

MAKING CONNECTIONS AFTER BRAIN INJURY: A GUIDE FOR SOCIAL PEER MENTORS



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If you need any assistance or have any questions while you are involved in peer mentoring, please contact the On-Call Therapist.

Contact the On-Call Therapist _____

by paging them at: _____.



INTRODUCTION

We hope the following information will help to answer some of your questions about what being a social peer mentor is all about. This manual is designed to be a resource you can use to help you in mentoring others, to come up with social activities that they enjoy, and to assist others in making and keeping friendships. The manual will cover much of the information that you will be going over in the training sessions with the therapist. You can then keep this manual with you as a reference after you complete the training sessions. In addition to the training sessions and this manual, you are encouraged to contact the On-Call Therapist if you have any questions or need assistance at anytime after you begin mentoring. The On-Call Therapist is there to help you with information and problem-solving, should you need any assistance.



Remember that a good sense of fun can make the mentoring experience rewarding for both you and your peer partner.

This manual will cover the following pieces of information:

1. Description of the role of a mentor.
2. General information about brain injury.
3. Information about common problems experienced after brain injury and ideas about how to help.
4. Skills that a mentor should help the peer partner to develop.
5. Ideas about social activities.
6. Worksheets to help your peer partner learn to plan social activities.
7. Tips on providing feedback about social communication issues.
8. Information on what to do in emergency or problem situations when mentoring.
9. Resources that might be helpful to you or your peer partner.

We hope you will find the role of being a social peer mentor to be both rewarding and challenging. Helping others to develop satisfying social activities and relationships can make a very positive difference in their lives. Remember that a good sense of humor and sense of fun can make this experience rewarding for both you and your peer partners. We applaud your willingness to use your time to help others!

A MENTOR IS...‡

◆ A Friend:

- Someone who avoids judging and is open-minded about the peer partner's situation.
- Someone who shows he/she cares by calling, sharing time, and giving verbal praise.
- Someone who provides emotional support and offers a non-judgmental ear.
- Someone who helps the peer partner increase feelings of self-worth and boosts self-confidence.

A Mentor is someone who helps their peer partner increase their feelings of self-worth and boost self-confidence.



◆ A Role Model:

- Shows a standard of behavior for modeling honesty, truth, and respect for others.
- Takes on a leadership role and initiates contact.
- Models appropriate social behaviors.
- Supports social growth and skill development.
- Involves his/her peer partner in safe social activities in their community.
- Helps peer partner gain independence.
- Encourages peer partner to participate in activities and to develop hobbies/interests.
- Is consistent, dependable, and honest with the peer partner.
- Shares thoughts and feelings with the peer partner.
- Helps motivate their peer partner.



A Mentor encourages their peer partner to participate in activities and to develop hobbies and interests.

◆ A Resource:

- Helps peer partner to develop social opportunities in their own community.
- Helps peer partner reflect on social situations that have occurred to help his/her peer partner improve social skills.
- Helps peer partner deal with changes and issues affecting his/her life.
- Helps peer partner to access community-based resources, such as transportation options and community support groups.

◆ **A Responsible Volunteer and Program Member:**

- Commits to the match relationship for a **minimum of three months.**
- Commits to consistent contact (**minimum of 2 times per month**) with their peer partner.
- Communicates regularly and in a timely manner with the On-Call Therapist.
- Shares and discusses problems/concerns regarding the match with the On-Call Therapist.
- Supports his/her peer partner in setting and working to achieve goals as outlined in the match plan.
- Completes all required documentation and submits to the On-Call Therapist in a timely manner.



A responsible mentor commits to consistent contact with their peer partner.

A MENTOR IS NOT...



- **A romantic partner**
- **Respite care or an “adult sitter”**
- **A credit card or “Santa Claus”**
- **A therapist**
- **Judge, moralist, or savior**

[‡] Material adapted with permission from Big Brothers Big Sisters of Greater Houston.

GROUND RULES FOR SOCIAL PEER MENTORS[‡]

1. Spending time with my peer partner is one of the most important things I can do as a mentor. I will be a stable and responsible person, seeing my peer partner at least 2 times per month.
2. The relationship between my peer partner and me is primarily focused on helping him or her to meet new people and to make and keep friendships. To that end, I will work towards helping my peer partner to meet new people and try new activities.
3. In situations where my peer partner has a legal guardian, I will inform the guardian of all outing plans. Otherwise, I will encourage my peer partner to communicate plans to family or friends if appropriate.
4. I will be on time for our outings and will call ahead if plans need to be changed.
5. I will not drive my peer partner to any of our outing destinations during the time I am participating in the peer-mentoring program. I will encourage peer partner independence by helping to problem-solve regarding transportation issues. I will help my peer partner to identify social activities that can be accessed using transportation systems that are available to them.
6. I will discuss budget issues with my peer partner prior to making outing arrangements, and will try to keep costs to a minimum. I will be responsible for my costs for the activities and my peer partner will be responsible for his/her costs.
7. I will support realistic goals for my peer partner and our relationship. Should I have any concerns about the mentoring partnership, I will contact the On-Call Therapist.
8. When engaging in activities with my peer partner, I will not use alcohol or illicit drugs. If outings will include settings like a bar or club, I will not use alcohol or drugs during such mentoring activities.
9. I will not engage in a romantic or sexual relationship with my peer partner.
10. I will not plan overnight visits with my peer partner.



[‡] Material adapted with permission from Big Brothers Big Sisters of Greater Houston.

MAKING CONNECTIONS AFTER BRAIN INJURY:

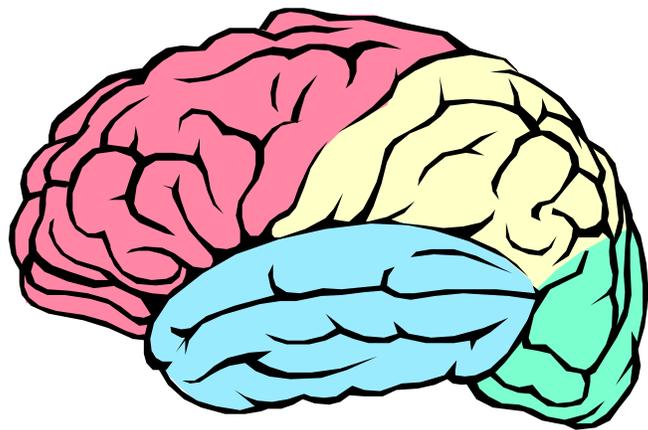
A guide for social peer mentors



11. My role is to foster independence, to support my peer partner's social growth and development, and to model appropriate social behaviors. As part of the mentoring process, I will assist my peer partner in processing social interactions and situations and may offer feedback. However, this communication should be shared on a friend-to-friend basis. I should not attempt to assume a therapist's role.
12. If there are concerns that I have regarding my peer partner, I will try to address these concerns with the peer partner first. If this is not successful in resolving the concerns or the concerns are of a more serious nature, I will contact the On-Call Therapist for assistance. If these concerns cannot be resolved, I have the option of being reassigned to another peer partner.
13. I will be provided with emergency contact information for my peer partner (family or significant other phone number, primary care physician number, etc.). I will keep this information with me at all times. I will be familiar with procedures for handling emergency situations and will follow the guidelines presented in the Mentor Training Manual. If any emergency or problem situation occurs, I will contact the On-Call Therapist.
14. At least monthly contact and supervision with the On-Call Therapist will be required throughout the mentoring period. Therefore, I will maintain contact with the On-Call Therapist and will respond to phone calls, emails, and letters. I agree to provide monthly documentation of my mentoring activities.
15. I will notify the On-Call Therapist and my peer partner immediately if my place of employment, residence, or phone number changes.
16. I will be actively involved in the final evaluation of the mentorship when the match ends. I agree to participate in completing the assessment instruments. After completion of the mentoring period, I have the option to be assigned to a new peer partner.



WHAT IS A TRAUMATIC BRAIN INJURY (TBI)?



WHAT IS A HEAD INJURY?^S

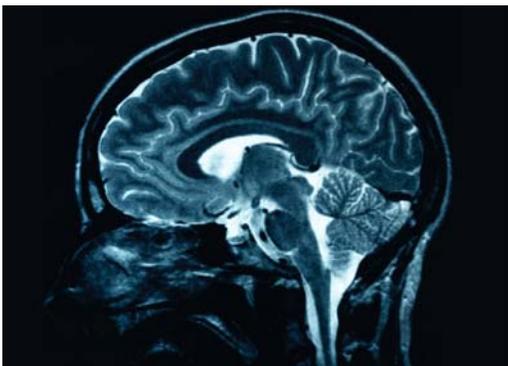
A head injury happens when a person's head is hit by something. Many things can cause a head injury. For example, a car accident, a fight, a fall, or other events can cause a head injury.

- ◆ Most of the time, a head injury does not cause lasting problems. This is because the brain is well protected. The brain is surrounded by fluid. This fluid acts as a shock absorber. There are also several coverings around the brain. These coverings include the hair, the scalp, and the skull. There are also layers of tissue that cover the brain called *meninges*. These protective layers will often keep the brain from getting hurt. Often, a bruise, swelling of the scalp, or a cut to the scalp may be the only injury.
- ◆ Sometimes the force of the hit to the head is greater. The skull can fracture or break. The skull is like a “helmet” that protects the brain. When the skull breaks, it lessens the force of the hit. This may help keep the brain from getting hurt. However, sometimes the brain can be hurt. The brain can be injured whether the skull is fractured or not.
- ◆ Sometimes the head injury can affect the way the brain works. Doctors call this kind of injury a “traumatic brain injury.”



WHAT IS A TRAUMATIC BRAIN INJURY (TBI)?^S

A traumatic brain injury is also called a **TBI**. A TBI occurs when a head injury causes problems with the way the brain normally works. These problems can be small or large. They can also be short-term or more long-lasting. The brain can get hurt even if the skull is not broken.



After a TBI, some people are “knocked out” or lose consciousness. This can be for a short time (seconds to minutes) or for a much longer time (days to weeks). Some people who have a mild TBI may not lose consciousness at all. Instead, they may feel dazed, confused, or “out of it” for a period of time.

Injury to the brain can happen in many different ways. There are two main types of traumatic brain injury (TBI): Closed TBI or Open TBI.

Closed TBI happens when the brain is hurt without anything (like a knife, a bullet, or other object) going through the skull. There are many ways the brain can be injured in a closed TBI. Car accidents and falls are the most common causes of injury.



Car accidents are one of the major causes of closed traumatic brain injury.

- ◆ When the head is hit, the brain can shake around inside the skull. Think of the brain being like jello in a bowl. If you shake the bowl quickly and then stop it, the jello bounces around against the inside of the bowl. Just like the jello, the brain can bounce against the inside of the skull. If the head stops quickly after it has been moving, the brain can hit the inside of the skull. When this happens, the brain can get a bruise.
- ◆ When the brain is shaken inside the skull, other injuries can happen. The brain is made of millions of nerve cells. Each nerve cell has long and thin fibers. These fibers are very small and cannot be seen by the human eye. Some of these nerve fibers can be stretched or broken when the brain is shaken. Sometimes a person can have an injury to the brain, even when the head is not hit by anything. This can occur, for example, when a person does not strike his/her head in a car accident but experiences sudden forward and backward movements (whiplash). The force of the brain moving inside of the skull can cause these stretching or tearing injuries to the nerve fibers. If many of these fibers are damaged, the injury can sometimes be seen with special tests, like a CT scan or MRI scan. A CT scan or MRI scan gives the doctor a picture of the brain.
- ◆ The brain has lots of blood vessels in it. These are called arteries and veins. If the head is hit hard, the blood vessels can tear and bleed. Bleeding will show up on tests, like a CT scan or MRI scan. If there is only a little bleeding, it will usually stop on its own. The blood vessels will heal, just like any cut on your body heals. If the bleeding is really bad, the doctors may recommend treatment, like surgery, to remove the blood.
- ◆ Sometimes extra fluid will build up near the hurt brain. This causes swelling. Think of what happens when you hit your arm on something. You may see swelling in the injured area. This is because the body sends extra fluid to the hurt body part. This is to protect it and help with healing. This same thing can happen to the hurt part of the brain.

Open TBI happens when something goes through the skull and hurts the brain. Things like a gunshot wound to the head, a stab wound, or a severe skull fracture can cause an open TBI.

- ◆ In an open TBI, most of the damage happens to the part of the brain that was cut or bruised by the object going into the skull.
- ◆ Bruising, bleeding, or swelling can hurt other parts of the brain too.



The brain controls most of our abilities, including memory, speech, vision, movements, making decisions, and our ability to get organized and get things done. Our brains also affect our emotions, such as whether we feel sad or happy, or whether we're easy-going or irritable. When the brain is injured, changes in our abilities and emotions can occur. The following section will describe several common changes in abilities or emotions that can be experienced after brain injury, so that you can better understand how some of these changes might affect your peer partner.

^S The sections titled "What is a Head Injury?" and "What is a Traumatic Brain Injury (TBI)?" were adapted with permission from "What's Mild About This? Coping with Mild Traumatic Brain injury" by Margaret A. Struchen, Ph.D., Tresa Roebuck, Ph.D., et al. (2002).

**WHAT CHALLENGES
MIGHT YOUR
PEER PARTNER HAVE
RELATED TO TBI?***



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The changes that a person may experience after brain injury can be due in part to what area or areas of the brain were injured.

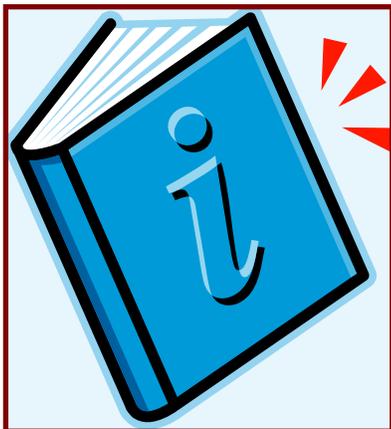
Traumatic brain injury (TBI) can affect how the brain normally works. The nerve cells in the brain may not be able to send information to each other the way they did before the injury. Changes in brain functioning can result in changes in a person's abilities and behaviors. Each person who experiences brain injury may have different types of problems after their injury. The problems that a person experiences after TBI will depend upon several things.

Changes after brain injury can be due in part to what area or areas of the brain were injured. The brain is divided into many parts and systems. Each part or system controls different abilities and behaviors. For example, one part may be important for talking and another part may be important for understanding other people's speech. Brain injury can lead to different problems, depending on the parts of the brain that are damaged. Each person's brain is like everyone else's in some important ways, but each brain is also unique.

Also, problems after TBI may be different depending on how severely the brain was injured. More severe injuries will typically result in more kinds of problems and greater difficulties. Because of this, there are some problems that are the same for all persons with brain injury, and some that are different for each person. So, even though you may have had a TBI yourself (or may know other people who have had traumatic brain injury), you may find that the person that you will be mentoring may have different problems than you experienced with your injury.

To help you prepare for working with your peer partner, it is important that you be familiar with some of the common problems that people can experience after TBI. This section will go over the most common problems in abilities and behaviors that can be seen after TBI. There are 3 groups of problems that are typical after TBI: physical problems, problems with thinking abilities, and changes in feelings and behaviors. Many people have some problems in all 3 areas, but the specific types of problems may differ. Not all people experience the exact same problems after injury. Some people have several areas that are problems for them. Some have only a few areas that are problems for them. It may take a long time before a person with injury can return to the activities they did before injury. Some people may never be able to return to all of the activities they did before their injury, but they may return to some.

*The section titled "What Challenges might your Peer Partner have Related to TBI?" was adapted with permission from "Picking up the Pieces after TBI: A Guide for Family Members" by Angelle M. Sander, Ph.D. (2002).



The following sections will describe several types of problems that are commonly experienced after TBI. Keep in mind that your peer partner may or may not have each of these problems—everyone is different.

This list is designed to give you an overview about TBI. It is hoped that you can use this information to better understand the challenges faced by your peer partner. If you find that your peer partner is experiencing problems that you find difficult to address in increasing social activities, please contact the On-Call Therapist for assistance.

In addition to listing the problem areas, there are several suggestions about ways to get around the problems. You may offer some of these suggestions to your peer partner, particularly as they relate to starting, planning, and carrying out social activities. Remember that not all ideas will work for everyone. We can help you to choose the ones that may be helpful for assisting your peer partner.

PHYSICAL CHALLENGES

Problems with Movement:



- ◆ Moves much more slowly
- ◆ Has difficulty picking up small objects and moving them around
- ◆ Has weakness on one side of the body (or weakness in arms or legs)
- ◆ Seems more clumsy, uncoordinated, or unsteady when standing or walking (for example, loses balance easily)
- ◆ Bumps into things

What to do about movement problems:

- ◆ Accept that your peer partner will take longer to walk and to move around.
- ◆ Allow extra time to get ready for and to get to social activities.
- ◆ Consider movement problems when evaluating transportation needs to get to social activities.
- ◆ If walking or balance problems are very problematic, find out if there are any activity limitations recommended by the peer partner's physician. (For example, not being able to play certain sports, etc.)
- ◆ Encourage peer partner to place things within easy reach so he or she can get to things easily.
- ◆ Encourage your peer partner to talk with their physician about possible referrals for physical therapy or for equipment (for example, walker or cane).

Problems with Vision:

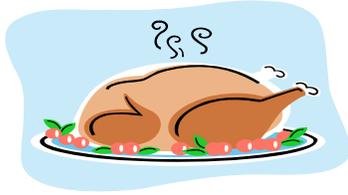


- ◆ Double or blurred vision
- ◆ Trouble seeing things in some parts of space (for example, can't see things in left side of space)

What to do about visual problems:

- ◆ Encourage peer partner to talk with his or her doctor about the problem, if this has not already been done.
- ◆ Find out if peer partner has any activity restrictions due to visual problems (for example, restriction from driving or some sporting activities).

Problems with Taste or Smell:



- ◆ Complains that foods don't taste the same; may use a lot of extra salt or other spices
- ◆ Does not smell things burning on the stove, smoke from a fire, or leaking gas

What you can do to help get around problems with taste and smell:

(These problems may not affect social activities, but consider the following suggestions.)

- ◆ Add extra spices to food or select restaurants with spicy or flavorful food choices.
 - ◆ Encourage your peer partner to have a smoke alarm in their house so they do not have to rely on smell to know that there's a fire. A carbon monoxide detector would also be a good idea.
-

Feeling Tired/Increased Fatigue:



- ◆ Complains of feeling tired
- ◆ Sleeps longer than usual at night, or sleeps a lot of the day
- ◆ Can only do a little activity at a time (for example, must sleep several hours after a trip to the grocery store)

What to do about tiredness:

- ◆ Understand that feeling tired is normal after injury.
- ◆ Allow extra time for rest when planning social activities.
- ◆ If your peer partner reports trouble with sleeping at night, encourage them to talk to their doctor about medications that could help.
- ◆ Encourage your peer partner to schedule social appointments and activities for times of day when he or she is most awake and alert OR if fatigue is a problem, encourage them to rest prior to going on a social outing.

CHALLENGES WITH THINKING ABILITIES

Memory Problems:



Many people have some type of memory problem after injury. Here are a few of the most common ones:

- ◆ forgetting appointments
- ◆ forgetting peoples' names
- ◆ needing to have things repeated many times
- ◆ taking longer to learn new information
- ◆ forgetting things very quickly
- ◆ frequently losing or misplacing things (like keys, wallet, etc.)
- ◆ repeating questions or the same story over and over again

Most people can remember information that they knew well before injury. But they have trouble learning and remembering new information.

What to do about memory problems:

- ◆ Encourage your peer partner to use a “memory system” to help keep track of appointments and planned social activities, phone numbers, and so forth. This can be as simple as a notebook divided into sections, a day planner, or as fancy as an electronic organizer.
- ◆ If your peer partner already has a memory system in place, encourage them to use the system to help with keeping track of social activities. If they do not and memory is a problem, you might suggest that they start a memory notebook, calendar, or organizer to help with keeping track of planned social events, names, and phone numbers.
- ◆ Allow extra time for your peer partner to learn new things. Keep in mind that they may learn more slowly than they did before the injury.
- ◆ Repeat things that you want them to remember more than once. Repeating things over and over makes it more likely that they will remember.
- ◆ Have your peer partner write down important information in their notebook, to do list, or calendar. For example, if you want them to remember instructions to a new place, have them write the directions down.
- ◆ If your peer partner repeats himself or herself during conversations by retelling the same story, you might want to cue them by saying something like, “Yes, you had just told me about that.”

Attention and Concentration Problems:

Sometimes what seems to be a memory problem can really be a problem with attention. Your peer partner may have trouble making new memories because they are having a hard time paying attention to things. Here are some common attention problems:



- ◆ Trouble keeping their mind on one thing and ignoring things around them
- ◆ Easily distracted by noises that wouldn't have bothered them before (e.g., trouble listening to a conversation in a crowded restaurant because they are distracted by other people talking and moving around)
- ◆ Trouble concentrating on reading
- ◆ Difficulty doing more than one thing at a time (e.g., watching T.V. and cooking a meal; answering the phone and watching the children)
- ◆ Difficulty “switching gears” or changing focus from one thing to another (e.g., may continue to do things the wrong way even after you explain why things should be done a different way)
- ◆ Often disagrees with you about what you or someone else said

What you can do to improve attention:

- ◆ When telling your peer partner something you want them to pay attention to, turn the TV or radio down or off. Encourage your peer partner to do the same (limit background noises like TV or radio) when talking with others, like friends or family members. Encourage your peer partner to turn off the TV or radio when not watching or listening to them. The fewer sources of distraction, the easier it is to pay attention to conversations.
- ◆ If attention is a problem, it might be important for your peer partner to limit the number of people that are around. Large crowds may make it more difficult for your peer partner to attend to conversations. Searching for quieter settings with fewer people may make it easier for your peer partner to participate in the talk and activities of the group.
- ◆ If your peer partner gets stuck on one idea or task, gently direct their attention to a new task or idea. For example, say “We are no longer talking about that; we are now talking about....”

Language and Communication Problems:

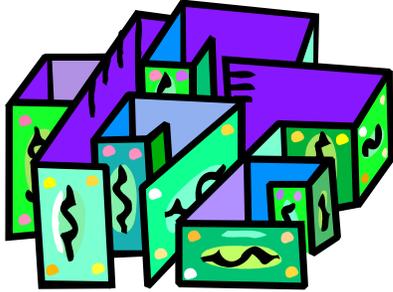


- ◆ Difficulty finding the right words to tell others what they want to say
- ◆ Talking around a topic, never really getting to the point; getting off topic when telling a story or answering a question
- ◆ Trouble understanding what others say to them
- ◆ Difficulty keeping up with a conversation especially if talking to more than one person
- ◆ Difficulty starting a conversation
- ◆ Talking about topics that are too personal or offensive to others

What you can do to get around language problems:

- ◆ Allow more time for your peer partner to answer you or explain what he or she wants. Encourage them to speak slowly and not to be nervous about finding the right word.
- ◆ Encourage them to use gestures or signals (for example, hand motions and facial expressions) to help express themselves.
- ◆ Develop a signal that will let your peer partner know when they have gotten off topic. For example, you could hold up your index finger to let them know they are off topic. If signals don't work, try saying, "We were talking about..." Remember to use kind words and a gentle tone of voice. This will make it easier for your peer partner to accept what you say.
- ◆ When talking to your peer partner, ask them every so often if they understand what you're saying. When telling them something important, ask them to repeat the information to you.
- ◆ Encourage them to ask for information to be repeated if they don't understand. Let them know they shouldn't be embarrassed about asking others to repeat things; we all have to do this sometimes.
- ◆ When possible, try to have only one person at a time speaking to them.
- ◆ Praise them when they start conversations on their own.
- ◆ If your peer partner starts talking about something too personal or offensive to others, you may want to develop a signal to help let them know that this is occurring. You might hold up your hand or some other signal that you and your peer partner have agreed upon. Later, you might discuss the situation with your peer partner and discuss what made you uncomfortable and how this could affect friendships with others. You can encourage your peer partner to stick to "safe" topics, like talking about sports, the news, or the weather.

Visuospatial Problems:



- ◆ Difficulty seeing things on one side, usually the left side
- ◆ Bumping into things, usually on the left side
- ◆ Difficulty recognizing shapes and telling the difference between shapes
- ◆ Difficulty finding their way around, especially in new places

How to help with visuospatial problems:

- ◆ If there is a concern about safety due to visuospatial problems, like for cooking, playing sports, or using tools, make sure that you or another adult is around to observe or assist when your peer partner is doing such activities.
- ◆ Find out if your peer partner has problems with their visuospatial abilities that affect their ability to get around in the community. Sometimes, visuospatial problems will prevent a person from being able to return to driving, etc. Do not let your peer partner drive unless they have been released to drive by their doctor.
- ◆ Show them around new places many times. Do not send them to new places alone if visuospatial skills are a problem.

Slowed Thinking and Responding:



- ◆ Takes longer to answer questions
- ◆ Takes longer to understand things he or she understood easily before
- ◆ Takes a long time to react to things (this may be dangerous in emergency situations or when driving)

What to do about slowed thinking and responding:

- ◆ Allow your peer partner extra time to answer questions, read things, or learn new information.
- ◆ Your peer partner may have trouble thinking quickly in an emergency situation. Have emergency contact information with you and be ready to assist your peer partner, if needed.
- ◆ Encourage your peer partner to ask others to slow down or repeat information if they have trouble understanding what has been said.

Problems with Organization:



- ◆ Difficulty organizing their time to get things done (for example, may tell someone they can be at a party at the same time they have a doctor's appointment)
- ◆ Trouble setting goals, planning the correct steps to reach a goal, or completing the steps to reach a goal
- ◆ Trouble completing tasks in the correct order (for example, does not put soap in the washing machine when washing clothes)
- ◆ Trouble getting ready for daily appointments, school, or work

How to help with organization problems:

- ◆ The memory book described in the memory section could help your peer partner with organization problems as well. Have them use it to keep track of their daily schedule and things that they need to do. Encourage them to check it every day. Make checking the book a part of their routine.
- ◆ Help your peer partner make and use checklists to help organize social activities. *An example checklist format is shown on page 37 of this manual.*
- ◆ If your peer partner has trouble getting organized to leave the house for a social event, encourage them to get some things ready the night before. For example, they can choose what they will wear the night before and lay the clothes out. They can also use a checklist to help them get ready. All the things they have to do should be put on the list.

Difficulty with Problem-Solving:



- ◆ Makes quick decisions without thinking about what will happen
- ◆ Seems to get stuck between different choices, unable to pick between them
- ◆ Seems to get stuck on one idea and is unable to consider other choices
- ◆ Does not seem to approach problems in a way that makes sense

How to help with problem solving:

- ◆ Help your peer partner work through problem solving steps.
 - ◆ Identify the problem.
 - ◆ Generate options.
 - ◆ Evaluate the pros and cons for each option.
 - ◆ Choose and Evaluate outcome.
- ◆ Encourage them to use this strategy whenever they have a problem to solve.
- ◆ Talk with your peer partner about ways that they can ask for help from trusted others when needing to make decisions.

EMOTION AND BEHAVIOR CHALLENGES

This next section describes some of the most common changes in behavior and emotions that can happen after brain injury. Keep in mind that your peer partner may not have any or all of these problems. They might also have problems that are not on the list. If you encounter a personality or behavior issue that you are unfamiliar with or if you need assistance or information, you should contact the On-Call Therapist for help.

Trouble Getting Started with Things (Decreased Initiation):

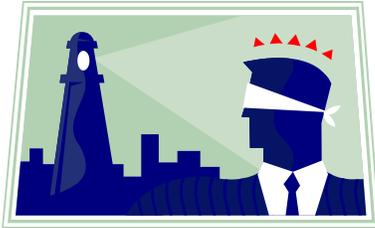


- ◆ Seems to sit all day staring at the T.V.
- ◆ Doesn't seem interested in the things he or she liked to do before
- ◆ Doesn't think to bathe or brush their teeth unless reminded
- ◆ May not think of ideas for social activities, or if has ideas, may not get started with making any plans.
- ◆ Knows what needs to be done, but just doesn't seem to be able to get started

How to help your peer partner be more active:

- ◆ Understand that this problem is a result of the brain injury—your partner is not being lazy.
- ◆ Help your peer partner come up with a list of social activities that they like to do. You may ask them what activities they would like to do, but don't be surprised if they say they don't want to do anything. You may have to choose activities for them at first. Help them create a list of 3-5 social activities that would be possible for them to do on a regular basis. Make the activities a part of their routine, so that it will become a habit for them.
- ◆ Make checklists for this set of activities to help them initiate and plan.
- ◆ Help your peer partner get involved in a support group for persons with TBI, or an activity or group that meets on a regular schedule. Having a social activity that can become part of a routine may help your peer partner to increase their activity.

Lack of Awareness of Problems:



- ◆ Never seems concerned, as if nothing is different
- ◆ Insists that they can do things just as well as before the injury, or wants to do activities that you know they can't do
- ◆ Complains that the doctors and you "don't know what you're talking about"
- ◆ Blames other people for the things they can't do (for example, "I can go back to work, but the doctor won't let me")

How to handle denial or lack of awareness:

- ◆ Be patient. Your peer partner is not ignoring problems on purpose. In some cases, the brain injury makes a person unable to recognize problems. In other cases, denial is a way of dealing with the losses they've experienced.
- ◆ Point out problems when they occur, but do this in a kind and calm way. Do not yell or get angry with them.
- ◆ When it is safe, let them make mistakes on their own. This may sometimes be the only way to make them see what problems they have. Remember to talk things over with them after they make the mistake. Help them think of a way to get around their problems next time.

Impulsivity (acting quickly without thinking):



- ◆ Says whatever comes to his or her mind, without thinking first
- ◆ Does whatever he or she wants to without regard for what happens
- ◆ Does things that are dangerous or will cause problems (for example, walks into street without looking for cars; spends all their money on an impulse buy)

What you can do to help manage impulsivity:

- ◆ Gently stop your peer partner when they are acting without thinking. Take them aside and talk calmly to them about the consequences of what they are doing.
- ◆ Develop a special signal that you can use to let them know when they are doing something inappropriate (for example, holding up a finger or saying a special word).
- ◆ Help your peer partner to plan ahead for social activities, so that he or she won't overspend their budget.

Depression:



- ◆ Seems sad a lot of the time, and keeps to him or her self. Doesn't seem to be interested in talking with other people.
- ◆ Has lost interest in things he or she once enjoyed.
- ◆ Has difficulty sleeping or sleeps too much.
- ◆ Seems to have no energy.
- ◆ Has little appetite.
- ◆ Says things like "It would have been better if I had died in the accident."

What to do about depression:

- ◆ Offer to talk to your peer partner about their feelings. Let them know that you support them and that you realize how much the injury has changed things.
- ◆ Get your peer partner involved in activities that will take their minds off feeling sad. Activities where they can help others may be especially helpful, but any increased activity would be a good thing. Exercise can be especially good.
- ◆ If your peer partner has many of these signs of depression, or if they talk about thoughts of hurting themselves, please contact your On-Call Therapist for assistance. Encourage your peer partner to see a professional that understands brain injury, such as a rehabilitation doctor. **Also, see information in this booklet on page 71 for assistance.**

Overly Emotional Behavior (Lability):



- ◆ Seems like they can be laughing one minute and crying the next
- ◆ Laughs inappropriately; for example, laughs when someone is hurt or dies
- ◆ Cries easily at things that would not have upset them before

How to handle overly emotional behavior:

- ◆ Do not get upset with your peer partner—it is not their fault.
- ◆ Do not pay too much attention to this kind of behavior. Paying attention to it may increase the behavior.
- ◆ If possible, remove the thing that they are reacting to. Persons with this problem are often distracted fairly easily. For example, changing the topic of the conversation, changing the television station, etc. can change their emotional behavior.
- ◆ This problem will be worse in times of stress. Help your peer partner to avoid stressful situations by encouraging them to plan ahead.

Anger and Temper Outbursts:



- ◆ Becomes angry easily.
- ◆ Yells a lot.
- ◆ Uses bad language.
- ◆ Throws objects or slams fists into things, slams doors, etc.
- ◆ Threatens others.
- ◆ Hits, pushes, or otherwise hurts others.

How to handle anger and temper tantrums:

- ◆ Understand that being irritable and getting angry easily can be due to brain injury, and try not to take it personally.
- ◆ When possible, ignore bad behavior like yelling or cussing. Paying too much attention to it can sometimes make the behavior worse.
- ◆ Lay down some communication rules. Help your peer partner know that it is not acceptable to yell at, threaten, or physically hurt others. If such behavior is a problem, have a talk with your peer partner. Develop a signal that you can use to help your peer partner recognize when their anger is getting to be a problem. Encourage your peer partner to use this signal as a cue to take a time out to calm down.
- ◆ Compliment your peer partner for discussing the problem that upset them in a calm and pleasant way. Let them know that you think their point-of-view is important.
- ◆ If you are concerned that your peer partner might act out physically, talk with the On-Call Therapist to help come up with a plan for dealing with the situation.



Inappropriate or Embarrassing Behavior:



- ◆ Tells strangers about personal matters that people are usually quiet about.
- ◆ Asks personal questions of others he or she does not know well.
- ◆ Makes inappropriate sexual comments or gestures in public.
- ◆ Cusses excessively.

What to do about inappropriate or embarrassing behavior:

- ◆ In a calm way, let your peer partner know this behavior is wrong and bothers other people. Do not yell or lose your temper because that may actually lead to more inappropriate behavior.
- ◆ Come up with a signal you can use to let your peer partner know when he or she is acting inappropriately. For example, you could hold up your hand to signal “stop,” shake your head no, or say a special word you have both agreed on. Make sure you practice this with your peer partner so they know what the signal means.
- ◆ Remember that the injury can make it hard for some individuals to always act appropriately, so the first goal should not be to have no inappropriate actions at all. You can start off with the goal of not more than one. Or you may make the goal that your peer partner will stop inappropriate talk or actions when you give the special signal. As time goes on you can increase the goal, so that it is eventually no inappropriate talk or actions. Be sure to compliment your peer partner when they go on an outing and act appropriately.
- ◆ If you get into a situation where your peer partner is embarrassing you by acting inappropriately, stop whatever activity you are doing. This could mean taking a “time out,” where you stop talking with or paying attention to the individual for a few minutes. Tell your peer partner in a calm voice that you would like them to take a time out because of the specific behavior. Let them know how much time this will involve. After the “time out” is over, take some time to talk over the situation with your peer partner.
- ◆ Or, if the behavior continues or is extreme, you might need to end the outing. If that happens, state in a calm voice that you will have to end the outing because of the specific behavior. Make sure your peer partner has transportation to return home. Once you know they are safe and have transportation, you can end the outing. This will help your peer partner to learn they must act appropriately when participating in social events with others.

PHYSICAL, THINKING & EMOTIONAL/ BEHAVIORAL STRENGTHS



The last several pages have focused on potential challenges that people with brain injury may experience, in order to help you, the peer mentor, to understand and assist your peer partner. However, it is very important to remember that people with brain injury are also likely to have a number of strengths. As you know, a person with a brain injury is a **person** first, with all the wonderful qualities that make each of us a unique individual.

As a peer mentor, you will need to recognize the remarkable qualities in your peer partner that can be helpful to them as they attempt to make friendships and try social activities. Does your peer partner have a good sense of humor? Is he or she a good listener? Does your peer partner have an interesting hobby or talent?

When you spend time with your peer partner, try to be on the lookout for these special qualities. Talk with your peer partner about their interests and be sure to compliment him or her on the things that would make for a great friend.

In addition, get to know about your peer partner's physical, thinking, and emotional strengths.

Physical Strengths:

What areas of physical functioning are either no problem or are well developed for your peer partner? You may want to talk with your peer partner to see what abilities he or she considers to be areas of strength. These strengths will be useful in helping create a list of activities that might be good opportunities for social interactions. This list may help you in talking with your peer partner:



- ◆ Vision
- ◆ Hearing
- ◆ Sense of touch
- ◆ Sense of taste/smell
- ◆ Walking
- ◆ Coordination
- ◆ Balance
- ◆ Tolerates light/noise

Thinking Strengths:

Even if your peer partner may report difficulty with some areas of thinking, they may have very few problems with other areas of thinking abilities. For example, your peer partner may have problems remembering things, but have few problems with attention or organization. If this is the case for your peer partner, you may be able to help them come up with a way to use their organizational strengths to help them keep track of information they will need. Here are some thinking abilities to consider:

- ◆ Attention
- ◆ Concentration
- ◆ Learning
- ◆ Memory for new information
- ◆ Memory for old information
- ◆ Speed of thinking
- ◆ Problem-solving
- ◆ Speech
- ◆ Communication
- ◆ Writing



Emotional and Behavioral Strengths:

Knowing about your peer partner's emotional and behavioral strengths will also be important as you plan activities and introduce your peer partner to others. Here are some areas to consider:



- ◆ Initiation
- ◆ Judgment
- ◆ Calmness
- ◆ Sense of humor
- ◆ Happiness
- ◆ Friendliness

**SKILLS TO
HELP YOUR
PEER PARTNER
DEVELOP**



There are five major areas in which a mentor can assist their peer partner in increasing the opportunities they might have to socialize with others and meet new people. Use this list to help guide you in determining how you might help increase your peer partner's social involvement. In the pages that follow, suggestions on how you can help your peer partner with these skills are presented. These suggestions are just a sample of approaches that you can try to assist your peer partner. Remember that a good sense of humor, along with compassion for others, can make all the difference in your mentoring relationship! Helping your peer partner have fun while gaining skills will help make this mentoring partnership a success.

Think of this manual as a starting point. You and your peer partner may come up with different ideas on how to best improve these skills. Also, you can always contact the On-Call Therapist if you need additional ideas about how to work with your peer partner on these skills or would like any assistance.



- ◆ **Social Resources**
- ◆ **Initiation/Planning**
- ◆ **Transportation**
- ◆ **Budget**
- ◆ **Social Communication Skills**

SOCIAL RESOURCES



Peer partners should learn about different ways of finding out about activities available in their community, such as the following:

Phone books	Internet	Community Centers
Newspapers	Resources of peer partner's friends/family	Civic Groups
Pamphlets/ Brochures	Churches	Chamber of Commerce

Here are some suggestions about how to begin learning about your peer partner's social resources:

Talk to your peer partner about his/her interests.

- ◆ What kind of activities does he/she like to do?
- ◆ What kinds of things have they been doing in the past few months?
- ◆ Who do they do things with?
- ◆ Use the list on the next page (page 32) of this manual to help you identify possible interests.
- ◆ You may also want to go over the information in the Social Activity Interview with your peer partner to better understand the kinds of social activities that are goals for them.

Find out what is available in your peer partner's community and assist your peer partner in developing a strategy for learning about future social activities.

- ◆ Is there a local newspaper? Encourage your peer partner to look at the activities section of the paper (if this exists) to find out about upcoming events.
- ◆ Does your peer partner have access to the Internet? And are they able to use the Internet effectively? Can this be taught?
- ◆ Look through the phone book to get an idea of possible resources in the community (like restaurants, movie theaters, community centers, etc.). Assist peer partner in creating a list of places of interest.
- ◆ Find out if your peer partner is involved with any churches or community centers. Contact local churches and community centers to find out about activities. Again, help your partner make a list of such centers and/or their regular activities.

SOCIAL ACTIVITY IDEAS

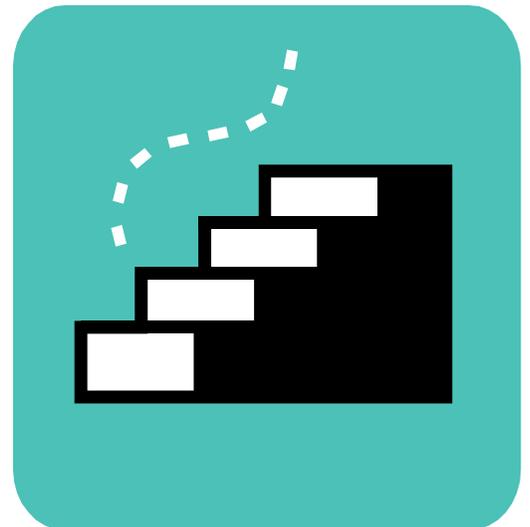
 COMMUNITY: 			
Museums	Parades	Craftshows	Artshows
Festivals	Concerts	Cultural Events	Volunteering
Sports Events	Zoo	Aquarium	
 OUTDOOR ACTIVITIES: 			
Parks	Amusement Park	Picnic	Beach Walks
Biking	Putt Putt Golf	Running	Soccer
Volleyball	Football	Softball	Tennis
Baseball	Fishing	Gardening	Cook-outs
Basketball	Archery	Swimming	Rodeo
Zoo	Bird Watching	Concerts	Pet Walking
	Exercising	Cultural Events	
 INDOOR ACTIVITIES: 			
Board Games	Shopping	Restaurants	Video Games
Movies	Library	Religious Services	Listening to Music
Cooking	Aquarium	Museums	Phone Calls
Theatre	Crafts	Exercising	Concerts
E-mails	Computer Games		

INITIATION AND PLANNING

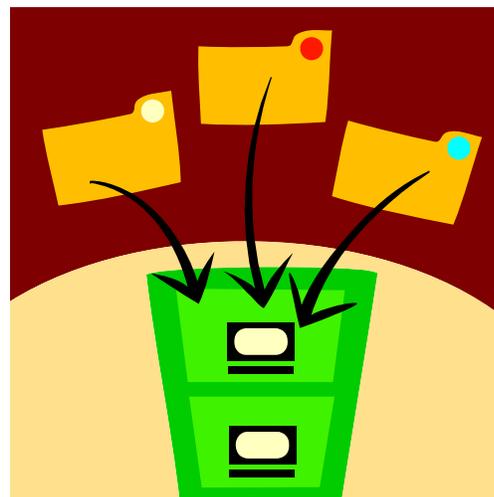


One of the skills that your peer partner may have difficulty with is getting started with planning an activity. For some people, after a brain injury, it can be difficult to come up with an idea for doing something. In other words, coming up with an idea like, “I’d like to go to a movie” or “I’d like to have a few friends come over for a barbecue” may just not happen.

For others, it may be difficult to actually start taking the steps to plan an activity, even if there are few problems in coming up with ideas of things to do. For example, such individuals might say, “I want to go to the shopping mall with some friends,” but then never call anyone to go to the mall, make plans for transportation, or get ready to go.



Sometimes, there can be problems with getting organized to do an activity. Examples of steps that may need to be considered when planning include: making sure that there is enough time and money to do an activity, knowing what supplies might be needed for an event (like bringing your tennis racquet and balls if you're planning to play tennis), or making sure to let others know in enough time so that they can put the activity on their schedules.



Finally, some people have trouble with remembering to follow through on activities. For example, on Monday they might make plans to go to the movies on Friday night, but later forget these plans. This can result in the person either not showing up for the activity or forgetting to do things like keeping the money budgeted for the activity or making arrangements for transportation.

Ways to Help with Initiation and Planning

You can work with your peer partner on the following list of steps that can help with initiation, planning, and remembering social activities. Remember to emphasize that organization skills used for social events and activities can be used for other life activities (like attending medical appointments, etc.).

Develop Ideas for Social Events

- ◆ Create a menu of activities that your peer partner can select based on their interests and availability of the activity.
- ◆ Use local papers, Internet, or community sources to help identify possible events. (See page [31-32](#) for more suggestions.)
- ◆ You may want to help your peer partner organize this “menu” of activities in written form or in a computer file, so that they can easily access the information later.



Communication:

There are several aspects of communication that go into planning a social activity.

- ◆ Your peer partner may need to have some assistance with setting up a phone list of people who might be available to engage in social activities with them.
- ◆ Your peer partner might need to get organized to contact people for a particular activity and may need to develop a system to keep track of whom they have called and who has accepted the invitation.
- ◆ Your peer partner might need some assistance with their communication skills on the phone. This could include making a short note of the important information to present to others to help with memory problems, or could include providing some feedback on their communication style.
- ◆ In addition to contacting others to set up social plans, your peer partner will need to take responsibility for notifying family/friends who reside with them about plans.



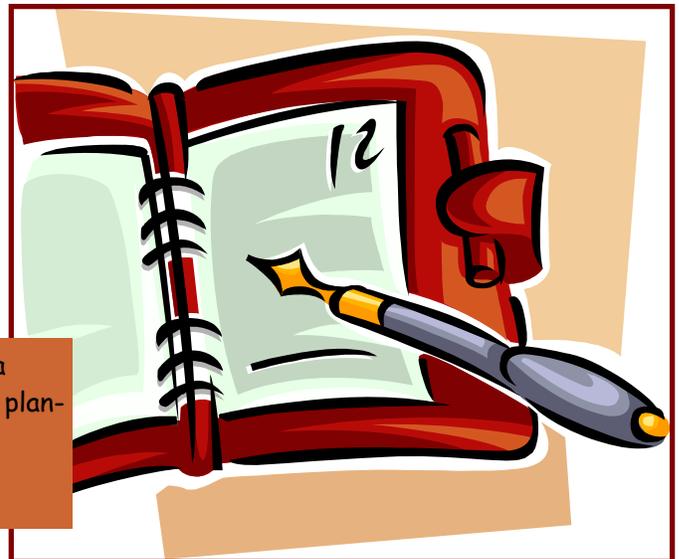
Time Management



- ◆ Encourage your peer partner to create an accurate estimate of how long it takes them to get ready for the activity.
- ◆ As part of planning, your peer partner should estimate the time that it will take to get to the event or activity, how long they plan to stay, and how long it will take to return home. If more than one destination is planned for an outing, transportation time and time at each destination should be estimated.

Teach Planning Strategy

- ◆ Use the worksheet on the next page to help your peer partner plan, organize, and remember social activities. Make copies of the worksheet for them to use for future events.
- ◆ If your peer partner already has a system for organizing information (like a memory notebook, day planner, or calendar), try to help them integrate this worksheet with their existing system.
- ◆ You can also encourage your peer partner to use the worksheet to plan other events in their day-to-day life activities as well.



Help your peer partner use a memory system to help with planning of social activities.



Social Activity Planning Sheet



<p>1. Where are we going?</p>	
<p>2. Who is going?</p>	
<p>3. How am I getting there and back?</p>	
<p>4. How much will the activity cost?</p>	
<p>5. How much money should I bring?</p>	
<p>6. When will I be going?</p>	<p>Date: _____ / _____ / _____</p> <p>Time: _____ : _____</p>
<p>7. About what time will I be getting back home?</p>	<p>Time: _____ : _____</p>
<p>8. Do I need to bring anything?</p>	

ACCESSING TRANSPORTATION

Determine Transportation Options:

1. Find out which of the following options are available to your peer partner:



Drives self	Family/Friend	Church Groups
Bike	Taxi	Civic Groups
Walk	Public Transport	

2. Help your peer partner find out information to answer the following questions to assist them in planning for transportation needs and identifying social activities that are readily available to them:



- ◆ **How often are these options available?**
- ◆ **What days of the week and times of day are they available?**
- ◆ **What costs (if any) do the options involve?**
- ◆ **How do I arrange for this transportation (include phone numbers to assist planning)?**

3. Your peer partner may benefit from your working with them to organize this information in writing or on the computer to help them with transportation planning.

4. If there is no workable transportation alternative, social activity plans should be developed for the areas that the peer partner can access.



If your peer partner can only get to places that are within walking distance or biking distance, then your focus as a peer mentor would be to help your partner identify social and leisure activities that can be done close to home or at home.



If your peer partner only has access to other types of transportation during certain times of the day or days of the week, then you should try to assist them in planning for activities that require getting somewhere by car or public transportation on days and times when such transportation is available.

Your goal as a mentor is to help your peer partner identify social activity goals that they can continue to pursue, even when the mentorship period has ended. Therefore, you want to find activities that your peer partner can get to without relying on the mentor to provide transportation.

Due to this goal, mentors should meet their peer partners at the location of the social activity rather than serving as a means of transportation for the partner to attend the activity.



Mentors should not drive their peer partners to or from any of the social events during the mentoring period.

REMEMBER, your goal as a mentor is to assist your peer partner in developing social opportunities that can continue to be pursued after the peer-mentoring period has been completed. So, helping your peer partner to identify transportation options that are available on a regular basis to get to social activities is important.

BUDGET PLANNING

As a mentor, you should help your peer partner to come up with a strategy for developing a budget to use for planning and participating in social activities. Some peer partners may have no difficulties with this skill, while some may benefit from developing a system for organizing information to help plan a budget. For some peer partners, it may be that relying on a trusted family member or friend will be important for helping plan and budget for social activities.



The following are a list of ways in which you can help your peer partner increase skills related to planning a budget for social activities.

- ◆ Understanding amount of money that can be used for leisure activities per month.

Help your peer partner to identify how much income they have per month, the amount of regular expenses that they have, and how much of the remaining money might be available for leisure activities. This may be information that your peer partner knows, or this may require having the peer partner work with family members or friends to determine what is a reasonable amount that can be spent for leisure activities.



Knowing what the bottom line is for how much can be spent on social activities is very important. This number will help your peer partner to identify the types of activities and the frequencies of activities that they can afford within a given time frame.

- ◆ Planning to have monetary resources available.

Your peer partner should develop a plan or system to ensure that they have the money needed for an event ready to use when they go to the event. This may mean including a trip to the bank or asking a family member to go to the bank on the day prior to the event. Or it may mean developing a cue so that your peer partner checks his or her purse/billfold to ensure that either the cash or credit card needed for the event is with them before leaving the house.



- ◆ Cue for planning and budget, yet allow for some natural consequences of things like poor planning or impulsive spending.

Talk with your peer partner about setting a budget for planning activities. When it comes time to selecting activities, remind your peer partner about the budget. Despite talking about a budget and reminding your peer partner of its limitations, a choice about activities may be made that stretches the budget for the rest of the month. You may need to let your peer partner experience some of the negative consequences of failing to budget and plan. This may result in having to engage in only activities with no or very limited cost for the rest of the month.

Remember, you are trying to help your peer partner become more active in their own social planning, so you shouldn't be primarily involved as the budget planner. If your peer partner is relying on you to do the planning, what will happen when the mentorship is over?

Your goal is to help your peer partner find a system for continuing to engage in social activities after the mentoring period is completed. If your peer partner has tried and is unable to manage budget planning on their own, you will want to help them identify someone in their own family or friend circle who can serve as their primary budget planner.



- ◆ Cue for money safety issues.

Help your peer partner to be aware of safety issues involving money. This involves things like:



- Keeping track of purse or billfold
- Retaining and shredding credit card receipts
- Being careful about showing cash
- ◆ Taking only the amount of cash that will be reasonably needed for an event.

SOCIAL COMMUNICATION SKILLS

One of the roles of the peer mentor is to help your peer partner to become more comfortable in social situations. An important part of feeling comfortable in a social setting is feeling comfortable with how one communicates with others. You can help your peer partner work on their communication skills by talking with them about what happened in social situations in which they are involved. You can also help your peer partner by helping them practice how they might handle various communication situations. Here are a few communication areas you might consider:



- ◆ **Initiating a Conversation**
- ◆ **Keeping a Conversation Going**
- ◆ **Ending a Conversation**
- ◆ **Selecting Conversation Topics**
- ◆ **Staying “On Track” with Conversation Topics**
- ◆ **Turn-Taking**
- ◆ **Nonverbal Communication**
- ◆ **Paying Attention to Feedback**

Initiating Conversations:

Your peer partner may have trouble starting conversations with others. This could be due to general problems with initiation or “getting started” that happens for some people after injury (see page [22](#)). Or, it could be that your peer partner is anxious or nervous when talking with others.

Talk with your peer partner about his/her concerns with starting a conversation with others. Your peer partner might be helped by practicing a “routine” for starting a conversation.

Starting conversation:

1. Greet and introduce self:

Say hello, introduce self, wait for response or ask for other’s name.

Example:

“Hi, my name is John.” “Oh hi, nice to meet you..I’m Jeff.”

“Hello, my name is Cathy.....Sorry, I didn’t catch your name?....”

2. Ask an open-ended question:

Ask a question that gets the other person talking. Avoid yes/no questions.

Examples:

“What did you think of the movie?”

“How is the team doing?” (at a sports event)

3. Find a topic you have in common:

Follow the line of conversation that is started by the person’s response to your question and find interests you have in common.

Example:

“Oh, I really liked the movie too. I really like George Clooney. Have you seen “Good Night and Good Luck”?”



Some Ideas for Practicing Initiation of Conversations:

You may want to begin observing the clerks at a discount store, like Wal-Mart. They are trained to greet others and to make polite comments to customers. Shopping at Wal-Mart or a similar-type store can provide a lot of opportunities to “try out” different types of conversation. You might practice starting conversations with your peer partner first, and then have them “try out” their skills with you. Next, you can try this out in another location, like in a store.



Here are some places and situations that might be good opportunities to practice:

1. Select a scenario
2. Practice one greeting, one follow up question, and ending
 - ◆ *Shopping:* As Mentor, you can act like the clerk at the store. Greet and make a comment to you peer partner. Then, have your peer partner practice returning the greeting and following up with another comment. If possible, try to continue brief conversation, and then end the conversation. After peer partner is comfortable with this, have them practice with actual clerks at a store.
 - ◆ *Shopping:* Mentor acts as if they are a person standing either before or after the peer partner in a long line waiting to check out. Have peer partner try to begin a conversation by making a comment.

Keeping a conversation going:

- 1. Listen carefully to what the other person says.** Remind peer partner that the best way to have a good conversation is to really listen to the person with whom you are talking.
- 2. Follow up with a question or comment on the same topic.**

Examples:

“Yeah...I really like scary movies as well. What would you say are the top three scary movies, in your opinion?”

“Baseball’s not really my sport either...I’m more of a football fan, how about you?”

Some Ideas for Practicing:

You can have your peer partner try to keep a conversation going for a little while, using some of the following situations. Remind your peer partner to listen carefully to what the other person says and to pay attention to their non-verbal cues. That is, listen to what the other person is interested in, so that you can talk about things that they have in common with that person. However, also encourage your peer partner to pay attention to the other person’s body language. If the other person looks bored (yawning, looking at watch) or is uncomfortable or not interested in talking (backing away, turning away, etc.), your peer partner can make adjustments or end the conversation.

Here are some places and situations that might be good opportunities to practice:



Movies: While in line to buy a ticket, the Mentor can begin a conversation with the peer partner, asking about the different movies that are showing, and then having the peer partner try to keep the conversation going (talking about the movies they’ve seen, asking further questions, etc.).

Fishing at a pier: You can ask your peer partner about issues related to fishing, such as finding out the best times to go fishing and what kind of fish can be caught at that location. Have your peer partner try to keep the conversation going.

Ending a conversation:

1. Summarize what was said.

One way to begin ending a conversation is to try to summarize the gist of the conversation.

Examples:

“Well, what I’m hearing is that you really think that the Rockets are headed for a good year.”

“Looks like we both really like old mystery movies.”

2. State a plan for future conversation.

Another way to work towards ending a conversation is to indicate that you would like to talk again in the future.

Examples:

“We should talk some more about this next week.”

“Well, we should get together to talk about another mystery movie next week. I know a good one we can watch.”

3. Say good-bye.

Make a final end to the conversation by telling the person good-bye politely. This lets the other person know that you need to end the conversation.

Examples:

“Well, see you later.”

“Bye, talk to you next week.”

“Have a good day.”

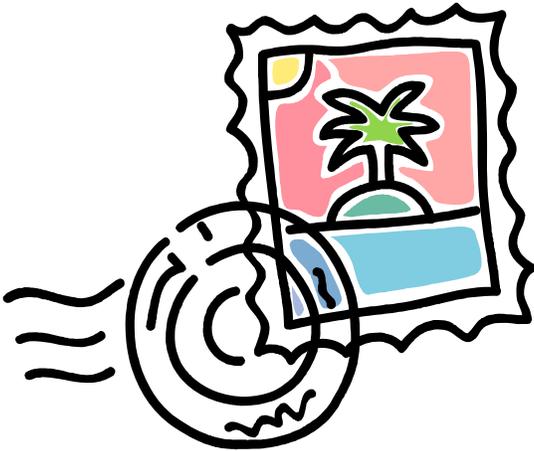
“I’ve got to go. Nice to meet you.”



Some Ideas for Practicing Ending Conversations:

You can have your peer partner practice trying to end a conversation comfortably, using some of the following situations. Remind your peer partner to pay attention to their own needs as well as to the nonverbal cues of the person with whom they are talking. For example, they should pay attention to whether they've received the information they needed or if they are under time constraints. Also, they should try to notice if their conversational partner is doing things like looking at their watch or fidgeting, or if this person is short on time. These situations are signs that the conversation can be ended.

Here are some places and situations that might be good opportunities to practice ending conversations:



Buying stamps: Have peer partner try to find out some information about stamps, such as what stamp designs are available. This is a very focused conversation, so the goal is for the peer partner to state his/her request, thank the postal clerk, and say good-bye.

Restaurant: Have your peer partner practice ending a conversation, by telling the wait staff person at a restaurant that you appreciated the good service. This is also a very focused conversation, where a compliment is given and a good-bye can be delivered.

Selecting Conversation Topics:

1. Encourage peer partner to think about with whom they are speaking.

Is this the first time you are meeting? Is this a casual acquaintance? Is this your boss? Is this a close friend?

The topics you select with people that you do not know very well should be ones that are not too personal or controversial.

Examples of appropriate topics: sports, weather, music, movies, etc.

Examples of topics to avoid: religion, politics, sex, money issues, etc.

2. Encourage peer partner to think about the situation that they are in.

Your topic of conversation may vary, depending on where you are and what is happening. For example, you will likely choose very different kinds of topics to talk about if you are meeting a friend's parents at Sunday dinner, than you might if with a group of friends at a party.

Some Ideas for Practicing:

You can have your peer partner think ahead about the situation they are going to be in and with whom they will be meeting.

Here are some places and situations that might be good opportunities to practice selecting appropriate topics:

Bowling alley: Peer partner might make a positive comment about the bowling technique of the person in the next lane. If person is receptive, attempt to start a conversation. Keep in mind trying to stick to topics that are not too personal.

Book Store: Peer partner might request a recommendation for a type of book from a sales clerk. If the clerk has time, continue to discuss other book-related topics.





Staying “On Track” with Conversation Topics:

Sometimes after brain injury, a person might have more difficulty staying “on topic” during conversations. This might be because they are having problems paying attention or because they have problems with remembering what had been said.

1. Try to limit distractions.

If your peer partner gets easily distracted and has difficulty staying focused on the conversation, you can encourage them to try to “manage” the situation by limiting sources of distraction. That is, they may need to turn off the television or move to a quieter room when having a conversation with others.

2. Encourage active listening.

To help your peer partner stay focused, encourage them to work at attending to the person with whom they are talking. This can include things like: making eye contact with the person, nodding head to acknowledge understanding, or asking for clarification.

3. Encourage peer partner to ask for clarification if they have lost track of the conversation.

If your peer partner loses track of the conversation due to attention or memory difficulty, encourage them to ask others for a reminder. They might say something like, “I’m sorry, I just lost track for a moment... what were we just talking about?”

Some Ideas for Practicing:

You can have your peer partner practice active listening while you talk with them. If paying attention is a problem, you might also ask your peer partner to think ahead about situations they might be in during a planned social activity and identify how they might limit distractions.

Turn-Taking:

When having a conversation with others, it is important to be able to take turns being a speaker and being a listener. If your peer partner tends to talk on and on, their conversational partners are likely to feel bored or “trapped.”



1. Encourage your peer partner to pay attention to the person with whom they are talking.

The other person’s body language and expressions can give feedback about their interest in the conversation. For example, if the person is yawning, looking at their watch, or looking away, this should be a sign that they might be feeling bored. Encourage your peer partner to pay attention to and use these cues. If the other person is looking bored, for example, this is a sign to stop talking and let the other person have a chance to talk.

2. If talking on and on is a problem for your peer partner, encourage them to try to limit their remarks to 2-3 statements at a time.

Sometimes people may need to have a strategy to help cue them to take turns when talking. This may be especially true for those that have difficulty reading others’ facial expressions or gestures. One such strategy is to try to keep their comments to a certain number of statements.

Some Ideas for Practicing:

If your peer partner has difficulty with taking turns in conversation, you can help them practice limiting their speaking time by having conversations on a given topic with you. You might have them talk with you about a topic (for example, baseball or music) and ask them to try to limit to no more than 2-3 sentences at a time.

Nonverbal communication and Awareness of Feedback:

Paying attention to the nonverbal parts of communication is very important.

What is meant by “nonverbal” communication? This includes things like:

- ◆ How far a person is from their communication partner
- ◆ Physical contact (example-touching on the shoulder)
- ◆ Body posture
- ◆ Movement of arms, legs, hands, or arms
- ◆ Gestures (movements that help convey the message)
- ◆ Facial expressions
- ◆ Eye contact
- ◆ Tone of voice
- ◆ Volume of voice

These “nonverbal” parts of communication can often give more information than do the words that a person might say. Nonverbal communication is a very important way that a person gets feedback about how the conversation is going. You can help your peer partner to become more aware of nonverbal communication that others are demonstrating, as well as nonverbal communication that the peer partner is using. You can do this by talking to your peer partner right after a conversation. For example, if you notice that your peer partner stands too close to others when talking, talk to them about it and come up with a plan for next time.



Additional Practice Situations:

Here are some other situations that you might use to have your peer partner practice social communication skills:



Restaurant

Ask wait staff about daily specials

Ask what wait staff recommends

The wait staff brought you something you did not order.

Compliment the meal; ask what spices contributed to the flavor, or how long a particular veggie or fish is in season (e.g., like oysters). Of course, this one depends on the restaurant.

Shopping

Ask checkout person what the store hours are

Ask salesperson which of 2 brands he/she recommends and why

Someone in line in front of you or behind you is buying a movie or CD; ask them about it.



Bowling

Ask about leagues, and how to join



Museums

Find out what future exhibits are

Find out what volunteer opportunities are available

Library

Find out what volunteer opportunities are available

Ask librarian for information on a specific topic of interest (for example, genealogical search)

Potential Challenges

Below are examples of some situations that you may encounter as you mentor your peer partner. For each example, some suggestions are provided as to what you might do. Remember - if you are faced with a situation that leaves you unsure of what to do, or you feel like you are out of ideas, you may always contact the On-Call Therapist to ask for assistance.

- ◆ **Person is in a conversation but is getting distracted by something else**
Mentor can cue them and provide context so peer partner can rejoin the conversation: “So Joe, what do you think about all this warm weather we’ve been having this winter?”
- ◆ **Group is moving onto something else, but peer partner lingers on previous topic**
Again, mentor can cue them and provide context so peer partner can shift to new topic
- ◆ **Peer partner is nodding and agreeing but not really following conversation; peer partner is having difficulty keeping up with conversation**
Mentor can model how to ask for something to be repeated: “I don’t know about you Joe, but I’m having some trouble following Bob. Bob, could you say that again?” and model clarifying statements: “OK, so you think that this warm winter may be related to global warming?”
- ◆ **Peer partner talks constantly and/or continually interrupts speaker**
Discuss afterwards. Mentor and peer partner agree on a signal (for example, raise hand/scratch head) for when he/she is talking too much or is interrupting.
- ◆ **Missing nonverbal information**
Discuss afterwards. Include specific nonverbal information to look for such as the listener repeatedly looking at the watch while peer partner is talking, eye contact (avoid staring), distance (standing too close), and touching (when in doubt-don’t).
- ◆ **Increased self-focus; talking too much about themselves and their problems**
Mentor can model more 2-sided conversations: “What have you been up to lately?” and peer partner can have a goal of asking the other person an appropriate question about himself or herself (“How are you?”), or introducing a topic that is not about them personally (“Can you recommend any good movies? Restaurants?”). Mentor and peer partner can practice.

DOCUMENTATION



MAKING CONNECTIONS AFTER BRAIN INJURY:

A guide for social peer mentors

As a Social Peer Mentor, you will be required to complete some paperwork. This paperwork will help the program team evaluate how well the mentoring program is working, and to identify areas that may need to be changed or improved. Below we will describe the various types of paperwork that you will be asked to complete while you are involved in the mentoring program.

Baseline Evaluation: Before you begin to mentor, you were asked to complete an initial evaluation. You were asked to provide some demographic information about yourself (like your age, education level, etc.), and you completed several interviews and questionnaires. The interviews and questionnaires are ways for the program team to get information about your social activities, about your level of social support, and about your feelings and thoughts about things. You were also asked about how you see your own physical, cognitive, or behavioral strengths and weaknesses. This information is being used to help us match you with a peer partner and to help the team better understand how different mentor characteristics may make a difference in the mentoring partnership.

Monthly Mentor Log Sheet: You will be matched to a peer partner and will mentor your partner over a 3-month period of time. As a mentor, you agree to meet with your peer partner at least twice per month. However, you may spend more time with your peer partner through phone calls, emails, outings, etc. As a mentor, you will make the initial contact with your peer partner within the first week of receiving contact information for your matched partner. You will be asked to complete a Monthly Mentor Log Sheet and to send this log sheet to the On-Call Therapist each month that you are serving as a mentor. A copy of the Log Sheet is included on page [56](#). You should fill out the form for any given activity as soon as the activity is completed, so that you will not forget to record your mentoring activities.

Emergency Situations: If any emergency or problem situation occurs while you are involved with mentoring, you should contact the On-Call Therapist to inform us about the event and to receive any assistance that you might need. The On-Call Therapist will take a brief report from you either over the phone or in person and will produce a progress note to document the event. You will not need to make a written report; however, you should make the call to the On-Call Therapist so that the report can be made.

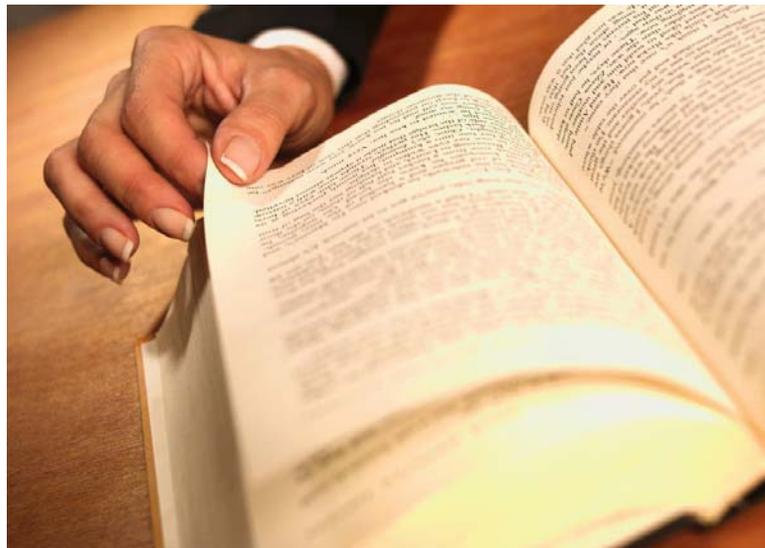
Satisfaction Survey: After you complete a mentoring period, you will be asked some questions about your experience. This survey is an attempt to find out your perceptions of being a mentor and to help the program team improve the program.

Monthly Mentor Log Sheet

Week: _____ Mentor Code: _____ Peer Partner Code: _____

Date	Activity	With Whom? (circle)	Who planned? (circle)	Did partner meet a new person? (circle)	From your point of view, How was the activity?
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good
		Peer Partner only	Me	Yes	Really good
		Peer Partner & Family Member	Peer Partner	No	Ok
		Peer Partner & Other	Peer Partner	No	Not too good

RESOURCES & REFERENCE INFORMATION



HANDLING EMERGENCY OR PROBLEM SITUATIONS



We certainly hope that all of your outings with your peer partner will be free of any major problems or emergencies. However, the following sections will give you some tips on what to do should a problem or emergency situation occur.

This section will describe problem situations that might happen while you are in the mentoring role. Several suggestions about what to do in such situations are provided; however, remember that you may always contact the On-Call Therapist if you find yourself in any situation where you feel uncomfortable or are unsure of what to do.

We will review these situations with you during your training sessions. We encourage you to review this information again on your own, so that you will feel prepared to deal with any problem situations that might arise. If after you've completed training you would like to have additional training sessions, contact the On-Call Therapist.

If any emergency or problem situation should occur while you are involved in peer mentoring, please contact the On-Call Therapist to keep them informed and to receive assistance.

Contact the On-Call Therapist by paging them at:

_____.

Emergency Contact Information:

When you are matched with a peer partner, you will receive several pieces of information about your peer partner. One of these pieces of information will be an “Emergency Contact Information Card.”

This card will contain information about your peer partner’s medical conditions, medications, allergies, and phone numbers to contact in case of emergency (see the sample card below). We ask that you keep this card with you at all times when on outings with your peer partner.

	Emergency Card		
	Name: _____	Date of Birth: _____	Age: _____
	Address: _____		
	Emergency Contact Information - Name: _____	Telephone Number: _____	
	Primary Care Provider: _____		
	Medical Conditions: _____		
	Medications: _____		
	Allergies: _____		
	Additional Information: _____		

Handling Potential Problem Situations:

The following list of situations will be reviewed in this manual. This list is not exhaustive, but covers many of the problems that might be encountered. If a problem occurs that is not on the list, contact the On-Call Therapist for assistance.

Medical Problems

- ◆ Problems with swallowing
- ◆ Seizures
- ◆ Problems with walking/balance

Transportation Problems

- ◆ Motor vehicle accident
- ◆ Car breaks down
- ◆ Transportation doesn't arrive

Emotional or Behavioral Problems

- ◆ Anger or agitation
- ◆ Confusion
- ◆ Leaving the mentor to go off on own
- ◆ Thoughts of suicide
- ◆ Alcohol or drug use

MEDICAL ISSUES

Problems with swallowing:



- ◆ **Ask your peer partner if he or she has any special diet issues that they need to follow.** For example, do they have any food allergies or are they supposed to have a modified diet.

A **modified diet** could mean that they have to have changes in the consistency of their food. They may need to have food cut up into bite-size pieces.

A **modified diet** could mean changes in the thickness of liquids. Thin liquids are more difficult to handle than thicker liquids. If your peer partner needs thicker liquids, he or she should have a can of thickener with them at all times, and should know how to mix this into drinks.

If your peer partner needs assistance with their diet, you will want to find out how much help is needed. If the assistance needed with diet or other activities (for example, toileting) is significant, the research team will have already arranged with the peer partner to have a family member, friend, or attendant accompany them on all social outings. You will be informed of this situation when you are matched.

- ◆ **If your peer partner is impulsive, he or she may keep taking in more food before swallowing what is already in his or her mouth.** You may need to give your peer partner reminders to slow down and enjoy the food, instead of rushing.
- ◆ **Should choking occur**, first ask your peer partner if they are OK.

If not: Either follow guidelines for the Heimlich Maneuver, or call for help.

- ◆ **Report any choking incidents to the On-Call Therapist.**

In most cases, the incident will be minor, and it is likely you will be able to continue the outing. **Check with your peer partner** to determine if he or she wants to continue the outing.

Seizures:

1. Be sure you know if your peer partner has a history of seizures, or if he or she is on seizure medication.

This information should be provided to you when you are matched to your peer partner and will be printed on the Emergency Card you are to keep with you.



2. Should a seizure occur, first make your peer partner safe.

- ◆ Try to be aware of how long the seizure lasts and what body movements the person makes. You will need to report this to the family or to medical personnel later.
- ◆ Try to keep him or her from falling; help him/her gently to the floor.
- ◆ Move furniture out of the way, if possible.
- ◆ Do not put anything in the person's mouth.
- ◆ Do not attempt to hold the person down.

3. After the seizure, your peer partner will likely be tired. Do the following:

- ◆ Check for injuries.
- ◆ Turn the person on his or her side.
- ◆ If he or she is having trouble breathing, gently clear the mouth.
- ◆ Do not allow him or her to eat or drink anything until fully awake.
- ◆ Allow your peer partner to rest.
- ◆ Stay with your peer partner, as he or she may be confused following a seizure.

4. Call the On-Call Therapist to report the seizure, and decide whether to call for an ambulance or how to get the peer partner home.

Problems with walking or balance:



1. **Review the “Physical Problems” section of this training manual** to be familiar with possible difficulties due to movement problems. If your peer partner has needs for special assistance, you will be given this information when you are matched. If regular assistance is needed (like for transfers), your peer partner will have a family member or friend accompany them for such help.

2. **If your peer partner should suffer an injury** due to a fall or running into something, first check for injuries. Do not attempt to get him or her to stand until you are sure there are no injuries.

3. **Call the On-Call Therapist to determine the level of assistance needed.** You may be advised to contact the peer partner’s family or medical assistance.



TRANSPORTATION PROBLEMS

- ◆ Remember, you are not to drive your peer partner to or from any of the social activities you do. Your peer partner should develop some means of getting to and from social activities that can last beyond the mentoring program.
- ◆ For your own information, we have the following recommendations. You can also share this information with your peer partner.
- ◆ To be ready for any type of emergency situation, we recommend that you keep an Emergency Kit in your glove compartment.



You want to include the following:

- ◆ **A cell phone**
- ◆ **Pen and paper for taking notes**
- ◆ **A disposable camera to take photos of the vehicles at the scene**
- ◆ **A card with information about medical allergies or conditions that may require special attention if there are serious injuries for you and for your peer partner.**
- ◆ **A list of contact numbers for law enforcement agencies handy.**
- ◆ **A set of cones, warning triangles or emergency flares should be kept in the trunk.**

Motor vehicle accident:

- 1. Keep Safety First.** Drivers involved in minor accidents with no serious injuries should move cars to the side of the road and out of the way of oncoming traffic. Leaving cars parked in the middle of the road or busy intersection can result in additional accidents and injuries.

If a car cannot be moved, drivers and passengers should remain in the cars with seatbelts fastened for everyone's safety until help arrives. Make sure to turn on hazard lights and set out cones, flares or warning triangles if possible.



- 2. Exchange Information.** After the accident, exchange the following information with other drivers:

Name
Address
Phone number
Insurance company
Policy number
Driver license number and License plate number for the driver and the owner of each vehicle. If the driver's name is different from the name of the insured, establish what the relationship is and take down the name and address for each individual.

Also make a written description of each car, including year, make, model and color — and the exact location of the collision and how it happened.

- 3. Contact the police.** Wait for law enforcement officers to arrive and take an accident report. Ensure that a state vehicle accident report will be filed.
- 4. Contact your Auto Insurance Company.** Let your auto insurance company know about the accident so that they can begin processing your claim.
- 5. Contact the peer partner's guardian (if applicable)** to inform them of the situation if you are aware that your peer partner has been involved in an accident.
- 6. Contact the On-Call Therapist** to let them know what happened and assist you with obtaining help, if needed.

Car breaks down:

- 1. Pull over to the side of the road** at the first safe opportunity.
- 2. Contact repair service**, roadside emergency service (like AAA), or other resources.
- 3. Contact the peer partner's guardian (if applicable)** to inform them of the situation if you are aware that your peer partner has had a breakdown.
- 4. Contact the On-Call Therapist** to let them know what happened and assist you with obtaining help, if needed.



Transportation doesn't arrive:

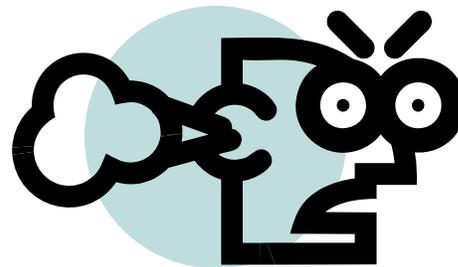
When relying on public transportation, it is possible that the transportation may be late, or in some cases may not arrive at all. The following tips may help you in these situations:

- 1. Carry phone numbers for transportation with you.** If you are using the bus system, taxi service, or a friend/family member for transportation, keep their phone numbers with you in your wallet or purse. Then you can call to find out if there is a delay or when the transportation is to arrive.
- 2. Have a backup transportation plan.** Make a plan for another means of getting home that you can use in case of emergency. This might mean planning with a family member or friend or having “emergency funds” on hand to pay for alternate transportation.
- 3. Keep safety in mind.** If you must wait for transportation, try to wait in a well-lit, public area.
- 4. Contact the peer partner's guardian (if applicable)** to inform them of the situation, so that they can expect the delay or assist with organizing an alternate mode of transport.
- 5. Contact the On-Call Therapist** to let them know what happened and assist you with obtaining help, if needed.

EMOTIONAL OR BEHAVIORAL ISSUES

Anger or agitation:

During a social activity or outing, it is possible that your peer partner might show signs of being angry or agitated. This could be in response to something that happens on the outing, or could be related to other factors. We don't expect that this will be a common problem, but it may occur. For some people, one of the effects of the brain injury can be that they are more easily irritated since their injury. For others, anger control could have always been somewhat of a problem. The following information gives you some ideas about how to handle the situation if your peer partner seems to be feeling angry, irritated, or agitated.



The following are some signs that could indicate that your peer partner is feeling angry:

- ◆ Yelling
- ◆ The “silent treatment”
- ◆ Sarcasm
- ◆ Short temper
- ◆ Throwing things
- ◆ Punching/ kicking things
- ◆ Hurting another individual
- ◆ Hurting self

If your peer partner shows any signs of anger or agitation, you can do the following:

1. Acknowledge his/her frustration.

Say things like:

“Seems like you are having a bad day today”

“You look frustrated. Is everything okay?”

- 2. Offer to reschedule the outing for another time** if agitation persists or the individual becomes aggressive or is disruptive in public. Then, please notify the On-Call Therapist.

Confusion:

Sometimes persons with brain injury can become confused when they are in unfamiliar settings or are in crowds with lots of noise and stimulation. If your peer partner becomes confused or irritable when in such situations, you may wish to try the following:

- 1. Speak in a calm voice.** Remain calm, and talk to your peer partner in simple direct sentences.
- 2. Leave areas of noise and crowds.** Encourage your peer partner to move to a quieter place. For example, at a party, you might have your peer partner move to a room with only a few people in it.
- 3. If your peer partner remains confused, contact emergency numbers.** Stay with your peer partner and reassure them that you are there to help them and keep them safe. Call the emergency contact number on the peer partner's card or call 911. Call the On-Call Therapist for assistance and to let them know about the situation.



Leaving the mentor to go off on own:



You have agreed to meet your peer partner at a restaurant and to then go to a movie. Your peer partner has told her family member of this plan as well. After dinner, your peer partner decides to go off to a bar down the street with some people she met at the restaurant. What do you do?

When a peer partner decides to change plans and go off on their own during a planned outing with their mentor, this can be problematic.

- 1. The mentor should first encourage their peer partner to do what was agreed upon prior to the actual outing or have a conversation with the mentor about changing plans together.** In agreeing to participate in the mentoring program, the peer partner has agreed to take part in regular outings with the mentor.
- 2. The mentor should explain to the peer partner that the success of outings is based on mutual cooperation between the two of them.** In order for the partnership to be a useful one, the peer partner and mentor should talk about changes in plans together. This conversation may need to take place at a later time when the peer partner is calm and able to listen.
- 3. If the peer partner insists upon going off on their own, you as a mentor should not attempt to physically stop them from leaving in any way.**
- 4. If the peer partner is normally able to go about in the community on their own, the mentor should simply notify the On-Call Therapist about this change in plans and document the situation on the monthly mentor log sheet.** The mentor should follow up with the peer partner with a phone call to discuss the situation and to determine how plans will be made in the future. The On-Call Therapist should be informed of the progress of this conversation. If the peer partner is unwilling to agree to participate in such outings, they will either be withdrawn from the mentor program or will be reassigned to a new mentor.
- 5. If the peer partner normally requires some supervision in the community and leaves their mentor during a planned outing, call the On-Call Therapist immediately and report the situation.** Be sure to have available information about the last place that your peer partner was seen and where they were likely to have gone. If your peer partner has a guardian, you will want to contact this individual as well to inform them of the situation.

Thoughts of suicide:

Sometimes when people are feeling distressed or depressed, they may have thoughts of suicide. These thoughts may be expressed to others. It is important to listen to these types of statements carefully and show that you are concerned. Also, it may be very important for you to help the individual get the support and assistance they may need.



Passive Suicidal Comments

Sometimes people express ideas in a passive way, such as:

“I wish I did not survive.”

“Life is not worth living.”

“If I cannot have my old life back, I don’t want any life.”

If you hear your peer partner make comments like these, you can do the following:

- 1. Be supportive.** Let them know that you hear their distress and are concerned. You can say things like:
 - “I know how difficult it is.”
 - “This must be very hard for you.”
 - “It is normal to feel sad and frustrated.”
- 2. Ask them if they ever had intentions of hurting themselves.** If they deny having ideas about hurting themselves, but still feel like they wish that they had not survived, let them know that you are concerned about them. Let them know you are concerned that they are feeling distressed. Encourage them to talk with their doctor, and their family and friends about these feelings. Also, let them know that you are willing to talk with them about how they feel as well.

If they say that they have had ideas of hurting themselves, let them know that you are very concerned about the situation and that you will want to talk with the On-Call Therapist about ways that help can be obtained.

- 3. Call On-Call Therapist immediately and report behaviors.** The On-Call Therapist will help assess the situation. This will involve having the On-Call Therapist talk with the peer partner, and may involve coming up with a plan on what to do to address these issues.

Active Suicidal Comments



Even more concerning are active statements about suicide, such as:
“I am going to end it all.”
“I plan on hurting/killing myself.”

- 1. Do not leave your peer partner alone.** If your peer partner says things like those above and/or tells you about a plan to hurt themselves (like taking pills, cutting their wrists, or mentioning they have a gun), make sure that you either remain with your peer partner or have a responsible family member or friend agree to stay with them.
- 2. Be supportive.** Let them know that you hear their distress and are concerned. You can say things like:
“I am really worried about you and want to help.”
“It sounds like you are feeling like things are hopeless.”
- 3. Encourage your peer partner to verbalize a positive statement regarding reasons to live.** Ask your peer partner if there is anything that would hold them back from attempting suicide (like family or religious beliefs).
- 4. Call On-Call Therapist immediately and report behaviors.** Let your peer partner know that you will be calling the On-Call Therapist to let them know about the situation. The On-Call Therapist will help assess the situation. This will involve having the On-Call Therapist talk with the peer partner, and may involve coming up with a plan on what to do to address these issues. Call the On-Call Therapist immediately and report this information.

Alcohol or drug use:

In order to participate in the peer-mentoring program, both the Social Mentor and Peer Partner agree to not use alcohol or drugs while on outings together. (Please refer to your signed Ground Rules form).

If a Social Mentor either discovers or observes their Peer Partner is using or has used alcohol or drugs while the two of you are on an outing, the following guidelines are meant to help you successfully handle the situation.



Non-Emergency Situation

If a Social Mentor either discovers or observes their Peer Partner is or has used alcohol or drugs while the two of you are on an outing and it is **NOT** an emergency situation (see Emergency Section below), the following guidelines are meant to help you successfully handle the situation.

- 1. Remain Calm.** Speak in a calm voice to your Peer Partner and avoid yelling at them for using alcohol or drugs. You want to try to keep the situation from becoming an argument.
- 2. Observe.** Look for emotional and behavioral changes. Take note of behavior that appears strange, inappropriate, or unusual. Pay attention to both verbal and nonverbal communication.
- 3. Trust Your Gut.** If you sense that something is wrong, there is a good likelihood something is wrong!
- 4. Reach Out.** Be direct in expressing your concerns in a nonjudgmental manner based on your observations and perceptions. Ask your Peer Partner directly whether they have used alcohol or drugs while on the outing.

*Non-Emergency Alcohol or Drug Use Situation
(continued)*



- 5. Listen.** Encourage your Peer Partner to respond truthfully to your questions. Listen to both their thoughts and feelings.
- 6. Eliminate.** If there are any alcohol or drugs still available, they should be immediately disposed of or put somewhere that is not accessible to the peer partner. You may also try to have your peer partner leave the location where the substances are accessible.
- 7. Remind.** Review the ground rules with your Peer Partner. No alcohol or drug use is allowed while on an outing. Remind them that they agreed to this rule by signing the Ground Rules form.
- 8. Ensure.** Ensure that your peer partner does not try to drive while under the influence of alcohol or drugs. Arrange for them to take a taxi, or have them contact a family member or friend for transportation home.
- 9. Offer Support and Assistance.** Your care, interest, and listening are important in assisting your peer partner with understanding that they are not following the ground rules and in finding out why they have decided to drink or use drugs. Try to discuss why your Peer Partner wants to use alcohol or drugs during the outing and help them to understand that there are better options. Try to use positive statements and let them know that you are concerned about their safety.
- 10. Contact the On-Call Therapist.** If your Peer Partner refuses to stop using drugs or alcohol even after you have discussed the situation, you may need to call the On-Call Therapist for additional assistance.



Emergency Alcohol or Drug Use Situation:

If your Peer Partner is acting strangely (such as one of the behaviors listed below), consider the situation to be an **emergency situation**.

1. Immediately call 911 (report all of the information on your Peer Partners Emergency Card and all of the details of the situation).

2. Contact the On-Call Therapist. Let the On-Call Therapist know what has happened so that he or she can help you contact emergency personnel and the peer partner's emergency contact person.

3. Signs that should be considered Emergency Situations include:

◆ **Peer Partner becomes tense and panicky**

If someone is really tense and panicky on drugs or alcohol, take the following steps:

Calm them down and reassure them that they are safe

Talk quietly and explain that the panicky feeling will gradually go away

Keep them away from loud noises and bright lights

Help them if they overbreathe (hyperventilate). When someone breathes very quickly and gasps for breath, they often get dizzy and feel sick.

◆ **Peer Partner becomes verbally or physical aggressive (also refer to Anger and Temper Tantrums Section on p. 25)**

Remain calm

Try to persuade your Peer Partner to leave the area

Reassure them that you are there to help them and keep them safe

Call 911

Call the On-Call Therapist

Continue to reassure them that they are safe and talk calmly with them until medical assistance arrives

◆ **Peer Partner is drowsy, but conscious**

Put them in a comfortable flat position and keep talking to them

Try to stop them from sleeping as they might lose consciousness in their sleep

If they want a drink give them sips of lukewarm water, not coffee

Wait for medical assistance

Emergency Alcohol or Drug Use Situation (continued):

- ◆ **Peer Partner is unconscious or “passed out”**
 - ◆ Put the person in a comfortable flat position
 - ◆ Loosen any tight clothing that might restrict their breathing
 - ◆ Keep them warm (unless they are overheating)
 - ◆ Check their breathing
 - ◆ Wait for medical assistance.

- ◆ **Peer Partner becomes dehydrated:**

The warning signs include;

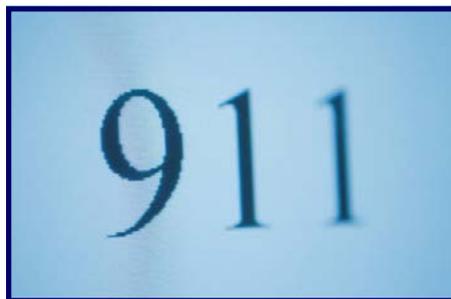
 - ◆ Cramps in the legs, arms and back
 - ◆ Failure to sweat
 - ◆ Headaches, dizziness and vomiting
 - ◆ Suddenly feeling very tired
 - ◆ Fainting

Dehydration can be prevented by:

- ◆ Taking regular breaks from dancing and relaxing in a cool place
- ◆ Drinking water, fruit juice or a sports drink and avoiding alcohol
- ◆ Sipping drinks regularly and drinking no more than one pint an hour
- ◆ Wearing cool clothes and wearing a hat

If someone is overheating:

- ◆ Move them to a cool place - possibly outside
- ◆ Splash them with cold water to cool them down
- ◆ Remove unnecessary clothing
- ◆ Wait for medical assistance



COMMUNITY RESOURCES



Houston/Galveston Metropolitan area

Information and General Assistance:

Brain Injury Association of Texas.....	512-326-1212 800-392-0040 (toll-free) www.biatx.org
Brain Injury Association of America, Inc.....	800-444-6443 (toll-free) www.biausa.org
Texas Brain Injury Network of Houston.....	713-743-5400 www.braininjuryhouston.org
Galveston Brain Injury Association.....	409-762-0530
Houston Center for Independent Living.....	713-974-4621 www.coalitionforbarrierfreeliving.com
Mental Health Association of Greater Houston.....	713-522-5161 www.mhahouston.org
Disability Services of the Southwest.....	713-728-3033 www.dssw.org

Medical Care:

Harris County Hospital District—Gold Card Eligibility.....	713-566-6691
Harris County Hospital District—Appointments.....	713-526-4243
University of Texas Medical Branch—Galveston.....	409-772-1011 800-917-8906 (toll-tree)
Veteran’s Administration Medical Center.....	713-791-1414

Assistive Technology:

Texas Technology Access Project.....	800-828-7839 (toll-free)
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Attendant Care:

Sheltering Arms.....	713-956-1888
Family Services of Greater Houston.....	713-861-4849
Texas Department of Human Services.....	713-692-1635
Integrity Homecare Services.....	713-827-1249

Driving:

Strowmatt Rehabilitation Services.....	713-722-0667 www.driverrehabservices.com
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Emotional, Psychological, & Substance Abuse:

Mental Health & Mental Retardation Authority.....	713-970-7000
MHMRA Neuropsychiatric Center.....	713-970-7070
Family Service Center.....	713-861-4849
Houston Area Women’s Center.....	713-528-2121
Harris County Psychiatric Center.....	713-741-5000
The Council on Alcohol & Drugs Houston.....	713-942-4100

Education & Employment:

Department of Assistive & Rehabilitative Services.....	713-735-3470
Texas Commission for the Blind.....	713-880-0721
Social Security Work Incentives.....	800-772-1213 (toll-free)
Texas Work Force Commission.....	713-956-4170
Texas Education Agency.....	800-252-9668 (toll-free)

Education & Employment (continued):

Imagine Enterprises.....	281-474-7887
Career & Recovery Resources.....	713-754-7009
Goodwill Industries.....	713-692-6221
MHMRA Vocational Services.....	713-970-7000
University of Houston Center for Students with Disabilities.....	713-743-5400

Financial:

Social Security Administration (SSI & SSDI).....	800-772-1213 (toll-free)
Medicaid.....	800-252-8263 (toll-free)
Medicare Hotline.....	800-633-4227 (toll-free)
Crime Victims Assistance.....	512-936-1200 800-983-9933 (toll-free)
Texas Workers' Compensation Commission.....	800-452-9595 (toll-free)
Texas Health Insurance Risk Pool.....	888-398-3927 (toll-free)
Food Stamps.....	713-767-2000 800-252-8263 (toll-free)
Houston Food Bank.....	713-223-3700
Meals on Wheels.....	713-794-9006
Energy Assistance Programs:	
Reliant Energy SHARE Program.....	713-665-3600
Southwestern Bell Telephone Lifeline & Link-Up Programs.....	800-464-7928 (toll-free)
Sheltering Arms Energy Assistance Programs.....	713-956-1888

MAKING CONNECTIONS AFTER BRAIN INJURY:

A guide for social peer mentors

Transportation:

Public Transit (METRO) - Half Fare for the Disabled.....713-635-4000
Paratransit System (METROLift & Freedom Pass)..... 713-225-0119
Department of Assistive and Rehabilitative Services.....713-862-5294
Medicaid Transportation for Medical Appointments..... 877-633-8747
American Red Cross (Local & Long Distance).....713-526-8300

Leisure & Recreation:

Metropolitan Multiservice Center..... 713-284-1973
TIRR Sports..... 713-799-5000
RRTC Creative Expression Center..... 713-797-5971
800-734-8590 (toll-free)

Support Groups:

Challenge Brain Injury Support Group
Contact: Lyn Cone..... 713-729-5162
Memorial City Rehabilitation Hospital
Contact: Judy Holman..... 713-465-8563
Houston Center for Independent Living.....713-974-4621
Healthsouth Rehabilitation—Humble
Contact: Dr. Tom Bisbee..... 281-446-6148
The Transitional Learning Center
Contact: Brack Collier..... 800-858-4769 (toll-free)
Healthsouth Rehabilitation Hospital
Contact: Barbara Loper..... 936-756-6559



MAKING CONNECTIONS AFTER BRAIN INJURY: A guide for social peer mentors

Rehabilitation Research and Training Center on Community Integration of
Persons with Traumatic Brain Injury at TIRR
2455 S. Braeswood
Houston, Texas 77030
(713) 666-9550
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www.tbicommunity.org

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