



Referral & Workforce
Resource Center

Your Future is Our Priority

Peer Mentor Manual

May, 2005

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ACKNOWLEDGEMENTS

This manual was designed to support Peer Mentors in their crucial role as leaders. Peer Mentors play an important part in the Home Care Quality Authority's (HCQA) efforts to improve the quality of in-home care in Washington state. HCQA has secured funding from the Centers for Medicare and Medicaid Services through a Direct Services Worker Improvement demonstration grant to implement a Referral Registry, and to develop and deliver programs to recruit and retain individual providers at four Referral and Workforce Resource Centers. For more information on HCQA or its grant activities, visit www.hcqa.wa.gov

HCQA wishes to thank the numerous individuals across the state who have helped to define a peer mentor program that will support the needs of workers in Washington's unique in-home care system of services. Additionally, HCQA is appreciative of guidance from the Paraprofessional Institute, who graciously lent program advice and curriculum content that was adapted to create this manual.

Finally, HCQA applauds the Peer Mentors who have stepped forward to take on a leadership role and serve as a resource to their colleagues. Their work provides much-needed support to newer workers who typically experience isolation and stress in their important day-to-day work. Thank you for your willingness to take on this crucial role, your commitment to make a difference, and your knowledge and expertise which you so freely share.

INTRODUCTION

Welcome to the Peer Mentor program! You have been selected to participate in this important program because you have valuable experience as an individual provider; you already possess natural leadership traits, and, you are a good communicator that can teach and coach others.

The Peer Mentor Program is intended to bring together a more skilled or experienced individual provider with a lesser-skilled or experienced one. The more experienced person is called a *mentor*, and the less experienced person is called a *mentee*.

Mentoring occurs when an experienced individual provider helps someone with less knowledge and skill to reflect on their experiences, current practices, outlook and values, and to expand, refine and build new skills. The peer mentor is a teacher, a role model, and a source of support for new caregivers.

KEY DEFINITIONS

Men•tor A wise and trusted teacher or counselor.

Men•tee A less experienced person who seeks guidance from a mentor.

About the Peer Mentor Program

Under contract with the Home Care Quality Authority, your Referral and Workforce Resource Center (RWRC) will manage the peer mentoring program in your region. You will have the support of a dedicated staff member at your RWRC that can help you answer questions and provide guidance to your work. The staff member is called your *Peer Mentor Program Coordinator*, and they will collect information from you to ensure the program runs smoothly.

My Peer Mentor Coordinator is: _____
Phone: _____
Email: _____

Each RWRC has hired two peer mentors to support workers in your region—get to know your fellow peer mentor, and feel free to contact them for additional support and guidance. Peer mentors will answer questions and provide feedback to other workers in person, by phone and through email. As you develop your skills, you will be expected to not just answer questions, but help workers find their own answers and come to their own resolution.

My fellow Peer Mentor is: _____
Phone: _____
Email: _____

The Peer Mentor Program is a pilot project that is funded by a grant from the Centers for Medicare and Medicaid Services. Mentee participation is voluntary, so the actual number of people you will support may vary from month to month. An overall target of serving 375 mentees in each RWRC region means that each mentor may provide some mentoring service to at least 10 *new* mentees per month on average, and mentors may provide long-term mentoring to many individuals simultaneously.

Peer Mentor Program Goals and Objectives

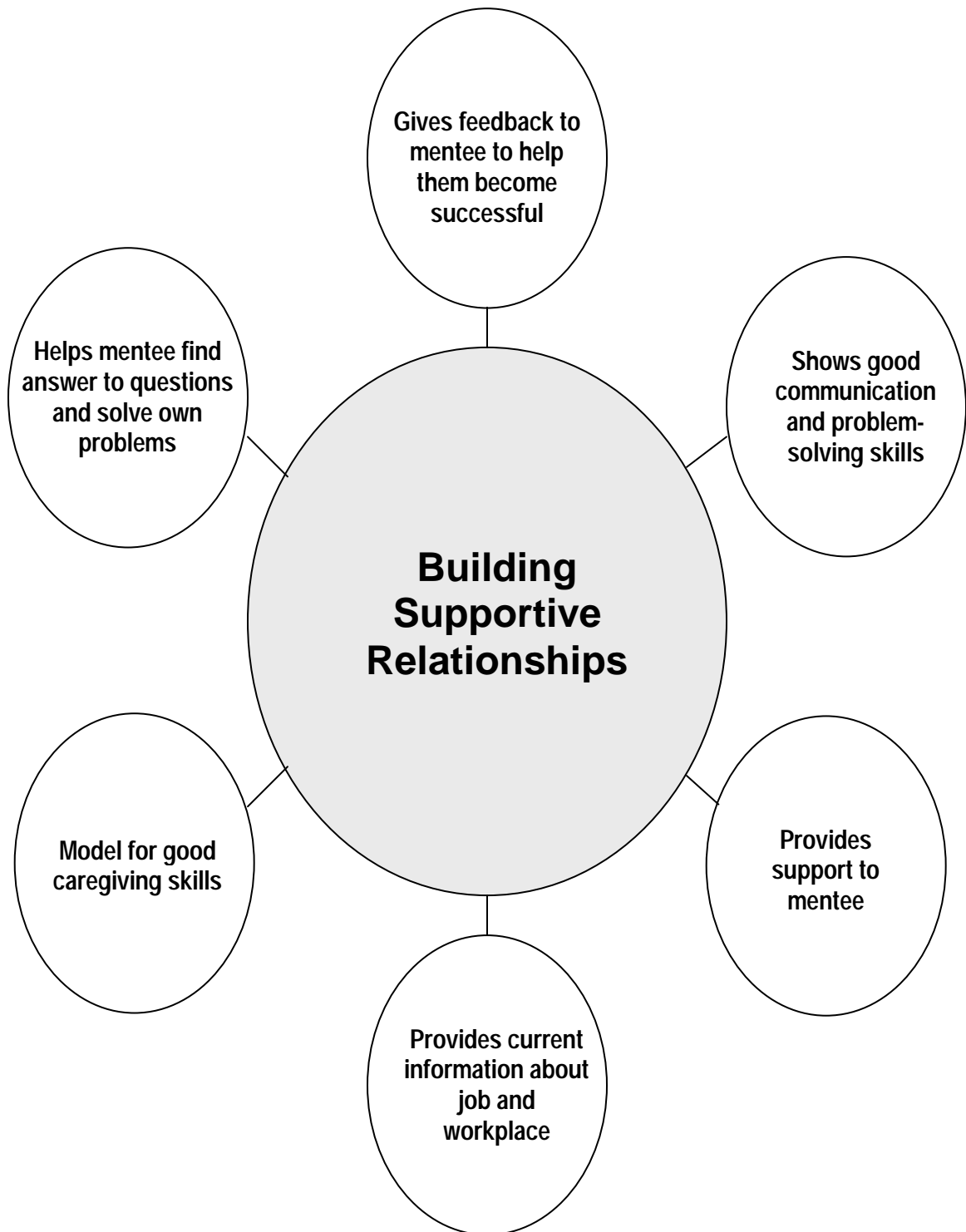
The *goals* of the RWRC Peer Mentor Program are:

- Retain individual providers longer
- Enhance quality of care
- Elevate the status of the individual provider within the community, emphasizing their professionalism
- Provide a formal support system for individual providers

The *objectives* of the program are:

- Give tangible support to mentees--the individual providers who participate in the Peer Mentor Program
- Provide guidance to mentees
- Provide tangible resources to the mentee
- Develop the competencies of mentors and mentee
- Offer mentors the opportunity to be leaders and provide help to others
- Increase the retention of individual providers through formal and informal support

The Many Roles of a Peer Mentor



ACTIVITY: What Will the Mentee Be Like?

Directions: Describe in your own words what you think your mentees will be like.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

ABOUT THIS COURSE

This Peer Mentor course is a two-day program that provides twelve hours of instruction to build confidence and understanding in four key areas: leadership, teaching and coaching others, communication, and current issues in caregiving. The course will emphasize skills-building for specific challenges you will face in your role as a peer mentor.

Full participation in this course is required before you can provide guidance and advice to others. A refresher course will be offered no later than one year from completion of this orientation course.

Exercises

It is important to actively participate in all course activities. You will be building upon your knowledge through reflection (your own experiences, thoughts and perceptions) as well as learning from your colleagues through paired activities or small group exercises.

Using the Peer Mentor Manual

This manual was designed to provide tools for a richer classroom experience. Tips, hints and guidance are found throughout this manual. Resources for further information are provided at the end. Feel free to add your own resources; it is strongly recommended that you keep required forms, logs and other documents in this manual.

PEER MENTOR COURSE OUTLINE

1. Leadership

- Definitions
- Value of leadership
- Why is leadership important?
- How leadership is applied
- Basic concepts
- How to improve our own leadership skills

2. Teaching/Coaching

- Definitions
- Sharing knowledge - Teaching
- Helping others find answers - Coaching
- Problem-solving
- Where to find answers
- Common problems you'll encounter

3. Communication

- Why communication is important
- Types of communication
- Communication styles
- Barriers to communication
- Effective listening
- Getting your point across
- Communicating with the care team
- Conflict resolution

4. Current Issues in Caregiving

- Stress
- Isolation
- Giving and taking direction
- Chronic illness or death
- Behavioral challenges
- Paternalism/Maternalism

LEADERSHIP

What is a Leader?

Some people instantly come to mind when one thinks of the word “leadership.” Gandhi. Martin Luther King. Mother Theresa. Winston Churchill. Maya Angelou. John F. Kennedy. Christine Gregoire. Leaders could be government officials, movie or sports stars, clergy, a local business woman. Your definition of a leader may be very different than the person sitting next to you. The point is--*leadership* means different things to different people.

KEY DEFINITION

Leadership: The ability to guide, direct, or influence people.

Author Arthur W. Somerset Maugham said, “There are three rules for creating good leaders. Unfortunately, no-one knows what they are.” He was referring to the complexity of nurturing leadership skills, but he also means that there are natural leadership traits that some people have that simply can’t be taught. In general, a leader means:

Someone who understands what they are trying to accomplish, and who has the ability to encourage others to move in the same direction. They must be willing to strive toward self-improvement and they must be able to help others move in positive directions.

There is no perfect leader. That is why good leaders are always trying to improve themselves through self-study, training, education, and by making mistakes and learning from them.

ACTIVITY: Defining Leadership

Directions: Spend a few moments writing down your responses to the following questions. When instructed, share your responses with the larger group.

1. What does “leadership” mean to you?
2. What does a leader do?
3. What qualities do leaders have?

Why is Leadership Important?

Leadership is important because it influences the direction of other individuals or a group, and can determine what an individual or group of people will be able to achieve. Leadership moves people towards common goals, principles and values. Good leadership results in people feeling supported and working toward good outcomes.

ACTIVITY: Importance of Leadership
<i>Directions: Think about why leadership is important. Write your response to the first question below. Discuss your responses. Then, spend a few moments writing down other responses about leadership you feel are important. Did your initial ideas change as a result of feedback from your colleagues? How did your initial idea change?</i>
I think leadership is important because: _____ _____ _____
Other reasons why leadership is important: _____ _____ _____

Why Leadership is Important to the In-Home Care System

Turnover rates for individual providers are very high. Many in-home workers leave their jobs after just a short time. This greatly impacts both the cost and the quality of in-home care in Washington. It is difficult to find a worker when one is needed, and the hiring process can be lengthy. By the time a worker has completed all their required training, significant expense has been invested. Additionally, every time a worker leaves a job, it affects their employer in detrimental ways.

One of the primary reasons that new individual providers leave their jobs is because they feel isolated. For individual providers who work alone at the homes of their employers, few opportunities arise to connect to other workers. Through mentoring, new workers can receive much-needed support and guidance. This is very important because people who are attracted to the field of in-home care are just the folks we need to keep around. The work can

be difficult. It doesn't pay much. It comes with a few benefits. There are little thanks. BUT, the work is extremely fulfilling, and it is imperative that everyone make every effort to retain those who value rewarding work. Finding ways to support and celebrate the accomplishments of individual providers is a crucial role you, as a leader and a mentor, will play in keeping good staff. *This means that you directly affect the quality and cost of in-home care in Washington state.*

Basic Concepts of Leadership

According to management, business and health care industry reports, a leader is:

- A decision maker
- A problem solver
- An organizer
- A priority setter
- A role model
- A competent and dependable person
- An open minded person
- A person who is proud of his or her work
- A motivator

ACTIVITY: Already a Leader

Directions: Come up with at least one thing that you do (in your work as an individual provider) for each leadership trait.

1. **Make decisions** _____
2. **Solve problems** _____
3. **Organize** _____
4. **Set priorities** _____
5. **Be Competent** _____
6. **Be open-minded** _____
7. **Pride in work** _____
8. **Motivate others** _____

Two Leadership Styles

There are many styles of leadership—all of which are appropriate depending on the setting. For the purposes of the peer mentor program, we'll focus on two that are particularly meaningful: facilitative and directive. Both styles are typically used, but one is considered optimal for guiding and helping others find their own resolution...facilitative leaders!

Facilitative Leaders:

- Interact often with others
- Ask questions to solve problems
- Collaborate; work well with team members
- Practice good listening
- Demonstrate patience and a willingness to help others
- Provide follow-up
- Are willing to negotiate

Directive Leaders:

- Do not emphasize personal interactions
- Provide answers to problems
- Like to talk more than listen
- Closely monitor the activity of others
- Make plans and decisions without input
- Give detailed instructions
- Place emphasis on rules and regulations

Notice how the traits of facilitative leaders match the goals and objectives of your peer mentoring program. Directive leaders tell others what to do rather than guide people to a desired outcome.

KEYS TO GOOD LEADERSHIP

Trust and confidence:

Earning the trust of others through thoughtful actions and decisions inspires confidence in a leader's abilities.

Effective communication:

Being able to demonstrate through written and spoken words and listening to the ideas, opinions and perspectives of others are examples of effective communication.

ACTIVITY: Two Very Different Leaders

Directions: Spend a few moments discussing the traits of facilitative and directive leaders. What kinds of situations are the two different styles most appropriate?

- 1. Facilitative leaders are more appropriate in the following situations:**

- 2. Directive leaders are more appropriate in the following situations:**

Developing Leadership Skills

Earlier you learned that many leadership traits are ingrained in each of us at varying degrees. We all possess some of the leadership traits, and in many cases, those traits emerge depending on our situation or environment. For instance, one may manage their household very efficiently and effectively, but may be passive at work. Others may be a lion in the boardroom, but when home, slip into a submissive role.

Included in our environment are the people around us and what they expect from us—sometimes we are like actors that slip into elaborate costumes for our “role.” Your role as a peer mentor propels you into an instant leadership position. The very fact you were selected because of your years of experience and level of knowledge means that others see you in a way you may not have expected—they also have expectations of you because you are a leader.

ACTIVITY: What Others See in Me

Directions: Spend a few moments thinking about yourself and how others might see you. You can think about yourself in any of your roles or environments—as a parent, or at your workplace, for instance. Imagine that you are going away on a trip for a very long time, and many people you know have come to wish you a safe journey. Note in the space below what those people would say about you.

People would describe me as:

People would say my best traits are:

People would tease me about my faults, which are:

Many times we think we know how others see us, but critically examining ourselves is an important first step in self-improvement. Below is a self-assessment to help you evaluate your own leadership skills.

ACTIVITY: Self-Assessment					
<i>Directions: Read the following statements and rate yourself on a scale of 1 (NO!) to 5 (YES!). Be honest about your answers as this is a self-assessment. You will NOT be asked to share your responses.</i>					
	NO!		neutral		YES!
I enjoy working with others	1	2	3	4	5
I am able to speak so others understand me	1	2	3	4	5
I am good at listening	1	2	3	4	5
I give other people reasons to trust me	1	2	3	4	5
I feel comfortable asking others for advice	1	2	3	4	5
Other people have confidence in my decisions	1	2	3	4	5
I am good at solving problems	1	2	3	4	5
I am comfortable coaching other people	1	2	3	4	5
I can trust other people	1	2	3	4	5
I know how to set priorities	1	2	3	4	5
I know how to develop plans and carry them out	1	2	3	4	5
I am comfortable at implementing new ideas	1	2	3	4	5
I enjoy giving feedback	1	2	3	4	5
I am open-minded	1	2	3	4	5
If I made a mistake, I would admit it and correct it	1	2	3	4	5
I am able to talk to people who are upset	1	2	3	4	5
I enjoy a diverse range of people	1	2	3	4	5
I value the profession of caregiving	1	2	3	4	5
One of my greatest desires is to become a leader	1	2	3	4	5
<i>SCORING: Add all the numbers you have circled.</i>					MY TOTAL SCORE IS: <input style="width: 50px; height: 20px;" type="text"/>

Understanding Your Self-Assessment

Lowest possible score: 19

Highest possible score: 95

Most people will score somewhere between 35 and 70. The higher your score on the self-assessment is:

- The greater your motivation to become a leader
- Your own perceived ability to perform the tasks of a peer mentor.

No matter what your score is, your commitment, desire and determination are the biggest indicators of your ability to become a leader.

Comparing Your Self-Assessment to How Others View You

Using the self-assessment and the earlier exercise where you thought about how others view you will help you determine what skills and abilities you can continue to improve (strengths) and what skills abilities you need to develop (opportunities for growth).

ACTIVITY: Plan of Action

Directions: Look over your assessment of how others might describe you AND the results from your self-assessment. Complete the following questions keeping both assessments in mind:

My strengths are:

My opportunities for growth are:

TEACHING AND COACHING

Learning Styles

As a peer mentor, one of your most critical functions is teaching and coaching others. As the more experienced among your peers, you will be using a number of skills to tell, show and guide others to resolution of issues unique to caregiving. In order to teach and coach, one of the first things you need to know is how people learn.

ACTIVITY: What's YOUR Learning Style?

Directions: Answer the following questions to find your preferred style of learning. THERE ARE NO "RIGHT" ANSWERS. Circle the A, V or K next to the answer that best describes how you would react.

1. **When you are about to cook a meal for the first time, do you:**
 - Look through cookbooks; drawn to the recipes that have pictures? V
 - Call Grandma or Mom and ask advice or their recipes? A
 - Remember what you saw on the cooking show last night and just dive in? K

2. **What do you remember about films you have seen?**
 - The setting, scenery and costumes V
 - The music, sound effects and what the characters said A
 - The feelings the movie made you feel K

3. **In terms of conversations and talking, do you:**
 - Enjoy listening to other people; ask a lot of questions? A
 - Gesture and use expressive movements—talk with your hands? K
 - Talk only when you need to, but dislike listening too long? V

4. **In your spare time, would you rather:**
 - Play a sport or do something physical? K
 - Watch TV, go to the movies, go to a play? V
 - Listen to music, the radio, or read? A

5. **Which statement below best describes your memory:**
 - I forget names, but remember faces. V
 - I forget faces, but remember names. A
 - I forget faces and names, but remember what I did. K

6. **If you have something important to discuss with someone, do you:**
 - Prefer face-to-face conversations and meetings? V
 - Prefer to use the telephone? A
 - Talk it out with the person while engaging in another activity, like walking? K

7. **When you are trying to concentrate, do you:**
 - Become distracted by sounds and noises? A
 - Become distracted by people and activity around you? K
 - Become distracted by untidiness or movement? V

- | | |
|--|---|
| 8. If you are at a meeting or group discussion, do you: | |
| Take notes to remember what is being said? | V |
| Enjoy discussing issues and are always thinking of good things to say? | A |
| Wish you were somewhere else; spend your time doodling? | K |
| 9. Can you tell someone's mood by: | |
| Looking at their facial expressions? | V |
| Watching their body movements? | K |
| Listening to the tone in their voice? | A |
| 10. When you go shopping in the supermarket, do you usually: | |
| Bring a list and follow it closely? | V |
| Walk up and down the aisles with reckless abandon? | K |
| Repeat the list you memorized until you have everything you can remember? | A |
| 11. When you are giving directions to your house for a party, do you: | |
| Verbally tell someone over the phone? | A |
| Draw a map (visualizing the route in your head)? | V |
| Offer to pick the person up; or, give directions based on landmarks? | K |
| 12. If you are putting something together (e.g., a bike) first, do you: | |
| Follow the directions and look at the pictures? | V |
| Ask other people questions about the project, or ask someone how to do it? | A |
| Dive right in and start putting things together, ignoring the directions? | K |
| 13. When you are learning, which do you like best? | |
| Seeing demonstrations, diagrams, videos and posters? | V |
| Listening to verbal instructions or lectures? | A |
| Role play and acting out new skills? | K |

SCORING:

Your total number of "V" (visual) responses: _____

Your total number of "A" (auditory) responses: _____

Your total number of "K" (kinesthetic) responses: _____

The highest number of responses reveal your dominant learning style. Are you a V, A, or K?

VISUAL LEARNERS	AUDITORY LEARNERS	KINESTHETIC LEARNERS
<p data-bbox="191 391 688 461"><i>Visual learners input information by reading, seeing, picturing and watching.</i></p> <ul data-bbox="191 540 703 1338" style="list-style-type: none"> <li data-bbox="191 540 653 607">▪ Associate pictures with concepts being learned <li data-bbox="191 651 703 717">▪ Drawn to the pictures in materials or books <li data-bbox="191 794 661 860">▪ Think in visual images instead of words <li data-bbox="191 937 682 1045">▪ Take notes, always writing—may ask others to slow down in order to keep up <li data-bbox="191 1122 625 1156">▪ Likes graphs, tables and charts <li data-bbox="191 1200 615 1266">▪ Use highlighters and brightly-colored Post-it Notes <li data-bbox="191 1310 558 1338">▪ Likes to make flash cards 	<p data-bbox="779 391 1188 461"><i>Auditory learners prefer hearing, verbalizing, and listening.</i></p> <ul data-bbox="779 540 1276 1375" style="list-style-type: none"> <li data-bbox="779 540 1276 607">▪ Listen to the presentation and refer to the handouts <li data-bbox="779 651 1276 760">▪ Respond well to storytelling—case scenarios and personal stories to illustrate key points being made <li data-bbox="779 794 1213 902">▪ Prefer face-to-face communication—small group discussions and debates <li data-bbox="779 937 1276 1084">▪ Are easily distracted when there is a lot of noise or other conversations occurring in the room <li data-bbox="779 1122 1073 1156">▪ May not take notes <li data-bbox="779 1200 1276 1375">▪ Use mnemonics to memorize. For example, Roy G. Biv is a mnemonic for the colors red, orange, yellow, green, blue, indigo and violet 	<p data-bbox="1352 391 1896 500"><i>Kinesthetic learners are hands-on learners, and acquire knowledge by feeling, touching, handling, or manipulating.</i></p> <ul data-bbox="1352 540 1896 1375" style="list-style-type: none"> <li data-bbox="1352 540 1682 568">▪ Are hands-on learners <li data-bbox="1352 651 1818 678">▪ Need to be active in the learning <li data-bbox="1352 794 1896 902">▪ Like games, role plays, lab work; tend to be the most animated students in role play exercises <li data-bbox="1352 937 1871 1045">▪ Do not enjoy lectures; tend to tap on table, squirm in their seats, and are easily distracted by movement <li data-bbox="1352 1122 1675 1149">▪ Need to move around <li data-bbox="1352 1200 1598 1227">▪ Doodle in class <li data-bbox="1352 1310 1885 1375">▪ Skip reading instructions when trying to assemble something new

All people have capacity to learn and understand using any of the three styles, but most people are most comfortable with just one style—their dominant learning style. It is important to keep in mind that the best way you learn is not always the best way your mentee is going to learn. Differences in learning styles may be a point of frustration, aggravation, or just plain miscommunication. Keeping this in mind will definitely help you improve your communication and teaching skills.

Learning styles:

- Are only a guide and are not conclusive
- Can categorize you—feel free to explore other styles
- Are not right or wrong, just different
- Do not change from situation to situation and over time

Definitions of Teaching and Coaching

Teaching is generally defined as imparting knowledge or skill through instruction or example. Coaching, on the other hand, is the process of guiding someone else to solve a problem for themselves.

A teacher:

- Provides specific information
- Often relies on right and wrong answers
- Is viewed as the person with the knowledge

A coach:

- Listens well
- Develops trust
 - Uses attentive listening and relaxed body language
 - Asks clarifying questions
 - Uses paraphrasing and reflection
 - Avoids interrupting
 - Asks open-ended questions
- Guides the mentee to identify the problem
- Helps the mentee to identify possible solutions

**A TEACHER
shows or tells**

**A COACH
helps another to
see or do for
themselves.**

Continuum of Peer Mentoring

Teaching

Coaching



New workers

Experienced workers

ACTIVITY: A Teacher or a Coach?

Directions: Read the following responses and determine if they are examples of teaching or coaching.

1. John calls you because his paycheck is three weeks late. You instruct him to call the case manager to report a lost check and you remind him that he'll have to fill out an Affidavit of Lost, Stolen or Destroyed Warrant. *Is this an example of teaching or coaching?*
-

2. Janet calls you because she can't get her employer to take a bath. You discussed the philosophy of independent living and brainstormed ideas. Janet decides that she'll talk with her employer about why he doesn't want a bath and whether there are alternatives to a bath. *Is this an example of teaching or coaching?*
-

Coaching Do's and Don'ts

DON'T pretend you know something if you don't

DO identify needed resources and suggest that you will each try to find the needed resource or information

DON'T take over a problem

DO help the mentee engage in problem-solving behavior

DON'T tell the mentee what to do

DO actively listen and help them look at all sides of the issue by asking questions

DON'T criticize or judge

DO offer constructive feedback

Sometimes it is appropriate to simply ask:

“What would you like me to do for you?”

“How can I help you?”

Steps to Problem-Solving

- **Identify the problem** – what is the problem? If there are several problems, can I choose the most important one?
- **Describe the problem** – What are the details of this problem?
- **Analyze the problem** – What are the different causes of the problem, and which are most important to solve right away?
- **Plan solutions** – What are different solutions for solving the problem?
- **Implement solutions** – How can we work toward resolution; what must be done first?
- **Evaluate solutions** – How did the solutions work? What else needs to be done?

<p style="text-align: center;">STEPS TO PROBLEM SOLVING</p> <ol style="list-style-type: none">1. Identify2. Describe3. Analyze4. Plan5. Implement6. Evaluate
--

ACTIVITY: Problem-Solving Practice

Directions: Read the scenario and answer the following questions. Share responses with your colleagues to hear the how many different ideas, suggestions and questions arise.

Carmen feels unsafe at her employer’s home. The dog lunges at her, she tripped over a pile of clothes left in a hallway, and she thinks her employer’s grown kids hate her. She found a gun in a kitchen drawer it was the last straw. Her employer thinks she’s over-reacting. She has called you for help.

Identify the problem:

Describe the problem:

Analyze the problem:

Plan solutions:

Evaluate solutions:

PEER MENTOR LOG - Example

Mentor Name	Date and Time of Initial Request	Contact Method	Resolved? Yes/No	Time Spent												
Tom Anderson	1-06-05	<input checked="" type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Other	No	20 min												
Mentee Name:																
Mentee Phone Number:																
Mentee Email Address (optional if by phone contact):																
<p>Synopsis: Mentee is concerned about employer who refuses to take a bath.</p> <p>Action Taken:</p> <ol style="list-style-type: none"> 1) Discussed the philosophy of independent living. 2) Provided ideas about what the mentee can do: <ul style="list-style-type: none"> • Talk with employer about the reasons why he doesn't want a bath • Are there alternatives, like a shower or a sponge bath that would be acceptable? • Talk with family for ideas and history <p>Next Steps: I will call Judy tomorrow evening to see if she has any further questions.</p> <p>If <i>NOT</i> resolved, complete the following:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Date and Time of Follow-up Activity</th> <th style="width: 20%;">Resolved? Yes/No</th> <th style="width: 40%;">Time Spent</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">15 min</td> </tr> </tbody> </table> <p>Additional Action Taken: I called Judy, and learned that the employer had safety concerns about taking a bath. She is working with the family to have grab bars installed in the bath area. We agreed that nothing else is needed right now.</p> <p>If <i>NOT</i> resolved, complete the following:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Date and Time of Follow-up Activity</th> <th style="width: 20%;">Resolved? Yes/No</th> <th style="width: 40%;">Time Spent</th> </tr> </thead> <tbody> <tr> <td colspan="3">Additional Action Taken:</td> </tr> </tbody> </table>					Date and Time of Follow-up Activity	Resolved? Yes/No	Time Spent		Yes	15 min	Date and Time of Follow-up Activity	Resolved? Yes/No	Time Spent	Additional Action Taken:		
Date and Time of Follow-up Activity	Resolved? Yes/No	Time Spent														
	Yes	15 min														
Date and Time of Follow-up Activity	Resolved? Yes/No	Time Spent														
Additional Action Taken:																

Return this form to your Peer Mentor Coordinator on a monthly basis.

COMMUNICATION

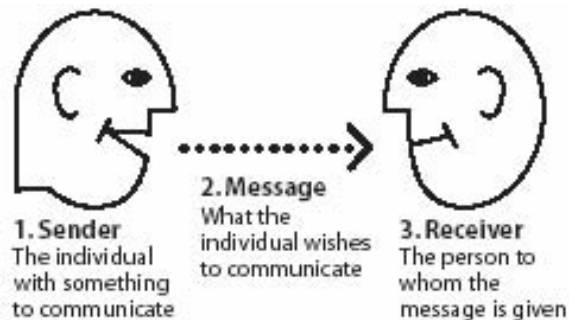
Why Communication is Important

As a peer mentor, one of your most important skills is communication. Good communication will reduce confusion and frustration and improve the quality of life of your mentees. Good communication skills can also reduce stress that individual providers sometimes experience in the workplace, and they are a vital component to decision-making and problem-solving.

Knowing how to communicate with simple, clear statements will lead to more positive interactions with your mentees. Developing good listening skills to better understand what your mentees are telling you will increase your effectiveness as a mentor.

What is communication?

Communication is about sharing thoughts, views, feelings, needs and preferences. There are three parts to all communication:



When an individual decides to send a message, the intent is to:

- Express something meaningful to him or her.
- Achieve a purpose.
- Share thoughts, views, and feelings with other people.

People have many different reasons to communicate during the course of each day:

- Give and get information
- Express feelings
- Solve problems
- Learn new things
- Persuade others
- Make decisions
- Build relationships

Types of Communication

Communication has been under development for millions of years. We currently use many ways to get our point across and to understand what others are trying to tell us.

Communication can include:

- Listening
- Speaking—through words or sounds
- Observing
- Body Language
- Action or inaction
- Writing
- Sign Language

Communication doesn't always occur face-to-face. Other methods of communication using technology, such as phone, fax, e-mail, video and teleconferencing are examples of how our communication methods have developed in the past few decades.

Considering how many ways we can communicate, it is amazing that most people are not confident about their skills. Bookstores are filled with self-help books, such as: *Men are from Mars, Women are from Venus, You Just Don't Understand, How to Talk so Your Children Will Listen, Writing with Style*, and hundreds of other titles every year.

Communication skills can always be improved, but it is not an easy task.

Many times communication is difficult because we are sharing information and opening up our values, beliefs, perceptions and ideas for another person to examine. For mentors and mentees, this can be a challenge because when the mentee has a problem or is under stress, it can be hard to ask for help. For the mentor, you have a responsibility to listen in an unbiased manner and help the mentee reach a resolution to their issue. That responsibility includes helping the mentee to disclose information that they may be reluctant to give.

There are three stages of self-disclosure that most people experience. As you develop a relationship with your mentees, it will be critical to move from the least risky (sharing facts only) to the

**Most
Risky**



**Less
Risky**

STAGES OF SELF-DISCLOSURE

1. *Here and now communication* is the most risky! Involves sharing what you think, feel or need from the person at that moment. An example is asking how the person is feeling about you in your role as a mentor.
2. *Add thoughts, feelings or needs about the past or future.* Examples include telling the person what you think about something, how you feel about the matter, and what needs to be done.
3. *Sharing facts only* is the least risky stage of self-disclosure. Examples include what you do for a living, where you went on vacation, recent interesting experiences—the when, where and what only. This stage typically does not include feelings.

most risky (here and now communication). This occurs through mutual trust and respect, which means you must take your responsibility to be a non-judgmental listener very seriously. It is both important and encouraged to use self-disclosure and make yourself a bit vulnerable by sharing your personal experiences because this invites honesty and openness.

Communication Styles

How do you communicate with others? If you are like most people, your style will vary depending on who you are communicating with and a multitude of other variables, such as your mood. We all have the capacity to exhibit different communication styles in any situation. For this course, we'll examine three different (but common) communication styles: passive, assertive and aggressive. Take a look at the chart below to learn more about styles of communication.

	PASSIVE	ASSERTIVE	AGGRESSIVE
Definition	Communication style in which you put the rights of others before your own, minimizing your own self-worth	Communication style in which you stand up for your rights while maintaining respect for the rights of others.	Communication style in which you stand up for your rights but you violate the rights of others.
Implications for others	<ul style="list-style-type: none"> ▪ My feelings aren't important ▪ I don't matter ▪ I think I'm inferior 	<ul style="list-style-type: none"> ▪ We are both important ▪ We both matter ▪ I think we are equal 	<ul style="list-style-type: none"> ▪ Your feelings are not important ▪ You don't matter ▪ I think I am superior
Verbal Styles	<ul style="list-style-type: none"> ▪ Apologetic ▪ Overly soft or tentative voice 	<ul style="list-style-type: none"> ▪ "I" statements ▪ Firm voice 	<ul style="list-style-type: none"> ▪ "You" statements ▪ Loud voice
Non-verbal styles	<ul style="list-style-type: none"> ▪ Looking down or away ▪ Stooped posture, excessive head nodding 	<ul style="list-style-type: none"> ▪ Looking direct ▪ Firm voice 	<ul style="list-style-type: none"> ▪ Staring, narrow eyes ▪ Tense, clenched fists, rigid posture, pointing fingers
Potential consequences	<ul style="list-style-type: none"> ▪ Lowered self-esteem ▪ False feelings of inferiority ▪ Disrespect from others ▪ Pitied by others 	<ul style="list-style-type: none"> ▪ Higher self-esteem ▪ Self-respect ▪ Respect from others ▪ Respect of others 	<ul style="list-style-type: none"> ▪ Guilt ▪ Anger from others ▪ Lowered self-esteem ▪ Disrespect from others ▪ Feared by others

If you want to know how assertive you are, take the following quiz:

ACTIVITY: Communication Style Assessment

1. Your friend tells you that they are really mad at you for not returning their calls. You realize that your spouse/partner never gave you the messages. Do you:
 - a. Don't say anything about the messages to your spouse/partner
 - b. Ask your spouse/partner if your friend ever called while you were out
 - c. You get even by not giving your spouse/partner a phone message
2. Your supervisor gives you a mediocre evaluation when you believe you did good work. Do you:
 - a. Go home and cry and chalk it up as a learning experience
 - b. Ask your supervisor to explain their reasoning because you felt you did better
 - c. Rip up the evaluation and tell your co-workers what a lousy supervisor you've got
3. Your friend says something that hurts your feelings. Do you:
 - a. Say nothing and hope it doesn't happen again
 - b. Tell your friend that what they said hurt your feelings
 - c. Vow to get even with your friend (i.e., say something hurtful back)
4. Your co-worker offers to pick up lunch for you but doesn't give you your change. Do you:
 - a. Assume there was no change
 - b. Ask if there was any change
 - c. Accuse your friend of trying to rip you off
5. Your college classmate asks if they can copy your homework. Do you:
 - a. Let them copy even though you're not comfortable with the idea
 - b. Tell them you'd rather not, but you'd be glad to help them with theirs
 - c. Tell them you're not a cheater like them
6. A friend asks you to take her to pick up her car from the mechanics again, but you're afraid you'll be late for work. Do you:
 - a. Do it any way
 - b. Ask her if you can do it after the class
 - c. Agree, but purposefully forget to pick her up
7. Your parents tell you they are sending you a check for your birthday, but the check never arrives. Do you:
 - a. Cry, borrow money, continue to watch your mailbox faithfully
 - b. Call them and say that you're concerned the check got lost somewhere
 - c. Call them and tell them you can't make rent if they don't help you
8. Your date suggests a particular movie, but you've been looking forward to seeing a different one. Do you:
 - a. Go to the movie they suggested
 - b. Tell them you really want to see the other movie and try to decide together
 - c. You see the movie they suggested but you complain about how stupid it is

(continued)

9. You are shopping with a friend and they try on a pair of jeans that are way too tight. Do you:
- Smile and say the pants are cool
 - Tell them you like the pants but suggest a different size
 - Tell them that it looks like they're stuffing two pounds of baloney into a one-pound bag

Scoring Your Communication Style Self-Assessment:

You have probably noticed that the responses to the scenarios followed a pattern. In fact, the "A" responses represented a passive style in interacting with others. The "B" responses were assertive. And, the "C" responses represented an aggressive approach. Add up your A, B and C responses. If you had more than two "A" responses, you may tend to interact with others in a passive manner, taking their feelings and thoughts as more important than your own. More than two "C" responses may indicate that you come across to others as aggressive and coarse. The more "B" responses you had suggest a more assertive interpersonal style, where you consider the thoughts and feelings of others without discounting your own.

ACTIVITY: Effect of Communication Style

Directions: For each column, write down how the communication style affects one's ability to communicate with others.

PASSIVE	ASSERTIVE	AGGRESSIVE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our communication style may change depending on the environment and who we are communicating with. No one style of communication is completely "wrong," yet we are most likely to be more effective by using the assertive communication style.

ACTIVITY: Saying it in a Different Way

Directions: Read the sentence below. Write how the sentence would be said using the passive communication style, then assertive, then aggressive.

"Report the incident to the case manager."

A passive communicator would say:

An assertive communicator would say:

An aggressive communicator would say:

Barriers to Communication

Most of your work as a peer mentor will typically be done by phone or email. This presents an immediate barrier to communication because we get most of our feedback through non-verbal communication—body language. Body language is a highly developed trait humans possess that evolved from our “fight or flight” response; humans have a complex set of skills and abilities to keep them safe. Assessing our surroundings and analyzing situations typically involves reading other people’s intent or motivation by watching their movements, facial expressions and gestures. We know when a person rolls their eyes they are bored or disagree. When they frown, they are dissatisfied. When they smile or lean forward, they are interested or intrigued.

Body language is an important form of communication.

When we are presented with conflicting options, we will typically follow what a person physically does, rather than what they are saying.

Communicating by email and telephone removes an important part of the communication equation. You will need to develop your listening and coaching skills, and also to learn how to communicate better by phone and computer.

Tips for Phone Communication

- Return calls immediately
- Smile when you speak—others can hear your smile!
- Don't speak in monotone—use more emotion
- Use statements that indicate you understand, sympathize, want to help
- Use the mentee's first name as much as possible; personalize your response

Tips for Email Communication

- Check email at least once per day
- Respond to emails immediately—mentees will want to know you got the message
- AVOID TYPING IN CAPITAL LETTERS—you are electronically yelling
- Do not curse; avoid slang—you never know who your audience is
- Use spell-check before sending emails—professionalism is important
- Write your response the same way you would speak in person
- Read each email carefully before responding; also read message before sending

Other Suggestions for Communicating Better by Phone and Email:

Pitfalls of Communication

Just as there are many ways to be a good communicator, there are a number of things you should NOT do when communicating with a mentee. Recognizing that we may all do any one of these at any given time, the first step is to recognize ineffective communication techniques. Once we know ineffective techniques, we can train ourselves to avoid the following pitfalls of communication:

Interrogation – Where one immediately goes to asking questions.

Counter Argument – When one quickly counters with their own opinions or information they think is relevant. Trying to change the other person with logic, lecturing, argument, information or being defensive.

Attack or Criticism – Occurs when one points out the other person's deficits, or criticizing the other person. Also includes shaming, ridiculing or labeling.

Warning or Threatening – Warning the other person of consequences or behavior; threatens with consequences.

Should / Ought to – Telling another person what they ought to be doing, thinking or feeling.

OK / Make it OK – Making empty assurances; ignoring the perceptions of the other person.

Evasion – Avoiding the other person’s statements, emotions or issues.

ACTIVITY: Identifying Communication Pitfalls

Directions: Using the pitfalls of communication identified above, read each statement and the “wrong” response. Identify the appropriate pitfall (interrogation, counter argument, attack, warning, should, OK, evasion) for each “wrong” response.

1. **“Don’t give me that nonsense! You people who work for the state think us citizens must be stupid or something!”**
INCORRECT RESPONSE: I don’t see what makes you think that. In fact, state employees are dedicated.

The response is an example of _____ communication pitfall

2. **“LISTEN to me! I have political connections! If you want to keep your job, you’ll tell me who filed that complaint!”**
INCORRECT RESPONSE: You should stop yelling. What you ought to do is think about what you’re asking.

The response is an example of _____ communication pitfall

3. **“Lookit! I’ve done the paperwork. Someone over there messed up my records! I’m really ticked! Can’t anyone get anything straight over there?”**
INCORRECT RESPONSE: Getting angry certainly is not a mature way to clear up a problem.

The response is an example of _____ communication pitfall

4. **“You can’t take my nephew away like that! BRING HIM BACK YOU NAZIS!!!”**
INCORRECT RESPONSE: Wait, please calm down. Who is your nephew? What is your name? Who took him away?

The response is an example of _____ communication pitfall

5. **“I am so frustrated with you people. Look at these stupid forms I have to fill out. I ought to...I don’t know what I ought to do!”**
INCORRECT RESPONSE: That form is important. We can’t do anything for you without it.

The response is an example of _____ communication pitfall

(Continued)

6.	<p>"You just coddle people. Well, I've got a looney next door that you will really like. I just hate to think about how you folks over at that agency do nothing when he goes off on one of his binges." INCORRECT RESPONSE: No-one "coddles" anyone; and how my office handles its work is none of your business.</p> <p>The response is an example of _____ communication pitfall</p>
7.	<p>"This is the stupidest policy I've ever seen. It takes a bunch of bureaucrats to do something like this." INCORRECT RESPONSE: What is so bad about it? Do you know why we have that policy?</p> <p>The response is an example of _____ communication pitfall</p>
8.	<p>"NO! DON'T PUT ME ON HOLD! I've gotten messages. I've left messages. You never call back and I keep getting put on hold! I want to talk to a REAL person!" INCORRECT RESPONSE: I'm just a volunteer. You need to talk to someone with more pull than me. I can't help it if you get their voicemail.</p> <p>The response is an example of _____ communication pitfall</p>
9.	<p>"As long as I live, I won't understand how you can ignore the needs of Mrs. Smith." INCORRECT RESPONSE: You better get rid of that attitude. It won't help anyone.</p> <p>The response is an example of _____ communication pitfall</p>

Building Effective Listening Skills

Although listening is a critical part of communication, it is taught less than other basic communication skills. Therefore, we are generally not very good listeners and we are not used to being listened to well. Most of us think we are good listeners, but poor listening is the cause of many people's communication problems. Listening is an active (not a passive) process. Good listening:

- Saves time
- Reduces mistakes
- Reduces misunderstandings

Studies show that untrained listeners understand and retain only about 50 percent of a conversation.

The retention rate drops to 25 percent 48 hours after a conversation.

Active Listening

We all need to take the time to figure out the words we hear. We may even need to ask the person who said them if we heard correctly before we respond. That means that we have to pay very close attention to each word the person is saying. This is called **active listening** because it involves a lot of energy. The steps for active listening are:

- Hear the words.
- Figure out their meaning.
- Respond to the meaning in your own words.

Hearing what a person says is not the same as listening. It happens when you take time to see if what you understood was what the person really meant. Your response is a way to “check” if the individual feels heard and that the communication was understood. The ways that the mentor can do this are to:

- Ask the speaker questions to see if the understanding is correct.
- Re-word the statement and say it back for clarification. For example: “What I hear you saying is that you feel frustrated. Is that correct?”

Sometimes it is important to not only hear the words but to “actively listen” to the individual’s behavior or other modes of communication. Examples of actively listening to an individual’s behavior include:

- They say everything is fine, but they are forgetting important information
- They say they enjoy their work, but are consistently late or sick

Other Examples of Behavior Telling a Different Story:

NOTES – LISTENING SKILLS I VALUE

NOTES – LISTENING SKILLS I WANT TO DEVELOP

Blocks to Listening

Everyone does pseudo-listening (listening, but not really hearing) at times. The problems arise when it is important to do real listening, or when you use pseudo listening most of the time. You can become more aware of doing pseudo-listening when you notice the listening blocks you use. Being aware of them makes it possible not to use them, or to use them less. Ten of the common blocks to listening are:

- 1. MIND READING** Rather than paying attention to what the person is actually saying, you are trying to figure out what they are *really* thinking or feeling. Mind readers make assumptions about what people mean and how to react to them, usually based on body language and other non-verbal cues.
Examples:
- 2. COMPARING** When you compare you have a hard time listening because you are trying to see who is smarter, more caring, more competent—you or the person speaking. You can't let much in because you are trying to see if you measure up.
Examples:
- 3. REHEARSING** You can't really listen because you are practicing what you are going to say next. You may look like you are listening, but your mind is going a mile a minute because you have a story to tell or a point to make.
Examples:
- 4. FILTERING** When you filter, you listen to some things and not others. You pay attention enough only to hear what you feel you need to hear, then your mind wanders. You may also filter to avoid hearing certain things—negative, critical or unpleasant. It is as if the words were never said.
Examples:
- 5. JUDGING** When you judge you dismiss someone based on who they are or what they say. Then you aren't really listening, but are having a "knee jerk" reaction.
Examples:
- 6. DREAMING** You are half listening, and suddenly what the person says triggers a chain of private thoughts. Then you are gone off on a daydream, and don't hear what the person says. You are prone to dreaming when you are bored or anxious.
Examples:

(CONTINUED)

7. **IDENTIFYING** What the person says reminds you of your own experience, so now you're not listening to them, you're thinking about what happened to you. Often you're just waiting for them to finish so you can tell your own story.
Examples:

8. **ADVISING** Before someone has really got to what's troubling them, you are jumping in with suggestions about solving the problem. You are thinking about what to do as they are talking.
Examples:

9. **SPARRING** When you spar, you are quick to disagree – often listening only for points to argue with. This tends to happen when you have strong opinions on a subject. One sub-type of sparring is the *put-down*, using sarcastic remarks to dismiss the other person's point of view. Another is *discounting* – to run yourself down when you get a compliment.
Examples:

10. **PLACATING** When you placate, you are nice, pleasant, supportive, but you're not really listening. You will generally agree with what's being said, without really taking it in. In this mode you may also be patronizing. It is a listening block often used with children and older people.
Examples:

What are your listening blocks?

1. _____
2. _____
3. _____
4. _____

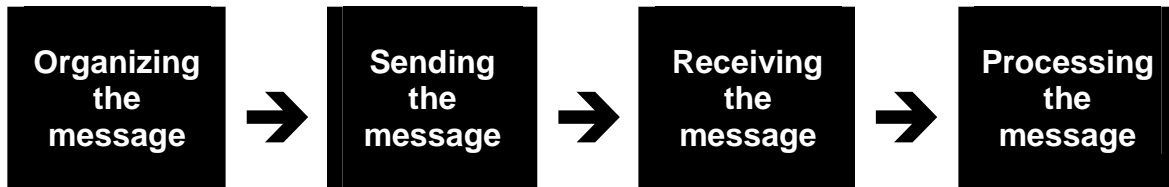
Getting Your Point Across

Verbal communication is the most common way individuals exchange information. Verbal communication is a complex skill, which requires attending to another person's hearing, thought, and speaking abilities. Good verbal communication is important in mentoring, especially in phone conversations. There are many points at which a breakdown could occur when using verbal communication. Good verbal communication can be broken into four parts:

1. **Organizing the message.** This begins with the thought process of what the individual wishes to say.
2. **Sending the message.** The individual transfers the thought into spoken words, which are delivered to another person.
3. **Receiving the message.** The person receiving the message hears the message and attends to it.
4. **Processing the message.** The brain of the person receiving the message decides what the intended message means.

Verbal communication skills include the following:

- Paraphrasing
- Encouraging
- Implementing
- Questioning
- Clarifying
- Checking progress
- Adapting
- Framing
- Translating
- Directing



ACTIVITY: Four Parts of Verbal Communication

Directions: Read the scenario below and determine what part of the scenario is organizing, sending, receiving and processing.

Gloria, an individual provider emails you: Help! I can't get my employer to eat. She's only had liquids for the last two days. I tried to call the case manager, but she hasn't called back. What can I do? Before responding you think about why the employer wouldn't eat: Is she sick? Do her teeth hurt? Has she changed medications? Does she dislike the food? You call Gloria and ask if the situation has changed and begin asking questions to help her problem-solve. Gloria tells you that her employer has a fever and is listless. You determine that the employer's condition has changed because it seems she is ill.

Organizing: _____

Sending: _____

Receiving: _____

Processing: _____

Open-ended and Clarifying Questions

Open-ended and clarifying questions are those that cannot be answered with a simple “yes” or “no” response. Examples include:

- Can you say a little more about...
- I'd like to hear about...
- Can you give me some more detail, so I can get a clearer picture about...
- What happened next/before?
- I'm really interested in knowing more about...
- Tell me what you were thinking/feeling when you...
- How has your experience been so far?
- Tell me what you've thought so far about how to handle...

Other examples:

Paraphrasing is a communication tool that will be very beneficial in your work as a peer mentor. Paraphrasing ensures you understood the message from the mentor, minimizing confusion and frustration. When you paraphrase, you are “checking in” with the mentor by putting what they said into your own words. The mentee then has an opportunity to correct any misunderstandings, or to clarify what they meant. The goal of paraphrasing is to develop skills in getting the best possible information before taking action.

EXAMPLES OF PARAPHRASING

Did I hear you say...
Did you say...
So, I think you said...
Okay, so what I heard you say is...
So, I understand you said...
Am I hearing you correctly that...
Are you saying that...
Am I hearing you clearly that...
I believe that you are saying...
So, you're saying...
Okay, let me see if I got what you said...

Paraphrasing focuses on the importance of active listening and gathering information. It involves three basic steps:

- Non-verbal listening techniques
- Restating information to ensure you heard the person correctly
- Asking questions to gather additional information

ACTIVITY: Practicing Paraphrasing

Directions: Read the following statements and provide a paraphrasing example for each.

1. *It feels pointless. I have to be here at the crack of dawn and my employer doesn't even want to get out of bed until noon.*

Paraphrase the statement:

2. *Sometimes it's hard to keep my head on straight around here.*

Paraphrase the statement:

3. *My employer has a great home. She's got so many family members, I don't even know why I have to be there.*

Paraphrase the statement:

4. *I'm going to my job, taking care of my kids, putting up with my jerk of a boyfriend—I'm hanging in there.*

Paraphrase the statement:

5. *I think I'm doing okay. Nobody is telling me I'm not doing a good job.*

Paraphrase the statement:

Giving Feedback

Feedback is also an important communication tool. Feedback is the process of giving information, instruction, support and guidance. Before you can give feedback, you will need to gather information. You may get information from your own observation, the observation of others, or other sources. *Part of gathering information is listening to how the other person views the situation.* Feedback therefore requires active listening skills.

Here are some guidelines about giving feedback.

- 1. Feedback should describe behavior, not pass judgment on it.**
For instance, rather than saying, “You are too slow,” say “when you were feeding Mrs. Smith, you said you spent half an hour on cereal. If you spend that long, there won’t be time for your other tasks. What do you think you can do about that?”
- 2. Feedback should be specific rather than vague.**
For instance, rather than saying, “you seem like you have an attitude about doing this,” say “when I asked you to do this, you frowned and rolled your eyes. That makes me wonder if something is wrong.”
- 3. Feedback should describe what you observed, rather than what you assume to be the reason it happened.**
Focus on what actually happened rather than why you think it happened. For instance, “the last time we talked, you said you were able to transfer Mr. Jones from his chair.” Offer an explanation only if you know for certain that it is true and correct.
- 4. Feedback should focus on behavior rather than the person.**
For instance, rather than saying, “you are incompetent,” say “you did not perform that task according to how you were trained.”

Putting it All Together

You’ve learned how people communicate, and how you can communicate better. However, mentoring involves two parts: 1) hearing your mentee’s problem, issue or situation, and 2) helping them find a solution. The next phase of your training involves learning how to present good options for your mentee. We will focus on four skills:

- Identify critical facts - use active listening, paraphrasing and open-ended questions to find out who, what, where, when, why and how
- Brainstorm solutions – if you are unsure what the mentee needs or wants, ask!
- Consider consequences – what are the expected results? What else could happen?
- Present options – come to consensus on what the next steps will be.

ACTIVITY: Feedback Practice

Directions: Read the following statements and write another way to say them using the feedback guidelines above.

1. *You didn't do that right.*

Another way to say it using good feedback:

2. *You can't speak to your employer that way.*

Another way to say it using good feedback:

3. *I don't think you are right for this kind of work*

Another way to say it using good feedback:

4. *You embarrassed me by calling the other peer mentor after we talked. Don't ever do that again.*

Another way to say it using good feedback:

ACTIVITY: Brainstorm Practice

Directions: Read the following scenario and on separate paper, write all the possible ways to handle the problem. Pair up with another person and share your ideas. Write up to three best options below:

Scenario

Delia calls you because she is having a problem with a fellow individual provider. Delia has only been working with her employer for three months, while her colleague has worked with their employer for nearly two years. The colleague has been directing Delia—what hours she'll work, delegating the least desirable tasks to her, and treating her as a subordinate. Delia tried talking with her employer, who doesn't want to get involved for fear of losing one or both of the individual providers.

OPTION 1:

OPTION 2:

OPTION 3:

ACTIVITY: Considering Consequences

Directions: Using the three options you identified in Brainstorm Practice, talk through all the possible consequences of each of the three options you identified. Evaluate the options and consequences; choose only one of the three options as your "best" option.

Option 1 CONSEQUENCES:

Option 2 CONSEQUENCES:

Option 3 CONSEQUENCES:

THE BEST OPTION:

ACTIVITY: Presenting Options

Directions: Using the "best" option you identified in Considering Consequences, individually decide what the next steps will be. Will you use a teaching (telling) or coaching (guiding) technique? What would you tell/guide the mentee to do next? Share your response with the larger group. Take notes on others' responses—they may give you additional ideas for presenting options in the future.

The next steps will be:

The option and next steps are most appropriate for:

Teaching (telling) Coaching (guiding)

I would tell or guide the mentee to do or say the following:

Pulling Back

Because you will generally spend most of your time as a peer mentor solving problems and helping your mentees find resolution to issues and complaints, you need to remember to take care of yourself, too. It can be difficult emotionally to be a problem-solver; especially as you develop relationships with your mentees and become more vested in their professional and personal lives.

Not only will you need to find some balance between what you would *like* to do and what you realistically *can* do as a peer mentor, but there will be times when you need to pull back from a situation due to stress and other emotional triggers. *Pulling back* means that you recognize when your feelings are getting in the way of listening.

PULL-BACK: The ability to gain emotional control in stressful work settings.

When we are triggered emotionally, we may feel:

Provoked
Reactive
Angry
Frustrated
Hurt
Hopeless
Sad

You may be faced with challenging employers in your day-to-day work; you may feel hostility from angry family members; you may get disappointed by your colleagues or case manager; or, you may feel stress from many unanticipated situations. Your mentees experience these feelings as well.

Building on the skills you already have, it is critical to learn effective techniques for maintaining emotional control and evaluating a problem situation before responding.

To pull back is to be able to pause, to get your emotions under control, and to clearly observe and assess the problem situation. Good communication and problem-solving can only come from clear and objective thinking. Your ability to handle a situation well will be determined by your ability to stay calm and think clearly. After pulling back for a moment, you can make sure you understand what is going on and get additional information if necessary.

Three steps in pulling back include:

1. Notice your internal reactions and judgments
2. Freeze-frame it and put it aside
3. Put your attention back to the other person.

Typical strategies for pulling back:

- count to ten
- take a deep breath
- say a prayer
- personal affirmation

When we don't pull back when triggered emotionally, we often:

RESPOND BY

Feeling justified or self-righteous

Being judgmental

Blaming the other person

Holding onto anger, resentment or mistrust

Practicing self-fulfilling prophecy – person will act or appear to act the way we expect

Having difficulty thinking clearly

Having difficulty in being open to believing or trusting the other person

OTHER TYPICAL RESPONSES:

ARE UNABLE TO LISTEN BY USING BLOCKS, LIKE:

Rehearsing what you will say while they are speaking

Mind reading, thinking you know what they really mean even if they're not saying it

Dreaming, when your mind wanders off to private thoughts

Advising, telling them what to do before they have really told you the problem, and thinking of what they should do as they are talking

Sparring, being quick to disagree; listening only for points to argue with.

Placating, agreeing with what they're saying, or telling them everything will be okay without really listening.

OTHER WAYS WE ARE UNABLE TO LISTEN:

ACTIVITY: What Gets You Hooked?

Directions: Circle all the situations below that tend to emotionally trigger you.

1. The same problem over and over again
2. The other person is not taking responsibility for the problem
3. I feel blamed / attacked / defensive
4. The sense that I am failing / have messed up
5. The other person's issue is too close to home for me
6. I'm being blamed for something that isn't my fault
7. I think s/he is lying
8. I think / I know I am right
9. My idea was brilliant and s/he won't accept it
10. I think this will go on forever and I don't have the time for it
11. The other person's behavior reminds me of my mother / spouse / ex, etc.
12. When I'm tired, stressed or just not in the mood
13. Others...

How do you recognize you are getting "hooked"? What do you do, say, feel, act?

What is your own individual pull back strategy?

Communicating with the Care Team

Who is included in an employer's care team? The answer to this question varies from person to person. Some employers with a lot of natural support—that from friends, family and community—may have more people on the care team than those with little or no natural support. ***Regardless of the natural supports available, the care team is those persons listed on the service plan.*** The individual provider and the case manager are always part of the care team; others that may be listed include doctors or other health professionals, social workers, therapists, counselors, family members, neighbors and friends. Below are tips the Department of Social and Health Services Aging and Disability Services administration has published in the Individual Provider Handbook for communicating with persons in an employer's care team:

Communicating with Families and Friends

Working in an employer's home, your mentees will meet and work around their employer's family and friends. It is not uncommon for concerned family members or friends to add their opinion about the employer's care or ask about the employer's progress or condition. Although it is important for your mentee to let family members or friends know they hear and understand their concerns, the family members or friends need to know this also places the mentee in an awkward position.

By law, individual providers are NOT to give out confidential information to family members or friends of employers.

By law, individual providers are NOT to give out confidential information to family members or friends of employers - no matter how well meaning they may be or how important they feel it is that the individual provider tell them. The employer has a legal right to this privacy.

The best way to not get pulled into these discussions is not to let them get started. Instruct the mentee to tell the family member or friend (politely) that what the mentee does and doesn't do has been agreed to by the employer and their case manager or social worker. You might also suggest to the mentee that the family member or friend speak to their employer directly. If the friend or family member continues to pressure the mentee in any way, politely direct the mentee to notify their employer or their case manager or social worker.

Communicating with the Case Manager

The relationship between your mentee and their employer's case manager or social worker is an important part of the on-going care plan for the employer. The case manager or social worker relies on your mentee to keep them aware of any concerns and/or changes they have seen in their employer's mental and physical health.

REPORT TO THE CASE MANAGER ANY:

- **Changes in employer's condition**
- **Changes in work environment**
- **Suspicion of abuse or neglect**

The following are some guidelines for when an employer's case manager or social worker should be contacted:

- The employer develops any new problems or has personal care needs that are not being met
- You or your mentee have worries or questions about changes in the employer's physical condition including any falls or not eating
- You or your mentee have worries or questions about changes in the employer's mental condition, including talk of suicide or other patterns of serious mental illness or confusion
- You have suggestions or know of additional resources (for example, durable medical equipment to help with daily living tasks) that would add to the employer's quality of care or independence
- You or your mentee have suspicions, questions, or concerns about abuse, neglect, or exploitation of the employer (see information below on mandatory reporting for more information on you and your mentee's responsibilities to report)
- Your mentee and their employer make changes to the assigned schedule
- Your mentee plans on taking a vacation
- The employer enters a hospital, moves into a residential setting, or dies
- Your mentee changes their name, telephone, or address
- Your mentee has questions about the number of hours they are approved to work or which tasks they are authorized to do
- The mentee is unable or uncomfortable performing the tasks outlined in the service plan
- The mentee is asked to perform tasks not outlined in the Service Plan or for other people living in the household
- Your mentee decides to stop working for their employer.

The case manager or social worker relies on your mentee to keep them aware of any concerns or changes they see in your employer's mental or physical health.

Reporting Abuse and Neglect

As an individual provider, you are considered a "mandatory reporter" if you suspect abuse or neglect. This means that you absolutely must report any suspicion of abuse or neglect of a vulnerable adult. Additionally, in your role as a peer mentor, you may encounter situations or gain information that may lead you to know about or suspect abuse or neglect. Even though you are not directly employed by the vulnerable adult, you are still a mandatory reporter and **MUST** notify the appropriate authorities:

If you think the person is in immediate danger, call **9-1-1**.

Call **1-866-ENDHARM** (363-4276) if you suspect that a child or vulnerable adult is being abused or neglected. The operator will connect you with the right DSHS office to make your report.

ACTIVITY: Passing Information Along

Directions: Describe in your own words how you would explain to others the benefits of sharing information and the kinds of information you can and cannot keep confidential.

BENEFITS OF INFORMATION SHARING THAT HELPS THE MENTEE

OTHERS WHO MIGHT BENEFIT FROM INFORMATION SHARING

EXAMPLES OF INFORMATION MENTORS CAN KEEP CONFIDENTIAL

EXAMPLES OF INFORMATION MENTORS CANNOT KEEP CONFIDENTIAL

Conflict Resolution

There will be times, even with good communication, when people disagree. For example, the employer and your mentee may disagree about the way to do a certain task, a parent may disagree with the support your mentee gives to an individual, or two individuals living together can disagree about what TV program to watch. There are many times that you or your mentee will encounter conflict. It is important to know how to effectively and professionally resolve conflict.

Helping mentees to be more independent may also mean teaching them how to resolve conflicts, how to solve their own problems, and how to make decisions. With those skills, your mentees can be more confident in their own abilities.

order to resolve things. You have to control your emotions, even if the other person is doing things that really bother you. Mostly, you want to make sure that you understand each other.

▪ **Figure out each person’s goals and interests.**

Concentrate on what each person wants most and try to find the places where there is agreement. Be open to meeting someone half way. Everyone should define how they see the problem, and the problem has to be discussed before solutions can be.

▪ **Find answers that work for both people.**

There are many different ways to find possible answers to the problem. One way is brainstorming, which you can use to come up with several different solutions. Explore all kinds of options before making a decision.

▪ **Try to agree.**

You may not come to agreement on a solution the first time that you discuss the problem. Sometimes, you have to review all of the options several times. Some people may want to think it over or discuss it with others. Once there is agreement, decide what the next steps might be. Who will do what, and when will that be done? Then figure out how to decide if the solution really worked.

CONFLICT STRATEGY

▪ **Separate the person from the problem**

▪ **Figure out mutual goals and interests**

▪ **Find answers that work for both people**

▪ **Try to agree**

Rules for Conflict Resolution

Below are some rules for resolving conflict. Rules like these are often used to help people to communicate better. When you are discussing a difficult problem:

1. Use “I” statements.

Using “I” statements means that you need to talk about the problem or disagreement from your own point of view. Look at the difference between the following statements:

“I feel much better when you call to let me know you’ll be late.”

“You never come home on time.”

The second example puts the blame for the problem on the other person and can make it difficult to resolve the problem.

2. Be willing to resolve the problem.

3. Do not engage in name calling.

4. Stay in the present and stick to the topic.

Staying in the present and sticking to the topic means that you shouldn't bring up problems that are not related to what you are discussing right now. Consider the following statements:

“You are acting just how you used to act five years ago when you never called home if you knew you would be late.”

“And I also am sick of you leaving your dirty clothes on the floor instead of putting them in the hamper.”

Statements like these take the focus off the problem at hand and make resolving it seem much less manageable.

5. Don't interrupt the person who is talking.

6. Recognize that the other person has his or her own feelings.

7. Ask questions to understand the other person's point of view.

STRESS

One of the most important things that you can do as a mentor is help mentees to recognize and manage their own stress. Many individual providers experience stress on the job, which can lead to high levels of frustration and burn-out. As a mentor, you can offer insight to help the mentee identify what is causing stress in his or her work, and home life, and what strategies can be used to avoid or control stress.

What is stress?

Stress is the "wear and tear" our bodies experience as we adjust to a changing and often challenging environment. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. People often notice stress as a physical experience, such as when their heart races or they feel anxious when asked to speak in public.

Our reactions have physical and emotional effects on us and can create positive or negative feelings. When stress has a positive influence, it is what gets us up and running, and enables us to get to work, keep our date with our spouse or partner, or clean out the attic on Sunday morning. Positive stress can help to make our lives enjoyable and even interesting. Such stress provides stimulation and challenges, and is essential to development, growth and change.

When stress creates a negative influence, it can result in distressing emotions such as feelings of distrust, rejection, anger, and depression. These feelings, when not managed well, can lead to health problems such as headaches, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke.

Perhaps the most important thing to realize about stress is that it usually results from a reaction to some type of pressure. The pressure may be caused by something in a person's environment, or may be caused by his or her own thought patterns. Generally, people experience both undesirable physical and emotional responses when faced with pressure, and it is important to be able to identify these and keep them to a minimum.

The first step in addressing stress is to be able to identify that a person is experiencing it. As mentors, it would be useful to take the following stress questionnaire, and think about the stress we all experience in our lives.

POSITIVE STRESS
provides stimulation and challenges and can lead to development, growth and change

NEGATIVE STRESS
Can result in distressing emotions and can lead to health problems

Keys to Managing Stress:

- **identify sources of stress**
- **understand your reactions**
- **find ways to reduce or improve methods to manage stress.**

ACTIVITY: Stress Questionnaire

Directions: Answer "yes" or "no" to the following questions. Total your "yes" and "no" responses.

YES	NO	
		Do you have trouble falling or staying asleep?
		Do you feel you have no one to talk with when you feel upset?
		Are you constantly worried about your future?
		Do you use drugs, alcohol, or eating to relax or reduce tension?
		Are you a perfectionist?
		Do you judge yourself harshly when you make mistakes?
		Do you often feel that you have less energy than you need to finish the day?
		Do you frequently arrive late to important appointments or to work?
		Do you have difficulty finding time to take care of yourself?
		Are you often irritable?
		Do you have a tendency to solve other people's problems?
		Are stomach aches and/or headaches a common problem for you?
		Are you often overly concerned with being "liked" or "accepted?"
		Do you have trouble finding time to have fun and enjoy yourself?
		Is it common for you to feel pressured to do more things than you have time for?
		Do you often have feelings that you just can't get organized?
		Do you have strong emotions about small aspects of your life?
		Is it difficult for you to find satisfaction in the simple pleasures of life?
		<i>TOTAL "Yes" and "No" responses</i>
The higher your number of "Yes" responses, the more likely you are experiencing stress		

ACTIVITY: Gwen's Adjustment

Directions: *Read the following scenario. Write down your responses to each question and discuss as a group.*

Gwen, a new individual provider, has been working for three months assisting an older woman to live independently in her home. She gets along well with her employer, and started out feeling very energetic and enthusiastic about her job. Gwen is a warm person and enjoys being with her employer. She started out as a dependable worker, but lately things have started to change due to family problems.

Gwen's decision to become an individual provider was difficult. Her husband is a man with old-fashioned values, who doesn't believe that women should work outside their homes. Because the family was struggling to get by on her husband's salary, and her teenage son wants to enter college next year, Gwen decided that she should earn extra money. Gwen's husband has been pressuring her to quit and she has grown more and more upset.

Their son has noticed his parents arguing a lot since Gwen took the job. He has been upset by his parents' fighting and has started to be disrespectful toward his teachers and getting in small fights at school. Gwen is afraid that she needs to quit her job in order to make her home life more peaceful and keep her son out of trouble. She doesn't have the time to talk with any of her friends about this situation.

Gwen has become more forgetful and distracted at work. Her relationship with her employer is beginning to feel strained. Yesterday her employer criticized her for forgetting to thaw some food that was needed for supper. Gwen cried and felt very disappointed in herself.

Gwen now is calling you for assistance as a mentor. She feels overwhelmed and she doesn't know what to do or where to turn. Her roles as a wife, mother, and independent provider are all in question.

Is Gwen under stress?

What are the signs of her stress?

What are the different problems she is facing?

Tips to Reduce Stress:

- Try to keep physically healthy by involving yourself in some sort of physical activity (e.g., jogging, skating, biking, walking, etc.).
- Try to eat a well balanced diet and try not to skip meals.
- Do YOUR BEST as opposed to trying to be PERFECT.
- Talk about your stress to friends or family members who are supportive.
- Learn how to relax yourself and your body through deep breathing exercises and muscle tension reduction exercises.
- Do not use alcohol, drugs or any other mind-altering substance to reduce your stress.
- Recognize your negative thoughts (e.g., "that was a stupid thing I did") and replace them with more positive thoughts (e.g., "it's O.K. to make mistakes").
- Make time for fun activities.
- Get involved in an activity such as art and crafts, sports, or hobbies or anything that you find relaxing
- Take a stroll when you are stressed, it can help restore your perspective.
- Take a five minute break from your work every hour or so.
- Learn from those who do not suffer from stress.
- Arrange to have lunch with a close friend at least once a week.
- Learn to talk openly about your emotions and feelings with your close friends and confidants.
- Relieve pressure by discussing work problems openly.
- Spend an hour or two alone each week away from work and family.
- Learn to say 'no'. You have the right to refuse other peoples excessive demands on your time.
- Do not ignore your problems, acknowledge them as they arise

Tips for Helping Others Who Are Stressed:

- To find out where the stress is coming from, a mentor needs to be supportive and non-threatening. Many people don't want to discuss their problems with others, and they feel talking about stress is a sign of weakness.
- Emphasize the privacy of your relationship with the mentee.
- Explain that everyone experiences stress; share your own experiences with stress.
- Sometimes all a person needs is someone who will listen.

ACTIVITY: Reducing Stress

Directions: Give three examples of situations that cause stress while on the job. For each example, describe a way to reduce that stress.

CAUSES STRESS ON THE JOB:

ONE WAY TO REDUCE THIS STRESS:

1.

2.

3.

ISOLATION

Another issue you will typically deal with in your role as a mentor is that of isolation. People who call you for assistance typically feel they have nowhere else to turn. There are few opportunities for individual providers to connect with each other, so you will be acting as a friend, counselor, confidant, teacher and role model. In some cases you will be the sole source of support for an individual provider. This is a heavy responsibility. Being able to identify the impacts of isolation will better equip you to support mentees.

What is Isolation?

Isolation means that a person is separated from others. However, we have all experienced at one time or another a feeling of being alone even when there are lots of people around. Therefore, it is possible for a person to *feel* isolated without actually being alone; isolation can be a matter of perception.

My own examples of worker isolation in in-home care:

1.

2.

3.

How isolation impacts people varies from person to person. Some people enjoy solitude, while others can't bear the thought of any extended time alone. Regardless, when one is truly isolated, they typically experience one or more of the following negative impacts:

- Sometimes people feel they are all alone, that no one else is experiencing what they are experiencing, or that they have no one to turn to.
- Social isolation is strongly associated with poor health and depression.
- People experiencing isolation may have a hard time maintaining relationships.
- Sometimes people who are isolated feel overwhelmed by what they have to do, and feel that they should be able to handle everything.
- People who are isolated may have low self esteem, and may not feel they are worthy of friendships.
- People who feel isolated often find it hard to view their situation objectively and search for possible options. This inability to see alternatives often leads to feelings of being trapped, and to extreme stress and loneliness.

Ideas to minimize worker isolation in in-home care:

- 1.
- 2.
- 3.

Support Networks Reduce Isolation

A good network of support will provide all of the following:

- Resources and training, information and knowledge
- A sense of belonging and the perception that other people care about you
- Emotional closeness and sense of security
- Social integration through companionship, shared interests and activities
- Feedback that one's personal attributes are valued
- A sense that other people will be there for you in a time of need
- Guidance, coaching and advice

Besides mentors, who else could make up a support network for mentees? Case managers, friends, family members, other individual providers, the Peer Mentor Coordinator, clergy, counselors, neighbors are all examples. When advising an individual who demonstrates signs of isolation, recommend that they seek support from the people around them.

GIVING AND TAKING DIRECTION

Every day individual providers both give and take direction in order to do their jobs effectively, yet few receive any formal training in how to improve this critical skill. Without knowing how to effectively *give* direction, one may overstep their bounds, appear bossy, or worse, inadvertently disregard the needs and rights of the employer. Without knowing how to effectively *take* direction, one might not clearly understand instructions, do a task ineffectively, or worse, appear indifferent to the needs and rights of the employer. Giving and taking direction involves many of the communication skills you learned earlier; it also is likely the source of misunderstanding between the employer and the mentee.

Tips for Giving Verbal Directions

- Make sure you have the person's attention before you give the direction.
- Begin by making a statement about what the directions are supposed to accomplish.
- Minimize the number of directions given.
- Individualize the way directions are given. Some people may respond well to verbal direction, while others may need a demonstration or prompts.
- Give clear directions and avoid directions that are vague, such as "be careful" or "choose a jacket that belongs to you." These directions could be substituted with "hold on to the railing" or "choose one of these jackets."
- Maintain a positive rather than negative tone when you give directions.
- Give the person the opportunity to respond to a direction. Avoid giving multiple directions at one time without giving the person a chance to respond.
- Present steps in the order to be followed.
- When appropriate, give choices and options for following directions. For example, say "we have to wait for ten minutes, would you like to read or watch television?"
- Follow through with positive acknowledgment when needed to convey that the person is following the directions.

ACTIVITY: Giving Verbal Direction

Directions: Read the verbal instruction below. Write a better way to give the verbal instructions that allows the employer choice.

"You're going to swim now. Change into your bathing suit and jump into the pool."

A Better Way to Say It:

Changing “DON’T into “DO”	
CHANGE THIS...	...INTO THIS
Don't forget to use the grab bar	Please hold on to the grab bar
Don't lift that by yourself	Can I help you lift that?
Don't take all your pills at once	Here are the pills you should take at lunch
Don't call me Annie. My name is Ann.	Everyone calls me Ann
OTHER EXAMPLES:	

Tips for Receiving Verbal Direction

- Look straight at the speaker if possible.
- Use verbal responses such as "Yes, I understand," or "Can you repeat that?"
- Provide visual responses, such as nodding.
- Stay focused on the directions and ignore irrelevant comments.
- Ask for clarification when needed.
- If you have an emotional reaction, try to focus on what the speaker is trying to convey and ignore your emotional reaction.

ACTIVITY: Choice and Direction
<p><i>Directions:</i> Read the scenario below. Write an effective way to give verbal instructions that allows the employer choice.</p> <p>Your employer demands that lunch be served right away. It is 11:00 and you know that the employer usually eats lunch at 1:00.</p> <p>I'd give verbal instructions that allow employer choice by saying:</p> <p>_____</p> <p>What would you say if the scenario changes; the employer has to take their medication every four hours with food, and the next scheduled dose is 1:00?</p> <p>_____</p>

DEALING WITH CHRONIC ILLNESS OR DEATH

Individual providers inevitably develop a very close relationship with their employers over time. Considering that, mentees will experience grief when someone they care for is dealing with a chronic illness or dies. Grief is a natural response to loss and people express their grief in a variety of ways. Some have healthy coping mechanisms and some don't. Time and your support will help.

A chronic illness or condition is something that won't go away. Being diagnosed with such a problem can be a shock. Many people become angry and depressed, and have difficulty coping with the everyday problems they face.

People commonly work through feelings of grief, powerlessness, and fear as they learn to accept a chronic illness. There is no fixed time schedule for passage through the stages of adjustment, and many times the feelings may overlap. An important point to emphasize is that denial and neglect of the condition will only make it worsen.

Problem Solving Through Chronic Illness

1. Identify the challenges.

As a person begins to get used to the day-to-day management of the illness, they need to consider more in-depth planning. While it is scary to look into the face of a difficult challenge, it can also help the other person to begin to plot the road ahead. It is important to evaluate what assistance is needed, and who might be able to provide it. It might be helpful to make a list of the challenges, and how they can be addressed each day.

2. Learn how to relieve tensions.

Over time, people coping with chronic illness may naturally adjust and feel less stress. But it is important to keep tensions at bay through recognition and expression of feelings, and an emphasis on humor, activity and fun whenever possible. It is also important to leave time for privacy and rest.

3. Understand the personal coping process.

Don't expect that overnight the person with a chronic illness will be able to accept it. With the ongoing changes that can occur with chronic illnesses, adjusting to the changes is a challenge. Trying to manage with less money, applying for benefits, filling out forms, and learning to use assistive devices are just a few of the adjustments that might need to be made. Try to understand the approach that will work best for the person making the adjustments. Many people find a new appreciation of small victories and their own capabilities and strengths. Developing a sense of humor can also be a great survival tool.

Tips for Problem Solving Through Chronic Illness:

- Identify the challenges
- Learn how to relieve tensions
- Understand the coping process

In her work, *On Death and Dying*, Elisabeth Kubler-Ross outlined the stages of the dying person:

Common Reactions to Chronic Illness:



Stage One: Denial

The person when first confronted with the fact that she or he has an illness that will bring about death is likely to be unable to take in this information. The most immediate response is "This can't be true" or "This can't be happening to me." The fact of one's coming death is experienced as unreal and impossible.

People in denial may seek a doctor who will tell them that this is not a fatal illness. They want someone to "undo" the terrible and overwhelming news they have received. Under the best of circumstances, facing one's own mortality is very difficult. When faced with a "death sentence" the task of incorporating this news feels next to impossible.

In denial, a person may refuse to talk about his or her illness, not allow others to mention it, or maintain unrealistic beliefs about miracle cures or their ability to escape the fatal outcome.

DENIAL

It is important to realize that a person's fear of death also extends to a fear of being abandoned as well.

The person may avoid talking about themselves, their condition or their fate.

Some people never move out of denial; they need this coping strategy to function. It is unwise to force a person to give up this denial when it is truly needed.

Stage Two: Anger

Death is usually unwelcome, and people often respond with anger. The anger takes many forms. As the condition of the person declines, she or he may become angry at anyone who is healthy and who take daily activities for granted that the person is no longer able to carry out. You may be the target of this anger no matter how close or how good you may have been to the person.

ANGER

Remember you might feel the same way if you were in this person's shoes. Accepting anger without judgment helps the person express these important feelings.

Stage Three: Bargaining

As people come to some terms with their illness and its unavoidable end, they may begin to strike terms for accepting it. They make bargains with doctors, caretakers, and even with God. "Let me live to see my daughter married." "If I could have just one more day in the country feeling well..." "Let me just complete this book I'm working on." The notion is, "and then I'll go quietly..." It is a method of buying time. It is the wish for a temporary reprieve from the sentence of death.

BARGAINING

Do not expect the person to keep their bargains; they are efforts to avoid the inevitable. In this stage, the person is still having great difficulty dealing with his or her end.

Stage Four: Anticipatory Grief

The dying person is losing the fundamental things that he or she has and has cherished during his or her life. It's a task accompanied by enormous sadness and grief. Often this is a period of very real depression. The dying person withdraws and becomes isolated and may speak very little. It will be a time of "good-byes" and "farewells" and then a withdrawal into seclusion. This period can come well before the person is even near to death. Often, the dying person will keep contact with only few trusted people after having said farewells. The person turns inward, thinking about the meaning of his or her life. It is a quiet time; a time of release.

ANTICIPATORY GRIEF

This is a difficult time for a caregiver because the only thing to be done is to be present. Often, touch takes the place of words—holding hands, a massage, a gentle stroke is all the communication needed.

Stage Five: Acceptance/Resignation

For some, death is a defeat; a battle fought and lost. For others, death becomes a natural end to the life experience. In coming to terms with death as a part of life, the person reaches a kind of acceptance of the life cycle.

ACCEPTANCE

This, too, is a quiet time for a caregiver. Just being present is important; there is nothing left to do now but being with the person.

For the person who can come to terms with their life and their death, acceptance can bring peacefulness. These people often seem to be at ease with themselves and with the people who remain around them.

For the dying person, the nature of "hope" changes throughout the course of their illness. Hope at first is for a longer life or the cure of their illness. For some, it becomes the hope for the generation they have left behind. For others, it is the hope for peace in the after life. And for some, it is expressed in the leaving behind of tape recordings or writings that can be shared with significant others after they are gone.

BEHAVIORAL CHALLENGES

If the person you care for must rely on others for his daily care, he or she may feel a loss of control, or feel frustrated or helpless at times. His or her personality and behavior may change because of the emotional and physical challenges.

Most people take great pride in their independence. When they lose that independence because of illness or disability, self esteem often suffers. This is one of the reasons why the Independent Living Philosophy in Washington state is so important. Your attitude can also have a positive effect on the other person's self esteem.

EXAMPLES OF DIFFICULT BEHAVIORS:

- Yelling
- Excessive complaints
- Resists help from IP

One of the most important things to recognize in managing difficult behaviors is that the individual provider is part of a team, and does not independently design the methods to manage behavior. It is important for the individual provider to ask the employer or case manager to be included in care planning meetings, and to be able to ask questions.

When facing difficult behavior, it helps to remember that:

- Every person has strengths, gifts, and contributions to offer.
- Every person has hopes, dreams and desires.
- Every person has the ability to express preferences and to make choices.
- A person's choices and preferences shall always be considered.

Individual providers can help by:

- Listening
- Trying things
- Seeing how they work
- Changing things as needed

Tips for Coping with Difficult Behavior

1. MANAGE YOUR OWN BEHAVIOR

You can't control the other person's behavior but you can control your response to it by following these simple steps:

- Focus your response on the behavior; avoid blaming the person
- Don't take the angry behavior personally
- Don't blame yourself
- Don't downplay his feelings. Instead of saying "It's no big deal" try something like, "You seem really frustrated. What can we do next time to make it better?"
- Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to."
- Choose what's really important and let some things go

TIPS FOR COPING WITH DIFFICULT BEHAVIOR:

- Manage your own behavior
- Treat the person with dignity
- Look for patterns
- Promote self-esteem
- Understand your own values

2. TREAT THE PERSON WITH DIGNITY

- Listen --ask for his or her opinions and act as if they are important to you.
- Involve the person in as many decisions as possible.
- Include the person in the conversation. Don't talk about him as though he's not there.
- Speak to the person as an adult, even if you're not sure how much he or she understands.
- Give him privacy and personal space.
- Offer choices of what to eat, when to eat, what to wear. If he or she insists on wearing the same shirt every day, use a protective towel for meals, and wash clothes in the evening.
- If a choice seems silly or unimportant to you, try to see why it may be important to him.
- If the person makes choices that could be dangerous, try to negotiate possible solutions. Remember, the person has the right to refuse help. You must weigh your responsibility as a caregiver with the person's right to make his or her own decisions. When a person is at serious risk and he refuses any attempts at help, seek guidance from the case manager.

3. LOOK FOR PATTERNS TO THE ANGRY BEHAVIOR AND TRY TO BREAK THE PATTERN

Maybe the outbursts always come in the afternoon, or on days when you're in a hurry, or, maybe they occur in new surroundings. Try to identify what in the environment could make someone anxious (too much caffeine; watching crime shows on television) and decrease those things. Once you find a pattern, follow these suggestions:

- Look for the feelings behind the demands. A person with breathing problems may demand that windows are open on a cold day because he feels he can't get enough air.
- Offer reassurances such as "we have enough time" not "everything will be okay".
- Introduce changes slowly. Give the person time to accept the idea. Offer trial periods.
- Keep trying. Often if you wait 15 minutes and try again, your help will be accepted.

4. PROMOTE SELF ESTEEM

- Encourage independence.
- Give praise for effort and for things the person does independently.
- Provide ways for the person to feel important and needed.

5. UNDERSTANDING YOUR OWN VALUES/CULTURE/BELIEFS

Sometimes caregivers are expected to compromise their own values when supporting someone with challenging behavior. A simple, but common example of this is asking someone who has strong objections to cursing to "just ignore it." While it may seem like an easy thing to do for some caregivers, it creates a great deal of stress for others.

All individual providers need the opportunity to share frustration when the stress becomes too great, to grieve when they have failed to live up to their own expectations, and to celebrate when they have been successful. Caregivers need to know there is help available to them when they need it. Mentors can provide some of this help, and refer mentees to other places where they can find support. Whatever form it comes in, all caregivers need some way to obtain emotional support in order to prevent them from burning out.

PATERNALISM/MATERNALISM BY INDIVIDUAL PROVIDERS

Individual providers have a sincere desire to help, advise, and protect the person they provide care for. They must be careful, though, because it is easy to interfere with the choice and personal responsibility that employer is entitled to.

Individual providers need to demonstrate an understanding that they do not control others, but rather seek to support them. Especially when working with people with dementia, mental illness, or people with developmental or cognitive disabilities, it can be easy for caregivers to assume that they know best, and sometimes they will tell the person what to do.

Coercion can be one method of being paternalistic or maternalistic. This involves the use of unpleasant consequences to influence or manage another person.

Coercion involves attempting to control the behavior of others through threat of, or escape from unpleasant events. Coercion minimizes the dignity of the other person, often provokes retaliation, and sometimes causes physical and emotional harm.

One dramatic example of coercion involves overpowering someone and physically forcing him to do something he doesn't want to do. A more common example includes taking

PATERNALISM OR MATERNALISM:

When someone thinks they know (or treats another person as if they know) what is best for them. Paternalism or maternalism is similar to how a mother or father may behave toward children.

privileges away from a person when she misbehaves. Coercion can be harmful in that it can take away from the dignity, autonomy, and sense of self-control of the other person.

Individual providers need to continually search for positive ways to encourage people to behave in a safe and responsible way.

Providing Guidance and Advice on These Topics

There could be a hundred different questions you'll address in your role as a peer mentor. In this section, we have included general advice on specific areas of concern:

- Caregiver stress
- Isolation
- Giving and Receiving Direction
- Chronic Illness and Death
- Behavioral Challenges
- Paternalism/Maternalism by Individual Providers

Please refer to these sections often so that you are able to give the best advice and support as possible. You should also consider additional training in common areas that you address—you'll have a better feel for what types of training you'll need after a few months as a peer mentor. Let your Peer Mentor Coordinator know about the kinds of training you need; we will be more than happy to include your recommendations in a refresher course we'll offer next year.

In the interim, you'll spend some classroom time discussing common problems you may encounter. This will be your opportunity to hear from your peers on various ways to provide advice and guidance.

ACTIVITY: Providing Guidance

Directions: As a group, discuss the various problems individual providers encounter in their day-to-day work. Write the problems in the "Issues" column. Talk as a group about the various kinds of advice you could give for each problem and write them down in the "Advice" column. Finally, talk through what kinds of follow-up you would have to do for each problem; write your next steps down in the "Follow-Up" column.

ISSUE	ADVICE	FOLLOW-UP
ISSUE	ADVICE	FOLLOW-UP
ISSUE	ADVICE	FOLLOW-UP

ACTIVITY: Providing Guidance (Continued)

Directions: As a group, discuss the various problems individual providers encounter in their day-to-day work. Write the problems in the "Issues" column. Talk as a group about the various kinds of advice you could give for each problem and write them down in the "Advice" column. Finally, talk through what kinds of follow-up you would have to do for each problem; write your next steps down in the "Follow-Up" column.

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RESOURCES

Communicating With and About People with Disabilities

The Americans with Disabilities Act, other laws and the efforts of many disability organizations have made strides in improving accessibility in buildings, increasing access to education, opening employment opportunities and developing realistic portrayals of persons with disabilities in television programming and motion pictures. Where progress is still needed is in communication and interaction with people with disabilities. Individuals are sometimes concerned that they will say the wrong thing, so they say nothing at all—thus further segregating people with disabilities. Listed here are some suggestions on how to relate to and communicate with and about people with disabilities.

Words

Positive language empowers. When writing or speaking about people with disabilities, it is important to put the person first. Group designations such as "the blind," "the retarded" or "the disabled" are inappropriate because they do not reflect the individuality, equality or dignity of people with disabilities. Further, words like "normal person" imply that the person with a disability isn't normal, whereas "person without a disability" is descriptive but not negative. The accompanying chart shows examples of positive and negative phrases:

Affirmative Phrases	Negative Phrases
person with an intellectual, cognitive, developmental disability	retarded; mentally defective
person who is blind, person who is visually impaired	the blind
person with a disability	the disabled; handicapped
person who is deaf	the deaf; deaf and dumb
person who is hard of hearing	suffers a hearing loss
person who has multiple sclerosis	afflicted by MS
person with cerebral palsy	CP victim
person with epilepsy, person with seizure disorder	epileptic
person who uses a wheelchair	confined or restricted to a wheelchair
person who has muscular dystrophy	stricken by MD
person with a physical disability, physically disabled	crippled; lame; deformed
unable to speak, uses synthetic speech	dumb; mute
person with psychiatric disability	crazy; nuts
person who is successful, productive	has overcome his/her disability; is courageous (when it implies the person has courage because of having a disability)

Actions

Etiquette considered appropriate when interacting with people with disabilities is based primarily on respect and courtesy. Outlined below are tips to help you in communicating with persons with disabilities.

General Tips for Communicating with People with Disabilities

- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.

Tips for Communicating with Individuals Who are Blind or Visually Impaired

- Speak to the individual when you approach him or her.
- State clearly who you are; speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control her or his own movements.
- Be descriptive when giving directions; verbally give the person information that is visually obvious to individuals who can see. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.

Tips for Communicating with Individuals Who are Deaf or Hard of Hearing

- Gain the person's attention before starting a conversation (i.e., tap the person gently on the shoulder or arm).
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use short, simple sentences. Avoid smoking or chewing gum.
- If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.
- If you telephone an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.
- If you do not have a Text Telephone (TTY), dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

Tips for Communicating with Individuals with Mobility Impairments

- If possible, put yourself at the wheelchair user's eye level.
- Do not lean on a wheelchair or any other assistive device.
- Never patronize people who use wheelchairs by patting them on the head or shoulder.
- Do not assume the individual wants to be pushed —ask first.
- Offer assistance if the individual appears to be having difficulty opening a door.
- If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone.

Tips for Communicating with Individuals with Speech Impairments

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back.
- Be patient. Take as much time as necessary.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish her or his sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Tips for Communicating with Individuals with Cognitive Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Be prepared to repeat what you say, orally or in writing.
- Offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you.
- Remember
- Relax.
- Treat the individual with dignity, respect and courtesy.
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.

SOURCE: Information for this fact sheet came from the Office of Disability Employment Policy; the Media Project, Research and Training Center on Independent Living, University of Kansas, Lawrence, KS; and the National Center for Access Unlimited, Chicago, IL.