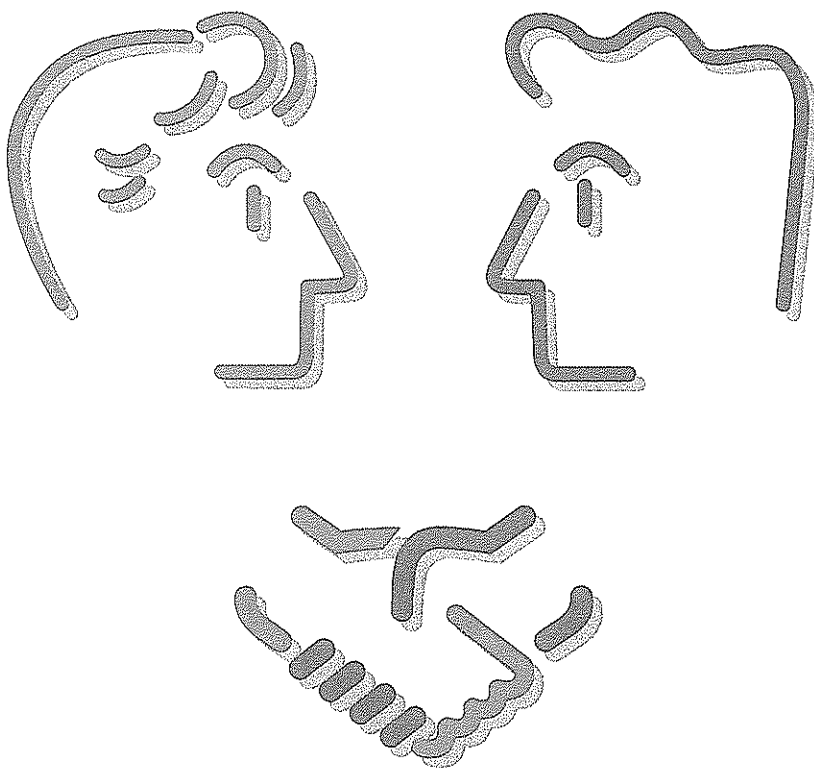


MOUNT SINAI REHAB CENTER

COMMUNITY SCI PEER MENTOR TRAINING



Mount Sinai Spinal Cord Injury Model System

**MOUNT SINAI SCI MODEL
SYSTEM**

***COMMUNITY
SCI PEER MENTOR
TRAINING***



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Overview of the Community SCI Peer Mentor Program

- Mentors will be enrolled in a SCI peer training.
- The coordinator will contact a mentor and ask if he or she could meet/contact a recently spinal cord injured person (prospective partner) at the ILC or by phone. It is recommended that a mentor meet the potential partner either at the ILC or neutral site.
- Every attempt is made to match up peer mentors with partners that are of similar injury levels and background.
- After the initial contact, the coordinator will ask the partner if they would like the prospective mentor to continue to contact them. If the person agrees, then the coordinator will inform the mentor.
- The mentor will establish an on going partnership and contact the person by telephone on a regular basis. Contact will be a minimum of two times a month for the first three months and a minimum of one time a month there after.
- Partnerships will last a minimum of 3 months and may even last beyond 6 months.
- The mentor will keep track of his or her contacts with their partner and provide this information to the peer coordinator on a monthly basis.
- The peer coordinator will provide on going assistance and support to the mentor.
- Mentors are encouraged to be in touch with the Peer Coordinator if any problems arise.

WHAT ARE THE PURPOSES OF MENTORING?

Some people may need help and support soon after they **enter the rehabilitation** hospital. A peer-mentor will be available to assist these patients as they go through their rehabilitation. They will be there to answer questions and provide emotional support. We anticipate that new patients will appreciate the experience and encouragement offered by a peer.

Other people may need help when they are close to being **discharged** and ready to return home. Often times, these individuals will be returning to an apartment or house that is highly inaccessible. A peer-mentor will be available to provide support and, when appropriate, they may provide ideas to improve the accessibility of the home.

Still, others may need someone to talk to as they try to **rebuild their lives** after their injury. They may be interested in furthering their education or entering the workforce. A peer-mentor will have the knowledge of community resources to guide them through this process. A peer-mentor may also have his or her own personal experiences to share.

WHAT IS A PEER-MENTOR?

A peer-mentor is an individual who shares things in common with the person they are trying to help. For example, both individuals may be of the same sex, age, or ethnic group. You have been selected as a potential mentor because you are in a unique position to help your peers – you have personal experiences with the rehabilitation process and about living independently that you can share.

- Mentoring is a one-to-one relationship between someone who has successfully coped with Spinal Cord Injury (SCI) and someone who is trying to deal with it.
- Mentoring is a give and take, building on the strengths of both the mentor and his/her partner.
- Mentoring is providing a confidential, consistent commitment to someone in need.
- The gifts a mentor receives are the benefits of helping someone else and feeling good about that helping.
- It is a chance to provide social and emotional support, reduce isolation and offer hope for the future.
- It is the chance to provide someone else with an understanding of the process of adjustment to SCI.
- It is the chance to provide someone with 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.

THE MANY ROLES OF A MENTOR

- | | |
|------------------------|-----------------------|
| * Friend | * Motivator |
| * Guide | * Encourager |
| * Helper | * Advisor |
| * Listener | * Confidant |
| * Role-model | * Self-esteem booster |
| * Sounding board | * Big brother |
| * Wise teacher | * Coach |
| * Information provider | * Companion |

A MENTOR IS:

Not a Professional Counselor

- Psychologist
- Psychiatrist
- Social Worker
- Case Manager
- Counselor

A MENTOR IS:

Not an Expert on Issues

- Rehabilitation
- Medical
- Legal
- Benefits

Not a Provider of Direct Family Support

- Babysitting
- Housekeeping
- Shopping
- Driving

THE ROLES OF A MENTOR

A Mentor Does:

- Facilitate trust, openness comfort and empathy
- Accept people as they are
- Listen, clarify, help people see alternatives for decision-making
- Gives advice and offers 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”, do for a person what he/she could do independently
- Put people down
- Gossip about what was said in confidence by a partner
- Expect all problems to be “fixed” quickly and easily

Responsibilities of the Community SCI Peer Mentor

- In order to participate in the SCI Peer Mentor Program, a prospective mentor must attend a half-day training.
- A mentor is asked to commit to the program for a one-year period.
- Mentors will meet prospective partners for an initial meeting when possible.
- Mentors will maintain contact with their partner on a regular basis.
- Mentors will not desert their partner.
- Mentors will contact the Peer Coordinator if there are any problems.
- A mentor is asked to keep track of contacts with the partner to assist in the evaluation of the mentoring program over time.
- A mentor is provided with ongoing support from the coordinator of the program.
- A mentor is provided with ongoing training that will be tailored to address any special challenges encountered.

A MENTOR'S RESPONSIBILITIES

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

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

A Mentor's Responsibilities to the Mentoring Partnership Program

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

Mentor's Name _____

Mentor's Signature _____

Date _____

DISABILITY ETIQUETTE

Did you know that people with disabilities were once...

- Viewed as unhealthy, defective, and deviant.
- Treated as objects of fear or pity.
- Segregated from activities and services commonly enjoyed by most people.
- Perceived as incapable of participating in or contributing to society.
- Considered a drain to society because it is often assumed that they rely on welfare or charitable organizations.

Many words and phrases that were once used to describe people with disabilities in the past are now considered inappropriate and derogatory. These words or phrases include: cripple, retard, invalid, crazy, and handicapped. They are considered inappropriate because they bring the wrong images to mind. For example, the phrase “wheelchair bound” may bring to mind an image of a person who is physically bound to their wheelchair and unable to perform any physical activities.

Fortunately, attitudes toward people with disabilities are slowly changing. We now see more positive images of people with disabilities in advertisement, TV sitcoms, and movies. There has been more public education to increase awareness about disability issues in school and work settings. Also, the Americans with Disabilities Act (ADA) was passed in 1990 to protect the civil rights of approximately 54 million people who have a disability. This number reflects the fact that about 20% of Americans (1 out of 5) have some type of physical, intellectual, psychiatric, or sensory disability. As a result of all these efforts, our society is recognizing that an individual with a disability is a person first, and that his/her disability is just one of the things that makes him/her unique and distinct from others.

When speaking about someone who has a disability,

<u>Don't use terms like...</u>	<u>Do use terms like...</u>
Wheelchair bound	A person with quadriplegia
Cripple	A person with paraplegia
Invalid	A person who uses a wheelchair
Unfortunate	A person who uses mobility aids
Incapacitated	A person with multiple sclerosis
Retard	A person with cerebral palsy
Victim	A person with mental retardation
Handicap	A person with a learning disability
Deaf and Dumb	A person with a hearing disability
Afflicted	A person with a disability
Stricken with...	The person's name

DEALING WITH A NEW DISABILITY

As you already know, it will take some time for your partner to adjust to life with a new disability. Tackling physical obstacles and facing negative attitudes from the public may make this adjustment difficult. Keep in mind that your partner may experience some of the following reactions. From time to time, you may experience them as well.

- **Shock** – “After I was injured, I felt like it was a nightmare. It didn’t feel real.” Immediately after the injury, your partner may experience feelings of numbness or shock. They may feel confused, dazed, stunned, or say that what they are experiencing feels unreal.
- **Denial** – “I didn’t want to be around people in wheelchairs because I didn’t want to be like them. I wanted to be around 'normal' people.” During this stage, your partner may want to detach or separate himself or herself from the reality of his experience. They may not want to admit that they will be in a wheelchair for a long time.
- **Frustration/Irritation/Anger** – “I would snap really quickly when others tried to help me.” Your partner may begin to feel frustrated, irritated, and angry because of the physical limitations related to their injury or the negative attitudes they are encountering from others.
- **Sadness/Depression** – “I didn’t want to live anymore.” Feelings of profound sadness or withdrawal are not uncommon. Your partner may begin to feel overwhelmed by the challenges that lie ahead and have negative feelings toward their outlook on life and the future.
- **Comparisons with Others** – “At least I’m not dealing with a bad pressure sore” or “I wish my injury was a T10 instead of a C3.” Partners may compare themselves favorably and unfavorably with others who sustain their injuries in a similar way.
- **Coping** – “I can’t dwell on the past. I have to play the cards I’m dealt.” Your partner may reach a point where they do not want to dwell on the past. Instead, they may want to focus on the future and deal with the situation at hand.

- **Changes in Faith or Religion** – "Why is God doing this to me?" or "God's not punishing me, this happened to make me a stronger person." Some partners may report losing faith in religion as a result of their injury. They may struggle with believing in a God. On the other hand, some partners may report that they have found God or changed their faith as a result of their injury. They may turn to spiritual or religious beliefs in order to better understand why something has happened to them.
- **Increased Interest and Belief in Medicine and Technology** – Your partner may become more interested in medical and/or technological advances for people with spinal cord injuries. They may strongly believe that these advances will lead to a better life, and perhaps help some individuals walk again.
- **Gratefulness** – "I'm lucky I didn't die." Your partner may be very grateful that they survived the gunshot wound. They may view using a wheelchair as a positive consequence when compared to death.
- **Acknowledgment of the Disability** – I'm going back to school and doing something positive with my life." With time, your partner may begin to feel positively about themselves and their disability. They may begin to take steps to reintegrate into their community and make decisions that will impact positively on their life, such as going back to school or work.

LISTENING SKILLS

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

Listen to the person

Interest

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

Modified from: Rick Parente, Sudden Impact (Aug/Sept 1998) p. 3

Responding

There are a number of ways that you can **respond** after listening to your partner, both verbally and nonverbally. Your response will depend greatly on what is being said to you. On the next page, you will find some basic ways to respond to others.

Effective ways to respond to someone:

- **No Quick Solution-** Do not feel that you have to find a quick solution. Being a peer-mentor does not mean that you have all the answers. Keep in mind that you will be listening to some very complicated situations that have no easy fixes. In these situations, it may be best to simply let your partner know that, although you do not know all the answers, you are there to listen as they share with you the challenges they may be experiencing.
- **Understanding-** Perhaps the most powerful way to respond is by letting your partner know that you understand their situation and feelings. If you attend and listen when they communicate with you, this will be much easier to do. A person tends to feel understood when both their situation and their feelings are acknowledged. Let your partner know that you feel for them and that you may have an understanding of what they are going through.
- **Acknowledge Confusion-** If you are confused or do not understand what your partner is trying to say, let them know. Using phrases like *"I'm a little confused"* or *"I'm not sure I understand"* will let your partner know that you **do** want to understand. It may also be helpful to ask your partner for an example if you need clarification (*"Can you give me an example of what you mean when you say that everything's going wrong for you?"*).
- **Summarize-** You can provide a simple summary based on what your partner has shared. This will let them know that you are paying attention and listening. You can use phrases like *"I hear you saying..."* or *"it sounds like you are feeling..."* Most important, be natural and genuine when you are summarizing someone's situation and feelings.
- **Humor-** Finally, when appropriate, you can respond to a situation by using humor. It is sometimes appropriate to laugh and share good times with your partner.

POSITIVE LISTENING SKILLS

HELPFUL

- Saying nothing at all
- Just listening
- Non-judgmental
- Hearing what I was saying
- Feeling understood
- Listening and taking action
- Unconditional acceptance
- Giving encouragement
- Permitting hope and belief
- Helping define and focus
- Allowing interruptions
- Talking with me
- Patience
- Not assuming
- Spiritual support
- Having empathy
- Being there
- Building trust
- Reassuring
- Believing I have a brain
- Challenging me in the right setting
- Reinforcing self-esteem

NOT HELPFUL

- Quick fixes
- Being judgmental
- Doing it for me
- Patronizing
- Compromising my autonomy
- Being condescending
- Thinking: "I'm not good enough"
- Challenging
- Talking as if I'm not there
- Assuming
- Isolation
- Insinuating: "I'm less than a person"
- Not talking *to* me, talking *at* me
- Stereotyping

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** underneath the words. Try to see the situation through the other person's eyes
- **Keep an open mind.** Don't judge immediately. Don't allow your personal biases to affect what you are hearing
- **Encourage the speaker** to continue or clarify what has been said. Ask open-ended questions

Looking

- **Make eye contact** because it lets the person who is talking 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**.
- Check what you are understanding-**repeat or put into your words** what you have heard. Ask if you heard something correctly-If you are right, then you know you understand and the speaker 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 listening 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 the 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 doesn'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 the 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

TIPS TO MAINTAIN 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.
 - Some conversations can be casual and/or chatty.
 - Other conversations may be more serious and/or emotional.
- Listen for the **amount** of conversation that your partner is comfortable with, and respond in a similar fashion.
 - 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.)
 - Other people may not talk at first, but once they feel comfortable, become more talkative. (These individuals often do best with **brief calls initially**).
 - Some people who are just shy and prefer not talk very much at all. (These individuals may do best with **ongoing brief calls**).
 - Some people prefer to “vent” a lot of pent up feelings, and prefer 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...Be careful of using humor during an emotionally charged conversation.

TIPS TO MAINTAIN A CONVERSATION WITH YOUR PARTNER (cont.)

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 at the moment, 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 to you?"

- 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)

Suggestions for ending your phone conversation

- "Since I have only a few more minutes to talk right now, let's finish up on 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?"

TIPS TO MAINTAIN A CONVERSATION WITH YOUR PARTNER (cont.)

When you are confused about how to respond or need time to think about an answer

Here are some key phrases that may prove helpful...

- "That's a very 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

- "I feel so sad and angry when you tell me about this".
- "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, **end the phone conversation** and arrange another call.

TIPS TO MAINTAIN A CONVERSATION WITH YOUR PARTNER (cont.)

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

Many individuals (including yourself) may exhibit a tendency to wander off a given topic. The following are suggested ways to redirect your partner or yourself back to a specific topic:

For example, you can say:

- “I 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 issue (or topic previously discussed) that we were talking about before?”

Using open-ended questions to encourage your partner’s communication

Using open-ended questions encourages your partner’s responses, and avoids the tendency of your partner to give simple “yes” or “no” answers.

This type of question typically starts with words like: **what, where, why, how, when and who.**

For example, you may ask:

- “**How** do feel about that?”
- “**What** do you think about that?”
- “**When** would you be doing that activity?”
- “**Where** did you go during the past week?”
- “**Why** did that worry you so?”

TIPS TO MAINTAIN A CONVERSATION WITH YOUR PARTNER (cont.)

Providing multiple options in order to help the person choose an action

- For some people, open-ended questions are difficult due to difficulties with flexible thinking. In this event, you can offer your partner some **alternative options** to think about.
- A word of caution... do not get overly involved with your own experiences, but rather use **your experiences and others** as the means to get your partner to talk.

For example, you may say:

- "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 kind of 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 experienced a similar situation 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?"

Documentation

1. You will need to keep track of every contact you make with your partner.

2. You may use the SCI Peer Mentorship Contact Log to document
 - Date of phone or in-person contact
 - Length of time of contact
 - Issues or topics discussed
 - Follow-up needed

3. If you do not speak directly to your partner, keep track of:
 - Date and time of contact
 - Whether you left a message or not
 - And if you spoke to a family member or not

After three unsuccessful attempts to contact your partner contact the Peer Coordinator.

4. You will provide partner contact information to the peer coordinator on a monthly basis via telephone call or e-mail.

In-Patient Rehabilitation

At this time, the person is struggling to come to grips with the changes in him or herself and the continued needs that require help from others. The reality the spinal cord injury may make the present state appear bleak and blur the possibilities for the future.

Questions highlight the progress made, focus on establishing a sense of the present situation, and promote thinking of future plans.

Some Questions to Ask:

- Do you feel you're improving?
- Are there things about your spinal cord 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?
- Do you feel like you are ready to go 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?
- What are your plans after rehab discharge?
- What have you been told about your recovery?

Transition Back to the Community / Out-Patient Rehabilitation

Questions are raised to identify sources of support and how helpful they are. The aim is to help the person acknowledge possible difficulty in leaving a hospital and adapting to a former environment in new ways.

Some Questions to Ask:

How does it feel being back home?

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?

When do you think that you will be ready to return 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?

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?

Are there any sources of tension between you and your family?

Have you been able to resume some activities you did before the spinal cord injury?

Are there things you would like to do but can't now?

Are there things or people that get you upset now?

Are you getting out at all?

How is your overall mood?

Do you have someone to talk to about your needs and feelings?

Questions seek to aid the person in understanding and reconciling to the differences between their lives before and their lives after their spinal cord injury.

Some Questions to Ask:

- Are things different for you from before your spinal cord injury? If so, how are they different and how do you feel about that?

- How much have you had to change the way you go about doing things? What are some areas of difficulty for you?

- Are things going OK with your family?

- Who do you talk to and find to be supportive?

- Are you able to work? Has your job changed?

- Are you living in the same place as before your SCI? If yes, is accessible? If not, where are you living and how do you find your new residence?

- Are there other support services that might be helpful?

- What keeps you going? What helps you when the going gets tough?

- How is your mood

Follow-up Phone Call

- ✓ **Review your prior contact form for a partner before you make the next contact**
- ✓ **Refresh your memory of your previous contact, what you discussed, and anything you promised to do or follow-up on before your next contact**
- ✓ **If there are specific things you want to be sure to ask your partner during the next contact, make a brief reminder list before calling**
- ✓ **If scheduled time to call becomes impossible. Contact partner and reschedule. Don't leave them in the dark.**

SCI Peer Mentor Training Introduction –Exercise 1

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

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

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

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

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

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

A Mentor in Your Life-Exercise 2

You may have had a mentor in your own life, a person who guided you in positive ways. This might have been prior to your injury, after your injury during the transition back to the community or more recently in your life. Think for a few minutes and answer the following questions.

1. Who was that person?

2. How did he or she help you?

3. Did that make a difference for you? How?

Stages of Adjustment-Exercise 5

1. Think back to when you were going through rehab. in the hospital. Which reactions were strongest?

2. During the 6-month transition period after you were discharged home, what reaction was the strongest then?

3. After a year, 2 to 3 years what were your feelings about your disability?

Responding-Exercise 6

A. You begin working with a recently injured SCI patient who was injured about 3 weeks ago. They are in a state of disbelief and shock. They want to know if and when they will walk again and want an answer. How would you respond?

B. Your peer partner was very independent before the injury. He lived on his own, had a job that required physical skills and was happy go lucky. Now he will have to move in with his mother and will need assistance from her. What do you say to him?

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

The First Meeting -Exercise 7

- ✓ **Introduce yourself**
- ✓ **Ask what they might know about their injury**
- ✓ **Inquire about their family**
- ✓ **Share your story**
- ✓ **Ask them if they would like you to visit them again or contact them at home when they get discharged**

Team up with another person in the group and use the above six components to develop an introduction. Switch roles as mentor and partner. Use log form to document key information.
