CLF Peer Support Volunteer Training

Thank you for your interest in becoming a dedicated Peer Support Volunteer! In this role, you will have the opportunity to help patients and caregivers navigate the many challenges posed by concussion, Post-Concussion Syndrome (PCS), and caregivers of suspected Chronic Traumatic Encephalopathy (CTE).

This CLF Peer Support Volunteer Training accompanies the CLF Peer Support Volunteer Agreement and CLF Crisis Response Resources documents.

Please be sure to read these sections carefully:

1. How to Be a Good Peer Support Volunteer
2. Understanding Concussion, PCS, and CTE
3. Responding to Emotional Crisis, Suicide Risk, and Emergency Situations
4. Recognizing and Reporting Child Abuse or Neglect
5. Peer Support Volunteer Self Care
6. Mentee Engagement & Connection Summaries

Match Types

Matches between Peer Support Volunteers and Mentees must be one of the following combinations:

- Concussion patient PSV -> Concussion patient Mentee
- Concussion patient PSV -> Concussion caregiver Mentee
- Concussion caregiver PSV -> Concussion caregiver Mentee
- Concussion caregiver PSV -> Concussion patient Mentee
- CTE caregiver PSV -> CTE caregiver Mentee

In special circumstances and with approval from the director, it is acceptable for a CTE caregiver PSV to be matched with a CTE patient Mentee or combination patient/caregiver Mentee. We do not offer connections between suspected CTE patient Peer Support Volunteers and suspected CTE patient Mentees.

How to be a Good Peer Support Volunteer

Listen, Ask Questions, & Share Experiences

The CLF Mentorship program is designed to help Mentees feel like they aren’t alone by connecting them with someone else who knows what they’re going through. Look for opportunities to make them feel heard and understood.

The key to identifying your Mentee’s needs is listening and asking questions. Ask questions to gain a deeper understanding of a Mentee’s unique struggles. Then, share something about your
injury, treatment trials and errors, social life, or recovery that you think your Mentee might be able to relate to.

**Build Momentum**

Above all else, Peer Support Volunteers should convey **relentless optimism** that a Mentee can and will find a strategy to help manage their own or their loved one’s symptoms.

Recovering from PCS or helping a loved one navigate possible CTE can be a daunting, frustrating, and exhausting experience for a Mentee. They may not know what options are available to them, they may feel like they’ve tried every possible treatment without seeing improvement, or they may feel like they’re on the right track but not improving quickly enough.

Mentors can help by sincerely listening to these feelings. Then, when it feels appropriate, by suggesting small everyday ways to build momentum. Examples of activities that build momentum include:

- Journaling thoughts and feelings
- Talking about goals with emphasis on staying flexible in the face of setbacks
- Committing to daily light exercise (a short walk, yoga, breathing exercises)
- Tracking daily symptom severity
- Verbally celebrating progress

**Avoid Negativity**

You can be an active listener by asking questions and providing constructive feedback. Do your best to avoid negative feedback that might grind the momentum of a conversation to a halt. Be mindful about how this type of feedback can create negative feelings in a Mentee:

- Criticism of the Mentee for past mistakes or missed opportunities
- Sarcastic remarks with unclear meanings (even if the intent is humor, not harm)
- Pessimistic predictions of the future

**Meet Trauma with Compassion**

Asking questions is a great way to connect with Mentees; however, be mindful that the questions you ask may bring up traumatic experiences that are difficult for the Mentee to navigate and retell. Leave plenty of space for the Mentee to work through these difficult emotions by being patient, sympathetic, and flexible. Here are a few examples of good questions to ask a Mentee to keep the momentum going:

- Have you noticed a significant change in your symptoms for the better or worse?
- What do you feel are your biggest challenges as a CTE caregiver?
- Do you like the doctors you are seeing? Do you feel like they are listening to you?
- What is the hardest part of this experience for you?

- How would you describe how you’re feeling about what you’re going through?
- Are you able to talk to your friends and family about your feelings?
- Which symptoms are you struggling with the most?
- What has been the most difficult part of this experience for you?
What do you wish people knew about PCS?
What has been the hardest misconception you’ve heard and had to correct?
What helps you find the most relief from your symptoms?
When do you feel the most supported? / What would make you feel the most supported?
How are you able to find little moments of joy each day?
Do you want to hear about an experience I had that is like what you described?

Understand that Recovery is not Linear
The road to recovery often contains false starts and setbacks that must be handled with patience and compassion. The important thing is to keep your Mentee focused on their recovery and not to let a bad day derail their progress. It’s also important to normalize the bad days and remind them it’s normal to take a few steps back before moving forward.

Understanding Concussion, PCS, & CTE
The resources below include educational videos, webpages, and webinar recordings to help Peer Support Volunteers understand PCS and suspected CTE. They also provide more information on how to help patients advocate for themselves.

Please review them closely to understand the differences between concussion, PCS, and CTE, then come back to this training document.

Concussion
• What is a Concussion?
• What to do after a concussion

Video: What happens when you have a concussion?
We worked with TED Ed to create this educational video on concussions, PCS, subconcussive impacts, and CTE.

Post Concussion Syndrome (PCS)
• What is PCS?
• PCS Treatments
• Coping with PCS

Video: Managing Post-Concussion Syndrome
This webinar provides an overview of concussion and PCS treatment options with emphasis on ways to manage symptoms. Here is what to watch:
• 9:30-15:05 – Volunteer Gracie Hussey on PCS coping tips and strategies
• 15:05-21:00 – Volunteer James Schorn on what to keep in mind during PCS recovery
• 23:00-39:00 – Dr. Robert Cantu on PCS Treatments and managing symptoms
Chronic Trauma Encephalopathy (CTE) For Caregivers

- **What is CTE?**
- **Living With CTE**
- **The Mike Adamle Project: Rise Above**

**Video:** [Coping with Suspected CTE](#)

This webinar provides information about suspected CTE treatment options and coping strategies that may be useful for CTE Caregivers.

- **00:00-25:54** – Dr. Robert Cantu on Managing and Treating Suspected CTE
- **26:35-36:17** – Super Bowl Champion Leonard Marshall on suspected CTE symptoms
- **37:00-46:45** – Dr. James Castle discusses Treating Suspected CTE

**Responding to Emotional Crisis, Suicide Risk, & Emergency Situations**

A common symptom of traumatic brain injury is difficulty regulating emotions. It is important for the Mentee to know this is common. Therapeutic interventions such as Cognitive Behavioral Therapy (CBT) have been shown to improve these symptoms. Look for opportunities to communicate the treatment information on our [PCS Treatments](#) and [Living with CTE](#) pages.

**Recognizing Crisis Situations**

In rare circumstances, a Mentee may experience an emotional crisis that escalates to the level of imminent suicide risk or other life-threatening situations. While we do not consider this to be a common part of the Peer Support Volunteer experience, the connection between brain trauma and emotional crisis is now well documented and warrants preparation.

Recent data has shown that patients diagnosed with concussion had double the risk of suicide, a higher risk of suicide attempts, and higher risk for suicidal thoughts than people without brain injuries.

Mentors must know how to navigate conversations that show signs of an emotional crisis. Be sure to thoroughly read CLF’s [Crisis Response Resources](#) guide and internalize the strategies and tactics for navigating emotional crisis presented in the webinars below.

**Video:** [Suicidality and Crisis Training](#)

- Dr. Ciara Dockery from the NFL Life Line presents on the factors that contribute to suicidality and severe emotional crisis. The goal of this webinar is to understand how to respond if suicide comes up in conversation.

**Video:** [Helping Concussion and Suspected CTE Patients in Crisis](#)

- This webinar is helpful for understanding a concussion or suspected CTE patient’s perspective. It is a good dive into what patients go through and how friends, loved ones, and mentors can provide the support and recommendations they need to get through the tough times.
What is Considered a Crisis

We define “crisis” as a situation where it becomes clear a CLF Mentee’s life is in immediate danger. Some examples of life-threatening situations that a Peer Support Mentor may encounter in a Mentee include:

- Active planning and intention to die by suicide
- An attempt at suicide
- Intimate partner violence or domestic violence
- Drug overdose or alcohol abuse
- Driving while intoxicated

What to do if a Mentee Shows Signs of a Crisis

If a Peer Support Volunteer suspects that a Mentee’s life is in danger, they should immediately notify CLF’s Patient Services Coordinator by email and phone at help@concussionfoundation.org and 339-212-7200.

CLF staff will activate the crisis response protocol and work with the Peer Support Volunteer until the crisis is resolved.

Calling Emergency Services / 911

The first step a Peer Support Volunteer should take if they suspect a Mentee is in crisis is to notify the Patient Service Coordinator by email and phone.

A Peer Support Volunteer may choose to call 911 before contacting the Patient Services Coordinator if either of the following conditions are true:

1. The Mentee clearly confirmed in words or actions that their life is in immediate and certain danger, the volunteer knows the Mentee’s exact location, and any delay could be consequential
2. The Mentee consents to emergency services being called

For all other situations, the Patient Services Coordinator will work with the Peer Support Volunteer to activate the protocols in the CLF Crisis Response Resources.

The Importance of Following Up After Crisis

Perhaps the most impactful action a Peer Support Volunteer can contribute to a Mentee’s recovery from an emotional crisis is simply following up. Following up via text or phone shows the Mentee that you are invested in their wellbeing, you care how they are doing, and you are available to help them see the next step in their recovery.

In short, you provide hope. Studies have shown that following up with a patient who has been discharged after an emotional crisis or attempt at suicide dramatically reduced the risk of repeat crisis. When in doubt about a Mentee’s emotional wellbeing, notify help@concussionfoundation.org.
**Reporting of Child Abuse or Neglect**

In an exceptional circumstance, a Peer Support Volunteer may recognize the signs of child abuse or neglect in a Mentee.

It is the policy of the CLF Mentorship Program to adhere to the Federal Child Abuse Prevention and Treatment Act (CAPTA), state, and local requirements for the reporting of known or suspected instances of child abuse or neglect ([found here](#)).

**Definition of Child Abuse or Neglect**

At the Federal level, the Child Abuse Prevention and Treatment Act (CAPTA) has defined child abuse and neglect as "any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm."

**What to do if You Suspect Child Abuse or Neglect**

The first step a Peer Support Volunteer should take if they suspect an underage Mentee is the victim of abuse or neglect is to notify the Patient Service Coordinator by email and phone at help@concussionfoundation.org and 339-212-7200.

The Peer Support Volunteer will provide the details of the circumstance to CLF staff, at which point CLF staff will activate the mandatory reporting of child abuse or neglect protocol. CLF staff will work with the Peer Support Volunteer to report the details to the appropriate state or local child protective services if necessary.

**Identification of child abuse or neglect**

For the purposes of the CLF Mentorship Program, review the warning signs of abuse and neglect compiled by the Mayo Clinic. These signs warrant discussion with the CLF Patient Services Coordinator. For more information, extensive resources for identification of child abuse or neglect are listed on the U.S. DHHS Children’s Bureau website.

The presence of warning signs does not necessarily mean that a child is being abused. Nonetheless, report warning signs to CLF Staff via email and phone as soon as they are recognized.

**Peer Support Volunteer Self-Care Resources**

**Self-Care Checklist**

Remember that your health is also a priority. Helping another person navigate physical and mental health struggles can take a toll on you. Please communicate with CLF’s Patient Services Coordinator if you feel overwhelmed or under-supported. We’re here for you as well.

One great way to stay in touch with your physical and mental health is to adopt and track self-care habits. Try this [Self-Care Assessment Worksheet](#) to start mapping out a self-care routine.

Another great self-care option is mediation and mindfulness. Legacy Family Community Member Dr. Shannon Albarelli lead a session for CLF that you can watch [here](#).
**Professional Mental Health Support**

Consulting with a trained mental health counselor, such as a psychologist or psychiatrist, is a great way to take self-care to the next level.

You can search for a counselor by location, particular issues, you would like to discuss and covered by your insurance with Psychology Today’s Search Tool. Alternatively, you can ask CLF’s Patient Services Coordinator for assistance connecting with a mental health professional.

**Mentee Engagement**

There are certain elements of forming a new mentoring relationship that fall within the acceptable scope of support and some that fall outside the scope of support. For instance, all advice Peer Support Volunteers share with Mentees should be shared with the understanding it is based on personal experience not professional experience.

Here are some additional example boundaries for connections to aid you in developing a strong mentor connection:

**Within the scope of support**

- Sharing treatment experiences and personal stories
- Listening to concerns in an empathic and judgement free manner
- Strategizing, casually bonding, finding additional resources together
- Phone calls, text messages, audio messages, letters, video calls

**Outside the scope of support**

- Providing professional medical opinions or diagnoses
- Providing professional legal or financial advice
- Giving financial support in the form of money or material assets
- In-person meetings

**Connection Summaries**

After a scheduled phone call, video chat, text exchange, or email exchange, please update CLF about how the connection went and how your Mentee seems to be doing. You will be provided with instructions for how to complete these summaries by the Patient Services Coordinator.

This is a great time to highlight the Mentee’s progress or major challenges. Please also use this as an opportunity to inform CLF if a Mentee is requesting your assistance with something that falls outside the scope of support.
Conclusion

The CLF Peer Support Volunteer role offers a unique opportunity to connect with individuals and caregivers who are living with the effects of brain trauma and guide them toward the resources they need.

You will make an enormous difference in a Mentee’s life just by being there and helping them feel heard. Time and again, CLF Mentees have reported that connecting with a Peer Support Volunteer who understood their struggle changed their life completely.

CLF is grateful for your commitment to improving the lives of individuals and caregivers navigating the effects of brain trauma.

Program Contacts

Patient Services Coordinator: Tyler Ambrose; tambrose@concussionfoundation.org
Program Manager: Michael Burke; mburke@concussionfoundation.org
HelpLine Email: help@concussionfoundation.org
HelpLine Phone: (339) 212-7200

About the Concussion Legacy Foundation

The Concussion Legacy Foundation is a 501(c)(3) nonprofit organization. It was founded by Robert Cantu, MD, and Chris Nowinski, PhD to support athletes, Veterans, and all affected by concussions and CTE; achieve smarter sports and safer athletes through education and innovation; and to End CTE through prevention and research. For more information, please visit ConcussionFoundation.org.