

THE DISABLING BULLET



A peer-mentor approach to empower people with violently-acquired spinal cord injuries

TRAINER'S MANUAL

The Department of Disability and Human Development and the Department of Psychology at the University of Illinois at Chicago

in collaboration with

Schwab Rehabilitation Hospital and Care Network

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FOR THE TRAINER:

This manual is the main tool for training peer-mentors. It includes chapters and sessions on:

- The importance of mentors
- Disability awareness
- Building and fostering effective helping relationships
- Supervision
- Community resources

Throughout the manual, there are exercises and role-plays that aim to engage peer-mentors in the training sessions. “Tips” are also inserted in the instructors’ manual in order to facilitate the training and encourage participation from peer-mentors. “Tips” for the instructor are clearly distinguishable by the letter “I” (for “Instructor”):

Example:

I: “What is a mentor?” Go around the room and encourage participants’ responses before proceeding to the next page.

For more details, please refer to the **Trainer’s Manual Outline**.

I: Provide a brief introduction for each chapter to help participants understand the overall content of the training.

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I: Welcome participants to the training by reading (or paraphrasing) the following:

WELCOME

Not long ago, you experienced a violently-acquired spinal cord injury. As you know, your life changed in drastic ways. You went through rehabilitation and during your hospitalization you had many questions about your physical well-being. You probably experienced many different feelings – shock, frustration, anger, sadness, love, hope. You may have seen your relationships with family and friends change. You may have also developed new relationships with people in and out of the hospital.

After your discharge, you probably returned to a home that was in many ways inaccessible. There may have been stairs at the entrance, the bathroom may have been too small, or the kitchen cabinets may have been too high. You learned how to deal with these barriers in your home, as well as others in your community. You also realized that life – in a wheelchair – had much to offer. You may be living independently, you may be furthering your education, or you may be pursuing a lifelong dream of becoming a musician, computer programmer, or business owner.

Your unique experiences can help other people like you get through their rehabilitation, return to their homes, and continue with their lives. We thank you for your willingness to share your experiences and welcome you to the Disabling Bullet Project. Your role as a peer mentor is an important one. This manual is intended to help you develop basic skills that are important when “mentoring” others. Keep in mind that we are not trying to change you. Instead, we hope to strengthen and make you more aware of skills that you already possess.

I: Explore issues related to having a violently-acquired spinal cord injury (VASCI) by reading (or paraphrasing) the following:

INTRODUCTION

I was hanging out with some friends on the corner when I heard the gunshots. I ran but a bullet caught the middle of my back. I fell to the ground and couldn't move the lower part of my body. I was terrified...I kept thinking I would die. Til this day, I don't know if any of those bullets were meant for me. I did run the streets and had been shot at before, but I never thought I would end up in a wheelchair. I suffered a T12 injury to my spinal cord. During the first few weeks in the hospital I felt angry, confused, and lost. Even though I was alive, I thought my life had ended. I had tons of questions about my body...mostly, would I walk again? After two months of rehabilitation, I returned home. It was hard. There are steps in front of my building and my two brothers have to carry me in and out. It's a pain. I'd rather stay in than ask for their help. During the last two years, I've spent most of my time in my apartment, watching TV. If I had someone to talk to when I was in the hospital, someone who went through what I went through... who knows, things could have been different.

- I**: Have participants react to the scenario by asking,
- What are your thoughts about this scenario?
 - How does it relate to your own experiences?



I: Have participants become involved in the training by having them take turns reading parts of each chapter. Be mindful that some participants may have trouble reading and can be involved in the training by reflecting upon what others have read.

Each year, thousands of young African-American and Latino men and women are shot in places like Los Angeles, Chicago, Detroit, and Washington, D.C. Although many of these individuals die, many more become injured. Since 1973, spinal cord injuries from acts of violence have increased steadily. For many youths with violently-acquired spinal cord injuries (VASCI), the future may look bleak. Many were struggling with their lives even before becoming disabled. Some dropped out of high school. Some engaged in illegal activities to support themselves and their families. Some spent time in prison.

The purpose of this manual is to help people with VASCI by providing them with a peer-mentor – someone who has first-hand knowledge about VASCI and life after the injury. This manual was developed with the understanding that people with VASCI can be empowered to make changes in their lives and that peer-mentors can help them through this process. For the past year, project staff at UIC have worked closely with a group of young men and women with VASCI who have made positive gains in their lives. Their experiences (both before and after injury) have guided the development of this manual.

Terrance was only 16 when he was shot. Despite attending an inaccessible high school and encountering negative attitudes, he graduated. He is currently a 2nd year student at a community college. He intends to get an associate degree in liberal arts. **Patrick** was shot two years ago. His injury resulted in quadriplegia and a long rehabilitation. He recently returned to high school and obtained his diploma. He also volunteers at the hospital where he completed his rehabilitation. He uses his bilingual skills to provide translation services. **Devoy** was also a high school student when he was shot. After his injury, he returned to school and graduated. He has worked as a telephone sales representative for a major company and plans to return to college.

I: Compare participants' responses with the list below.

THE MANY ROLES OF A PEER-MENTOR

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

You may have had a mentor in your own life – someone who has guided you in positive ways. Take a few minutes and think about whether you have had a mentor in your life.

I: Stop after each question and have participants respond.

If you did,

Who was this person? _____

How did he or she help you? _____

Did that make a difference for you? How? _____

I: If participants say that they did not have a mentor, ask them to think about whether having one would have been helpful. Encourage them to provide examples of when this might have been the case.

I: Have a participant read.

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. For the Disabling Bullet, your peers are other people with violently-acquired spinal cord injuries. 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 with others like yourself.

HOW CAN A PEER-MENTOR PROGRAM HELP OTHERS?

The Disabling Bullet peer-mentor program aims to help young men and women with VASCI through various points of their rehabilitation. 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, 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.

HOW CAN A PEER-MENTOR PROGRAM HELP YOU?

We recognize that being a peer-mentor is not for everyone. For those who choose to take on this commitment, we expect that you will also benefit from helping others go through a difficult time in their lives. You will be there to provide support while they undergo their rehabilitation. More importantly, you will be there to provide your mentees with support after they are discharged, as they return to their homes and communities. From these relationships, we expect that you will experience some emotional reward or sense of satisfaction or personal growth.

- I:** Have the group reflect on the value of peer-mentoring, particularly for young people with VASCI. Ask the group,
- What do you think so far?
 - Can a peer-mentor make a difference?
 - What experiences or qualities do you bring that would make you an effective peer-mentor?

REVIEW QUESTION

- I:** Ask the following question and have participants respond.

How would you describe the Disabling Bullet peer-mentor program to others?

CHAPTER 2: DISABILITY AWARENESS

I: Have a participant read.

As a peer-mentor, you will be expected to support and help other young people with VASCI during a very difficult time in their lives. Your mentees will be going through many changes – both physically and emotionally. Your mentees may reach out to you and ask you to share your own experiences: What was it like when you returned home for the first time? Did your friends stick around? Did you have problems getting along with family members? Did people treat you differently? As a peer-mentor, before you can share your perspective, it is important that you first examine your own thoughts and feelings, your own sense of self, and your awareness of disability issues.



SELF-EVALUATION

We are going to see a video entitled, The Disabling Bullet. This video depicts the lives of four young men with spinal cord injuries resulting from gunshot wounds. As you view this video, think about your experiences and what you may have in common with these men.

I: After showing the Disabling Bullet video, ask the following questions.

What are your reactions to this video? _____

What do you have in common with any of these young men? _____

What parts of the video were you not able to relate to? _____

The following exercise is meant to help you better understand your own self and your disability. There are no right or wrong answers.

I: Ask the following questions and have each participant respond.

1. What is your disability? _____

2. When were you injured? _____

3. How did it happen? _____

4. How did you feel at first? _____

5. How do you feel about your disability now? _____

6. Do you feel comfortable talking about your disability? _____

7. Who do you feel comfortable talking with? _____

8. What do you feel comfortable talking about? _____

9. What don't you feel comfortable talking about? _____

10. When describing yourself to others, do you mention your disability? How about your wheelchair? _____

11. Is your disability an important part of who you are? _____

I: Trainers should be aware that some of these questions may elicit strong emotional reactions from participants. Reactions may also vary widely across participants. It is important to create a supportive atmosphere where trainers and mentor candidates are respectful of each others' responses. As indicated in the trainers' outline, it is important for peer-mentors to be able to discuss these issues, as they will come up in most mentor-mentee relationships. Above all, trainers should convey to participants that there are no "right answers" to these questions, but that being able to talk openly and honestly about the issues that these questions address – even though this may sometimes be difficult - can be an important element of their relationships with their mentees.

DISABILITY ETIQUETTE

! : Have a participant read.

Now that you have a better sense about your own thoughts and feelings concerning yourself and your disability, it is important to consider how others view and treat people with disabilities.

Take a moment and think about a time when you have been treated differently because of your disability. Describe what happened.

The general public tends to treat people with disabilities differently. Perhaps, you have sensed stares, heard whispers, or been talked to or treated in a demeaning way. Historically, people with disabilities have often been viewed in a negative light.

Do you know that people with disabilities are often...

- 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 his or her 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 advertisements, 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.

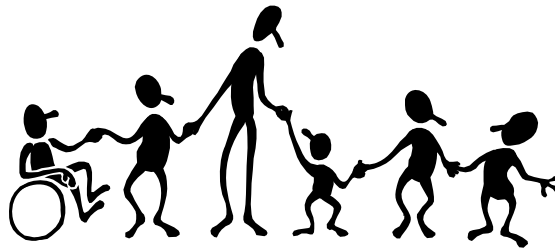
When speaking about someone who has a disability,

Don't use terms like...	Do use terms like...
Wheelchair bound	A person with quadriplegia
Cripple	A person with paraplegia
Invalid	A person who uses a wheelchair
Crazy	A person with mental illness
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

It is also important to be aware that some people with disabilities prefer the term “disabled person” because they want to be fully recognized and accepted.

I: Provide an opportunity for participants to react to the Disability Etiquette section. Remind them that there are no right or wrong answers and that you are interested in hearing their own viewpoints. Ask the group,

- Do you feel that attitudes toward people with disabilities have changed?
- What do you think about the terms listed on the previous page?



DEALING WITH A NEW DISABILITY

I: Have a participant read.

As you already know, it will take some time for your mentee 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 mentee may experience some of the following reactions. From time to time, you may experience them as well.

I: After each statement is read, ask participants, “Was this true for you?” Encourage participation to the extent that each person feels comfortable. Keep in mind that some people may have difficulty sharing their feelings, especially with people they do not know well.

- Shock – **“After I was injured, I felt like it was a nightmare. It didn’t feel real.”** Immediately after the injury, your mentee may experience feelings of numbness or shock. He or she may feel confused, dazed, stunned, or say that what he or she is 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 mentee may want to detach or separate himself or herself from the reality of his or her experience. Your mentee may not want to admit that he or she will be in a wheelchair for a long time.
- Frustration/Irritation/Anger – **“I would snap really quickly when others tried to help me.”** Your mentee may begin to feel frustrated, irritated, and angry because of the physical limitations related to his or her injury, or because of the negative attitudes encountered from others.
- Sadness/Depression – **“I didn’t want to live anymore.”** Feelings of profound sadness or withdrawal are not uncommon. Your mentee may begin to feel overwhelmed by the challenges that lie ahead, and have negative feelings toward his or her outlook on life and the future.

I: Thoughts of suicide may also occur when one is dealing with dramatic life changes. Encourage the group to discuss this possible reaction to a new disability.

- 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."** A mentee may compare himself or herself favorably and unfavorably with others who sustain injuries.
- Coping – **"I can't dwell on the past. I have to play the cards I'm dealt."** Your mentee may reach a point where he or she does not want to dwell on the past. Instead, he or she 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 mentees 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 mentees 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 like this has happened to them.
- Increased Interest and Belief in Medicine and Technology – Your mentee may become more interested in medical and/or technological advances for people with spinal cord injuries. He or she 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 mentee may be very grateful that he or she survived the gunshot wound. He or she may view using a wheelchair as a positive consequence when compared to death.
- Acceptance of the Disability – **"I'm happier now than before my injury. I'm going back to school and doing something positive with my life."** With time, your mentee may begin to feel positively about himself or herself and his or her disability. Your mentee may begin to take steps to

reintegrate into the community and make decisions that will impact positively on his or her life, such as going back to school or work.

I: Explain to participants that these reactions are likely to keep occurring throughout one's lifetime. However, with time, they may find some reactions will become less intense (for example, sadness or irritation). Also, with time, some reactions may become stronger (for example, one's faith in God). Have participants react to this statement.

I: Ask the following questions and have participants respond.

Think back to when you were going through your rehabilitation. Which reactions were strongest? _____

Can you think of any other reactions that you had? _____

Which reactions are strongest for you now? _____

I: The trainer may need to be particularly empathic if mentor candidates disclose particularly strong negative reactions. When strong negative reactions emerge for a given participant, it can be effective to ask other participants whether they've had the same reactions in the past, and, if so, how they have learned to deal with this.



I: Have a participant read.

BEING A MINORITY INDIVIDUAL WITH A DISABILITY

Members of minority groups (such as, women, individuals of Jewish faith, gays/lesbians, African-Americans, Latinos) have dealt with a long history of prejudice and discrimination. Prejudice is an opinion that has been formed before the facts are known. This opinion is typically negative and may involve feelings of suspicion, intolerance, or hatred. Discrimination occurs when a person acts upon a prejudiced opinion. For example, an employer may hold the opinion that women are weak in the area of math and discriminate by not hiring women for jobs that require math skills.

Think about the time before you had your disability. How often did you feel discriminated against for being a member of a minority group? Can you give an example?

I: Encourage a response from each participant.

Having a disability and being a member of a minority group can be especially difficult. Not only is there a possibility that you will be treated differently because of your disability, you may also be treated differently because of your gender, faith, sexual orientation, or skin color.

Many individuals with VASCI have felt prejudged and discriminated against because of their disability and minority group status. Here are a few of their quotes:

“Being in a wheelchair and being a minority makes many things difficult, like catching a cab. Some taxi drivers won’t pick me up.”

“Doctors and nurses sometimes looked at me differently because I’m Black and in a wheelchair.”

“People look scared of me. I’ve told them that I was injured in a motorcycle accident.”

“People on the street look at me like a beggar or a drug dealer.”

I: Ask the following questions and have participants respond.

What do you think about the quotes on the previous page? Can you relate to them? _____

Can you think of a time when you were treated unfairly because of your disability and because of your membership in an ethnic minority group? Describe what happened. _____

How did you respond to this incident? Was it discrimination? _____

When you feel like you have been discriminated against, how do you usually react? _____

REVIEW QUESTIONS

Have attitudes toward people with disabilities changed? If so, how? _____

What law protects the civil rights of Americans with disabilities? _____

When dealing with a new disability, what reactions may a person experience?

I: Have a participant read.

CHAPTER 3: THE PEER-MENTOR RELATIONSHIP

The purpose of this chapter is to describe the stages of the peer-mentor relationship. Each peer-mentor relationship has a **beginning**, **middle**, and **end**. For each stage, different skills are emphasized, however, you may need these skills at other points in the relationship as well. The chapter is organized as follows:

A) BEGINNING OF THE PEER-MENTOR RELATIONSHIP

Foundations of the peer-mentor relationship

1. Building trust
2. Attending and listening
3. Responding
4. Giving feedback
5. Sharing
6. Setting boundaries

B) MIDDLE OF THE PEER-MENTOR RELATIONSHIP

Learning and teaching skills

1. Solving problems
2. Setting goals
3. Empowering and advocating

Peer-mentor responsibilities

1. Working with your supervisor
2. Dealing with emergencies
3. Responding to issues involving alcohol and drug abuse
4. Providing information

C) END OF THE PEER-MENTOR RELATIONSHIP

A) BEGINNING OF THE PEER-MENTOR RELATIONSHIP

In some ways, meeting your mentee for the first time will be like meeting anybody else. You will probably introduce yourself, smile, and offer a handshake. However, keep in mind that you will also have a unique relationship with this person, in that you will be there to help him or her address the unique challenges of living life with a disability. So, starting this relationship off in the right direction is important.

There is no recipe for starting a relationship successfully. Just remember that each mentee will be different. Some mentees may appear eager to talk to you, while others may appear uninterested. Respect each decision. Mentees have the freedom to choose whether or not to participate in this peer-mentor program.

For mentees who are interested, try to make the first meeting as friendly and comfortable as possible. Some mentees may be hesitant to speak to you at first. Keep in mind that you don't have to make a connection on the first visit. We expect that it will take some time for you and your mentee to get to know each other. It is also okay to feel a little nervous when you meet your mentee for the first time. Feeling nervous is natural and this feeling will go away with time. You may find that talking about your own experiences may break the ice. Your mentee may open up more if he or she feels that you have shared something about yourself. Try to stay away from asking your mentee too many questions during the first visits. Asking too many questions may make him or her feel uncomfortable.

There are a number of things that you will want to accomplish during the beginning of the peer-mentor relationship. First, you want to explain your role as a peer-mentor and what your mentee should expect from this relationship. Second, you will want to share your own experiences as you went through rehabilitation. Sharing this personal information will let your mentee know that

you can relate to his or her situation. Third, you want to determine how you can help your mentee. You want to get his or her input and feedback. In order to do this, you can ask questions like:

- Is there something you would like to talk about?
- What's on your mind?
- What's going on?
- Do you know what type of injury you have?
- What questions do you have?
- In what ways can I help you?

You should also be prepared to answer questions about yourself like:

- How did you get injured?
- Was your injury gang-related?
- Do you think about retaliation?
- What happened to the person that shot you?
- How are you (the mentor) and your family handling this?
- How did you get your wheelchair?
- Do you think you'll walk again?

I: Have participants react to the list of questions that the mentor and mentee may ask. Ask the group,

- Which questions would you drop?
- What questions would you add?
- Would you feel comfortable asking and answering these questions?

I: Have a participant read.

It is useful to provide your mentee with information about recreational opportunities. These can serve as an "ice-breaker" for you and your mentee. These may be events that are sponsored by the hospital (for example, a picnic) or may simply be events in the community (like a baseball game). Recreational opportunities help to establish a context for you and your mentee to do something fun, and introduce a network of other people for your mentee to talk to.

Finally, you want to set up an informal plan for future meetings. You can start by providing information about the days and times that you are most available at the hospital. You can also let your mentee know how to best reach you.

- I: Have participants react to the Beginning of the Peer-Mentor Relationship section. Ask the group,
- What do you think about the ideas in this section based on your everyday interactions with other people?
 - What are your thoughts about working with people who might not want to open up?

ROLE PLAY EXERCISE: BEGINNING THE PEER-MENTORING RELATIONSHIP

1. Now, I would like you to practice what you would say to your mentee the first time that you meet him or her. Imagine this is your first meeting with your mentee and that I am playing the mentee's role. Show us what you might say to begin your relationship.

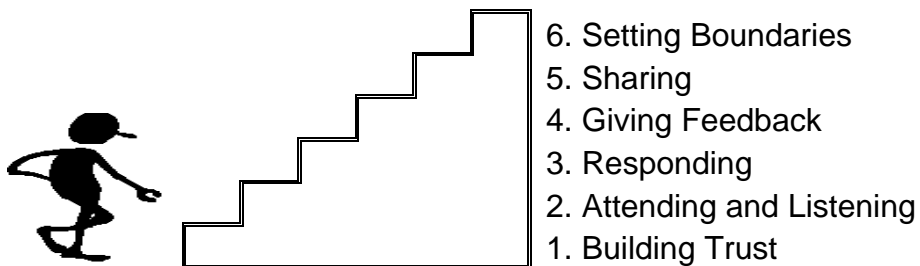
- I: As each participant provides a response, be encouraging. Ask the group to provide feedback, and model an effective introduction if necessary.

I: Have a participant read.

Foundation of the peer-mentor relationship

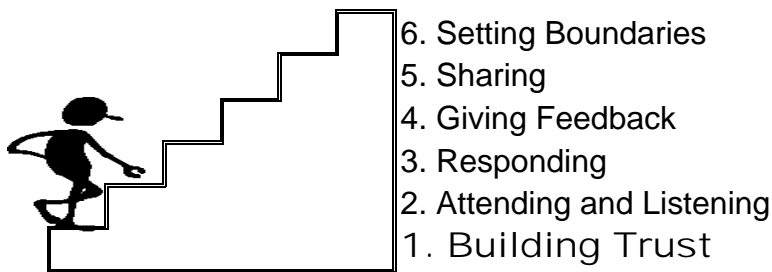
It may seem like a challenging task to meet and help someone new. You can increase your effectiveness by learning and developing six skills that are the foundation of any positive and productive helping relationship. Each skill will be discussed and practiced in the sections ahead.

Foundation of the Peer-Mentor Relationship



I: Have a participant read.

1) BUILDING TRUST



There are a number of qualities that can help enhance comfort and build a sense of trust in the peer-mentor relationship.

Effective ways to build trust:

- Share your story. Think about how you felt when you were first injured. Would it have helped if there were someone to talk to, someone who had been through what you were going through, someone to let you know that you were not alone? Let your mentee know that he or she has someone to talk to who has an understanding of his or her experiences.
- Show a commitment to helping. A peer-mentor is committed to helping other individuals as they go through their rehabilitation and return to their homes and communities. You need to show your mentee that you have a genuine desire to be a part of his or her life and you are willing to see him or her through both the good and the bad times. Ways to show your commitment include: being on time for scheduled meetings; spending quality time getting to know your mentee; letting your mentee know that you understand his or her situation; and listening with interest.

- Be accepting and respectful of others and their decisions. An accepting and respectful peer-mentor conveys a sense of equality in the relationship. In other words, you accept and respect your mentee and his or her right to make his or her own life decisions. You may not always agree with your mentee, but you should always accept and respect him or her as a person.
- Be yourself. This involves being natural with your mentee. Some people are outgoing, fast-moving, and funny. Others are quiet and calm. There is no right or wrong way to be when you are helping others, as long as you are true to yourself and the values that you bring to your relationship with your mentee. Being yourself also involves awareness that even you sometimes need to ask for help if you are unsure of something.
- Maintain confidentiality. Perhaps the most important part of building trust is maintaining confidentiality. Because of this, we are going to pay special attention to this topic. Confidentiality is the cornerstone of any trusting relationship. Confidentiality lets your mentee know that all information shared in the relationship will be kept between you, your mentee, your peer-mentor supervisor, and project staff. The only exception to this rule is when you find out there is a possibility that your mentee may hurt himself or herself, or someone else. It is important for you to let your mentee know about the limits of confidentiality at the beginning of your relationship. You should tell your mentee that the things you discuss together will not be shared with others outside the project, unless your mentee poses a danger to himself or herself or to others. By communicating this up front, your mentees will know that your responsibilities include keeping both himself or herself and others safe.

Your peer-mentor supervisor may choose to conduct weekly group supervision meetings with you and your fellow peer-mentors. In these

meetings, you will talk about how your relationships with your mentees are going. These meetings are intended to encourage peer-mentors to help each other problem-solve and to learn from each other. It is important that the things discussed in these meetings do not "leave the room" after the meeting is over. This means that topics brought up in peer supervision meetings should not be shared with others outside of the project, and should not be discussed in public places where others can hear what is being said (for example, in hospital hallways or cafeterias or during special activities). It is important to keep the mentee's confidentiality in mind at all times.

I: Assess participants' understanding of confidentiality, as well as examples whereby confidentiality may need to be broken. Ask them to provide examples of this.

EXERCISE: BUILDING TRUST

I: Inform the group that for the following questions they may refer to pages 28 and 29.

1. You have started working with a mentee who has told you that he is very grateful to have a peer-mentor. You meet with him on Tuesday afternoons. One Tuesday afternoon, as you are getting ready to visit your mentee, you get a call from a friend who wants you to hang out in the park. You are very tempted to reschedule the visit with your mentee because it is such a sunny day. What would you do?

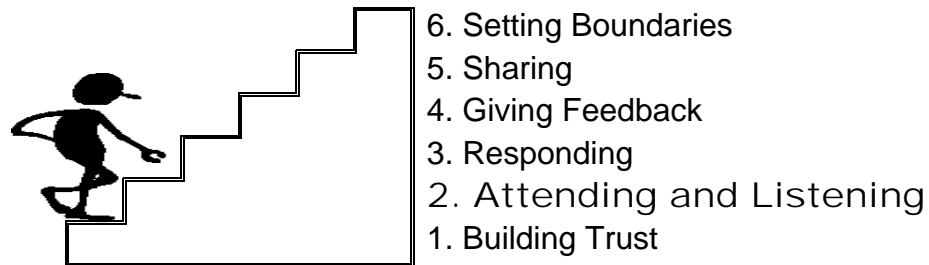
2. Your mentee feels that he can trust you and has shared many personal issues with you, including problems that he is having at home with his family. He says that his problems at home have become too much for him and he is considering moving out. One day you receive a phone call from your mentee's mother who wants to know of her son's plans. What would you say?

3. You and your mentee seem to have different personalities. She is quiet and serious, while you are outgoing and funny. Is this a problem? Why or why not?

4. You have just begun working with your mentee but it has been difficult. He repeatedly says that no one can possibly know what he is going through, and he often lashes out at hospital staff. What would you do?

I: Have a participant read.

2) ATTENDING AND LISTENING



Attending refers to how you act physically in your interactions with your mentee. Attending is behavior that lets another person know that you are really paying attention to him or her. Most attending behaviors are called **nonverbal communication**. It is what you communicate without actually saying anything.

Many people believe that they are good listeners. However, **listening** involves not only hearing the words that are spoken by another person, but also understanding what is being said.

Attending and listening are important in any relationship. Using these skills will allow your mentee to feel safe and open in his relationship with you. The following list can help you improve your attending and listening skills. When you think of attending and listening, think about the last time you had a really good conversation with someone. You were probably interested in what was being said. You probably gave the other person your full attention.

Effective ways to attend and listen:

- Smile.
- Appear relaxed and comfortable.
- Face the person and maintain comfortable eye contact.
- Give the other person your full attention.

- Listen with interest.
- Concentrate on what is being said.
- Avoid fidgeting with your hands or an object you may be holding.
- Be aware of your facial expressions. They should be consistent with your spoken words.
- Avoid being distracted by objects in the room like the television or pictures on a wall. Turn off your pager or your cellular phone.
- Avoid being distracted by random thoughts in your mind. Focus and concentrate on the words of your mentee. Try not to think about your plans for the day or phone calls that you need to return.
- Pay attention to your mentee's body language and what is being said non-verbally. Does he or she look sad, worried, nervous, or tired?
- Avoid interrupting your mentee. In most circumstances, your mentee should be doing most of the talking.

I: Ask participants to respond to this list:

- Are there any points missing?
- Do they make sense?

EXERCISE: ATTENDING AND LISTENING

I: Ask the following questions and have participants respond. You may choose to ask several participants to respond to each question to encourage discussion.

1. You and your mentee are talking in his hospital room. This room is full of distractions. The television is turned on, the phone rings constantly, and nurses keep coming in and out. What do you do?

2. As you and your mentee are talking, he looks very worried. He is having trouble listening to you and jumps from one topic to the next. You know he is having surgery the next day. What do you say?

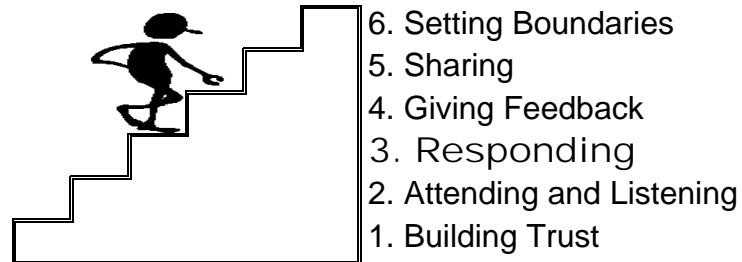
I: For the next question, ask participants about possible options to address the situation.

3. Right before visiting your mentee, you have a fight with your girlfriend or boyfriend. It is tempting for you to keep thinking about the fight. What do you do?

4. Your mentee is talking about a topic that you do not find very interesting. However, by observing her facial expressions, body language, and tone of voice you can tell that the topic is very important to her. How would you respond?

I: Have a participant read.

3) RESPONDING



Effective **responding** starts with good verbal communication. Verbal communication is basically what you say to others – your spoken words. It is also how you speak to others – the tone, volume, and speed of your voice and your choice of words.

Tips for good verbal communication:

- Speak clearly at a natural and normal pace, not too slowly or quickly.
- Avoid speaking either too softly or too loudly.
- Speak with a natural and neutral tone.
- Avoid making judgments or giving advice before allowing the mentee to explain the situation in detail
- If you are using words that are considered slang, make sure that you are being understood.

I: Ask, "Are there any other tips that could be added to these?"

I: Have a participant read.

There are a number of ways in which you can **respond** after listening to your mentee, 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:

- 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 mentee know that, although you do not know all the answers, you are there to listen as he or she shares with you the challenges he or she may be experiencing.
- Perhaps the most powerful way to respond is by letting your mentee know that you understand his or her situation and feelings. If you attend and listen when he or she communicates with you, this will be much easier to do. People tend to feel understood when both their situation and their feelings are acknowledged. Let your mentee know that you feel for him or her, and that you may have an understanding of what he or she is going through.
- If you are confused or do not understand what your mentee is trying to say, let him or her know. Using phrases like *"I'm a little confused"* or *"I'm not sure I understand"* will let your mentee know that you **do** want to understand. It may also be helpful to ask your mentee 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?"*).
- You can provide a simple summary based on what your mentee has shared. This will let him or her 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.
- Finally, when appropriate, you can respond to a situation by using humor. It is sometimes appropriate to laugh and share good times with your mentee.

EXERCISE: RESPONDING

I: Ask the following questions and have participants respond.

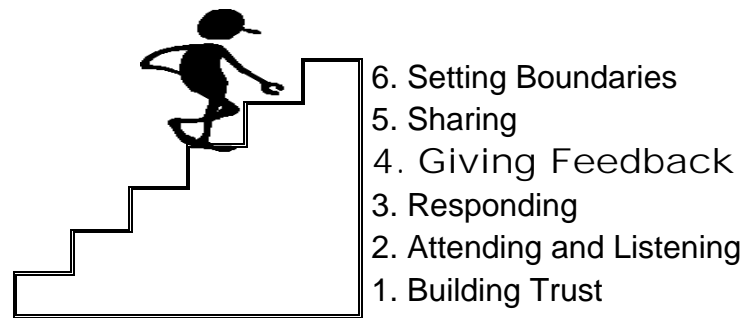
1. You begin working with a mentee who was injured about a week ago. She is in a state of disbelief and shock. She wants to know if and when she will walk again and wants an answer. How would you respond?

2. You have been working for a couple of months with a mentee. Before his injury, your mentee lived on his own. He had an apartment on the third floor in a building with no elevators. He also worked for two years as a forklift driver. Now, your mentee has to move into his mother's house because he cannot afford to keep his apartment and needs her assistance. He also lost his job as a forklift driver. As he is sharing all this information with you, you sense that he is upset and feels powerless. What could you say?

3. Your mentee uses a lot of detail when talking and she jumps from topic to topic. She sometimes "loses" you and you do not know how to respond. What could you say to her?

I: Have a participant read.

4) GIVING FEEDBACK



Giving feedback is a more direct way of responding to your mentee. It is when you share your own thoughts, feelings, or ideas about a particular situation. Giving feedback could be difficult because you do not want to tell your mentee what to do, and you do not always know how your mentee will react to your feedback. However, there are times when your feedback is necessary.

Consider this situation:

You have been assigned a new mentee who talks quite a bit about wanting to retaliate against the person who shot him. You understand your mentee's anger. You also realize that taking revenge is not the solution. In this situation, it would be extremely important for your mentee to hear your opinion and concerns. Here are a few things to consider when giving direct feedback to your mentee.

What to consider when giving feedback:

- It is important to build trust with your mentee before feedback is given. Giving feedback too early in the relationship may cause your mentee to feel rejected or to think that you do not understand his or her situation. As the relationship develops over time, your mentee will probably be more open to hearing and accepting your feedback.

- Understand the purpose of your feedback. Make sure that your feedback is in the best interest of your mentee. If your feedback is based just on your own personal experiences, exercise care in evaluating whether it is in the best interest of your mentee. For example, your mentee has stated over and over that he wants to get involved with an organized sports team. However, he has done nothing to pursue this goal. He enjoys basketball and bowling, but he really hates softball. You love softball and, in fact, you need more players on your team. In this case, it would be appropriate to give feedback to your mentee about his stated interest in joining a sports team and the lack of steps he has taken to pursue this goal. However, it would not be appropriate to encourage him to join your softball team.
- Know how much feedback your mentee can use. Feedback is only effective if it is given when your mentee is ready to use it. It is sometimes best to keep feedback brief, specific, and clear. Too many comments or suggestions may overwhelm your mentee. Focus your feedback on issues that are most important for your mentee.
- Provide a clear reason for the feedback. Feedback may be better received if you spend some time explaining why you are giving it. Link the feedback to a specific goal that your mentee values. For example, “I think that you should spend more time studying and less time playing video games because you told me that getting your high school diploma was an important goal for you.”
- The more specific the feedback, the better. When you provide feedback to your mentee, try to make it specific instead of general or vague. Saying something like “I am disappointed because you did not show up for our last two meetings and you didn’t call me” is much clearer than “I am disappointed in the way that you are acting.” The added advantage of clear, specific, feedback is that your mentee will have a very good idea of what he

or she needs to do to follow your feedback and change his or her behavior. For example, your mentee will know that she needs to honor her commitment to show up for your meetings.

- Make sure that feedback is given in an appropriate setting. Giving feedback in front of others may make it difficult for your mentee to trust you and may also break confidentiality.
- Give feedback promptly. Giving feedback on an issue or event that occurred weeks ago may not be helpful to your mentee.
- Always ask your mentee how he or she feels about your feedback. This will show your mentee that you are interested in his or her opinions and are concerned about establishing a trusting relationship. Discuss how he or she feels and respect his or her feelings.
- Recognize that your mentee may not want to hear your feedback or follow your recommendations. There may be times when your mentee does not want to follow your feedback, even if you use all the steps described above. In some cases, this may just be a difference of opinion between you and your mentee. In other cases, you may think that this is a very critical issue. Perhaps the mentee is not ready to do what you think he or she needs to do. It is important to remember to respect your mentee's decision to not listen to your feedback. Remember that you can always talk to your supervisor about any situation that you think might not be beneficial for your mentee. These situations might include issues of drug or alcohol abuse, depression, thoughts of suicide, or thoughts of retaliation. When you have doubts, it is always appropriate to address them with your supervisor.

I: Ask, "What might these situations be?" Look for answers such as drug/alcohol abuse, suicidal thoughts, retaliation, and depression.

EXERCISE: GIVING FEEDBACK

I: Ask the following questions and have participants respond. Encourage participants to offer their own opinions to increase discussion.

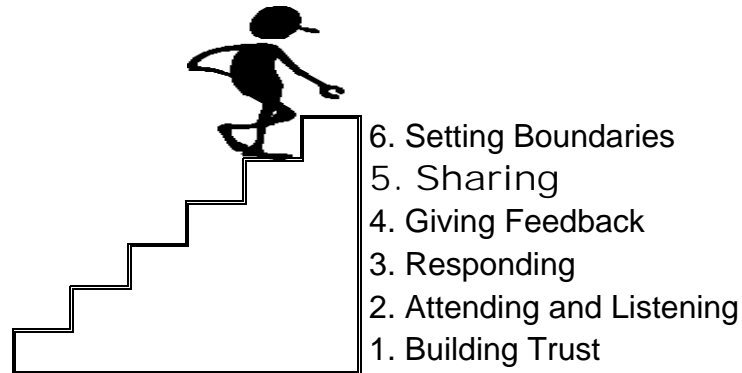
1. Your mentee has been looking for a steady job for some time now. She has had a few jobs, but usually she leaves them after a week. In your opinion, the explanations that she has provided for leaving do not seem to justify her actions. Recently, she was hired as a telemarketer at a well-respected company and already she is mentioning to you that she does not want to go back. You feel that she may really like this job, if she just gives it some time. What would you say?

2. Your mentee was given some information about a transportation company that he is considering using. A few years ago, you used this transportation company and thought they were very unreliable and disrespectful to you. What would you say?

3. During a visit, your mentee talks about some problems that he is having with his live-in girlfriend. He is constantly fighting with her and does not know whether he can stay with her any longer. He is considering moving in with a new acquaintance. What would you say?

I: Have a participant read.

5. SHARING



As a peer-mentor, you are in the unique position of helping others who share your disability - VASCI. You have a wealth of information to share because of your life experiences. Sometimes, this information will be basic and straightforward, such as providing information about accessible bus routes or places to get a GED. Other times, the information you provide will be personal. For example, you may want to share how you felt after being discharged from the hospital. However, being a peer-mentor does not mean your life is an open book. It is okay for you to set limits on what you are willing to share. In fact, there are times when it is not appropriate to share personal information about yourself. For example, your mentee may ask you questions that seem too personal or intimate. These questions may be related to your sexual experiences, drug use, or gang history. When making the decision of when to share personal information, there are a number of questions to consider:

Deciding when to share:

I: Facilitate discussion among participants for each question. Encourage the expression of different viewpoints to get an idea of each participant's sense of personal limits for sharing.

- Will sharing this information help or hurt your mentee? – You have heard some news that a gang war is going on in your mentee's neighborhood.
- Is this an easy subject for you to talk about? – Your mentee inquires about your sex life.

- Does your mentee need all the details about your personal experience? – Your mentee wants to know details about your criminal background.
- How related is your experience to your mentee’s experience? – Your mentee asks about some physical therapy exercises, however, your injury level is different from his.

EXERCISE: SHARING

I: Ask the following questions and have participants respond.

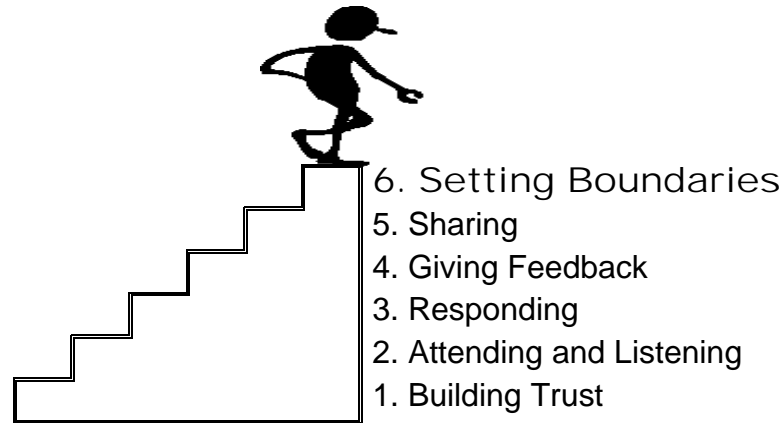
1. You and your mentee are getting along very well. She has told you that you have been a great help to her and that she considers you to be a good friend. Her friends have drifted. In fact, your mentee spends most of her time indoors watching TV and playing Nintendo. Lately, she has been asking about your friends, family, and where you live. Would you share this information? How would you respond?

2. Your mentee told you that he is worried about his sexual functioning and whether he will ever be able to have children. He says that he has talked to his doctor about it, but would like some information from someone who has been in a similar situation. He wants to know intimate details about your sex life. He also would like to know what medical advice you were given by your doctors. Would you share this information? What would you say?

3. After several months, your mentee is finally opening up to you about his personal life. He talks to you about how he has a powerful position in his gang and how he is now worried that he will be treated differently by members of his gang once he is discharged from the hospital. He begins to ask you about your involvement with a gang. What would you share?

I: Have participant read.

6. SETTING BOUNDARIES



As a peer-mentor, it is very important to be aware that boundaries exist in all relationships. Boundaries can be thought of as the **do's** and **don'ts** of a relationship. As a peer-mentor, you will be expected to set boundaries with your mentee and have an understanding of **appropriate** and **inappropriate** behavior.

Examples:

- **Being a positive role model.**

It is okay for you to go on special outings with your mentee, like to a restaurant or shopping mall. However, it is not okay for you to get drunk or high with your mentee while you are both participating in these outings.

- **Recognizing the limits of your knowledge.**

It is okay to share information about exercises that you performed as a part of your physical therapy. However, it is not okay for you to encourage your mentee to perform these same exercises without supervision or guidance from a physical therapist or physician.

When there is a possibility of inappropriate behavior, you will be expected to set a boundary. You set boundaries by letting your mentee know that a certain behavior is not okay. By setting boundaries, uncomfortable situations may be avoided which allows for a more successful peer-mentor relationship.

In any helping relationship, it is important to keep the following guidelines in mind. However, remember that this list is not complete. You may come across other situations that may require you to set a boundary. These situations should always be discussed with your peer-mentor supervisor.

Guidelines for setting boundaries:

- A peer-mentor should not intentionally give incorrect information to a mentee. If uncertain about an issue, you should speak to the peer-mentor supervisor or refer the mentee to an expert in that area, such as a medical doctor or therapist.
- A peer-mentor should use respectful language when speaking with his or her mentee. This includes following the disability etiquette guidelines listed in Chapter 2 of this manual. Also, you should not use language that may be considered as offensive or derogatory.
- A peer-mentor should not accept money, goods, or services from a mentee as payment for services.
- A peer-mentor should not use the mentee relationship for personal, religious, political, or business gains.
- A peer-mentor should not sexually harass or become sexually involved with a mentee, a mentee's relatives, or other individuals with whom the mentee has a close relationship.

- The peer-mentor relationship is different from a friendship. Most friendships are two-sided, meaning that both individuals support and help each other. For the most part, a peer-mentor relationship is one-sided. As a peer-mentor, your role is to support your mentee and to help your mentee meet his or her goals. Remember that things you do or say are for the benefit of your mentee.
- Because the peer-mentor relationship is a helping relationship, it is also important to understand when requests for help are reasonable and when they are not. Just as you should not take advantage of your peer-mentor relationships, you also should not let your mentee to take advantage of you or your willingness to help (for example, lending him or her money). If you are unsure, it is best to ask your peer mentor supervisor before agreeing with a request from your mentee.

I: Solicit participants' reactions to these points. Do they agree/disagree with them? Why or why not?

EXERCISE: SETTING BOUNDARIES

I: Ask the following questions and have participants respond. Encourage discussion of differing viewpoints.

1. Your mentee has been experiencing very painful muscle spasms. She says that the pain keeps her up at night and she does not know what to do. She asks you if you can get her marijuana or if you know of anyone else who can. What would you do?

2. Your mentee is having wheelchair difficulties. The chair that he is using constantly gets a flat tire. He is waiting for Medicaid to approve payments for a new wheelchair, but this could take months. He has heard that it is

fairly easy to steal wheelchairs from the hospital and he asks you for help to do this. How would you respond?

3. You have a romantic interest in your mentee's sister. She has been very nice to you, and you think that she would go out with you if you asked her. What should you do?

4. You are very active in your church's fundraising efforts, and you are selling raffle tickets for an upcoming prize drawing at the church. Your mentee seems willing to buy some of your tickets. What would you do?

5. Your mentee frequently uses derogatory language and swearing in his conversations with you. At first, it doesn't bother you too much, but it continues to get worse. What would you do?

I: Have a participant read.

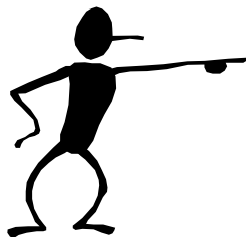
B) MIDDLE OF THE PEER-MENTOR RELATIONSHIP

Once you have developed a solid foundation, you can move forward with the peer-mentor relationship. Part of moving forward involves getting a verbal commitment from your mentee that he or she wants to be a part of this relationship. Your mentee needs to hear that you are committed to this relationship as well. With a sense of mutual commitment, you can start addressing your mentee's concerns.

An important way to show your commitment to this relationship is by maintaining regular contact with your mentee. Although the number of contacts per week will be different for each mentee, we suggest that you start off by seeing inpatient mentees at least two times weekly and outpatient mentees at least one time weekly. Some mentees may want to spend more time than you are able to give. If this occurs, it is important that you communicate this to your mentee rather than standing him or her up.

Learning and teaching skills

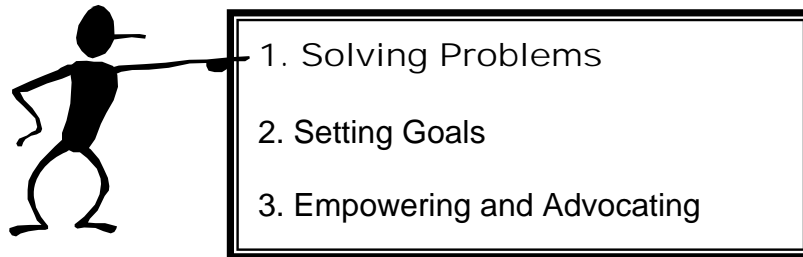
Moving forward in the peer-mentor relationship also means learning some basic skills, and then teaching these skills to your mentee as he or she adjusts to life with a disability. These skills include:



1. Solving Problems
2. Setting Goals
3. Empowering and Advocating

I: Have participant read.

1. SOLVING PROBLEMS



At times, your mentee may present a very specific problem that needs to be addressed. He or she may ask for your advice on how to deal with the situation. As a peer-mentor, your job is not to solve the problem or make decisions for your mentee. Instead, you want to guide him or her through the process of problem solving.

Consider this situation:

Your mentee has not paid his rent for two months. He explains that he had a lot of unexpected medical expenses and did not budget his money well. His landlord is threatening to evict him by the end of the week, if he does not pay the entire amount that is due.

One way to respond is by walking your mentee through the following steps:

Steps to solve a problem...

- Stop – Stop and identify the problem.
 - Think – Think about the problem from all sides.
 - Options – Options...what are all possible options or solutions?
 - Plan – Pick the best option and act.
-

EXERCISE: SOLVING PROBLEMS

I: Have participants a) present a potential mentee problem, and then b) work through each problem-solving step using their example.

Take a few minutes and think of a problem that your mentee may face.

What is the problem? _____

- Stop and identify the problem.

- Think about the problem from all sides.

- Option...what are all possible options or solutions?

- Pick the best option and act.

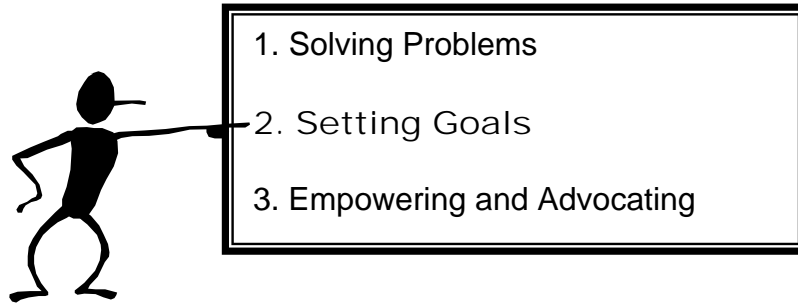
Finally, evaluate your actions and their consequences. Would you have done anything differently?

Asking for help:

It is important to remember that addressing some mentee problems may be beyond the expertise of a peer mentor. If you are unsure of how to help a mentee, it is always appropriate to discuss this with your peer mentor supervisor.

I: Have participant read.

2. SETTING GOALS



Setting personal goals for yourself

One of the best ways to help others set and achieve their goals is by thinking about how you have and will continue to set and achieve your own goals. In other words, in order to help your mentee with personal goals, it is important to understand where you are with your own goals.

Often, we spend our days rushing around doing many things without realizing how they all fit together. It can help to think about the big picture to make sure that steps are being taken to accomplish one's goals. "Taking stock" of what you are doing and where you are going can be extremely helpful.

What things do you want to do in the future? What are your personal goals? Take a moment to think about this and write down one of your goals.

I: Encourage participants to write down one of their goals. They do not have to share these goals at this time. Instead they should help them to personalize the information provided below.

Goal: _____

When thinking about your personal goals, it is important to ask yourself three questions.

1. How important is this goal to you?
2. Is this goal realistic for you to accomplish?
3. Is the goal stated in a clear way?

Now, think about the steps that are needed to take to accomplish this personal goal -- What is your plan? Sometimes breaking a goal up into small steps can help to make a large task, more manageable!

Here is an example:

Goal:	To get a general equivalency diploma (GED).
Step 1:	Get a list of places that offer GED programs from the social worker at the rehabilitation hospital or yellow pages.
Step 2:	Call these places and ask about wheelchair accessibility and costs.
Step 3:	Investigate whether any organizations will help pay for the costs - for example, the Office of Rehabilitation Services (ORS).
Step 4:	Investigate transportation options to these places
Step 5:	Enroll in a GED program.
Step 6:	Complete the program.
Step 7:	Take the GED exam.

I: Encourage participants to write down the steps needed to achieve their goal. Ask if they would like to share these steps with the group.

Goal:	
Step 1:	_____
Step 2:	_____
Step 3:	_____
Step 4:	_____
Step 5:	_____
Step 6:	_____
Step 7:	_____

Were these steps things you knew you needed to do? Did it help to break down your personal goal into steps?

I: Have a participant read.

Setting goals with your mentee

Now that you have thought about ways to set and achieve your own goals, it is important to think about how this experience can help your mentee. Goal setting is quite helpful when you reach a transition point in your life – a point when things are changing. There are many kinds of transitions that people go through in their lives, such as moving from elementary school to high school, getting a first job, and moving out of a parent’s home.

All transitions cause some stress, but those that are unplanned – such as getting injured – are probably the most stressful to deal with. As you know, your mentee’s life has changed drastically. He or she must learn to face the world in a new way, with a new perspective. Goal setting may help him or her through this transition point in life. It may give your mentee something productive to focus on as he or she starts living life with a disability. It may help your mentee in terms of adjustment to life in a chair, and may also help your mentee accomplish what he or she wants to do in life – like go back to school, get a job, or move out on his or her own.

How to set goals with your mentee

You want to start by talking to your mentee about his or her personal goals – what does your mentee want to do with his or her life? Every person will be at a different place when thinking about his or her future, and this is something you will need to feel out with your mentee – is he or she ready to start thinking about what lies ahead? Your mentee may want to take things slow and start with goals that are aimed at helping to adjust to life with a disability. For example, he or she may be interested in goals aimed at recreation or accessibility. Be flexible –

everyone's adjustment, needs, and interests are different. Goals should be important to your mentee and something that your mentee is motivated to pursue. The goals should also be small enough that they can be accomplished within the next year. Having these smaller goals will make it easier for your mentee to attain his or her goals and then move on to the next one! Remember that a mentee can pursue as many goals as he or she wants. The basic idea, however, is that these goals can be more easily accomplished if they are broken down into manageable steps.

Examples of goals:

- * Keeping outpatient appointments
- * Taking medication on time
- * Avoiding a pressure sore
- * Performing your bowel and bladder program according to instructions
- * Getting out of the house at least once a week
- * Completing the GED
- * Going back to school
- * Engaging in college classes
- * Finding a part-time job
- * Learning to drive with hand controls
- * Joining a sports team
- * Performing physical therapy exercises regularly
- * Improving home accessibility

I: Ask for suggestions for other examples of possible mentee goals, based on their own experiences.

Regardless of the goal, you should talk to your mentee about the steps he or she will need to take in order to achieve a particular goal. Similar to what you did with your own personal goals, you want to work with your mentee to develop a plan. This will include discussing how to break a goal into small, manageable steps.

For example, if your mentee wants to get back into the community and go see a movie, a plan may look something like this:

Goal:	Go to a movie.
Step 1:	Call local movie theaters and ask about their accessibility.

Step 2: Once you find an accessible theater, find out what time your movie is showing.

Step 3: Arrange transportation – call your local public transportation company and ask about the most accessible route to the theater.

It is important to keep in mind that these are steps your mentee should be taking. You may help your mentee with goal setting, but it is not your job to take these steps for him or her. Some mentees may find it useful to write these goals and steps down; others may feel uncomfortable doing this, and this is acceptable. Just remember that it is very important for you to write down your mentee's goals in order to keep track of them. Writing this information down can either be done during your time together or after you separate, whichever seems most natural to you. Just make sure to review the goals with your mentee regularly in order to reassure him or her that you are invested in his or her success. For example, are goals being met? What obstacles are standing in the way of reaching goals? Remember, helping others reach goals takes time and a lot of energy. Also, keep in mind that your mentee may just need someone to talk to. Lending a listening ear may provide more help than you are aware of.

The goal of walking again

Many mentees will express a strong interest in the goal of walking again. This interest may be unaffected by doctors' statements regarding the nature of their injury (that is, whether their injury is complete or incomplete). Peer mentors may feel uncomfortable speaking with a mentee about walking again, either because they themselves also have this goal, or because they feel that a mentee's goal of walking again is unrealistic. There may also be other reasons why this topic may be a challenging one to discuss with their mentee.

It is important that every peer mentor finds a comfortable way to talk about the issue of walking again. In the past, many peer mentors have preferred not to be the person who tells their mentee that walking again may prove to be a difficult or

impossible goal. It is important for peer mentors to recognize that it is not their responsibility to convince or persuade their mentee that walking again is not an achievable goal. It is the responsibility of peer mentors, however, to communicate to their mentee that there are many attainable goals that he or she can achieve along the way, even while pursuing walking. In other words, peer mentors can talk to their mentee about things he or she can do “in the meantime,” while he or she is working on the goal of walking again. These might include therapy-related goals (for example, “getting stronger,” learning to transfer, etc.), but may also include other goals that may be less directly related to walking (for example, getting a job, or going to school) that may prove to have a positive impact on a mentee’s life.

I: Ask the peer mentors for their feedback on this. The following questions may lead to informative discussion:

- Do they agree with this approach?
- What would they do or say differently?
- Should peer mentors encourage or discourage walking again, or do neither?
- Do peer mentors think that they will find it uncomfortable discussing walking again with their mentees?
- Would peer mentors share their own hopes of walking again with their mentees? If so, do they think this would be “good” thing, a “bad” thing, or simply an important way to build the peer mentor/mentee relationship?
- Can the peer mentors recall whether they spoke with a mentor figure about this topic when they were first injured? If so, what was discussed, and how did this help them?

REVIEW QUESTIONS

I: Have a participant read the following scenarios, and encourage discussion of effective ways to respond. It may be important to stress that, while it is not the responsibility of the peer mentors to take away the hope of walking again from their mentees, it may be enormously helpful for them to encourage their mentees to work towards other goals along the way, rather than “waiting” for walking again to happen.

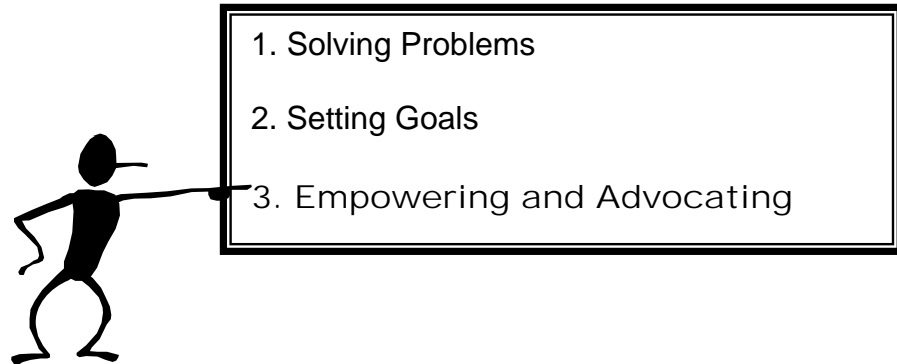
1. Your mentee has been out of the hospital for three months, and does not seem to be doing much. She appears happy, but does not leave the house, and has not practiced many of the skills she learned in therapy.

For example, she does not use her wheelchair very much, cannot transfer without a lot of help from others, and has no interest in using a bowel and bladder program. Your mentee’s family has expressed frustration about her unwillingness to do things for herself. When you ask her about this, she says that these things aren’t really necessary for her, because she expects to be walking soon, and doesn’t need to engage in the hard work that mastering these skills require. You know from previous discussions that your mentee has a complete injury, and that her chances of walking again are remote. You also know from meeting your mentee at therapy in the hospital that she is very capable of mastering these skills. What do you do?

2. Your mentee has been injured for over a year, and has achieved a number of rehabilitation goals that allow him to get around in a wheelchair with little difficulty. You know your mentee did not finish high school, and has expressed a very strong interest in doing so. Despite this, your mentee says that he’s going to wait until he is walking again to go back to school, because it will be “easier” for him. You feel that your mentee has not really done much for many months, and seems to just be hanging out, waiting until he can walk again. Your mentee has told you that doctors have informed him that he probably will not walk again, but that he does not believe them. Your mentee asks you for some advice about what goals he should be pursuing. What do you tell him?

I: Have participant read.

3. EMPOWERING AND ADVOCATING



As a peer-mentor, you will have the opportunity to help your mentees through a process known as empowerment. Simply stated, empowerment is a way to help others help themselves – by having them think about their lives and by encouraging them to take action to make changes in their lives. One way to empower your mentees is through goal setting. Another way to empower your mentees is through advocacy. Advocacy involves the specific actions one takes to speak or act in support of oneself or others. As a peer-mentor, you will have opportunities to advocate for your mentees early in the relationship. As this relationship grows, your mentees should learn to advocate for themselves, with you providing guidance and support as needed.

Situations that call for action or advocacy:

- When a service someone is receiving has been terminated.
- When a person comes up against unfair requirements that keep him or her from participating in a service or program.
- When a person's situation could be improved by modifications of existing services and/or regulations.
- When a person's legal rights are being violated.

Each of these situations may call for some type of action or advocacy. There are three main types of advocacy:

1. Personal advocacy:

Personal advocacy efforts address the rights and interests of one person. Typically, problems are resolved on an individual basis. Example: Donny keeps getting medical bills from the hospital saying that he owes much more than he actually does. In order to address this problem, he called the hospital about the bills and found out that his insurance had not been making the payments they were supposed to make. He then called his insurance company to let them know they needed to start making payments.

2. Systems/Group advocacy:

Systems or group advocacy efforts address social, political, governmental or economic systems in order to bring about change for groups of people. Example: Many people with disabilities around the city of Chicago are forced to deal with inaccessible government buildings everyday. As a result, the local Center for Independent Living organized a protest at the mayor's office to encourage accessible remodeling.

It is important to note that systems or group advocacy often begins through personal advocacy, when individuals who share a common cause unite to work towards a common cause.

3. Legal advocacy:

Legal advocacy efforts use attorneys and the court system to establish or protect the legal rights of people with disabilities. This can benefit either an individual or group of people. Example: Sarah is tired of waiting for hours for a bus with a working lift to come and pick her up for school. She finally decides to file a discrimination complaint against the city's public transportation system because of its inaccessibility.

I: Have participant read.

Advocacy efforts do not have to fall neatly within one of these three categories. In fact, your efforts will be most successful if you use more than one type of advocacy. If you discuss advocacy with your mentee, it is important to explain the responsibilities that go along with each advocacy effort.

Responsibilities of an advocate include:

- Investigating everything before making a complaint or accusation about a person or organization – Get all sides of the story. For example, if your mentee is having a problem with his or her landlord about making accommodations in your mentee's apartment, the landlord should be talked to as well.
- Documenting all your efforts – Write everything down, including names of people you talk to and the date you talk to them.
- Make sure you follow-through on your efforts – In order to effectively advocate, you need to stay on top of the issue until it is resolved. Also, check with different community organizations (such as an independent living center) to find out if this is an issue that they could help with.

Is your mentee ready for advocacy?

It is important to assess whether your mentee is ready for advocacy. Find out what your mentee wants – what specific outcome is he or she seeking? At times, you may find that your mentee just wants to voice his or her frustrations or “vent” his or her problems. But, there are times when problems get so large or happen so often that some type of advocacy is needed. This is the time when you may want to discuss some advocacy efforts with your mentee. It is always important to remember that you can always give your mentee information and encouragement, but if he or she chooses not to take action at this time, you should respect this decision! Your mentee needs to decide what he or she wants to happen in life for himself or herself .

REVIEW QUESTIONS

How would you define empowerment? Give an example.

How would you define advocacy?

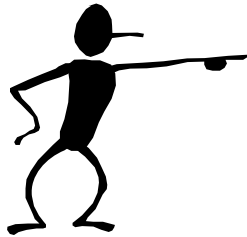
If your mentee is ready for advocacy, what are a few things you can do?

How do you feel about playing the role of advocate for your mentees?

I: Have a participant read.

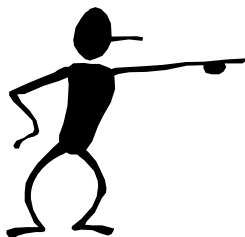
Peer-mentor Responsibilities

As a peer-mentor, you will be expected to fulfill certain responsibilities. These responsibilities are meant to help you as you move forward with your mentoring relationships. Each mentee will be different and from time to time you may find that your mentee needs extra support and guidance. The following list of responsibilities should help you in this process.



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

1. UNDERSTANDING BASIC JOB SKILLS



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

Things to keep in mind in your role as a peer-mentor:

I: Have participants react to each statement in this section. Ask the group,

- "What do you think?"
- "Which parts do you agree with?"
- "Which parts do you disagree with?"

- **You are a peer-mentor first.** Although a peer-mentor relationship may resemble a friendship in many ways, it is important to remember that they are not the same. Yes, you will be talking to and spending a lot of time with your mentees. However, your primary role will be to support and help them meet personal goals.
- **You are a representative of the hospital for which you work.**
As a Disabling Bullet peer-mentor, you will be working for a particular rehabilitation hospital. It is important to understand that your behaviors at work are a reflection of both the project and the hospital. In addition, as a hospital representative you may be expected to follow hospital rules, policies, and procedures (for example, adhering to a dress code, or wearing a name badge).
- **You are building your own reputation as a worker.**
Some peer-mentors may be paid for their involvement with the Disabling Bullet Project. In other words, this project will be an opportunity to work. As a result, it is also an opportunity for building a professional reputation. Demonstrating dedication and hard work as a peer-mentor may help you in gaining future employment, because employers often look at past job performances when making hiring decisions.
- **Your behavior at work as a peer-mentor may be modeled or imitated by your mentee.**
Your mentee may observe how you act in certain situations and may model or imitate your actions in the future (for example, how you speak to professionals, or how you handle crises). If you demonstrate that you are

thoughtful and professional in performing your job responsibilities, you will be providing him or her with valuable information on how to act when he or she faces similar situations.

JOB GUIDELINES

Every job has its own set of responsibilities. As a peer-mentor of the Disabling Bullet Project, you will be expected to follow the following guidelines:

- **Be on time.**

It is important to be on time for scheduled meetings and activities, including meetings with your peer-mentor supervisor and activities scheduled with your mentees. Being on time conveys to others that you respect them and you know your priorities.

- **Be respectful.**

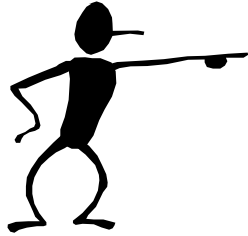
When interacting with your mentees, peer-mentor supervisor, and other project staff, you should be courteous and respectful. Keep in mind that using “slang” or “swear words” may not be appropriate when you are talking with some of your mentees or when discussing your caseload during a supervisory meeting.

- **Follow through.**

You will be expected to follow through on instructions given by your peer-mentor supervisor, or be able to explain why you were not able to do so. For example, your supervisor may ask you to call a service provider to get information, and you will be expected to make the call and get the information. If something prevented you from performing such a responsibility (for example, you left a message for the service provider and the message was not returned), you would need to explain this to your supervisor.

I: Have a participant read.

2. WORKING WITH YOUR SUPERVISOR



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

Supervision is an important part of the peer-mentor program. Your supervisor is someone who has a lot of knowledge and experience when it comes to helping others. You should be meeting with your supervisor at least once a week. When you meet with her/him, you will be able to talk openly about your relationships with each mentee.

Your supervisor will be available to:

- Answer questions.
- Provide support.
- Provide information about community resources.
- Provide constructive feedback about your work.
- Make specific suggestions on how to best help each mentee.
- Listen to your thoughts and feelings about the peer-mentor program and your peer-mentor relationships.

Your supervisor will also be responsible for reviewing and collecting paperwork that you complete for each mentee. This paperwork will consist of an activity log for each contact you have. You will be expected to write down the following information:

- Who did you see?
- When you see them (date)?
- Where did you see them?

- What did you talk about and/or what did you do together?
- What goals did you discuss?

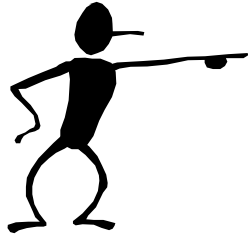
Review the contact form provided

I: Hand out the contact form provided as **Appendix D** of the trainer's manual.

- To enhance understanding, present an example of a mentor/mentee contact and walk through completing the form step by step. Assess participants' understanding of the form and answer questions.

I: Have a participant read.

3. DEALING WITH EMERGENCIES



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

In your role as a peer-mentor, there may be times when you confront a crisis. Although we do not expect that this will happen often, it is important to know a few basic things in order to recognize and respond to a crisis effectively.

What is a crisis?

There is no clear way to define a crisis. What may look like a crisis to your mentee may not necessarily look like a crisis to you. For example, your mentee may be extremely depressed because his girlfriend has not called in two days. To you that may seem like no big deal. However, to your mentee this may be a very big deal.

Because people react differently, it is hard to really know how your mentees may respond to a crisis in their life. Here are two things to look for:

1. Is there a radical negative change in their mood or behavior?
Do they sound or look severely depressed? Are they abusing alcohol or drugs? Have they become isolated and withdrawn from others?
2. Do they give any signs of hurting themselves or others?
Are they saying things like "I wish I were dead," "I feel like killing myself," "I feel like hurting another person?" Do they talk about a plan to hurt themselves

or others? Do they have the means to follow through with the plan? For example, is there a gun or other weapons in the home?

The best way to respond to a crisis

It is extremely important that you take your mentee's situation seriously, especially if there is a possibility of suicide or homicide. Do not discount his or her words or emotional mood. Always assume a threat is serious and respond in that moment. Remain calm and listen to your mentee. As you are listening, help your mentee calm down as much as possible. Let him or her know in a concerned and caring way that you are going to contact your peer-mentor supervisor to get an unbiased perspective and to help look at possible alternatives. Then, contact your peer-mentor supervisor immediately - even if your mentee does not want you to. Remember, although you are not responsible for your mentee's actions, as a peer mentor, you are responsible for getting professional help in crisis situations. If your peer-mentor supervisor is not available, seek immediate help from a psychologist, social worker, or physician at the rehabilitation hospital. When your mentee has intentions of hurting himself or herself or others, the most important thing to remember is to contact your peer-mentor supervisor, or get other professional help as soon as possible. This is a critical step in making sure that your mentee is safe.

Emergency contact numbers from the rehabilitation hospital:

	Name	Telephone #
Peer-mentor supervisor	_____	_____
Psychologist	_____	_____
Social worker	_____	_____
Physician	_____	_____
Other	_____	_____

REVIEW QUESTIONS

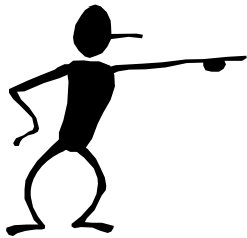
I: Present the following scenarios to the group, and encourage discussion of effective ways to respond. Underscore the critical importance of contacting the peer-mentor supervisor when there is any question about a threat to the safety of the mentee or to others.

1. Your mentee tells you that he is very depressed after having a big argument with family members that resulted in him being kicked out of the family home. Your mentee says that he has lost any hope that his life will change for the better, and is considering whether it would not be easier to end his life. Your attempts to console your mentee have not been successful, but you are not sure how serious he is about this. What do you do?

2. Your mentee has gotten into a fight with someone in his neighborhood and has vowed revenge. You know that your mentee has access to weapons, and are convinced that he will not hesitate to use them. However, your mentee told you not to tell any one about this, and you are concerned that, if you do, your mentee will lose his trust in you. What do you do?

I: Have a participant read.

4. RESPONDING TO ALCOHOL AND DRUG ABUSE



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

It is important to be aware of the possibility of drug or alcohol abuse when you are working with your mentee. Alcohol and drug abuse occurs in all populations. However, it is more likely to occur among individuals who are facing a crisis or a great deal of stress.

Signs of alcohol or drug abuse may show up in several ways. Your mentee may openly tell you that he or she is having problems with drugs or alcohol. Your mentee's family members or friends may approach you with their concerns. You may notice that your mentee often arrives drunk or high during your meetings.

If you suspect that your mentee may be abusing alcohol or drugs, remember it is not your responsibility to diagnose or treat this problem. However, it is your responsibility to talk to your peer-mentor supervisor about this issue.

Some physical signs of substance abuse:

- Your mentee is often drunk or high.
- He or she reports having had frequent blackouts after being drunk or high.
- He or she needs more alcohol or drugs to get a drunk or high feeling.

- He or she has required medical care or hospitalization due to excessive alcohol or drug use.

Some social signs of substance abuse are:

- Your mentee's family members or friends have expressed concern about his or her alcohol or drug use.
- Your mentee is not his or her usual self. For example, his or her behavior has become erratic and irresponsible (for example, missing important medical appointments, or not paying his or her rent).
- Your mentee has had fights related to alcohol or drug use.

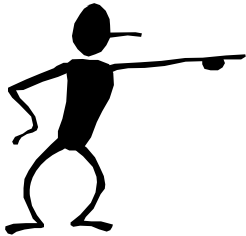
Some emotional signs of substance abuse are:

- You suspect that your mentee may be using alcohol or drugs to deal with stress or depression.
- He or she exhibits unpredictable mood swings.
- He or she appears very hyper or out-of-control with his or her feelings.

I: Ask participants, "Can you think of other signs of substance abuse?"

I: Have a participant read.

6. PROVIDING INFORMATION



1. Understanding Basic Job Skills
2. Working with your supervisor
3. Dealing with emergencies
4. Responding to alcohol and drug abuse
5. Providing information

You may find that a large part of your job as a peer-mentor will be giving information. Sometimes, it will be personal information on how to do something – like boarding a public bus or train. Other times, it will be factual information about community resources – like information about places that provide funding for home modifications. Other times it will be medical information – like how to prevent pressure sores. Remember, when your mentee has specific questions about his or her medical or health care, always refer your mentee to a physician.

As a peer-mentor, you are not expected to have all the information. The charts below contain some important addresses and telephone numbers for places that provide information and assistance to individuals with all types of disabilities. National and local numbers for the Chicagoland area are included.

As much as possible, peer-mentors are encouraged to visit places that address important disability issues. Sometimes appointments can be scheduled in advance. These visits will provide an opportunity for you to get more information about these centers and organizations, to ask questions, and to network with their employees. These activities will enhance your ability to provide useful information to your mentees.

I: Encourage participants to keep the following information handy for future reference.

Places to contact and visit:

Access Living of Metropolitan Chicago

614 West Roosevelt

Chicago, IL 60607

Phone: (312) 253-7000

Access Living offers peer-oriented independent living services; public education, awareness and development; advocacy; and enforcement of civil rights on behalf of people with disabilities.

Great Lakes Disability and Business Technical Assistance Center (DBTAC)

1640 West Roosevelt Road

Chicago, IL 60608

(800) 949-4232

Provides provide technical assistance and training about the Americans with Disabilities Act (ADA) of 1990 to Illinois residents.

Mayor's Office for People for Disabilities (MOPD)

2102 W. Ogden

Chicago, IL 60612

(312) 744-6673

Offers services in education, recreation, job training, independent living skills, housing ad personal assistance services.

Office of Rehabilitation Services (ORS)

100. W. Randolph

Chicago, IL 60601

(312) 814-2926

Provides assistance in helping people with disabilities to remain in their homes and communities, find employment, and apply for financial benefits, such as SSI or SSDI.

National Spinal Cord Injury Association, Illinois (NSCIA)

1032 South LaGrange Road

La Grange, IL 60525

(708) 352-6223

Contact person: Mercedes Rauen

Educates and empowers people with a spinal cord injury and/or disease to achieve and maintain the highest level of independence and personal fulfillment through the use of toll free numbers (help line: 800/962-9629), nationwide chapters, and support groups. The toll free numbers is for informational access to a world of resources and new technologies.

Social Security Administration Office

PO Box 8280

Chicago, IL 60608

(800) 772-1213

(773) 886-8840

Offers financial assistance to people with disabilities, such as social security. This supplemental security income pays monthly checks to people who are over 65, who are blind, or who have a disability and do not have much income. People who get SSI usually are entitled to food stamps and/or Medicaid

As you work with your mentees, you will be addressing different issues. The informational chart that begins on the following page is a guide to help determine who should be contacted.

TYPE OF ISSUE

CONTACT

<ul style="list-style-type: none"> • Medical and health care 	<p>Your doctor or rehabilitation hospital.</p> <p>Schwab Outpatient Clinic 773-522-5870 773-522-5876(for therapies) Focuses on ambulation and mobility, skin care, bowel and bladder dysfunction, independent eating and functioning.</p> <p>Schwab Outpatient Therapy Gym 773-522-2010 773-522-5398 Addresses activities of daily living (ADL) with a room that has a kitchen and living area set up. Adaptive equipment includes universal cuff, braces, and splints. There is also a weight room to work on muscle strength and endurance (arm bicycle, sander, Swedish swing).</p> <p><u>Yes You Can Book</u> A self-care guide for people with spinal cord injuries that was prepared by the Seattle Veterans Administration Medical Center (VAMC). This guide provides information on many general issues related to spinal cord injuries.</p>
<ul style="list-style-type: none"> • Equipment and medical supply companies (more on next page) 	<p>DS Medical 800-722-2604 Offers neurologics, wound care, and customized products.</p> <p>Home Med Care 708-598-2882 Provides hospital beds and rehabilitation wheelchairs. A doctor's prescription and evaluation is required.</p> <p>Metro 708-361-7060 Offers specialized and customized wheelchairs.</p> <p>Byrams 708-681-1333 Offers disposable medical supply products for all areas of home care (for example, leg bags, catheters, gauze sponges).</p>

<ul style="list-style-type: none"> • Equipment and medical supply companies (continued) 	<p>Apria 630-920-0044 Provides supplemental home oxygen therapy and services, respiratory management and products, home infusion therapy (pain management) and home medical equipment.</p> <p>Shield 800-675-8847 Provides supplies such as diapers, pads and chucks. Free delivery to home on a monthly basis for those who are on public aid.</p> <p>Vandenburg 800-872-2347 Offers oxygen, hospital beds, and eating utensils.</p>
<ul style="list-style-type: none"> • Personal care attendant <p>Personal care attendants assist with household tasks, personal care, and with permission of a doctor, health care procedures. Personal attendants are selected, employed, and supervised by individual customers.</p>	<p>See description of Access Living, ORS, and MOPD in “Places to Contact and Visit” section at the beginning of this chapter.</p> <p>Access Living 312-253-7000</p> <p>Office of Rehabilitation Services (ORS) 312-814-2926</p> <p>Mayor’s Office for People with Disabilities (MOPD) 312-744-6673</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Wheelchair care and maintenance 	<p>Contact the company that made your wheelchair for making repairs or replacing parts. The name and number should be located on your wheelchair.</p> <p>Metro 708-361-7060 Offers specialized and customized wheelchairs.</p>
<ul style="list-style-type: none"> • Financial resources (SSI, SSDI, & Public Aid) 	<p>See description of Access Living, ORS, MOPD, NSCIA and Social Security Administration in “Places to Contact and Visit” section at the beginning of this chapter.</p>

<ul style="list-style-type: none"> • Financial resources (SSI, SSDI, & Public Aid) 	<p>Access Living 312-253-7000</p> <p>Office of Rehabilitation Services (ORS) 312-814-2926</p> <p>Mayor’s Office for People with Disabilities (MOPD) 312-744-6673</p> <p>NSCIA 708-352-6223</p> <p>Social Security Administration 800-772-1213 773-886-8840</p>
<ul style="list-style-type: none"> • Housing and home modifications 	<p>Home Repair for Accessible & Independent Living 312-747-9000 Provides Financial assistance for home accessibility accommodations to minimum income homeowners.</p> <p>Extended Home Living Services 847-215-9490 Provides ramps, lifts, and other accommodations for people with disabilities. Workers conduct at-home evaluations. Extended Home Living Services works primarily through independent living centers.</p> <p>American Association of Retired Persons 202-434-6030 Provides housing information for people with disabilities.</p> <p>Barrier Free Environments 919-782-7823 Provides accessible housing information for people with disabilities.</p> <p><u>Yes You Can Book</u></p>

<ul style="list-style-type: none"> • Driving 	<p><u>Hand controls</u></p> <p>Classic Coach 800-209-7225 Provides adaptive equipment for vehicles (for example, lifts, raising or lowering roofs to vans or trucks).</p> <p>ADC Services 630-628-6909 Offers and installs accessible equipment to home and/or vehicles (for example, hand controls, tie downs, grab bars).</p> <p>Freedom Driving Aides 800-843-0511 Offers lifts, hand controls, lowered floor vans, power doors and ramps, and quick release seating.</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Education 	<p>Schwab Rehabilitation Hospital 773-522-2010, ext. 5026 Life planning coordinator at Schwab provides information on education opportunities, such as continuing or completing high school, obtaining a GED, or taking community college or university courses.</p> <p>See description of ORS in “Places to Contact and Visit” section at the beginning of this chapter.</p> <p>Office of Rehabilitation Services (ORS) 312-814-2934</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Employment (more on next page) 	<p>Schwab Rehabilitation Hospital 773-522-2010, ext. 5174 Vocational Department includes vocational evaluations, job coaching, and job development.</p> <p>See description of ORS in “Places to Contact and Visit” section at the beginning of this chapter.</p>

<ul style="list-style-type: none"> • Employment (continued) 	<p>Office of Rehabilitation Services (ORS) 312-814-2934 Focus is to help the person return to work as soon as possible. Addressed established skills, personal choice, and work history. Training may be available, however, the focus is to return to work</p> <p>Iam Cares 312-836-0100 120 hours of training for a particular job area of: utility, food preparation attendant, banquet kitchen, convention service, and laundry attendant.</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Recreation 	<p>Chicago Park District 773-747-1468 Sled hockey, therapeutic recreation programs, low impact aerobics, power lifts.</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Sexuality 	<p>Schwab Rehabilitation Hospital 733-522-2010. ext. 5227 Contact medical director of the spinal cord injury program for questions regarding sexuality.</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Alcohol or drugs 	<p>Schwab Rehabilitation Hospital Anixter Center 773-522-2010, ext. 5418 Provides substance abuse counseling.</p> <p><u>Yes You Can Book</u></p>
<ul style="list-style-type: none"> • Psychiatric 	<p>Schwab Rehabilitation Hospital 773-522-2010, ext. 5890 Psychology department provides neuropsychological evaluations, counseling and psychotherapy.</p>

<ul style="list-style-type: none"> • Legal rights and services 	<p>Legal Clinic for the Disabled 312-908-4463 Advocates for low- income residents of Cook County. Specializes in employment discrimination, public accommodations, SSI benefits, bankruptcy and special education. Services are free of cost.</p> <p>Access Living 312-253-7000 Provides legal information regarding disability related laws and assistance in filing complaints.</p> <p>Department of Justice 202-514-0301 Provides assistance and guidance to disability rights laws. Other services provided include advocacy, education, employment, health, housing recreation, technical assistance, and transportation.</p> <p>Equal Employment Opportunity Commission (EEOC) 800-669-4000 Assists people who believe they have been discriminated against in employment by filing administrative charges. EEOC promotes equal opportunities in employment through enforcement of the law.</p> <p>Council for Disability Rights 312-444-6888 Makes referrals for people with disabilities who need information on employment, free medication, SSI benefits, special education and tax benefits.</p> <p>Disability and Business Technical Assistance Center (DBTAC) 800-949-4232 Provides technical assistance and training and information about the Americans with Disabilities Act (ADA) of 1990 to Illinois residents.</p> <p><u>Yes You Can Book</u></p>
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<ul style="list-style-type: none"> • Immigration issues 	<p>Immigration and Naturalization Services (INS) 800-375-5283 Enforces laws regarding the admission of persons who were not born in the US to various immigration benefits, including citizenship.</p> <p>Access Living 312-253-7000 Provides information regarding immigration rights for people with disabilities.</p> <p>National Center for Latinos with Disabilities 800-532-3393 312-666-3393 Information, referral, and advocacy for Latinos with disabilities.</p>
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I: Have a participant read.

C) END OF THE PEER-MENTOR RELATIONSHIP

The peer-mentor relationship will likely end when your mentee has reached his or her goals and has outgrown the need for your support and guidance. If planned carefully, this relationship can end on a productive note. You can use this time to review the goals that were set and to celebrate your mentee's accomplishments. You can also use this time to share your feelings about this relationship and to allow your mentee to do the same. These feelings may include pride, respect, and sadness.

It is also important to note that there is no specific time limit for this program. Some mentees may want to participate for a couple of months, while others may stay on for a couple of years.

Ending the relationship on a positive note:

- The relationship should not end suddenly. An unexpected ending may lead to feelings of confusion and misunderstanding. Four to six weeks should be enough time to plan for the end of the peer-mentor relationship.
- You may want to make the last meeting with your mentee meaningful and do something enjoyable. Perhaps you spend this time on a basketball court or in the park.
- Discuss the reasons for ending the relationship. This process should involve both you and your mentee. Talk about the goals that were set and how some of these goals were achieved.
- Share your feelings and thoughts about the ending of this relationship. Ask your mentee about his or her feelings and thoughts. The ending to any significant relationship can trigger different emotions, including sadness and disappointment. Reassure your mentee that these feelings are natural.

- Provide support and encouragement when speaking about your mentee's future. Let your mentee know that he or she now has the tools to set and achieve goals on his or her own.
- Do not make promises that you do not intend to keep (for example, telling you mentee that you will call him each week).
- Discuss plans to keep in touch. In many cases, you will have some contact with your mentee in order to follow his or her progress.

I: Ask participants what they think about these tips. Ask participants if they have additional suggestions for ending the mentoring relationship on a positive note.

I: Have a participant read.

CHAPTER 4: PRACTICING NEW SKILLS

Now that you have completed the “skills” section of the peer-mentor relationship, we are going to practice these skills with two case studies.

Derrick...



Derrick is an 18-year-old young man, who was shot about 2 weeks ago. He has a T6 injury level. Derrick is a high school dropout, who supported himself by “hustling” on the street. Before his injury, he was living on his own. He has been guarded and unwilling to share any information about himself with hospital staff. He has had very few visitors. He has agreed to participate in the peer-mentor program, but he is not really convinced that it will help him.

I: Present the following scenarios and have participants respond.

On the day you introduce yourself, Derrick is lying in his bed and refusing to attend his morning physical therapy session. He complains that he is very tired and would rather stay in bed and sleep. How do you respond? _____

Although Derrick is polite, he tells you that he is not in the mood to talk. He tells you to come back next week because he does not think he will have anything new to say to you now. What are your initial impressions of Derrick? How do you think he is reacting to his injury? _____

After a few visits with Derrick, he is beginning to open up to you. He has told you that he was originally from Indiana and came to Chicago after becoming heavily involved with a gang. He was recruited when he was sixteen, while spending a summer vacation with family members in Chicago. What peer-mentoring skills may have helped in getting Derrick to share this information with you?

A few weeks later, Derrick shared that he was evicted from his apartment because he could not make rent payments while in the hospital. He is very worried about where he is going to live once he is discharged. He is tempted to contact his “boys”, but is concerned that this move may get him back into the gang life. How could you help him solve this problem? _____

Derrick is ready to be discharged, and finally his housing situation has been resolved. He is receiving SSI payments and is financially stable. However, he wants more from life. You feel that he is a bright young man with a lot of potential. What possible goals can you discuss with him, and how can you explore his interest in them?

It is now twelve months since you started working with Derrick. During this time, he obtained his GED, learned how to drive with hand controls, and got a part-time job as a customer service representative. Although you still see him, your visits are not as frequent as in the past. In fact, when you do see him, he seems content with life and has not mentioned any new goals. Would you consider ending the relationship? If so, how? _____

I: Have a participant read.

Daniel...



Daniel is a 20-year-old man with paraplegia, who was shot in a drive-by about a year ago. Daniel reentered the rehabilitation hospital because of a pressure sore. Hospital staff noticed that since his injury, he has done very little with his life. Daniel lives with his parents in a second floor apartment. He rarely goes out and spends most of his time playing Sega and watching TV. Friends that visit tend to get high with him. Daniel is a high school graduate, who wanted to work with computers before his injury. He has agreed to participate in the peer-mentor program.

When you visit Daniel for the first time, he is in his hospital room playing Sega. He tells you it is a good time to talk, so you come in. As you are talking, Daniel is looking at the TV screen and is making noises as he shoots his moving target.

I: Present the following questions to participants.

What are his verbal and nonverbal communication telling you? _____

What would you do in this situation? _____

Since the first meeting, you and Daniel have established a good relationship. He has shared with you that he would like to get his life on track and wants to enroll in a community college. He is full of energy and believes that he could handle a course load of 5 classes in one semester. Given his recent medical problem and the fact that he has been out of school for three years, you feel differently. Would you give him feedback? What would you say? _____

Daniel decided to start the semester with only two courses, however, he does not have enough money to cover his books. He is in a bind and has seriously thought about selling some weed to make easy money. Would you say anything? If so, what would you say? If not, why? _____

Although Daniel has been doing well with school, his friends from the neighborhood have stopped coming around. He would like to go out more and perhaps make new friends. How could you help him? _____

Your mentee and his family have decided to move to another state. As a result of his move, you will no longer be functioning as his peer-mentor. How do you end your relationship with Daniel?

CONCLUSION

Congratulations! You have just completed your training as a peer-mentor for the Disabling Bullet Project. We hope you learned new things about yourself and about mentoring others. We want to thank you for your interest in and commitment to this project.

We wish you much success in your future as a peer-mentor!



I: Commend participants for their contributions throughout the training, and remind them that it is normal - and appropriate - to refer back to this manual when they are unsure about something or wish to brush up on a particular topic.