

# **Building an Effective Peer Support Program**

***ONLINE COURSE MANUAL***

***Prepared by:  
Amina Donna Kruck  
Pam Whitaker Lee  
April Reed  
Darrell Lynn Jones  
Marilyn Hammond***



**A Publication of CIL-NET, a Program of the IL NET  
National Training and Technical Assistance Project**

© February 2010, updated March 2011  
Independent Living Research Utilization  
2323 S. Shepherd, Suite 1000  
Houston, TX 77019  
713.520.0232 (V/TTY)  
713.520.5785 (Fax)  
<http://www.ilru.org>

ILRU is a program of TIRR Memorial Hermann (The Institute for Rehabilitation and Research).

Program Director: Richard Petty

Program Coordinator and Editor: Darrell Lynn Jones

Publications Staff: Dawn Heinsohn and Carol Eubanks

This course is presented by the CIL-NET, a program of the IL-NET national training and technical assistance project for centers for independent living (CIL-NET) and statewide independent living councils (SILC-NET). The IL-NET is operated by the Independent Living Research Utilization (ILRU) Program at TIRR Memorial Hermann in partnership with the National Council on Independent Living (NCIL) and the Association of Programs for Rural Independent Living (APRIL).

Support for development of this publication was provided by the U.S. Department of Education, Rehabilitation Services Administration under grant number H132B070002-09. No official endorsement of the Department of Education should be inferred. Permission is granted for duplication of any portion of this manual, providing that the following credit is given to the project: *Developed as part of the CIL-NET, a program of the IL NET, an ILRU/NCIL/APRIL National Training and Technical Assistance Project.*

# **Table of Contents**

<i>Table of Contents</i> .....	ii
Preface .....	iii
Chapter One: Introduction to Peer Support.....	1
Chapter Two: History of Peer Support .....	2
Definition and Desirable Characteristics .....	2
Peer Support as a Component of IL Philosophy .....	2
Why Peer Support Started.....	3
Why Peer Support Matters .....	3
Chapter Three: Challenges and Successes of Peer Support Programs .....	5
Why Organized Peer Support Programs Sometimes Fail .....	5
Why Peer Support Works .....	5
Why People Choose Peer Support.....	6
How Peer Support Complements Other Services, Including So Called "Professional" .....	6
References for Chapters 1-3.....	7
Chapter Four: Introduction to ABIL's Peer Mentor Volunteer Program .....	9
Background.....	9
Chapter Five: Peer Mentors and Mentees.....	11
Chapter Six: Peer Mentor Recruitment, Training, and Qualifications .....	13
Chapter Seven: Mentor Rules and Guidelines Form.....	15
Chapter Eight: Program Coordination.....	16
Chapter Nine: Volunteer Duty to Report.....	18
Chapter Ten: Peer Mentor Volunteer Opportunities .....	20
Chapter Eleven: Supervision .....	21
Chapter Twelve: Program Evaluation .....	22
Volunteer Recognition.....	22
Chapter Thirteen: Challenges.....	23
Chapter Fourteen: Making a Plan for Your Center .....	25
Planning Tool for Your Center .....	26
Chapter Fifteen: Conclusion .....	27
Survey Results and Analysis: Peer Support Services in Centers for Independent Living .....	29

# Preface

Welcome to *Building an Effective Peer Support Program*. The CIL-NET team designed this training with the expectation that you will find practical tools and strategies you can apply within your Center.

Peer support is such a cornerstone of the independent living movement that it's easy to take it for granted. And often people use the term without defining it because they presume that everyone defines it the same. Not surprisingly however, there are still differences of opinion among Centers for Independent Living (CILs) after all these years about what peer support should look like. Such diversity is healthy and should be encouraged. By the same token, it may be beneficial for new people in IL to learn some of the historical underpinnings of peer support in general and as it pertains to IL specifically. It may also be useful for more experienced IL folks to revisit some of the roots of peer support to refresh their understanding.

In this manual, we provide some of that historical information and give an overview of some of the most prevalent thinking about what peer support is, why it's important, and how to do it. We are asking you to review this material whether you are new to peer support or an old hand. We hope you will find this information affirming or confirming, if not enlightening. We also suggest you keep this background information as a resource for training newly hired staff at your center. You might also find some of the information and references provided helpful in writing funding proposals or marketing materials for your programs and services.

The manual also contains a description and resources from a CIL peer support program that has a proven track record.

As always, we welcome your feedback and suggestions on this material, so that we might continue to refine it for future course participants.

-- The CIL-NET Team

# Chapter One: Introduction to Peer Support<sup>1</sup>

This course was designed to show Centers for Independent Living (CILs) one possible framework or approach for a peer support program. The course offers program examples, tools, and strategies for peer recruitment, training, motivation, supervision, coordination and evaluation. The training helps to proactively identify and address potential barriers; strategize solutions; gain knowledge of techniques to implement or strengthen programs; and understand the comprehensive benefits of a successful program for your Center, mentors, mentees, and the community.

The manual contains descriptions, summaries, and documents from Arizona Bridge to Independent Living (ABIL) in Phoenix, Arizona. The supplemental manual provided separately entitled *Peer Mentor Training Manual*, contains the full curriculum for ABIL's program. The ABIL peer mentoring program utilizes about 50 active volunteers and has been in operation since 1990. This volunteer mentor program greatly increases available CIL services and has proven to be highly beneficial for mentors and mentees.

This is just one example of a successful peer program. There are many others. Of 124 CILs who responded to a 2008 CIL-NET survey (see Appendix), a majority (61.3%) state that they offer an organized program of peer support. It is important to note that we offered the functional definition of an "organized peer support program" as one that

"recruits, trains, assigns, and supervises a group of individuals with disabilities whose role it is specifically to provide either one-on-one or group support to other individuals with disabilities. This may include individuals who are paid or volunteers, excluding full or part-time staff who are hired to fill basic positions within their centers, who also have a disability."

This definition acknowledges that ALL CILs provide peer support, but that our purpose for the survey was to locate Centers that offer peer support "organized" as a "program."

Approaches to peer support in Centers vary considerably across the country, from all volunteer peer support mentors, to qualified non-professional mentors, to professional mentors that work in group sessions, one-on-one meetings or a mixture of both (ILRU, 1989). However, although each CIL peer support program may be unique, there are common characteristics of successful programs, as well as similar challenges and potential resolutions, all of which will be discussed in this training.

---

<sup>1</sup> Adapted from Background and History of Peer Support by Marilyn Hammond and Darrell Lynn Jones. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

# Chapter Two: History of Peer Support<sup>2</sup>

## Definition and Desirable Characteristics

As stated above, an organized peer support program is one that recruits, trains, assigns, and supervises a group of individuals with disabilities whose role is to provide one-on-one or group support to other individuals with disabilities. Peer support provides a mutual, one-to-one relationship between more experienced and less experienced individuals for the purpose of personal and professional development (Plamondon & CCGHR, 2007). Peer mentors are people with disabilities who are already living independently, are fully integrated into their community and have a desire to help others do the same (Kruck & Whitaker-Lee, 1999).

Not everyone has the qualities to be a peer mentor. A good mentor displays empathy, listens and communicates well and is direct, sincere, ethical, and trustworthy. In addition, a mentor needs to be skilled and experienced with at least a fair knowledge of disability rights and issues. Peer mentors should also be competent, flexible, authentic, nurturing, approachable and conscientious (Smith, Howard & Harrington, 2005).

## Peer Support as a Component of IL Philosophy

The IL movement declared that the old medical model was no longer useful and advocated a new service philosophy of consumerism, self-direction, self-help, and peer support. Peer support is a vital component and central feature of IL philosophy which can help strengthen individual choice, consumer control, self determination, and independent living. The idea behind peer support is that people with disabilities have the life experience and knowledge to best assist others in learning to become more independent in their communities. The wants and needs of people with disabilities are best understood by other individuals with disabilities, who also easily understand how best to fulfill those needs.

People with disabilities are the experts and must take leadership in designing better solutions, directing their own lives and providing peer support to maximize the empowerment and independence of others. Peers serve as role models and facilitators to help others lead meaningful lives and achieve desired levels of independence.

Peer support contributes considerably to the successful functioning and mission of CILs. Services are usually improved, allowing persons with disabilities to take on more meaningful roles.

---

<sup>2</sup> Adapted from Background and History of Peer Support by Marilyn Hammond and Darrell Lynn Jones. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## **Why Peer Support Started**

CILs emerged in part, because the needs of people with significant disabilities were not being adequately addressed by traditional service programs. CILs spread the new philosophy of the disability rights movement across the country. They argued that no one knew more about their needs than they did, and provided a model of individuals with disabilities running their own self-help programs and making decisions for themselves (Shapiro, 1993).

Before the existence of peer support and CILs, people with disabilities did not usually have a person to talk with or an agency to turn to that could effectively and knowledgeably help resolve housing, personal assistance, financial or other difficulties that have a very significant impact on psychological and physical well-being (Vash & Crew, 2003). Peer mentors became increasingly involved with CILs over the years, especially in the areas of information and referral, skills training, emotional support, problem identification, goal setting, action planning, and goal attainment (Barker, Altman & Youngdahl, 1987). The requirement of Title VII of the Rehabilitation Act (the Act) that CILs provide peer counseling as a core service reflected the growth and acceptability of peer services.

## **Why Peer Support Matters**

Peer support is a key beneficial service. For CILs serving a diverse metropolitan population or those serving a small rural population spread out over a large area, a solid base of peer mentors will significantly increase services. It is interesting to note that in addition to the peer programs in most CILs, over one-third of major corporations in the United States and all branches of the armed forces have established formal mentoring programs (Smith, Howard, & Harrington, 2005).

The psychosocial functions of effective mentors include counseling, friendship, role modeling, acceptance, and confirmation (Kram, 1983). Peer support can foster personal growth and provide relevant information that can not be obtained in any other manner. Peer mentors often provide information about local support systems and the "ins and outs" of dealing with them (Mason, 2008). Peer support can provide an avenue for dealing with personal and complex issues.

Peer support is effective in reaching, teaching, and supporting people with a variety of disabilities. Peers can reach people that may be unwilling to engage with and trust professionals. Peer mentors provide living proof of success and hope for individuals with mental illness that recovery is possible.

People with spinal cord injuries may receive moral support and advice such as how to prevent pressure sores and urinary tract infections. They also can learn how to positively adjust to and live with their disabilities, resulting in higher self-expectations, self-confidence, and self-esteem (Gilmore, 2004). A two year study examining the reintegration and quality of life for adults with spinal cord injuries found that social support and peer mentoring were invaluable (Boschen, Tonack & Gargaro, 2003).

Another study focusing on individuals with traumatic brain injury reports that peer support programs have been found to be an effective intervention which maximizes adjustment, provides potent stress-buffering influences and increases an individual's sense of empowerment and self-efficacy (Hibbard, et al., 2002).

Providing peer support may be a powerful growth experience for both parties. Peer support can help a person gain a sense of self-determination, rekindle ambition, and provide real-life solutions based on their experiences (Rigger, 2003). Peer support provides a dynamic nurturing process in a non-competitive environment that promotes independence and self-actualization.

Providing peer support may foster pride, fulfillment, and continuity in the mentor (Plamondon & CCGHR, 2007). Peer mentoring provides an opportunity for individuals with disabilities to give back to their communities, gain a sense of purpose and a greater sense of identity (Hernandez, 2005). The peer mentor has the opportunity to reach out to others, meet new people and participate in a worthwhile experience. The mentor may also learn or enhance a different set of skills, such as teaching, which may be a vehicle for career development. One peer mentor stated that it helped her gain self-confidence and the ability to stand up for herself (Parson & Blake, 2004).

Finally, peer support also benefits the organization and community. The general public may form more positive images of and increase interaction with persons with disabilities who are living independently (Wong & Premkumar, 2007). The community also benefits by increased inclusion and participation of people with all kinds of disabilities in recreational, political, vocational, social, educational, and faith-based activities.



# Chapter Three: Challenges and Successes of Peer Support Programs<sup>3</sup>

## Why Organized Peer Support Programs Sometimes Fail

There are a number of potential difficulties in starting and maintaining a successful organized peer support program. The 2008 CIL-NET survey reports that 38.7% of the CILs that responded stated that they do not offer an “organized” peer support program. Slightly more than half of those, or 53.2%, stated that they once offered a program, but found it difficult to maintain because of insufficient funding, lack of staff with skills to coordinate peer mentors, complexity of dealing with numerous types of disabilities, transportation to group meetings, lack of qualified peer mentors, and burnout among peer mentors. A lack of consumer progress or apathy, a sense of disconnection with the Center and feeling overwhelmed by paperwork may lead to peer mentor burnout and discouragement (ILRU, 1989). However, 79.2% of the CIL survey respondents who don’t have an organized program stated they would like training or technical assistance in re-establishing a peer support program.

## Why Peer Support Works

There are a number of reasons why peer support works. It is important for people with disabilities to have a positive identity, which peer mentors can foster. Individuals with disabilities may often hear of the things that they can not do from professionals and family members, resulting in low self-esteem. A relationship with an experienced person with a similar or even different disability is very helpful in forming a stronger, more positive identity.

Individuals with similar disabilities are more likely to understand and provide targeted assistance to each other than individuals who do not have this shared experience (McDonald & Oxford, 1995). Peer support for people with comparable life experiences is very important for resolving and moving through difficult situations (Riessman, 1989). Peers may provide an influential demonstration of how they analyzed problems and developed successful coping strategies. Participants in a traumatic brain injury project reported that peer support increased their knowledge, enhanced their overall quality of life, improved their general outlook on life, and enhanced their ability to cope with depression (Hibbard, et al., 2002).

Peer support increases experiential learning because mentors share their experience, successes, and mistakes (Plamondon & CCGHR, 2007). Peer support provides

---

<sup>3</sup> Adapted from Background and History of Peer Support by Marilyn Hammond and Darrell Lynn Jones. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

encouragement and guides personal growth and development. Mentees value the peer support relationship and report that it helps them better understand the rehabilitation process, learn about community resources, share common experiences, and feel a sense of acceptance and connectedness (Hernandez, 2005).

## **Why People Choose Peer Support**

Peer support provides a sense of safety in the context of an open, mutually responsible, non-judgmental and trusting relationship. Peer support provides an almost instantaneous level of shared understanding that is not usually there with most family members and friends. It can provide creative and practical solutions that are not easily found in books or from other sources.

Peer support provides empathy, friendship, and a morale booster. Peer mentors provide an important link between the consumer and other resources. Peer providers may speed up the consumer's transition to independent living by presenting information and training about a wide range of IL skills (Barker, Altman & Youngdahl, 1987). Peer mentors provide consumers with the opportunity to develop coping and advocacy skills, and may increase feelings of self-worth because of a peer mentor who understands.

## **How Peer Support Complements Other Services, Including So Called "Professional"**

Peer mentors are not medical professionals, nor do they try to be. Peer mentors offer guidance to other people with disabilities through the maze of services. Peer mentors are individuals with hard-earned wisdom who have been there. They often are called after hours for friendship and encouragement. Peer mentors may be involved in advocating for systems change.

Although there are advantages and disadvantages with using peer volunteers, ABIL of Phoenix believes that it means more if the mentor is someone who really wants to be with the consumer. Mentors also need to be available on evenings and weekends, and the relationship should be an extension of the community where friends help friends without expecting to be paid (Redford & Whitaker-Lee, 1999). Programs that pay mentors report success as well. Each approach has its pros and cons.

Counseling traditionally relies on verbal interaction. Peer support usually involves more than conversation. It includes other learning through the observation of another person with a disability solving their own problems, which contributes to self-confidence (Vash and Crew, 2003). Peer mentors can provide knowledge from personal experience, friendship, emotional support, identity, meaningful roles and a sense of belonging (APA, 2007).

## References for Chapters 1-3

- American Psychological Association. (2006). *The APA Dictionary of Psychology*. Gary R. Vandenbos, (Editor). Washington: Author.
- Barker, L.T., Altman, M. & Youngdahl, A. (1987). *Dimensions in Peer Counseling: Observations from the national evaluation of independent living centers*. Issues in Independent Living. ILRU: Houston Texas.
- Boschen, K.A., Tonack, M. & Gargaro, J. (2003). Long-term adjustment and community reintegration following spinal cord injury, *International Journal of Rehabilitation Research*: 26(3) pp.157-164.
- Brown, S. (1999). *Advocacy-oriented peer support part II: Moving from talk to action*. ILRU: Houston, Texas.
- Campbell-Whatley, G.D. (2001). Mentoring students with mild disabilities: The 'nuts and bolts' of program development. *Intervention in School and Clinic*, 36(4)211-217.
- Gilmore, B. (2004). The benefits of peer mentoring. The National Spinal Cord Injury Association. Retrieved May 4, 2009 from <http://www.spinalcord.org/press/index.php?dep=1&page=6&list=256>
- Hernandez, B. (2005). A voice in the chorus; perspectives of young men of color on their disabilities, identities and peer-mentors. *Disability & Society*. 20 (2), pp. 117-133.
- Hibbard, M.R., Cantor, J. Charatz, H., Rosenthal, R., Ashman, T., Undersen, N., Ireland-Knight, L., Gordon, W., Avner, J. & Gartner, A. (2002). Peer support in the community: Initial findings of a mentoring program for individuals with traumatic brain injury and their families. *Journal of Head Trauma Rehabilitation*. 17(2) pp.112-131.
- ILRU Insights, (1989, Sept. - Dec). *The National Newsletter for Independent Living*, Vol.7 No.5&6.
- Kram, K.E. 1983. Phases of the mentoring relationship. *Academy of Management Journal*, 26: 608-625.
- Lachat, M.A. (1988). *The Independent Living Service Model*, Center for Resource Management, Inc., South Hampton, NH, p.11-13.
- Mason, M.P. (2008). Ask the expert: The benefits of peer mentoring. Retrieved May 04, 2009 from: <http://brainline.org/content/2009/01/ask-expert-benefits-peer-mentoring.html>
- McDonald, G. & Oxford, M. (1995). *Standards and More: Beyond Compliance*.

- History of Independent Living. Retrieved April 28, 2009 from [http://www.ilru.org/html/publications/information/ilnet\\_HistoryIL.htm](http://www.ilru.org/html/publications/information/ilnet_HistoryIL.htm)>
- Pelka, Fred (1997). ABC-CLIO Companion to the Disability Rights Movement. Santa Barbara, California: ABC-CLIO, Inc.
- Plamondon, K. & CCGHR Capacity Building Task Group. (2007). Module One: An introduction to Mentorship. Canadian Coalition for Global Health Research.
- Redford, D. & Whitaker-Lee, P. (1999). Peer mentor opportunities: Empowering people for change. ILRU: Houston, Texas.
- Riessman, F. (1989). Restructuring help: A human services paradigm for the 1990's. New York, New York: National Self-Help Clearinghouse.
- Rigger, J. (2003, Autumn). The consumer/counselor relationship: An example of how well it can work. *American Rehabilitation*, 27, (1), p 34 - 35.
- Russel, J. E. A., & Adams, D. M. (1997). The changing nature of mentoring in organizations: An introduction to the special issue on mentoring in organizations. *Journal of Vocational Behavior*. 51. 1-14.
- Shreve, M. (2001). The Independent Living Movement: History and Philosophy to Implementation and Practice: Social Change for the integration and inclusion of all people with disabilities into society. Developed as part of the IL NET: an ILRU/NCIL National Training and Technical Assistance Project. Retrieved April 28, 2009 from [http://74.125.113.132/u/ilru?q=cache:CC51by9V3J4J:www.ilru.org/html/publications/training\\_manuals/History.pdf+il+philosophy](http://74.125.113.132/u/ilru?q=cache:CC51by9V3J4J:www.ilru.org/html/publications/training_manuals/History.pdf+il+philosophy)
- Smith, W.J., Howard, J.T., & Harrington, K.V. (2005). Essential formal mentor characteristics and functions in governmental and non-governmental organizations from the program administrator's and the mentor's perspective. *Public Personnel Management*.
- Vadadez, A., Lund, C. (1993). Mentorship: Maslow and me. *Journal of Continuing Education in Nursing*. 24(6) 259-63.
- Yankee, (1999). Declaration of Independence. 63(2) p111-113.

# Chapter Four: Introduction to ABIL's Peer Mentor Volunteer Program<sup>4</sup>

## Background

Arizona Bridge to Independent Living (ABIL) currently serves a metropolitan area of over 3.6 million people. The best way to provide successful disability role modeling, independent living skills instruction, peer support, early intervention, leadership development and advocacy to such a large community is to have a solid volunteer base.

### *The Plan*

ABIL began its Peer Mentor Program in 1990. A staff member with a spinal cord injury wanted to provide the peer support he lacked while undergoing rehabilitation in Phoenix, Arizona. Another staff member had a mentor at the Kessler Institute. The Community Integration Unit manager had a Master of Counseling and a background in peer counseling. She researched successful community volunteer programs locally and what other CILs were doing to provide peer support. She found that most were providing peer support through their paid staff. One CIL in Montana had the only program similar to what ABIL had envisioned. However, Montana chose to pay their peer mentors.

ABIL believed that mentors should be volunteers for several reasons. They thought it would mean more to the mentee if their mentor were someone who chose to be with them. They also thought that mentors being there voluntarily would help to counteract the disempowering role of "patient" most mentees had experienced. They also believed that mentors needed to be available to the mentee more than business hours (i.e., evenings and weekends). Finally, they wanted the relationship to be a natural extension of the community where friends help friends without expecting to be paid for it.

### *The Success*

At first a staff member whose job was providing independent living skills instruction was also assigned to coordinate the volunteers. The first team had six people and the training was 48 hours long. Within three years it became clear that the mentoring program was effective and that both the mentees and the mentors benefited from the experience. However, they wanted to expand their capacity. Based on their research of other successful volunteer programs in the area they determined that they needed a full-time volunteer coordinator. They needed someone with human resource related skills to recruit, train, and supervise the volunteers. ABIL chose to use Part C funding to support the position.

---

<sup>4</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

In FY 08-09 ABIL had 47 mentors who volunteered over 1500 hours providing one on one mentoring, group mentoring, and giving disability awareness presentations in local elementary schools. Some of the mentors, along with other volunteers, provided an additional 3900 hours of technical and clerical support to ABIL programs.

# Chapter Five: Peer Mentors and Mentees<sup>5</sup>

## ***What is a Peer Mentor?***

Peer Mentors are individuals with disabilities who:

- are already living independently
- are integrated into their community
- have a desire to help others do the same

Peer Mentors are not, nor do they try to be, medical professionals or therapists. They offer guidance through the maze of services. They are people who:

- have "been there"
- can be called after business hours
- offer friendship and encouragement
- are eager to listen
- have hard earned wisdom
- are willing to confront bureaucracy (advocate for system change)

## ***Who Are the Mentees?***

Mentees are individuals with disabilities who:

- are ABIL consumers, working one on one with an ABIL staff person on their goals
- have requested to participate in the Peer Mentor Program (not every ABIL consumer is referred to participate in the Peer Mentor Program) and must be ready and committed to full participation with a mentor
- want to work on achieving independent living goals with the help of a peer mentor

## ***ABIL Mentor Program***

Mentors work with anyone who is adapting to a disability or seeking to increase their independence. Peer Mentors also volunteer in a variety of other capacities (e.g., outreach presentations, providing information and referral, and community advocacy).

---

<sup>5</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## Mentors:

- help newly disabled individuals adapt to living with a disability
- assist in finding and connecting to community resources
- teach people how to use the public transit system and learn other life skills
- assist those who are new to the area to integrate to their new community
- provide support and encouragement
- are role models and teach self advocacy skills
- help mentees learn and use their civil rights
- advocate with service providers

## ***How Are Matches Made?***

- In matching, ABIL considers a variety of factors including: sex, age, disability, skill, experience, background.
- When staff submits a request for a peer mentor, the Volunteer Coordinator will review the list of available mentors. The Volunteer Coordinator will call the mentor to discuss the potential match. The mentor is encouraged to ask questions and provide feedback on the potential match.
- It is the mentor's choice whether or not to accept the match. If the mentor declines the match, the Volunteer Coordinator will continue searching for a potential match for the mentee.
- If the mentor accepts the match, the Volunteer Coordinator will arrange an in person or phone introduction between the mentor and mentee. At that time, the Volunteer Coordinator will review with the mentor and mentee the guidelines of the mentor program, and the mentee's goals.



## Chapter Six: Peer Mentor Recruitment, Training, and Qualifications<sup>6</sup>

Ongoing outreach for new mentors is important in maintaining a diverse, active peer mentor list. Mentors are recruited through publicity in ABIL's monthly newsletter, *The Bridge*; local publications; and through community outreach presentations. ABIL staff recommend and recruit persons with disabilities who they believe would be good role models. Many Peer Mentor Volunteers call ABIL looking for volunteer opportunities. As they successfully achieve their own independent living goals, often individuals find that the next step is to share their experience and knowledge with others. Thus, about one-third of ABIL's volunteers moved from mentee to mentor role.

### ***Mentor Training***

The Peer Mentor Volunteer recruits are given a resource manual (*Peer Mentor Training Manual*) with handouts on orientation class topics and important information and referral resources during an initial 10-hour orientation training that introduces volunteers to:

- ABIL programs
- Independent living philosophy (includes the Ed Roberts *60 Minutes* interview video)
- Adaptation to disability and the grieving process
- Disability Awareness and Liberation theory
- Community resources
- Crisis intervention and the "duty to report" policy
- Goal setting
- ABIL Peer Mentor program guidelines and procedures

Mentors are invited to attend follow-up training opportunities that include:

- Self-advocacy
- Community advocacy (i.e., legislation process, legislative advocacy opportunities)
- Disability Liberation / Attitudinal Barriers workshops
- Civil rights (i.e., ADA and Fair Housing)
- Community resource and services presentations

---

<sup>6</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## ***Peer Mentor Qualifications***

**Program Application Form.** ABIL designed an application that asks for:

- basic contact information
- days of availability
- work history (if any)
- volunteer experience
- experience with people with disabilities
- affiliations with community service agencies
- what they wish to gain from volunteering
- how they feel they can be effective as a mentor
- a definition of independence

(See Appendix, page 116 in *Peer Mentor Training Manual* for ABIL's application form.)

**Character Reference Form.** It is important to check character references even if the person is well known through CIL staff. ABIL also interviews the applicant via telephone or in person. They designed a character reference form which asks information about the applicant, such as:

- the length of time they have known each other
- if they have abused drugs and/or alcohol
- if they were involved in a felony or crime
- dependability
- patience
- concern for and respect of others
- punctuality
- cleanliness
- maturity
- trustworthiness
- performance ability

**Background check.** Mentors must sign a Criminal Self-Disclosure form indicating that he/she has no felony convictions. Mentors must also successfully complete a fingerprint and background check.

# Chapter Seven: Mentor Rules and Guidelines Form<sup>7</sup>

ABIL uses a list of guidelines the mentor must sign at the Peer Mentor Training agreeing to:

- maintain consumer confidentiality
- report any consumer suicidal or homicidal thoughts or suspicion of abuse
- be a facilitator (do not work harder than mentee to achieve goals)
- teach from personal knowledge
- maintain proper mentor/friendship relationship (do not date mentee)
- have regular contact with mentee
- attend meetings and training as appropriate
- report hours of service each month
- be responsible to arrange or provide their own transportation

(See pages 102-105 Rules and Guidelines for Peer Mentoring in *Peer Mentor Training Manual*.)

---

<sup>7</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## Chapter Eight: Program Coordination<sup>8</sup>

ABIL's situation may be unique among centers for independent living, in that they have a full time Volunteer Coordinator whose sole responsibility is coordinating the peer mentors and ABIL's general volunteers. In addition to the Peer Mentor Program, ABIL provides a variety of volunteer opportunities to give back to the community, gain vocational skills, and enjoy social interaction with a purpose. General volunteer opportunities include weekly clerical activities where volunteers assist ABIL staff in the office with projects, monthly volunteer groups, and unpaid internships. The Volunteer Coordinator recruits, trains, and supervises ABIL's general volunteers.

Some centers have volunteer coordinators that have a myriad of responsibilities, including working directly with consumers. ABIL's coordinator has the luxury of just working with their peer mentors volunteers and general volunteers. This has allowed ABIL to expand their Peer Mentor and General Volunteer Programs but also helps ensure that peer mentors and volunteers have the support and instruction they need to be successful.

The coordinator's duties for the Peer Mentor Program include recruitment of mentors, training of mentors, and orienting mentors to independent living philosophy and history of the independent living movement. She is in charge of making matches and monitoring matches. She supervises the mentors, as they work with the mentees and conducts a program evaluation that mentors fill out as they're working with an individual. And finally, she is in charge of volunteer support and volunteer recognition.

This means that ABIL's consumers who participate in the mentoring program are working with other staff on goal setting and planning. Once a consumer has had the opportunity to learn about the mentor program and makes the decision that they want to participate, they are then referred to the Volunteer Coordinator for a match. Referrals for mentor/mentee matches come from several other programs within the center. Here are some examples:

- The Early Intervention (EI) program works with local rehabilitation centers and hospitals to outreach to individuals who are newly injured or diagnosed with a disability.
- The Community Living Options (CLO) program works with higher functioning adults with Developmental Disabilities who do not qualify for services from the Arizona Division of Developmental Disabilities. These individuals need more community support to lead productive, satisfying lives, such as support in finding roommates, completing GEDs, and finding volunteer opportunities and employment.

---

<sup>8</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

- The Empowering Youth in Transition program brings in community resources to schools to teach independent living skills to young adults with disabilities. The staff person provides some one-on-one independent living skills with students, and then she goes into classrooms and teaches cooking skills or disability awareness and disability adjustment.
- Community Reintegration Program assists adults in gaining confidence, knowledge, resources, and support needed to move out of nursing homes.
- The main program providing referrals is ABIL's independent living skills program. Sometimes as individuals work on learning new skills or strengthening current ones, they find it especially helpful to have the extra support of a peer mentor.

This last point reflects a key element of the peer mentor program; that is, it is designed as an additional support to what the individual is already working on. They have already been working with a staff person at ABIL for at least one month or have had four appointments with their staff person. They have talked through their goals and decided what skills they want to acquire or what changes they want to make. When ABIL staff interview a new consumer, one of the things they talk to them about is the peer mentor program. The intake packet contains a referral form and the process for getting involved is explained to the consumer. As the individual begins meeting with staff and working on goals throughout the first month or four meetings, the staff person will mention the peer mentor program again if and when it seems relevant. If the consumer says they're interested and feels ready to participate, the staff person can help them fill out the referral form. (See Appendix, page 118 in the *Peer Mentor Training Manual*.)

The reason for the one month or four appointments introductory period is to give the staff person a chance to get to know the consumer and the consumer to get to know the staff person and build trust. When the staff person fills out the request for a peer mentor, they will have good details to help the Volunteer Coordinator make the best match.

# Chapter Nine: Volunteer Duty to Report<sup>9</sup>

ABIL volunteers are required to notify the supervisor immediately about any expressions of a possible threat to self (suicide) or others (homicide). If the supervisor cannot be reached immediately, the volunteer will seek out another ABIL supervisor to report the incident. ABIL volunteers are required to notify the supervisor immediately of any consumer report of staff/volunteer abuse (physical/emotional/sexual) or any behavior deemed unethical. (See pages 93-98 in *Peer Mentor Training Manual*.)

## ***Potential Signs of the Risk for Suicide***

- The existence of a suicide plan
- Identify means to take suicidal action (i.e. weapon or lethal drug)
- Previous history of suicidal behavior
- Access to and use of mood altering drugs
- Lack of support systems (e.g. family, church, therapist)
- Unstable health status of the consumer
- Other recent losses or extenuating circumstances
- A “yes” to any of the above questions substantiates a risk!

If there is a determination that there is a risk for suicidal behavior, the volunteer will express the following to the consumer.

- “I hear that you are feeling hopeless.”
- “I do not want you to hurt yourself.”
- “I will assist you to seek help.”

If it is determined that there is **imminent danger** to the consumer, the volunteer will

- Seek immediate professional assistance by calling 911 (e.g. they have a plan and a means to carry out the plan)

If it is determined that that danger is not immediate, but the volunteer still feels that the consumer is at risk, the volunteer will:

---

<sup>9</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

- Request that the consumer make a written contract promising not to hurt themselves for a specific period of time (e.g. 24 hours to 1 week)
- Give the consumer a crisis hot line phone number and ask them to promise that they will call that number if they feel the need to take action to hurt themselves
- Inform the consumer that they will be in contact with the supervisor to develop a plan to assist the consumer
- Notify the supervisor immediately

If the volunteer becomes aware that a consumer is exhibiting homicidal behaviors, the volunteer will:

- Call 911
- Immediately notify the ABIL supervisor

Upon a consumer report of employee or volunteer abuse, or any behavior deemed unethical, the volunteer shall notify the ABIL supervisor immediately.

- The supervisor receiving the allegation of employee or volunteer abuse will notify the Executive Director immediately
- If a volunteer is being accused, the Volunteer Coordinator will notify the volunteer of the accusations and instruct them to cease all volunteer activity until an investigation is completed. This implies no guilt on the part of the volunteer.
- If an ABIL employee is being accused, they will be put on administrative leave while the allegations are being investigated. This implies no guilt on the part of the employee.
- An investigation of allegations of employee or volunteer abuse or unethical behavior will be investigated within three working days by three persons appointed by the Executive Director.

## Chapter Ten: Peer Mentor Volunteer Opportunities<sup>10</sup>

In addition to one-one-one mentoring opportunities, many mentors enjoy participating in other mentoring opportunities such as providing presentations or participating in the mentor and mentee discussion group. Many also enjoy assisting in the ABIL offices as general volunteers or helping at various ABIL events. ABIL Peer Mentors can participate in:

*Disability Awareness Presentations.* Peer Mentor Volunteers give Disability Awareness Presentations to schools, organizations, or groups. ABIL volunteers have spoken to all age groups from elementary students, teens, to adults. The volunteers share their personal stories of living with a disability, provide explanations of the assistive devices and technologies that they use in every day living, discuss disability etiquette, people first language, and describe what Independent Living and empowerment means to them.

*Group Mentoring Sessions.* Peer Mentor Volunteers participate in monthly discussion groups with mentees and other consumers. Mentors speak on specific independent living topics and share their personal stories and experiences as individuals with disabilities. Mentees have the opportunity to ask questions and learn about community resources. The group is facilitated by the Volunteer Coordinator.

*Group Volunteer Activity.* Peer Mentors, along with other ABIL volunteers, provide technical and clerical support to ABIL programs. ABIL holds a monthly group volunteer activity that mentors can attend with their mentees. Mentors assist mentees in learning technical and clerical skills, and assist them in integrating into this social setting.

*Community Advocacy.* Peer mentors often get involved in community advocacy, join ABIL's Empower! Advocacy listserv and attend ABIL sponsored advocacy and community resource workshops.

*Community Outreach.* Peer mentors sometimes help staff information tables at community events and provide media interviews on a variety of topics.

---

<sup>10</sup> Adapted from Peer Mentor Volunteers: Empowering People for Change by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.



# Chapter Eleven: Supervision<sup>11</sup>

Some volunteers need little supervision. Others are just one step ahead of their mentees and need more supervision. Some mentors decide they do not like working one-on-one but really enjoy community advocacy. Sometimes mentors experience their own medical or personal crisis and need extra support from the volunteer coordinator or other mentors with which they have developed supportive relationships. Mentors need to be treated individually, just as consumers do.

The Volunteer Coordinator is responsible for supervising mentors and monitoring the progress of all matches. The Volunteer Coordinator is also responsible for outreach, recruiting, training, coordination of matches, assignments to staff (for volunteers who are not mentors and assist with technical or clerical work), volunteer support, and documentation.

ABIL tracks mentor volunteer activities for three purposes: 1) to document contact with mentors in the consumer service record, 2) to track hours volunteered by mentors which can be used as in-kind donations to ABIL for purposes of program funding matches, and 3) to validate the expanded capacity resulting from the Center's commitment of resources to a full time Volunteer Coordinator position. It can be challenging to get busy Peer Mentors to report their mentoring activities. ABIL created a form to help them track their volunteer time and the type and topic of their mentee contacts (i.e., phone, email, or face-to-face contact, worked on employment or budgeting goal). Some mentors send this form in monthly. Others call in or leave a message about their activities. The Volunteer Coordinator collects and records the hours, then enters the information into a database used to document hours in the mentor and mentee files, and for running reports on time volunteered. (See pages 106-107 Volunteer Reporting Time in *Peer Mentor Training Manual*.)

Along with reporting their volunteer hours, mentors may also submit a mileage reimbursement request form. ABIL Peer Mentor Policy permits mentors to be reimbursed for mileage, bus ride, or Dial-A-Ride trip to meet with mentees. (See page 108 in *Peer Mentor Training Manual*.)

As stated in the Rules and Guidelines for Peer Mentoring, ABIL strongly discourages mentors from transporting mentees in their personal vehicles, or for mentors to ride in mentees' vehicle. If any peer mentor volunteer is driving their vehicle or a consumer's vehicle, the mentor must notify ABIL and provide ABIL with proof of insurance coverage within limits of 100,000/300,000. The insurance on the vehicle that is being driven will respond first to any accident.

---

<sup>11</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## Chapter Twelve: Program Evaluation<sup>12</sup>

The effectiveness of the program relies on consistent evaluation of both the mentor and mentee experiences. Mentees and mentors are evaluated separately. The surveys are conducted at one, three, and six months from the date of the initial meeting. Staff that referred the mentee are responsible for the mentee evaluations. The Volunteer Coordinator or her representative is responsible for conducting the mentor evaluations. The questions on the survey mirror each other so each person is asked about his or her perception of the match and the goals achieved. Early evaluation is the best way to find out if the mentor match is working and assure match compatibility. Therefore, it is imperative that an evaluation process be proactively implemented early and periodically after the match is made. Matches are evaluated after one month to assure the match is working, and then every few months after that.

### ***Benefit to Mentors***

The mentor experience is as beneficial for the mentors as for the mentees. Most mentors report that the experience is empowering and fulfilling. Peer Mentors report satisfaction from being able to "give back," while simultaneously benefitting by increasing their own advocacy skills, awareness of community resources, leadership skills, sense of community, knowledge of civil rights and self-esteem. ABIL has observed mentors moving on to other community volunteerism, employment, and higher education.

### **Volunteer Recognition**

ABIL holds an annual holiday event in December to which staff, mentors and mentees are invited. They have given Visa gift cards and pocket calendars with the ABIL logo for mentors as holiday gifts.

The "Spirit of ABIL" award is an award reception and luncheon honoring the peer mentor volunteers. At the annual celebration they recognize peer mentors for one year, five year, and ten years of service. They also award an individual with "Peer Mentor Volunteer of the Year." Recipients are given plaques, certificates, and gift cards in recognition of their service.

Quarterly, ABIL features mentor/mentee stories in their monthly newsletter.

---

<sup>12</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## Chapter Thirteen: Challenges<sup>13</sup>

*Referrals.* The Volunteer Coordinator attends unit staff meetings periodically and maintains open communication with referring staff to ensure that staff understand the role of peer mentors, and that staff mentee referrals are appropriate.

*Matches.* Sometimes matches don't work and staff encourage mentors and mentees to let them know if this is the case, and they will find another mentor. Staff recognize they are doing their best to match people based on the mentees' requests for particular qualities, whatever they consider most important. In matching staff consider a variety of qualities: gender, age, disability, skill, experience, background. Matches are rarely developed based on disability alone.

*Volunteer Hour Reporting.* It can be a struggle to get all the Peer Mentor volunteer hours reported. While some mentors function independently and recognize the value of the volunteering they do, other mentors don't have the experience, skills, or the cognitive ability to report their volunteer activities. To get hours turned in, they often require reminders and coaxing. In most cases ABIL has chosen to do this rather than ask them to stop volunteering, because they have continued to benefit consumers even though they don't report volunteer hours. In these cases staff have explained the value of time keeping to the program and ABIL repeatedly and continue to do so.

*Role of the Mentor/Inappropriate Behavior.* Some mentees have expected mentors to be available 24 hours a day, have become too dependent upon the mentors, or expected mentors to do, or pay for, things that were not part of their mentoring role. In most of these cases, the Volunteer Coordinator intervened to explain this was not appropriate, as well as to coach mentors on how to set boundaries. In some cases, the mentee was re-matched to a new mentor after that mentor was coached on this issue and agreed to try the relationship. In other cases, the mentee was told that this program would not fit their needs and staff tried to make an appropriate referral. On very rare occasions a mentor has been turned down or asked to leave the program due to inappropriate behavior.

*On-Going Need for New Mentors.* Because Peer Mentors move on to other activities, the programs expand, and requests continue to grow, ABIL continually recruits new mentors. Sometimes the appropriate mentor is not available for a mentee and a match cannot be made. Experience has shown that mentees and mentors both will drop out of the program if they do not get matched fairly quickly. Keeping this balance can be challenging.

---

<sup>13</sup> Adapted from *Peer Mentor Volunteers: Empowering People for Change* by Donna Amina Kruck and Pam Whitaker Lee. Updated by April Reed 2009. Published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

*Transportation.* Traveling from city to city takes an inordinate amount of time and dedication. It is difficult for mentors and mentees to get together if they reside in different communities. Also, some communities have little or no public transit, and communities that do have public transit may have limited services in the evening or on weekends.

## Chapter Fourteen: Making a Plan for Your Center<sup>14</sup>

ABIL's mission is *to offer and promote programs designed to empower people with disabilities to take personal responsibility so they may achieve or continue independent lifestyles within the community.*

ABIL's Peer Mentor Volunteer Program has had far reaching benefits for ABIL as an organization and for the community. It has literally changed the way ABIL does business. It has empowered persons with disabilities to help each other increase their independence, improve their self-confidence, increase their community participation, and achieve their independent living goals.

Every center for independent living has the potential to successfully utilize peer support to move people from talk to action, from anger to leadership, to increase their independence and improve their quality of life. Every CIL is unique, just like individuals, and what works for one may not work for another. Although peer support is not a panacea for alleviating personal problems for consumers, there is evidence of the multiple benefits and it should be considered as an area of great potential. Implementing these techniques and suggestions will increase the success of peer support programs, resulting in improved CIL services as well as improved independence and quality of life for individuals with disabilities.

At this point, you may have some ideas for how to design an organized peer support program at your center or to strengthen the one that you already have. A simple tool that helps you identify your center's readiness is provided below. You can use it to list your center's assets/strengths, barriers or challenges, action steps planned, and timeframes needed for accomplishing those steps. Like any strategic planning process, completion of the tool would best be done in collaboration with other key center personnel.

---

<sup>14</sup> Adapted from Background and History of Peer Support by Marilyn Hammond and Darrell Lynn Jones; published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas; and Peer Mentor Volunteers: Empowering People for Change by Donna Amina Kruck and Pam Whitaker Lee; updated by April Reed 2009 and published 2009 as part of *Building an Effective Peer Support Program* on-location training manual by ILRU: Houston, Texas.

## Planning Tool for Your Center

<b>CIL Peer Support Assets:</b>	
<b>CIL Peer Support Barriers or Areas for Improvement:</b>	<b>Planned Actions with Timeframes:</b>

## Chapter Fifteen: Conclusion

During our exploration of the design of an organized peer support program, we have learned how one center created and maintains a highly successful and effective program. If you have not yet read ABIL's entire *Peer Mentor Training Manual* you are encouraged to do so and to share it with decision makers at your center. Remember that your program is unique and that you can use as much or as little of the material from this or other centers as you choose.

As you return to your work at your center, consider how you will share what you have learned with key staff at your center, your board members, consumers, and other stakeholders. It's always helpful to jot down notes and to ask if you can make a presentation to share the important elements of what you have learned. It helps to "cement" your learning and it spreads the knowledge.

Congratulations on your progress and best wishes with your planning and implementation!

# **Appendix**

***CIL-NET  
December 2008***



# Survey Results and Analysis: Peer Support Services in Centers for Independent Living

Prepared by Marjorie Elhardt and Carol Eubanks

## Background

Current research suggests that peer mentoring is an effective intervention for improving functional outcomes, health, and well-being in persons with disabilities. Peer support programs are provided so that support and role modeling might be available for consumers and their families as they address disability-related problems and issues. ILRU conducted a survey in December 2008 titled *Peer Support Services in Centers for Independent Living* in order to collect information regarding implementation, maintenance, and ongoing success of these programs in CILs. It is important to note that the functional definition of a peer support program is one that recruits, trains, assigns, and supervises a group of individuals with disabilities whose role it is specifically to provide either one-on-one or group support to other individuals with disabilities. This may include individuals who are paid or volunteers, excluding full or part-time staff who are hired to fill basic positions within their centers, who also have a disability. This report summarizes the results from the 124 respondents who completed the survey.

## Summary of Survey Results

A majority of respondents (61.3%) stated that their CIL offers an organized program, most commonly referred to as Peer Support (57.9%), Peer Mentoring (15.8%), and Peer Counseling (15.8%). Slightly more than half (52.6%) utilize unpaid volunteers, with services provided in formats of both one-on-one and groups. The overwhelming majority (92.1%) serve populations that cut across disabilities. Respondents indicated areas of life that their programs assist with include living with a disability, community integration, independent living skills, advocacy issues, transportation, and employment.

The data indicated that 57.3% of respondents have a formal training program/curriculum for their peer mentors/specialists, but 53.2% of centers who have ever had an organized program found it difficult to maintain, citing reasons including insufficient funding, lack of staff with skills to coordinate peer mentor/specialists, diverse complexity of the numerous types of disabilities that consumers have, transportation to group meetings, lack of qualified peer mentors, and burnout among peer mentors. When asked if they would like training or technical assistance in establishing or re-establishing a peer support program, respondents overwhelmingly (79.2%) indicated yes.

**Question 1:**

Does your center offer an *organized* peer support program, i.e. do you recruit, train, assign, and supervise a group of individuals with disabilities whose role it is specifically to provide either one-on-one or group support to other individuals with disabilities? This may include individuals who are paid or volunteers. However, this does not include full or part-time staff, hired to fill basic positions within your center, who also have a disability (e.g. housing specialist, independent living specialist, transition coordinator, etc.)

RESPONSE	PERCENT
Yes	61.3%
No	38.7%

THOSE RESPONDENTS WHO ANSWERED YES TO #1, WERE THEN ASKED TO ANSWER QUESTIONS 2 – 8.

**Question 2:**

What do you call your peer program?

PEER COUNSELING	PEER MENTORING	PEER SUPPORT	PEER CONSULTING	OTHER
15.8%	18.4%	57.9%	0.0%	7.9%
<b>Other:</b>				
Peer Advocate Program				
Peer Specialists				
Peer Advocacy				

**Question 3:**

Are your peer mentors/specialists paid or volunteer?

RESPONSE	PERCENT
paid	47.4%
volunteer	52.6%

**Question 4:**

How is your service provided?

RESPONSE	PERCENT
one-on-one	21.3%
in groups	16.0%
both	62.7%

**Question 5:**

Tell us about the population you serve, e.g. does it cut across disabilities or is it confined to a single disability population, e.g. people with mental illness?

RESPONSE	PERCENT
cut across disabilities	92.1%
serve a single disability population	7.9%

**Question 6:**

What areas of life does your peer support service assist with? (Check all that apply)

	YES	NO
living well with a disability	58.9%	0.8%
nursing facility transition	30.6%	21.0%
community integration	58.1%	1.6%
advocacy issues (such as dealing with a landlord)	54.0%	4.8%
independent living skills (such as budgeting)	54.8%	2.4%
employment	39.5%	14.5%
other, please specify below	17.7%	7.3%

**Other:**

PUBLIC TRANSIT, ACCESSIBILITY CONSULTATION, DISABILITY AWARENESS PRESENTATIONS IN SCHOOLS, SYSTEMS ADVOCACY
Transition program for young adults
Benefits, case management, housing, crisis intervention, recovery model, employment services, community resources, facilitating groups, co-occurring disorder
Socialization opportunities
Brain injury, counseling people wit multi-disabilities, etc.
Home modifications
Interpersonal relationships
MH/drug court
Sexual health
Health & nutrition
Mock Interviewing
Personal Attendant Issues
Information & referral

**Question 7:**

How many peer mentors/specialists do you generally employ (or have as volunteers) at any given time?

RESPONSE	PERCENT
1-3	46.1%
4-10	36.8%
11-20	13.2%
21-35	3.9%
36-50	0.0%
50+	0.0%

**Question 8:**

Do you have a formal training program/curriculum for your peer mentors/specialists?

RESPONSE	PERCENT
yes	57.3%
no	42.7%

THOSE RESPONDENTS WHO ANSWERED NO TO #1, WERE THEN ASKED TO ANSWER QUESTIONS 9 – 12.

**Question 9:**

Has your center EVER had an organized peer support program, but found it difficult to maintain?

RESPONSE	PERCENT
yes	53.2%
no	46.8%

**Question 10:**

If yes, why was it difficult to maintain?

	YES	NO
It was difficult to maintain because of insufficient funds	11.3%	7.3%
It was difficult to maintain because of no staff with skills to coordinate peer mentors/specialists	8.9%	8.9%
It was difficult to maintain because of problems with quality of services	5.6%	10.5%
It was difficult to maintain for other reasons. Please explain below.	12.1%	4.0%

**Other:**

<b>LACK OF INTEREST AMONG POSSIBLE PEERS</b>
It was difficult to maintain because of the diverse complexity of the numerous types of disabilities that consumers have. It has been difficult to link consumers with rare disabilities to others because they are not specific or relatable enough.
No consumers felt comfortable providing peer support or they went through training and never did anything after that
Transportation to group meetings
Consumer involvement and ownership was low and consumer would just not attend
We were unable to sustain a stable group of consumers who wanted to participate
It is difficult to find qualified Peer Counselors/Mentors
Rural area with no available transportation provided for peer group attendance. Limited meeting spaces available for the group to locate.
Peers grew discouraged/weary

**Question 11:**

Would you like assistance (through training or technical assistance) in establishing or re-establishing a peer support program?

RESPONSE	PERCENT
yes	79.2%
no	20.8%

**Question 12:**

Please make any other comments here:

WE ARE SEARCHING FOR TRAINING FOR OUR STAFF SO WE CAN OFFER AN ORGANIZED SUPPORT GROUP PROGRAM AND WOULD GREATLY APPRECIATE ANY ASSISTANCE YOU CAN OFFER.
We would like to review/assess any training available that could assist with beginning and maintaining support groups.
It would be very helpful to have more willing consumers interested in Peer Support group activities. If we could learn possible strategies to grow this program we would be grateful.
We have to think of alternatives to face to face communication since transportation is difficult and we cover a rural area. Not many consumers have internet either.
A better answer is maybe. We would want to look at how to allocate staff to this task, and if we feel we have sufficient staff to coordinate/oversee such an effort, would be glad to have training/technical assistance
We have a very hard time getting consumers to invest in ownership of the Center and really get a peer support group active..we struggle.
How to attract and bring back consumers.
I would like information on establishing a peer support group and methods to recruit appropriate consumers to act as peer mentors. Right now, the majority of peer support occurs as 1:1 interaction between staff with disabilities and consumers.
We are very small ( two FT and one PT employee) and have had funding cuts and a lot of other things going on
With the funding for federal CILs being cut significantly for the third straight year, our CIL is operating on a bare bones budget with no room for expansion or a means to hire new staff.
I believe this would be beneficial to our transitioning youth and veterans program which we are starting. I would welcome assistance and support in this area.