Mentor and Partner Outcomes from an Ontario ABI Peer Support Mentoring Program

Judith Gargaro\textsuperscript{1}
Kathryn Boschen\textsuperscript{2}

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\textsuperscript{1}University Health Network, Toronto, Canada
\textsuperscript{2}Bridgepoint Health, Toronto, Canada and University of Toronto

Funded by the
Why Peer Mentoring?

- ABI has long-term effects on survivors and family members beyond recovery from physical trauma.
- Peer mentoring provides an alternative and much needed form of support throughout continuum of care and community living.
The Ontario Brain Injury (OBIA) Peer Support Mentoring Program

- Developed to provide timely and meaningful telephone support
- Delivered by and for persons with a brain injury and their family members
- Promotes long-term adjustment
- Volunteer-delivered (Mentors)
- Coordinated by a mix of paid and unpaid individuals
History of development

- 2004- OBIA launched Community Support Network program
- Received start-up support from public and private sponsors
- Hired Project and Program Managers
- Contracted with ONF to provide research funds for program evaluation
Program Structure

- **Provincial Peer Support Manager**
  - Located at the OBIA office
  - Oversight of entire program; including Mentor and Coordinator Training

- **Peer Support Coordinators (PSC)**
  - Located at the regional BIA offices
  - Intake at the regional offices
  - Overseeing the partnership relationships
    - formation and ongoing

- **Partners and Mentors**
Web-based database

- Province-wide
- Database accessed through the OBIA website
- Secure log-on
- Database manager
  - Security
  - Audits
  - Generate reports
The Mentor-Partner Relationship

- **Mentors**
  - Trained using a structured curriculum in a group setting in local community
  - Commit to at least one year as a mentor
  - Can participate in multiple relationships

- **Partners**
  - Matched to a suitable mentor as soon as one is available
  - One-to-one telephone interaction
  - Flexible frequency and duration

- **Professional support available as needed**
Partner Data collected at Intake

- Contact information
- Background info
- ABI Information
- Questionnaire:
  - Why are you interested?
  - What issues do you wish to discuss?
  - Do you have any concerns about participating?
  - Are you OK with weekly contact via telephone?
  - Have you had previous involvement with peer mentoring?
Mentor Data collected at Intake

- Contact information
- Background info
- ABI Information

Questionnaire:
- Why are you interested?
- What are your strengths?
- What challenges might you encounter?
- Are you OK with weekly contact via telephone?
- Are you available for a full-day training?
Mentor Training Curriculum topics

- Overview
  - Definitions
  - Role profile and boundaries
- Communication Skills
  - Listening skills
  - Communication enhancers and road blocks
- ABI – Basics
- Post-injury Challenges
  - Physical, thinking, emotional challenges
  - Acute care, rehabilitation, community re-entry
  - Understanding grief and loss
Mentor Training Curriculum topics

- Initial Contact
  - Preparing for and making the first call
  - Telephone instructions
  - Contact logs and tracking

- Continuing Contacts
  - Subsequent calls/contact
  - Final contact with Partner

- Tools and Strategies for Mentoring
  - Exploring the needs of your partner
  - Possible goals
  - When the going gets tough: coping strategies
How are the Partnerships made?

**Partners:**
- Sign a Partner Agreement
- Posted on “Available Partner” list

**Mentors:**
- Sign a Mentor Agreement
- Training
- Police and Reference Check
- Posted on “Available Mentor” list
How are the Partnerships made?

- PSCs continually review available Partners and Mentors to make matches for those covered through their office.
- Matched on as many of the elements collected through intake as possible:
  - Relationship to BI and BI characteristics
  - Work status, religion, hobbies
  - Age, sex, marital status
Outcome Evaluation Design

- **Pre-Post design**
  - Telephone administration* of separate tools for Mentors and Partners
  - Required a large number of participants and an extended period of data collection
  - Data collection by researcher*

*Mentor Training*
- 1 Year/ end of relationship
- Repeated baseline every 6 months as necessary

*Partner Intake*
- End of relationship
- Repeated baseline every 6 months as necessary

*(except mentor training)*
Data Collection Measures

- Measures adapted from locally-developed measures used in US
  - Forced choice, Likert and Open-ended Questions
  - **Pre:** background demographics, needs and expectations
  - **Post:** demographics changes, frequency of contact, how well needs were met and satisfaction with program involvement
Sample Partner “pre” questions

- Marital Status, Education, Employment
- Health and BIA utilization

9 separate Likert Questions:

On a scale from 1 – 5, how would you describe your overall quality of life?

1. very poor
2. okay
3. good
Sample Partner “post” questions

- Marital Status, Education, Employment
- Health and BIA utilization
- Satisfaction with program

Same 9 areas as “pre” but additional question for each area:

Is increasing your quality of life an area that your mentor helped you with?

___ no ___ yes ___ don’t know/remember
Sample mentor “pre” questions

● Same as Partner “pre” questionnaire

How many times in the past 6 months (since month name) have you:

been admitted to a hospital/healthcare facility? ____  ____ no ____ yes
been to a hospital/healthcare facility on a walk-in, day patient, or emergency basis?  ____  ____ no  ____ yes
seen your family doctor?  ____  ____ no  ____ yes
Sample mentor “post” questions

- Marital Status, Education, Employment
- Health and BIA utilization
- Satisfaction with experience as mentor

Same 9 areas as “pre” but additional question for each area:

**How much impact has your experience as a mentor had on your quality of life?**

1. no impact
2. some impact
3. a lot of impact
## Enrolment Details

<table>
<thead>
<tr>
<th>Partner</th>
<th>Enrolled</th>
<th>Complete Match</th>
<th>Not Matched</th>
<th>Withdrew</th>
<th>Lost to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>204</td>
<td>110</td>
<td>17</td>
<td>51</td>
<td>26</td>
</tr>
<tr>
<td>Mentor</td>
<td>187</td>
<td>81*</td>
<td>28</td>
<td>70</td>
<td>8</td>
</tr>
</tbody>
</table>

*Mentors could be matched to more than one partner; there were 110 unique relationships involving 81 mentors*
Who did not complete?

- Only **one** significant difference between completers and non-completers
  - more men are non-completers
- Anecdotal reasons:
  - Too busy to make the time commitment
  - Circumstances have changed
  - Too much time passed and not trained/matched
## Completer demographics

<table>
<thead>
<tr>
<th></th>
<th>Partner</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>39 (34%)</td>
<td>22 (27%)</td>
</tr>
<tr>
<td>Female</td>
<td>75 (66%)</td>
<td>59 (73%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>47.04 (11.73) yrs</td>
<td>48.42 (12.77) yrs</td>
</tr>
<tr>
<td>Range</td>
<td>19-66 yrs</td>
<td>16-81 yrs</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>62 (56%)</td>
<td>50 (62%)</td>
</tr>
<tr>
<td>Single</td>
<td>28 (26%)</td>
<td>17 (21%)</td>
</tr>
<tr>
<td>Div/sep</td>
<td>20 (18%)</td>
<td>14 (17%)</td>
</tr>
</tbody>
</table>
### ABI Background (completers)

<table>
<thead>
<tr>
<th>Relationship to person with injury</th>
<th>Partner</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>80 (73%)</td>
<td>58 (72%)</td>
</tr>
<tr>
<td>Family</td>
<td>18 (16%) spouse</td>
<td>11 (14%) parent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of injury</th>
<th>Partner</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>MVC</td>
<td>36 (33%)</td>
<td>44 (54%)</td>
</tr>
<tr>
<td>Fall</td>
<td>12 (11%)</td>
<td>7 (9%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Since injury</th>
<th>Partner</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.45 (7.76) yrs</td>
<td>10.47 (9.50) yrs</td>
</tr>
<tr>
<td>Range</td>
<td>.25 – 36.25 yrs</td>
<td>.5 – 48.5 yrs</td>
</tr>
</tbody>
</table>
## Service utilization (completers)

<table>
<thead>
<tr>
<th></th>
<th>Partner</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehab services from professional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>70%</td>
<td>83%</td>
</tr>
<tr>
<td>Yes</td>
<td>30%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Discipline of provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>38 (35%)</td>
<td>15 (18%)</td>
</tr>
<tr>
<td>Psych</td>
<td>33 (30%)</td>
<td>14 (17%)</td>
</tr>
<tr>
<td>OT</td>
<td>19 (17%)</td>
<td>5 (6%)</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
How long did it take to train?

- Range from 0-23 months; Average time to train 3.44 months
- No difference between time to train for completers and non-completers

- In some communities, length of wait time was long – resulting in withdrawal from program
- Wait time due to low Mentor recruitment and/or staffing/coordinator changes
Debriefing from Training Process

- Training procedures enhanced based on program learnings
- Mentor Training occurs every 6 months (Spring and Fall sessions)
- Participants are recruited with already established training dates
How long did it take to match?

- Partners:
  - Completers:
    - 3.84 months (range: 0-27 months)
  - “Non-completers” (at study end)
    - false start or matched after study end: 11.17 months (range: 0-22 months)
    - Still waiting but with contact from PSC: 3 at 5 months plus others at greater than a year (N=10)
How long did it take to match?

- Mentors:
  - Completers:
    - 8.73 months (range: 0-45 months)
  - “Non-completers” (at study end)
    - 15.53 months (range: 1-59 months)
    - PSC in contact while waiting
Debriefing from the Matching Process

- Recruitment procedures enhanced and targets implemented
- Needs of existing Partners reviewed to focus Mentor recruitment
- High need for spouses as Mentors
- Plans for provincial program promotion
<table>
<thead>
<tr>
<th></th>
<th>Partners</th>
<th>Mentors</th>
</tr>
</thead>
<tbody>
<tr>
<td># false starts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td># compl matches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>114</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>4 or 5</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Partners

Did the partnership with the mentor help you in the target areas?

More than 60% said yes for:

- Quality of life
- Knowledge about brain injury
- Overall Mood
- Overall Anxiety

73%
Findings

Mentors

- Did being a mentor have an impact on you?
- More than 60% said yes for:
  - Quality of life
  - Communication skills
  - Knowledge about brain injury
  - Available ABI community resources
  - Overall Mood

- Some Partners became Mentors; some Mentors became Peer Support Coordinators

82%
Findings in relation to passage of time (while waiting to be matched)

- **Partner:**
  - No improvements occurred over time
  - Improvement noted only after a partnership

- **Mentors:**
  - There are improvements that occur over time since the training
  - Improvements in QOL and knowledge of ABI only occurred after a partnership
Findings in relation to demographics

- **Partners:**
  - Demographic variables had no effect on match status

- **Mentors:**
  - Those who were related to the person with brain injury waited longer to get matched
  - Time since injury had no effect on match status
Other findings

- **Modality trend:**
  - more male mentors used email contact rather than telephone contact
  - the partners were not satisfied with the email contact and would have preferred telephone contact
Through the conversations partners felt less alone and could share with someone who went through similar situations.

“The support I received promoted a feeling of hope”

“It was more comfortable than talking to doctors; it was like talking to a friend”
Qualitative comments - Partners

- Would you recommend the program? **90%** said “yes”!

- **77%** were satisfied with the contact with the Peer Support Coordinator at their local Brain Injury Association

- **65%** were satisfied with the contact with the Mentor
Qualitative comments - Mentors

- Role as a mentor gave a better appreciation of and perspective on their own situation
- Boosted their morale

“I liked doing something positive and that my help had some value”

“There was a lot of reciprocal learning and support for both mentors and partners”
69% said they were satisfied with their experience as a mentor

Would you continue volunteering as a mentor? 79% said “yes”
Qualitative comments - General

- Shifting bed of sand in real-world context
  - Complicated for the participants and researchers
  - Reflects challenge of conducting ‘in-vivo’ non-controlled research in the community
Challenges - 1

- Through best efforts, not always possible to match every partner and mentor; some waited more than 6 months before a successful match was made.

- Care was taken to make good matches but sometimes the match did not work out because of personality, style, and/or timing.
Challenges - 2

- It was difficult for some participants to maintain the level of commitment required.
- Program was coordinated primarily by volunteers so consistency was difficult to maintain.
- Electronic data collection and management.
Going forward - Program

- Additional provincial staffing resources for the program
- Enhanced training structure and materials, program procedures and outcomes
- Comprehensive database audit
- Enhanced program promotion
Going forward - Research

- Need to further examine matching process of Mentors and Partners
- Data collection for future evaluation research must continue to flow smoothly for internal/external monitoring
- Continued need to justify tangible outcomes from PM Program re importance of support for whole families
Conclusions

- Program **IS** meeting a life-long need for support
- Paraprofessional and informal support has a place
- Program **IS** helpful to both partners and mentors:
  - In particular with perception of mood and quality of life
  - Promotes hope and sense of purpose
- Program continues to be refined to improve process and evaluation