

Family Peer Support Buddy Program



Families of Persons with a Mental Illness
Helping One Another
Coordinator's Guide

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Peer Support Buddy Administrator Guide

2005 Produced by the BC Schizophrenia Society on behalf of BC Partners for Mental Health and Addictions Information. Project Manager: Nicole Chovil, PhD, Director of Education, BC Schizophrenia Society; Writer/Researcher: Sophia Kelly, DVATI

BC Partners for Mental Health and Addictions Information is a collective of seven provincial mental health and addictions agencies working together. We represent the Anxiety Disorders Association of BC, Awareness and Networking Around Disordered Eating, British Columbia Schizophrenia Society, Canadian Mental Health Association BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health and the Mood Disorders Association of BC. Our reason for coming together is that we recognize that a number of groups need to have access to accurate, standard and timely information on mental health, mental disorders and addictions, including information on evidence-based services, supports and self-management.

Acknowledgements

Portions of the policy and procedures section of this document, along with some materials in the Buddy Guide were adapted with permission from the 411 Seniors Centre from their Seniors Outreach Counsellor Toolkit (2003).

The Family Support Buddy Toolkit was made possible through funding provided by the Provincial Health Services Authority.

Introduction: About the Family Support Buddy Program

Program Summary

The Family Support Buddy Program pairs trained volunteers with family members of a person who has a mental illness who indicate interest in having a “buddy”. Both the “Buddy” and the matched person are family members or close friends of a person with a serious and persistent mental illness.

The Program Coordinator provides intake, matching and follow-up services and acts as a resource person. The Coordinator is also available to provide information and referrals to both the ‘Buddy’ and ‘Match’.

Buddies are trained to provide non-professional peer support to a family member for a limited period that is negotiated at the beginning of the match.

Benefits of Program to Participants

Research on family peer support programs e.g., parents of children with disabilities, show that informal peer matching programs increases person’s acceptance of their situation, increases their sense of being able to cope, and is experienced as helpful by the majority of participants. Peer support is unlike support provided by professionals, in that it has the unique quality of being support from someone who has had a similar experience personally. Particularly in relation to illnesses with social stigma attached to them, family members benefit from the normalizing experience of contact with others who share a similar experience.

Family Support Buddies reduce the possible isolation of family members of persons with mental illness, provide suggestions on ways of coping, share information about resources and provide an opportunity to talk to someone who’s ‘been there’.

Benefits to Hosting Organization

- The Family Support Buddy Program offers an alternative way of providing support to family members coping with mental illness of a relative.

- The program can increase continuing contact between the organization and the people it serves and increase the value provided to members.
- The program provides a way to transfer some of the work of providing information and support from more committed volunteers and staff to a greater number of people. This can lighten the load on existing board members and staff and free them for other tasks.
- Costs of administration of this 'Buddy' style of program are relatively low, and are much lower than more formal programs. Organizations who would ideally like a more formal and extensive program might find this is a good place to start to build a volunteer pool and demonstrate value to potential funders.

Staffing Hours Required

Once in place, the coordination duties could be shared amongst several staff members, although it is recommended that a designated point person be available for questions and support of buddies. If staff are sharing follow-up duties, they should be in close communication. Tasks requiring staff time are summarized below:

- Buddy training – Training/orientation sessions can be offered, or where that is impractical, the volunteer can be oriented by phone and can self-study from the materials provided. Intake per Buddy is approximately one hour, plus 5-7 hours per training session (administration and class time).
- Coordination time per pairing/match – each match requires several phone calls:
 - Initially to re-confirm consent and current availability for the match from both parties.
 - 48 hour follow-up call to both parties
 - 2, and 6 week 'how's it going' calls to both parties (a centralized book or calendar to track when follow up is required for each match is recommended)
 - Availability for 'question and problem' calls from either party

Potential Funding Sources

- Contact mental health centres in your area for information on local funding aimed at family community support or consumer and family community support services.
- Approach Rotary or Kinsmen Clubs in your area.
- Banks or Credit Unions may have community grants available.

Major budget items are the additional staff time required for the staff member serving as coordinator, honorariums for volunteer Buddies (if given), mileage, long distance calls, and any promotional or advertising costs.

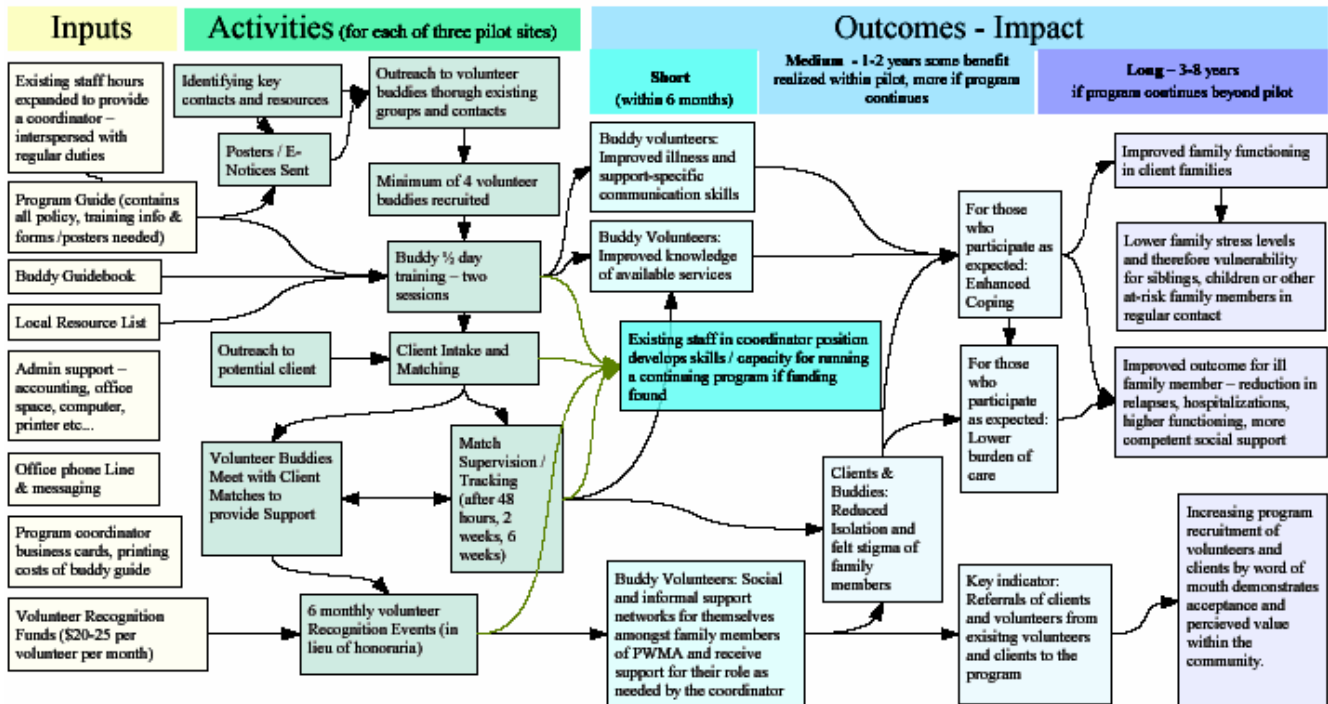
Logic model

A copy of the logic model used for the pilot testing of this program is available. This document shows the interconnections and importance of the various parts of the program and how they lead to the desired results. It is also helpful in writing program funding proposals, determining measurable outcomes and in demonstrating the range of value this program can provide

If you are viewing this document online, please see the document [LogicModel-BuddyProgram.pdf](#) for the full detailed version of the logic model in a larger format.

The following is an excerpt:

Program Action-Logic Model – Family Peer Support Buddy Program



About the Program Toolkit

This toolkit was designed to be used to create and run a Family Peer Support Buddy Program. There are two sections: the Family Peer Support Buddy Coordinator Guide, and a Buddy Information Guide described below.

Coordinator Guide

The Coordinator Guide contains program organization and management information and procedures, copies of the forms needed to administer the program, plus training options for the Buddy volunteers. The forms and poster are formatted without headings or page numbers so they can be printed and used as is. Some forms will need to have the term [Sponsor Organization] replaced with the name of the actual hosting organization in order to be used, and your organization's phone number inserted. The Coordinator Guide is designed to be distributed to its intended users in electronic format (Microsoft Word for best results) so that forms and marketing materials may be edited for use. Graphics have been selected that will print equally well in colour or black and white, as required.

Buddy Information Guide

The Buddy Information Guide contains resource material designed to be printed and given to Buddy volunteers in a binder format. Binders are recommended so that the volunteer can add their own resources to the binder as required. The materials included are designed for self study or to be reviewed in a class format with the addition of activities suggested in the Coordinator's Guide Training Section. The Family Toolkit is recommended as a key resource (described in the guide) and can be added to the binder. The Family Toolkit can be downloaded from www.heretohelp.bc.ca. Bound printed copies may be available from BC Partners for Mental Health & Addictions Information (www.heretohelp.bc.ca).

Policy and Procedures

Program Objective

The objective of the Family Peer Support Program is to provide one-on-one peer support, information and referrals to family members of persons with a severe and persistent mental illness. The term 'family' as used in this document, refers to 'families of choice' such as friends and other non-professional helpers, as well as family members.

Family Peer Support Buddy Commitments

1. Providing a supportive, listening ear from someone who's been there to a family member of a person with mental illness.
2. Helping family members find information and resources, by referring them to organizations and information sources that may help.
3. Knowing one's personal limits and making sure to say both yes and no thoughtfully.
4. Making the Program Coordinator aware of problems or concerns with a buddy relationship.
5. Keeping the Program Coordinator up to date on your availability for matches.
6. Keeping information from or about the matched person or their family confidential (as outlined in the confidentiality agreement).
7. Referring family members to the Program Coordinator or an appropriate community or government agency as needed;
8. After agreeing to accept a match, making the first telephone contact with the referred family member within 48 hours.
9. After agreeing to the match, being available for weekly telephone or in-person contact with the matched person for up to 10 contacts or a mutually agreed length of time.
10. Knowing that the Buddy or Matched Family Member may withdraw from a match at any time, by notifying the Program Coordinator.

Buddy Responsibilities Do Not Include

1. Providing crisis or emergency services. (Please refer person to crisis line, Program Coordinator or other resource.)

2. Accepting late night or early morning calls, or calls at inconvenient times (unless pre-arranged).
3. Providing transportation, food, money, care or tangible help to the matched person or their family member(s).
4. Accepting disrespectful or abusive behaviour.
5. Providing counselling or medical advice.
6. Promoting a particular view of treatment/coping, or a particular philosophical or religious belief.

Family Peer Support Buddy Criteria

Family Peer Support Buddies must:

1. Have completed successfully the intake process with the Program Coordinator, which may include a reference check and criminal records check;
2. Have completed successfully the Family Peer Support Buddy training or self-study option;
3. Be aware of the importance of confidentiality;
4. Be able to be impartial and flexible;
5. Be clear about the limits of peer emotional support, respectful of other person's right to their own choices, and knowledgeable about when and how to refer families to other resources;
6. Have direct experience of being a family member or family-like support person for a person with mental illness;
7. Be in a stable place of coping with their family member's illness.
8. Have good coping skills with their family member and effective strategies for dealing with stress.
9. Be accepting of individual differences and willing to learn from the beliefs and values of others.
10. Be able to work in co-operation with the Sponsor Organization and other local agencies;
11. Be able to attend the required orientation training and any periodic workshops sponsored by Sponsor Organization;
12. Be able to travel within the city or be accessible by telephone.

Administration of the Family Peer Support Buddy Program

The following guidelines have been established to provide for the administration of the Family Peer Support Buddy Program.

Responsibilities of the Sponsoring Organization

1. To identify the need for Family Peer Support Buddies within their geographic region;
2. To select and screen candidates (including a criminal record check);
3. To interpret the role of the Family Peer Support Buddies to prospective buddies and ensure that he or she fully understands the role and is prepared to sign the volunteer agreement (the sample with this toolkit is called the Personal Commitment Form) and confidentiality agreement;
4. To provide a staff/volunteer person (Program Coordinator) as a liaison, resource person and supervisor for Family Peer Support Buddies and with whom the Family Peer Support Buddy can meet with to ask questions on an on-going basis;
5. Provide current information on relevant services and programs as requested or required by Family Peer Support Buddies;
6. Provide adequate training for the Family Peer Support Buddies;
7. Provide up to date continuing information on resources or skills to the Family Peer Support Buddies.
8. To review annually the Family Peer Support Buddies performance before renewing the volunteer agreement;

Referral Criteria

Family members are accepted into the Family Peer Support Buddy Program by the Program Coordinator. Referrals can be made to both the buddy program and to a support group. Peer Support Buddies are not trained to provide crisis services, so family members in crisis are not suitable for the Buddy Program, unless they are receiving adequate services for the crisis issues elsewhere. They should be referred to the appropriate agency in your community.

Family Peer Support Buddy' Recruitment and Training

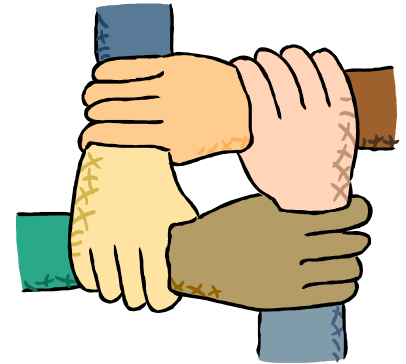
Volunteers for the program may be recruited from existing family support and education groups or other volunteers who have had some experience within their family or as a supporter of a person with mental illness. Other programs have had success by routinely asking all family members they have contact with if they would like to be a buddy, and if yes, completing the buddy intake information then. Existing matches may be contacted after a few months to see if they are ready or willing to become buddies as well.

In addition, you will likely want to advertise through community centres, libraries and other community spaces.

The following pages provide a recruitment poster, promotional tips, job description and volunteer screening information.

Buddies Wanted

- ♥ Do you have the experience of having a family member or close friend with a mental illness?
- ♥ Are you in a good place in coping with your experience?
- ♥ Would you be willing to be matched with another person who shares your experience and provide them with a friendly listening ear?



[Organization Name Here] is looking for people interested in providing one-on-one peer support buddy services to family and supporting friends of people with serious and persistent mental illness.

Family Peer Support Buddies volunteer within their own community and provide listening and support via telephone or in person on a weekly basis for up to 3 months or 10 contacts. The service is for support only, not crisis help or counselling, and the coordinator is available to provide additional referrals as required.

Coordinators at [Organization Name Here] will provide brief training, information and supervision for the volunteers.

Buddy Volunteer Qualifications



- Reliable, friendly and a good listener.
- Successful completion of screening and training.
- Personal experience as a family member or family-like supporter of a person with serious and persistent mental illness
- Ability to speak and write in English. Additional languages are a definite asset.

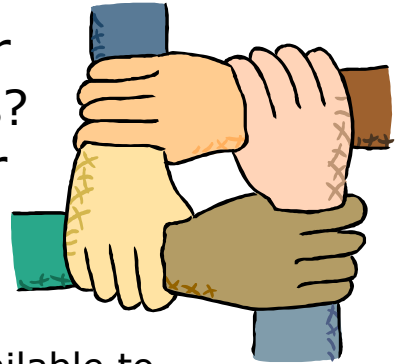
Time Commitment: Attendance at 3 hour training and orientation session. After the orientation, you may be provided with a matched family member to meet with in person or by phone on a mutually agreed schedule, approximately once a week for one hour.

For information, call

One-on-One Support

for Family Members of Persons with Mental Illness

- ♥ Do you have a family member or close friend with a mental illness?
- ♥ Would you like to talk to another person who has been there?



The Family Peer Support Buddy Program is available to match you up with someone who also has a family member with a mental illness. This person, (who is not a counsellor) will lend a friendly listening ear on the telephone or in person.

Family Peer Support Buddies volunteer to provide listening and support via telephone or in person on a weekly basis for up to 3 months or 10 contacts. The service is for support only, not crisis help or counselling, and the coordinator is available to provide additional referrals as required.



For more information, please call:

Promotion Tips

Below are some tips on promoting your program to potential participants.

Posters may be posted at:

- Hospitals – ask administrators if they can go in elevators or in mailboxes of mental health or medical practitioners who use the hospital.
- Consumer organizations
- Mental Health Centres
- Libraries
- Community newspapers normally have a 'volunteers wanted' or other community events listings. If an event is required to list, then the training session could be listed well in advance to invite additional volunteers.
- Libraries
- The office of your local MP or MLA
- Clubhouses
- Other community non-profit organizations
- College and university notice boards and student or staff counselling departments

Volunteer Job Description - Family Peer Support Buddy

Purpose:

To assist families of people with mental illness friendly, non-professional emotional support from someone who has 'been there'.

Qualifications:

- Successful completion of the volunteer screening process.
- Successful completion of the training.
- Experience with mental illness in your family or as a 'family-like' supporter of a person with a mental illness.
- Be in a stable place of coping with your family member's illness.
- Good coping skills and effective strategies for dealing with stress.
- Acceptance of individual differences and willing to learn from the beliefs and values of others.
- Ability to speak and write in English (Additional languages are a definite asset).
- Reliable, friendly and a good listener.
- Ability to speak with family members on the phone or in person
- Ability to take direction from staff.
- Awareness that you not are serving as a medical expert or professional counsellor.
- Ability to travel to the clients' homes or speak to them on the phone.
- Ability to know one's own limits and refer people to other resources if they require additional or professional help that is beyond the scope of this program.

Responsibilities:

- Participate in training.
- Provide empathetic listening to family members of persons with mental illness.
- Refer family members to other resources when appropriate.
- Maintain family confidentiality.
- Keep records of services provided.
- Source or get approval for any treatment or medical information through the Program Coordinator before discussing it with program clients.

Orientation and Training:

Training may be provided in a half-day format if possible or as a brief orientation and self-study materials.

Volunteer Screening

While a police records check can be an essential screening step for volunteers who work with children or vulnerable adults, it is only one step in a complete screening process. By itself, a police check is not enough to determine if a volunteer is appropriate for certain duties. Screening is an ongoing process designed to identify any person who may harm children or vulnerable adults or be unsuitable for the volunteer position.

Volunteer screening serves two main purposes:

1. to create and maintain a safe environment;
2. to ensure an appropriate match between volunteer and task.

The process includes assessing risk, written job description, completion of an interview process (including reference checks), training and continual support and supervision. The interview process helps to determine the volunteer's interests, skills, availability and suitability.

Any organization that provides programs to vulnerable people has a moral, legal and spiritual obligation to appropriately screen those who work for them, including volunteers. Screening is not only the right thing to do; it is legally required under the principle of "Duty of Care".

"Duty of Care" is a legal principle that identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect their clients to an appropriate level or standard. If the clients are vulnerable, if they cannot protect, defend, or assert themselves, permanently or temporarily, because of age, disability or circumstances, then that duty becomes more intense and the standard higher. A "Duty of Care" is a moral and ethical issue, not simply a legal issue.

Common screening measures include

1. Well Designed Job Descriptions;
2. Careful recruitment;
3. Application Forms;
4. Interviews;
5. Reference Checks;
6. Police Record Checks;
7. Medical Checks;
8. Ongoing Training;
9. Supervision;
10. Probation Period;
11. Buddy System;
12. Regular Supervision / Evaluation;
13. Regular contact with client and families;
14. Regular participation in group activities.

The Safe Steps Volunteer Screening Program provides an easy-to-use method for organizations to ensure that the people they serve are safe.

1. Determine the Risk - Organizations can control the risk in their programs. Examining the potential for danger in programs and services may lead to preventing or eliminating the risk altogether.
2. Write a clear position description - Careful position descriptions send the message that an organization is serious about screening. Responsibilities and expectations can be clearly set out, right down the position's dos and don'ts. A clear position description indicates the screening requirements.
3. Establish a formal recruitment process - Whether an agency posts notices for volunteer positions or sends home flyers, they must indicate that screening is part of the application process.
4. Use an application form - The application form provides needed contact information. If the volunteer position requires other screen measures (police records check, reference checks), the application form will ask for permission to do so.
5. Conduct interviews - Interviews help ensure that candidates met the position requirements and fit in with the organization.
6. Follow up on references - By identifying the level of trust required in the position and asking specific questions, the applicant's suitability may be easier to determine. People often do not expect that their references will be checked. Do not assume that applicants only supply the names of people who will speak well of them.

7. Request a Police Records Check - A Police Records Check is just one step. They signal in a very public way that the organization is concerned about the safety of its clients.
8. Conduct orientation and training sessions - Screening does not end once the volunteer is in place. Orientation and training sessions offer an opportunity to observe volunteers in a different setting. Probation periods give both the organization and the volunteer time to learn more about each other.
9. Supervise and Evaluation - The identified level of risk associated with a volunteer position will determine the necessary degree of supervision and evaluation. If the risk is great, it follows that the volunteer will be under close supervision. Frequent feedback is important.
10. Follow up with Program Participants - Regular contact with clients can act as an effective check as to the volunteer's effectiveness. (Regular Buddy dinners or information/education meetings can be a way to facilitate this contact.)¹

Topics to cover in an interview

1. Completion of Registration form & Criminal Record Check
2. Reference Checks
3. Boundary issues / job parameters
4. Your agency's policies or rules
5. Go through the job description of the Family Peer Support Worker
6. Reimbursement information – mileage, transportation and parking
7. Role of the volunteer buddy (Give volunteer their information package)
 - A resource for volunteer and client
 - Support to volunteer
 - Training/workshops if any
8. Questions

¹ This information was taken from "Take the First Step", Understanding Volunteer Screening, Volunteer Canada.

Suggested Interview Questions

1. Where did you hear about our need for volunteers?
2. What interests you in volunteering? With our agency?
3. What do you hope to gain from volunteering?
4. What volunteer work have you done?
5. Do you have any specific training and/or education (that will assist you in this role or that you would like to bring to this organization)?
6. What is your availability? Your commitment?
7. What kinds of things do you like to do in your leisure time?
8. What groups of people have you volunteered with in the past? What challenges have you faced in working with some of these groups?
9. As a Family Peer Support Buddy, you may be matched with diverse groups of people. Are there groups you would not feel comfortable working with? (If person says they would work with everyone, explore this general statement). Are there groups you would prefer to be matched with?
10. In what situations do you experience the most stress?
11. How do you handle this stress and any other emotional difficulties?
12. Availability to attend workshops?
13. Are your references current? When can I call these people?) Check references to ensure they are current / what capacity the person knows them).
14. What is your experience supporting someone with a mental illness?
15. What is the diagnosis of the person in your family / person you provided support to?
16. How well are they managing their illness?
17. How would you evaluate your own stress level currently?
18. Tell me about your support system for yourself.
19. Questions?

Forms for Program Coordinator

Forms for Administrative Use

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Forms for Buddies and Matches

You may want to include copies of the following forms in the buddy materials binder for reference.

How the Buddy Match Works for Matches	34
How the Buddy Match Works for Buddies.....	35
Volunteer Job Description - Family Peer Support Buddy	36
Peer Support Buddy Volunteer Application Form	37
Statement of Confidentiality for Family Peer Support Buddies.....	39
Personal Commitment Form.....	40
Buddy Program Match Intake.....	41
Follow-Up Questionnaire for Buddies and Matches.....	43

Using Administration Forms

We have included a number of forms which are related to the administration of new volunteers and match clients, and the review of all volunteers. Before using some of the forms you may need to customize them with your logo and organization name. Some forms have been given a generous margin at top and bottom so that they may be printed on letterhead if desired.

Below are detailed instructions for the use of each form in this section.

Criminal Record Check Organization Letter -

This letter (p 27) explains the purpose of the criminal record check and outlines who the results are to be sent to. It needs to be customized with the name of the volunteer and the specific location of the Police/RCMP nearest the volunteer's residence. It should be on letterhead if possible.

Criminal Record Check -

This form (p 28) is provided as a sample. Your local detachment likely has its own preferred form. Normally, the volunteer needs to bring in his/her own form, and the results are now sent directly to him or her. It is accompanied by the organization letter (above). Check with your local police department as to the process for getting the results in your region

Family Peer Support Buddy Annual Review Form

This form is used to provide an yearly review of individual Buddies, to help identify ongoing problems if any with individual volunteers in order to address them. A copy is placed in the Buddy's file yearly. It is probably not necessary to share with the Buddy unless follow-up is required on problems. A thorough review would involve reviewing the match tracking sheets for all of that Buddy's matches.

Match Tracking Sheet

This form should be filled out every time the Coordinator matches up a new pair. It is used to track the activity and success level of the match. It should be filed with or attached to the Match Intake form. When a match is closed, a photocopy could also be put in the Buddy's file to make the annual review easier, and help identify any situations that need to be addressed by the coordinator.

Follow up tracking calendar page (Sample)

Instructions are provided with this sheet. This is an example of a system for remembering to do the 48 hour, 2 week and 6 week follow-up calls for all of the Buddy/Match pairs. It is suggested that all information be stored on a single calendar.

Forms for Buddies and Matches

About Information Packages

When a new buddy volunteer or potential matched client ('match') contacts the coordinator, an information package is provided to that person. A follow-up package is provided at evaluation time as well, which would occur either after the match has ended or at an evaluation interval required by a funder (e.g.: at the end of a grant period). The following describes the contents of each of these packages.

Contents of information package to potential Buddies

1. How the Buddy Match Works for Buddies
2. Volunteer Job Description for Peer Support Buddies
3. Statement of Confidentiality
4. Peer Support Buddy Volunteer Application Form
5. Personal Commitment Form
6. Program Coordinators' business card (not provided in this guide)
7. Brochure about your organization (not provided in this guide)

Note: The Buddy Guide / Binder is provided to the Buddy volunteer at training or orientation, after they have been accepted as a volunteer.

1) How the Buddy Match Works for Buddies

This information sheet is given to family members interested in becoming Buddy volunteers. It can be included as part of an information package about the program, along with a brochure about your organization and a business card for the Program Coordinator. It can be mailed out if information is requested about the program, and also given to the Buddy at or after intake. You may wish to print it on organizational letterhead, and a generous top and bottom margin has been provided for this purpose.

2) Volunteer Job Description - Family Peer Support Buddy

This information sheet is provided to the Buddy at intake and provided in an information package to potential buddies.

3) Statement of Confidentiality for Family Peer Support Buddies

This form is signed by the Buddy volunteer at intake, or provided in an information package to the volunteer at the Coordinator's discretion. A signed copy should be obtained and kept in the Buddy's file.

4) Peer Support Buddy Volunteer Application Form

This form is filled out and signed by the Buddy volunteer at intake, or provided in an information package to the volunteer. A signed copy should be obtained and kept in the Buddy's file.

5) Personal Commitment Form

This form is signed by the Buddy volunteer at intake, or provided in an information package to the volunteer at the Coordinator's discretion. A signed copy should be obtained and kept in the Buddy's file.

Contents of information package to potential Matches

1. How the Buddy Match Works for Matches
2. Buddy Program Match Intake Form
3. Program Coordinators' business card (not provided in this guide)
4. Brochure about your organization (not provided in this guide)

1) How the Buddy Match Works for Matches

This information sheet is given to family members interested in becoming clients of the program. It can be included as part of an information package about the program, along with a brochure about your organization and a business card for the Program Coordinator. It can be mailed out if information is requested about the program, and also given to the Match at or after intake. You may wish to print it on organizational letterhead, and a generous top and bottom margin has been provided for this purpose.

2) Buddy Program Match Intake Form

This form is filled out by the Match client at intake. A signed copy should be obtained as well as it provides consent for release of contact information to the Buddy volunteer. It can be included in an information package sent to potential clients of the program.

Contents of the Follow up Package to Both Participants

This is sent either after the close of each match to both Buddy and Match or periodically to all participants at the Coordinator's discretion, or in keeping with funding requirements for timing of program evaluation. Care should be taken that particularly active Buddy volunteers are not sent the questionnaire too often (more than twice per year). The follow up package includes:

1. Follow-Up Questionnaire for Buddies and Matches
2. Stamped addressed reply envelope.
3. The Program Coordinators' business card, (not provided here)

4. A brochure about the organization (not provided here)
5. A list of other services provided by the organization that might be appropriate (such as a support group schedule or educational events). (not provided here)
6. (Optional, for Matches) The list of local resources compiled by your organization which was provided to Buddies in the Buddy Guide

Follow-Up Questionnaire for Buddies and Matches

This questionnaire can be sent out as part of closing each match to both Buddy and Match. Use your discretion to avoid sending it too often to particularly active Buddies.

Criminal Check Police Letter

[Insert Name of Sponsoring Organization]

June 16, 2006

RCMP North Vancouver Detachment

(insert applicable detachment name and address here, nearest to applicant's residence.)

147 East 14th Street

North Vancouver, BC, V7L 2N4

SAMPLE

Dear Sirs:

Re: Volunteer Applicant – [Insert Name of Volunteer]

Please be advised that we are a [Insert *Sponsoring Organization*] Volunteer Program and that we have volunteers assisting with various events in the community including working with families of persons with mental illnesses.

[*Insert Name of Volunteer*] is a prospective volunteer who would like to participate with our program, however she requires a criminal record search to be completed prior to being placed.

Attached with this letter is a completed CRC Consent Form from the [Insert *Sponsoring Organization*] giving you permission to conduct the search. The results are to be sent to the [Insert *Sponsoring Organization*] staff person named on the form.

If you have any questions, please contact the undersigned.

Thank you.

Name of Contact

(xxx) xxx-xxxx

Sponsoring Organization

Address.

City, B.C. Postal Code

Phone

Insert
sponsor
organization
logo here

Consent for Criminal Records Search

Name, Address, Postal Code and
Phone Number of Supervisor.
Send with addressed envelope.

Program: Family Peer Support Buddy Program

(Please Print)

To the _____ **POLICE DEPARTMENT**

FULL NAME OF APPLICANT:

_____ (Surname) (Given Names)

OTHER NAMES USED:

_____ (Surname) (Given Names)

GENDER: MALE ___ FEMALE ___ BC DRIVERS LICENCE # _____

BIRTHDATE: _____ 19 _____ BIRTHPLACE: _____
Month Day Year

CURRENT ADDRESS: _____ POSTAL CODE _____

WHEREAS I have applied for a SENSITIVE POSITION OF TRUST (e.g., a position or volunteer function involving the safety and well-being of vulnerable persons) and I am required by the above-noted agency, to disclose whether or not I have any convictions or have been charged under any Federal or Provincial criminal enactment:

AND WHEREAS I understand that, if the above-noted agency should decide any conviction or charge disclosed might preclude me from the function I have applied for, I will be given an opportunity to hear about and discuss that criminal record with the undersigned or affiliated agency staff member:

I HEREBY authorize the Police Department, on my behalf, to inquire into and determine whether or not I have a criminal record and also make to the above-noted agency, a full and complete disclosure of any criminal record that they may find. The details of any record shall be retained in confidence by the undersigned agency staff person.

To this end I herewith affix my signature:

(Signature of Applicant) (Date)

AUTHORIZATION FOR FINGERPRINTING

If there is a requirement to verify that I do or do not have a criminal record or outstanding charges, the police will require my fingerprints. Should they be required, I therefore agree to voluntarily submit my fingerprints. I understand that my fingerprints will be returned to me after this check has been completed.

(Signature of Applicant)

(Date)

TO THE POLICE

Please contact **(organization contact)** when this form is completed:

Signature: _____
Agency Director)

(Program Supervisor or

POLICE USE ONLY - RESULTS OF RECORDS CHECK
RESULTS OF RECORDS SEARCH IS MERELY A RECORD, OR LACK OF, OFFICIAL CONTACT WITH POLICE AGENCIES,
NOT AN AFFIRMATION OF GOOD CHARACTER.

A Search of (check applicable category)
for Canada

_____ The Central Repository for Criminal Records

_____ Index of Vancouver Police Department

The Above name and Birthdate shows:

_____ No Record

but cannot be
comparison

_____ A Central Repository Record may exist,
disclosed unless verified by fingerprint

_____ Outstanding Charges - C.C. Section

COMPLETED BY: _____

DATE:

(Name, signature & PIN of Officer)

Family Peer Support Buddy Annual Review Form

Name _____

Address _____

Email address: _____

Telephone _____

Date Buddy began _____

Check appropriate column	Always	Almost Always	Seldom	Never
(a) Caring and considerate with respect to clients				
(b) Gives accurate and up-to-date information to clients				
(c) Shows sustaining interest in support work				
(d) Works in cooperation with this organization				
(e) Conscientious in completing and forwarding reports				
(f) Knows and uses referral process				
(g) Maintains confidentiality appropriately				
(h) Uses discretion and tact with the public				

Have you received any complaints from the community re Support Buddy? _____

Do you recommend that they continue as a Family Peer Support Buddy?

Comments: _____

Supervisor _____

Office _____

Date _____

Match Tracking Sheet

(For Program Coordinator use only, attach to Match Intake Form.)

Name of Match Client:

Name of Matched Buddy:

Date of Match:

I have provided this match with the following materials:

- How the Buddy Match Works for Matches
- Buddy Program Match Intake Form
- Program Coordinators' business card
- Brochure about your organization
- Follow up package containing (circle all that apply)
Follow-Up Questionnaire; Stamped addressed reply envelope; Coordinators' business card; Brochure about the organization; Info on other services provided by this organization; List of local resources

Status at 48 hour follow up: (call made, contact made, both wish to continue match?)

Date Match Accepted /Rejected (circle one):

Date Match ended:

Match end at whose request?

Reason given: (please note this

info on the Buddy's information form as well.)

Feedback at 2 week follow-up: Date:

Match currently active? Current frequency of contact: More than weekly
Weekly Biweekly Monthly Less than once a month. Has frequency
changed?

Level of satisfaction with the match? Buddy

Match

Do they both wish to continue the match further? Any problems or concerns?

Feedback at 6 week follow-up: Date:

Match currently active? Current frequency of contact: More than weekly
Weekly Biweekly Monthly Less than once a month. Has frequency
changed?

Level of satisfaction with the match? Buddy

Match

Do they both wish to continue the match further? Any problems or concerns?

Appropriate for additional/substitute matches? Y/N

Please ensure match follow up is also noted as completed in the follow-up tracking calendar

Follow up tracking calendar page (Sample)

It is suggested that at the time of referral, the dates for 48 hr, 2, and 6 weeks, and follow-up calls be added to a calendar to keep track of them, especially if more than one staff member or volunteer is performing follow-up. Here is an example calendar page for the first month. It is a 2006 Excel calendar with a page for each month, and is available on request. The following instructions for use of the calendar are inserted:

- In the notes section: "Calls are made to both Buddy and Match and recorded on the match tracking sheet for that match. Please record your name next to the call entry on this calendar once you have completed it to avoid duplicate calls."
- In the page footer: "This calendar is for tracking follow up with Matches and Buddies for the Family Peer Support Buddy Program. Follow up is by phone at 48 hrs, 2, and 6 weeks with a 'how's it going' call."

Free templates to use for your own calendars in Microsoft word or excel format can be obtained from: <http://office.microsoft.com/en-us/results.aspx?Scope=TC&Query=calendar> . Tracking could also be done using software such as Microsoft Outlook (not Outlook Express), which allows automatic reminders for calendar items.

January 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Jane Doe 48hr	5	6	7
8	9	10	11	12	13	14
15	16 Jane doe 2 week	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Notes: Calls are made to both buddy and match and recorded on the match tracking sheet for that match. Please record your name next to the call entry on this calendar once you have completed it to avoid duplicate calls.			

This calendar is for tracking follow up with matches and buddies for the family peer support buddy program. Follow up is by phone at 48 hrs, 2, 6 and 12 weeks with a 'how's it going' call.

Forms for Buddies and Matches

The following forms are provided to Buddies and/or Matches as applicable. Normally, two copies are provided, one to be returned to the program and one for the Buddy or Match's own records. The title of the form indicates whether the form is for a Buddy, Match or both.

Buddy and Match Forms Included

Information on the use of the following forms is above, in the section, "Details on the Use of Forms to Give to Buddies and Matches" on page 23.

How the Buddy Match Works for Matches**Error! Bookmark not defined.**

How the Buddy Match Works for Buddies**Error! Bookmark not defined.**

Volunteer Job Description - Family Peer Support Buddy **Error! Bookmark not defined.**

Peer Support Buddy Volunteer Application Form ..**Error! Bookmark not defined.**

Statement of Confidentiality for Family Peer Support Buddies **Error! Bookmark not defined.**

Personal Commitment Form..... **Error! Bookmark not defined.**

Buddy Program Match Intake **Error! Bookmark not defined.**

Follow-Up Questionnaire for Buddies and Matches**Error! Bookmark not defined.**

How the Buddy Match Works for Matches

For the Matched Family Member

We're so glad you've decided to be involved with the Peer Support Buddy Program. We hope your involvement with this program is helpful to you. If you have any questions, we hope you will give the Program Coordinator a call at _____

What to expect

In order to ensure that we can find you a suitable buddy, we will ask you to fill out a form with some basic information. Although we will make every attempt to match you up with a Buddy as soon as we can, there may not be a suitable Buddy volunteer available at the time you apply. When there is a volunteer available, your contact info will be provided to that Buddy and you will be notified as well. The Buddy will call you within 48 hours of receiving your information. The Program Coordinator will also contact you after 48 hours to follow up with both you and your Buddy.

We recommend that you and your Buddy set a regular time to speak on the telephone or meet in person for about an hour a week, or whatever you work out between you (e.g.: a two hour walk every two weeks.) A regular appointment will make it easier for you and your Buddy to set aside time for your buddy to listen to you without interruptions.

If you need to change or cancel an appointment, please let your Buddy know as soon as possible. If things aren't working out with your Buddy, just let the Program Coordinator know. The Coordinator can then assign you someone else if you like.

Remember that your Buddy cannot provide emergency or crisis help or anything more than just a listening ear. For referrals to resources, please call the Program Coordinator.

How the Buddy Match Works for Buddies

For the Buddy

Thank you so much for your interest in volunteering to support other family members! We hope your experience with the Peer Support Buddy Program is a positive one. Please don't hesitate to give the Program Coordinator a call at _____ if you have any questions or concerns.

What to Expect

After you complete your orientation, your information will be kept on file awaiting a suitable match with a person looking for a Buddy. You may not be matched right away if there is no-one waiting who fits. (For example, some people will have requested a match with a buddy of a similar gender, or similar family members' illness). When a suitable Match is found, you will be called and asked if you are currently available to be a listening buddy. Please pay attention to your own needs and limits, and make sure you let the Program Coordinator know if it is not a good time for you to be a Buddy to someone. If you know you will be out of town, or otherwise unavailable to be a Buddy, just let the Coordinator know, and let her/him know when you become available again.

If you choose to accept a new match, you will need to call your Match within 48 hours of receiving their contact information. The Coordinator will be calling you after 48 hours to follow up with both you and your Match. After that we suggest that you and your Match set a regular time to speak on the telephone or meet in person for about an hour a week, or whatever you work out between the two of you (e.g.: a two hour walk every two weeks.) A regular appointment will make it easier for you and your Match to set aside time to speak privately without interruptions (important). If you need to change or cancel an appointment, please let your Match know as soon as possible.

If things aren't working out with your Match, just let the Coordinator know. The Program Coordinator can then assign you a different Match.

If you have any questions or concerns about resources or situations you run across with your Match, please call you're the Program Coordinator.

Remember that it is not part of your responsibilities to provide emergency or crisis help or anything more than just a listening ear.

Volunteer Job Description - Family Peer Support Buddy

Background and Purpose:

Family Peer Support Buddies provide non-professional emotional support and peer mentoring services to family members on a one-on-one basis, primarily by telephone or in person.

Qualifications:

- Successful completion of the volunteer screening process.
- Successful completion of the training session or self-study (approved by the Program Coordinator)
- Experience with mental illness in your family or as a 'family-like' supporter of a person with a mental illness.
- Be in a stable place of coping with their family member's illness.
- Good coping skills with their family member and effective strategies for dealing with stress.
- Acceptance of individual differences and willing to learn from the beliefs and values of others.
- Ability to speak and write in English (Additional languages are a definite asset).
- Reliable, friendly and a good listener.
- Ability to speak with family members on the phone or in person
- Ability to take direction from staff members.
- Awareness that you not are serving as a medical expert or professional counsellor.
- Ability to travel to the clients' homes or speak to them on the phone.
- Ability to know ones own limits and refer people to other resources if they require additional or professional help.

Responsibilities:

- Participate in training sessions.
- Work in cooperation with this organization to provide peer listening
- Refer family members to appropriate community resources or program staff when appropriate.
- Maintain confidentiality.

Peer Support Buddy Volunteer Application Form

Important: if there is any part of this form you feel uncomfortable filling out, please leave it blank.

Last Name:

First Name:

Male:

Female:

Address:

City:

BC

Postal Code:

Neighbourhood:

Preferred Phone:

E-Mail:

Employer:

Occupation:

Education Level:

Area of study:

Emergency Contact:

Name:

Relationship:

Home Phone:

Work Phone:

Additional Languages:

I'd prefer to be matched to someone with a similar:

- gender,
- family member's illness
- culture/orientation _____
- I will accept other matches as well.

Relationship to ill family

member*: (parent, sibling, spouse, friend etc...)

Illness of Family Member*:

*Please note: Use of the term 'family member' here includes other family-like supporters such as friends or other non-professional caregivers as well as family.

Previous Volunteer Experience:

Agency:

Activity:

When:

Agency:

Activity:

When:

Agency:

Activity:

When:

Agency:

Activity:

When:

Reason for Volunteering:

How did you hear about us?

Time Commitment:

3 Mo. _____ 6 Mo. _____ Indefinite _____

References:

1) **Name:**

Phone:

Relationship:

2) **Name::**

Phone"

Relationship

As a [Insert Sponsor Organization] volunteer I have agreed to treat all client information as confidential.

DATE: _____

SIGNATURE: _____

THIS SHADED AREA IS FOR OFFICE USE ONLY:

Interviewed by:

Interview date:

I have provided to this buddy:

- Toolkit for Families
- Buddy Resource Binder including local resource sheet
- How the Buddy Match Works for Buddies
- Volunteer Job Description for Peer Support Buddies
- Statement of Confidentiality
- Peer Support Buddy Volunteer Application Form
- Personal Commitment Form
- Program Coordinators' business card
- Brochure about our organization

I have completed with this buddy:

- Orientation/Training
- Interview
- Reference Checks
- Criminal Record Check

I have collected signed copy of:

- Statement of Confidentiality
- Peer Support Buddy Volunteer Application Form
- Personal Commitment Form

Along with this intake form...

Match History

(complete match info on match form)

Date & Person
Result

Date & Person:
Result:

Date & Person:
Result:

Date & Person;:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Date & Person:
Result:

Attach additional pages if necessary

Statement of Confidentiality for Family Peer Support Buddies

The question of confidentiality as it applies to all Family Peer Support Buddies is very important. When working within the Family Peer Support Buddy Program the privacy of the clients, volunteers, and staff must be respected.

- 1) A client's information and situation should never be shared informally with colleagues, friends or family. Client information should be considered private. Keeping this in mind, there is no such thing as "absolute confidentiality." Rather, "relative confidentiality" is more common. A Family Peer Support Buddy can only promise to be responsible about his or her own communication.
- 2) All conversations with your Match are confidential, except where required by law. Situations where the law requires you to report information include the following:
 - a. You learn that your Match is at imminent risk of harming yourself or other.
 - b. There is a reasonable suspicion of emotional and/or physical neglect of a minor or a reasonable suspicion of emotional, physical, or sexual abuse of a minor.
 - c. There is a court subpoena requiring it.
- 4) Another exception to regular confidentiality includes consultations with the Program Coordinator. Family Peer Support Buddy should do their best to ensure the client confidentiality, but cannot guarantee it. Please discuss any concerns you have with the Program Coordinator before acting upon any confidential information you receive from a client.

I have read, understand and will follow the above statement of confidentiality:

Signed: _____
(Volunteer) Date

I have explained the above statement and answered all questions:

Signed: _____
(Coordinator) Date

Personal Commitment Form

- ✓ I would like to be a volunteer in the Family Peer Support Buddy Program.
- ✓ I am aware of the rights and responsibilities of being a volunteer.
- ✓ I have read and understood the job description.
- ✓ I will make a minimum _____ month commitment to provide services as agreed with the staff at [Sponsoring Organization].
- ✓ I understand that I will do my best to review and understand the Buddy Binder and pertinent information provided by the program to the best of my ability.
- ✓ I understand that the Family Peer Support Buddy role is for non-professional peer listening only and in no way does it qualify me to act as a professional counsellor.
- ✓ I understand and agree that most people need a listening ear rather than advice to find the best solutions for themselves. I realize that what has worked for me and my family may not work for everyone.
- ✓ I agree to attend ongoing training sessions if available to the best of my ability.
- ✓ I agree to abide by the policies and procedure of the Family Peer Support Buddy Program and the [Sponsoring Organization].
- ✓ I agree to have my file and instatement vetted by the Executive Director.

Signature of Volunteer

Date

Signature of Family Peer Support Buddy Coordinator

Buddy Program Match Intake

Important: Information will be used to find a suitable match only. If you are uncomfortable filling out any of the information please leave that part blank.

Name:		Request Date:
Postal Address:		
Telephone:		Email:
City:		Neighbourhood:
Relationship to ill family member (child parent, sibling, spouse, cousin, friend etc...)		
Illness of family member (to assist with matching)		
Ok to tell Buddy illness information? Y/N		
How long have you known about your family members' illness?		
Is it a new diagnosis?		Does the ill family member live with you?
What are you looking for from a Peer Support Buddy?		
I would like to be matched (if possible) with someone with a similar:		
Gender (M/F)	Illness of family member Y/N	Culture/orientation:
Relationship to family member Y/N		I am willing to accept other volunteers Y/N
(Note: limits on matches may result in no matching volunteer being available)		

Please see reverse for more...

Match Intake Form Continued...

- ❖ I understand and agree that this information will be used to match me to an appropriate peer support buddy and that when a suitable match is found, my telephone number will be provided to the buddy volunteer.
- ❖ I understand that either of us may cancel a particular match at any time by letting the program coordinator know. This information will also be used for follow up purposes by the coordinator.
- ❖ I understand that my buddy is not a professional counsellor, and that what I discuss with my buddy volunteer is confidential with the following limitations:
 1. My buddy may need to consult with the program coordinator.
 2. My buddy is required by law to disclose information in certain circumstances. By law this type of requirement would include (but may not be limited to):
 - a. If your buddy learns that you are at imminent risk of harming yourself or others.
 - b. There is a reasonable suspicion of emotional and/or physical neglect of a minor or a reasonable suspicion of emotional, physical, or sexual abuse of a minor.
 - c. There is a court subpoena

Date:

Signature:

Follow-Up Questionnaire for Buddies and Matches

In order to ensure that this program meets the needs of families and volunteers, we would appreciate it if you would fill out this questionnaire and return it to us in the envelope provided. Answering the questions on this sheet will help us to ensure that we can deliver a high quality program and will help us get and maintain funding to continue to offer this service. Thank you very much!

1. I am/was involved in the program as a:
 - a. Match /Client
 - b. Buddy
2. Please describe your original purpose in the beginning for getting involved with the Buddy program:
3. Please describe the kind of help you provided or received in this program:
4. What do you like best about the buddy program?
5. What would you change or remove from the program?
6. What would you add to the program?
7. For matches/clients: How satisfied were you with the buddy experience? For buddies: How satisfied were you with this volunteer position?

8. On a scale of 1 to 5, where 1 is poor and 5 is excellent, please circle how would you rate this program for:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| a. Services provided by volunteer buddies | 1 | 2 | 3 | 4 | 5 | n/a |
| b. Services provided by program coordinator | 1 | 2 | 3 | 4 | 5 | n/a |
| c. Buddy training | 1 | 2 | 3 | 4 | 5 | n/a |
| d. Buddy Guide Binder Materials | 1 | 2 | 3 | 4 | 5 | n/a |
| e. Program met my expectations | 1 | 2 | 3 | 4 | 5 | n/a |
| f. Program had positive effects on my coping | 1 | 2 | 3 | 4 | 5 | n/a |

One a scale of 1 to 5, where 1 is strongly disagree and 5 is strongly agree, please answer the following questions (buddies & clients).

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 9. My communication skills have improved during this program. | 1 | 2 | 3 | 4 | 5 | n/a |
| 10. My knowledge of resources available has improved during this program | 1 | 2 | 3 | 4 | 5 | n/a |
| 11. My stress has been reduced in part by my connection with this program | 1 | 2 | 3 | 4 | 5 | n/a |
| 12. I have been able to solve some problems related to my family members' illness in part through my connection with this program | 1 | 2 | 3 | 4 | 5 | n/a |
| 13. I have more connections with and support from other people in my situation through this program. | 1 | 2 | 3 | 4 | 5 | n/a |
| 14. I am more knowledgeable about mental illness than I was before this program | 1 | 2 | 3 | 4 | 5 | n/a |
| 15. I would recommend to others that they volunteer with this program. | 1 | 2 | 3 | 4 | 5 | n/a |
| 16. I would recommend to others that they get support from this program. | 1 | 2 | 3 | 4 | 5 | n/a |
| 17. I would consider volunteering or continuing to volunteer with this program if it continues. | 1 | 2 | 3 | 4 | 5 | n/a |
| 18. Please add any other comments or suggestions you would like to add below or on another sheet. | | | | | | |

Local Referral Resources

To supplement the general BC referral list supplied in the Buddy Information Guide, **it is crucial for each local program to compile and provide a list of local resources to Buddies** and include it in the binder where indicated in the table of contents. A template showing categories of resources to include (where available) is included on the following page.

Although the template is here as well, it is suggested that you fill in the information in the copy of the template included with the Buddy Information Guide, for consistency in page numbering. However, this copy may be completed, printed and inserted instead.

Local Mental Health Resources

The following list is compiled and updated by the local Program Coordinator.

Type of Resource	Details	Address/Contact
Mental Health Centre		
Hospital Emergency		
Police		
Car 87 / specialized mental health police service		
Early Psychosis Intervention Program or Worker		
Rehabilitation Programs		
Housing Programs		
Educational Support		
Family Outreach		
Local BCSS Branch		
Local CMHA Branch		
Other Mental Health Agencies		
Local Support Groups		
Other local resources		
Library Resources		
Educational Programs		

Program Orientation and Buddy Training

The following section provides information and instructions for training of Buddies. Please note that there are a number of options depending on the resources available. The three options are:

- ❖ Half-day Coordinator-led training
- ❖ Outsourced listening skills training
- ❖ Supervised self-study

The Coordinator-led training is the recommended option where resources and numbers of volunteers permit, as it fosters a community feeling amongst volunteers and allows the Coordinator to get to know the Buddies and to screen them further. Considerations for using the other two training options are included below, where each option is discussed.

Instructor / Coordinator-Led Training

Materials for Presenter:

Flipchart paper or whiteboard, coloured felt markers, copy of training outline and handouts.

Presenter Qualifications: Trainer should be someone with a thorough understanding of the material, and ideally someone qualified to provide professional counselling and familiar with peer listening programs. This person should have successful experience leading training groups in this topic area. Sections 1 & 2 should be led by the Program Coordinator if they are someone other than the trainer.

Training Session

The buddy training is designed to take 3.5 hours. Existing Buddies may benefit from repeating the session as often as they would like and could be informed when training will be occurring. Brief continuing education events or lectures would also be helpful, primarily as a way of fostering networking and support between buddies, and continuing contact with the program and organization.

We suggest that trainers be rotated in order to keep it interesting for repeat attendees. Note: You may want to consider selling seats to other volunteer programs for the training of their volunteers to make this more cost effective and raise awareness in other programs about the Buddy program.

Professional vs Buddy Role – Setting Clear Expectations:

Some regions have consumer peer support worker programs that participants and coordinators may be familiar with. These programs generally are structured far more formally, and serve as pre-employment programs for the support workers as well as support for clients. Support workers typically are provided with extensive training and hourly honoraria. **This family support buddy program is quite different.** The volunteers are assumed in general to be already employed or retired. The training is brief and the support relationship informal (hence the use of the term 'buddy' rather than 'counsellor') and for non-crisis listening support only. It is very important not to give the expectation that volunteers will be trained as or considered to be paraprofessional counsellors or the more formal style of peer support workers. The program structure and training format is not built to support that kind of program, which generally needs much more staff time and resources to manage, and has a far more extensive commitment from volunteers.

Cultural considerations around honoraria:

In general, it is recommended that program volunteers (buddies) be rewarded primarily with monthly dinners and the feeling of connection and support from being part of a cohesive team. This strategy is aimed at avoiding professionalizing the role of buddy, and to keep the administrative focus of the program on building community among often isolated family members of persons with mental illness. It is very important that volunteers be rewarded in a way meaningful to them. Where this program is used inside or with cultural communities that place a value on gift exchange for community service, such as First Nations communities, it is accepted practice to pay volunteers an honoraria for volunteer time. As well, in rural communities where travel or long-distance phone costs may be involved, it may make sense to award honoraria.

Training Outline

Overview:

Introduction and Orientation to the Program

- Icebreakers (5-10 minutes)

- Introduction to the goals and structure of the program (15-25 minutes)

Peer Listening Orientation

- Buddy VS Counsellor (5 minutes)

- Introduction to Peer Listening (10 minutes)

Listening and Helping Skills Practice

- Listening Body Language Exercises (30 minutes)

- Empathy Exercise (30 min)

- Communication Blocks Exercise (10 min)

- Risks of Advice-Giving (10 min)

- Saying No Exercise (30 min)

- Sharing Your Experience (7 min)

- Self-Care for Volunteers (10 min)

Reviewing the Binder Contents (10 min)

Ending (15 min)

Training Overheads

Introduction and Orientation to the Program

Note: Distribute the binders containing the Buddy Guide to each participant upon arrival so they will be available for use during training. Any questions about content can be deferred until during training, when you will go through the first portion of the Guide as a group.

Icebreakers (5-10 minutes)

Two person self-introduction and partner introduction exercise:

Ask group members to pair up with someone they do not know and to take a few minutes to introduce themselves and tell each why they are interested in being a Family Support Buddy. Give them about 5 minutes to do this, and then call them back to the circle. Each person is to introduce their partner and tell the group why their partner is

interested in being a buddy. (Purpose: Allows people to meet someone they don't know, to talk more fully and comfortably than the group might have time for from each person. Introductions of another person are likely to be brief and succinct.)

Introduction to the goals and structure of the program (15-25 minutes)

Go over the job description, coordinator and support buddy roles, accountability forms as a group. If people haven't had a chance to read the forms already, the group could read them aloud in a circle, with one person reading a paragraph or two and passing to the next person. With a large group, you may want to project copies of the forms on the screen while you are reviewing them.

1. Review the job description and ask if there are any questions.
2. Review the coordinator and buddy roles information and ask if there are any questions.
3. Ask if anyone there has not yet signed the personal commitment form and statement of confidentiality. Make a note to collect this from them.
4. Confidentiality Agreement: Use flipchart to record group members' answers to these questions.
 - a. What does it mean to keep information confidential?
 - b. If you run into a Match or Buddy on the street or in a social or work situation, how would you protect their confidentiality? (If not supplied, emphasize that Buddies need to respect their Matches and other Buddies right to be private about their family member's illness, and the ill person's right to privacy. This may include not acknowledging that you have met previously.)
 - c. In what situations is it okay to share information about a Match with others? (Use the confidentiality form to fill in any gaps.) Don't over-emphasise the negative things that might occur, but stress that the policy is there to protect them if something should happen and if they have any concerns they are encouraged to contact you about them.
5. Talk about what will happen in the program:

- ☑ They will be matched with a 'match' – a family member to listen to,
- ☑ Follow up calls will happen at 48 hours, 2 weeks etc.
- ☑ Let them know that they have the right to end their match at any time by letting the coordinator know.
- ☑ Emphasise that any problems or crisis situations should be referred to the coordinator.
- ☑ Let them know that there will be fun social dinners or lunches held for them once a month where they can check in about the program and talk to other buddies, and that you are available for questions at any time. (Please note the monthly lunches or dinners are intended as a volunteer recognition / benefit, and should be framed as primarily a fun reward rather than a business meeting / supervision.)
- ☑ Let them know your office hours if you are not available full time.

Peer Listening Orientation

Buddy VS Counsellor (5 minutes)

Display the overhead "Support VS Counselling" and fill in the blanks as a group on a flipchart or overhead. Refer to page 26 in the Buddy Guide and fill in anything that is missed by the group.

Introduction to Peer Listening (10 minutes)

Record on a flipchart in separate columns group members' answers to the question: What is peer listening? What is not peer listening?

Display the overhead: ***Principles of Peer Listening*** and have participants provide some examples of each type of response.

Use the below as a reference to fill in any gaps:

Principles of Peer Listening

- Empathic statements and probing, directing people to expand on concerns/problems in more specific and concrete terms – Example: "that sounds hard" or "what is that like for you?"
- Factual information that increases awareness of options "Do you want some information on the respite program?"

- Tentative suggestions only when person is stuck generating his/her own answers. The match/client is responsible for all the choices they make. “You need to come up with something that works for your family so this may or may not be a fit, however some people have found it helpful to...”

Listening and Helping Skills Practice

Have flipchart paper handy to write down observations and responses to questions.

Listening Body Language Exercises (30 minutes)

Ask and record answers to the question on flipchart paper: What does a person’s body language look like when they are listening to you? What does their body language look like when they are not listening attentively?

Body Language Exercise 1:

Have the group split into pairs. Have one person assume ‘good listening body language’ while the other reads aloud half of page 6 of the Buddy Guide from their binder (“Elements of an Effective Communication Process”). They then switch roles to read the second half of the sheet. .

Body Language Exercise 2:

Repeat the exercise with the same pairs reading each other half of page 7 from the binder (“A good listener will”). This time the listener will assume ‘bad listening body language’. (closed, folded arms, looking around, pointed away, not attending.).

Bring the group back together and get the flipchart out. Write down key points of people’s reactions to each. How did each posture feel to the person holding it? How did it feel to the observer / partner?

Empathy Exercise (30 min)

Ask for a volunteer to read aloud Page 9 of the Buddy Guide: **“Empathy”]**

Hand out the ‘**Paraphrase Exercise**’ sheets. Do one as an example in front of the group with two volunteers or with the trainer and one volunteer. Ask the group to split into pairs to work through the

remaining examples. After about 10 minutes, call the group back together. Ask group members how this experience was for them. Was it easy to stay with the empathy and paraphrasing? Did it feel awkward? Hard? Was anyone tempted to give advice?

Communication Blocks Exercise (10 min)

Display the “**Communications Blocks**” overhead. Ask group members to give an example of each of the communication blocks described as you review the material.

Risks of Advice-Giving (10 min)

Flipchart Discussion: Can anyone tell us of an example where they gave advice to someone and it didn’t work out? What are some of the risks of advice giving? Why is it sometimes tempting to give advice?

Saying No Exercise (30 min)

Ask the group. Who here has ever had difficulty saying “No” when they didn’t want to do something for someone else? (put up your own hand too.) What are some of the things that get in the way of saying no when you need to? What requests are particularly hard to turn down? Write responses down on the flipchart.

Ask the group to take turns reading aloud pages 18-19 of their buddy guide: **Boundaries: Outreach work and saying “Yes”**

Refer participants to the Boundary Scenario pages in their Buddy Guide (pages 21-22) Split the group into pairs and have them role-play the examples together. One person is to make the request and the other is to refuse the request. Give them about 20 minutes to work on this. Bring the group back together and have people share how this exercise was for them. This is often the hardest part of being a helper, and is good to cover thoroughly. Which examples were hardest? If you have time, have one of the pairs do one of the exercises (perhaps the hardest one if they feel they had a good response to it) in front of the group.

Sharing Your Experience (7 min)

Record on two columns on a flipchart: Can group members give examples of where would it be helpful to share about your own

experience to someone they are matched with? Where it would not be helpful to share about one's own experience or what kinds of sharing would not be helpful?

Self-Care for Volunteers (10 min)

Brainstorm discussion – What ways have group members found to look after themselves? What are the benefits of taking good care of ourselves? For ourselves? For others? Write findings down on a flipchart.

Reviewing the Binder Contents (10 min)

Direct participants to open their binder to the table of contents page. Point out the reference materials and suggest they read the materials after the training as a review and for reference. Invite them to call you if they have any questions about the material, or bring it up at one of the monthly dinners/lunches. Point out the list of local resources included in the binder.

Ending (15 min)

Any last questions about what was covered today?



Set a date for the first or next Buddy Appreciation Dinner/Lunch and make sure everyone knows the location. Hand out or draw attention to the training evaluation forms. Thank them on behalf of the organization for volunteering to help other family members.

Training Overheads

On the following pages are materials for projection onto a screen by overhead projector or laptop projector during the training, referred to in the exercises above. To produce overheads, these pages can be photocopied onto transparency sheets and used with a projector. Following the overheads is an evaluation form for the training to be given to all participants.

Support VS Counselling

Comparing a professional counselling and peer support

		
	Support	Counselling
Who does it?		
Training necessary for role		
Scope and Limitations		
Central Focus		
Direction		
Time frame		
Relationship		
Areas for Discussion		
When does it work best?		
Learning		

Principles of Peer Listening

- Empathic statements and probing, directing people to expand on concerns/problems in more specific and concrete terms –

Example?

- Factual information that increases awareness of options

Example?

- Tentative suggestions only when person is stuck generating his/her own answers. The match/client is responsible for all the choices they make.

Example:

Paraphrase Exercises

My wife goes on binges where she spends money too freely. With her not working while she was in hospital, we can't afford to do that again. I'm really worried she might put us in financial danger.

My son is laying about all day, sleeping or just staring into space. I'm just waiting for him to get back to his old self again. He's taking his meds, but he just seems so lifeless. I'm mad at him for giving up.

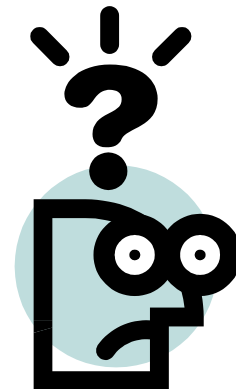
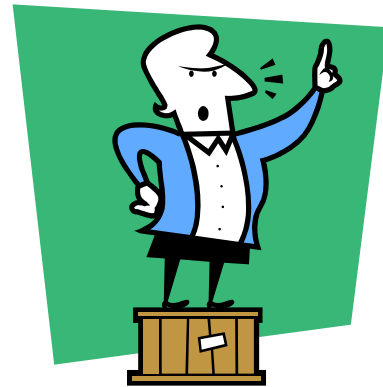
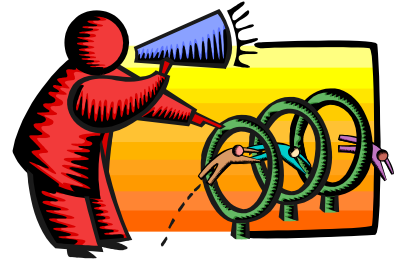
My one daughter says she's jealous of her sister who has been sick. She is angry all the time, says she never gets any help or attention, and her own achievements go unnoticed. I'm so busy coping, I don't know what to do with her. I just can't do any more than I'm doing.

It's been so hard this past year, but I'm glad my brother got diagnosed and they have him on some meds. He's changed, and sometimes I don't know how to help him. What do you think I should do?

Communication Blocks

Examples?

- Ordering / Shoulds
- Advice
- Moralizing
- Reassuring / 'Jollyng them out of it'
- Question Bombarding
- Arguing
- Criticizing
- Withdrawing
- Interpretation



Buddy Volunteer Training Evaluation Form

Please take a few minutes to comment on the workshop in which you have just participated. Your feedback will help us to improve the training workshop and better meet your needs in the future. Thank you.

For me, the pace of learning was:

- Too slow About right Too fast

Which of the topics was most useful for you?

Which activity did you like best?

Did you find the content useful?

- Not at all
- Somewhat
- Very much

Was there something you did not like about this workshop?

What could have made this workshop better?

Was this time of day/week convenient for you?

- Yes
- No
- Would have preferred _____

What makes it difficult for you to come to a workshop?

Thank you very much for your comments. We will consider them carefully!

Self-Study and Third Party Led Training Options

If funding/time is not available for training, then the following self-study either alone or combined with outsourcing (Third Party Led Training) options might be substituted. Not holding Coordinator-led training has some disadvantages which are noted below.

- ❖ Less contact with Program staff
- ❖ Coordinator has fewer opportunities to get to know the volunteer and identify any difficulties.
- ❖ Contact with volunteers in a group setting allows the Coordinator to provide some informal supervision of the Buddy and head off problems such as over involvement, intolerance or inappropriate advice-giving, and these opportunities are missed if the Coordinator is not involved in training.

Self-Study

At a minimum, the materials in the Family Support Buddy Binder could be reviewed as self-study materials. The coordinator could provide the materials plus a brief program orientation, and then call to follow up after a suitable period of time to ask if the volunteer has had a chance to review the material and if they have any questions. Asking specifically about the Do's and Don'ts sheet is recommended, as well as ensuring the confidentiality and volunteer commitment agreements are signed before assigning a match. **This training method may be the only one available for programs where buddy volunteers do not come on board in sufficient numbers for formal training /orientation.**

Third Party Led Training

Peer support and listening skills are commonly taught in the community, both by other community groups, and occasionally by training organizations. This portion of the training could be outsourced to these other organizations, allowing volunteers to benefit from practicing in a larger group and allowing facilitation costs to be shared. The following are some resources and suggestions for outsourced training. No recommendation of resources is implied.

Note: Extensive training may have the unwanted side effect of creating an expectation that the Buddy will be serving as a paraprofessional counsellor, so it is important to be clear about this.

- Resources for Training Courses
 - (Kelowna Community Resources -Active Communication Training ACT <http://www.kcr.ca/trainshed.htm> 18 hrs,
 - Self-Help Resource Association of BC <http://www.selfhelpresource.bc.ca/Workshops.php> 1/2 day),
 - Courses with the BC Network for Compassionate Communication <http://www.bcnc.org> (Not specifically oriented for peer listening programs, but availability BC-wide is good and courses focus on empathic communication skills. They also have a video basic training option. Information on this video is available on their site.)
- Look for peer counselling programs in your area and offer to share the cost of their training, by paying to send an occasional volunteer for the listening skills portion.
 - Organizations Offering Peer Support / Counselling
 - List of Crisis lines BC-wide <http://www.northernbccrisissuicide.ca/default.asp?NavBarID=24&SideBarID=81>
 - Lower Mainland programs that offer peer counselling: [http://www2.vpl.vancouver.bc.ca/DBs/RedBook/htmlpgs/bySubj/C.html#COUNSELLING%20\(peer/lay\)](http://www2.vpl.vancouver.bc.ca/DBs/RedBook/htmlpgs/bySubj/C.html#COUNSELLING%20(peer/lay))
 - Northern BC Crisis Line <http://www.northernbccrisissuicide.ca/>
 - Living Positive Resource Centre, Okanagan www.lprc.ca
 - Seniors Serving Seniors – Victoria <http://www.seniorsservingseniors.bc.ca>

Additional Self Study Listening Training

Active Listening Self-Study Materials

(The following are some examples available through the Public Library system. Similar listening tapes or videos may be suitable for your program. Some have been screened and are accompanied by a review, which is not meant to imply an endorsement.)

The dynamics of effective listening [sound recording]

Alessandra, Anthony J. Nightingale-Conant, p1994. VPL Call #: 153.6 A37d Format: Cassette with Book

The power of effective listening [sound recording] Cairo, Jim. National Press Publications, Dist. by Oasis Audio, [1989]. VPL Call #: 153.6 C13p Format: Cassette

Review: The voice on this tape has been compressed, making it sound faster than typical speech (a learning technique explained on the tape). The content is mostly correct and useful, and provides examples of poor listening and self-evaluation. The style may be particularly accessible for male learners given the voices and examples used. This 2-tape series is available in audio cassette or cd format for under \$20 at

www.Amazon.com

How to listen powerfully [sound recording] Publications, p1986. VPL Call #: 153.6 H23h Format: Cassette & Book Hampton, Lou. CareerTrack

How to listen [sound recording] *Burley-Allen, Madelyn, 1929-* American Psychological Assoc. ; Distributed by Educational Services Corp., p1985. VPL Call #: 158.2 B96h. *Review: This tape is a dialog between Dr. Burley-Allen and another woman about elements of effective listening, and the importance of empathetic listening. It is a little old-fashioned sounding, but otherwise very suited for a buddy listener. It covers off avoiding giving advice, helping with decision-making, and other useful topics. The speaker is well known. Her tapes & videos are also available at her website: <http://www.dynamics-hb.com/index.htm>*

Becoming a good listener [sound recording] / by Matthew McKay and Patrick Fanning. McKay, Matthew. New Harbinger Publications, [1986] Call #: 158.2 M15b
Format: Cassette and Book

Monthly Volunteer Appreciation and Check-In Sessions:

If at all possible monthly volunteer appreciation dinners or lunches should be held to allow buddies to build community with one another, check in with the coordinator face-to-face and to share solutions to buddy-related issues with one another. These can be an informal get-together over food, but should involve a brief check in allowing each person to say how it's going in their life, and how it's going with their buddy.

Purpose of Monthly Volunteer Appreciation Gatherings:

- Build community among organization's volunteers and potential volunteers
- Provide ongoing supervision and support to buddies
- Provide informal support and networking amongst buddies.
- Improve support and coping skills of existing and potential buddies and volunteers, and other family members who might be providing informal support to others.
- Foster continuing connection with the organization and program, amongst volunteers who may have no other involvement with the organization.
- Recognize and encourage volunteers.

Logistical Information

Scheduling

These mini-workshops will need to be scheduled so that working people can easily attend. They could be held on weeknight evenings or weekend afternoons every month, to provide ongoing education to buddies and allow for group check in time. Suggested time is approximately 1.5-2 hours.

Location

The most productive location is as private as possible, such as a private room in a restaurant, to preserve the confidentiality of volunteers and their matches. As this meal meeting is meant to be a perk for volunteers it follows that location be as inviting as possible and held in a pleasant room.

Check In Confidentiality

Participants may need to be reminded not to use real names or identifying details about buddies if they need to give real-life examples during check-in.

Funding

Funding for these sessions should be included in the budget for the project, allowing approximately \$20 per person for a lunch or \$25 per person for a dinner.

Optional Education Sessions

In an ongoing program, periodic educational sessions may be a useful way of offering additional training to volunteers, keeping touch with existing active and inactive volunteers or recruiting additional volunteers. If it is combined with the check-in meal meeting, then the check-in portion should be open to buddy volunteers only and could take place before or afterward. In this case, it might work better to hold the meal and check in at a nearby restaurant or separate room and then those that wish could go on to the presentation.

Suggestions for topics and format of educational presentations are below:

Structure of Brief Educational Sessions

- These sessions could be offered to buddies only, or be opened up as a resource to support group members or other organization members as well, with the acknowledgement that many of them are also involved in providing informal peer support to family members, or could be in future and the workshops will make them better able to do that.
- In advance arrange for someone to volunteer as a greeter at the session, to welcome people, give them any handouts and staff the sign-up sheet and ask buddies and visitors to sign in. Getting email addresses will enable you to send out reminders a few days before upcoming sessions.
- At each open session include a sign-up sheet for people interested in becoming a buddy. It is helpful to schedule

sessions a few months in advance so that participants can plan well in advance to attend.

- The buddy program coordinator should attend each session as a presenter or participant in order to provide ongoing screening and support to existing and potential buddies and provide a sense of connection to the program.
- Existing buddies could be encouraged to be speakers for some of the topics, as appropriate.
- Speakers from local mental health services could be recruited to supplement or replace the content of particular topics.
- **What is a flipchart discussion?** A number of the brief session formats below have 'flipchart discussions'. This is where the leader asks participants to share their own knowledge with the group before she or he presents information, recognizing that participants as a group may already know much of the material, and can share that information with each other via the discussion. A question is asked and all responses are noted on the flipchart, sometimes in pre-prepared columns. If some responses are incorrect, that can be addressed in the following discussion, and corrections made. For most flipchart discussions, there is a printed reference to help fill in any gaps. It is important to foster an encouraging attitude of 'there is no wrong answer' to build trust in the group that their contributions will not be criticized, which is likely shut down current and future discussion.

Brief Session 1:

Mental Illness Treatments

Group/flipchart discussion of treatments

Note down on a flipchart the treatments members come up with (include all suggested (evidence based or not) and add in any that might be missing. Set the flip chart or whiteboard up with columns for: 'Treatment', 'Research or Professional Evidence?' 'Pros', 'Cons'.

- What kinds of treatments are group members aware of?
- What evidence is there that this treatment is effective?
- What are the pros and cons of each?

Refer to: How you Can Help – A Toolkit for Families – Module 1 P16-18 to fill in any gaps, and provide copies if participants don't have the toolkit to refer to.

Evidence Based VS Non Evidence Based Treatment

“While particular treatments may have worked for your family member, unless there is broader evidence to support it, we can't assume they will work for others. A professional is in a better position to evaluate the fit of a treatment with a particular person, and may know of options you don't.”

- Note that program-connected buddies have agreed to honour the program boundary - that peer support workers are not qualified to give medical advice, and that any treatment information given to clients must be evidence based and approved by program coordinator.

Speaker Suggestion: Bring in a speaker (doctor, nurse, social worker, program worker) to talk about common treatment options / community services in your region and answer questions. If you have a speaker willing/qualified to cover the above material, then the speaker could be used instead.

Brief Session 2:

Introduction to Schizophrenia – What is it? What do we know about what causes it?

Flipchart Discussion – what is schizophrenia and what do we know about what causes it? Write information on flip chart paper. Introduce fact sheets (see relevant section in the Buddy Guide) - if group has covered the information well in the discussion introduce them as a resource for future reference, if not, read applicable sections together aloud as a group.

Speaker Suggestion:

If possible, bring in a speaker on this topic – family member, person with schizophrenia, or both, to speak and answer questions. Ask them to focus their presentation on a topic or area you think would be helpful to the group of buddies.

Brief Session 3:

Introduction to Mood Disorders – Facts and Discussion

Mood Disorders

Fipchart Discussion – what are the types of mood disorders?

Introduce Mood Disorder fact sheets (see relevant section in the Buddy Guide) - if group has covered the information well in the discussion introduce them as a resource for future reference, if not, read applicable sections together aloud as a group.

Speaker Suggestion:

If possible, bring in a speaker on this topic – family member, person with a mood disorder, or both, to speak and answer questions. Ask them to focus their presentation on a topic or area you think would be helpful to the group of buddies.

Brief Session 4:

What are Anxiety Disorders? What do we know about causes and treatment?

Anxiety

Discussion – What do group members know about anxiety, what causes it, how it is treated?

Introduce Anxiety fact sheets (see this section in the Buddy Guide) - if group has covered the information well in the discussion introduce them as a resource for future reference, if not, read applicable sections together aloud as a group.

More information: Anxiety Disorders Association of BC

<http://anxietybc.com>

Speaker Suggestion:

If possible, bring in a speaker on this topic – family member, person with a mood disorder, or both, to speak and answer questions. Ask them to focus their presentation on a topic or area you think would be helpful to the group of buddies.

Brief Session 5:

What happens when seriously ill relatives refuse to get help?

Flipchart Discussion: What happens when ill relatives refuse to get help? What are some strategies family members have tried or observed? Pros and cons of each?

Reference: How you Can Help – A Toolkit for Families – Module 1 P24
Group discussion of options – involuntary admission, boundary-setting...

Involuntary Admission

Criteria for Involuntary Admission (read as a group this section in the Buddy Guide handout (note: this information will also be covered in the 'police' brief session. Reading as a group can involve the entire group reading a paragraph or two aloud each. People remember material better the more senses that are involved.)

Boundary Setting

Note, this content will be covered under the self-care brief session.

Flipchart discussion: Has anyone here experienced this issue? What kinds of boundaries or limits were necessary?

Topic Speaker:

Family Member, Mental Health Worker, & or Consumer (30-45 min, including questions)

Brief Session 6:

Common Side Effects of Medication and Strategies

Flipchart Discussion: (Flipchart prepared with two columns)

- What are some of the common side effects of medications you have observed or heard about, experienced by your family member or others?
- What are some strategies to deal with these side effects?

Refer to Handout in the Buddy Guide and discuss with group.

Brief Session 7:

The Role of Police in Mental Illness

(See Buddy guide section on Police intervention for reference)

A speaker on this topic from the police or other professional source could be chosen, or a study discussion could be held using the topic guidelines below.

Discussion 1: When can police intervene if someone is ill? What criteria do they use to assess whether they will bring that person to a hospital? Note any responses on a flipchart. If information does not emerge, take turns reading '**Error! Reference source not found.**' and '**Error! Reference source not found.**' sections of buddy guide.

Discussion 2: What can families do to make interacting with the police more productive? Recommendations to fill in if not collected:

- a. Family to keep diary or record of what is happening
- b. Most composted person to speak with police – sometimes siblings rather than parents
- c. Give info on what's been going on
- d. Give specific history to police: person's diagnosis, who they've been seeing, why you think they've gotten ill again, if they've gone off their meds etc....
- e. Make sure police take meds with them to hospital or jail.

Brief Session 8:

Resources for Communication Skills for Families

Summary: Review the materials in Module 3 of How you Can Help – A Toolkit for Families, with an eye for what might be useful to others.

Goal: Review skills and practice applying these skills to a peer support setting.

Communication and Problem Solving Skills

Reference: How you Can Help – A Toolkit for Families – Module 3

- Group Study Exercise – divide into three groups. Each group receives one of the following excerpts from Module 3, flipchart

paper and pens. Allow each group 20 minutes to read and discuss this material's usefulness. They will then present the material to the rest of the group in whatever way they choose.

- Communication Guidelines
- Expressing Ourselves Clearly
- Communication Is Both Verbal and Nonverbal
- Communicating Praise and Negative Feelings - Role Play
Divide into groups of three and provide each with the corresponding material from Module 3 (p 6-9) to review. Two group members role play each sequence and the third watches and takes notes. After each role play they stop and compare notes and then switch roles. Each group role plays the following scenarios twice, first playing it 'wrong' and then 'right' according to the guidelines listed. (If time, group members can switch roles and repeat)
 - 1) Communication of praise
 - 2) Expressing negative feelingsThen report back to the larger group about what they learned, and what parts of the materials might be useful to other family members. Record observations on a flipchart.
Handouts:
 - Telling People What Pleases Us: Communication of Praise
 - Expressing Negative Feelings

Lecturette: Dealing with Communication Problems

- Confused or unclear talk
- Misunderstandings

Reading: Talking to Children and Youth About Mental Illness.

Hand out the section to the group. Read pages 15-16 aloud as a group, with each person reading one paragraph and passing on.

Crisis management

- Emotional First Aid

Brief Session 9:

Supporting Recovery from a Mental Illness

- What Is Recovery from Mental illness? (Flipchart discussion)
- Developing an Illness Management Plan (Flipchart discussion: What steps need to be included in an illness management plan? Add in the following steps if they don't emerge in the discussion:
 - working with a health care provider to develop a treatment plan that is best suited for the person
 - identifying what can be done to reduce risk of relapse
 - monitoring for signs of possible relapse
 - developing coping strategies to deal with stressors
 - formulating a plan to deal with symptoms early on
 - dealing with crises or emergencies.

Why Do People Relapse? (Flipchart discussion)

What should be part of a relapse prevention plan? (Flipchart discussion: add in the following if they don't emerge in the discussion:

- Identifying ways to reduce stress or other factors that may lead to a worsening of the illness
- Identifying triggers of symptoms and relapse
- Recognizing the signs of possible relapse
- Managing medication (and side-effects)
- Applying skills learned through treatments (e.g., cognitive-behavioural techniques for managing symptoms)
- Developing healthy lifestyle habits
- Controlling one's environment to minimize stress
- Taking action early when warning signs first appear)

What are some possible triggers of symptoms and relapse?

(Flipchart Discussion: Refer to Module 2 p 7 for examples to fill in any gaps)

Warning Signs of Relapse

(Flipchart discussion: Refer to Module 2 p 9 for examples to fill in any gaps. Flipchart should organize warning signs into columns: "Thoughts/Perceptions", "Feelings", "Behaviours"

Once the list is complete, ask for suggestions about how a family member could respond to these warning signs, and ways the ill person and family members could plan responses in advance together.)

Responding to Acute Episodes

What options does a family member have when someone is having an acute episode? (Reference Module 2 p 12)

Monitoring for Signs of Suicide

Discussion: Prior to training, prepare a large piece of paper or a chalk/whiteboard with the headings – Emotional Cues, Physical Cues, Behavioural Cues, Verbal Cues and use it to record the results of this discussion. What are some of the signs that someone is at risk for suicide? At what point in the illness is an ill person most likely to commit suicide? (Module 2 p 12-13)

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