Despair (Depression)**
- Agony/Anguish
- Slowed thinking and actions

**Reorganization**
- Bursts of energy
- Intermittent interest
- Indifference
- Fatigue/Apathy

**Reinvestment (Acceptance)**  
*Modified from: Rando (1998) and Stadacher (1987)*
SECTION D: TOOLS AND STRATEGIES FOR MENTORING

Exploring the Needs of Your Partner
Possible Goals When Working with Your Partner
Enhancing Your Partner’s Coping Skills
Supporting Your Partner Through Grieving and Loss
EXPLORING THE NEEDS OF YOUR PARTNER

Individuals with BI – Inpatient Rehabilitation
During inpatient rehabilitation, the person with brain injury may be struggling to come to grips with the changes in himself/herself, including loss of independence. The reality of the brain injury may make a person feel uncertain about the future. In exploring needs of your partner with a BI, during inpatient rehabilitation, questions that mentors should ask are aimed at highlighting the progress the person is making, focusing on establishing a sense of the present and promoting thought of future plans.

Questions to Ask:
• Do you feel you’re improving?
• Are there things about your brain injury that you would like to have explained?
• Are you encouraged by the gains (progress) you are making?
• Is your family a source of support for you?
• Have you seen your friends?
• When do your doctors say you may be going home?
• Are you able to do the things that you would like to do?
• Are you satisfied with the care and treatment that you are getting?
• Is this a good place to be right now?
• When do you think that you will be finished with rehab?
• In what areas would you like to see more improvement?
• What are you hoping to do after inpatient discharge?
• Do you feel like your old self?

Individuals with BI – Outpatient Rehabilitation
Questions to be asked identify sources of support and explore how helpful they are. The goal is to help the person acknowledge the new challenges that may be present as he/she first returns home. Often, the return home is a very emotional time for someone who has suffered a brain injury. It may also be a difficult time, because the person may not be able to resume all the roles and responsibilities they had before the injury.

Questions to Ask:
• How does it feel being back home?
• What has been the best thing about being home?
• What has been the most difficult?
• How is your family reacting to your return home?
• Have you seen your friends?
• Are you able to do the same things that you did before injury?
• Have you thought about returning to work/school?
• How does it feel being out of the hospital/rehabilitation center? Do you miss it?
• How are you spending your time?
• How are you feeling about yourself and your current situation?

**Individuals with BI – Transition Back to the Community**

Questions at this stage focus on helping your partner express feelings of loneliness or isolation that he/she may not have been in touch with until this time. Identifying these painful feelings and talking about them can be helpful.

**Some Questions to Ask:**
• Are you continuing in therapy? If so, what kind and is it useful?
• How is your relationship with your family?
• How do you think your family feels about your progress?
• How have you been getting along with your family?
• Have you seen your friends? When was the last time?
• How have your friends reacted to you since the injury?
• What are some things that you would like to be doing, but are finding it difficult to do now?
• What are some things that make you feel good about yourself?
• What are some things that make you upset?
• Are you getting out at all?
• How is your overall mood?
• What are some things that help boost your mood?
• Do you have someone to talk to about your needs and feelings?
Individuals with BI – Long-Term Community Adjustment

Questions at this stage are aimed at helping the person recognize and understand the differences between their lives before and their lives after the brain injury.

Some Questions to Ask:

• What are some things that have changed since the brain injury? How have you been able to cope with those changes?
• How much have you had to change the way you go about doing things? What are some areas of difficulty for you? What are some areas that are easy for you?
• How are things with your family?
• Who do you talk to who seems supportive to you?
• Have you returned to work? Has your job changed?
• Are you living in the same place as before your brain injury? If yes, is that okay? If not, where are you living and how do you find your new residence?
• Are there other support services that might be helpful?
• How is your mood?
• What helps lift your spirits when you are feeling down?

Family Members – Acute Hospital Phase

At the earliest stage of hospitalization after brain injury, the family member's ability to cope with information they have received about their loved one and their overall adjustment to the events surrounding the hospitalization are explored.

Some Questions to Ask:

• Do you know what’s happened?
• What information do you have?
• With whom are you communicating? Who is the family spokesperson for your loved one?
• Has a discharge plan been discussed?

To understand how family members are communicating with the person with BI, you may ask:

• Is _____ in a coma?
• Is _____ able to move or speak?
• Is _____ aware of his/her surroundings?
• Does _____ recognize you and other family members?

**To explore how the family member is personally coping with the challenges and demands of the situation, you may ask:**

• Are you eating?
• Are you sleeping okay?
• Is anyone looking after you? Do you have family and close friends around for support?
• Are you taking time off from a job?
• Are there other family members who need your care?

**Family Members – Inpatient Rehabilitation**

Questions during inpatient rehabilitation focus on the uncertainty of how the person with brain injury is doing and the feelings of family or care providers about not knowing what the future holds.

**Some Questions to Ask:**

• What progress have you seen? Are you encouraged?
• What do you expect to happen next?
• What changes, if any, have you seen in _____?
• Have you been discussing the situation with other family members or close friends?
• How is your communication with the medical staff?
• Are you spending time with your family? How is the rest of your family doing?
• What have your sleep patterns been?
• How about your eating habits?
• Are you taking time off from work? If so, how is your employer reacting?
• Do you have insurance coverage?

**Family Members – Outpatient Rehabilitation**

Though the return of the individual with brain injury to the home is eagerly anticipated, the burden of care and sense of isolation often affect family members and other care providers at this time. The questions mentors might ask concentrate on helping family members become aware of these feelings and cope with them.
Some Questions to Ask:
- How has it been having _____ at home?
- How have you adapted to the increase in responsibility?
- In what ways has this transition been positive?
- In what ways has the transition been difficult?
- Are you the primary caretaker? Do you have support?
- Do you feel able to care for _____? What would help you feel more comfortable in providing care? Where are you turning for help?
- Are you finding the services that you need?
- Have you found the need to advocate for _____ or fight for services?
- Have you participated in any support groups in your community?
- How is family life affected by having _____ home?
- Can you spend time with other family members?
- Are you able to resume or continue working?
- Do you feel comfortable when you leave your home?
- What are some of your concerns for the future?
- How is your overall mood?
- What helps brighten your mood?

Family Members – Transition Back to the Community
This transition includes necessary changes for family members and other care providers, in adjusting to a different life after brain injury. Feelings around the changes, which can be positive and mixed as well as negative, are to be explored.

Some Questions to Ask:
- Are you still in contact with professionals providing treatment for _____?
- Do you understand what has happened to _____ with brain injury?
- How do you feel about his/her progress?
- Does _____ live at home? Does he/she require full-time care?
- Who is available to help with caregiving?
- How has the rest of your family reacted?
• Does your family discuss their feelings and talk about their needs? If yes, how?
• Are the same family members living at home as before _____ had a BI?
• How are you? Are you eating and sleeping enough? Are you getting out at all? Do you spend time relaxing? Are you talking to friends?
• Have you found the resources and services you need?
• Are you continuing to work?
• How has the injury affected your family financially?
• What are some things you are doing to help yourself through this difficult time?
• Who have you turned to and who has been supportive of you since the injury?

**Family Members – Long-Term Community Adjustment**

These questions focus on getting a sense of how the family's lives have changed and what they can do to live a satisfying life, in the context of their family member's BI.

**Some Questions to Ask:**

• How has your role changed with respect to _____?
• What roles have the rest of the family taken on since the brain injury occurred?
• How have family relationships changed since the injury?
• How is _____ the same as before and how is he/she different from before?
• What are your hopes for _____?
• Is _____ living at home? If so, do you expect him/her to live with you long-term?
• How independent is _____? How much help is required for his/her care?
• Have you found services and activities for _____?
• What helps you and allows you to keep going when things are at their worst?
• What do you do to make yourself feel good?
• How do you see yourself as changed by the experience?
• Are you still able to work? Do you still have the same job?
• How has the injury affected your financial situation?
POSSIBLE GOALS WHEN WORKING WITH YOUR PARTNER

Increase your partner’s level of knowledge.
• Information is important, as knowledge can reduce the stress caused by not knowing what can be known.
• Things always seem worse when they are vague or poorly understood.
• Knowledge includes increasing self-awareness, emotional well being and health.
• Knowledge includes information about brain injury and community resources.

Help your partner set realistic goals.
• Breaking down big goals into smaller ones helps to decrease feeling overwhelmed.
• Breaking down goals into smaller ones increases the feeling of making progress.
• Help your partner learn what he/she can do by himself/herself to accomplish a goal.
• Help your partner determine where he/she needs help to accomplish a goal.

Help your partner set limits on the expectations of others.
• Open channels of communications are essential.
• When other family members, relatives and friends expect “too much too soon”, encourage your partner to discuss their expectations honestly with them.
• If other family members, relatives and friends help too much, encourage your partner to identify in what areas help is needed vs. not needed. Encourage your partner to share this information with others.

Help your partner seek ways to adapt to life after BI.
• Help your partner grieve losses.
• Help your partner celebrate successes.
• Help your partner identify what creates stressful situations.
• Support your partner through the stages of adjustment.
• Help your partner identify ways he/she has successfully coped with stress and difficult situations in the past; encourage using those methods again, if appropriate.
• Help your partner identify things that make him/her feel good; encourage your partner to incorporate them more fully into his/her life, as appropriate.
• Help your partner identify what is useful for decreasing his/her stress level.
• Encourage your partner to seek professional help when needed.
**Help expand supports for your partner.**
- Help your partner develop a support system within his/her immediate family.
- Encourage your partner to expand his/her support system to include relatives, close friends, clergy and other community members.

**Encourage your partner to create more structure in his/her life.**
- Help your partner organize his/her time so that he/she has neither too much to do nor too few planned activities.
- Help your partner balance both pleasant and unpleasant activities during the day.
- Help your partner plan and participate in enjoyable leisure activities.

**Encourage your partner to deal with negative thoughts in a realistic manner.**
- Help your partner maintain the belief that he/she can overcome hardship.
- Encourage your partner to look at all sides of a situation before making a decision (seeing “shades of gray”).

**If your partner is a family member, encourage him/her to seek respite and fulfillment of personal needs.**
- Provide encouragement to your partner as he/she seeks to attend to his/her own personal needs.
- Provide support for dealing with guilt or similar issues.
- Review with your partner how much of his/her time is devoted to service of the family member with BI, in contrast to personal needs.
- Help your partner plan time that is set aside for himself/herself.
- Help your partner ask other family members to share responsibilities.
- Encourage your partner to engage in pleasurable activities necessary for his/her psychological and physical health.
ENHANCING YOUR PARTNER’S COPING SKILLS

GOAL: Encourage your partner to gain support from other family members or share responsibility with them.

Action: Determine what other relatives or friends are available to help.

Suggested Questions to Ask:
• Who have you already asked?
• How did you approach them?
• What were their reactions?
• Who haven’t you asked?
• What makes you hesitant to ask them?
• What do you anticipate their reactions to be?
• Do you think they have any idea of how you are feeling?

GOAL: Encourage your partner to gain support from others outside of the immediate family.

Action: Explore other sources of potential help within your partner’s support system.

Suggested Questions to Ask:
• Who else has been helpful to you in times of stress?
• Have you spoken to them?
• What were their reactions?
• Who haven’t you asked?
  o Why not?
  o What do you anticipate their reactions to be?
• Do you think they have any idea of how you are feeling?

GOAL: Increase your partner’s knowledge about brain injury.

Action: Offer appropriate resources about brain injury, and direct partner to appropriate professionals or other sources for additional information.
**Suggested Questions to Ask:**
- How much do you know about (specific topic)?
- Would you like to get more information about this?
- Did you have the chance to read the information that was sent to you?
- What did you think about (specific topic)?
- How do you think this information can help you in your situation?
- What kind of professional do you think can best answer your questions?
- Do you know how to get in touch with that person?

**GOAL:** Enhance your partner’s advocacy skills and ability to communicate with professionals.

**Action:** Explore how communication with service providers is going and work with partner to develop strategies to improve communication.

**Suggested Questions to Ask:**
- When talking to professionals, who is the normal “spokesperson” for the family?
- How does the conversation go? Do you (or another family member) feel your issues are being heard?
- Have you considered organizing your questions ahead of time, and then using the list as a guide to be sure you have gotten all your questions answered?
- Have you considered writing down responses professionals give you during meetings, so you can remember these responses later?

**GOAL:** Help your partner handle problems he/she may have with emotional and/or anger control during stressful situations.

**Action:** Explore the types of emotional and anger control issues that are being experienced, when and where they are most likely to occur, and whether professional help has been sought to learn how to deal with these issues.

**Suggested Questions to Ask:**
- Can you tell me about the emotional control difficulties or problems with anger you are experiencing?
- When are these events most likely to occur?
- Who is involved in these episodes?
• How does the episode end?
• Are the episodes getting better or worse?
• Is there anything that seems to decrease or increase the frequency or severity of these events?
• Has this always been an issue?
• How have you successfully dealt with emotional and anger issues in the past?
• Have you discussed these problems with a professional?

**GOAL:** Help your partner deal with feelings of anxiety or nervousness.

**Action:** Explore the types of problems with anxiety and nervousness that are being experienced, when and where they are most likely to occur, and whether professional help has been sought to learn to deal with this issue.

**Suggested Questions to Ask:**
• Can you tell me about problems with anxiety and nervousness you are having?
• When are these feelings most likely to occur?
• Who is involved when you have these feelings?
• How does the situation end?
• Are your feelings of anxiety and nervousness getting better or worse?
• What seems to decrease or increase the frequency or severity of these feelings?
• Was this an issue before BI? If so, have you successfully dealt with anxiety and nervousness in the past?
• Have you discussed these problems with a professional?

**GOAL:** Increase opportunities for your partner to meet personal needs, obtain “respite” and be involved with social/recreational activities.

**Action:** Explore if your partner has had the opportunity to meet his/her own personal needs as well as have opportunities for respite.

**Suggested Questions to ask:**
• Have you allowed yourself to do anything “fun” lately?
• Are you taking care of yourself?
• Are you engaging in activities to feel better physically?
Some Options: Exercising, going to a health club or the Y, getting a massage, having dinner with a friend, seeing a movie, gardening, doing art, reading, doing photography, singing

• Are you engaging in activities to feel better emotionally?
  Some Options: Internet chat rooms, support groups, professional help, community programs, senior programs, Alcoholics Anonymous (or similar groups)

• Are you seeking information and educating yourself?
  Some Options: Surfing the Internet, visiting the library, attending adult education classes

• Are you seeking spiritual outreach in ways that are meaningful for you?
  Some Options: Going to church or synagogue, chanting, meditating, yoga

• Are you involved in your community?
  Some Options: Attending political activities, participation in civic activities, joining community service groups

**GOAL:** Increase your partner’s support from community agencies.

**Action:** Explore community resources that may be helpful to your partner.

**Suggested Questions to ask:**
• Have you explored housing options?
  Potential Resources: Section 8 Housing, other rent subsidies

• Have you been in contact with social service agencies?
  Potential Resources: Department of Social Services, Office of Disability Services, Division of Developmental Disabilities, Office on Aging

• Have you investigated government programs for which you might be eligible?
  Potential Resources: SSI, SSDI, Medicare, etc.

• Have you considered ways to ease your financial burden?
  Potential Resources: Telephone company subsidies, utility subsidies, etc.

• Have you considered alternative ways to cover the cost of physical and mental health services that you may need?
  Potential Resources: Clinic programs with sliding scale fees, Medicaid clinics, drug clinics, mental health clinics, pharmaceutical companies for discounted rates on prescriptions
• Have you investigated community agencies to help with meal preparation and the like?
  
  **Potential Resources:** Food banks, Meals on Wheels, the Salvation Army, etc.

• Have you explored how your house of worship could provide support?
  
  **Potential Resources:** Local church, clergy, synagogue, etc.
SUPPORTING YOUR PARTNER THROUGH GRIEVING AND LOSS

- Encourage your partner to set goals. Keep the goals small and realistic, and check them off as they are achieved.

- Celebrate progress (no matter how small). Focus on what can be done, not on what cannot be done.

- Help your partner find outlets to vent his/her anger and frustration and lift his/her spirits.

- Encourage your partner to talk with others who have had similar experiences. Finding out that others share your feelings can be comforting.

- Encourage your partner to explore ways to increase financial and emotional security to reduce external stress.

- Encourage your partner to establish routines that provide structure to life and increase his/her sense of security.

- Permit backsliding. As your partner goes through the stages of emotional recovery, there may be points were he/she again feels sad, desperate or angry.
SECTION E: COMMUNICATION SKILLS

Listening Skills: The Basics
Positive Listening Skills
Communication Enhancers
Communication Roadblocks
Maintaining a Conversation with Your Partner
LISTENING SKILLS: THE BASICS

Familiarize yourself with the following hints and try to use them in your conversations with your partner:

Listen to the person

Interest – take interest in your partner

Speak less than half the time

Try not to interrupt or change the topic

Evaluate what is said

Notice changes in tone of voice or speed of speaking

### POSITIVE LISTENING SKILLS

<table>
<thead>
<tr>
<th>People find HELPFUL . . .</th>
<th>People find NOT HELPFUL . . .</th>
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<tbody>
<tr>
<td>• Saying nothing at all</td>
<td>• Trying to provide quick fixes</td>
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<tr>
<td>• Just listening</td>
<td>• Being judgmental</td>
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<tr>
<td>• Being non-judgmental</td>
<td>• Doing it for me</td>
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<tr>
<td>• Hearing what I say</td>
<td>• Patronizing me</td>
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<td>• Feeling understood</td>
<td>• Compromising my autonomy – trying to take me over</td>
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<td>• Listening and taking action</td>
<td>• Being condescending</td>
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<td>• Giving unconditional acceptance</td>
<td>• Thinking “I’m not good enough”</td>
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<td>• Giving encouragement</td>
<td>• Challenging my perceptions</td>
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<tr>
<td>• Permitting hope and belief</td>
<td>• Talking as if I’m not there</td>
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<td>• Helping define and focus</td>
<td>• Making assumptions</td>
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<tr>
<td>• Allowing me to interrupt</td>
<td>• Insinuating “I’m less than a person”</td>
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<td>• Talking with me</td>
<td>• Talking at me, not talking to me</td>
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<td>• Showing patience</td>
<td>• Stereotyping</td>
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<td>• Giving spiritual support</td>
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<td>• Having empathy</td>
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<td>• Being there</td>
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<td>• Building trust</td>
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<td>• Reassuring me</td>
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<td>• Believing I have a brain</td>
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<tr>
<td>• Reinforcing my self-esteem</td>
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COMMUNICATION ENHANCERS

**Listening**
- Be quiet and pay attention. It is difficult to be a good listener when you are talking.
- Don’t think ahead to what you are going to say.
- Don’t interrupt.
- Listen for feelings beneath words. Try to see situations through your partner’s eyes.
- Keep an open mind. Don’t judge immediately. Don’t allow your personal biases to affect what you are hearing.
- Encourage your partner to continue or clarify what has been said. Ask open-ended questions.
- Make eye contact, because it lets your partner know that you are paying attention and are interested.
- Pay attention to changing body language in your partner.
- Give verbal and nonverbal signs that you are listening.
- Show that you are listening by leaning forward and encouraging the speaker by saying “uh-huh” or “go on”.
- Show you are listening by nodding your head. It conveys to the other person that you want to hear more.
- Check out what you understand – repeat or put into your words what you hear.
- Ask if you heard something correctly:
  - If you are right, then you know you understand, and your partner knows you understand.
  - If you are wrong, it gives the speaker an opportunity to clarify.

**Leveling**
- Be honest in what you say.
- Speak for yourself. Use “I” statements, instead of “you” statements.
- Deal with the other person’s real feelings.
- Don’t give unwanted advice.
- Don’t try to change someone’s feelings. Just listen and try to understand.
- Compliment your partner.
COMMUNICATION ROADBLOCKS

• Ignoring – not responding at all, or looking around the room
• Name calling or put-downs, because you don’t agree with your partner
• Directing or ordering (not allowing choice)
• Warning or threatening
• Comparing (“Why can’t you be more like…”)
• Kidding or teasing
• Advising (“If I were you…”), rather than offering suggestions
• Persuading and arguing
• Diagnosing (analyzing your partner)
• Oughting or shoulding (“You ought to know better”)
• Criticizing
• Speaking for someone else (“Oh, she won’t mind”)
• Saying “you” when you mean “I” (“You shouldn’t do that”, when you really mean “I want you to stop that”)
• Interrupting your partner before he/she is finished speaking
• Making totally unrelated (off-target) remarks
• Changing the topic before your partner has finished speaking
• Talking to someone else when your partner is talking
• Trying to “top” your partner’s story with what you think is a better one
• Denying or minimizing your partner’s feelings
• Being overly sympathetic with your partner’s feelings
MAINTAINING A CONVERSATION WITH YOUR PARTNER

Stay in “synch” with your partner’s level of conversation.

• Listen for the [level] of conversation your partner is sharing with you and respond in a similar fashion.
  o Some conversations can be casual and/or chatty.
  o Other conversations may be more serious and/or emotional.

• Listen for the [amount] of conversation with which your partner is comfortable, and respond in a similar fashion.
  o Some people are more open than others and will talk easily about themselves. These individuals may require you to limit the amount of time you spend on the phone.
  o Other people may not talk at first, but once they feel comfortable, become more talkative. These individuals often do best with brief calls initially.
  o Some people are shy and prefer not to talk very much. They may do best with brief calls.
  o Some people prefer to “vent” a lot of pent up feelings and to have minimal dialogue with another person. For these individuals, the best approach is just to listen and be the sounding board for the partner.

• Humor may be a great tool in handling some difficult situations… But, be careful of using humor during an emotionally charged conversation.

Whenever possible, add structure to the conversation.

• Set a time frame for each conversation. For example, you may say:
  “I have about 15 minutes free now, and would like to talk with you. If we need more time, we can schedule it at a point later on. How does that sound?”

• Set out an agenda for each conversation. For example, you may say:
  “Let’s talk today about (re-introduce the topics discussed in the last phone call). Which one would you like to discuss?”

  “Can you tell me about what happened about (re-introduce topic) that we were talking about the last time we spoke?”

  “Did anything unusual or different happened this past week that your would like to discuss?” (This question allows the partner to set the agenda for the conversation)
Some key phrases may be helpful when you are confused about how to respond or need time to think about an answer:

“That’s a complicated issue and I’d like some time to think about it before I respond.”

“Sometimes it takes me a while to formulate my ideas about a topic. Let me get back to you on that after I’ve given it some thought.”

Note: It is good modeling to share with your partner that you often need additional time to think about an issue before responding

When you become overwhelmed by your own personal or emotional reactions:

Sometimes issues that your partner is discussing may create intense emotional reactions in you or bring up issues that were painful for you in the past. If you feel yourself becoming overwhelmed by your own emotional reactions, there are several things that you can do:

• Share with your partner that the issue being discussed is bringing up painful memories for you as well. For example, you could say:

  “This (topic or subject) was a very difficult one for me as well, and even now I am experiencing difficulty as you discuss it”

• Make sure that you reassure your partner that he/she has not done something wrong by discussing issues with you that made you upset.

• Reassure your partner that he/she should not feel guilty. Instead, stress how sharing painful experiences together can be helpful to both of you.

• If you continue to feel overwhelmed, arrange another call and end the conversation.

Helping redirect your partner back to the subject/topic at hand:

For many reasons, including stress, your partner may wander off a given topic. The following are suggested to redirect your partner, or yourself, back to a specific topic:

“We seem to have lost the thread of our conversation (or what we were talking about). I think we were talking about (restate topic or issue being discussed).”

“Can we put this topic aside for a while and pick up the one that we were talking about before?”

Use open-ended questions to encourage your partner to communicate.

• Using open-ended questions encourages your partner to talk and avoids “yes/no” answers.

• Open-ended questions typically start with words like: what, where, why, how, when and who. For example, you may ask:
**Provide multiple options to help the person choose an action.**

- For some people, open-ended questions are difficult due to difficulties with flexible thinking. In this event, offer your partner some alternatives to think about:
  - “How do you feel about that issue? Do you feel A, B, or C?”
  - “People often feel D, E, and F when faced with this problem. How about you?”
  - “Have you thought about doing X, Y, or Z to make you feel better?”

- Another way of presenting options to a person is by sharing how you or other persons have felt or responded in a similar situation. For example, you could say:
  - “I had something similar happen to me and it made me feel sad. My friend who also experienced this felt angry. How do you feel?”
  - “My friends had a similar experience. One told me that he did absolutely nothing, while the other complained to her doctor. What do you feel like doing?”

A word of caution … do not get overly involved with your own experiences; instead, use your experiences and those of others as a means to get your partner to talk.

**Suggestions for ending your phone conversation:**

- “Since I have only a few more minutes to talk right now, let’s finish this topic and then make a date to speak again.”

- “Since I have only a few more minutes to talk today, can we set aside time next week to talk about (put in topic that is currently being discussed)?”

- “I’d like to have more time to spend discussing this issue with you. How about setting up some additional time to talk next week?”
SECTION F: INITIAL CONTACT

Making the First Call
Before Talking to Your Partner
Telephone Instructions
Using Contact Logs
Discussion Codes: Definitions and Examples
MAKING THE FIRST CALL

• When the program coordinator calls, she/he will give you the name and phone number of your partner, information about the partner and issues that the partner has identified as important.

• Write down information about the partner on the Partner Information Form. In a few days, you will receive in the mail a more detailed Partner Information Form along with a supply of Contact Logs, which you will use to record information about your contacts with your partner.

• The program coordinator will give you times that your partner will be available to talk with you.

• You may not reach your partner directly on your first attempt. If you do not make contact by the third call, contact the program coordinator.

• Take a few minutes before placing the first phone call to your partner to review the Partner Information Form and prepare for the phone call, using the tips on the next page.
BEFORE TALKING TO YOUR PARTNER

• **Be present** in your phone call. This means:
  o Being attentive
  o Showing acceptance
  o Showing sincerity

• **Be aware** of your **physical surroundings**. Things to consider include:
  o Privacy – Are there other people in the room or in the vicinity?
  o Distractions – Are there activities going on around you that will distract you?
  o Timing – Are there times of the day that are worse or better for you?

• Be aware of your own feelings and “frame of mind” when you call.

• Stay “tuned in” to signs of changes in your own emotions.

• Select the **best time** for you to reach out to your partner.

• Be aware of your level of **fatigue** when you call. If you are too tired to talk or are not emotionally prepared to talk, call and reschedule with your partner.

• Review the Partner Information Form and any other information that you have about your partner.

• Organize yourself before starting the phone call. Make a list of issues you want to discuss with your partner. Review the list before contacting your partner, and refer to the list during the contact.
TELEPHONE INSTRUCTIONS

• When making a phone call to your partner, you may want to dial *67 prior to dialing their phone number. This will block your phone number from appearing on their caller ID. This block remains in effect only for that one call.

• If your partner’s phone line does not accept “blocked” calls, you will need to redial without using the *67 feature.

• If you have an unlisted phone number, your calls are automatically blocked. If your partner’s phone line does not accept unidentified calls, you can dial *82 prior to dialing their phone number. This will un-block your phone number for that one call.

• In an effort to protect the mentor’s privacy, the mentoring program will not release a mentor’s phone number to a partner. We recognize that sharing your phone number is an individual decision and one that should be made by the mentor. We encourage mentors to get to know their partner before giving out their phone number.

• If you are having problems getting through to your partner, you should contact the program coordinator.

Telephone Reimbursement Policy:

• The program will attempt to match you with a partner whose phone number is within the same area code; that may not always be possible, so you may incur telephone toll charges.

• The mentoring program is able to reimburse you for charges incurred in calling your partner. Mentors need to follow these steps to receive reimbursement:
  o On a copy of your phone bill, highlight phone calls made to your partner and the associated charges.
  o Submit the bill to the program coordinator via mail or fax.

• Once your bill is received and reviewed, you will receive a check from the program to cover the costs of the phone calls to your partner.

• If you have any questions about this policy, contact the program coordinator.
USING CONTACT LOGS

• After the first phone call (as with all later phone calls), it is extremely important that you take a few moments to record information about the call on the Contact Log.

• On the Contact Log for the month you are beginning your partnership, fill in your first name and your partner’s first name.

• Circle the date that you had contact with your partner.

• In the space provided below the date, write down approximately how many minutes you spoke with your partner.

• Also in this space, write down the letters associated with the topics that you discussed with your partner. The topics are listed at the bottom of Log:
  A. Talking about family and friends
  B. Talking about professionals
  C. Talking about brain injury
  D. Talking about resources
  E. Talking about social/recreational activities
  F. Talking about feelings
  G. Talking about changes in your partner’s life
  H. Other issues

  (More information about these codes is provided on the next page.)

• When you have completed a month’s Contact Log, mail or fax it to the mentoring program.

Important Note: You will probably find that it is helpful to take additional notes about each phone conversation with your partner. For example, you may want to keep track of specific information about what you talked about and what you want to address in the next phone call. These notes are for you to keep.
DISCUSSION CODES: DEFINITIONS AND EXAMPLES

A. **Talking About Family and Friends**
   Discussions about your partner’s family or friends.
   
   “I wish my kids would better understand what’s wrong with their dad.”
   
   “I need to get help with babysitting, but I don’t know who to call.”
   
   “My sister just doesn’t get it.”

B. **Talking About Professionals**
   Discussions about conversations with professionals, including doctors, rehab specialists, lawyers and representatives of state or local agencies such as Social Security, DVR, nursing agencies, etc.
   
   “I never can remember what I want to say when we see the doctor.”
   
   “That person from Social Security never calls me back!”
   
   “I get scared every time I have to call the lawyer.”

C. **Talking About Brain Injury**
   Discussions regarding brain injury, including the causes, effects and consequences of brain injury.
   
   “I just can’t imagine what is going to happen after he finishes rehab.”
   
   “I don’t understand what subdural hematoma means.”
   
   “I wish I knew what would help me stop forgetting everything.”

D. **Talking About Resources**
   Discussions about any type of resources that would help improve the quality of life for the person with a brain injury or for a family member.
   
   “Do you know anything about respite care? I really need a break.”
   
   “Our money situation is not good. We need help paying for groceries.”
   
   “Do you know of any support groups in this area?”

E. **Talking About Social/Recreational Activities**
   Discussions about social or recreational activities.
   
   “It has been so long since I’ve been to a movie, but I don’t think I could sit that long or remember the plot.”
   
   “We have no social life any more. All of our old friends have forgotten about us.”
“I can’t remember the last time I had enough time to read a book.”

F. **Talking About Feelings**
   Discussions about your partner’s mood: feeling sad, anxious, angry, etc.
   “I hate feeling so angry all of the time.”
   “Every time we go out, I feel so nervous that I can’t enjoy myself.”
   “I feel really good this week. We had a great time going out to eat.”

G. **Talking About Changes in Your Partner’s Life**
   Discussions about changes that have occurred in your partner’s life since BI.
   “I used to love to dance. Now I can barely walk without the cane.”
   “I wish things could be like they were before the brain injury. I felt good about myself then.”
   “I find that I’m a better listener now.”

H. **All Other Issues**
   Most of your discussions with your partner will fit into the preceding categories. If discussions occur that do not fit into the categories given, please code them as ‘H’ for Other. If you find that you are marking many to most of your codes as ‘H’, you should speak to the program coordinator.
SECTION G: CONTINUING CONTACTS

After the First Call
Computer-based Contact with Your Partner
Final Contact with Your Partner
AFTER THE FIRST CALL . . .

• Before making the next contact with your partner, it will be helpful to review the Contact Log and notes you may have taken about the last phone call. Refresh your memory about what you discussed and what you planned to discuss at the next contact, including anything you promised to do.

• If there are specific things you wish to discuss or ask your partner during the next contact, make a brief reminder list before calling, and have it available during the conversation.

• Review the suggestions discussed regarding “Before Talking to Your Partner” (page 50). For example, “being present”, “being aware of your surroundings” and the other points to ensure a good phone contact.

• After all contacts with your partner, record information about each call on the Contact Log. Mail or fax to the mentoring program monthly.

• Record any additional information you would like to remember about the call on a separate note pad including the time you agreed to next contact your partner.
COMPUTER-BASED CONTACT WITH YOUR PARTNER

• For some partnerships, the option may be available to communicate via e-mail. This should first be discussed with your partner and used only if agreed upon by him/her.

• Computer-based communication can include sending and receiving e-mails, instant messaging and/or chat room discussions.

**Documenting Computer-based Communication**

• Circle the date you sent an e-mail on your monthly calendar, indicate “e-mail sent” and record the letter(s) that correspond to the topics(s) addressed.

• When an e-mail is received from your partner, circle the date on the Contact Log, record “e-mail received” and the relevant topic code(s).

• For instant messaging and chat room conversations, circle the date on your Contact Log, record “instant messaging” or “chat room” and record the topic code(s) discussed.
There are a number of reasons why a mentoring relationship ends. Speak to the program coordinator when either you or your partner would like to end the relationship.

Prior to making the final contact with your partner, review your Contact Log and any notes you may have taken. It may be helpful to think about prior issues, areas of concern and the progression of the relationship.

If there are specific things you wish to discuss or ask your partner during the final contact, make a brief reminder list before calling and have it available during the conversation.

After your final contact with your partner, contact the program coordinator to discuss any additional issues regarding your partner or thoughts you may have regarding your experience as a mentor.

Record the final contact on your Contact Log and mail or fax this sheet as you have done in the past.
REFERENCES

This Workbook is based on an earlier version:


Materials for both versions were adapted from the following sources:


Kosciulek, J.F. Dimensions of family coping with head injury. Rehabilitation Counseling Bulletin, 37, 244-259.


National Self-Help Clearinghouse. Adapted from the Counseling Center, University of Buffalo/SUNY.


