



M² Peer Mentoring Program

T R A I N I N G M A N U A L



Edited by Mira Dineen and Dr. Mike Condra

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Sample Citation

Dineen, M., & Condra, M. (Eds.). (2016). *M² Peer Mentoring Program: Training Manual*. Kingston, ON: Queen's University.

ISBN: 978-0-9949281-1-5

Acknowledgements

The M² Peer Mentoring Program was developed and pilot-tested at Queen's University from 2013 to 2015. Funding for the project came from the Ministry of Training, Colleges, and Universities through the *Mental Health Innovation Fund*. We would like to acknowledge the many individuals who helped in so many ways to accomplish this work; we are deeply indebted to all of them. At the core of the project were the student participants, the Peer Mentors and Mentees. We were very fortunate to be able to recruit an outstanding group of Peer Mentors who participated with great dedication, enthusiasm for learning, and boundless energy and compassion. Our Mentees willingly agreed to participate in the many "extra steps" that were necessary to complete the evaluation of the program, and their thoughtful feedback and interest in the project is immensely appreciated. M² also benefitted hugely from the numerous contributions of many members of staff — too numerous to mention by name — across the Student Affairs division at Queen's. We could not have completed this project without their generosity, wisdom, sage advice, feedback, student referrals, and support. Thank you all.



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Key

Instructors:



Lesson Plan



Instructor Notes/Slides



Frequently Asked Questions

Students:



Handouts



Homework

Training Manual Overview

In the Training Manual, you will find everything you need to facilitate Peer Mentor training, including:

- Lesson plans, including learning outcomes and activity instructions, for each training session
- Icebreaker activities
- Role-play instructions and suggestions for facilitating
- Evaluation tools to evaluate training and students' learning

Additionally, the PowerPoint presentation for each training session has been made available online.

How to Use This Manual

The Training Manual aims to help staff at post-secondary institutions with the process of planning and implementing comprehensive training for Peer Mentors. The manual provides all necessary materials (lesson plans, presentations, handouts) for facilitators to effectively deliver training sessions.

The manual is divided into four sections. The first section includes an overview of the pilot program at Queen's University, information on the curriculum framework, and guidance on how to plan and deliver Peer Mentor training. The second section includes all of the necessary materials for each training session, including comprehensive lesson plans with learning outcomes, background readings and resources, and companion notes for each presentation. The third and final section includes evaluation tools to assess training.

A brief overview of the context at Queen's University, found at the beginning of this manual, may assist the reader in understanding the specific campus community for which these materials were created.

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SECTION ONE

M² Peer Mentoring Program Overview

Project Background

Mental Health Innovation Fund

In June 2011, Ontario launched its mental health and addictions strategy, entitled “Open Minds, Healthy Minds”. The Mental Health Innovation Fund (MHIF) was established to support initiatives that provide support to postsecondary students with mental health issues and increase access to mental health services. In the fall of 2012, the Ontario Ministry of Training, Colleges, and Universities (MTCU) issued a Request for Proposals to all post-secondary educational institutions in Ontario in relation to the MHIF. A proposal from Queen’s University was successful and \$426,000 from the MHIF was awarded to develop a peer mentoring program focused on supporting students with mental health concerns that may be implemented at post-secondary institutions across Ontario. This project is entitled “The Development of a Peer Mentoring Program for Post-Secondary Students with Mental Health Issues”.

Ontario’s Open Minds, Healthy Minds strategy and report can be found online here. (link: http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mentalhealth.aspx)

Visit the Centre for Innovation on the Campus Mental Health website [link: <http://campusmentalhealth.ca/>] for more information about projects funded by the Mental Health Innovation Fund.

Context at Queen’s University

Located in Kingston, Ontario, Queen’s University is one of Canada’s oldest degree-granting educational institutions. Queen’s strives to be a balanced academy, focusing equally on excellence in research and a transformative student experience. Since its founding in 1841, Queen’s has grown into a mid-sized university with a number of faculties, colleges, and professional schools. The student body includes over 16,000 undergraduate students, 4,000 graduate students, and nearly 4,000 post-graduate and part-time students.

Within Kingston, Queen’s is situated adjacent to the downtown core and plays a major role in the surrounding community. Because 95 percent of Queen’s students are from outside of Kingston, many live on or near campus during the academic year. A full 90 percent of first-year students live in residence halls, and 85 percent of upper-year students live within a 15-minute walk to campus.

The residential nature of the campus community, coupled with a strong culture of student leadership and engagement, lends itself to an active and close-knit student body. Queen's has an active student community with more than 450 student-led clubs and activity groups. Among these clubs are a number of student-run mental health supports, such as the undergraduate student government's drop-in Peer Support Centre and the Mental Health Awareness Committee, which runs outreach and stigma-reduction campaigns. Given the high levels of student engagement, peer mentorship and leadership have been incorporated into many services and programs across the student affairs divisions. Peer Health Educators deliver outreach presentations in residences, Peer Learning Assistants coach learning strategies one-on-one, and Peer Writing Assistants help students hone their writing skills. Queen's recently launched two programs staffed by peer facilitators, including QSuccess, a first-year transition program, and Bounce Back, a retention program for first year students on academic probation. For over 15 years, the university has also had a general peer mentoring program open to any student seeking academic or personal support.

In recent years, Queen's has placed a greater focus on the mental health and wellness of students. A series of tragic student deaths in 2010 and 2011 brought the issue of mental health to the forefront on the campus. This difficult time resulted in a significantly greater awareness of mental health in all areas of the university, and the establishment of numerous research projects, initiatives, and the development of mental health resources. Principal Daniel Woolf established a commission on mental health and Bell Canada established the Bell Mental Health and Anti-Stigma Research Chair in Queen's Faculty of Health Sciences, naming Dr. Heather Stuart as the first chair-holder. The university undertook a concerted effort to ensure that all members of teaching staff, as well as departmental and university administrators were exposed to print information and training workshops on recognizing and responding to signs of distress among students.

With funding from the Mental Health Innovation Fund, high student interest, and a strong base of institutional knowledge, Queen's was well positioned to develop and pilot the M² Peer Mentoring Program.

Pilot Program at Queen's University

The M² Peer Mentoring Program was a pilot project that took place at Queen's University between September 2014 and March 2015. The Ministry of Training, Colleges, and Universities provided funding to researchers at Queen's University to develop and pilot test a peer mentoring program specifically designed for students with mental health issues. The Principal Investigator for this project is Dr. Mike Condra and the Program Coordinator is Mira Dineen. The project was undertaken with the goal of creating this Training Manual, so that the program may be adapted and implemented at other colleges and universities in Ontario and beyond.

The M² Peer Mentoring Program matched upper-year students (Peer Mentors) with students who were experiencing a mental health problem or disability (Mentees). The objective of the mentoring program was to provide Mentees with various tools (healthy lifestyle strategies, academic skills) and personal support (empathy, active listening), which would help them to be more successful in their post-secondary education. The program aimed to provide support that complements, but does not replace, professional help. The program emphasized the Peer Mentor's and the Mentee's shared experience as students.

The following offers a brief overview of the various components of designing and implementing the pilot peer mentoring program. If you intend to implement this program at your own post-secondary institution, you will likely need to adapt and adjust certain components to suit your student population and your institution.

Program Structure

The structure of the program is one-on-one, meaning that each Peer Mentor is matched with one Mentee. Peer Mentors meet with their Mentees once a week for approximately one hour at a mutually agreeable location on campus, such as a library study room. Peer Mentors are trained to offer personal support, including active listening and empathy, and supportive coaching in practical health and learning strategies, problem-solving, and goal-setting.

Wise Choice Mentoring Model

The program adopted the Wise Choice Model as a framework to structure and focus the interaction between Peer Mentors and Mentees, and to define the scope of the program. More information on the Wise Choice Model can be found in the Wise Choice Mentoring Model lesson plan in this manual. We recommend reading *On Course: Strategies for Creating Success in College and in Life, Second Edition Study Skills Plus* (Cengage Learning) by Skip Downing, which outlines the Wise Choice Model.

Student Wellness Assessment

In the first or second mentoring meeting, Mentees complete the Student Wellness Assessment with their Peer Mentor in order to begin identifying intentions and goals with their Peer Mentor, as part of the Wise Choice process. The Student Wellness Assessment used in the pilot program can be found as a handout at the end of the Wise Choice Mentoring Model lesson plan. The Student Wellness Assessment is not a formal or validated assessment tool, as the goal of the exercise is to facilitate self-reflection and a discussion about goal-setting between Peer Mentors and Mentees. In our program evaluation, Peer Mentor feedback indicated that they greatly appreciated using the Student Wellness Assessment as it offers concrete questions that guide the initial discussions with Mentees, define the parameters of the mentoring role, and help to structure mentoring sessions.

Peer Mentor Eligibility

Peer Mentor applicants were required to be full-time undergraduate students in Year 2 or above at the time of their application and were additionally required to have maintained a GPA of 3.0 or above during the previous two semesters. Applicants were required to attend all mandatory training sessions and weekly meetings with a Mentee for the duration of the program (September – April). During the application process, students were notified that they would be asked to provide a police record check at the start of the program; students were reimbursed for this additional cost.

Honoraria

Peer Mentors were each paid a \$500 honorarium for their participation in the program (September to April, including attending all mandatory training sessions).

Peer Mentor Recruitment and Selection

The selection process included a written application and an individual interview. A recruitment flyer was distributed to undergraduate students through email by undergraduate program assistants. We particularly targeted recruitment efforts at students who have historically been more engaged with mentoring programs on our campus, including students in education, psychology, and social science programs.

Students submitted a written application online through FluidSurvey, the survey software used by the university. All applications were scored using a rubric. The rubric evaluated the quality and depth of students' responses and favoured students with previous experience in helping roles and an appropriate understanding of the scope and aims of the peer mentoring role. Successful candidates were invited for an individual interview. During interviews, the selection panel scored each candidate on a rubric assessing the

content of responses, as well as communication or interpersonal skills. The selection panel deliberated and the Program Coordinator conducted reference checks before candidates were notified.

Mentee Eligibility and Referrals

Students were eligible to join the program if they were currently enrolled in 40% of a full-time course load in any undergraduate program, in any year of study.

Students were referred to the peer mentoring program by campus counsellors and disability advisors. Counsellors and disability advisors were asked to refer students whose primary challenge was a mental health issue, including mood disorders, anxiety disorders, and eating disorders. The program was not designed to support students experiencing other primary challenges, including other mental health challenges (e.g. addictions, psychosis), or social transition or adjustment, ADHD, or a learning disability. Generally, we sought to accept students to the program who were likely to be well-suited to the program's scope and aims and to the training of our volunteer Peer Mentors.

Students were not asked to disclose their mental health diagnosis at any point during the referral process or during their participation in the program. The mentoring relationship focussed on the functional impact and experience of a Mentee's mental health condition, not their diagnosis or specific symptoms. For example, a Peer Mentor would support a Mentee in pursuing practical strategies related to sleep, exercise, or building social connections, while offering supportive listening and empathy, rather than engaging directly in a Mentee's low mood. For more information on how this approach shaped the focus and nature of the program, as well as the role of Peer Mentors, see the lesson plan on Mental Health Education.

Once a referral form was submitted, the Program Coordinator met individually with the student to discuss their priorities and current challenges, their goals related to peer mentoring, their preference for a Peer Mentor match, and to answer any questions they might have about the program. The Program Coordinator also reviewed the scope of the program, a Peer Mentor's role, expectations of the Mentee, and key guidelines from program policies (see "Policies" below).

Matching

After training, Peer Mentors filled out a brief personal information questionnaire outlining their interests, strengths, and what they felt most comfortable working on with a Mentee. The Program Coordinator matched students based on a combination of personality, interests, and hobbies, since personal connection helps mentoring relationships develop. Where possible, the Coordinator also sought to align the Mentee's needs and goals with the Peer Mentor's strengths.

After matching, the Program Coordinator facilitated a brief meeting to introduce the Peer Mentor and Mentee and to review key program guidelines and policies together.

Peer Mentor Training and Peer Mentor Homework

This manual outlines training in depth. Briefly, Peer Mentors completed independent learning activities ("Peer Mentor Homework") including readings, videos, and independent activities prior to attending 3.5 days of in-person training. The Peer Mentor Homework activities are listed at the beginning of each lesson plan and copies of the activities and handouts are included at the end of each lesson plan. The Program Coordinator emailed a package with all Peer Mentor Homework activities to the volunteers in the summer. Most of the activities require written responses. Peer Mentors submitted their completed Homework to the Program Coordinator prior to the start of in-person training. Where possible, responses were shared with specific training session instructors so they could gauge Peer Mentors' comprehension and learning needs.

The in-person training included the lesson plans in this manual. After in-person training, ongoing training sessions were held throughout the year.

Peer Mentor Manuals

Each Peer Mentor was provided with a comprehensive manual that included: a welcome letter from Program Coordinator; program overview and mission statement; a copy of the Peer Mentor position description; a copy of the Peer Mentor Volunteer Agreement; policies on honoraria, volunteer evaluation, and conflict resolution; a copy of a blank Mentoring Meeting Log; information about individual meetings with the Program Coordinator and team meetings; copies of all program policies; copies of PowerPoint slides from Peer Mentor Training; copies of common program tools, such as the Student Wellness Assessment and some of the handouts found throughout the lesson plans; a comprehensive list of campus and community resources.

Program Supervision

The program was supervised through a combination of Mentoring Meeting Logs, individual meetings, small group debriefs, and clinical supervision.

After each mentoring meeting, Peer Mentors submitted a Mentoring Meeting Log electronically to the Program Coordinator. The Mentoring Meeting Logs included the date, time, and length of the meeting, a brief summary of the discussion, and an outline of the Peer Mentor's next steps (e.g. talk to Program Coordinator for more resources on time management) and the Mentee's goals for the coming week. The Coordinator reviewed the meeting logs to ensure matches were meeting regularly and to identify any issues of concern.

The Coordinator held individual meetings with Peer Mentors after their first three to five mentoring meetings, and as needed after that.

The Coordinator facilitated small group debriefs once a month. The Peer Mentors were divided into groups of five to seven and met monthly for small group debriefs facilitated by the Coordinator. Peer Mentors valued these meetings immensely as opportunities to connect with their fellow volunteers, support one another, and share mentoring strategies. The discussions adhered to strict confidentiality guidelines and Peer Mentors did not share any identifying information about their Mentees.

The program was based in the campus counselling department. The principal investigator, Dr. Mike Condra, was also the Director of Health, Counselling and Disability Services during the pilot program. Any concerns relevant to clinical supervision were directed to and handled by Dr. Condra.

Boundaries and Confidentiality

Peer Mentors completed a training session on boundaries and confidentiality in mentoring relationships. The lesson plan for this training session is available in this manual.

The program also developed and adopted a policy on mentoring relationships. This policy was distributed to Peer Mentors and reviewed during the training session on Boundaries and Confidentiality. A copy of this policy ("Mentoring Relationship Guidelines") is available at the end of the Boundaries and Confidentiality lesson plan.

Additionally, the Program Coordinator reviewed key guidelines with Mentees during the initial intake meeting, particularly related to expectations around the respective roles of Mentees and Peer Mentors. After Peer Mentors and Mentees were matched, the Program Coordinator facilitated a brief introductory meeting and reviewed key guidelines with both parties. Peer Mentors provided feedback that they appreciated the Program Coordinator facilitating this discussion.

Policies

The program's policies are included in this manual. The policies on boundaries and confidentiality (Mentoring Relationship Guidelines; Confidentiality Policy) are included as handouts in the Boundaries and Confidentiality lesson plan. The policy on crisis response is included in the Crisis Response lesson plan. The Crisis Response policy should be adapted to include appropriate campus or community resources. Peer Mentors received copies of these policies in their Peer Mentor Manuals during training. The Coordinator reviewed the Confidentiality Policy in full with Mentees during the initial intake meeting, and reviewed key messages from the Mentoring Relationship Guidelines with both the Peer Mentor and Mentee during the initial match meeting.

Evaluation

The program was rigorously evaluated using qualitative and quantitative assessment tools. These tools can be found at the end of this manual in the Evaluation section.



SECTION TWO

Planning Peer Mentor Training

Curriculum Development

We worked with educational developers at Queen's University to develop a purposeful curriculum framework that was learner-centred and outcome-driven. Oftentimes, program coordinators develop training by creating a list of content or topics that 'needs to be covered', instead of identifying skills that participants need to succeed in their role and building training sessions that intentionally develop these competencies.

We began by asking these questions:

1. Who are the Mentees? What will Mentees gain from this program?
2. Given this information, what does a Peer Mentor need to be able to do?

This is a useful exercise whether you are starting a new program or updating an existing program. Our responses formed the basis of the overall program outcomes, which then informed the development of our recruitment materials (eligibility criteria, selection rubrics for Peer Mentors, etc.), training materials, and the shape of the program itself.

Who are the Mentees?

Students were referred to the pilot program by campus counsellors and disability advisors. Students were eligible regardless of year of study, program, or whether they were registered with the campus Student Accessibility Services office. Students were eligible for referral if they were currently experiencing a primary challenge of a mental health problem, including mood disorders, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, and eating disorders.

What do we want Mentees to gain from this program?

The program outcomes for Mentees focus primarily on cognitive and affective domains, as well as developing practical skills related to learning and personal health.

Through participation in the peer mentoring program, Mentees will:

- Practice identifying big picture goals or intentions for themselves (academic, health, or personal)
- Practice identifying concrete strategies or steps to better align their daily habits and activities to support their goals or intentions
- Develop skill in setting realistic goals and taking action
- Identify barriers (practical or personal) to achieving a goal, and problem-solve in advance

- Become familiar with campus and community resources available to meet their needs
- Develop academic skills and learning strategies essential to their success as a student
- Identify health habits that hinder their personal or academic success and practice implementing new strategies or healthy lifestyle habits
- Experience a sense of belonging, acceptance, and connection through their relationship with a Peer Mentor
- Experience a decrease in self-stigma related to their mental health problem or disability
- Develop help-seeking skills and personal supports which may help them beyond the time-limited scope of the program

The program focuses on building skills and improving the Mentee's personal experience as a student. It's important to make this distinction, as we purposefully developed our curriculum and our evaluation tools to connect to these goals. The program did not aim to increase retention or improve individual academic performance. The curriculum and evaluation tools might have looked very different if these were central goals of the program. Similarly, the program did not aim to treat or resolve the student's mental health problem or disability. This reflects the limits of a volunteer Peer Mentor's abilities and commitment.

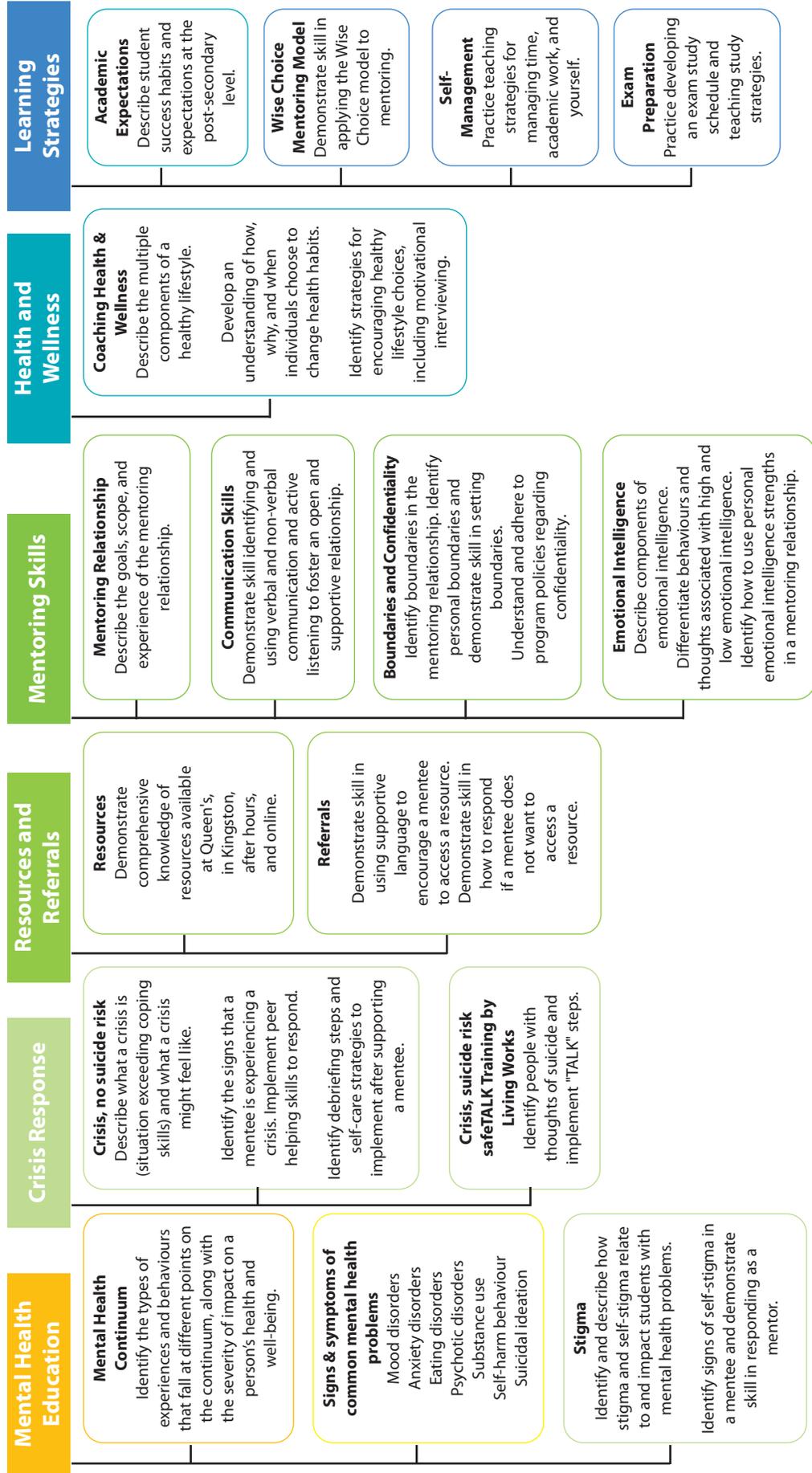
Given this information, what does a Peer Mentor need to be able to do?

Based on the program outcomes designed for Mentees, we developed a list of skills and competencies that Peer Mentors need to effectively perform their role. We grouped similar skills together and developed a framework of training sessions.

The following visual map shows high-level learning outcomes for Peer Mentors, organized into training sessions. The lesson plans included in this Training Manual include a more detailed list of learning outcomes for each session.

Thematic Outline of Learning Outcomes for Peer Mentor Training

by Mira Dineen (m.dineen@queensu.ca)



Additional Resources

There are many resources online to help you with the process of developing program outcomes, identifying skills, and creating training content. Here are some resources that can help with this process:

“Designing Courses Backwards” by Stanford University Teaching Commons, available here:

<https://teachingcommons.stanford.edu/resources/course-preparation-resources/course-design-aids/designing-courses-backwards>

Writing Learning Goals by Stanford University Teaching Commons, available here:

<https://vptl.stanford.edu/teaching-learning/teaching-practices/evaluation/stanfords-new-course-evaluations/writing-learning>

Bloom’s Taxonomy of Educational Objectives by Stanford University Teaching Commons, available here:

<https://teachingcommons.stanford.edu/resources/course-preparation-resources/course-design-aids/bloom%E2%80%99s-taxonomy-educational-objectives>

Delivery

Peer Mentor training included individual homework assignments, lecture-style and hands-on group sessions, videotaped role-play exercises, and ongoing training sessions throughout the year. The variety of delivery methods is designed to accommodate students' unique learning styles and to encourage deeper engagement with the material.

Peer Mentor Homework (August):

Prior to in-person training in September, Peer Mentors completed a homework package of individual activities and assignments. These activities included reading chapters, watching YouTube clips and TEDTalks, and completing various tools and self-assessments that Peer Mentors may use with a Mentee (e.g. Student Wellness Assessment, time management tools). These learning activities are included throughout the lesson plans in this Training Manual, found under 'Peer Mentor Homework'.

This approach is loosely based on the 'flipped classroom' pedagogical model, where students complete homework in advance so that classroom time may be used for integrative and hands-on activities.

Most Peer Mentors took about 10 hours to complete the homework package, and they were informed of this time commitment when they applied for the position. Workbooks were checked for completion, providing the Program Coordinator with a valuable opportunity to observe Peer Mentors' engagement, commitment, and comprehension of the material.

In the training evaluation survey, all Peer Mentors indicated that the summer homework prepared them to engage more meaningfully in the September training material.

In-Person Training (September):

Peer Mentors participated in 3.5 days of group training sessions over two weekends in early September, prior to being matched with a Mentee. The sessions were developed and facilitated by the Program Coordinator and student affairs professionals in Learning Strategies, Health Promotion, and Counselling at Queen's University. The final half-day of training was dedicated solely to a round of role-play exercises that served as a capstone learning experience, helping participants to synthesize material and practice skills from all previous training sessions.

Ongoing Training:

Some training sessions can be held during the year as ongoing training sessions. This approach reduces the amount of material covered at the beginning of the year, enabling in-person training to focus on the essential skills and content needed for Peer Mentors to begin mentoring. Ongoing training sessions help Peer Mentors to refine their mentoring skills and to add on more nuanced or specific content and skills. Peer Mentors may not need particular information or skills until later on in the mentoring relationship, or the material may only make sense with some practical mentoring experience. During the pilot program, the training sessions on Exam Preparation and Stigma Reduction were held during the year as ongoing professional development opportunities for Peer Mentors.

Individual Skills Development (Video Role-play Activity)

Peer Mentors participated in an individual mentoring skill development session. Each Peer Mentor acted out a mock mentoring session with a “Mentee” (played by a Senior Peer Mentor) and had the opportunity to review their videotape to reflect on their strengths and areas for improvement. The related lesson plan (Video Role-play Activity) includes further information on this exercise.

During the pilot program, Peer Mentors completed this activity in January, the beginning of the second term of the program. Based on evaluation feedback from Peer Mentors, we recommend implementing this exercise twice (resources permitting) during the program. Peer Mentors suggested that the exercise be first held near the beginning of the program, after they have had a few mentoring meetings with their Mentees, and again during the second semester of the program.

Sequencing Training Sessions

During the pilot program, experts from different student affairs divisions at Queen’s University including Learning Strategies, Health Promotion, and Counseling delivered many of the training sessions. These guest facilitators have developed lesson plans so that instructors at your institution have the resources required to lead each training session with your own Peer Mentors.

It’s preferable to schedule the training sessions in the sequence outlined below, if practical considerations allow. This sequence ensures that Peer Mentors learn and practice the fundamental skills that are necessary to effectively engage in subsequent sessions.

The first and second sessions of the training program are Mentoring Relationships and Skills and the Wise Choice Model. The former outlines the scope of a Peer Mentor's role and differentiates mentoring from other sources of student support; the latter provides in-depth practice with the Wise Choice mentoring model, which serves as a framework for the program and all subsequent sessions.

The training session on Boundaries and Confidentiality helps participants to clearly establish the scope and limitations of a Peer Mentor's role. This session is highly practical and uses scenarios and role-play activities so participants can practice identifying and setting boundaries with a Mentee.

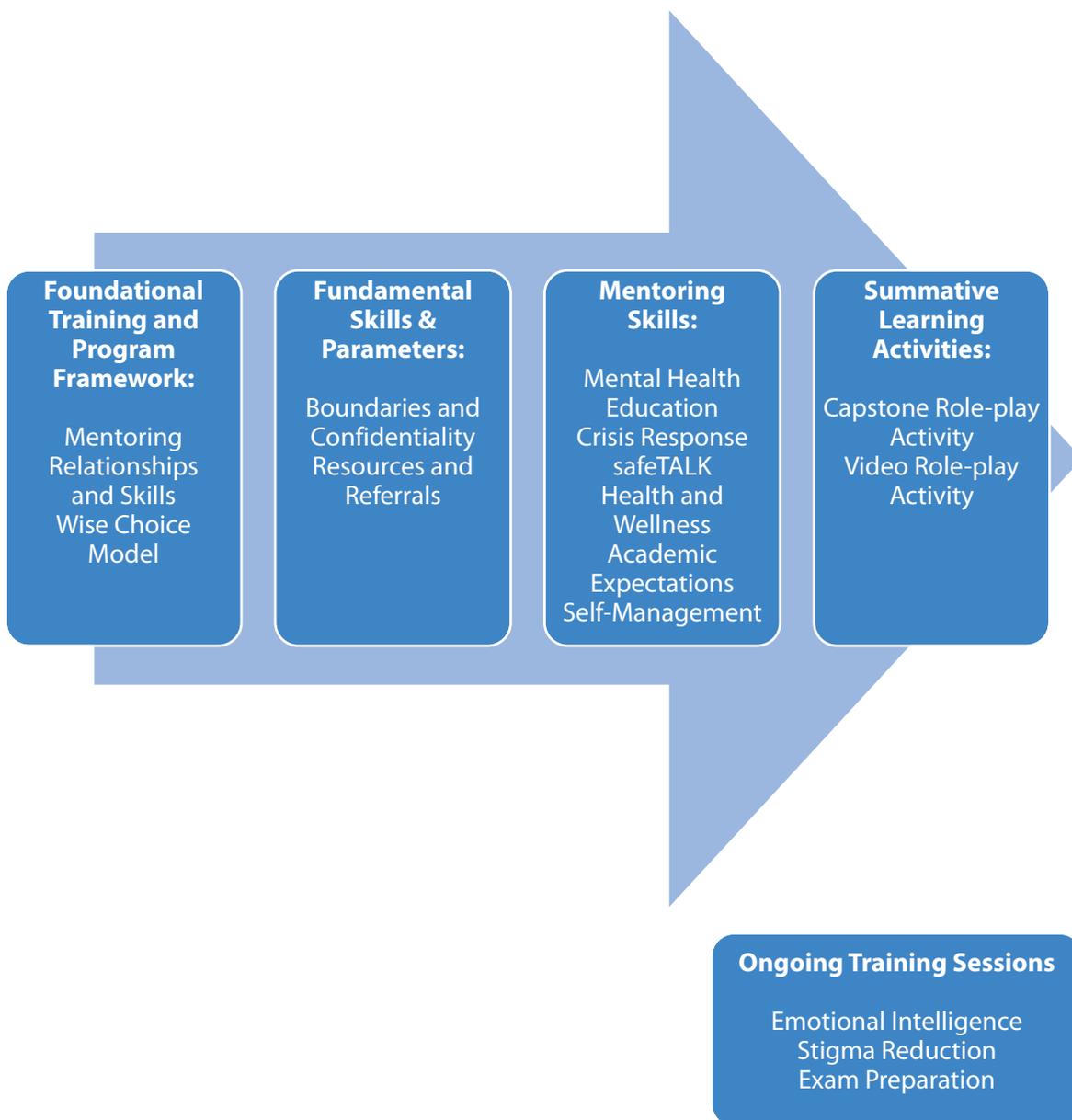
The majority of sessions relate broadly to mentoring skills. These lessons are designed as standalone training sessions and there is considerable flexibility for how you might sequence these. Clustering together certain sessions makes sense and works well, if scheduling allows this. For example, the training sessions on Mental Health Education, Crisis Response, and safeTALK all include related skills and work well when scheduled together, as do the sessions on Academic Expectations and Self-Management. Exam Preparation should be delivered about 4-6 weeks before the start of the exam period at your institution, so that Peer Mentors have adequate time to help their Mentees prepare, and so the information is still fresh. The remaining sessions can be scheduled as needed.

The training program ends with the Capstone Role-play Activity. This lesson plan includes a round of role-play activities specifically designed to enable Peer Mentors to practice and demonstrate all of the skills developed through previous sessions.

Similar to the Capstone Role-play Activity, the Video Role-play Activity offers Peer Mentors the opportunity to synthesize and practice their mentoring skills. During the pilot program, Peer Mentors completed this exercise in January as a 'refresher' mid-way through the year.

All training activities were mandatory during the pilot program.

Sequence of Training Sessions



Sample Training Schedule

This is the training session implemented during the pilot program. The suggestions and guidelines included in this manual (e.g. sequencing training sessions, session lengths outlined in individual lesson plans) reflect lessons learned through the pilot and through feedback provided by Peer Mentors. Several sessions (including Stigma Reduction and Exam Preparation) were developed and delivered during the academic year.

| Time | Saturday September 13 | Sunday September 14 | Saturday September 20 | Sunday September 21 |
|---------------|--|---|--------------------------|--------------------------------|
| 9:30 – 10:00 | Welcome Icebreakers Program Overview | Mental Health Education | Icebreakers | Capstone Role-play Activity |
| 10:00 – 10:30 | Mentoring | | Wise Choice Model | |
| 10:30 – 11:00 | Relationships and | Crisis Response | | Academic |
| 11:00 – 11:30 | Skills | | Expectations | |
| 11:30 – 12:00 | Emotional | Resources & Referrals | | Housekeeping & Closing |
| 12:00 – 12:30 | Intelligence | | | |
| 12:30 – 1:30 | Lunch | Lunch | Lunch | |
| 1:30 – 2:00 | Boundaries and Confidentiality | safeTALK Training (LivingWorks Education) | Self-Management | |
| 2:00 – 2:30 | | | | |
| 2:30 – 3:00 | Coaching Health and Wellness | | | |
| 3:00 – 3:30 | | | | |
| 3:30 – 4:00 | | | | |
| 4:00 – 4:30 | | | | |

Resources and Budgeting

The cost of planning and delivering Peer Mentor training can vary considerably. Some variables include: the number of Peer Mentors participating, the availability of colleagues who can deliver training sessions (compared to seeking external facilitators), and the availability of 'free' resources through your department or institution (e.g. classroom space for training sessions, printing or photocopying). Additional factors include the availability of dedicated program staff, particularly if the Program Coordinator is responsible for other programs or work. Many of the tasks outlined below could be completed by an administrative assistant, student employees (e.g. Work-Study or casual staff), or Senior Peer Mentors, if these resources are available to you.

Here are a few budget items to consider when preparing and planning for Peer Mentor training:

- Program Coordinator's time
 - Time to plan and organize training, including: contacting and liaising with session facilitators to develop curriculum, booking rooms, ordering catering, communicating with Peer Mentors, reviewing Peer Mentor Workbooks (completed Peer Mentor Homework Packages), printing and assembling Peer Mentor Manuals, etc.
 - Time to attend and/or deliver training sessions, which may take place during evenings or weekends to accommodate students' class schedules
- Classroom space for training sessions
- Instructors' time (preparing curriculum and delivering sessions)
- Printing costs, binders, and dividers for Peer Mentor Manuals (copies of all presentation slides and handouts)
- General materials (name-tags, pens and highlighters, tape, laptop, speakers, data projector)
- Materials needed for specific training sessions, as outlined in each lesson plan (e.g. Post-It notes, flip chart paper, markers)
- Catering during training
- Certificates upon completion of training
- Thank-you gifts and cards for instructors

Icebreaker Activities

In order for training and the program itself to be a success, it's important to facilitate an environment where Peer Mentors feel comfortable participating, acting out role-play scenarios, sharing their experiences, and supporting each other. Icebreaker activities are an excellent way to help your new Peer Mentors to get to know each other while having fun.

During the pilot program, we used icebreakers at the initial Peer Mentor "welcome event" immediately after hiring (early April), and again throughout the in-person training sessions (September). These activities are also a great way to break up a long day of training. As a rule, try to keep icebreakers as simple as possible and ensure that the session is appropriate and comfortable for all those involved.

The following are some popular icebreaker games that participants enjoyed during the pilot program. Some of these activities will need to be modified if any of your participants require accommodations.

Common Denominator

Time Required: 10 – 15 minutes

Resources:

- Open space where participants can move around easily, such as a classroom with desks pushed aside or an outdoor space.

Instructions:

1. The instructor/facilitator stands at the front of the room, with the Peer Mentors standing spread out.
2. For each round, the instructor calls out:
 - a. A number: Peer Mentors need to quickly form small groups of that number. Choose a number that is a multiple of the total group size.
 - b. A category: Each small group needs to quickly discuss amongst themselves to find something they have in common within that category.
Examples of categories: A pet peeve, a hobby, a place you have travelled, a place you would like to visit, favourite TV show, favourite artist/band, favourite author/book, etc. Categories can be quite specific for smaller groups.

3. Once they have found something they all have in common (their “common denominator”), all group members will raise their hands. If possible, small prizes can be a fun way to keep energy high throughout this activity; however, it’s important to let all groups finish. Once each group has found something in common, the instructor calls on each group to share what they have in common. This completes one round of the icebreaker.

Go through a series of rounds fairly quickly to keep the game interesting. With each round, vary the group size and encourage participants to pair up with different people each time.

Human Machines

Time Required: 15 minutes

Resources:

- Open space where participants can move around easily, such as a classroom with desks pushed aside.

Instructions:

- 1) Divide Peer Mentors into groups of 5–8, depending on how many participants you have.
- 2) Tell each team that they will be given the name of a machine and they will need to represent or create that machine, using only their own bodies and movements. Each team member must be a part of the machine. Sample ideas for machines:

- Toaster
- Car
- Airplane
- Washing machine
- Telephone
- Vacuum cleaner
- Lawn mower
- Television
- Espresso maker, coffee maker

Note: Assign each team a machine discreetly/quietly so the other teams do not hear.

- 3) Give the groups 4-5 minutes to work on their machine.
- 4) Ask each group to act out their machine while the other groups guess the machine.
- 5) Instruct participants to form small groups with new people and assign another machine.

This game works well with two or three rounds.

Speed Dating

Time: 15 minutes

Resources:

- Open space where participants can move around easily, such as a classroom with desks pushed aside.

Instructions:

- Divide the Peer Mentors into two groups. Instruct both groups to form two circles in the middle of the room, with one circle inside the other. The inner circle of Peer Mentors face out and the outer circle faces in. When organized correctly, each Peer Mentor will be facing another Peer Mentor. The inner circle will not move throughout this activity.
- The instructor calls out a question. Each pair of Peer Mentors will introduce themselves, discuss the question, and take turns sharing with their partner. Allow two minutes per question.

Sample questions include:

1. A travel destination you would like to visit.
2. A movie you never get tired of watching.
3. The top item on your bucket list.
4. If there were magically 8 days this week, how would you spend the extra day? (Note: no studying!)

5. You have an unlimited budget for a fancy meal. Which restaurant (local or elsewhere) would you go to and what would you order?
 6. Your favourite type of music and an artist you like.
 7. A TV show that you never miss.
 8. Your best summer job.
 9. The most memorable concert you have ever been to.
 10. Describe someone who has been a role model for you.
- 3) When the two minutes are up, the instructor calls out "Switch!" The people in the outside circle take one step to their right so they are in front of a new person.
 - 4) Ask another question and repeat.

Extreme Rock, Paper, Scissors

Time Required: 10 minutes

Instructions:

- 1) Play this game in the normal Rock, Paper, Scissors fashion.
- 2) Tell the Peer Mentors to organize in groups of two. Each pair plays one round of Rock, Paper, Scissors.
- 3) Once the winner and loser are established, the winner will find someone else in the room who has also won their first game, while the loser must follow the winner around for the rest of the activity chanting the winner's name.
- 4) This continues until there are only two people left playing a final round of Rock, Paper, Scissors, with a large crowd of supporters behind them, chanting their name.

Human Bingo

Time Required: 15 minutes

Resources:

- 1 Human Bingo sheet for each participant (tailor this handout to suit your campus/students)
- 1 pen/pencil for each participant

Instructions:

- 1) Hand out a Human Bingo Card (included below) to each Peer Mentor.
- 2) Give the participants 10 minutes to find a Peer Mentor that matches with each category on the Card. (This is not truly “Bingo” in that the Peer Mentors must complete the entire card, not just a row.) Peer Mentors write that person’s name on the appropriate square.
- 3) Each Peer Mentor can only be written on a card once. Participants can include their own name on one square.
- 4) Once a Peer Mentor has filled out the entire card, they will yell “BINGO!”

We recommend that you continue to play until most or all participants have finished. You could offer a small prize to the first 1-5 participants who fill their sheets, depending on your group size and resources. You may wish to adapt the sample Human Bingo card to better reflect your student population and post-secondary institution.

Human Bingo

Find someone who:

| | | | | |
|--|---|--|---|---|
| Gone on a road trip outside this province | Lived abroad or went on exchange | Not a Psychology major | An only child | Grew up in a small town (<5000) |
| Has met a celebrity | Broken a bone | A former camp counsellor | Vegetarian or vegan | Went to a music festival |
| Sings in a choir | Never had a cavity | Speaks more than 2 languages | Enjoys video games | Plays the guitar |
| Practices yoga | Enjoys running | Loves dancing | Went on an outdoor trip 4+ days long | Harry Potter Super Fan |
| A competitive athlete (present or past) | Grew up in another province or country | Travelled to 3 other continents | Left-handed | Went skydiving |



SECTION THREE

Lesson Plans

Acceptable Use and Adaptation of Lesson Plans

This Training Manual was created to help program coordinators develop and implement a peer mentoring program at their own institution. We are happy to share our resources with others and hope that you find these lesson plans helpful in. Please review the copyright guidelines for acceptable use of these materials.

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Mentoring Relationships and Skills

Prepared by:

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Overview

This 90-minute session provides participants with an understanding of the scope, aims, and nature of peer mentoring relationships and an opportunity to practice fundamental mentoring skills such as verbal and non-verbal communication, building trust and rapport, and making an effective referral.

Rationale

This training session is scheduled at the very beginning of the in-person training program as it provides context and a framework for all subsequent sessions, content, and skills. The session helps participants to understand the roles of both Peer Mentors and Mentees in mentoring relationships, to differentiate a Peer Mentor's role from other student supports, and to practice mentoring skills that are essential to building an effective mentoring relationship grounded in empathy, trust, and respect. By establishing the parameters of a mentoring relationship and the scope of a Peer Mentor's role at the beginning, participants are able to engage more meaningfully and purposefully in subsequent sessions.

Instructor Profile

The Program Coordinator should deliver this training session.

Background Reading

Hale, E. E. (n.d.). *Stages of a mentoring relationship*. Retrieved from http://www.mentoring.org/downloads/mentoring_428.pdf

Johnson-May, A., VanDerhei, E., Wallace, R. (n.d.). *OARS model*. Retrieved from http://provideaccess.org/wp-content/uploads/2012/09/Communication_Skills_-_OARS_.pdf

Segal, J., Smith, M., Boose, G., & Jaffe, J. (2015). *Nonverbal communication*. Retrieved from <http://www.helpguide.org/articles/relationships/nonverbal-communication.htm>



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Describe the characteristics of an effective Peer Mentor and the scope of a healthy mentoring relationship
- Describe and differentiate the role of a Peer Mentor from other student supports
- Demonstrate skill in verbal and non-verbal communication strategies, including:
 - Open-ended questions
 - Active listening
 - Reflection
 - Summarizing
 - Non-verbal communication (body language, attending behaviours, voice)
 - Mirroring
- Understand the role of vulnerability and empathy in the mentoring relationship
- Describe and recognize common communication blocks
- Apply strategies to build trust and rapport
- Describe the usefulness and limitations of self-disclosure and effectively make decisions about how and when to share personal information with a Mentee
- Apply the steps to make an effective resource referral

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

- Read the “Mentoring Relationships and Skills” chapter in the Peer Mentor Homework package and complete the activities and questions described there.

Time

This session will take between 1.5 - 2 hours.

Resources

- Student handouts:
 - Mentoring Meeting Log
 - First Mentoring Meeting Guide
 - Peer Mentor Cheat Sheet
 - Peer Mentor Matching Form

Internet connection to display Brené Brown YouTube clip (“Brené Brown on Empathy” on The RSA’s YouTube channel (<https://www.youtube.com/watch?v=1Ewgu369Jw>, 2:54 minutes long))



Instructor Notes

Slide 01

MENTORING RELATIONSHIPS & SKILLS

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Slide 02 – Agenda

Agenda

- Mentoring Relationships
 - Goals and Scope
 - Peer Mentor's Role
 - Qualities of Effective Mentors
- Mentoring Skills
 - Communication Skills
 - Building Trust and Rapport
 - Empathy
 - Vulnerability
- Resources and Referrals



Slide 03 – What is a Peer Mentor?

What is a Peer Mentor?

- A **mentor** is defined as someone who is an experienced and trusted advisor.
- A **mentoring relationship** is when someone forms a supportive, coaching relationship with someone else.



There are many types of mentoring relationships. Mentoring happens informally (e.g. an older sibling, a family friend, a coach) and formally (e.g. mentoring programs). For the purpose of our program, a Peer Mentor is a more experienced student (e.g. upper-year) who forms a supportive, coaching relationship with a student who has a mental health issue. The mentoring relationship develops through weekly one-on-one meetings where the Peer Mentor offers empathy and active listening, and supports the Mentee in developing practical strategies, setting and pursuing goals, and problem-solving.

The mentoring relationship is also time-limited. This means that you and your Mentee will meet regularly in the context of the program, but you won't be in contact after the program has ended. It's important that this expectation is clear from the beginning, for both the Peer Mentor and the Mentee. We will talk more about the reasons for this in later training sessions (see Boundaries and Confidentiality). We will discuss bringing your mentoring relationship to a close at a team meeting near the end of the year.

Slide 04 – Program Logistics

Program Logistics

- 1 Mentor + 1 Mentee
- Matched based on a combination of factors (personality, interests, Mentee's goals, Peer Mentor's strengths)
- Weekly meetings (1 hour) on campus
- Peer Mentors offer personal support and model or teach practical strategies (health habits, learning strategies)
- Peer Mentors apply the **Wise Choice Mentoring Model** to help Mentee to set goals and solve problems

Peer Mentors typically want to know more about the basic logistics of the program. Providing this information upfront and answering their questions can help them to better engage with the remaining material. Update this slide based on any changes or adaptations necessary for your campus or your program.

Slide 05 – Mentoring Meetings

Mentoring Meetings

- Mentoring meetings are the foundation of your relationship



- Basic logistics:
 - Meet on campus, before 9 pm
 - Do not meet in places that serve alcohol
 - Choose a quiet place where you can focus and speak freely

The information on this slide is based on the guidelines used in the pilot program (e.g. meet on campus before 9:00 p.m.), and it refers to some details in the mentoring meeting guidelines which are discussed in depth in the Boundaries and Confidentiality training session. Inform participants that the Wise Choice Mentoring Model training session talks more about the structure, flow, and content of mentoring meetings. They will have plenty of time to practice before meeting their Mentee.

Update this slide based on any changes or adaptations necessary for your campus or your program.

Slide 06 – Program Supervision

Program Supervision

- **Mentoring meeting logs**
 - Fill out after every mentoring meeting (within 3 days). Program Coordinator will send you the URL to complete online.
- **One-on-One meetings**
 - Scheduled after your first 4-5 mentoring meetings, OR as needed. The Program Coordinator is always available for consultation.
- **Small team meetings**
 - Every month, Peer Mentors meet in small groups (5-6) with a Senior Peer Mentor to talk about their mentoring relationships and to share strategies
- **Volunteer meetings and ongoing training**
 - Full team meetings (all volunteers) scheduled each semester, along with ongoing training and professional development sessions

Explain the reporting and supervision structure of your specific peer mentoring program. Update this slide as needed based on the program supervision designed for your specific program and campus. If applicable, introduce other team members to the Peer Mentors. Let Peer Mentors know your (Program Coordinator) availability and location, as well as any other resources (e.g. Senior Peer Mentors, other colleagues) available to them. During the pilot program, Peer Mentors were required to submit electronic logs to the Program Coordinator after every mentoring meeting. These logs enable the Program Coordinator to manage and monitor the program and flag any issues of concern. Distribute a hard copy of the Mentoring Meeting Log now and review it with the Peer Mentors.

Slide 07 – Peer Mentors Offer

Peer Mentors offer...

| | |
|--------------------------------|--|
| • Personal Connection | • Encouragement with healthy lifestyle choices (sleep, exercise, eating) |
| • Empathy | • Modelling effective learning strategies |
| • Active Listening | • Modelling positive self-talk |
| • Validation | • Foster motivation, hope |
| • Acceptance without judgement | |
| • Avoids assumptions | |



Peer Mentors can support Mentees in many ways. Peer Mentors offer:

- **Personal connection:** As a Peer Mentor, you are able to relate to the Mentee on several levels. You are “peers” in that you share the experience of being a student.

- **Empathy:** You consciously make an effort to understand and connect to their emotions, and express empathy for their experience.
- **Active listening:** You offer your Mentee your undivided attention and practice active listening, reflection, and summarizing. We will be discussing and practicing this in today's session.
- **Validation, understanding:** You make an effort to listen carefully and ensure you understand your Mentee's perspective, even if it is different than your own. You say things like, "It seems like you're frustrated. Is that right?" You validate their feelings to help the Mentee feel understood by saying things like, "It's okay to feel this way."
- **Acceptance without judgement:** Peer Mentors intentionally create a non-judgemental environment for their Mentee. The Mentee should feel comfortable sharing things without fearing that the Mentor will judge or criticize them. Your Mentee may make decisions that are very different than your own. Accepting without judgment means accepting your Mentee for who they are and where they are right now. Approach your Mentee each week by thinking, "Where are you at today? How can I support or guide you today?"
- **Avoids assumptions:**

All program participants will be treated with dignity and compassion regardless of their sex, gender identity (transgender, genderqueer, etc.), sexual orientation, race, ethnicity, culture, religion, ability/disability, etc. You are expected to be treated respectfully by your Mentee, and you are expected to treat your Mentee respectfully. Avoid making assumptions about your Mentee's identity. For example, don't assume that your Mentee is straight or that they have the same beliefs or worldview as you. Similarly, don't make any assumptions about someone based on their race, religion, or your guesses about their cultural background. If your Mentee only mentions their dad when they talk about their family, there's no need to say, "And what about your mom?" Accept whatever information they share with you and use the language that they use.
- **Encouragement with healthy lifestyle choices:** Part of your role is to help the Mentee develop healthy skills. You will help them build a "toolkit" of skills they can use to make changes in their life.
- **Modelling effective learning strategies:** You will also help your Mentee set goals and pursue strategies to help them be more organized and successful academically. You are not a tutor. You will be able to help you Mentee assess their learning styles, study habits, etc.

- **Modelling positive self-talk:** You will help the Mentee recognize thought patterns that may be unhelpful and gently encourage the Mentee to adopt more compassionate and empowering “self-talk”.
- **Foster motivation and hope:** This is one of the most important things you will do as a Mentor. You will help your Mentee recognize that change is possible.

Slide 08 – Goals of Mentoring

Goals of Mentoring

We hope that Mentees...

| | |
|--|--|
|  | Experience a sense of connection, support, empathy |
| | Develop strategies to effectively manage their academics |
| | Develop strategies to effectively manage their health |
| | Receive validation and unconditional acceptance from a peer |

Each Mentee may take something different from this mentoring relationship. However, overall, we hope that they gain a sense of connection, support, empathy, as well as skills and strategies to effectively manage their academics and health. Validation from a peer is an invaluable gift. Some students will not have experienced this. Simply sitting with someone and listening to them, allowing them space to express themselves, and validating their feelings is a powerful experience.

Slide 09 – It’s the Mentee’s Journey

“It’s the Mentee’s Journey”

A Mentor joins their Mentee for a brief part of their journey

Goal is to provide **support, validation, and empathy** through mentoring relationship

+

Help Mentee develop useful **skills and strategies**

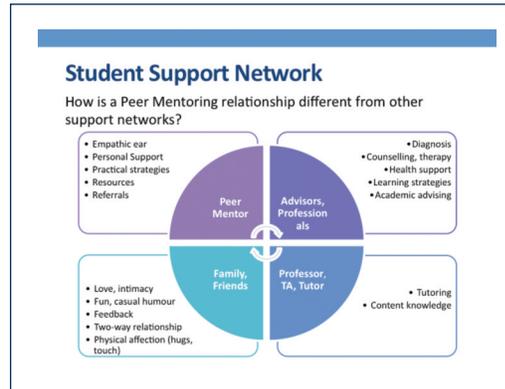


The goal of this slide is to clarify the program's goals and to manage the participants' expectations. Some Peer Mentors may be hoping or assuming that their Mentee may "get better". Have a conversation with participants about the philosophy of the program and help to clarify expectations.

Life is full of ups and downs, and we can't predict or prevent them. The goal of the program is not to treat, resolve, or eradicate a Mentee's mental health issue. It's impossible to "fix" a Mentee so they never experience poor mental health again. Trained health professionals, like counsellors and psychologists, don't have the ability to do that. It's entirely possible – and in many cases, it's likely – that a Mentee's mental health issue will not go away by the end of the mentoring program. Many mental health issues are episodic and everyone's experiences are unique.

The program aims to provide support, validation, and empathy. The experience of feeling accepted, heard, and understood is invaluable, and this is something that you can offer as a Peer Mentor. Our focus is also on equipping Mentees with useful skills and strategies that will help them after the program has ended. Peer Mentors can help their Mentees develop practical strategies (e.g. health habits, learning strategies) and build a personal support network (e.g. connect with a counsellor, get to know a person who may become a friend). We want the Mentee's "personal toolbox" (strategies and personal supports) to be better stocked so that they can benefit from their experience in the program after their mentoring relationship has ended.

Slide 10 – Student Support Network



First, display the four components of the student support network: Peer Mentor, advisors and professionals, family and friends, and academic supports. Go through each group and ask participants, “How does this group support the Mentee? What does this group offer the Mentee that a Peer Mentor would not or could not offer?” Ask participants why these differences are important.

Peer Mentors offer:

- Empathy, personal support, practical strategies, resources, referrals

Advisors and professionals include counsellors, physicians, psychologists, psychiatrists, learning strategists, academic advisors, and any other professional support.

This group can offer:

- Diagnosis
- Counselling, therapy, treatment
- Health support (medication, diagnosis, treatment, medical advice)
- Learning strategies
- Academic advising (advice about dropping courses, program planning, transferring to another institution, choosing a major, etc.)
- Financial advising
- Career counselling

Professors, teaching assistants, and tutors offer academic support based on course content.

This group can offer:

- Tutoring
- Content knowledge

Tutors or instructors focus on course content, while Peer Mentors focus on study skills and learning strategies. Mentoring focuses on external factors (mental health, sleep, eating, organization, time management, etc.) that may impact learning. In later training sessions, you will learn more about the practical strategies you can use with a Mentee.

Emphasize that a Peer Mentor is not a tutor. Even if the Peer Mentor and Mentee are in the same program, the Peer Mentor's role is to help the Mentee set goals, adopt practical strategies, and to offer personal support. If a Mentee is struggling with course content, the Peer Mentor can help them connect with their instructor or teaching assistant, or find a tutor.

Family, friends, and romantic partners are an important source of personal support. Spend time reviewing this section, as Peer Mentors often have questions about the boundaries and differences between mentoring and friendship. Friends, family, and romantic partners can offer the Mentee:

- Love
- Emotional intimacy
- Fun (hanging out, going out to the movies or to a bar, etc.)
- Casual humour
- Feedback
- Physical affection, including hugs or touch
- Two-way relationship

Friendship is informal and lacks the intentional support of a Peer Mentor. Friendship is two-way, meaning you can go to a friend with your own problems, whereas a Peer Mentor would not do this with a Mentee. Friendship and personal relationships include physical affection, touch, and emotional intimacy, and this is different from mentoring.

Peer Mentors may have questions at this point that relate to boundaries. "Can I invite my Mentee to hang out with my friends outside of our mentoring meetings?" (No.) Field a few of these questions now to help frame the relationship. Let participants know that a subsequent training session on Boundaries and Confidentiality will explore these issues and specific scenarios or "What if...?" questions in depth.

Slide 11 – What Makes a Good Mentor?

What Makes a Good Mentor?

Think about someone who has been a mentor to you.

1. What qualities or skills made them an effective mentor?
2. Why was their approach effective?
3. Think about their words, their listening skills, their tone of voice, their responses to you.

Think on your own (2 minutes)
Pair up and discuss (3 minutes)
Share with the class

This is the first Think, Pair, Share activity in the training program. The participants will do many more exercises in this format throughout subsequent training sessions.

Ask Peer Mentors to think of someone who has been a mentor to them and consider the questions on the slide (2-3 minutes). Ask them to pair up with a partner and share their ideas (2-3 minutes). Bring the group back together and ask a few students to share their ideas with the group. Write these on the board.

Slide 12 – Mentoring Skills

Mentoring Skills

- Verbal communication Skills
 - Open-ended questions
 - Active listening
 - Reflection
 - Summarizing
- Non-verbal communication skills
- Empathy
- Mirroring
- Trust and Rapport
- Communication Blocks

We are transitioning from looking at mentoring relationships to looking at and practicing mentoring skills. In the previous activity, you identified many qualities and skills that can make someone a good mentor.

We will be reviewing and practicing verbal communication skills, non-verbal communication skills, empathy and vulnerability, and strategies to build trust and rapport. We'll end by reviewing some common communication blocks and guidelines for mentoring.

Slide 13 – Communication Skills OARS Model

Communication Skills: OARS Model

- The OARS Model can be used to remember key communication skills.
- Does not have to be used in this particular order

- **O** = Open-ended questions
- **A** = Active listening
- **R** = Reflection
- **S** = Summarize



Communication skills are skills. Some people have had the opportunity to develop these skills already, or they may have received feedback (e.g. a trusted friend saying it is frustrating to be interrupted) that prompted them to reflect on their communication style. Some skills will come more easily to you, while others may be more challenging to develop. The key to becoming a more effective communicator is being able to thoughtfully examine your own patterns (self-reflection) and being open to feedback from others. Self-reflection is very different from self-criticism. Like any skill (playing the piano, swimming, sketching), communicating takes practice over time.

The OARS Model is a helpful acronym that describes some fundamental communication skills. The OARS Model can be used throughout your Mentee relationship. Each mentoring session should involve these elements of effective communication.

Slide 14

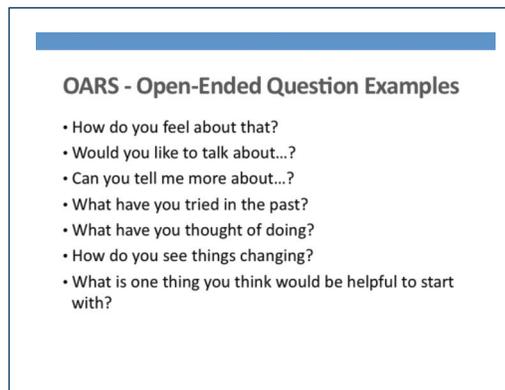
OARS - Open-Ended Questions

- Helps Mentee explore events, feelings, and options for action
- Encourages the Mentee to do most of the talking
- Begin with words such as “How”, “What”, or phrases such as “Can you tell me more about...”
- Avoid questions beginning with “why” – can make people feel defensive

An open-ended question cannot be answered with “Yes”, “No”, or a one-word answer.

Open-ended questions help the Mentee explore events, feelings, and possible courses of action. These are good phrases to turn to when you want the Mentee to expand on something and to empower them to come up with solutions. Ask the class for a couple of examples of open-ended questions.

Slide 15 – Open-ended Questions

A slide titled "OARS - Open-Ended Question Examples" with a blue header bar. The slide lists seven open-ended questions in a bulleted format.

OARS - Open-Ended Question Examples

- How do you feel about that?
- Would you like to talk about...?
- Can you tell me more about...?
- What have you tried in the past?
- What have you thought of doing?
- How do you see things changing?
- What is one thing you think would be helpful to start with?

Use neutral questions that don't presume a response or pre-emptively label a Mentee's experience or emotions. For example, "What was that like for you?" is preferable to "I bet that pissed you off, right?" or "I would be so mad if that happened!" Adopt a neutral position and allow the Mentee to consider and share their own experience.

Review the questions on the slide.

Open-ended questions are also useful if a conversation has slowed, or if the Mentee has difficulty expressing themselves. Simply posing a question helps the Mentee to identify their own feelings and thoughts. Mentees will look to you to guide the session and the conversation to some extent, particularly those who are more shy or reserved.

As a Peer Mentor, you don't need to know "the answers"; instead, you are thoughtfully and purposefully posing questions to help the Mentee better understand themselves, their goals, values, and available choices.

Slide 16 – OARS – Active Listening

OARS – Active Listening Skills

- Pay attention.
 - Make eye contact, nod your head, open body posture (arms uncrossed)
- Ask questions to clarify as needed
 - “Just to make sure I understand...”
- Affirming presence
 - Give the Mentee the message “I see you and hear you”
 - Your tone of voice, eye contact and body language can all be affirming
 - Validate their feelings “It’s normal and okay to feel this way”

Active listening means giving your Mentee your undivided attention. Your phone is on silent and stored out of sight. You are focusing carefully on what your Mentee is saying. You are listening with the aim of understanding. When you listen to understand, you are not rehearsing what you will say next or waiting for a pause so you can jump in.

Slide 17 – Reflective Listening

OARS – Reflective Listening

Reflect back what you think the Mentee is saying, or what you observe. For example:

- It sounds like...[paraphrase] Is that right?
- I hear you saying that...[paraphrase] Is that how you’re feeling?

- Helps make sure that you understand what the Mentee is telling you
- Mentee can hear what they have said, clarify, feel understood

When you’re talking to a Mentee, particularly about emotions or a conflict, one of your goals is to help them identify and understand their own emotions. Reflective listening is when you paraphrase what you think a Mentee has said, and then check in to make sure you have understood correctly. Reflective listening gives you the opportunity to ensure you have correctly understood your Mentee. Similarly, it gives the Mentee the opportunity to hear what they have said, clarify if needed, and feel confident that they are understood.

Slide 18 – Summarizing

OARS - Summarizing

- Summarizing is a good way to organize thoughts and pull together key points.
- Useful if a Mentee gets off track, when transitioning between topics, or at the end of a meeting.
- End with an invitation for Mentee to respond
 - What did I miss? What else would be helpful today? What other questions do you have?
- For example:
 - Today, we've talked about...
 - So you've mentioned...

Summarizing can be a useful tool to organize the discussion and the Mentee's thoughts in a useful way. Summarizing can be used when a Mentee gets off track, to transition between topics, or at the end of a meeting to review what was discussed. Peer Mentors should summarize what has been discussed and then offer an opportunity for the Mentee to clarify or add anything else.

When transitioning between topics a Peer Mentor might say:

"Okay, I know you also wanted to talk about your midterm. Before we move on, let's recap. We talked about how you aren't sleeping well. This has been affecting other areas of your life, like school, and you said it's a top priority. You're going to try setting up a bedtime routine like we discussed, and you're going to book an appointment with your doctor. Did I miss anything?"

At the end of a mentoring meeting a Peer Mentor might say:

"So we've talked a lot about your midterm. You decided to book an advising appointment with Learning Strategies and to try the study schedule we just made together. At our next meeting you're going to come with some ideas about what worked well about the schedule, and you're also going to bring your course syllabus. I'm going to get in touch with the Program Coordinator to find out more about the note-taking service offered through the Disability Services Office. Does that sound right? Did I miss anything?"

Slide 19 – Non-verbal Communication

Non-verbal Communication

Communication is more than just words.
What else are you saying?

| Body Language | Attending Behaviours | Your Voice |
|---|--|--|
| <ul style="list-style-type: none"> Facial expression Eye contact Posture | <ul style="list-style-type: none"> Nodding Smiling No fidgeting | <ul style="list-style-type: none"> Tone of Voice Speed of Speech |

Non-verbal communication plays a big role in conveying our attitudes and energy. As a Peer Mentor, you want to intentionally role-model qualities that you want your Mentee to experience for themselves. You will do this in many ways – by showing up to mentoring meetings prepared, by listening attentively, and being engaged in meetings. You are also “modelling” through your words – by accepting them without judgment, by discussing their mental health openly, and by normalizing and validating their experiences.

Non-verbal communication cues have an impact. You can create a calm environment for your Mentee through your body language, attending behaviours, and your voice. This is particularly important if your Mentee is anxious, high-energy, worried, and has trouble concentrating.

You should be sitting in an upright, engaged position. Your posture is open, and your arms aren’t crossed. Your body language says, “I’m listening.”

It can be helpful to demonstrate this in front of the class, either with a volunteer or yourself. Model inappropriate body posture (e.g. arms crossed, slouched, head resting on hand, or leaning in too close). Ask the class what this could say to a Mentee. Model appropriate body posture (e.g. upright, engaged, attentive).

Attending behaviours help convey that you are engaged in the conversation and that you care about what your Mentee has to say. Good attending behaviours include eye contact, nodding, and using facial expressions (smiling, frowning, etc.) to convey your attention and interest. Fidgeting, tapping feet, and excessive gestures can be distracting and don’t help to convey calmness.

Your tone of voice should be calm, steady, and evenly paced. You aren't speaking too quickly. If you are a "fast-talker", this will be particularly important for you to manage, as rapid speech can give off an anxious presence. Take a deep breath and think about what you want to say, then speak. You are modelling a calm, capable presence for your Mentee.

Slide 20 – Practice

Practice Your Communication Skills

- Partner 1: Talk about how your day or week has been going (i.e., getting ready this morning)
- Partner 2: Use the OARS model to listen to their story, and ask questions to understand.
- Talk for 2 minutes, then switch

- **O** = Open-ended questions
- **A** = Active listening
- **R** = Reflection
- **S** = Summarize

Instruct participants to find a partner. Partner 1 will talk about how their day or week has been going while Partner 2 uses the OARS model to listen, ask questions, and understand. The instructor keeps time. Allow 2-3 minutes before switching roles.

Slide 21 – Exercise Debrief

Exercise Debrief

Communicating is a skill! Growth is possible with self-reflection, being open to discomfort and learning, and feedback. It takes practice!

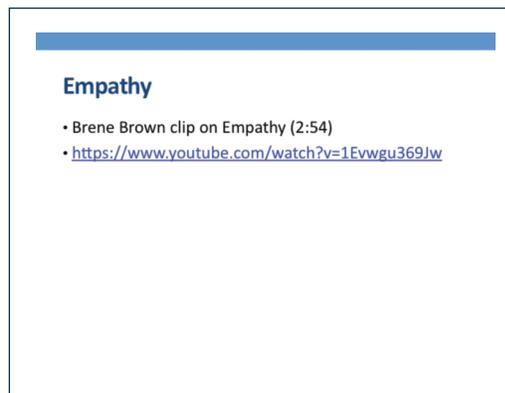
- **Self-reflection:**
 - What aspect of the exercise was difficult for you?
- **Peer feedback:**
 - Body language, attending behavior, and voice
 - Was the OARS model used? What worked? What didn't?
- **Class feedback:**
 - What was the exercise like? What did you learn?

Ask participants to think on their own about what the exercise was like. What was difficult for them? Were the skills themselves challenging, or was it challenging to feel vulnerable practicing skills with a peer? Did you notice anything you hadn't noticed before (e.g. wanting to interrupt, wanting to chime in and talk about your own experiences, feeling uncomfortable with silence, etc.) Allow 1 – 2 minutes for self-reflection.

Ask participants to share feedback with their partner. Provide guidance here on giving and receiving feedback. Feedback should include things that worked well and things that didn't work well. The person receiving feedback listens without arguing or interrupting to explain themselves. This will be challenging for some students.

Once everyone has shared feedback, bring the entire class together to debrief the activity. What was the exercise itself like? Did anyone learn anything new? Were the skills themselves challenging? What was it like to receive feedback, without discussion?

Slide 22 – Empathy



Ask the class, "What is empathy? How do you show empathy to someone? What does it feel like when someone is empathizing with you?"

Show the class the video "Brené Brown on Empathy" on YouTube (available here, <https://www.youtube.com/watch?v=1Ewvgu369Jw>).

Repeat the line: "Rarely does a response make something better. What makes something better is connection." Ask the class if anyone has experienced the examples of poor listening and disconnection highlighted in the video. How did this feel? How does this apply to peer mentoring?

Slide 23 – Vulnerability as Key to Empathy

Vulnerability as Key to Empathy

“Empathy is a choice, and it’s a vulnerable choice. In order to connect with you, I have to connect with something in myself that knows that feeling.”

The Mentee shows vulnerability by opening up to their Peer Mentor. Peer Mentor shows vulnerability by being comfortable sitting with Mentee and feeling empathy for them.

“Empathy is a choice, and it’s a vulnerable choice. In order to connect with you, I have to connect with something in myself that knows that feeling.”

Vulnerability manifests in a few ways in the mentoring relationship. As Brené Brown says, vulnerability is the key to empathy. In order to truly show empathy, you need to acknowledge and connect with another person’s feelings. This means not dismissing, ignoring, or rationalizing away their emotions, but being comfortable sitting with them and their feelings. It’s also important to recognize that Mentees are vulnerable in the mentoring relationship, and to have compassion for this position.

In the exercise where you practiced your communication skills, some of you may have felt self-conscious about how you would appear to your partner. “What if they think I’m not good at this?” When you were receiving feedback from a partner and could not respond, some of you may have felt very uncomfortable and vulnerable, wanting to prove or defend. Mentees can sometimes feel similarly self-conscious as they open up to their Peer Mentor and share more about themselves and their experiences. It’s likely that your Mentee will fail or fall short of their own expectations at some point. When your Mentee comes to a mentoring meeting and says, “You know that study plan we made last week? I didn’t follow it at all. I felt like I couldn’t get out of bed. I’m a failure.” That’s vulnerability, too. When you see it as vulnerability and remember times when you also felt vulnerable, you can feel more compassion and empathy for your Mentee.

Slide 24 – Communication Blocks

Empathy and Communication Blocks

- **Dismissing** - "You'll be fine", "That's not a big deal"
- **Playing the expert** - "I know exactly what you mean"
- **Preaching** - "You should...", "It is your responsibility to..."
- **Giving advice, fixing** - "Why don't you just do this?"
- **Rationalizing or 'explaining away'** - "You don't really mean that", "It doesn't make sense to worry about that"
- **Assumptions** - "You must be so excited!"

How do these patterns block empathy and vulnerability?
 How would these 'blocks' make a Mentee feel?
 How do these 'blocks' serve the Mentor?

There are many ways that communication can be shut down, and empathy can be skirted. As Brené Brown says in her video, "Rarely, if ever, does an empathic response begin with 'At least.'" As she describes, when someone shares something with us, we sometimes want to make it better or make it go away. Empathy requires vulnerability. Sometimes we don't want to be vulnerable or empathic. Maybe we are tired, distracted, preoccupied with our own issues, or otherwise not present. Maybe we're not feeling very kind or particularly generous with ourselves and our emotions in that moment. People often shut down communication simply because they don't know how to communicate effectively. When we share something vulnerable with someone, we usually want to be heard and understood. Sometimes people focus on fixing the problem, rather than helping the person and empathizing. "Here, I know the solution. Just do this and your problem will go away!" They may feel satisfied with themselves ("Look, I fixed it!"), but the other person usually doesn't feel very good.

As a Peer Mentor, your role is to consciously choose empathic responses. We're going to talk about some common communication blocks. Everyone uses these at some point or another. Again, the goal here is not to judge your current or past communication strategies, but rather to be reflective and open to learning.

As we review these blocks, consider: "How do these patterns block empathy and vulnerability? How would these 'blocks' make a Mentee feel? How do these 'blocks' serve the Mentor?"

- **Dismissing** - “You’ll be fine”, “That’s not a big deal”

As we saw in the Brené Brown clip, we sometimes dismiss others’ emotions or problems to protect ourselves emotionally or to make the problem go away (for us, that is!) This minimizes the Mentee’s feelings. Accept their emotions as their true, present experience, even if they are reacting differently than you would. If you don’t understand, ask open-ended questions, reflect, and clarify to better understand.

- **Playing the expert** - “I know exactly what you mean”

- **Preaching** - “You should...”, “It is your responsibility to...”

This can be quite hurtful and often evokes guilt, rather than clarity, independence, and confidence. Avoid moral judgment or preaching to your Mentee. Instead, ask exploratory questions to help the Mentee identify their options or better understand their own actions.

- **Giving advice, fixing** - “Why don’t you just do this?”, “Here’s what you need to do.”

We have a tendency to want to fix other peoples’ problems. Instead, help the Mentee to build their own decision-making and problem-solving skills. Ask Mentee how they feel, what options they think they have, and how they feel about those options. You are modelling and facilitating decision-making, independence, and the Mentee’s own emotional awareness

- **Rationalizing or ‘explaining away’** - “You don’t really mean that”, “It doesn’t make sense to worry about that.”

Applying your own logic to someone else’s emotions, words, or actions can be invalidating. When people worry or feel anxious, it often doesn’t make “sense” (e.g. worrying about something out of their control), but the emotion is very real and powerful. Listen to what your Mentee says and believe their perspective.

- **Assumptions** - “You must be so excited!”

Let the Mentee label their own emotional experience before telling them how you think they feel, or assuming how they must feel. “Wow, that’s big news! How do you feel about that?”

These responses block empathy by driving disconnection instead of embracing connection. A Mentee might feel dismissed, not heard, judged, or misunderstood. These responses may protect the Peer Mentor emotionally from vulnerability (dismissing, rationalizing) or boost the Peer Mentor’s ego (playing the expert, preaching, fixing) by making them feel like they have solved the problem.

Slide 25 – Trust and Vulnerability

Practicing Empathy and Vulnerability

Personal Visualization Exercise

1. Think about a time where you experienced a personal struggle.
2. How did you feel physically? How did you feel emotionally? What were your thoughts or inner dialogue (self-talk) like?

Share with a partner. Partner listens without responding verbally.

Being comfortable with vulnerability – your own, or that of another person – takes practice. Some of you will be more or less comfortable with this. Observe your experience without judging yourself. You are simply gathering more information and learning more about yourself in this process.

Personal Visualization Exercise

Think on your own about a time where you experienced a personal struggle. How did you feel physically? How did you feel emotionally? What were your thoughts or ‘inner dialogue’ (self-talk) like? Allow 3 minutes for participants to think on their own.

Ask partners to pair up to share their experience with a partner. Remind participants that they can share whatever they are comfortable with. The partner’s role is to listen without responding verbally. Allow 2-3 minutes for the first partner to share their experience, then instruct the class to switch. After 2-3 minutes, bring the entire class back together.

Ask the group, “What was the experience like talking to your partner about your personal struggle? Did your partner do anything that made you feel more comfortable? What was it like to listen to someone share something and to “sit” with them and their emotions? Did you feel at ease, or uncomfortable? What are some takeaways from this exercise that will assist you with mentoring and supporting a Mentee?”

Slide 26 – Building Trust and Rapport

Building Trust and Rapport

What are some things you can do to build trust and rapport?

- Break the ice with small talk
- Share some personal information about yourself
- Find some shared experiences
- Good communication skills (OARS, non-verbal)
- Listen with an aim of understanding
- Show empathy
- Use humour. Laughing together can create harmony and connection.
- Be patient – trust takes time!

We have talked a bit about vulnerability. How can you, as a Peer Mentor, help your Mentee feel comfortable opening up to you – that is, being vulnerable? The goal is to develop a harmonious and respectful relationship in which the Mentee feels heard, understood, and validated.

When meeting somebody for the first time, it is important to establish a sense of trust. Doing so will help reduce the tension and allow both you and your Mentee to feel more relaxed and communicate more effectively.

There are plenty of things you can do to build trust and rapport. Do what feels natural and right for you. Building trust and rapport is an ongoing process.

Some of you will have Mentees who trust easily and are comfortable opening up. Other students will be much more guarded and may need more time to feel comfortable talking to you as their Peer Mentor. Each Mentee will want different things from the mentoring relationship; some will want more personal support, while others may find more value in practical strategies. Remember to accept your Mentee and what they choose to share with you.

Slide 27

“Mirroring”

- **Mirroring** is when someone reflects the gesture, speech pattern, or attitude of another
- Can help with building rapport and showing empathy



Human beings are very social creatures. We pick up on the emotions of people near us. In psychology, this is known as “mirror neurons”. Some of you may have had the experience of knowing someone who always sees the negative side of a situation and who seems to be perpetually bitter, cynical, or mean-spirited. It can feel exhausting being around someone like that! In the same way, a person’s optimism, cheerfulness, warmth, and compassion can rub off on us.

Mirroring can be a useful non-verbal communication strategy. Mirroring is when someone subtly mimics the speech pattern, attitude, or tone of voice of the other person. We usually do this naturally. If your friend comes to you with exciting news, you are likely to respond with verbal and non-verbal excitement: “Oh, wow! That’s such great news!” Your tone of voice will change to match their excitement. Similarly, if you see someone who is upset, you might slow down your speech, sit down next to them, and gently say, “Hey, is everything okay?”

You don’t need to over think mirroring, but you can use it as a tool. Mirroring your Mentee’s body language and emotions can convey empathy. For example, if your Mentee slows down and seems like they are struggling to say something important, you might slow down your own speech and speak in a softer voice. “Is there something you want to talk about?”

Just as you want to mirror your Mentee, you can adjust your own body language and energy to subtly create calmness in your Mentee. This is particularly useful if your Mentee is very jittery, anxious, nervous, or fidgety. It will be important for you to be consciously calm, in order to create and model calmness in your Mentee. If your Mentee has a low mood or lacks energy, you can intentionally boost your own energy to try to build some momentum and energy for them.

Again, don’t overthink it. Always do what feels natural and authentic for you and for the moment.

Slide 28 – Self-Disclosure

Self-Disclosure

- **Self-disclosure** is when you share information about yourself or your own experiences with your Mentee
- One way to build trust and rapport, show empathy

- TIPS
 - Keep it brief... focus on the Mentee
 - Use it only when it is helpful
 - Remember that not everyone's experiences are the same
 - Say something like "Everyone's experiences are unique and my situation isn't exactly the same as yours, but I think I can relate to that feeling of disappointment..."

One way to build rapport is by sharing information about yourself. This is known as self-disclosure. Earlier in this session, we talked about the student support network and how Peer Mentors are different than friends. Mentoring is an intentional, coaching relationship, whereas friendship is a two-way relationship. While you would certainly go to your friends with your own problems, it wouldn't be appropriate to do this with your Mentee.

There are two guidelines for self-disclosure: only do it if you feel it would benefit the Mentee or the mentoring relationship, and only do it if you feel comfortable with it. Self-disclosure should always be brief and include an appropriate level of detail.

Self-disclosure benefits a Mentee if it validates or normalizes their experience. For example, many students experience a drop in their grades when they transition from high school to university. Let's say your Mentee comes to your mentoring meeting and is visibly upset and tearful because they failed their first Psychology midterm. Your first priority is calming the Mentee and giving them the opportunity to express themselves. Use the OARS model to better understand their situation. In this case, it could be helpful to share that you once failed a midterm or a course, and that you remember how you felt. Share briefly and then turn your focus back to the Mentee and their situation. This is an example of self-disclosure that is appropriate and that could be helpful to the Mentee and the mentoring relationship.

You also only have to share your experiences if you are comfortable with it.

Your Mentee may directly ask you questions about yourself. We will talk about this more in the training session on Boundaries and Confidentiality.

There are some signs that you – the Peer Mentor – are not ready to self-disclose or that doing so would be inappropriate. Some signs include:

- Feeling a sense of urgency: “I want my Mentee to stop talking so I can tell them I went through this exact same thing! I know exactly what that feels like!”
- Wanting to prove that you understand or seeking credibility: “My Mentee just told me they have depression. I want to tell them that I had depression as well so they know that I know exactly how they feel.” It certainly could be helpful to share this with a Mentee, but be mindful of your goal. It can be useful to ask: “Is there another way to accomplish this [helping the Mentee feel understood]?” You can always show your Mentee that you understand by asking clarifying questions, reflecting, and being attentive, caring, and empathic.
- Feeling like you really need to talk about the experience and share it with someone: “I’m so glad they mentioned that. That happened to me to and nobody has understood me yet. My Mentee is describing exactly how I feel!”
- Becoming very emotional while self-disclosing (tearful, upset) or while hearing the Mentee share their experience.

These may be signs that you are still processing the experience, whatever it may be. If this is the case, err on the side of caution and avoid sharing with your Mentee. Seek your own personal supports – a friend, counsellor, or the Program Coordinator.

Slide 29 – Mentoring Guidelines

Recap

- Be mindful of the opportunities and limitations of a Peer Mentor's role.
- Practice good communication skills (OARS)
- Listen to understand
- Choose empathy
- Accept without judgement
- Avoid assumptions
- Be comfortable with silence
- Self-reflect regularly
- Be yourself!

We have talked about a lot of material today. Let's review some key messages from today's training session.

Be mindful of the opportunities and limitations of a Peer Mentor's role. Peer Mentors are one part of a student's support network. Peer Mentors can help Mentees in many ways, including both personal support (empathy, active listening) and practical strategies (learning or health habits, problem-solving, goal-setting). A significant portion of a Peer Mentor's role – both in terms of time and impact – involves simply listening to your Mentee. You are providing them a safe, supportive and non-judgmental space to identify, express, and understand their own emotions and personal or academic challenges. This can have a huge impact.

Practice good communication skills. The best way to develop better communication skills is through self-reflection and practice. You will have many opportunities to practice in the remainder of the training sessions through various role-play activities.

- Listen to understand. This is often a new experience for people. Practice truly listening to others (friends, roommates, etc.), without simply rehearsing what you want to say, waiting for your turn to speak, or thinking about something else.
- Choose empathy. Practice being mindful of common communication blocks that discourage connection, like dismissing, rationalizing, or fixing. Notice how you feel when people respond to you in this way.
- Accept without judgment. Your Mentee may be very different from you and may make different decisions or have different emotional reactions than you would. Accept your Mentee for who they are today and "meet them where they are at".

- Avoid assumptions. Be open-minded and avoid making assumptions about your Mentee's identity, emotions, values, beliefs, or life experiences.
- Self-reflect regularly. The mentoring meeting logs are a good opportunity to reflect on what worked and what didn't during each meeting. As you try to develop your own skills, encourage the same attitude and approach that you would want a Mentee to adopt: be open-minded, observant, and embrace learning opportunities as they occur.
- Finally, be yourself. Always use words that feel real and authentic to you, within the guidelines discussed in today's training session.

Review your notes and the presentation slides over the next few weeks and take time in your personal life to observe your own communication style and patterns. You are gathering more information to better understand yourself, to develop your self-awareness, and to be more conscious and intentional in your future actions and words. Note that this is an opportunity to practice what you would want a Mentee to do as they pursue their own goals, and what you would do for a Mentee – that is, observing to understand, without judgment. Communication skills, empathy, and comfort with vulnerability will help you in all areas of life. These skills will translate to your friendships, personal relationships, and interactions with classmates, professors, or colleagues.

You are already incredibly caring, empathic people, and you are all here today because you showed an interest in helping and mentoring a peer. This is a wonderful gesture of generosity, and we are grateful to you for volunteering your time and energy to this role and to this program.

Slide 30 – One Thing You Learned



Ask the class to think about one thing they learned today. What is one key idea, skill, or concept that they are taking away? Did anything surprise them? Solicit a few responses from participants before closing the session.

Slide 31 – Next Steps

Next Steps

- Training sessions (Wise Choice Mentoring Model, etc.)
- Peer Mentors submit matching form at the end of training
- Program Coordinator meets with Mentee (intake meeting)
- Program Coordinator matches Mentee to Peer Mentor
- Match meeting
- First mentoring meeting

• See handouts:

- First Mentoring Meeting Guidelines
- Peer Mentor Cheat Sheet
- Peer Mentor Matching Form

Be sure to give Peer Mentors an overview of what will happen before they are matched with a Mentee. Depending on how you have structured your training, it may make sense to do this now or at another time.

Distribute the associated handouts (First Mentoring Meeting Guidelines, Peer Mentor Cheat Sheet, Peer Mentor Matching Form) to the students. Let them know that they can bring the Guidelines and Cheat Sheet handouts to their first mentoring meeting and even refer to these during the session. Inform participants that these handouts include some content that will be covered in upcoming sessions (e.g. Wise Choice model, Boundaries and Confidentiality).

Instruct the participants to fill out and hand in their Matching Form at the end of training. The form asks, in part, what areas the Peer Mentor is most comfortable with, so they will need to complete training first. The form also asks participants to disclose any issues they are not comfortable working with, so the Program Coordinator can keep this in mind during the matching process. Let participants know that they can talk to the Program Coordinator in person if they aren't comfortable writing this down. Peer Mentors aren't expected to sacrifice their own well-being in order to work with a Mentee; alternate matches can always be made so that the experience is fulfilling for everyone involved.

Slide 32-33 – Resources and Referrals

The image shows two side-by-side slide thumbnails. The left thumbnail has a white background with an orange horizontal bar at the top. Below the bar, the text 'RESOURCES AND REFERRALS' is written in orange, bold, uppercase letters. Underneath this, a thin horizontal line is followed by the name 'Mira Dineen' and the email address 'mira.dineen@queensu.ca' in a smaller, black font. The right thumbnail also has a white background with an orange horizontal bar at the top. Below the bar, the title 'Resources and Referrals' is written in orange. The main text is in black and reads: 'Sometimes, the needs of your Mentee may be beyond your scope as a Peer Mentor or beyond your abilities at the time. In these cases, you may need to refer them to another resource.' Below this, there is a question: 'Think back to the Student Support Network diagram. When would a referral be appropriate or necessary?' followed by a small orange dot.

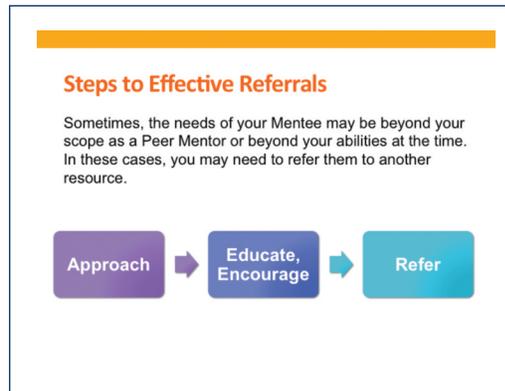
Remind participants of the Student Support Network diagram at the beginning of the Mentoring Relationships training session.

Earlier, we discussed the many ways Peer Mentors can support their Mentees. We also talked about how Peer Mentors differ from other sources of support, including academic supports like professors or tutors, professional supports like counsellors and physicians, and personal supports like family or friends.

Your Mentee's needs or specific circumstances may require a referral to an external resource. When would a referral be appropriate or necessary? Solicit responses from the class.

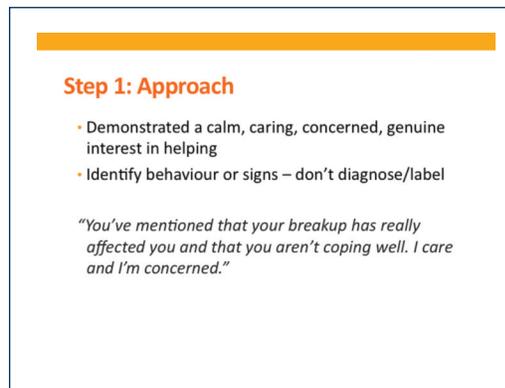
- The Mentee needs or wants support that exceeds the limits of what a Peer Mentor can provide. Examples include:
 - Tutoring
 - Counselling
 - Physical health or medical advice
 - Academic advising (e.g. considering dropping out, switching programs)
 - Friendship
 - Money
 - Food
 - Housing
 - Legal advice
 - Financial advice
- The Mentee wants support outside of the time constraints of the mentoring relationship. Examples include:
 - Support available after-hours (e.g. someone to call late at night)
 - Personal support beyond one 1-hour mentoring meeting per week
- The Mentee is continuing to struggle with a particular challenge and, after a while, it seems like the Peer Mentor's strategies or communication isn't working
- The Peer Mentor is unable to maintain their own emotional or personal well-being while supporting the Mentee. This could happen for any number of reasons. A Mentee may share a personal experience with you, the Peer Mentor, and you may be surprised to find yourself emotionally impacted in ways that you did not expect. Perhaps you had a similar experience and the Mentee's story hits a little too close to home. Everyone has limits to what they can handle, what they can hear, and what they can offer. Peer Mentors are not expected to – and should not – sacrifice their own emotional well-being to support their Mentee. As volunteers, your wellness is incredibly important. Please reach out to the Program Coordinator for support and guidance.

Slide 34 – Steps to Effective Referrals



It is important to be aware of campus and community resources. Your Mentee will likely need to be referred at some point. The steps to effective referrals are approach, educate and encourage, then refer.

Slide 35 – Approach



Sometimes your Mentee will approach you directly to ask for information about a resource (e.g. "Where is the academic advising office?") or the topic of referrals may naturally come up in your conversation. In other situations, you may need to approach your Mentee to bring up the subject, particularly if you are making the referral because you are concerned about them or because you have realized that you aren't able to support them with a specific issue. When approaching your Mentee and raising the topic, directly reference specific things you have noticed or that your Mentee has said. Do this in a non-judgmental way and stick to observable behaviours, rather than assumptions. Show compassion, concern, and an interest in getting your Mentee appropriate help.

Slide 36 – Educate and Encourage

Step 2: Education and Encourage

- Explain the reason for the referral (e.g. “I’m not the best person to help you with this.”)
- Present the resource in positive way, share information

“I think a counsellor could offer better support in this area. You can get counselling at HCDS or through Good2Talk, a counselling phone line. Would you consider using either of these resources?”

Explain the reason for the referral. Often, this will be because the Mentee needs something that the Peer Mentor can’t provide. If you know of a helpful resource, share that information with the Mentee. If you are not sure, suggest that you can look something up together or that you can bring them more information at your next meeting. Allowing the Mentee to participate in the process helps them feel empowered about solving their own problems. Present the resource in a positive way and share more information about it. Ask the Mentee questions to understand their thoughts and attitude toward accessing the resource.

Refer

Give the Mentee as much information about the resource as you can. How do you make an appointment? What happens when they arrive? How many appointments can they have? Present the resource in a positive way. If applicable, you could share that you know someone who accessed this resource and had a positive experience.

Offer to help the Mentee access the resource, if they want. You can offer to help call or email the resource together. Try to ease any anxiety they may have about it. Let them know it's normal and okay to feel unsure or nervous. Oftentimes, a student will want time to think about accessing a resource, particularly one that may make them feel more vulnerable (e.g. seeing a counsellor for the first time). You could offer to walk with them to the building if it is on campus.

Remember that it's up to the Mentee to access a resource. They may not feel ready and that is okay. Respect their decision and keep communication open. "I hear you saying that you're not ready to try this yet. If you ever want to talk about it again, or if you change your mind, just let me know." Remember that although your Mentee may choose not to access a resource, you still can only support them within the scope of your role.

If you have concerns that your Mentee needs professional help, contact the Program Coordinator.



Frequently Asked Questions

Question:

When is self-disclosure okay? And how much is okay?

Answer:

Self-disclosure is when someone shares information about themselves or their own personal experiences with another person. It can be done to help build trust and rapport, as well as to demonstrate effective problem-solving. Use your judgment. If you think it will help create a connection and allow you to be more relatable to your Mentee, then go for it. Share your story only when it is applicable to the situation and you think the Mentee might gain something from hearing it. Say things like “This may not be the same as your situation, but when I failed an exam, I felt very defeated and upset. Is this similar to how you are feeling?” Self-disclosure should always be brief, and then you should return the focus to the Mentee. If you have something personal you want to discuss in depth, talk to the Program Coordinator or seek your own personal supports.

Question:

What should I do if my Mentee directly asks for advice?

Answer:

Your Mentee may directly ask you for advice, or they may ask you how to handle a conflict, life decision, or personal problem. Tell them that it’s important to you that they make their own decisions and that your role is to help them explore their options and their feelings about the situation. Use your communication skills (OARS model) to help the Mentee explore their situation. Be aware that your Mentee may place more value in your suggestions because you are in a role-model or “authority” position.

Question:

What if the Mentee is not interested in a resource that I referred?

Answer:

Accept and respect their decision. You can’t and shouldn’t try to force them to access a resource, unless it is an emergency situation. They may not feel ready or they may not want to access the resource. You can ask if there is another type of resource they would be interested in looking into. Leave the door open for future discussion.

Question:

What if a Mentee refuses a referral, but I am still concerned about them?

Answer:

Although your Mentee is choosing not to access a resource, you are still limited in the ways in which you can support them. It's okay to remind your Mentee of your role and the scope and limitations of the mentoring relationship. "I understand that you're choosing not to [access resource] right now. I want to make sure you get the best support, but unfortunately I'm not equipped to help you with that issue." Keep the door open to talk about the issue more in the future.

If the Mentee won't access a resource (e.g. counselling, academic advising) and you are concerned about them, contact the Program Coordinator.



Handout: First Mentoring Meeting Guide

Peer Mentor Introduction

Share some information about yourself so your Mentee feels comfortable opening up to you. What year are you in? What program are you studying? What are your hobbies and interests? Do you have any previous experiences relevant to your role as a Peer Mentor?

Housekeeping

Let your Mentee know that there are a few housekeeping items that you'd like to review.

Communication & Boundaries

Let your Mentee know what method of communication they should use to reach you.

Remind your Mentee of the items that the Program Coordinator reviewed with both of you during your match meeting. For example:

- All communication and meetings should take place before 9:00 PM.
- No contact over social media.
- Typically, you aren't able to respond immediately when your Mentee contacts you. It is helpful to set this expectation early in the relationship so your Mentee can practice contacting other resources. Remind your Mentee that if they need something urgently or if they are experiencing a crisis, they should contact another campus or community resource.

Confidentiality

Everything discussed during mentoring meetings will be kept confidential. For the purposes of this program, that means that you will not share your Mentee's identity or personal details outside of the program. Remind your Mentee that you will be submitting Mentoring Meeting Logs to the Program Coordinator and that you also consult regularly with the Program Coordinator to ensure you are providing the best support and resources as a Peer Mentor.

Remind your Mentee that there are certain circumstances (see Confidentiality Policy) where you would need to disclose information outside of the program. Most Mentees will be familiar with this type of policy, since they are referred from counselling or disability services.

Mental Health

Acknowledge that this is a peer mentoring program for students with mental health issues. Let your Mentee know that you are open to discussing their mental health issues at any time, but you will leave it up to them to share what they are comfortable with.

Contact Outside of Mentoring Meetings

Ask your Mentee how they would like you to respond if you see each other outside of your mentoring meetings (on or off campus). Let them know that you will follow their lead. Some students will prefer to pretend you don't know each other outside of mentoring meetings – that's okay!

Mentee Introduction and Goals

Ask your Mentee to tell you about themselves. What program and year they are in? What hobbies and interests they have? How is the semester going so far? Ask your Mentee what goals they have for participating in the program. What are they hoping to get out of mentoring? What prompted them to sign up for the program? What are specific areas or issues they want to focus on through mentoring?

Student Wellness Assessment

Complete the Student Wellness Assessment during your first or second mentoring meeting. Use your best judgement to determine when to introduce the Student Wellness Assessment. The activity requires both time and some established rapport and trust between the Peer Mentor and Mentee. If your Mentee is quite talkative and comfortable expressing themselves, you might choose to spend the first meeting getting to know them and setting the tone of your relationship (demonstrating your skills in active listening and empathy, modelling a safe and non-judgemental environment). You may find that your Mentee is very quiet and has difficulty expressing their thoughts. In this case, a structured activity like the Student Wellness Assessment can be a useful tool to facilitate the process of getting to know your Mentee.

1. Ask your Mentee to complete the Student Wellness Assessment.
2. Review the Assessment with your Mentee. Reiterate and verbally highlight your Mentee's strengths. Use open-ended questions to gauge your Mentee's attitude and experiences. Do they recognize and value their strengths? How is your Mentee impacted by their weaker areas (e.g. insufficient or poor quality sleep, cramming at the last minute)?
3. Use the Wise Choice model to identify desired outcomes and desired experiences. You may need to or wish to complete this step in a subsequent meeting, either due to time constraints or to allow a bit more time for the Mentee to feel comfortable with you.

Questions?

Remember to ask your Mentee if they have any questions about mentoring.



Handout: Peer Mentor Cheat Sheet

Communication Tips

• Use the OARS model

- Open-ended questions
 - Affirmations
 - Reflective listening
 - Summarize the discussion
- Calm and steady tone of voice
 - Relaxed but engaged posture
 - Alert and interested in what the Mentee is saying

Wise Choice Mentoring Model

1. Dream Big — What are your Mentee's goals? How do they want to feel physically, emotionally, and mentally while they are pursuing those goals?
2. Assess the Situation — What are your Mentee's habits and skills in this area?
3. Develop Creator Perspective — What is their inner dialogue?
4. Develop an Action Plan — Encourage your Mentee to commit doing one thing that will help them find balance and one thing that will help to improve their health and how they feel.

Useful Questions

- What is most important to you right now? Can we start there?
- Have you ever felt this way before? Have you ever had this experience before?
- What strategies have worked for you in the past?
- What do you think would help you?
- What would you say to a close friend if they were in your position?



Peer Mentor Homework

Mentoring Relationships and Skills

Effective mentoring relationships are built upon a foundation of good communication, emotional intelligence, and empathy. This chapter includes information on fundamental tools that will enable you to succeed as a Peer Mentor, including: communication styles, non-verbal communication cues, active listening, communication blocks, empathy, and value clarification. This material will prepare you for the Mentoring Relationships and Skills training session. The Peer Mentor Homework activities are designed to help you explore each topic and apply the skills described. Read through each topic with an open-mind. Reflect carefully on your existing strengths and any areas you may need to work on. The key to being a good Peer Mentor isn't perfection, but rather self-reflection and openness to learning!

The material in this section covers:

- Communication styles
- Open-ended questions
- Active listening
- Non-verbal communication
- Empathy
- Communication blocks
- Values clarification

Communication Styles

All of us have at some time used each of the following styles of communicating. Many people have a dominant communication style. This is a summary of the behaviours associated with each of the four communication styles. Not all characteristics of any one stereotype are present in any one person's communication. They can be present to differing degrees.

Passive

- Do not assert themselves
- Allow others to deliberately or inadvertently infringe on their rights
- Fail to express their feelings, needs or opinions
- Tend to speak softly or apologetically
- Exhibit poor eye contact and slumped body posture

Aggressive

- Try to dominate others
- Use humiliation to control others
- Criticize, blame, or attack others
- Can be very impulsive
- Have low frustration-tolerance
- Speak in a loud, demanding, and overbearing voice
- Act threateningly and rudely
- Do not listen well
- Interrupt frequently
- Use 'you' statements (e.g. "you are irresponsible")
- May have an overbearing posture

Assertive

- State needs and wants clearly, appropriately, and respectfully
- Express feelings clearly, appropriately, and respectfully
- Use 'I' statements (e.g. "I feel frustrated when you turn up late")
- Communicate respect for others
- Listen without interrupting
- Have good eye contact
- Speak in a calm and clear tone of voice
- Have a relaxed body posture
- Feel connected to others
- Stand up for their rights

Indirect

- Mutter to themselves rather than confront the person or issue
- Have difficulty acknowledging their anger
- Use facial expressions that don't match how they feel (e.g. smiling when angry)
- Deny there is a problem
- Appear co-operative while purposely doing things to annoy and disrupt

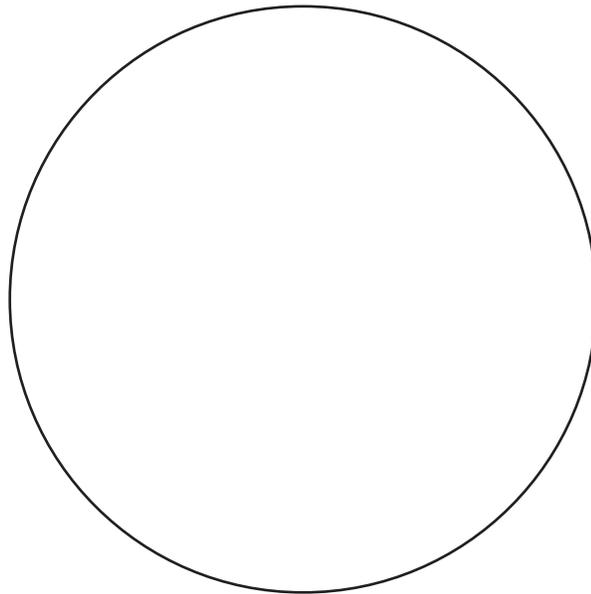
"Communication Skills" handout reproduced from "Handout 4.1 Four communication styles" from the Victorian Youth Mentoring Alliance' Mentor Training Package. Source: <http://youthmentoringhub.org.au/selection-and-training/mentor-training-package/>



Peer Mentor Homework

Communication Styles Activity

1. Use the circle below to 'slice' into four pieces to represent assertive, passive, aggressive and indirect communication. Reflect on your own communication style and divide the pie up in proportion with your own communication styles.



2. What did you learn about yourself through this exercise?

"Communication Skills" handout reproduced from "Handout 4.1 Four communication styles" from the Victorian Youth Mentoring Alliance' Mentor Training Package.
Source: <http://youthmentoringhub.org.au/selection-and-training/mentor-training-package/>

Open-Ended Questions

There are closed-ended questions and open-ended questions. Closed-ended questions result in “Yes,” “No,” or one-word answers.

Closed-ended questions end or stop the conversation. Examples of closed-ended questions include: “Do you like your housemates? Are you ready for your midterm next week?”

Open-ended questions are different. These questions allow the person to explore what he or she is thinking or feeling. Open-ended questions sometimes start with **what** or **how**. These questions encourage the person to talk and to explore and express their feelings and ideas.

Some examples of these questions include:

- What happened when...?
- How do you feel about what that person said?
- What were you thinking when...?
- What would you have liked to tell that person?
- What did you want that person to do?
- What were you thinking about the other person at that time?

“Open-Ended Questions” is adapted from training materials for “Wisconsin Healthy and Ready To Work”, an initiative by the Waisman Center’s University Center for Excellence in Developmental Disabilities. Source: <http://www.waisman.wisc.edu/hrtw/PPM.pdf>

Active Listening

Listening is the Peer Mentor’s greatest tool for developing relationships. Being listened to makes someone feel valued, important, and respected. Many people feel like they aren’t listened to or truly understood by their friends or family. This is one of the greatest gifts a Peer Mentor can give!

Active listeners:

- Suspend judgement and criticism
- Don’t interrupt

- Respect the speaker’s viewpoint and value system
- Resist distractions
- Let the speaker know if they are inaudible, ambiguous, or incongruent
- Are open and deal with any negative emotions they might be hearing

When communicating with your Mentee...

- Clear your mind of unnecessary thoughts and distractions
- Make eye contact
- Check your body language
- Pay attention to your Mentee’s facial expressions, gestures and body language
- Read between the lines for implicit feelings
- Ask open-ended questions that provoke conversation
- Paraphrase what you think they’ve said
- Clarify what you don’t understand
- Put yourself in your Mentee’s place and get their perspective
- Put aside preconceived ideas and pass no judgments
- Nod your head and say things like, ‘I see.’

Active Listening Activity

The next time you have a conversation with a friend, make a conscious effort to attempt to use open-ended questions and active listening skills. Pay attention to what you find difficult – self-reflection is critical to building your mentoring skills. Are you tempted to interrupt? Does your mind wander?

“Active Listening” is reproduced from “Handout 4.4 Active listening” from the Victorian Youth Mentoring Alliance’ Mentor Training Package.

Source: <http://youthmentoringhub.org.au/selection-and-training/mentor-training-package/>

Non-Verbal Communication

Non-verbal communication cues play a big role in communicating our attitudes and feelings. Research tells us that 80% of communication occurs through non-verbal means. This includes pitch, speed, tone and volume of voice, gestures and facial expressions, body posture, stance, and proximity to the listener, eye movements and contact, and dress and appearance.¹

Not everyone reads non-verbal behaviours in the exact same way, sometimes due to cultural differences. For example, some people are less comfortable with maintaining direct eye contact as it can be a cultural sign of disrespect. People on the autism spectrum may find it difficult or uncomfortable to make eye contact.

Here are some behaviours and attributes and the body language that goes with them.

- Openness is shown by facing a person both with face and body.
- A relaxed posture conveys receptivity, but being too relaxed (slouching) can suggest lack of interest.
- Leaning too far forward can be an invasion of someone's personal space and conveys aggression or dominance.
- Excessive use of fiddly or fidgeting movements may indicate nervousness, impatience, or boredom.
- Eye contact signals that the listener is interested and really listening.
- Infrequent eye contact can be interpreted as boredom or lack of interest, but could also indicate shame, unfriendliness, or guilt.
- Too much eye contact can make the other person feel uncomfortable and could be interpreted as aggression or dominance.
- Head nods are messages that a person is paying attention, but do not necessarily signify that they agree with everything being said.²

¹ Pease, B. and Pease, A., 2006. *The Definitive Book of Body Language*, New York: Bantam.

² Adapted from MOIRA Mentor Training Manual, Moorabbin, Victoria: South Directions Youth Service.

"Non-Verbal Communication Skills" is adapted from "Handout 4.3 Non-verbal communication" from the Victorian Mentoring Alliance's Mentor Training Package. Source: <http://youthmentoringhub.org.au/selection-and-training/mentor-training-package/>

Empathy

Empathy is a communication skill which shows caring and understanding. It lets the other person know that you have really listened, recognized their feelings and are willing to continue to listen. Empathy is also the basis for trusting and caring.

In providing empathetic responses it is important that you listen to the person very carefully. Also make sure to use good eye contact and that your body language shows that you are really listening. It is important to get the full message of what one is saying.

Identify what the person is actually saying and respond in a way that shows your understanding of how they really feel. There are three steps in providing an empathetic response.

1. Listen

Apply your Active Listening skills. Listen with your whole body. Make eye contact and observe your Mentee's verbal and non-verbal communication cues.

2. Identify

Accurately identify the feelings. Be as specific as possible.

3. Respond and Confirm

Respond to those feelings in a way that shows the person you really understand how they feel. Confirm that you understood correctly. Here are some examples of empathetic responses:

a) **Mentee:** "I get so mad at my housemates when they don't do their dishes. It's so inconsiderate. I constantly have to ask them."

Peer Mentor: "It sounds like you feel very frustrated when your housemates treat your shared space differently than you'd like. Is that right?"

b) **Mentee:** "I just don't know what to do. I don't know whether to go to school or to go out and find a job. I just don't know what I should do."

Peer Mentor: "It sounds like you have a decision to make and you are not sure which to make. Is that how you feel?"

"Empathy" is reproduced from training materials for "Wisconsin Healthy and Ready To Work", an initiative by the Waisman Center's University Center for Excellence in Developmental Disabilities. Source: <http://www.waisman.wisc.edu/hrtw/PPM.pdf>



Peer Mentor Homework

Empathy Activity

- For each of these scenarios, write out a sample reflective statement to show **empathy**.

- a) "My new housemates and I aren't getting along very well, so I just stay in my room alone most of the time. I miss my old housemates."
- b) "I'm feeling so down. I really wanted this semester to be different from last year. I wanted to do better academically. I found out I failed my first Chemistry midterm and I'm sure I bombed my Biology quiz."
- c) "My best friend was supposed to come to town for my birthday this weekend, but I just found out she can't make it. I was so excited to see her. This sucks."

- Watch this short clip on empathy: "Brené Brown on Empathy" on The RSA's YouTube channel (<https://www.youtube.com/watch?v=1Ewgu369Jw>, 2:54 minutes long).

Note: There are several YouTube clips with similar names; please use this URL and watch this talk for the purpose of this exercise.

Respond to the following questions:

- What is one new idea that you are taking away from this video?
- What did you learn about empathy?
- Brené Brown says that empathic responses never begin with: _____. What phrase does she use? Have you experienced someone responding to you in this way? How did it make you feel?
- Brené Brown says, "Rarely does a response make something better. What makes something better is connection." How could you apply this philosophy to your role as a Peer Mentor and to your interactions with a Mentee?

Communication Blocks

Just as there is effective listening, there is also ineffective listening. There are many causes of ineffective listening, including:

- **Environmental limits**, such as places that are noisy, cold, badly lit, poorly ventilated or badly arranged, and have constant distractions like mobile phones or television.
- **Language or cultural limits** can include multiple or ambiguous meanings of words, poor command of vocabulary due to age, education, jargon, slang, dialect, accent or English being a second language.
- Being critical or **making moral judgments** puts the other person on guard, and usually reduces their willingness to share and be honest.
- **'Shoulding'**, or telling the other person what they should do, is extremely judgemental behaviour. It's guaranteed to create distance!
- **Explaining something away**, looking for causes and excuses, interpreting or intellectualising are all talking about the experience rather than experiencing it.
- **Interruption** shows an unwillingness to listen, being more concerned with dominating or impressing the other person than achieving understanding.
- **Generalising**, using 'people', 'we', 'you' or 'one' instead of 'I', impersonalises the conversation and avoids responsibility for the view expressed.
- **'Alwaysing'**, using always, is a sure sign that a sweeping generalisation is on the way and discussion is almost impossible.
- Asking **pseudo-questions**; these are questions that attempt to manipulate, influence or control, by passive-aggressively stating a viewpoint such as 'Would you agree that ...?'
- **Shifting** is about moving the focus away from oneself and introducing red herrings to divert the discussion and avoid dealing with anything uncomfortable or threatening.³

³ Adapted from MOIRA Mentor Training Manual, Moorabbin, Victoria: South Directions Youth Service.

Reproduced from "Handout 4.5 Listening blocks" from the Victorian Mentoring Alliance's Mentor Training Package. Source: <http://youthmentoringhub.org.au/selection-and-training/mentor-training-package/>



Peer Mentor Homework

Communication Blocks Activity

With this in mind, please consider these questions:

1. Despite being well-meaning, most people use these communication blocks at some point. Think of a conversation you have had with a friend or family member where they used a communication block. Maybe your friend jumped to give advice when you just wanted to vent. How did this make you feel?
2. Are there any communication blocks that you are susceptible to using? (Remember, the goal is to be self-reflective, not perfect!)

Values Clarification

Values Clarification is similar to empathy. However, instead of reflecting back what the person's feelings are, you are reflecting back what their values may be. However, you make no judgment of these values and you show the individual that you accept them as a person. In values clarification, you help your Mentee to explore what they are actually thinking about a particular problem. There are two steps in values clarification:

1. Questioning:

Ask open-ended questions. See the section above on "Open-ended questions" for more information.

2. Reflective Values Statements:

After you allow the person to explore how they are thinking or feeling about a particular problem, you can reflect these thoughts in a reflective value statement. These statements may include:

a "It is very important to you that _____."

b "You seem to _____ when you think _____."

c "You don't seem to like it when _____."

Use phrasing that is **gentle** ("It seems like...") rather than **absolute or declarative** ("You don't value..."). Add a clarifying question like "Is that right?" so the Mentee has an opportunity to agree or disagree and self-identify their own underlying values.

Reflective value clarification should not show an opinion or judgment of the Mentee's values or viewpoint. These statements should encourage self-reflection ("I wonder why I feel this way?"). Peer Mentors should focus on identifying, exploring and validating the Mentee's emotions rather than "taking sides", particularly in third-party issues.

Example:

"My friend is always cancelling plans. She cancelled plans, like, twenty minutes before we were supposed to meet up yesterday. How can someone just do that? It's like she doesn't even think anything of it."

Judgmental statement, likely to escalate the situation:

"It sounds like you get really annoyed when a friend isn't considerate of your time and blows you off last minute, without even caring."

Neutral reflective value statement, likely to encourage self-reflection:

"It sounds like it's important to you to be dependable and stick with plans."

Notice that this statement focuses on the Mentee instead of making any judgment of the other people involved in the situation.

Sample Reflective Value Statements:

Mentee: "People are always telling me what I should do. I wish that they would get off my back."

Peer Mentor: "It sounds like it bothers you when people try to make decisions for you. Is that right?"

Mentee: "My housemates and I had an argument over house chores. It ended poorly and we didn't resolve anything. The next day, they just acted like nothing had happened! I couldn't believe it."

Peer Mentor: "It seems like it's important to you to resolve conflicts. Acting like nothing happened just didn't sit right with you."

"Values Clarification" includes material adapted from training materials for "Wisconsin Healthy and Ready To Work", an initiative by the Waisman Center's University Center for Excellence in Developmental Disabilities. Source: <http://www.waisman.wisc.edu/hrtw/PPM.pdf>



Peer Mentor Homework

Values Clarification Activity

For each of these scenarios, write out a sample neutral reflective statement for value clarification.

1. "I played volleyball in high school and our team made it all the way to the provincial championship. Some of my best memories of high school are of playing volleyball. I'm really competitive and love sports, and now I don't play anything."
2. "I've been going home every weekend lately to spend more time with my family. My housemate rolled her eyes and said, 'You're going home again? I can't stand being home.' They don't understand why I'm gone all the time and always nag me to stay. But it's family, you know?"
3. "It just bothers me so much that my friends aren't getting along right now. I'm getting along with everyone, but I hate that the other girls are all feeling hurt. It makes me sad that things aren't like they were last semester."

References

The material in this section has been reproduced or adapted from various sources, as cited beneath each section. All of the Peer Mentor homework activities were created by Mira Dineen (m.dineen@queensu.ca).

Campus & Community Resources

Throughout the Mentoring Relationship, it is likely that Mentees will require support or services that exceed your scope or skills as a Peer Mentor. Mentors need to be familiar with the Resources available on campus and in the community. Below is a list of resources to which you may need to refer your Mentee. This list includes commonly used resources. A full list of resources will be included in your Peer Mentor Manual.

Please familiarize yourself with these resources and answer the Mentor Homework questions at the end to test your knowledge.

Program Coordinator:

Provide Peer Mentors with a chart of resources on your campus and in the community. Include the resource's name, contact information (location, phone number, website, hours), and a brief description of services. Peer Mentors should be knowledgeable in campus and community resources related to a range of issues, such as

- Mental health
- Academic support and advising
- Physical health
- Sexual health
- Sexual assault
- LGBTQ+
- Faith or spirituality



Peer Mentor Homework

Campus & Community Resources Activity

For each of the following scenarios, select a resource your Mentee could use.

1. Your Mentee has been feeling really down about her breakup with her partner. She can't stop crying whenever the topic comes up. You refer her to _____ so she can receive some professional support.
2. Your Mentee says that he really wants to improve his grades. He hasn't developed the study skills, organizational skills, or time management skills necessary to succeed academically. You suggest that he should visit _____.
3. At your last mentoring meeting, your Mentee was stressed about writing a paper for one of her mid-term assignments; at your current meeting she is feeling even more overwhelmed. She needs help developing the skills to organize and write an essay, so you decide to refer to the _____.
4. Your Mentee discloses to you that he is gay and has only recently come out to his friends and family. He says that he is looking to become more involved with the LGBTQ community. You refer him to _____.
5. Your Mentee has a midterm that conflicts with a religious holiday associated with her faith. Her professor won't let her write the midterm at a different time and even made some derogatory remarks to her. You refer your Mentee to the _____.
6. Your Mentee wants to talk to someone for emotional and personal support after hours or on the weekend. An after-hours resource your Mentee could turn to for personal support is _____.

The Wise Choice Mentoring Model

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Overview

The **Wise Choice** training materials will introduce Peer Mentors to a framework for guiding students towards accepting personal responsibility for their decisions and actions in school and in life, so as to foster autonomy and hope within the student. This material describes a systematic problem-solving approach as it applies to peer mentoring, and thereby provides a framework for the program and direction to Peer Mentors as they interact with Mentees.

Rationale

The Wise Choice model offers a framework for the peer mentoring program, provides direction for Peer Mentors, and helps to structure mentoring meetings. Peer Mentors benefit from having a methodical approach to help Mentees set personal and academic goals, to understand their strengths and barriers to reaching those goals, to see the options and choices to resolving issues, and to plan a course of action. Mentees benefit from experiencing a systematic approach to problem-solving, as modelled and led by a Peer Mentor, which they may then apply themselves.

Instructor Profile

Any professional who is familiar with problem-solving models could teach this session, but it would be most effective if the Instructor is familiar with Learning Strategies and has experience working with post-secondary students, so that relevant examples can be included.

Teaching Philosophy

Ideally, the Instructor will have a teaching philosophy and style that recognizes the importance of the content, process, and the significance of the collateral learning or “invisible curriculum” students assimilate.

- Instructors will intentionally create the learning environment:
 - Students learn in advance of class by reading assigned material and doing homework (e.g. identifying and writing personal goals using the DAPPS format for goal-setting)
 - Class time is used for learning through discovery: think, feel, do
 - Learning with and from others is achieved by including small group activities and large group discussions
 - Deliberate practice of mentoring skills allows for skill development and new insights to occur
 - An experienced Peer Mentor or the Instructor provides feedback with regard to both content and mentoring skills.
- Instructors will teach or review content (i.e. concepts, strategies, and tools) that Peer Mentors may teach their Mentees
 - Lecture-based presentations are used primarily to reinforce key ideas or address common problems Peer Mentors may need to deal with, and also in situations where students need time to think and develop a perspective to maximize the benefit of class activities
 - During training, Peer Mentors gain practice with activities that they could apply in their own sessions to foster knowledge acquisition among Mentees
 - Curriculum on learning strategies focuses on why a concept or strategy may be important to the learning process, and how to apply it, rather than stating the need to fix a particular problem without explaining how to do so
- Instructors will identify and design around the “hidden curriculum” (the desired additional aspects they wish the Peer Mentors to experience) which Peer Mentors may then role-model and facilitate in mentoring meetings as collateral learning among Mentees.

For example, a peer mentoring program may wish Peer Mentors to recognize which personal characteristics contributed to their own successful learning at college or university, such as:

- Accepting personal responsibility
- Developing self-awareness, self-motivation, and self-management skills
- Recognizing that learning requires interdependence and is an ongoing activity

Instructors should recognize the influence they will have on the Peer Mentors, and thus should model empathy, non-confrontational interview skills (based on motivational interviewing practices), effective pacing and depth of content delivery, how to give constructive feedback, and how to support hope among the Peer Mentors.

Resources and Background Reading

Downing, S. (2014). *On course: Strategies for creating success in college and in life* (7th ed.). Boston, MA: Wadsworth Cengage Learning.

- A detailed discussion of the Wise Choice Model.

Costa, A. L., & Kallick, B. (n.d.). *Habits of mind: Dispositions for success*. Retrieved from <http://www.habitsofmindinstitute.org/blog/blog/habits-mind-dispositions-success/>

- A discussion of the attitudes or qualities associated with maintaining curiosity and a desire to learn.

Smith, M. K. (2002). *Malcolm Knowles, informal adult education, self-direction and andragogy*. Retrieved from: www.infed.org/thinkers/et-knowl.htm.

- An overview and critique of Malcolm Knowles' theories of adult education.

Additionally, review the material in the Mental Health Knowledge training session, including the handout on "Interacting with Students with Mental Health Conditions".



Lesson Plan

Learning Outcomes

By the end of this training session, participants will be able to:

- Describe the role that Peer Mentors play in helping students to make positive decisions related to school and their personal well-being, and take action.
- Demonstrate knowledge of the Wise Choice model for promoting behavioural change, which includes demonstrating skill in:
 - Helping a Mentee set realistic goals, based on their intentions
 - Assessing obstacles or barriers to those goals
 - Harnessing the inner dialogue of a student to build hope and persistent positive action
 - Creating an Action Plan with the student
- Develop personal goals using the DAPPS (dated, achievable, personal, positive, and specific) goal-setting format
- Recognize the value of a Success Plan and identify how and when to create one with a Mentee

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

- Read the chapter on the Wise Choice model so that class time can be used for integration activities and skill development.
- Generate a list of five desired inner experiences and five desired observable outcomes.
- Practice rewriting two Victim Language statements into Creator Language statements.
- Complete their own Student Wellness Assessment and identify their current strengths and weaknesses.
- Apply the Wise Choice model and create their own personal Action Plan, including:
 - List of desired observable outcomes and desired inner experiences.
 - Assessment of current situation.
 - Possible options and possible consequences of those choices.
 - An Action Plan consisting of four goals. Create two goals related to your desired observable outcomes and two goals that are related to your desired inner experiences. Write these goals using the DAPPS format to set goals that are dated, achievable, personal, positive, and specific.
- Write down three open-ended questions a Peer Mentor could use during a mentoring meeting to help a Mentee learn more about themselves and identify their strengths and challenges.

Curriculum Connections

The focus of this session is on **how** Peer Mentors can help Mentees experience more academic and personal success.

The learning strategies topics covered in subsequent training sessions [see Academic Expectations and Self-Management] will be presented and understood within the context of the mentoring process described in the Wise Choice model.

Time

This session takes 75 – 90 minutes.

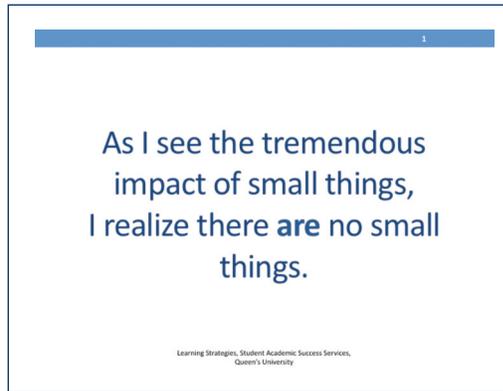
Resources

- Data projector
- Laptop
- PowerPoint presentation
- Room with tables and chairs that can be moved into groups
- Flipchart paper (post flipchart paper on walls before class and label for exercise on Goal Setting, as described in the Instructor's Notes)
- Masking tape
- Post-it notes (~5 per participant)
- Heavy markers
- Student Handouts (photocopy one per participant)
 - Encouraging Creator Language (Tomás)
 - Completed sample of the Student Wellness Assessment for the role-play demonstration. The Instructor should fill out a sample Student Wellness Assessment (available in this manual) and photocopy it prior to the training session.
- Instructor Handouts (not for distribution to participants)
 - Two copies of role-play on Wise Choices, "Assessing the Student's Situation" (provide one copy to the "Peer Mentor" and "Mentee" for the role-play activity)
 - Sample Script for Role-play Activity



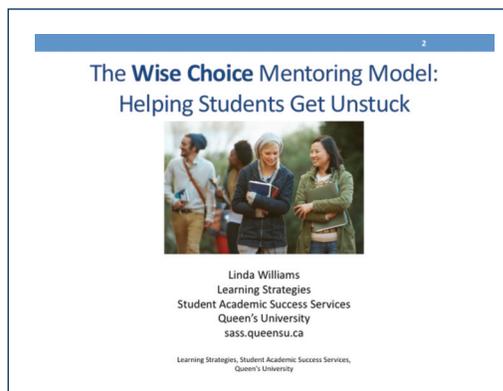
Instructor Notes

Slide 01



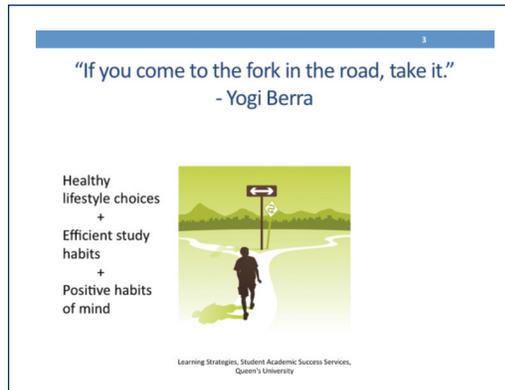
The Instructor can show this slide without comment, as Peer Mentors are gathering for the training session.

Slide 02



Introduce yourself as the instructor and provide an overview of the training session. Remind students that they have reviewed material for this session as part of their homework (specifically, reading the Wise Choice chapter and drafting goals using the DAPPS format). See Peer Mentor Homework package for more details.

Slide 03



Students are generally faced with making decisions every day — many times a day — about their health practices, personal activities, social interactions, and academic engagement. They often don't recognize when or that there is a choice and because of this may have trouble saying no or knowing where or how to get help.

Students with mental health concerns have added challenges such as inconsistent health that makes forming or keeping a plan difficult. These students may also lack confidence in their ability to become independent learners.

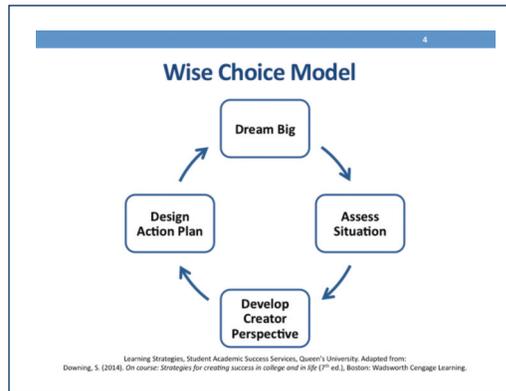
The Wise Choice model is a problem-solving framework that Peer Mentors can use within each mentoring session. Mentees can also apply the Wise Choice model to work through decisions in their own lives.

We all encounter “forks in the road” at various points in our lives. The Wise Choice model can help us be systematic in considering the options and implications of our decisions.

The purpose of this peer mentoring program and the Wise Choice model is to:

- Guide students as they learn or continue to make decisions in their personal and academic life
- Encourage decisions that support a healthy lifestyle
- Develop effective learning and studying techniques
- Promote self-awareness, self-management, self-responsibility, and self-confidence

Slide 04



The elements of the Wise Choice model include:

1. Setting goals (Dream Big)
2. Assessing strengths and barriers in meeting those goals (Assess Situation)
3. Developing or maintaining a positive attitude about your abilities to achieve your goals (Develop Creator Perspective)
4. Designing a series of steps to reach your goals (Design Action Plan).

This problem-solving approach can be used both early in the mentoring relationship, and when new issues need to be addressed.

Why use the Wise Choice model?

- It provides a systematic and methodical structure to mentoring meetings.
- It gives Peer Mentors direction and clarifies their role, while helping to manage Mentees' expectations. What topics can and cannot be addressed in mentoring? What are the roles of the Peer Mentor and Mentee in a mentoring session? (e.g. both are active contributors within a session)
- It helps keep a mentoring meeting focused by working within the Wise Choice framework on defined goals
- It allows progress towards goals to be readily seen

Slide 05

| Step 1: Dream Big and Set Intentions | | |
|---|--|--|
| Mentee's Dreams | Mentor's Questions | Sample Answers |
| Desired inner experiences (about being, feeling, thinking) | "What do you want your life at school to be like?" | Fit in, sing in choir, enjoy campus activities, feel independent, feel calm, friendship |
| Desired observable outcomes (about doing, getting, having) | "What do you want to achieve at school?" | Earn specific grade or GPA, find a summer job, keep scholarship, learn to program in C++ |

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The first step in the Wise Choice model is to help students to think about what they want to experience and achieve in the near future.

Many people can readily describe the things they want to achieve: win the race, get better grades, find a new job, or be elected to student government. Our goals often determine how we use our time and energy, and they say a lot about how we define ourselves. If the goals are not met, then we may experience deep disappointment and feel dissatisfied with ourselves.

As humans, we are more than a series of accomplishments. Our inner experiences — that is, our feelings, relationships, and beliefs — are a big part of what define us.

Helping students to identify broad intentions in both areas — desired inner experiences and observable outcomes — increases the likelihood of a student having a satisfactory school experience overall. These intentions can then be broken into smaller, more specific steps using the DAPPS model (dated, achievable, personal, positive, and specific) for setting goals.

It can be challenging for students to write broad intentions for themselves, on which more specific goals are based, so as Peer Mentors you should practice doing this for yourself.

Slide 06

6

My Goals as Instructor

1. Throughout the day, I will feel calm, organized, and engaged.
2. Throughout the day, I will model good teaching/mentoring skills. I will be open to questions and comments from you and will respond constructively.
3. By the end of the day, I will have taught 4 sessions.
4. By the end of the day, I will feel satisfied with what I've taught you by modelling, instructing, and through exercises.

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Here is an example of personal goals that I intend for myself. (Refer to the goals on the slide.)

Which statements focus on my desired inner experiences? (#1, 4) Which statements focus on my desired observable outcomes or achievements? (#2, 3)

Note that setting goals is one time when it is “all about me!” I cannot write goals over which I have no control; I cannot make YOU learn, or have fun, or do all role-plays brilliantly.

Slide 07

7

Feedback from Peer Mentor Homework

- Help Mentees make distinction between:
 - **what** they want to achieve (i.e. observable outcomes)
 - vs.
 - **how** they want to feel or live (i.e. inner experiences)
- Break large, vague goals into smaller, more specific steps:

Poorly structured goal: I want to be healthier
 Better structured goal: I want to be healthier, so I'll

- eat 6-8 servings of vegetables and fruits every day,
- sleep 7.5-9 hours a night, and
- go to the gym every other day

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Prior to leading the training session, the instructor should review the Peer Mentor Homework completed and submitted by the participants to gauge their skill level and comprehension, and to identify any areas that need clarification. This feedback slide was included at this point in the presentation because the Peer Mentors during the pilot program needed clarification on setting goals using the DAPPS model, based on the Homework they submitted. The instructor of this session should place this slide in the most appropriate section of the presentation, based on the issues (if any) that need to be clarified with Peer Mentors.

Slide 08

Group Exercise

Using the DAPPS format, write **your personal goals for today's training**:

1. 1 or 2 desired inner experiences, or emotions
2. 1 or 2 desired achievements, or new skills

Remember, well-structured goals are:
Dated, Achievable, Personal, Positive, Specific

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Activity Instructions:

Supply each student with 4-6 Post-it notes. Ask students to independently write one goal per Post-it note related to their goals for today's training. Instruct the students to include their initials so they can identify their goals at the end of the day. Ask the group to post their goals on flip paper. Prior to the session, the instructor should divide each flipchart page into 2 columns labelled: "My Goals for Today's Training" and "Goals I Successfully Attained or Experienced".

Invite the Peer Mentors to monitor themselves in relation to their stated goals. If they feel or observe they've been successful in reaching a goal at some point throughout the day, then they should go and physically move that post-it note to the other column.

Slide 09

Step 2: Assess the Student's Situation

1. Conversation
 - Your Mentee is the best source of information
 - Ask directly about issues, surrounding situation, their explanation of events
 - Focus on (negative) issues + better times
2. Assessment Forms
 - Student Wellness Assessment or the Five Domains of Health
 - Use to systematically guide conversation or assign as Mentee homework

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The second step of the Wise Choice model is “Assess the Student’s Situation”. This step is all about:

- Helping the Mentee to understand what strengths they have that will contribute to them reaching their goals (and encouraging them to “keep doing what’s working”)
- Helping the Mentee to identify their barriers to success

The two sources of information are the thoughts and explanations offered by the Mentee and questionnaires used by the program including the Student Wellness Assessment.

The purpose of assessing the Mentee’s situation, both through conversation and through the Student Wellness Assessment, is to gain an understanding of factors or habits that may be helpful or unhelpful for the Mentee, including learning, personal, and health habits. The assessment is **not** focused on diagnosis.

The following role-play will model how the Peer Mentor interacts with the Mentee to assess their current situation, including how to introduce the Student Wellness Assessment tool.

Slide 10

10

Observation & Discussion of Role-play

Watch for these things:

- Building rapport, encouragement, and hope
- Encouraging perspective and identifying strengths
- Language related to goal setting, obstacles
- Introduction to using Student Wellness Assessment

Refer to Student Wellness Assessment handout

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Preparing for the Role-play Activity

- Find one participant (preferably an experienced Peer Mentor or a Senior Peer Mentor) to act as the “Mentee” in the scenario. Review the Role-play Script, included in this lesson plan, with the Mentee Player prior to this activity. Coach the Mentee Player to role-play a reasonably uncomplicated interaction that allows student Peer Mentors to observe the Instructor’s technique more than the dramatic style of the Mentee Player.

Instructions for Role-play Activity

- Distribute a sample Student Wellness Assessment (completed by the Instructor prior to the training session) to participants so they can follow along during the role-play demonstration.
- Introduce the role-play. Tell the participants in the audience that the Peer Mentor Player in this scenario has already explained the peer mentoring program, what each of their roles are, and they have spent some time talking about their home towns, what they are studying, and their interests. The role-play starts at the shift from “social” conversation to “working” talk.
- Instruct the audience to observe items on the slide. Distribute the Student Wellness Assessment handout associated with this lesson plan. Each student receives one copy of the handout.
- Do role-play. See Lesson Plan for sample script.

- Arrange the furniture either in a suitable seating design, or use inappropriate seating design as part of the teaching in the role-play. For example, set the chairs too far apart or too close and interrupt the role-play after 1 minute or less to ask for feedback from the Mentee Player and audience about the set-up. Adjust seats accordingly and re-start role-play.

Debrief

- Ask the audience: What did you see or hear? When mentoring, would those things be helpful or not helpful?

Slide 11

11

Tips on using Student Wellness Assessment

- First, reinforce the specific strong items (4, 5's)
- Second, identify topics of weak areas (1, 2's)
- Ask about their response to the exercise: Self-critical? Discouraged when they completed it? Fairly accurate?
- Finish with hope: **"We can work on this together"** or **"You've got good skills in X. I admire your determination to tackle Y."**

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After debriefing the role-play activity with the entire group, review the Student Wellness Assessment with them. The participants will have completed this assessment themselves as homework prior to this session.

Review the instructions for the Student Wellness Assessment with the group [shown on the Student Wellness Assessment form].

The purpose of administering an assessment form is to gather information quickly and in an objective manner.

The assessment step can sometimes be discouraging or shameful for the Mentees, and so start by acknowledging each of their strengths. Focus on habits and effort more than personal characteristics. For example, emphasize the student's actions ("It sounds like you often complete work at the last minute.") rather than assigning negative personal attributes (laziness, work ethic, ambition).

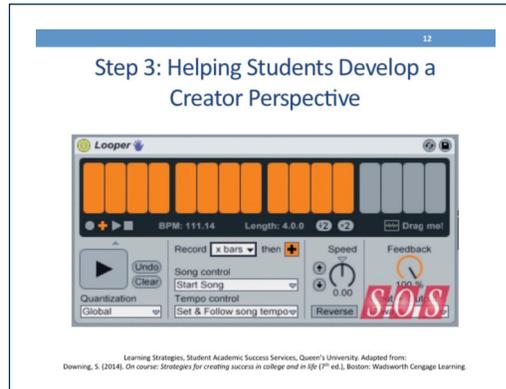
Peer Mentors may find that there are several items that score poorly (1 or 2) within the same category on the Student Wellness Assessment. Peer Mentors should discuss these items together as a category that needs some attention, rather than listing several related "negative" items.

Some Mentees' assessments may show little variation (all 1s and 2s, or all 3s and 4s) or be answered using the entire 5-point scale. Peer Mentors should ask their Mentee about their usual approach to evaluating themselves, and if they feel it is a "real picture" of their situation. If the Mentee indicates it is not representative of themselves, suggest you put it away for another time, and then re-administer the Student Wellness Assessment once better rapport has been established (e.g. when they may feel less judged by you, the Peer Mentor).

You may ask questions from the Student Wellness Assessment during conversation with the Mentee, to gather the information you think you need.

After reviewing the Student Wellness Assessment, finish with a message of hope and encouragement.

Slide 12



The third step in the Wise Choice mode is “Developing a Creator Perspective”. This step emphasizes the importance of considering our thoughts and whether these thoughts help us move towards our goals, or hold us back and make us feel incompetent and unworthy.

Ask: “Who knows what this picture is of? Can anyone say what this device does?”

This is a looper that musicians use to create repetitive recordings of the lyrics or instruments so they can build on their own music.

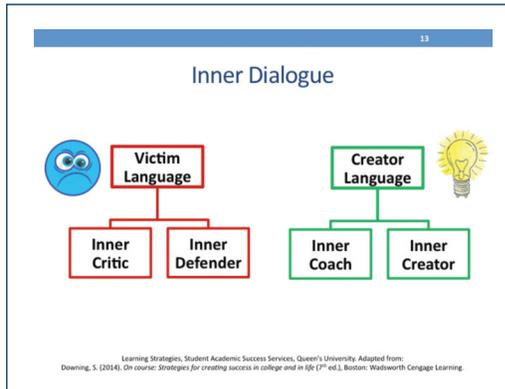
This is a great image for the “loop” that runs in our own heads, that plays over and over the old familiar messages from our youth and childhood. Some of the messages may be supportive and helpful (keep trying, you’ll figure it out!) and some messages rob us of confidence and motivation (you’re too dumb to learn this, too uncoordinated to join the team, too fat to be pretty).

Ask: “How many of you have heard of the term ‘self-talk’ or inner-dialogue?”

Inner dialogue is really about the loops of repetitive scripts that play in our heads. We all have these internal scripts, whether we are aware of them or not. The messages have built up over years and are a big factor in our own ideas about ourselves.

This stage in the Wise Choice process aims to help students pay attention to their inner dialogue, and harness or develop positive language to reduce the negative, undermining, destructive chatter.

Slide 13



There are two types of self-talk, Victim Language and Creator Language. Victim Language includes the **Inner Critic**, which blames the person (me) for failure or poor outcomes, or the **Inner Defender**, which blames others (you) for failure or poor outcomes.

Creator Language includes the **Inner Coach** and the **Inner Creator**. The Inner Coach encourages the person (me) to try or to become. The Inner Creator is talking to myself wisely and in a positive, problem-solving manner.

Slide 14

| Victim Language | | |
|--|----------------|--|
| | Blames | Inner Dialogue |
| Inner Critic  | The individual | I'm not good enough. I'll never get it right. I should have started earlier. They'll think I'm dumb. |
| Inner Defender  | Others | My group was disorganized. The prof. gave bad instructions. The TA hates me. |

Learning Strategies, Student Academic Success Services, Queen's University. Adapted from: Downing, S. (2014). On course: Strategies for creating success in college and in life (7th ed.). Boston, Wadsworth Cengage Learning.

Questions for the class: (3 min.)

Can anyone relate to these Inner Dialogues?

Do you recognize the difference in focus of responsibility between an Inner Critic and Inner Defender (i.e. the individual vs. other people)?

How might these inner dialogues hold a student back? Can you offer any examples?

Slide 15

| Creator Language | | |
|---|--|---|
| | Encourages | Inner dialogue |
| Inner Coach  | Your "self", emotions, ability | You can do it. A messy draft is OK. You're smart enough to learn this. Keep trying. |
| Inner Creator  | Perspective, creative problem-solving, ownership | My assignment is late. I need to email my prof and make a plan. I'll do it now. |

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Questions for the class: (3 min.)

Can anyone relate to these Inner Dialogues?

Do you recognize the difference in focus between an Inner Coach and Inner Creator (i.e. encouragement vs. ownership and action)?

How might these inner dialogues support a student?

Can you offer any examples?

Slide 16

16

Exercise: Write Creator Language

“The problem is I can’t get up in the morning for 8:30 classes. Therefore I will...”

THINK individually. Write 3 Creator statements (4 mins)

PAIR with a new neighbor

SHARE your statements (3 mins)

Did you feel empowered by the Creator Language?



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7 minutes

This is a Think, Pair, Share activity. Give each student the handout on drafting Creator Language, included in this lesson plan. Explain the exercise to the group.

Encourage Peer Mentors to think about what helped them feel empowered. What didn't help?

Slide 17

17

Challenges?

What was difficult in this exercise?

How would you introduce the concept of Inner Dialogue to a Mentee?



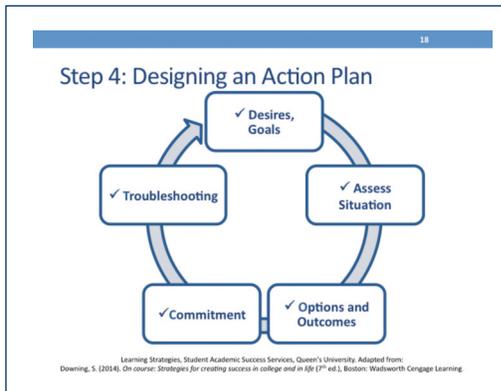
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4 minutes for discussion and suggestions

Some comments to share with the group regarding introducing the concept of Inner Dialogue to a Mentee:

- Inner dialogue may be a new idea for your Mentee. It may be uncomfortable to bring to the Mentee's awareness, particularly if negative talk predominates their "loop"
- Offer reassurance that you, the Peer Mentor, are not trying to pry into their private thoughts, but you do want them to consider whether their thoughts are helping them or holding them back
- Offer encouragement that although their inner dialogue took years to be made, the Mentee's pattern of thoughts can change with awareness, time, and effort
- If a Mentee is particularly concerned or hindered by their inner dialogue, they could benefit from the support of a counsellor
- Suggest that Peer Mentors avoid referring to inner thoughts as "voices", so as to avoid any concerns about auditory hallucinations
- Suggest that Peer Mentors talk about the normalcy of inner thoughts and the "brain chatter" that is constantly with us

Slide 18



2 minutes

We have now reviewed the first three steps of the Wise Choice model (dream big, assess the student's situation, develop creator perspective). Now it's time to make an Action Plan.

An effective Action Plan should include:

- Looking at options related to how the goals will be met, or what the student needs to do, plus the implications of each possibility. What is the best option to begin with?
- Gaining explicit commitment from your Mentee to follow through on the Plan
- Helping your Mentee to anticipate obstacles related to follow through, and then brainstorm ways to avoid or work around the problem

Slide 19

19

Sample Words: Action Plan

Gain Commitment:

“We’ve covered a lot of ground today. We talked about X, Y, Z. What specific [strategy, action, task...] makes the most sense for you to focus on this week? What will you **commit** to doing?”

Troubleshoot:

“This sounds like a good choice. Can you imagine anything getting in the way of you doing it? How can you proactively troubleshoot those obstacles?”

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Here is an example of what a Peer Mentor could say to set clear expectations of what the student will do, and increase the likelihood of them following through.

The student is the one who commits, rather than the Peer Mentor “telling” the student what to do. This reinforces the collaborative nature of the mentoring relationship.

Slide 20

20

Sample Action Plan

| Goal | Obstacle | Strategy & date | Observation, Revisions |
|---------------------------|------------------------------------|---|---|
| Eat better | Limited vegan options in cafeteria | Contact campus Dining about options (Jan. 14) | Met Jan. 15 — order placed for cafeteria |
| Get to all classes | Sleepy | Bed by 11:30, up by 7:45 (Jan. 14) | Hard! Monday a.m. worst. Try 11pm relax then bed at 12. (Jan. 20) |
| Stay caught up in Biology | Hard to find time | Make study schedule, allow 8 hours homework (Jan. 20) | Structure helpful, need 10 hrs/week per course (Jan. 27) |

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2 minutes

There is no set way to record the Action Plan with a student. Some Peer Mentors and Mentees write a to do list. Some use a chart like this, while others may use an Excel spread sheet.

The key elements are:

- 1 The goal expressed as an general intention or in DAPPS format
- 2 The obstacles or barriers
- 3 What the Mentee commits to trying

Encourage the Mentee to reflect on their experience trying a strategy and to bring this information to the next mentoring meeting. This can be really helpful information to discuss when “tweaking” the strategy or choosing alternate strategies.

Slide 21

21

Facilitator Tips: Mentees Making Changes

1. Change takes **time** and is a **risky process**.
Work on one issue at a time, perhaps over several weeks.
2. The Wise Choice model is **collaborative**. Focus on mentee goals and move at their pace.
3. Change happens through your **caring** approach as a Peer Mentor, joint practical **strategies**, and your Mentee's **persistence**.

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Peer Mentors may feel they are working harder than their Mentees to make some change in the Mentee. This can be discouraging or frustrating for the Peer Mentor, and if perceived by the Mentee, can cause the Mentee to feel like a failure or disappointment to their Peer Mentor. If your Mentee shows persistent poor motivation or low engagement, consult with the Program Coordinator.

If the participants have already completed the Health and Wellness training session, remind them of the health behaviour change models discussed during that session, or see: <http://www.prochange.com/transtheoretical-model-of-behavior-change>

Slide 22

22

Exercise on *Wise Choice* Model

Develop your language. What would you say to:

- Group 1: Describe the roles of Mentees and Mentors?
- Group 2: Discuss their completed Student Wellness Assessment?
- Group 3: Explain and ask about goals?
- Group 4: Explain and ask about inner dialogue?
- Group 5: Assess the student's situation?
- Group 6: End the first mentoring session?

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Activity Instructions:

Students will work in small groups, then share with whole class.

1. Instruct students to get into small groups and assign each group a topic. Point out to the class that the tasks flow from 1 to 6 in the same way a mentoring session might flow.
2. Give the class 5 minutes to discuss their topic as a group and to write statements associated with their topic. Instruct the students to write out words they would actually say to a Mentee.
3. Ask each group to report back to the entire class. Have the groups present their statements in order (Group 1 through to Group 6), and seek 30 second feedback (by thumbs up/thumbs down) regarding:
 - a. Content: accuracy and conciseness
 - b. Communication style: clarity (would the Mentee understand the main points?) and connection to Mentee

If you have 6 groups, anticipate that this activity will take approximately 23 minutes (5 minutes to write statements + 3 minutes x 6 groups to share = 23 minutes total)

Slide 23

Applying the Wise Choice Model

- Mentoring meetings use the Wise Choice problem-solving model to tweak previous strategies, and to address new issues:
 - **Opening:** social conversation, homework
 - **Goals:** topic or issue for today's meeting
 - **Assess:** practical obstacles, inner dialogue
 - **Strategies:** Peer Mentor models or explains strategies directly related to current issue
 - **Action Plan:** homework for Mentee, Peer Mentor

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As we have discussed throughout this session, the Wise Choice model can be used in the early stage of a mentoring relationship to guide both Peer Mentors and Mentees through the mentoring process. The Wise Choice model helps students to dream big, assess their situation, develop a creator perspective, and design an action plan. After the first few meetings, the Wise Choice model is applied in an ongoing manner throughout the mentoring relationship to tweak and adjust strategies, to identify new intentions, and to create new goals. Let's review the flow of mentoring meetings to see how the Wise Choice model can be applied in a session:

- **Opening:** Meetings open with some social conversation, which is important for building and maintaining rapport. Peer Mentors should follow up on the previous meeting by asking the Mentee how their homework went, if applicable
- **Goals:** Identify a topic or issue for today's meeting
- **Assess:** Identify practical obstacles or inner dialogue related to the issue
- **Strategies:** Peer Mentor models or explains strategies directly related to current issue
- **Action Plan:** Identify homework for Mentee and Peer Mentor. Mentee sets a goal(s) for the coming week and commits to action

The Wise Choice model will help you slow down and be thoughtful and methodical in addressing the needs of your Mentee. There is a tendency to jump in and offer suggestions without fully understanding the depth or breadth of a concern. As a Mentor, your role is to offer strategies that link directly to problems identified by your Mentee.

At different points during the mentoring relationship, Mentees may feel overwhelmed or confused by their situation. You can help them develop their own problem-solving

techniques by being explicit about the Wise Choice model. Take time to explain the steps in the problem-solving model. Tell them you will be using this approach to help them address their concerns. Some Mentors write out the four steps of the process and keep it on the table when they are mentoring, referring to it as they explore the different steps with their Mentee. This has the advantage of taking the “mystery” out of the mentoring session and helping the Mentee know what to expect. This approach also enables the Mentee to become familiar with the steps of the Wise Choice model, so that they may use it on their own.

Slide 24

24

Creating a Success Plan

A Success Plan is a record of techniques, strategies, and tips that have proven useful in managing the Mentee's personal or academic issues.

Why make it?

- > Fosters self-reflection
- > Tracks positive summary of growth, change
- > Reinforces independence in future problem-solving
- > A "Tool Kit" for next term

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Throughout the mentoring process, many issues may be discussed and many suggestions made. Some of these suggestions, strategies, and tools will be of benefit to the Mentee. As a Peer Mentor, you will know that the approach was helpful because your Mentee tried it, adapted or tweaked it to make it work for them, and knows when to apply that strategy.

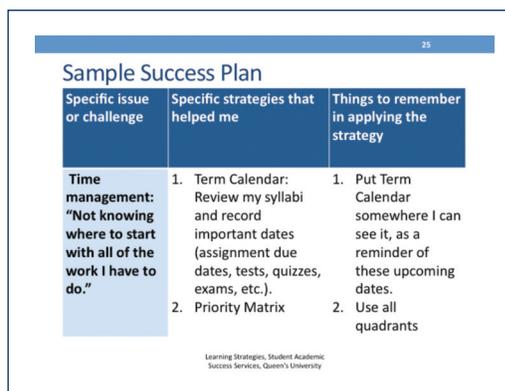
The “deliverable” at the end of the mentoring relationship is a personal Success Plan.

This is a written record of personally helpful strategies the Mentee can keep in their tool kit, which they can refer to in the future.

Begin creating the Success Plan early in the mentoring process, and keep adding to it as you go along. Use it as a way to reinforce the positive small changes the Mentee has made. For example, review it if the Mentee feels discouraged (“I’m not getting anywhere. I’ll never be successful!”)

Suggest to the Peer Mentors that they make two copies of the Success Plan, one for the Peer Mentor and one for the Mentee, as this will be a very valuable document. As the mentoring relationship is ending, the Peer Mentor can give the Success Plan to their Mentee.

Slide 25



The image shows a slide titled "Sample Success Plan" with a table. The table has three columns: "Specific issue or challenge", "Specific strategies that helped me", and "Things to remember in applying the strategy". The first row contains the following text:

| Specific issue or challenge | Specific strategies that helped me | Things to remember in applying the strategy |
|--|--|--|
| Time management: "Not knowing where to start with all of the work I have to do." | <ol style="list-style-type: none">1. Term Calendar: Review my syllabi and record important dates (assignment due dates, tests, quizzes, exams, etc.).2. Priority Matrix | <ol style="list-style-type: none">1. Put Term Calendar somewhere I can see it, as a reminder of these upcoming dates.2. Use all quadrants |

At the bottom of the slide, it says "Learning Strategies, Student Academic Success Services, Queen's University".

Distribute copies of the Sample Success Plan (Student Handout) at this time and review the format with the group.

Students often identify large issues, such as "I'm having trouble managing my time and getting my work done". A Success Plan will be more useful if it lists specific issues, and the strategies the student has found to be practical and helpful.

For example a Mentee may say, "I'm having trouble managing my time." After careful conversation, they may be able to narrow the issue down to: "I don't know where to start with so much work to do." The Peer Mentor can then talk about how to set priorities and analyze the steps in the tasks, resulting in a plan of what to do, when.

Peer Mentors can help Mentees break big issues into smaller components and address each small element separately. It's great when there are a couple of strategies to help with the same issue. Record only the strategies that the Mentee found useful, not everything you may have discussed.

Slide 26



Did you meet your goals today?

Check ✓ if you met your own goals:

- 1 or 2 desired inner or emotional experiences
- 1 or 2 desired achievements, or new thoughts or skills

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Ask participants to reflect back on the goals they set at the beginning of the training session, marked by Post-it notes on the flipchart sheets. If they feel or have observed they've been successful in reaching a goal, then they should go and physically move that Post-it note to the other column.

Slide 27



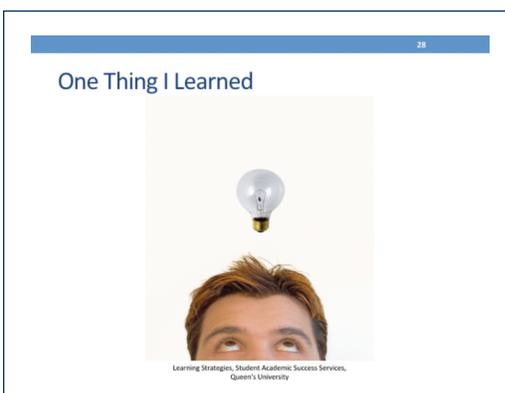
Questions?

It's **QUESTION TIME!!**

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After the questions, conclude the session with describing what will happen in the next training session, and what homework needs to be done in preparation.

Slide 28



3 minutes or less

Ask the class: “What was one thing you learned during this class?”

Respond to feedback by smiling, nodding and saying, “Thank you”
(i.e. make no judgment or comment)



Frequently Asked Questions

Question: How do I actually use the Wise Choice model in a mentoring session?

Answer:

The Wise Choice model will help you slow down and be thoughtful and methodical in addressing the needs of your Mentee. There is a tendency to jump in and offer suggestions without fully understanding the depth or breadth of a concern. As a Mentor, your role is to offer strategies that link directly to problems identified by your Mentee.

Mentees may feel overwhelmed or confused by their situation. You can help them develop their own problem-solving techniques by being explicit about the process. Take time to explain the steps in the problem-solving model. Tell them you will be using this approach to help them address their concerns. Some Mentors write out the 7 questions of the process and keep it on the table when they are mentoring, referring to it as they explore the different steps with their Mentee. This has the advantage of taking the “mystery” out of the mentoring session and helping the Mentee know what to expect. This approach also enables the Mentee to become familiar with the steps of the Wise Choice model, so that they may use it on their own.

Steps in the Wise Choice Problem-Solving Model



Question: My Mentee doesn't seem engaged with the mentoring process. How can I better understand what's going on for them?

Answer:

1. Ask them directly in a gentle, non-judgmental and non-confrontational manner, if that feels comfortable. You could say, "I notice you often come late and don't follow up on things you said you'd do. Is this usual for you? Or is something not working for you with this program?" If it's appropriate, you might also consider whether their mental health is impacting their engagement or behaviours (e.g. punctuality, following through on tasks, attention during mentoring meetings) and ask them about this directly. Remember that it's okay to use the same language as your Mentee when referring to their mental health. You could ask, "Are you feeling an increase in your level of depression lately?" or "Have you been [your Mentee's language here: feeling unwell, experiencing a low mood] lately?" Your Mentee may be more willing to discuss problems with "the program" than with themselves or with your relationship.
2. Check back to the Mentee's stated goals. Are you focusing on things that matter to them? You could ask, "Are we working on things that matter to you? Do you have new concerns that feel more important right now? What would make our mentoring a worthwhile experience for you?"
3. Are you providing a safe space and sufficient time for your Mentee to share what is on their mind? You could ask, "I'd like to hear what's been happening for you this past week, or about any challenges you and your friends [lab partners, roommates] are going through."

People often find it easier to talk about what their friends are going through, rather than themselves. Look for opportunities to gently ask if this is also an issue for the Mentee.
4. Think about **how** you try to engage your Mentee in the process of creating their Action Plan each week. This is the Mentee's opportunity to commit to some action; this is not a time for the Peer Mentor to decide what's best for them and assign them homework.

You could say, "We talked about lots of different ideas today about how to _____. Is there one or maybe two things you can commit to trying over the next week?"

[Mentee replies]

"Tell me more about what you'll try."

If you have concerns about persistent lack of engagement after having attempted some of the above suggestions, consult with the Program Coordinator.

Question: How laid-back or directive should I be with my Mentee? They say they're used to being told what to do by their parents, teachers, and coaches, and they like it. They aren't used to being actively engaged in the process and contributing 50% or more.

Answer:

Ideally, the mentoring process is a collaborative one, with input from both you and your Mentee. People have different styles, preferences, and experiences. Initially, **meet your Mentee where they are at**. Try to engage them and take small steps to gradually shift the balance so that the Mentee becomes more autonomous in their decision-making.

Set this expectation early in the mentoring relationship. Explain your roles and how the mentoring process will unfold: with the Mentee setting goals, making decisions about their commitments each week, and sharing feedback on how things went the last week.

Question:

My Mentee just told me that they have serious depression, and I don't know how to help them.

Answer:

Remember that your role as a Peer Mentor is to encourage your Mentee to be the best they can be at this moment, not to be their therapist or treat their mental health condition.

Show concern and compassion for your Mentee, and convey that you appreciate them opening up to you. You could say, "I'm sorry to hear that you're [use your Mentee's language: experiencing depression, feeling unwell]. I know it can be difficult to talk about mental health, and I really appreciate you sharing that with me."

Focus your mentoring on how your Mentee's depression is affecting them (academics, physical health, social connection, etc.), not on the disorder itself. You could say:

"I understand you are experiencing depression now. I hope you feel more like yourself soon, and suggest you talk to your counsellor about your low mood. As a Peer Mentor, I can't offer the support that a counsellor would, but I would really like to help you feel confident and capable in your school work, and support your health overall through some wellness habits. Can you tell me more about how your depression is affecting you?"

Allow time for your Mentee to consider this question and respond. You may need to provide some prompts: getting out of bed, attending classes, completing homework on time, concentration, memory, social withdrawal, sleep, eating regularly, and exercise. It may be helpful to complete the Student Wellness Assessment again to get a complete picture of your Mentee's present situation.

Ask your Mentee, "If improving one thing would make your schoolwork easier or more satisfying, what would it be? What should we work on first?"

Refer your Mentee to a counsellor or physician if they are not currently receiving professional support. As always, consult with the Program Coordinator if you are concerned about your Mentee or are not sure how to best support them as a Peer Mentor.



Role-play Activity (“Assessing the Student’s Situation”)

This role-play exercise is designed to be done by the Instructor and one student participant in front of the rest of the class. Prior to this activity, the Instructor should find a student (preferably an experienced Mentor or Senior Peer Mentor) who is comfortable acting out a role-play in front of the group. Provide the student (Mentee Player) with this handout to guide the exercise.

Instructions for Peer Mentor and Mentee Players

This is the second meeting, and therefore the first “working” session of a new mentoring relationship. As part of the mentoring session for this role-play, the Peer Mentor and Mentee will go over the Student Wellness Assessment together.

Mentee Role (Student Volunteer)

You are a 1st year student studying [Mentee Player’s own major/program]. Throughout high school you worked hard and earned good grades, but you are worried that the academic work as a post-secondary student will be more than you can handle. After midterms, you began to study many hours a day, and your sleep and social life have suffered.

This is your second meeting with your Peer Mentor, but your first “working” session. You are nervous about meeting your Peer Mentor and unsure of what to expect.

Cues to give during the role-play:

- Jumpy, eyes darting, hand or leg tapping
- Difficulty concentrating
- Frequent interrupting
- Seeking reassurance that you can fit into your post-secondary institution and have a successful school year

Peer Mentor Role (Instructor)

- Positive language
- Clear communication (even tone of voice, appropriately-paced speech)
- Building rapport, encouragement, and hope
- Encouraging perspective and identifying strengths
- Language related to goal setting, identifying obstacles
- Introduction to using Student Wellness Assessment



Role-play Activity (Sample Script)

This sample script aims to give both the training session Instructor (Peer Mentor Player) and the student volunteer (Mentee Player) a better sense of the goals and rhythm of this particular role-play activity, along with sample phrases the Peer Mentor Player could use. The actual role-play activity should be acted out naturally and organically. (Note: this handout is for Instructor use only and should not be distributed to all participants.)

Thanks for taking the time to fill this questionnaire out at home. It gives us time to talk about your answers and gave you a chance to think things through.

Like I talked about last week, this questionnaire asks about different parts of your personal life, health and academic skills. Students feel and do best when they are in good balance in all areas of life, or feel comfortable asking for help when things aren't going well.

Let's focus on your strengths first. I see...

[Look at the Student Wellness Assessment and identify individual items with score 4 or 5, and mark them with a check mark on the questionnaire]

It looks like there also are some areas that might be holding you back. I see...

[Identify and mark any topics or categories with multiple scores of 1 or 2]

What's great is that you have strengths to build on. Keep doing the things that are working well!

[Identify the Mentee's strengths and elaborate on how valuable these are. For example, "It seems like you consistently get enough sleep and wake up feeling rested. Sleep is something that a lot of students struggle with. It may not seem like a strength to you, but I think it's admirable and important that you prioritize that part of your health."]

In terms of the weaker areas, what do you think would make life better for you? Is there an area you would like to focus on changing first?

Mentee responds.

It's great you were able to think about what change you might need to make to have things easier or more satisfying for you. Of course, we will have all term to work on different issues, but this will be a good place to start.

We can talk about these areas together, and I'm sure some of these things can get better for you.

Let's look at this questionnaire more closely. You say you want to be more organized this term. What would being more organized look like to you?

When we get really specific about our goals we have a clearer sense of what we need to do. This gets easier with practice. For example, if you were more organized, would you buy your textbooks early? Would your papers be handed in on time? Would you know when your tests are in advance? Can you express that as a goal that is Dated, Achievable, Personal, Positive, and Specific?

You mentioned that part of being more organized is feeling less stressed about deadlines. It's great you are thinking about how you want to feel. Sometimes we think of goals as Achievements, but we can also think of goals as Experiences or ways of being and feeling.

Are there other experiences you want to have at school this term? What kind of a life do you want this term? How do you want to feel in your daily life?

Mentee responds.

How could XXXXX (e.g. "feeling less stressed about deadlines") be expressed in DAPPS format?

Mentee responds.

You've made a great start on this, good job! We'll be able to look back at these goals, and see what is helping you move forward.



Handout: Student Wellness Assessment

Step 1: Please answer each question using the 5 point scale, to best reflect what you ACTUALLY DO or HAVE DONE as a student. The information will be used to help identify areas of strength and potential change, so be as open as you can be!

Scale: 1 = rarely or never 2 = not often 3 = sometimes 4 = fairly often 5 = a lot or always

Academic Success

Time management

- I spread out my study time, to avoid cramming. 1 2 3 4 5
I have enough time in my week to study and complete assignments. 1 2 3 4 5
My online (Internet, video games) time is under control; it doesn't interfere with other things. 1 2 3 4 5

Concentration

- I work 50 minutes and then take a 10 minute break. 1 2 3 4 5
I am able to concentrate well when studying or doing schoolwork. 1 2 3 4 5

Goals

- I am up to date with assignments. 1 2 3 4 5
I am satisfied with my grades. 1 2 3 4 5
My course work relates to my future plans. 1 2 3 4 5
I am clear on what my future plans are. 1 2 3 4 5

Learning Skills

- I download and read notes, or read texts before class. 1 2 3 4 5
I review notes shortly after class. 1 2 3 4 5
I make up and answer questions to test myself. 1 2 3 4 5
I refer to the course outline for the learning objectives. 1 2 3 4 5

Comprehension

- I do review questions or practice problems. 1 2 3 4 5
I translate what I'm studying into my own words. 1 2 3 4 5

Selecting Main Ideas

- I can find the main points in lectures. 1 2 3 4 5
When problem-solving, I can identify relevant details. 1 2 3 4 5
My notes contain both main ideas and details. 1 2 3 4 5

Academic Stress

- I am calm enough in an exam that I do my best. 1 2 3 4 5
I think I will get passing grades. 1 2 3 4 5
I feel calm and on top of my academic workload. 1 2 3 4 5

Exam Preparation and Writing

- I separate my initial "learning" from my "studying". 1 2 3 4 5
I know what to study for an exam. 1 2 3 4 5
I feel confident in my study methods. 1 2 3 4 5
I answer practice questions to study. 1 2 3 4 5
I study in a group, or with a friend, about 25% of the time. 1 2 3 4 5
I adjust my study methods for different courses. 1 2 3 4 5
I study enough for my exams. 1 2 3 4 5

This self-assessment tool has been adapted for the M² Peer Mentoring Program at Queen's University from the Success Skills and Habits Questionnaire developed for Q-Success.



Handout: Student Wellness Assessment

Step 2: Use green pen to circle all the times you selected 4 or 5 on the scale – these are your strengths, what you’re already doing well!

Step 3: Use another colour to identify where you selected 1 or 2 on the scale – these are your areas of potential change! Think about what resources can help you improve in these areas, and use these potential areas of change to inform your goal-setting.

Personal and Mental Health

Physical Health

| | | | | | |
|---|---|---|---|---|---|
| I am aware of the options to be physically active both on and off campus. | 1 | 2 | 3 | 4 | 5 |
| I feel confident in my ability to prepare healthy snacks and meals. | 1 | 2 | 3 | 4 | 5 |
| I feel motivated to choose healthy meal options. | 1 | 2 | 3 | 4 | 5 |
| I sleep 7-9 hours a night with regular sleep & wake times. | 1 | 2 | 3 | 4 | 5 |
| I wake up feeling well rested and have energy throughout the day. | 1 | 2 | 3 | 4 | 5 |
| I spend 150 minutes a week doing some type of moderate to vigorous physical activity (i.e., walking, running, lifting weights, etc.). | 1 | 2 | 3 | 4 | 5 |
| I eat 7 or more servings of fruits and vegetables a day. | 1 | 2 | 3 | 4 | 5 |

Mental Health

| | | | | | |
|---|---|---|---|---|---|
| I am aware of different strategies to help me manage my stress. | 1 | 2 | 3 | 4 | 5 |
| I am aware of when I should seek help for my mental health. | 1 | 2 | 3 | 4 | 5 |
| I am aware of what resources I can access for my mental health. | 1 | 2 | 3 | 4 | 5 |
| I know how to soothe and calm myself if I am feeling upset. | 1 | 2 | 3 | 4 | 5 |

Help-Seeking and Resilience

| | | | | | |
|--|---|---|---|---|---|
| If I were experiencing a problem that was bothering me I would reach out to a friend and/or family member. | 1 | 2 | 3 | 4 | 5 |
| If I were experiencing a problem that was really bothering me I would consider seeking help from a mental health professional. | 1 | 2 | 3 | 4 | 5 |
| I am able to cope in healthy ways with the demands of school and my personal life in healthy ways. | 1 | 2 | 3 | 4 | 5 |
| I understand where to go for support if I am struggling to cope. | 1 | 2 | 3 | 4 | 5 |
| I understand my own resilience strengths and areas requiring improvement. | 1 | 2 | 3 | 4 | 5 |

Connection and Community

| | | | | | |
|---|---|---|---|---|---|
| I have a hobby or personal interest that brings me joy. | 1 | 2 | 3 | 4 | 5 |
| I make time to engage in a hobby or personal interest that brings me joy. | 1 | 2 | 3 | 4 | 5 |
| I have at least one friend who is non-judgmental and supportive. | 1 | 2 | 3 | 4 | 5 |
| I have a positive and strong support system through family and friends. | 1 | 2 | 3 | 4 | 5 |
| I feel socially connected and included. | 1 | 2 | 3 | 4 | 5 |

This self-assessment tool has been adapted for the M2 Peer Mentoring Program at Queen’s University from the Success Skills and Habits Questionnaire developed for Q-Success.



Peer Mentor Homework

Getting Unstuck: The Wise Choice Mentoring Model

Prepared by:

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The **Wise Choice** section will introduce Peer Mentors to a collaborative process for guiding their Mentees towards recognizing their options, making positive choices, and accepting personal responsibility for their decisions and actions in school and in life. These intentional thoughts and actions foster autonomy, reinforce a sense of control, and build hope within the Mentee. Many students find it difficult to claim ownership of their academic and personal life, and for some students with mental health problems, these inner experiences may feel out of reach. Thankfully, with the support of a Peer Mentor and through small positive steps, this false belief can be challenged.

The Wise Choice mentoring model serves two purposes:

- i) As a “touchstone” or framework that Peer Mentors can use to guide each session with their Mentee.
- ii) As an approach to making decisions or solving problems that Mentees can learn and apply independently in their lives.

Learning Outcomes

By the end of the training program, participants will have gained:

1. An understanding of the role that Peer Mentors play in helping Mentees make positive decisions regarding school, their health practices, and other aspects of life.
2. Knowledge of the Wise Choice model to promote behavioural change that includes learning how to:
 - i) Help students set realistic goals, based on their intentions
 - ii) Assess obstacles or barriers to those goals
 - iii) Harness the Mentee's inner dialogue to build hope and persistent positive action.
3. Practice in setting personal goals.
4. Knowledge of possible strategies to overcome common issues that arise among Mentees.

Personal exercises are included throughout the chapter to help Peer Mentors connect more deeply with the material.

Making Wise Choices

Our life is rich in choices, maybe even to the point of exhaustion. We often act without fully considering the options open to us, the possible outcomes of our decisions, or whether our actions will move us closer to our dreams. This material is about helping Mentees make wise choices.

The Concept

Attending college or university is an adventure that can be exciting, scary, risky, challenging, filled with mistakes, but also breathtakingly beautiful. New challenges develop over each year, and everyone hopes to be successful during their time as a post-secondary student. If students have some sense of what they want to achieve in terms of both practical outcomes and inner experiences, then they are more likely to have a successful journey. It is often said that, “If you don’t know where you are going, how will you know when you get there?”

The choices we make have a huge bearing on whether we achieve our desired observable outcomes and inner experiences, or whether we blame others for difficulties or sabotage our own efforts.

We have the power to create ourselves:

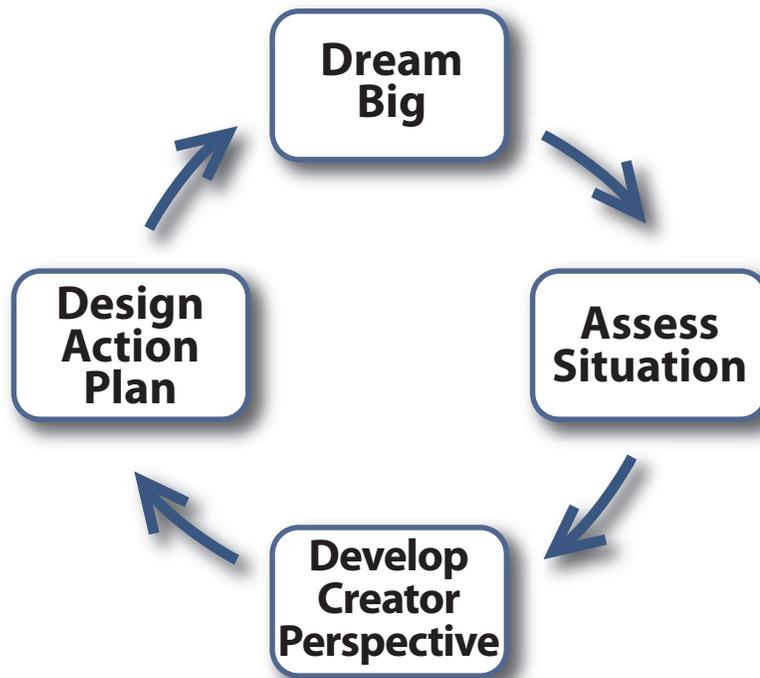
“Whether I fail or succeed shall be no [one’s] doing but my own. I am the force....
My choice; my responsibility; win or lose, only I hold the key to my destiny.”

(Elaine Maxwell, Business Training and Leadership Development Coach, Toronto)

We also have the power to carry through with our dreams if we persist, in spite of difficulties and over a long period of time. This idea of perseverance is called **grit**, and is more important than I.Q. in determining success as a post-secondary student, or in life.

Making **Wise Choices** starts with the student looking at their desired goals and at their situation, reflecting on their inner dialogue or perspective (“I believe I can” compared to “I’ll never get this right”), then planning their actions and following through.

The **Wise Choice** framework will help establish a collaborative relationship between Peer Mentors and Mentees, reinforce notions of both autonomy and engagement in the Mentee, and help Peer Mentors guide their Mentees and address issues in a systematic way.



Learning Strategies, Student Academic Success Services, Queen's University.
Adapted from: Downing, S. (2014). *On course: Strategies for creating success in college and in life* (7th ed.), Boston: Wadsworth Cengage Learning.

Wise Choice Model, Step 1: Encouraging Students to Dream Big

Who do you want to **be**? What do you want to **do**? What do you want to **have**?

Students want to feel successful in their projects—but what does that really mean? How will someone know they have achieved this? Will the process of achieving the goal be positive or awful?

Most people find it easier to consider their desired observable outcomes as compared to their desired inner experiences. Students may focus on what they want to achieve (e.g. good grades, paper in by due date, fastest running time, etc.) but find they become overwhelmed by the inner experience of getting there. Pulling all-nighters allows the student to hand the paper in on time (observable outcome) but it is really stressful (inner experience), and then there's the cost of missing a night of sleep to their health and mood. When setting goals it is important to think of both the **desired observable outcomes** and the **desired inner experiences**.

Examples of Desired Observable Outcomes:

What do I want to achieve this term or year? (Think “**do**” or “**have**”)

- Earn a 3.0 Grade Point Average
- Establish a regular sleep routine and get up by 9:00 a.m. on weekdays
- Go to 90% of my classes
- Hand my assignments in on time
- Exercise twice a week
- Participate in my school's Model United Nations conference
- Find a summer job by April

Examples of Desired Inner Experiences:

What do I want my life to be like? Who do I want to be this term?
(Think “**be**” in terms of personal development or emotional experience)

- Balance in my academic, social, and personal time
- Be calm and organized in my approach to studying
- Manage my stress so I feel calm and in emotional control
- Feel energetic
- Feel well-supported by my network on campus
- Improve my confidence in living away from home
- Become more attentive to my need for “me time”
- Feel less nervous about public speaking
- Develop good decision-making skills so others see me as reliable
- Overcome my reluctance to ask for help for my mental health

As a Peer Mentor, you can talk with your Mentee about their desired observable outcomes and desired inner experiences as a way to foster rapport, build a collaborative approach to working together, and clarify a reference point to ensure you are on track with your Mentee. Encourage students to set targets to work towards. Aim high but also consider what is realistic under their current circumstances (e.g. their course load, mental health, other responsibilities, and current level of knowledge).

One way to effectively set goals is to use the DAPPS method. In this format, you can break down a broader intention (desired observable outcome, desired inner experience) into a specific goal. Using the DAPPS format, goals are:

1. **Dated**
2. **Achievable**
3. **Personal**
4. **Positive**
5. **Specific**

Setting Specific Goals for Desired Observable Outcomes

A student may have a general goal such as: “I want to get in shape this term.”

This is difficult to assess because it is subjective and imprecise. Using the DAPPS format, a more specific goal could be:

“By the end of next week (*dated, achievable*), I (*personal, applies to me*) will join the student running club (*achievable, positive language*) and will commit to exercising three times per week (*specific*). ” – Chris, September 15th

The general goal of “I want to be on top of my academics this term” can be made more specific by creating smaller goals using the DAPPS format:

1. By the end of Week 2, I will have made a Term Calendar for myself.
2. By Week 3, I will figure out a regular homework schedule that works for me, that includes 20 hours of homework outside of classes.
3. By Thanksgiving, I will contribute at least once in my History tutorial.
4. By Nov. 15, I will go to a Learning Strategies workshop on study methods.
5. By the end of term, I will have learned and studied efficiently in ECON to earn a 3.0.

Desired Inner Experience Examples:

The general goal of “I want to feel calm, confident and healthy in my life at school” could be broken into smaller more specific DAPPS goals, such as:

1. By the end of Week 2, I will try to feel physically healthier by setting up regular times to go to the gym and adding these to my weekly schedule.
2. By the end of Week 1, I will be in a sleep routine of going to bed by 11:30 p.m. each weeknight and 2:00 a.m. on weekends, at the latest.
3. By the end of Week 4, I will speak daily for at least three minutes to at least one person who may become a friend.
4. Each day, I will do something – even a small thing – that is fun for me.
5. After dinner each day, I will assess what schoolwork needs to be completed within two days, and plan how to do it.
6. Each day after dinner, I will take five minutes to think about what has gone well in my day in any respect.
7. By the end of each week, I will be up to date in my assignments, or have a plan for catching up by the end of the following week.

The general goal of “I want to become more attentive to my need for ‘Me Time’, so I feel better able to cope with life” could be thought of as several smaller goals:

1. I will think back to when I have felt good in the past and determine how much unstructured time I had.
2. I will plan that amount of unstructured time into each day using my weekly schedule.
3. In case unexpected things come up and I feel guilty about taking “Me Time”, I will plan for two hours of extra academic work time, twice a week.
4. I will track my “Me Time” and my feeling of being holistically restored.
5. If I have trouble keeping up with my activities and taking “Me Time”, I will look at how I am organizing my time and setting priorities.



Peer Mentor Homework

Desired Experiences and Outcomes Activity

Practice what you may ask your Mentee to do. Many people find it relatively easy to say what they want to achieve, earn, or accomplish. These things relate to what we might want to “do” or “have”. It is often more difficult to articulate what we want to experience on an inner level, such as who we want to be or how we want to feel.

Generate a list of five desired inner experiences and five desired observable outcomes that are meaningful to you.

Desired Observable Outcomes:

What external, observable, measurable outcomes would you like to achieve? What do you want to do, accomplish, or attain?

Desired Inner Experiences:

What inner, private, feeling-based experiences or personal development would you like to achieve? What do you want your life to be like?

Wise Choice Model, Step 2: Assessing the Student's Situation

Assessing situations can be difficult because we each look at the world and our part in it through our personal lens or perspective. Sometimes we need feedback from others to gain information, and sometimes answering probing questions helps to increase our self-awareness.

There are many reasons why any student may do poorly at school, including: homesickness, too much socializing, financial worries, health issues or mental illness, concern for family or friends, poorly developed study habits.

Students with mental health problems may have additional challenges related to changes in their cognitive functioning (e.g. difficulty concentrating, poor memory, focusing on details more than concepts). They may also experience a loss of confidence in their ability to understand complex material, to meet the expectations of their professors, or to meet their own standards.

It is a valuable exercise to ask a Mentee directly about the challenges they are facing. In addition, several tools are available to help you and the Mentee unpack the situation. A systematic approach to identifying what is actually happening with the student will enable a more solution-based Success Plan to be drafted.

In assessing the Mentee's situation, your focus will be on helping the Mentee identify what is working well, and what is not working well. The focus is not on the particular mental health condition the student is experiencing, but rather the impact of the disorder on their school, social, or personal life. You may or may not know the specific diagnosis of your Mentee, but that will not alter your ability to help them recognize their current strengths and problem areas.

1. Your Mentee will complete the **Student Wellness Assessment** before or during your first mentoring meeting. The **Student Wellness Assessment** offers insight into how your Mentee manages themselves, their health, and their academics. This questionnaire enables a student to be specific about strengths and weaknesses. Use this assessment to identify patterns that may be helpful or unhelpful.

2. Through conversation, Peer Mentors can play an important role in helping Mentees develop their own self-assessment skills. Have them think about a particular situation and take a big picture view:

What was happening leading up to the situation? What was happening during the event? What happened afterwards?

It may be helpful to have the Mentee think about a positive or happy situation and compare the surrounding circumstances to a negative or unpleasant situation. This comparison may help them see what they could do differently now to achieve a better outcome.

Mentoring Tip

Use the OARS approach to gather information from your Mentee in a gentle, affirming, and exploratory manner. Refer to the Peer Mentor Homework on Communication Skills and Emotional Intelligence for more strategies.

O - Open-ended questions that do not lead to a Yes or No answer.

Ask: "Can you describe how you approach studying?" rather than, "Do you study in a quiet place, with your phone off, using the 50/10 method?"

A - Affirming feedback regarding the worth, uniqueness, and efforts of the Mentee.

"You are making good efforts to work on this problem. This shows you are creative and can take a risk in trying something new. Great job!"

R - Reflect back to the Mentee what you have heard or understood, including both words and emotions.

"You sound pretty frustrated. It sounds like you tried to make summaries to study from, but you had trouble knowing what was most important."

S - Summarize the content of the meeting.

"We covered a lot today, mostly about how to stay focused when you are doing homework. I heard you say you are committed to studying in the library, turning your phone off, and working 50 minutes before taking a 10-minute break. It's great you could decide which strategies to start with. Let's talk about how these things worked when we meet next week."

Case Study: Assessing a Mentee's Situation

In talking with your Mentee, you learned the following.

Background:

Your Mentee, Lucas, was a top student in his high school and worked hard in his courses. He also played football, volunteered at the local hospital and helped in the family business on holidays. His mood was unstable during high school, but he coped by keeping busy. In Grade 11, Lucas was devastated after a break-up; he tried to cope by working hard and not dating anymore. His parents were worried by his isolation, irritability and despondency so they encouraged him to talk to the doctor, who diagnosed and treated him for depression.

Lucas enjoyed his first year at university, but when he returned in second year he developed pneumonia and missed two weeks of classes. Lucas felt out of touch socially and academically by the end of September. He used to work out regularly at the gym, but he didn't think he could spare the time as he tried to catch up on missed schoolwork. Although he was looking forward to learning to cook for himself, he was surprised at how much time it took to shop, cook, and clean up. His mom noticed he had lost weight. Lucas wasn't enjoying the fall term, especially after deciding to give up his job. He felt overwhelmed by the amount of work he needed to do. He spent most of his time trying to catch up and stay on top of his courses, so that he could make his parents proud.

Lucas had a test in Physics worth 35% of his final grade on Thursday at 10:30 a.m. After a bad test result, he is worried that he will fail the next one and is scared of failing the entire course. He is feeling discouraged and has not been going to class. The Physics course is currently the main topic in your mentoring meetings.

Lead-up to the situation:

Lucas had four Physics chapters to catch up on, so he started on Tuesday night and read until 2 a.m. and did practice problems on one and a half chapters. He was busy all day Wednesday, so that night he reviewed and did practice problems again. It was tough material and he had problems concentrating, so he worked until 4:30 a.m. Lucas slept a few hours before his first class. When Lucas isn't feeling well due to his mental health, he struggles to get out of bed for class. Lucas was not alert or rested when he went to write his test at 10:30 a.m.

During the test:

The first part of the test was okay, but then Lucas found he couldn't recognize some of the material. He became very nervous and spent too much time on questions, making him more stressed. Lucas didn't have time to answer all of the test questions. There were two questions worth a lot of marks at the end that Lucas knew, but he didn't answer them because he ran out of time.

Afterwards:

Lucas felt exhausted and discouraged that he missed some easy questions. He received 42% on the test, which puts him in a bad position going into the final. Lucas is scared about his next test already and it is weeks away. He may not pass this course, and then he will be at risk of academic probation. His usual pattern is to avoid situations that make him feel bad, and he is strongly tempted to reduce his shame and embarrassment by missing class and attempting the work on his own.

You talk to Lucas and use the OARS method to gather more information. Following the conversation, you might make the following summary:

Peer Mentor's Assessment:

Lucas is currently struggling in many aspects of life, including his physical health, social life, mood, and academics. He is behind in his Physics homework and recently did poorly on a test. The test was worth a lot of marks and he didn't prepare well enough. He didn't go into the test well rested and also didn't use a good test-writing strategy. Lucas didn't pass the test and is nervous about the next one. He needs over 70% on the next test to pass the course. Lucas says he is very stressed, and will likely avoid going to class.

When asked, Lucas said that he has done well on tests in other classes this semester, like his Politics class. He goes to lectures, skims the readings, and reads more carefully a second time if he doesn't understand the homework, and he discusses things every few weeks in a study group. He starts studying for a test three days ahead and does a few practice questions, so he hardly ever needs to pull an all-nighter before the test. He likes the course because he does well in it, so he tries harder. He feels more confident in his knowledge, and feels willing to take a risk by talking to his professor.

Lucas approaches Physics differently compared to Politics, and this information will be helpful to Lucas in making a new plan for Physics. In order to support him as a Peer Mentor, you may need more information about his mood, physical health, and social relationships.

Peer Mentors, Take Note!

The temptation is strong to rush in and offer advice to Lucas about strategies that you have found helpful, or offer advice about what Lucas should do now. **Resist this temptation.**

The value in the **Wise Choice** model is that an action plan unfolds based on the desired observable outcomes, desired inner experiences, and resources of the individual Mentee, and strategies are explicitly linked to the problems identified by the Mentee.

Take time now to learn more about what is going on in Lucas's life that is preventing him from achieving his goals.

Wise Choice Model, Step 3: Develop a Creator Perspective

What do you believe about the world? Is it basically safe?

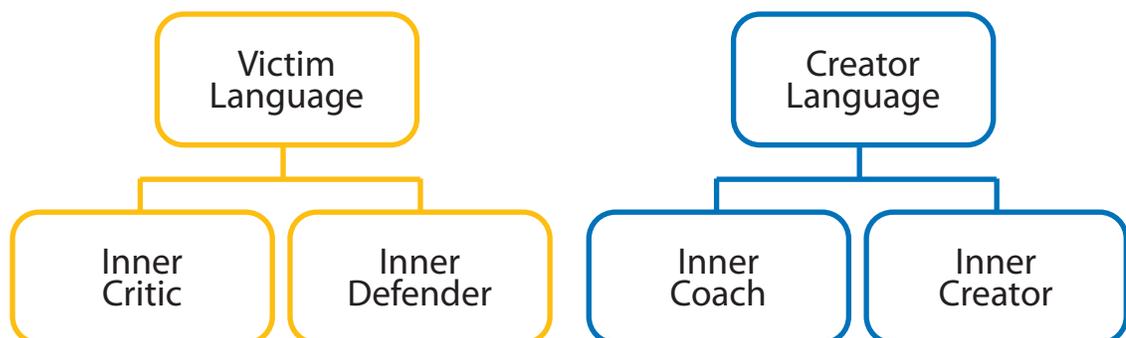
What do you believe about other people? Are they basically friendly and helpful?

What do you believe about yourself? Are you basically capable and worthy?

The beliefs we hold are built up over time and by our good and bad experiences. These beliefs often form scripts that circulate in our heads. Much of the time we are unaware of our inner dialogue, but sometimes the scripts become stronger when something reminds of us past experiences, good or bad.

Our Inner Dialogues can be divided into helpful Creator Language and unhelpful Victim Language. Students can harness the power of their helpful inner dialogue, propelling them forward to help them achieve desired outcomes and experiences. Paying attention to these inner dialogues gives the student powerful information about how they may be hindering or supporting themselves.

Inner Dialogue



The Student's Victim Language

Victim language prevents students from taking responsibility for their outcomes and experiences. Victim language manifests as either the Inner Critic or the Inner Defender.

The Inner Critic

The Inner Critic causes students to judge themselves by blaming, shaming, complaining, and demeaning their abilities and outcomes. The messages associated with the Inner Critic may sound like the voice of a parent, teacher, coach, or employer who tried to get the student to “do better” or “be better”.

Students keep their Inner Critic voice alive because it reduces the impact of negative evaluations by others. If the student has already thought the most horrible and hateful thoughts about themselves, what more can someone else possibly add?

The negative consequences of the Inner Critic are that students hold themselves back and fail to take responsibility for their decisions or actions.

The Inner Critic keeps you fixed, scared, and dissatisfied with your efforts and results. At some point the “you” spoken by the critical parent, coach, or teacher becomes “I” in the child’s or youth’s mind.

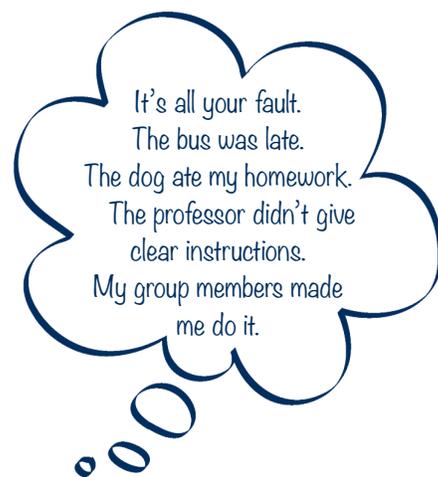
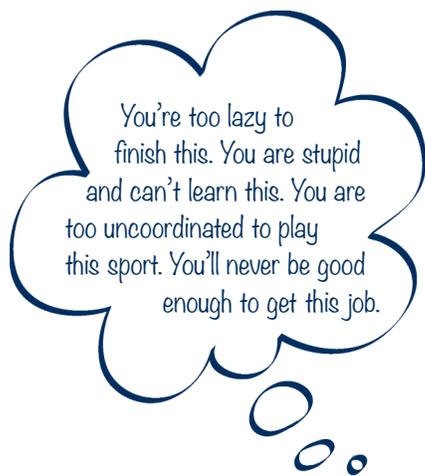
The altered thinking patterns associated with a particular mental health problem may also contribute to a loud and persistent Inner Critic voice.

The Inner Defender

Another Victim Voice is the Inner Defender, who makes excuses and deflects personal responsibility. The Inner Defender causes students to judge others by blaming, shaming, complaining, and demeaning other peoples’ outcomes and abilities. The messages associated with the Inner Defender may sound like the voice of a small child backed into a corner.

The protective value of the Inner Defender is that it shields the person from harsh criticism by others (“What do they know about it, anyway?”) and enables the student to protect themselves from negative judgement.

As a negative consequence of believing the Inner Defender, students can deny and avoid personal responsibility.

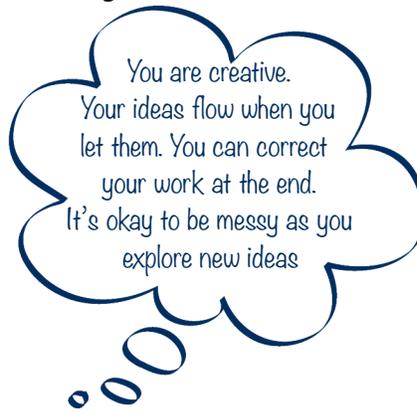


The Student's Creator Language

The Creator Voice can speak in two ways, through the Inner Coach and the Inner Creator.

The **Inner Coach** helps a person grow, take risks, and face new challenges.

The Inner Coach says:

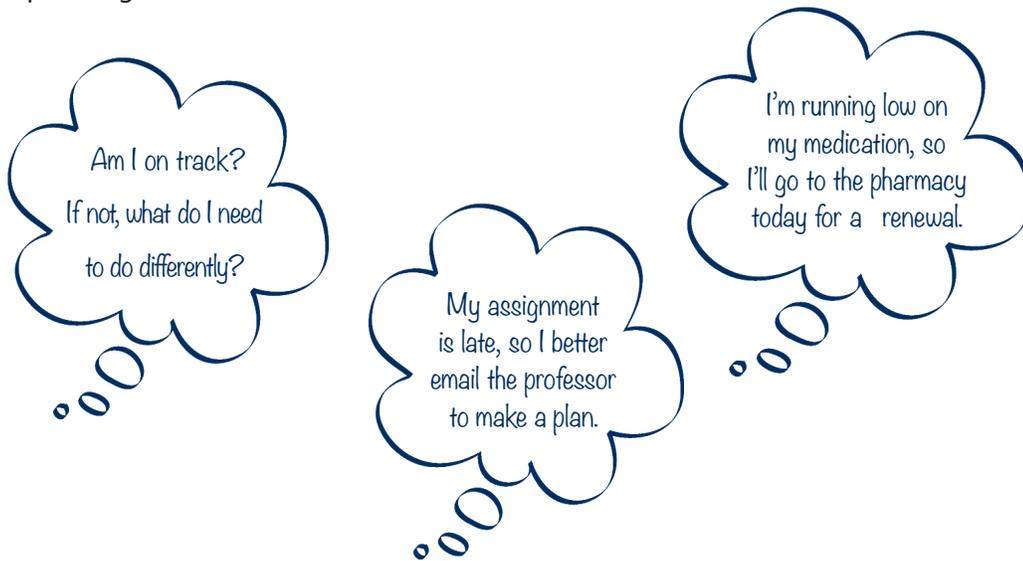


Peer Mentors can help their Mentee harness the power of their Inner Coach, by encouraging them to:

Picture their Inner Coach and their Inner Critic sitting on each of their shoulders.

- Create a visual image that makes sense for them, to capture the words or feelings they evoke. Help the Mentee feed the Inner Coach, by providing explicit positive feedback (e.g. when you did _____, it showed you understood the problem).
- Remind the Mentee that they have a choice to listen to the encouraging Inner Coach or negative Inner Critic. This reinforces ideas of personal power and agency.
- Have the Mentee practice calling on their supportive coach when they sit down to write, study, do problems, or face any challenging task.
- Teach the Mentee to refute their critic. Have the student ask:
 - What's the worst that can happen?
 - How likely is this to happen?
 - Is there any evidence that contradicts this negative view?
 - Am I looking at the whole picture?
 - Am I being realistically objective?
- Encourage the student to get back to work. They do not need to be held hostage by their own negative thoughts.

The **Inner Creator** is another form of positive inner dialogue that students can develop. The Inner Creator offers perspective about oneself, others, the situation, and options. The Inner Creator doesn't judge a person's character, nor does it offer excuses for the outcomes. Instead the Inner Creator observes the situation and helps the student make a plan to get back on track. It asks:



Creator language is the language of power. **Power** means taking personal responsibility for our part in the situation and making a plan, being more aware of the world around us, and being creative in solving problems to the best of one's ability. At any moment, a Mentee may be unable to take significant action due to their mental health problem, so it's prudent to encourage the Mentee to include backup options in their action plan.

Case Study: The Power of Inner Dialogues

Situation: Lucas had a test in Physics worth 35% of the final grade on Thursday at 10:30 a.m. He was unprepared and felt exhausted after staying up all night to cram. The second test is in a week.

Lucas may be held back by Victim Language:

Inner Critic: "I just don't have enough time to keep up with all my courses, and I just can't think the right way in Physics. I can't focus well enough and I'm not smart enough. I know I'll fail the next test, too. I'm tired, so I'm going to take a nap."

Inner Defender: "Professor Jones should give assignments instead of tests. She's too lazy to do the marking. Everyone knows we do better on assignments than tests. She just wants us to fail. I bet she'll make the second test even harder. I'm going to watch a show to relax."

Lucas could help himself by using Creator Language:

"I just didn't do what is needed to learn Physics, or to do well on the first test. I can change a lot of things to increase the chances of passing the next Physics test. I can keep up with practice problems, study more, and get a good sleep before the next test. These things will make a huge difference. I can do it. I can accept responsibility and make a plan. I know some days I work better than others, so I need to build in extra time for lost days. I'll start today by talking to my Peer Mentor to create a plan."



Peer Mentor Homework

Inner Dialogue Activity

1. Think of a specific time when you faced a challenge and your inner dialogue consisted of Victim Language. What were you thinking or saying to yourself at the time? How did this inner dialogue affect you, or influence your actions?
2. Think of a specific time when you faced a challenge and your inner dialogue consisted of supportive Creator Language. What were you thinking or saying to yourself at the time? How did this inner dialogue affect you, or influence your actions?
3. Using your inner dialogue or thoughts described in Question 1, practice rewriting three Victim Language statements into Creator Language statements. How could you change or flip negative self-talk into positive, supportive self-talk? (Hint: sometimes it is helpful to think, "What would I say to a friend?" when trying to come up with supportive Creator Language.)

Wise Choice Model, Step 4: Helping Students Design their Action Plan

An Action Plan is a commitment to move forward and it will reflect the student's desired observable outcomes and desired inner experiences. The Mentee will need to develop their Creator language to help them show grit and persistence in overcoming current barriers. They can reach their goals when they make wise choices.

Peer Mentors can help students to develop a logical problem-solving approach to making a plan by using questions, conversation, and sometimes stories.

- What's my **actual** present situation?
- How or what would I like it to be?
- What is holding me back? What obstacles do I need to overcome?
- Is my inner dialogue helping me?
- What are my possible options or choices?
- What's the likely outcome of each choice?
- What choices will I commit to?
- How and when will I see if my plan is working, and change it if needed?
- What might go wrong with my plan and how can I prevent it?

The Action Plan can be a simple to do list with goals written in DAPPS format (dated, achievable, personal, positive, specific). The Action Plan forms the basis of the Mentee's homework until the next mentoring meeting.

By repeatedly demonstrating a predictable method for identifying and managing challenges, you will be modelling a systematic and broadly applicable problem-solving approach to your Mentee that they can continue to use themselves. This self-sufficiency is exactly what you're trying to encourage.



Peer Mentor Homework

Wise Choice Activity

This exercise lets you experience the process you will teach to others. Pay attention to what steps are difficult for you and what helped you move forward. Practicing a methodical problem-solving approach that “uncovers” your uniqueness will help you avoid the temptation to rush and impose a solution on another unique person.

1. Complete your own Student Wellness Assessment and identify your current strengths and weaknesses.
2. Apply the Wise Choice model and create your own personal Action Plan. By the end, you will have:
 - a. Created a list of desired observable outcomes and desired inner experiences.
 - b. Assessed your current situation.
 - c. Identified possible options and possible consequences of those choices.
 - d. Created an Action Plan consisting of four goals. Create two goals related to your desired observable outcomes and two goals that are related to your desired inner experiences. Write these goals using the DAPPS format to set goals that are dated, achievable, personal, positive, and specific.

Reflect on your own experience with applying the Wise Choice model.

What aspects of applying the Wise Choice model were challenging for you?

3. Write down three open-ended questions you could use during a mentoring meeting to help a Mentee learn more about themselves and identify their strengths and challenges. Using open-ended questions also helps you learn to avoid jumping in with advice. For more information on open-ended questions, you may wish to review the Peer Mentor Homework material on Communication Skills.

Applying the Wise Choice Model

Much attention is placed on the initial mentoring meeting, but most Peer Mentors will meet their Mentees several times. What will those meetings look like? How is the Wise Choice model applied over the course of an ongoing mentoring relationship, which may last an entire academic term or year?

The second and subsequent mentoring meetings follow the **Wise Choice** model of problem-solving and ‘tweak’ the strategies already discussed or move on to new problem areas.

While mentoring meetings will likely include some social conversation, which is friendly and helps to build rapport, each session will feel more satisfying to you and to your Mentee if some content is also discussed. The problem areas you focus on together will depend on the Mentee’s goals and wishes, and the areas identified in the Student Wellness Assessment.

Address one issue at a time, unless your Mentee indicates that a more urgent and important issue has come up. It may take several weeks or only a single meeting to develop a workable strategy for an issue. Each mentoring meeting should stand alone, in terms of having:

- A goal for the meeting,
- An assessment of the present situation and barriers to achieving the goal (both inner dialogue and practical obstacles),
- Possible strategies or interventions, and
- An action plan with the Mentee committing to certain tasks (their “homework”).

Any suggestions you make should be clearly linked to the issue you are trying to resolve together.

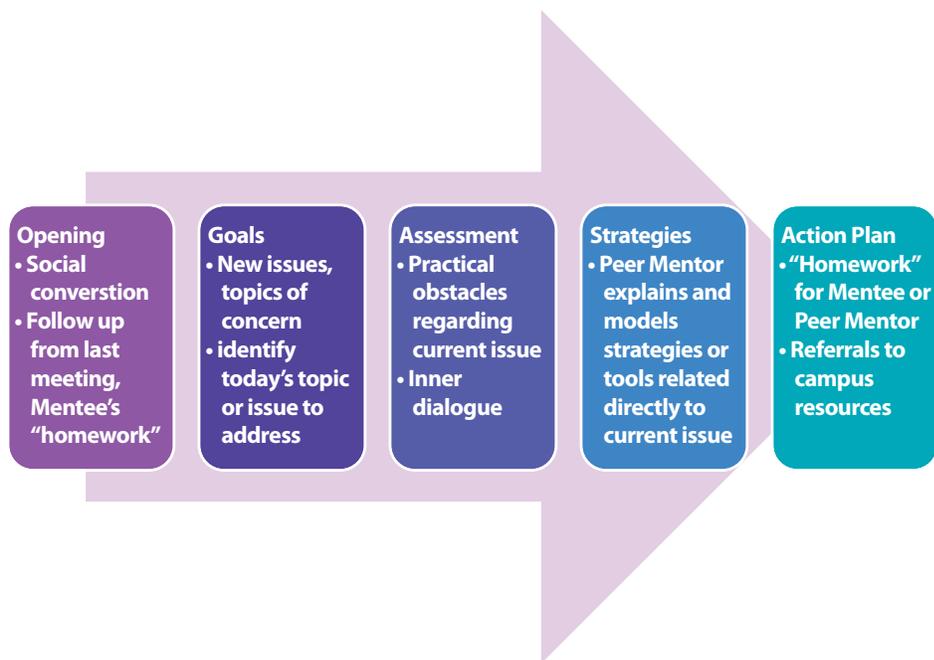
If a Mentee appears unable to think of goals for a meeting, refer to the assessment information you have and clarify again what is challenging or causing difficulty for them. Ask if those things are still problem areas.

As the meeting is closing, you can refer to your meeting notes to:

- Review what was discussed, especially the issues identified, and strategies or actions discussed,
- Ask the Mentee what actions they will commit to trying (note the motivational language) and record those as the Action Plan.

Finish on a positive note by reinforcing their previous gains, small changes, their persistence, and offer encouragement that they can do it.

The Flow of Mentoring Meetings



Creating a Success Plan

Peer Mentors can help their Mentees create a personal Success Plan, as the Wise Choice model is applied throughout the mentoring relationship.

What is it?

A Success Plan is a personalized roadmap that identifies known hazards (e.g. negative perspectives, unhelpful habits, undeveloped skills, or health-related challenges) and strategies that have proven helpful (e.g. increasing self-awareness, skill development, or support from others). Creating a Success Plan as part of the mentoring process reinforces the future autonomy and independent problem-solving abilities of the Mentee. The Success Plan builds on the **Wise Choice** mentoring model, as it is a record of what items on a Mentees' Action Plan have been helpful, for what issue.

Why make one?

Many students who have experienced feelings of inadequacy or failure in their academic or personal lives lack belief in themselves to be positive agents in creating the kind of life they dream of. Creating a Success Plan encourages the Mentee to reflect on their personal goals and evaluate the outcomes of their actions. The focus on critical thinking (compared to blanket emotional responses of “nothing I do works”) can empower individuals to see the small changes or positive outcomes that are often minimized or overlooked, and build their own toolkit for future use.

Discussing the Success Plan with a Peer Mentor enables the Mentee to get positive reinforcement or affirmation from a fellow student, and for the future it increases both the resources available and the confidence the Mentee may feel in making positive decisions independently.

Once created, the Success Plan is both a planning tool (at the beginning of a new term) and a self-evaluation tool (at the end of term) and it can be updated as issues change and progress is made.

How can a Mentee create a Success Plan?

Use the **Wise Choice** mentoring model to collaboratively identify issues, barriers, possible strategies, and form an action plan. Keep track of what strategies are helpful in what situations.

Peer Mentors should explicitly acknowledge any positive change in the Mentee’s attitude or actions, and track this for reference later in the term or in case the Mentee gets discouraged by feeling that they are “not getting anywhere.” Continue using the Wise Choice mentoring model to refine strategies on the same issue or start problem-solving a new issue.

The Success Plan should include a dated running record of problems or issues managed, helpful strategies, and comments for future use, if applicable. This could be in narrative form using headings, or in chart form, or recorded in a spreadsheet.

The Success Plan should be created on an ongoing basis as part of a mentoring session, when “homework” from the action plan of the previous sessions is reviewed. It can be a very positive and concrete element in the final mentoring meeting,

This is an example of a partially completed Success Plan, which would be added to during subsequent mentoring sessions. See the template for a Success Plan in the TOOLS section.

Sample Success Plan

Name: _____

| Issue or Challenge | Strategies or Tools that Worked for Me | Things to Remember Next Time |
|---|--|--|
| <p>Time Management: Not knowing where to start with all of the work I have to do.</p> <ul style="list-style-type: none"> • What do I have to do? • Where do I have to start? | <p>Term Calendar: Review my syllabi and record important dates (assignment due dates, tests, quizzes, exams, etc.).</p> <p>ABC Prioritization: Make a to-do list with everything that needs to be done and prioritize by labeling each task with a letter based on how soon it needs to get done (from A = most urgent to C = can wait a little longer).</p> <p>Time Management Matrix: Organize my To Do list into this chart based on importance and urgency.</p> | <p>Don't forget to put it up somewhere I can see it, as a reminder of these upcoming dates.</p> <p>Things change. Reassess as needed.</p> <p>Focus first on "High Important/ High Urgent" quadrants but make an effort to use all categories. Not all items are in this quadrant! Lighten up and maintain perspective.</p> |
| <p>Time Management: Spending too much time on the essays, not enough time for other courses.</p> | <ol style="list-style-type: none"> 1. Use the on-line Assignment Calculator, so I distribute my time better. 2. Review handout on perfectionism. 3. Book Writing Centre appointment. | <p>Do this as soon as an assignment is given.</p> <p>Learning Strategies Advisor was helpful — go see them.</p> |

Sources and Additional Resources

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Lipuma, J. L. (n.d.). *General problem-solving process*. Retrieved from <http://web.njit.edu/~lipuma/GPS.htm>

McKay, M. & Fanning, P. (2000). *Self-Esteem* (3rd ed.). Oakland, CA: New Harbinger Publications, Inc.

Richard, M. G. (2007). *Fixed mindset vs. growth mindset: Which one are you?* [Blog post]. Retrieved from <http://michaelgr.com/2007/04/15/fixed-mindset-vs-growth-mindset-which-one-are-you/>

Boundaries and Confidentiality

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Overview

This 90-minute session provides participants with an understanding of the importance of boundaries in a mentoring relationship, along with strategies for setting boundaries. The session also provides participants with an understanding of confidentiality and the limits of confidentiality.

Rationale

In order to establish an appropriate, effective, and trusting mentoring relationship, Peer Mentors need to be equipped to maintain confidentiality and to set boundaries.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A counsellor in your post-secondary institution's student counselling centre who is familiar with material on boundaries and confidentiality
- A student affairs professional at your post-secondary institution who has practical experience with boundaries and confidentiality in peer helping relationships (for example, a manager in Residence Life who delivers training to residence dons and/or is experienced with boundaries/confidentiality through supervising residence dons)

Resources and Background Reading

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Cutts, D. (2010). *Mentoring basics: Boundaries*. Retrieved from <http://blogs.psychcentral.com/mentoring-recovery/2010/10/mentoring-basics-boundaries/>

Duke University, Partners in Caring; Center for Creative Education. (2006). *Setting boundaries* [PDF]. Retrieved from http://peer.hdwg.org/sites/default/files/2d%20SettingBoundaries-PeerRole-Peer_Training.pdf

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Salole, C. (2014). *Negotiating boundaries* [PowerPoint slides]. Retrieved from <http://bethune.yorku.ca/files/2014/05/BoundariesMay2014.pdf>

Self Help Alliance. (2010). *Building better boundaries* [PDF]. Retrieved from <http://self-help-alliance.ca/wp-content/uploads/2012/02/WorkbookBuilding-Better-BoundariesFeb2011.pdf>

Tartakovsky, M. (2015). *10 ways to build and preserve better boundaries*. Retrieved from <http://psychcentral.com/lib/10-way-to-build-and-preserve-better-boundaries/0007498>



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Describe the role of boundaries in establishing an appropriate and effective peer mentoring relationship
- Identify and evaluate one's own boundaries
- Describe the program policy on boundaries in a mentoring relationship
- Implement strategies to set and maintain one's own boundaries
- Implement strategies to respect another person's boundaries
- Demonstrate skill in facilitating a conversation with a Mentee about boundaries in a mentoring relationship
- Describe the program policy on confidentiality in a mentoring relationship
- Demonstrate skill in facilitating a conversation with a Mentee about confidentiality in a mentoring relationship

Peer Mentor Homework

There are no Peer Mentor Homework activities or assignments associated with this session.

Curriculum Connections

The session on The Mentoring Relationship provides a basic framework for the scope and limits of a peer mentoring relationship and helps participants to differentiate their role from that of a tutor, professor, professional counsellor, or friend. The session on Boundaries and Confidentiality explores a Peer Mentor's role in greater depth and provides participants with a clear understanding of what a Peer Mentor can and cannot do. The session offers practical scenarios and strategies to enable participants to establish an appropriate and effective relationship with a Mentee.

Time

This session will take 90 minutes.

Resources

- Student Handouts (photocopy 1 per participant)
 - Boundary Preparation
 - Balance Wheel
 - Balance is Nice



Instructor's Guide

Slide 01



BOUNDARIES AND CONFIDENTIALITY

Nadia Sawaya Fehr
Freeman Woolnough
Residence Outreach Counsellors
Queen's University

Slide 02



What's on the Agenda ...

- What are boundaries?
- How to set them
- The Peer Mentor/Mentee relationship
- Confidentiality
- Practice



Instructor's Notes:

Provide a general introduction to the training session. Run down through the list as it appears on the slide, and note that there will be opportunities to practice skills throughout the presentation.

Slide 03

What Exactly are Boundaries?

- What do you think?
 - "Something that indicates the farthest limit"
 - "Something that was invented to keep people away when you're sad, mad, or just want to be alone" (from Urban Dictionary)
 - "Psychological term for a person's ability to tell themselves apart from those around them"
 - "Anything that helps to differentiate between you and somebody else, or showing where you begin and end"



Instructor's Notes:

Ask the participants: What do they think boundaries are? Share some of the above definitions of boundaries:

- "Something that indicates the farthest limit."
- "Something that was invented to keep people away when you're sad, mad, or just want to be alone." (from Urban Dictionary)
- "Psychological term for a person's ability to tell themselves apart from those around them."
- "Anything that helps to differentiate between you and somebody else, or showing where you begin and end." (Cloud & Townsend, "Boundaries When to Say Yes, How to Say No").
- "Boundaries: is the distinction between those different parts of your life (e.g. you're a Peer Mentor, you're also a friend and have a social life). Boundaries help distinguish when you are a Peer Mentor, focus on this; when you're a friend or socializing, focus on that." (Taken from previous training by Freeman Woolnough and Nadia Sawaya Fehr).

Slide 04

Why is This Important?

- Boundaries help to:
 - Avoid burnout
 - Maintain balance
 - Ensure relationships are mutually respectful and supportive

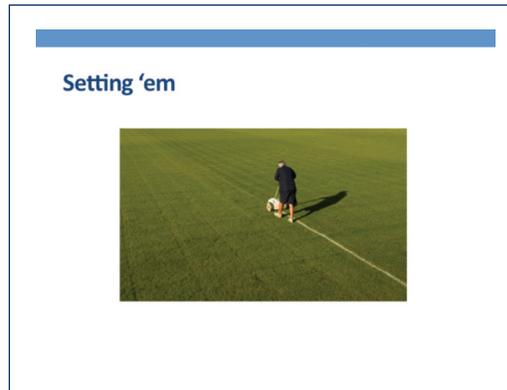


Instructor's Notes:

Ask the participants: Why are boundaries important? Discuss briefly, then share the following:

- **Help to avoid burnout:** You will be spending time, energy, and mental space when you are with your Mentees. It's important to consider these aspects, and the appropriate amounts you would like to devote to them, when setting your boundaries.
- **Helps with balance:** It's important to be able to fit in those things that you enjoy doing, outside of academics and mentoring.
- **Helps to ensure relationships are mutually respectful and supportive:** Frequently overstepped boundaries can be an indicator that something may be 'up' with relationships. (E.g. if a student is constantly showing up late to your meetings or continually staying longer than the time you have set aside, this might be an indicator that boundaries are not being respected, and this can affect the mentoring relationship.)

Slide 05



Instructor's Notes:

There are multiple domains across which boundaries can be set. We are not just talking about the Mentor/Mentee relationship. These strategies can also apply to setting boundaries within family or partner relationships, between friends, or with other relationships in your life.

Slide 06

A slide titled "Boundary Domains" with a list of five domains and five corresponding icons. The domains are: Physical, Verbal, Time, Emotional, and Relational. The icons are: a red string being cut by a pair of scissors (Physical), two silhouettes of people talking (Verbal), a clock face (Time), a woman with her hand to her face (Emotional), and two women kissing (Relational).

Boundary Domains

- Physical
- Verbal
- Time
- Emotional
- Relational

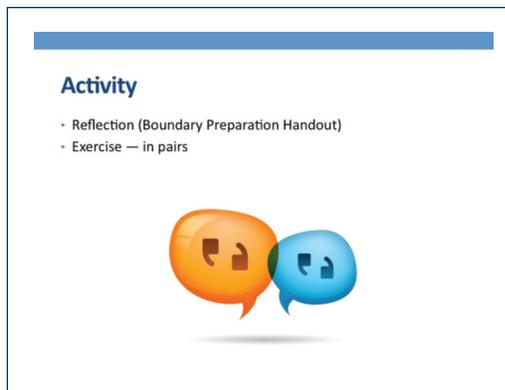
Instructor's Notes:

Give a few examples of setting boundaries for each of these boundary domains, then ask the group to suggest other examples that may fall under that category.

- **Physical** — Literally, this means not being in the same place at the same time. For example: removing oneself from a situation; choosing to do certain activities only in certain locations, such as studying at a desk but not in bed.

- **Verbal** — This domain has to do with the words that you say. For example: using different words or styles of speaking with friends vs. family; saying the same thing in different ways (such as “I can’t come out, I have homework” in a relaxed tone vs. a firm tone).
- **Time** — This has to do with scheduling realistic time for all areas of your life. For example: when scheduling academic or study time, ensuring that there is some unscheduled time in case things take longer than anticipated.
- **Emotional** — Mentally and emotionally preparing to be present and engaged with someone who is sharing their emotions. For example: planning some downtime after meeting with somebody (such as a Mentee) in order to let go or express any emotions you may have taken in; “checking your own stuff at the door” before going into a potentially emotional situation.
- **Relational** — Intentionally and mindfully choosing whom you spend your time with. This one has a lot to do with saying yes or saying no.

Slide 07



Instructor’s Notes:

One of the underlying aspects of setting boundaries is ensuring that you are aware of what that boundary is protecting. What is the function or role of this boundary? That is, what aspects of yourself or your activities are you keeping separate from others?

As an example, if another student asks if I want to hang out tonight, I may say yes, or I may say no. If I have already established that I go to the gym from 6 – 7 p.m., it makes it much easier for me to establish that boundary between my personal life/goals and my social life. What is inside the boundary that you are setting? If you know that going to the gym offers you stress relief, helps with your mental health, and improves your concentration, then you will have a more clear sense of the purpose and function of

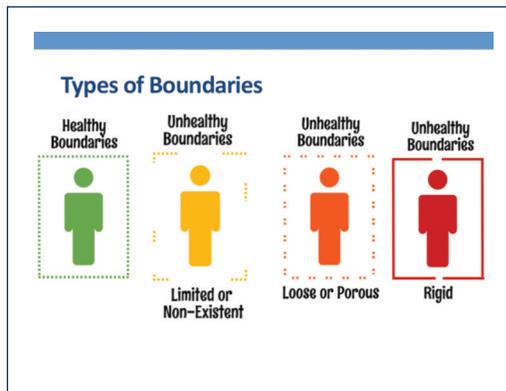
this boundary. In this case, you could either say no to your friend or simply explain that yes, I will go out, but not until after 7 p.m.

Activity:

1. Instruct participants to complete the top section of the handout titled 'Boundary Preparation'. As they are doing this, prompt them to consider what they would like to maintain **inside** their boundaries, in particular in the mentoring relationship (i.e. what parts of their life are **not** shared with their Mentee). Allow 5 minutes for this reflection.
2. After participants have filled out their own handout, instruct everyone to find a partner. In pairs, ask participants to share one thing that they are hoping to maintain inside their boundaries.

The goal of this activity is not to share your deepest secrets. Encourage participants to speak in generalizations, instead of specifics.

Slide 08



Instructor's Notes:

Explain the 4 different types of boundaries and provide examples. Feel free to add examples that may connect to students at your institution.

• **Limited or Non-existent: Diffuse/Compliant Boundaries**

- Compliant people have fuzzy, indistinct boundaries — they 'melt' into the needs and wants of other people, can't stand alone or be distinct from others.
- They also often have the inability to say no.
- E.g. People with these types of boundaries often pretend to like the same restaurants and movies that others like just to get along or to avoid a conflict at all costs.

• Rigid: Avoidant Boundaries

- These people will set up thick “walls” for boundaries so that nothing can hurt them or touch them. However, the result is that neither the bad nor the good touches them.
- These people will end up saying no even to the good stuff.
- E.g. a student sets strict boundaries around their schoolwork time to the point that they become a very high achieving student, yet they find that by Christmas of their first year they have made very few friends because they refused to allow “unscheduled” social time with friends to occur.

• Loose or Porous: Compliant-avoidant

- These people will set boundaries in the moment, which results in them not being long-term or consistent.
- Can be referred to as “reversed boundaries” (letting in the bad, keeping out the good).
- These people often end up having no boundaries where they need them, and boundaries where they shouldn’t have them.
- E.g. This is the impulsive person who will decide to hang out with someone they don’t know very well or drink to excess (decide in the moment), while at same time not recognizing the positive people around them they could be making time to spend with or making time to do schoolwork.

• Healthy Boundaries

- Opposite of porous/compliant
- These people let in the good, keep out the bad.
- They attempt to do this in all areas: academically, relationally, or emotionally (you don’t need to take on other people’s anger/aggression/worry/etc.)
- Healthy boundaries are personal, unique, and individual.
- Reflect throughout the next little bit on what is a healthy boundary for you.
- Keep in mind that it takes time to set boundaries and learn what works for you and what doesn’t.

Slide 09

But ...

- How will you know when your boundaries are crossed?
- **Controllers** – People who continually try to cross your boundaries
 - Aggressive
 - Manipulative



Instructor's Notes:

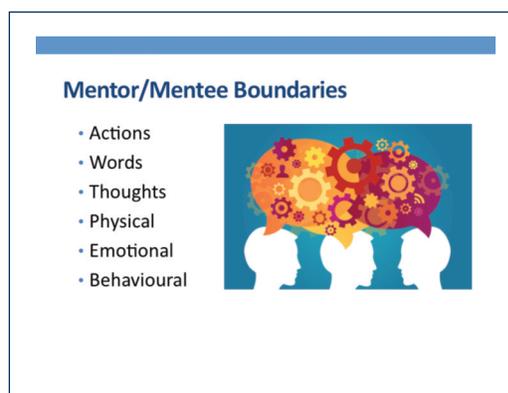
Ask the participants, "How will you know if your boundaries are being crossed?" Facilitate a discussion with the entire group for a few minutes.

It's important to note that there are those who will continually try to cross your boundaries, referred to as:

• Controllers:

- These people have a tough time respecting other people's boundaries
- They refuse to hear "no"
- There are two types of Controllers:
 - ➔ **Aggressive** — run over like a tank, verbally/physically abusive, mostly just not aware of others' boundaries.
 - ➔ **Manipulative** — less honest and direct than the Aggressive type; persuade people out of their boundaries or manipulate them into saying yes when they don't want to.

Slide 10



Instructor's Notes:

Transition to discussing how boundaries apply to the Mentor/Mentee relationship.

Let's talk specifically about Mentor/Mentee boundaries, which show up in 4 main ways: Actions, Words, Thoughts, and Physical (including emotional and behavioural).

There are different actions, words, thoughts, and physical feelings that will be a sign for you that boundaries are being crossed. We'll look at it from what you will experience from working with the Mentee, and what you may recognize when they are crossing boundaries. Note that these are also signs you will notice in yourselves. It's important to identify when you are crossing boundaries and when you feel your boundaries being crossed.

1. Actions:

From Mentee:

- Calling or emailing constantly
- Waiting for you after class
- Consistently showing up late to meetings or not ending when supposed to
- Inviting friends to one-on-one meetings

For Peer Mentor (things to recognize if you see yourself doing):

- Avoiding the student (not answering emails)
- Giving out personal information

2. Words:

From Mentee:

- “Can we just talk for 10 more minutes”
- “You’re so hot” (sexual harassment — Mentee may be unaware of the inappropriateness of this)
- “You’re so much better than any counsellor I’ve ever had” (seeing you as their counsellor when you are a Peer Mentor)

For Peer Mentor (things I hear myself saying):

- “My Mentee is so annoying”
- “I don’t want to meet my Mentee today. I just need a break from them”
- “I wish I had more time to spend with you”
- “Sure, if we go 10 to 15 minutes over, it’s ok; you’re the most important”
- “You can call/text me anytime of day”

3. Thoughts:

(We can’t tell what the Mentee is thinking)

For Peer Mentor:

- “That was weird, something is off about this”
- “It feels like they don’t respect me”
- “I wonder if I should talk to my supervisor about this”
- “I feel uncomfortable with them sometimes and I’m not sure why”

4. Physical:

For Peer Mentor:

- Feeling tired and drained most of the time.
- Lowered immunity, feeling sick a lot
- Frequent headaches, back pain, muscle aches
- Change in appetite or sleep habits (increase or decrease in appetite/sleep)

5. Emotional:

For Peer Mentor:

- Sense of failure and self-doubt
- Feeling helpless, trapped, and defeated
- Detachment, feeling alone in the world
- Loss of motivation
- Increasingly cynical and negative outlook
- Decreased satisfaction and sense of accomplishment

6. Behavioural

For Peer Mentor:

- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done
- Using food, drugs, or alcohol to cope
- Taking out your frustrations on others
- Skipping work or coming in late and leaving early

Slide 11



Instructor's Notes:

This is used as a transition slide to focus in on the Mentor/Mentee relationship.

Slide 12

What's My Role?

- So many things!
 - Approachability
 - Visibility
 - Availability
- Unique Relationship — Power

Three small images: a llama, two colorful parrots, and a person's legs in a hallway.

A photograph of two chimpanzees sitting on the ground, looking at each other.

Instructor's Notes:

Now we will discuss what the Peer Mentor's role is, and how this affects the unique Peer Mentor/Mentee relationship.

A Peer Mentor is many things: an advisor, student, problem-solver, etc. The most important parts of your role are:

Slide photo of llama and girl:

- Approachability:
Being warm, supportive, non-judgmental, willing to chat (when available) for longer than just “Hey, how are you?”

Slide photo of two parrots:

- Visibility:
We will talk a bit more about this in a few seconds (power and the impact of role-modelling). Make sure you are at meetings when you say you will be. Be aware of what your Mentee sees you doing and not doing, even outside of mentoring meetings.

Slide photo of kitten:

- Availability:
Setting a specific time and place during which you are available to your Mentee and sticking to it, or at least being upfront if these details change.

Slide photo of monkeys/ Unique Relationship — Power:

- Power and Impact of Role-Modelling:
Keep in mind that in your role you are an upper-year student who has either gone through experiences that are similar to your Mentee, or alternatively you are at least more connected and more aware of resources than your Mentee may be. Because of your role, you inherently have a lot of **perceived power**. This means that your Mentee may put a lot more weight on the things that you do and say. By signing up for this role you are signing up to be a role model.

Slide 13

When crossing boundaries is not okay ...

- Limits of self-disclosure (Who are you sharing this with?)
- Physical contact/appearance
- Socializing/romance
- Social media
- Location
- Gifts and spending

- Reflection



© 2010 www.cartoonists.com
K. Spear
"THIS is the line you're telling me not to cross!"

Instructor's Notes:

Let's talk about disclosing personal information. This can be things such as your own experiences during first year, struggles that you encountered, resources that you find helpful, etc. Self-disclosure can be a fantastic way to build rapport and create a trusting relationship, in particular over the first few meetings when you're getting to know each other.

That being said, Peer Mentors should consider their purpose and intention in sharing personal information before choosing to self-disclose. Are you sharing to normalize an experience? Or are you sharing an anecdote because something your Mentee said reminds you of something else? Are you one-upping your Mentee?

The focus of the Mentoring Relationship should remain on the Mentee and their goals. Self-disclosure by the Peer Mentor should be brief and appropriate and should only occur if it is helpful to the Mentee.

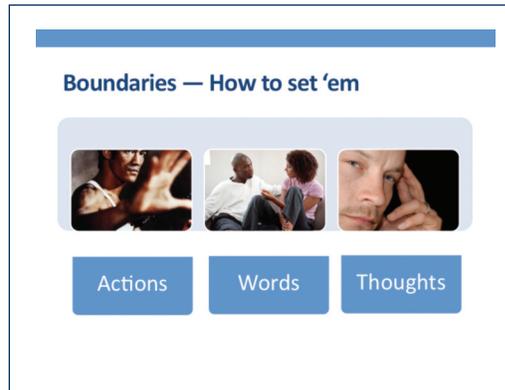
With this in mind, the program itself has some guidelines for maintaining healthy boundaries.

[At this point in the presentation, the instructors review the program's policy on boundaries.]

Activity:

1. Ask participants to complete the bottom part of the handout titled "Boundary Preparation".
2. Participants will not need to share what they write down in this part, as it tends to be a bit more personal.

Slide 14



Instructor's Notes:

We've talked about what types of boundaries look like, as well as the various boundary domains. Now it's time to consider how we actually set those boundaries. In particular, we will be looking at the Mentor/Mentee relationship boundaries and some things that may help you to set boundaries in the mentoring relationship.

Two general ideas to remember throughout your experience as a Peer Mentor:

1. If you got hit by a truck tomorrow, would you feel comfortable with somebody else on the Peer Mentor team devoting as much time/energy to your Mentee as you are?
2. If every student or Mentee you are responsible for mentoring all of a sudden wanted the same level of care/support, would you be able to provide it?

There are three main ways to set boundaries: through our actions, our words, and our thoughts.

Encourage participants to jot down or brainstorm ideas for setting boundaries while going through this next part. Remind them that there will be an opportunity to practice soon.

Actions – Examples using non-verbal communication:

- Not stopping to sit with student if you see each other outside of mentoring (remaining standing)
- Maintaining physical distance
- Wearing different clothes during "you time" vs. when mentoring
- Keeping appointments and monitoring time during mentoring meetings
- Avoiding the physical place you typically meet with your Mentee during "you time"

Words – Examples:

- “I have 5 minutes” (anything time-related)
- “What’s the number one thing I can help you with?”
- “I’m looking forward to being with my friends on Saturday night”
- “Can we make a time to meet later?”
- “How about this meeting time instead?”
- “I’d rather not. Thanks for asking, but no”
- “I won’t be available ...”

Thoughts – Examples:

- My downtime is important
- It’s ok to take time for me
- My Mentee will be okay without me
- I’m not their only support
- If I want to help them, I need to take time for myself first
- I am a role model
- That is not something I’m comfortable with, so I need to chat with that person
- I need to ask my supervisor for advice on how to set a boundary with my Mentee

Finally, it is extremely important to remember: “Time I enjoy is not wasted time.” If what you’re doing is something you enjoy, it is **not** considered wasted time. This is a very valuable thought to keep in mind when setting boundaries.

Slide 15

Let's Practice

- Quick practice for the **first** conversation with your Mentee ...
 - How to talk about and set boundaries
 - In pairs



Instructor's Notes:

Activity:

The goal of this exercise is for the participants to pair up and practice having the initial conversation about boundaries with their Mentee, which would take place during the first mentoring meeting. In this conversation, the Peer Mentor brings up the topic of boundaries and starts setting boundaries to help frame the mentoring relationship.

- In a moment we will break into pairs and you will practice that initial conversation with your Mentee where you discuss boundaries. This is an important activity because you need to know what words you will say in order to set those boundaries from the very beginning.
- Let's look at some examples first about how to say this and what it could look like (see next slide).
- When in doubt, refer to the specific program guidelines about boundaries in the mentoring relationship.

Slide 16

Let's Practice

What you can say:

- Framing it: "There are a few things we need to go over so you know what this relationship will look like"
- "We will be meeting on campus only"
- "We need to meet one time per week. It's important to know that because of all my commitments, I will only be able to offer this much time"
- "If you feel you need more than one meeting we can discuss other supports on campus"
- "You can contact me through email" (no social media)

Instructor's Notes:

Continued from previous slide, go over the example of what the first conversation could look like when setting boundaries with a Mentee.

In the example given, the goal is to begin by framing the conversation with the Mentee, then go into setting clear boundaries (without saying, "We are setting boundaries").

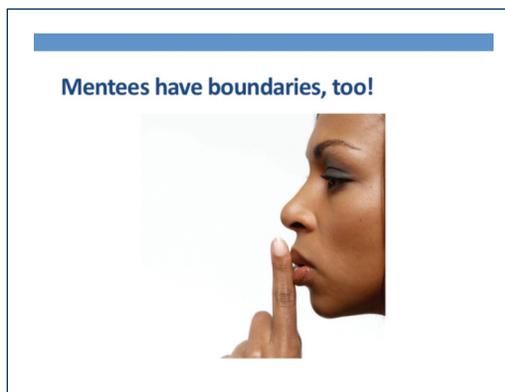
The example lets the Mentee know what's expected of them and also what the Peer Mentor can give them. The example also demonstrates what will happen if the Mentee expects more than the Peer Mentor can provide: "If you need more than one meeting we can discuss other supports on campus".

After going over this briefly with participants, have them break up into pairs and each take a turn to practice saying this and adding some of their own personal boundaries. Remind participants that each person will say this in a unique way and that it's important for them to use words that feel natural and authentic.

Practice for 10 minutes (5 minutes for each participant in the pair). Instructor walks around and helps where needed.

Call the group back and ask 1-2 Peer Mentors to share what it was like. Allow time for a few questions.

Slide 17

**Instructor's Notes:**

This is mostly used as a transition slide between topics. Use this slide to point out that Mentees are also involved in this relationship. Mentees have boundaries too, which they may or may not be aware of. Mentees also have things that they may or may not want to share with you. This is where we get into the concept of confidentiality.

Slide 18

 A slide titled "Tact and Confidentiality" with a bulleted list of points and two illustrations. The list includes:

- Tact
 - Environment
 - Timely
 - No rumours
 - Approachable
 - Be prepared
 - Know your boundaries
- Confidentiality

 The illustrations include two orange figures with a speech bubble between them, and a group of colorful stick figures standing together.
Instructor's Notes:

So what is tact? In general, how you would approach a student in a way that will enable you to build rapport and develop or maintain a trusting relationship. Here's an example of something that wouldn't be tactful: Your Mentee comes to a meeting and is very anxious. They say "I have to talk with you because my classes are so hard!" You immediately get up and leave, saying "I can't deal with you right now." That would not be tactful.

So what does tact actually look like? Well, there is certainly an ideal situation — though keep in mind that this is ideal, and does not necessarily happen every time you are in a mentoring meeting.

Ideal situation (especially when dealing with potentially sensitive information):

- Private, comfortable environment (e.g. not on stage, also not in your bedroom)
- Timely (e.g. if a student brings up personal information, not waiting three weeks to discuss it)
- Firsthand knowledge — It's important to follow-up on things that you hear about your Mentee, but do not assume that any rumours or things you hear through mutual social circles are always correct (e.g. if you heard that Furio and Carmela had sex last night, and Furio wants to talk to you, don't immediately say, "Oh, yeah, you must be regretting sleeping with Carmela last night." This is not tactful.)
- Clear, direct, and kind communication (e.g. don't be afraid to ask yes/no questions)
- Know potential resources in advance (e.g. if a student consistently brings up difficulties in focus or concentration, knowing that Learning Strategies or Disability Services may be helpful)
- Have clear intentions (e.g. if you need to get more information about a situation, be explicit about your reasons and the basis of your concern)
- Know your limits and boundaries that may be at stake (all of the above is balanced with what we've already discussed in this presentation)

Again, that is the ideal — try your best to follow those things, but it won't always happen, and that's okay.

Your professional role as Peer Mentors makes you privy to information that you may not get in the course of other relationships. For example, you may hear information from your Mentee about their mental health and their personal life.

It is important to maintain confidentiality so you can develop rapport and trust with your Mentee. However, there are limits to the information that you can keep private. Remember that if you are disclosing information about your Mentee, the direction is always "Up, Not Out", which means you tell your supervisor, never your friends or fellow Peer Mentors. You can **always** discuss difficult situations or grey area with your supervisor!

One final note: You are **not** responsible for maintaining complete confidentiality. You are **not** a professional counsellor or a lawyer.

Let participants know that in a few minutes they will have a chance to practice talking to a Mentee about confidentiality.

Slide 19

Limits of Confidentiality

- Protection
- Identifying information
- Up, not out



Harm to self
Harm to others
Children under 16
Sexual abuse (health professional)

Instructor's Notes:

While you will work to maintain confidentiality with your Mentees, there will be some areas where confidentiality is limited. Please refer to the Program's **Privacy and Confidentiality Policy**. Review the policy with the participants in full and explain the rationale behind each point.

Slide 20

Let's Practice 2

- Quick practice for the **first** conversation with your Mentee ...
 - How to talk about confidentiality and limits
 - Also add in boundaries if possible



Instructor's Notes:

Advise the participants that, in a moment, they will break up into pairs again (same pairs as before, ideally).

- They will be practicing how to have that initial conversation again, this time adding in the topic of confidentiality and its limits. They can add it to the previous conversation about boundaries. This is their chance to figure out what works best for them and what words they feel comfortable with. For example, they may want to start with talking about confidentiality then move into the discussion around boundaries.
- First let's look at some things you can say — next slide.

Slide 21

Let's Practice

What you can say ...

- "Confidentiality is important"
- "At times I may need to connect with my supervisor so I can provide you the best support possible. I also submit mentoring meeting logs to help my supervisor manage the program. Information will only ever go **up, not out.**"
- "Overall what you say here stays here; the only reason I would need to disclose information outside the program is if:
 - You were going to harm yourself
 - Threatening to harm someone else
 - Harm a child/or had harmed a child
 - If you knew of someone who was sexually assaulted by a health professional

Instructor's Notes:

Here's what you can say to start the confidentiality conversation with your Mentee. Go over what's laid out in the slide, then share instructions for the practice in pairs:

- Get into the same pairs again. You can start out with the boundary conversation and then add in confidentiality, or figure out what works best for you.
- Allow time for each participant to try it (10 minutes total: 5 minutes for each in the pair)
- Instructor walks around and provides input where needed.
- Call group back after 10 minutes; invite 1-2 Peer Mentors to share what it was like.
- Allow a few minutes for any questions.

Slide 22

It's not always that easy



Instructor's Notes:

Let participants know that everything that has been covered in this session so far has been fairly cut and dry. However, we are fully aware that there are plenty of grey areas in life, and probably even much more so within the Mentor/Mentee relationship.

With that in mind, participants will be presented with some more complex situations that they may encounter. Note that there are no perfect answers here — the activity's purpose is to get discussion going and to help participants start to think about how they feel about handling certain situations involving boundaries and confidentiality.

Activity:

1. Organize the group into smaller activity groups (3-4 participants). Note that if you are running out of time, it is possible to run this activity with the whole group together.
2. Present the groups with the following scenarios. Depending on timing, each group can take a separate scenario or every group can go through each scenario:
 - You are at a party at a friend's house and your Mentee walks in.
 - You decide to tell your romantic partner about what happened with a Mentee, and they say, "Oh, I totally know who your Mentee is..."
 - A professor contacts you and says that they know you are the Peer Mentor of a particular student, and they would like to set up a meeting with you to discuss your Mentee.
 - You have finished the academic year and the mentoring program. You're looking for a roommate and your Mentee, with whom you had a great relationship, contacts you and would like to be your roommate.
3. Give participants 3-5 minutes for each scenario to discuss with each other:
 - Why is this scenario tricky? What is the grey area?
 - What things would they want to consider in the situation?
 - How are boundaries important? Where does confidentiality come in to play?
 - What is the ideal outcome for this scenario?
 - What words, phrases, or conversations would they use? Strongly encourage participants to practice out loud what they would actually say.
4. Encourage participants to ask questions, both during and after each scenario, and emphasize that there are no 'perfect' responses or reactions to the scenarios.

Slide 23

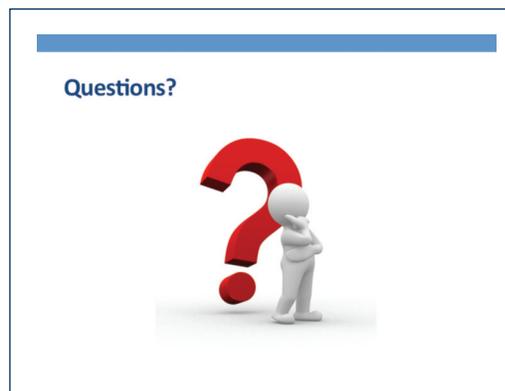


Instructor's Notes:

Use this slide as a chance to debrief the scenarios in general:

- What worked? What didn't work?
- What are the trickiest parts to navigate?
- Any questions for the Program Coordinator that you need clarified?
- Further questions?

Slide 24





Frequently Asked Questions

What questions might participants ask during this session? How could an instructor reply?

Q: What do I do if my Mentee doesn't want to see a counsellor and I've recommended this as a resource?

A: First, remember you can always debrief a situation with your supervisor. Another thing to remember is that it's your Mentee's choice to seek out resources. Two things to consider:

1. Ensure you consistently refer to appropriate resources.
2. Ensure that your boundaries are strong. Say something like, "It's your choice. I'm not a professional so I want you to get the best care."

Q: What if after I'm matched with a Mentee we realize that we are connected somehow (share mutual friends, in the same program or class, or have a connection through your families)?

A: First, it would be good to discuss this with your supervisor to make sure it's still appropriate for you to be a Peer Mentor to this specific student. Second, think about whether you would be comfortable seeing this Mentee given your connection. Have a discussion with the Mentee about how they feel about this connection. Would they prefer to be matched with a Peer Mentor who they aren't externally connected to? Alternatively, the Program Coordinator might talk to the Mentee about their comfort with the mentoring match. If you are both comfortable continuing and the Program Coordinator agrees, discuss how you can maintain confidentiality with this connection, and how you will interact should you run into each other outside of meetings.

Q: How do I re-establish boundaries if they are already being crossed?

A: This would be very similar to how you would establish boundaries in the first session. As always, talk with your supervisor first. Remind yourself that the sooner you can start setting the boundaries, the easier it will be going forward. Have a discussion with your Mentee to let them know specific things you may be changing to re-establish boundaries. Note that you don't need to say, "I'm trying to re-establish boundaries." You could say something like, "I've noticed that you have called me a lot more than usual and you seem to be waiting for me outside of classes. Just so you know, I am going to try to keep this mentoring relationship only to the times we set to meet, so I likely won't be able to talk to you much in the hallway after class or answer your calls, but I'm happy to say a quick 'Hi!'"



Handout: Mentoring Relationship Guidelines

We encourage the development of appropriate mentoring relationships grounded in trust and respect, within the context of healthy boundaries. The Mentoring Relationship guidelines establish boundaries to guide all mentoring relationships. The following guidelines are designed to ensure both Peer Mentors and Mentees have a positive experience with the program and engage in a healthy, balanced mentoring relationship.

When you are matched with a Mentee, the Program Coordinator will facilitate a brief meeting so you can be introduced and schedule your first meeting. The Program Coordinator will also review some of these guidelines with both of you, so that any questions can be addressed.

Mentoring Meetings

- Peer Mentors and Mentees meet once a week for approximately 1 hour at a time and location that is mutually agreeable.
- Mentoring Meetings will take place on campus before 9 p.m.
- Mentoring Meetings cannot take place in any venue where alcohol is served.
- If you are unable to make a Mentoring Meeting, please notify your Mentee immediately.

Communicating Outside of Mentoring Meetings

- Peer Mentors are encouraged to consider their personal boundaries and identify a method of communication that they are comfortable with. Email is recommended because it is a less immediate form of communication than texting or phone calls.

Disclosure of Personal Information

- The focus of the Mentoring Relationship should remain on the Mentee and their goals. Self-disclosure should be **rare** and **brief**. If the Peer Mentor's goal is to build rapport, it is recommended that Peer Mentors use other strategies to build comfort and trust.
- Before self-disclosing, Peer Mentors should consider i) their purpose and intention in sharing personal information and ii) their readiness to share the information. Remember that Mentees have no obligation to maintain confidentiality for information they receive from Peer Mentors; it is not their role to do so. Self-disclosure by the Peer Mentor should be brief and appropriate and should only occur if it is helpful to the Mentee.

Healthy Boundaries

- Avoid physical contact with your Mentee. Peer Mentors should not initiate hugging or physical contact.
- Avoid commenting on the physical appearance of your Mentee.
- Avoid casual socializing with your Mentee, to the greatest extent possible.
- Romantic or intimate relationships between Peer Mentors and Mentees are prohibited.
- Avoid communicating on social media (e.g. Facebook, Instagram, Twitter).
- Avoid going to your Mentee's house. Avoid inviting your Mentee to your house.
- Avoid lending money, buying gifts or spending money on your Mentee. Avoid accepting substantial gifts from your Mentee.



Handout: Confidentiality Policy

Within the context of a mentoring relationship, it is likely that a Mentee will share personal information with their Peer Mentor. This could include information related to their academic performance, their mental health, or other personal information. The Confidentiality Policy ensures that Peer Mentors treat Mentees' disclosures with respect, sensitivity, and discretion. Similarly, the policy ensures that Peer Mentors and Mentees are aware of circumstances where it is necessary for the Peer Mentor and/or Program Coordinator to disclose information to someone outside of the program. All Mentors and Mentees will receive a copy of this policy.

The Confidentiality Policy focuses on two main principles:

1. "Up, Not Out"

Throughout the course of the mentoring relationship, Peer Mentors are encouraged to debrief and consult with the Program Coordinator. Peer Mentors also submit Mentoring Meeting Logs to the Program Coordinator and participate in one-on-one supervision meetings and team meetings. A Mentee's personal information should only be shared 'up', not 'out'. Peer Mentors are not permitted to discuss their Mentee's personal information with anyone other than the Program Coordinator.

2. Required Reporting

Information disclosed within a mentoring relationship will not be shared outside the program except in circumstances where reporting is required by law or standards of professional practice. In these cases, the Peer Mentor must inform the Program Coordinator.

Confidentiality Policy

Confidentiality protects the identity of participants as well as the integrity of the program. To protect the confidentiality of participants in the M² Peer Mentoring Program, the following measures will be taken:

1. All Peer Mentors will sign a Confidentiality Agreement. The Program Coordinator will address any breach of confidentiality.
2. Peer Mentors cannot share any identifying information about their Mentee with other Peer Mentors.
3. Peer Mentors cannot share any information about their Mentee outside of the program.

The program practice for confidentiality is “**up, not out**”. The Program Coordinator is available to Peer Mentors for debriefing and additional support. Additionally, Peer Mentors are required to submit regular Mentoring Meeting Logs to the Program Coordinator. Any issues or concerns should be immediately and directly reported to the Program Coordinator.

Disclosing Information outside the Program

All information disclosed within the M² Peer Mentoring Program is confidential and **will not** be revealed to anyone outside the Program without your written permission, **except** where reporting is required by law or by relevant standards of professional practice:

1. Where the participant is likely to harm themselves unless protective measures are taken,
2. Where the participant presents a serious danger of violence to others,
3. Where there is suspicion that a child or children (that is, someone who is presently under the age of 16) has been or is being neglected or physically, emotionally or sexually abused,
4. Where a participant discloses that he or she has been sexually abused by a health care provider who is covered by the Regulated Health Professions Act (e.g., a psychologist, a nurse, a physician, etc.)

Under these circumstances, the participant must convey the information directly and promptly to the Program Coordinator who will then determine the most appropriate course of action.



Handout: Boundary Preparation

By Freeman Woolnough and Nadia Sawaya Fehr

1. What will I need to be successful this year? (time, space, resources, support)

Academically:

Personally:

As a Peer Mentor:

2. What boundaries will I need to put in place?

With Mentees/participants:

With friends:

With family:

3. Which boundaries do I anticipate I may struggle with the most?

4. Who will I talk to if I am struggling with my boundaries?

5. What day of the week will I do a boundaries check-in?



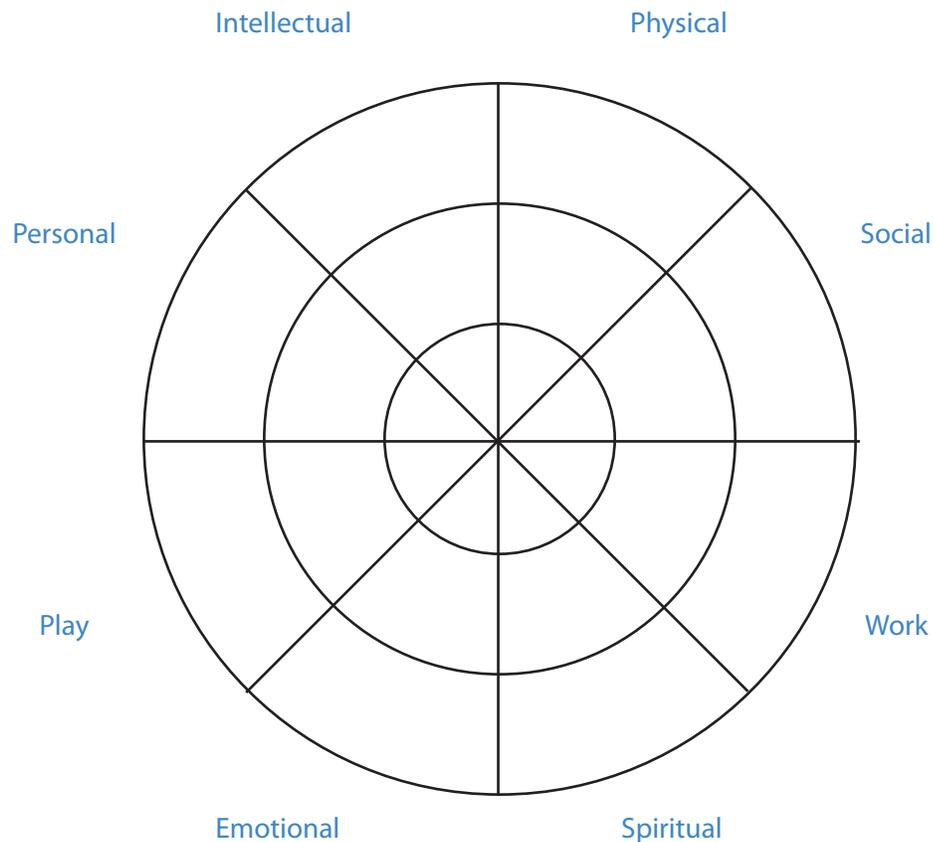
Handout: Balance Wheel

Queen's University Residence Life

Balance is important for every individual, especially when one is in a helping role of any kind.

Take some time to colour in this balance wheel to reflect how much time you give to each of these areas. Start in the middle and colour towards the edge of the circle.

For example, you may find that you set aside all three rows for the Work, Intellectual, and Physical sections but little or no time in the Play and Personal sections. Think about how you can set aside similar amounts of time for each section, knowing that some sections will naturally take more time according to personal preference. After some time has passed, you may wish to revisit the Balance Wheel and see if anything has changed.





Handout: Balance is nice, but how do I fit in?

By Freeman Woolnough (freeman.woolnough@queensu.ca)

Track your time

Pay attention to your daily tasks, including work-related and personal activities. Focus on the important; don't let the urgent, the convenient and the immediate distract you from the important items. If necessary, make a "not to do" list and adhere to it.

Maintain some white space on your calendar

Pretend there isn't as much availability on your calendar as it actually affords, and carve out some space for downtime. The cliché that your best ideas come to you in the shower is more fact than fiction.

Set goals

Set specific goals with actions and incremental milestones that you can track. Define your goals in terms that create a vivid mental picture of your desired end-state. Written goals help you establish clarity of purpose and provide accountability. Regularly review them and your progress.

Set your own standards

Don't mindlessly follow social and cultural norms. Instead, follow your own values. Establish your own principles of operations.

Learn to say "no"

You can't do everything. You can't attend every seminar or go to every social function. You can't even go to every family gathering. Of course you might like to, but there just aren't enough hours in the day. When you quit accepting tasks out of guilt or a false sense of obligation, you'll have more time for the activities that are meaningful to you.

Delegate

Just because there are activities that you can't say no to does not mean you have to be the one that does them. Solicit the help of others. Outsource activities that others can do as well as or better than you.

Discover your productivity helpers

For those activities you must do yourself, find ways to be as efficient as you can. Your time is your most valuable resource, so don't squander it. Create reusable templates for anything that you do repeatedly.

Bolster your support system

At work, join forces with co-workers who can cover for you — and vice versa — when family conflicts arise. At home, enlist trusted friends and loved ones to pitch in with child care or household responsibilities when you need to work overtime or travel.

Leave work at work

Make a conscious decision to separate work time from personal time. When you're with your family, for instance, keep your laptop in your briefcase.

Maintain your energy

Keep your 'buckets' in mind — do you have the resources necessary to complete your tasks?

Take 10 minutes to relax before bed

This will mean less time running through your to do list when trying to fall asleep.

Try these audio files for some guidance:

<https://www.dartmouth.edu/~healthed/relax/downloads.html#mindful>

Or simply feel the weight of your body sinking into your bed and watch your belly as your breathing slows.

Emotional Intelligence

Prepared by:

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Overview

This 75-minute session provides participants with an overview of emotional intelligence, based on the EQ-i 2.0 Model of Emotional Intelligence. The session prepares Peer Mentors to reflect on their own emotional intelligence (EI), to identify strategies to improve their emotional intelligence, and to apply emotional intelligence to the peer mentoring relationship.

Rationale

The purpose of this session is to equip Peer Mentors with a framework and vocabulary with which to understand emotional intelligence, to develop self-awareness, and to recognize their strengths and weaknesses. Peer mentoring relationships must be grounded in trust, empathy, and respect. Peer Mentors need to be highly skilled at recognizing and engaging with a Mentee's emotions in order to create a safe, non-judgemental space and to build a supportive, coaching relationship. The foundation of emotional intelligence is self-awareness. By providing Peer Mentors with strategies to understand themselves, this session aims to prepare participants to develop a self-reflective practice as Peer Mentors and to effectively develop a supportive coaching relationship with a Mentee.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A facilitator who is certified with one of the mainstream emotional intelligence assessments and systems, such as Multi-Health Systems (MHS) EQ-i 2.0
- A counsellor in your post-secondary institution's student counselling centre who is familiar with emotional intelligence
- A counsellor from the community who is familiar with emotional intelligence
- A student affairs professional from another area of your post-secondary institution who is familiar with emotional intelligence and student peer helping relationships (for example, a residence life coordinator with experience supervising and training residence dons)

Background Reading

The first official definition and model of Emotional Intelligence (EI) was published by Peter Salovey and John D. Mayer (1990) (Brackett & Salovey, 2013; Brackett et al., 2011). The authors define EI as “the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (Salovey & Mayer, 1990, p. 189 as quoted in Brackett et al., 2011 p. 89). They consider EI to be a skill that is capable of development and consists of four branches: “(i) perception of emotion, (ii) use of emotion to facilitate thought, (iii) understanding of emotion, and (iv) management of emotion” (Brackett et al., 2011, p. 91). EI gained mass popularity with the publication of Daniel Goleman’s Book *Emotional Intelligence: Why it can matter more than IQ* in 1995. Goleman argues that EI is crucial to personal and professional success.

Theories and models of EI generally fit into two categories: 1) Ability Models and 2) Trait-Based/Mixed Models (Brackett & Salovey, 2013; Brackett et al., 2011). Ability models understand EI as a skill, measured by performance-based testing, that can be developed and adapted into adulthood (Ibid). Trait-Based/Mixed Models view EI as a mixture of ability and personality characteristics, like optimism or self-efficacy, which are measured using self-report tools (Ibid.).

There are three foundational EI models (Bar-On, 2006):

- Salovey-Mayer Model: an Ability Model that views EI as a skill (consisting of four branches) that regulates and controls one’s emotions. This model uses the *Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT)*, a performance-based test consisting of 141 items (Consortium for Research on Emotional Intelligence in Organizations, 2015).
- Goleman Model: a Trait-Based/Mixed Model that views EI as a combination of abilities and personal competencies, which are critical to managerial success (Bar-On, 2006). Goleman co-created the *Emotional and Social Competence Inventory (ESCI)*. The ESCI is a multi-rater assessment tool that provides 360-degree feedback about an individual’s social and emotional competencies (Consortium for Research on Emotional Intelligence in Organizations, 2015).
- Bar-On Model: A Trait-Based/Mixed Model that presents a number of emotional and social competencies that affect a person’s behaviour. The *Emotional Quotient Inventory (EQ-i)*, EQ-360 and EQ-i 2.0, are self-report measures based on the Bar-On Model (Consortium for Research on Emotional Intelligence in Organizations, 2015; Bar-On,

2006). The EQ-i was developed in the 1980s and has been developed over two decades and translated into more than 30 languages.

- More information about other commonly used EI assessment tools are available at the Consortium for Research on Emotional Intelligence in Organizations (www.eiconsortium.org).

There are positive correlations between high emotional intelligence and academic success. Research indicates that post-secondary students with higher EI: a) have higher retention rates, b) are better able to adapt to change and to cope with stress, c) have increased self-efficacy, and d) are more likely to be academically successful (Parker et al, 2009; Bond & Manser, 2009). The literature also shows that those with higher EI scores achieve better satisfaction with their personal relationships and higher performance ratings at work (Brackett et al., 2011). Goleman (2000) argues that employers desire employees with strong EI skills and believes that these skills should be a part of the post-secondary curriculum.

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- Brackett, M. A., Rivers, S. E., & Salovey, P. (2011). Emotional intelligence: Implications for personal, social, academic, and workplace success. *Social and Personality Psychology Compass*, 5 (1), 88-103.
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- Parker, J. D. A., Saklofske, D. H., Wood, L. M., & Collin, T. (2009). The role of emotional intelligence in education. In C. Stough et al. (Eds.), *Assessing emotional intelligence: Theory, research and applications* (pages 239- 255). New York: Springer.

Resources

Consortium for Research on Emotional Intelligence in Organizations. (2015). *Welcome to the emotional intelligence consortium website*. Retrieved from <http://www.eiconsortium.org/index.html>

Hughes, M., Thompson, H. L., & Terrell, J. B. (2009). *Handbook for developing emotional and social intelligence: Best practices, case studies, and strategies*. San Francisco, CA: Pfeiffer.

The Emotional Intelligence Network. (n.d.). *Courses: Free emotional intelligence courses*. Retrieved from <http://eq.org/learn/courses/>

Torberger, F., & Freedman, J. (2001). *The EQ toolbox*. Retrieved from <http://www.eqtoolbox.org/index.php>

Yale Centre for Emotional Intelligence. (2013). *Emotions matter*. Retrieved from <http://ei.yale.edu/>



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Define emotional intelligence and describe its impact on student success
- Identify and describe the components of the EQ-i 2.0 model of emotional intelligence
- Describe the behaviours, thought processes, and strategies of people with high emotional intelligence
- Identify and compare behaviours, thoughts, and responses that would show low emotional intelligence and high emotional intelligence in a specific competency area
- Recognize how specific emotional intelligence competencies relate to a Peer Mentor's role and to the development of the mentoring relationship
- Identify personal strengths in emotional intelligence and understand how to leverage these in a mentoring relationship
- Identify personal weaknesses in emotional intelligence and apply one strategy to practice emotional intelligence in this area

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

- Watch Brené Brown's TED Talk, "The Power of Vulnerability" (<https://www.youtube.com/watch?v=sXSjc-pbXk4>, 21:47 minutes long) and complete the associated homework questions
- Complete an emotional intelligence self-assessment (not included in this manual; Instructors should choose and provide an emotional intelligence self-assessment to students) and complete the associated homework questions
- Optional additional homework activities designed to improve Peer Mentors' self-awareness (Note: these are not currently included in the Peer Mentor Homework package.)
 - Complete the VIA Character Strengths self-assessment (available free of charge here: <http://www.viacharacter.org/>)
 - Complete the 16 Personalities Test (available free of charge here: <http://www.16personalities.com/>) based on The Big Five Personality Traits, and inspired by the Myers-Briggs Type Indicator and Jung's Theory of Psychological Traits.

Curriculum Connections

The Emotional Intelligence session builds on material included in The Mentoring Relationship session, which should be scheduled before the emotional intelligence material. The Mentoring Relationship session provides participants with a framework and context for learning the material on emotional intelligence, enabling them to apply EI concepts to their role as Peer Mentors.

Peer Mentors should watch the animated short clip “Brené Brown on Empathy” (available here, <https://www.youtube.com/watch?v=1Ewgu369Jw>). This material is currently included in The Mentoring Relationship session; if that session is modified, we recommend including this short clip in the Emotional Intelligence session as it provides an excellent explanation of empathy as it applies to helping relationships.

Peer Mentors will practice and apply the emotional intelligence material when they participate in role-play activities in later training sessions.

Time

This session will take 75 minutes.

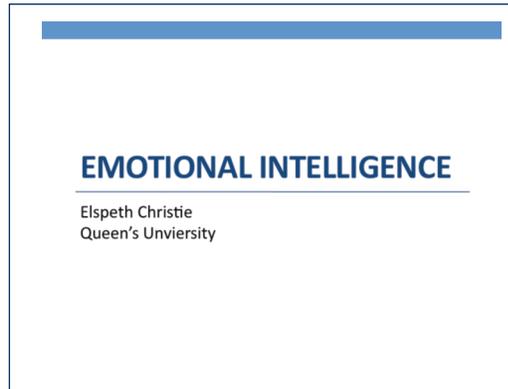
Resources

- Data projector
- Laptop
- Internet connection (if showing YouTube clips)
- PowerPoint presentation
- Student Handouts (1 per participant)
 - EQ-i 2.0 handout (see Peer Mentor Homework package)
 - Emotional Intelligence Self-Assessment (Not included in this manual. Instructors should select an emotional intelligence self-assessment and provide this to students. Peer Mentors should bring their completed self-assessment to training.)
 - Emotional Intelligence Matching Game
 - Applying and Practicing Emotional Intelligence: Case Study (Jamie)
 - Applying and Practicing Emotional Intelligence: Case Study (Ling)
- Instructor Documents:
 - Emotional Intelligence Matching Game Answer Key
 - Emotional Intelligence Case Studies Answer Key



Instructor's Guide

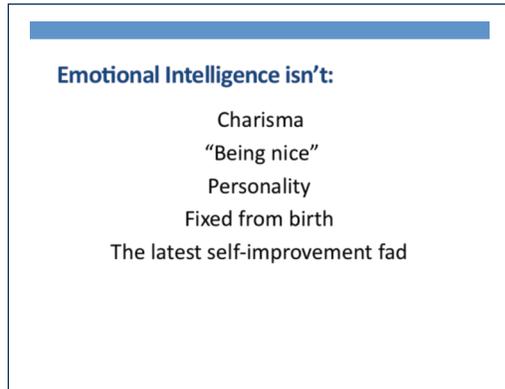
Slide 01



Ask the group: “What do you know about emotional intelligence?” Gather some information about what participants already know about the topic. Facilitate a quick introduction to emotional intelligence, using the Background Reading material earlier in this lesson plan or your own training in emotional intelligence.

We are looking at emotional intelligence today in the context of your role as a Peer Mentor. A basic understanding of EI provides an interesting and helpful lens as you consider your own success, your Mentee’s success, and the growth of your mentoring relationship. During our training session today, you will become aware of both the importance and application of the components of emotional intelligence in the context of peer mentoring.

Slide 02

A rectangular box with a blue header bar at the top. The text inside is centered and reads: "Emotional Intelligence isn't: Charisma, 'Being nice', Personality, Fixed from birth, The latest self-improvement fad".

Emotional Intelligence isn't:

- Charisma
- "Being nice"
- Personality
- Fixed from birth
- The latest self-improvement fad

Emotional intelligence is more than being charming.

It is more than communication skills.

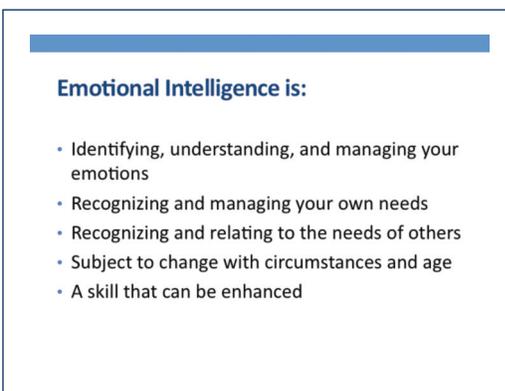
It is more than "people skills".

It is more than emotional maturity.

It is more than "street smarts".

In fact it is a combination of these, plus more. And research shows that unlike IQ, EI is not fixed; it can be improved with awareness and practice.

Slide 03

A rectangular box with a blue header bar at the top. The text inside is centered and reads: "Emotional Intelligence is:" followed by a bulleted list: "Identifying, understanding, and managing your emotions", "Recognizing and managing your own needs", "Recognizing and relating to the needs of others", "Subject to change with circumstances and age", "A skill that can be enhanced".

Emotional Intelligence is:

- Identifying, understanding, and managing your emotions
- Recognizing and managing your own needs
- Recognizing and relating to the needs of others
- Subject to change with circumstances and age
- A skill that can be enhanced

It is partly a measure of your interpersonal and intrapersonal skills. It is fluid and changeable. For example, EI scores typically drop during times of transition such as starting your first year of college or university, moving away from home, experiencing a break-up, or losing a loved one. EI scores can go up when participants are coached about ways to increase their EI, and when they practice these strategies.

Slide 04

Emotional Intelligence...

- Starts with **self-perception** and **self-awareness**
- Manifests in **self-expression**
- Shows up in all **relationships**
- Affects **decision-making**
- Enables **stress management**

These bolded terms are the 5 pillars of EI, according to the Bar-On model.

The foundation of emotional intelligence is an awareness and perception of your own personality traits and your reactions to your social environment. Can you identify and label your own feelings, or are you confused or overwhelmed by your emotions? Are you able to recognize what has caused your feelings? Can you predict how you will react and respond to others in specific situations? How do you feel about yourself? Are you aware of your strengths and weaknesses? Are you on a path of self-improvement? These are all part of **self-perception**.

Self-expression is the ability to express yourself assertively, taking into account the way others will understand and perceive you. Can you express your opinions, values, and needs confidently, without aggression (or passive-aggression)? Can you express your emotions openly, without embarrassment or shame? Can you operate independently, following your own goals and not feeling overly influenced by others? Can you make plans and decisions autonomously, without relying on others?

Interpersonal relationships are enhanced by emotional intelligence. In this domain, we look at empathy, trust, compassion, and social responsibility — a concern for the wider society. Are you able to connect with another person's emotions and experience empathy? Can you experience empathy without becoming burdened by another person's emotions or struggles, maintaining separation between your identity/feelings and theirs? Are you able to build and sustain healthy, mutually-fulfilling relationships grounded in respect and trust? Do you contribute to your broader community and consider the well-being of others?

Decision-making is informed by EI. As you problem-solve, are you aware of how emotions impact your decisions? Are you able to look at a situation objectively? Are you able to control your impulses? Can you defer gratification to make a measured and effective decision?

Stress Management refers to your flexibility, ability to cope, and optimism in the face of stressful circumstances. Is your natural reaction to look at the glass as half empty or half full?

Slide 05

People with high emotional intelligence:

- Trust their intuition
- Label and predict their feelings
- Self-reflect
- Know their values and goals
- Openly receive feedback and are interested in self-improvement

People who score the highest on EI tests are people who naturally spend time reflecting on their behaviour and the responses of others in a way that is fed by curiosity, not rumination or judgement.

- People with high emotional intelligence have a strong sense of their own intuition. They have learned to trust their intuition and use it when solving problems.
- They are adept at naming and describing their own feelings. They are able to predict how they might respond and react in certain situations. They are realistic in their self-appraisal. At the same time, they have thought about and are able to articulate what they value in life. They have also thought about how to live these values through conscientious goal-setting.
- People with high EI look for and welcome feedback; they do not react defensively to criticism. They view feedback as an opportunity to learn and grow.

Slide 06

People with high emotional intelligence:

- Take responsibility for their feelings
- Validate other people's feelings
- Consider their feelings when making decisions
- Have a sense of humour about themselves
- Are assertive, not aggressive or passive-aggressive
- Are active listeners

Ask the group for examples of each of the bulleted characteristics. If needed, add the following as prompts or examples:

- Taking responsibility for your feelings means that you use "I" statements when describing your emotions. Not "You made me feel...." But rather "I feel...."
- An example of validating other's feelings might be "It seems like you're feeling really frustrated. I can understand why you feel that way."
- Using your feelings to help make decisions means thinking about how each option might make you feel when you are making a decision.
- Having a sense of humour about yourself means not taking things so seriously, taking the long view and having perspective.
- If time permits, ask for a volunteer to provide an example of an assertive response versus an aggressive response to an inflammatory statement. Let's pretend your friend is frustrated with you and says, "What is wrong with you? You always wake me up when you come home late from the library! It's like you don't think of anyone else but yourself!"
Assertive: "I can tell you're really frustrated about that. I didn't realize I was being loud enough to wake you. Can we talk about what would work better?"
Aggressive: "Oh yeah? Well I'm at the library because I care about my grades! And besides, you go to bed at like 10 p.m., am I supposed to be silent after that?!"
Passive-Aggressive: Continue to come home late, and stomp extra loudly up and down the stairs when doing so.
- If time permits, ask for a volunteer to describe an example of active listening. Your friend says "I am feeling so overwhelmed. I have two papers due this week and a midterm. I can't get everything done."

Active listening: Stop what you are doing to pay attention to your friend. Make eye contact and show you are paying attention using your body language. Connect with what your friend is saying and validate their feelings. “It sounds like you’re feeling pretty stressed out. That’s a lot in one week, no wonder you’re feeling overwhelmed!”

Not listening: Continue to play with your phone or look at your computer screen. “Oh yeah? I know, I have 3 papers and a quiz. It’s like my professors are conspiring to ruin my life! Sucks, doesn’t it?”

Slide 07

Interesting research findings

- Men have higher self-regard scores
- Men have higher stress tolerance scores
- Women have higher empathy scores
- Women have higher social responsibility scores

- EI peaks at what age?

Source: Bar-On, R. (2006). The Bar-On model of emotional social intelligence (ESI). *Psycothermo*, 28, suppl., 13-25.

Present this slide and ask students what they think about these research findings.

- Men score higher than women in the areas of self-regard, stress tolerance, flexibility, problem-solving, optimism, and self-reliance (Bar-On, 2006).
- Women score higher than men in the areas of empathy, social responsibility, interpersonal relationships, and emotional self-awareness (Bar-On, 2006).

If there is time, it would be beneficial to facilitate a discussion about these findings, mentioning gender differences and how gender norms impact how we experience and express our emotions. For example, masculinity is traditionally associated with being tough, strong, and hiding weakness and emotions. Men often have more difficulty expressing their emotions and showing vulnerability. However, as we learned earlier, emotional intelligence is a skill that can be developed.

- Ask students at what age they think EI peaks.
 - Research indicates that EI increases with age with the highest scores achieved in the late 40s (Bar-On, 2006).

- MHS research says that EI peaks around 50, after which people typically become less flexible, more prone to stress with aging issues, and sometimes less open-minded than younger people. Ask students why they think EI scores are lower in younger participants. Could it be that life experiences add to one's emotional maturity?

Slide 08

Homework Review — EI Components

Self-regard
Self-actualization
Emotional self-awareness

SELF-PERCEPTION

Based on the EQ-2.0 Model. Source: Multi-Health Systems Inc. (March 2011). The complete EQ-2.0 experience. Retrieved from http://download.mhs.com/eq/2.0/Launch_K1.pdf

The purpose of the next five slides is for the students to review all the EI components one last time and identify the **domain** for each of them (check the handout) before they do the quiz.

To review, it is recommended to ask the students for their own definition of each EI component and for their own examples for each of these EI components, then ask the students to identify which overall **domain** of EI encompasses these components. The answer appears at the end of each slide.

Here are the exact definitions of each component. You may want to use these definitions or use your own words to supplement what the students say.

- **Self-regard** is respecting oneself while understanding and accepting one's strengths and weaknesses. Self-regard is often associated with feelings of inner strength and self-confidence.
- **Self-actualization** is the willingness to persistently try to improve oneself and engage in the pursuit of personally relevant and meaningful objectives that lead to a rich and enjoyable life.
- **Emotional self-awareness** includes recognizing and understanding one's own emotions. This includes the ability to differentiate between subtleties in one's own emotions while understanding the cause of these emotions and the impact they have on the thoughts and actions of oneself and others.

Slide 09

Homework Review — EI Components

Emotional expression
Assertiveness
Independence

SELF-EXPRESSION

Based on the EQ-i 2.0 Model. Source: Multi-Health Systems Inc. (March 2011). The complete EQ-i 2.0 experience. Retrieved from http://downloads.mhs.com/eqi/eqi_launch_8x6.pdf

To review, it is recommended to ask for definitions and examples for each of these EI components, and then ask the students to identify which overall **domain** of EI encompasses these components. The answer appears at the end of each slide.

Here are the exact definitions of each component. You may want to use these definitions or use your own words to supplement what the students say.

- **Emotional expression** is openly expressing one's feelings verbally and non-verbally.
- **Assertiveness** involves communicating feelings, beliefs, and thoughts openly, and defending personal rights and values in a socially acceptable, non-offensive, and non-destructive manner.
- **Independence** is the ability to be self-directed and free from emotional dependency on others. Decision-making, planning, and daily tasks are completed autonomously.

Slide 10

Homework Review — EI Components 2

Interpersonal relationships
Empathy
Social responsibility

INTERPERSONAL

Based on the EQ-i 2.0 Model. Source: Multi-Health Systems Inc. (March 2011). The complete EQ-i 2.0 experience. Retrieved from <http://download.elsevier.com/locate/eqi-launch-2011>

To review, it is recommended to ask the students for their own definition of each EI component and for their own examples for each of these EI components, then ask the students to identify which overall **domain** of EI encompasses these components. The answer appears at the end of each slide.

Here are the exact definitions of each component. You may want to use these definitions or use your own words to supplement what the students say.

- **Interpersonal relationships** refers to the skills of developing and maintaining mutually satisfying relationships that are characterized by trust and compassion.
- **Empathy** is recognizing, understanding, and appreciating how other people feel. Empathy involves being able to articulate your understanding of another's perspective and behaving in a way that respects others' feelings.
- **Social responsibility** is willingly contributing to society, to one's social groups, and generally to the welfare of others. Social responsibility involves acting responsibly, having social consciousness, and showing concern for the greater community.

Slide 11

Homework Review — EI Components 3

Problem-solving
Reality testing
Impulse control

DECISION-MAKING

Based on the EQ 1.2.0 Model. Source: Multi-Health Systems Inc. (March 2011). The complete EQ 1.2.0 experience. Retrieved from http://downloads.mhs.com/eq/1.2.0-Launch_EI.pdf

To review, it is recommended to ask the students for their own definition of each EI component and for their own examples for each of these EI components, then ask the students to identify which overall **domain** of EI encompasses these components. The answer appears at the end of each slide.

Here are the exact definitions of each component. You may want to use these definitions or use your own words to supplement what the students say.

- **Problem-solving** is the ability to find solutions to problems in situations where emotions are involved. Problem-solving includes the ability to understand how emotions impact decision-making.
- **Reality testing** is the capacity to remain objective by seeing things as they really are. This capacity involves recognizing when emotions or personal bias can cause one to be less objective.
- **Impulse control** is the ability to resist or delay an impulse, drive, or temptation to act and involves avoiding rash behaviours and decision-making.

Slide 12

Homework Review — EI Components 4

Flexibility
Stress tolerance
Optimism

STRESS MANAGEMENT

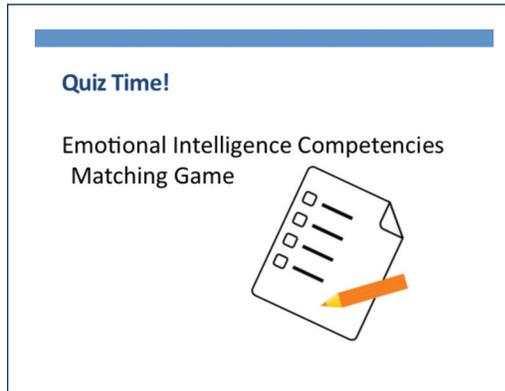
Based on the EQ 2.0 Model. Source: Multi-Health Systems Inc. (March 2011). The complete EQ 2.0 experience. Retrieved from [http://download.elsevier.com/locate/S0190-8887\(11\)00001-0](http://download.elsevier.com/locate/S0190-8887(11)00001-0)

To review, it is recommended to ask the students for their own definition of each EI component and for their own examples for each of these EI components, then ask the students to identify which overall **domain** of EI encompasses these components. The answer appears at the end of each slide.

Here are the exact definitions of each component. You may want to use these definitions or use your own words to supplement what the students say.

- **Flexibility** is adapting emotions, thoughts, and behaviours to unfamiliar, unpredictable, and dynamic circumstances or ideas.
- **Stress tolerance** involves coping with stressful or difficult situations and believing that one can manage or influence situations in a positive manner.
- **Optimism** is an indicator of one's positive attitude and outlook on life. It involves remaining hopeful and resilient, despite occasional setbacks.

Slide 13



Emotional Intelligence Competencies Matching Game

This is the part of the presentation where the participants will complete the matching activity.

Activity Instructions:

- Ask the Peer Mentors to pair up. Give each of the participants a copy of the matching game and ask them to match the name of the EI component with its definition.
- Encourage the "Think, Pair, Share" approach, where each Peer Mentor reads the quiz independently and then turns to their partner to share ideas and discuss options together.
- Allow approximately 10 minutes for the activity.
- Ask for their reaction with phrases like, "Was this useful?" "Was it difficult or easy?"
- Take up the quiz. Ask them to identify the correct answers. They can do this by calling out together the correct answer together as a group.

Slide 14

Applying and Practicing Emotional Intelligence Case Study: Jamie

Jamie is experiencing conflict with her housemates. Jamie is in Nursing and has a very intense schedule this semester. On top of classes, she has a 12-hour clinical placement shift each Thursday at a hospital that is 45 minutes away. She has a merit-based scholarship and needs to maintain a high GPA each semester to keep it. Jamie and her housemates, Lynn and Anjali, became friends in first year when they lived in residence together. Lynn and Anjali are both in social sciences programs and have more open schedules than Jamie. They also like to party ... a lot. Jamie hit a breaking point this week when Lynn and Anjali threw a party on Wednesday night, without telling her first. The party was so loud that Jamie couldn't sleep. She woke up at 6 a.m. for her clinical placement feeling exhausted.

This activity is designed to encourage Peer Mentors to apply the concepts of emotional intelligence to real life. Tell the group that you are going to read a case study and that they will need to think about different ways a person could respond. You will do the first case study together as a group. Afterwards, Peer Mentors will work on a second case study on their own.

Read the case study about Jamie aloud.

Slide 15

Applying and Practicing Emotional Intelligence Case Study: Jamie Continued

- How could Jamie respond?
- Which responses show high emotional intelligence?
- Which responses show low emotional intelligence?
- Which competency area(s) relate to each response?

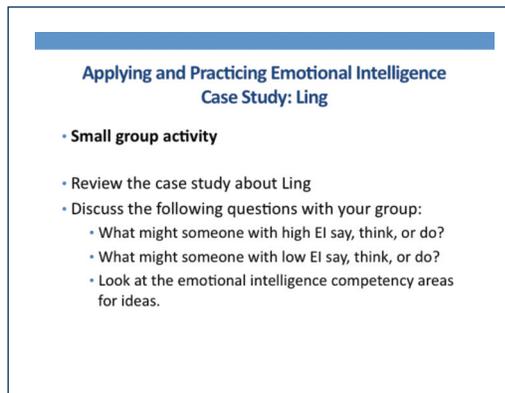
Ask participants to think about how Jamie could respond, how they might respond, and how emotional intelligence could apply to this scenario. Give participants a moment to think about this.

Distribute the Case Study handout about Jamie (See Student Handout: Applying and Practicing Emotional Intelligence Case Study: Jamie). Read aloud each possible response (See Handout) to the group. As you read each response, ask the group whether this response shows high or low emotional intelligence. Ask participants to look at the EQ-I

competency areas and call out which competency areas are associated with each response. There will be more than one competency area associated with each response.

During this activity, the instructor should reinforce thoughtful and accurate answers and clarify any misunderstandings or questions related to emotional intelligence.

Slide 16



Applying and Practicing Emotional Intelligence
Case Study: Ling

- **Small group activity**
- Review the case study about Ling
- Discuss the following questions with your group:
 - What might someone with high EI say, think, or do?
 - What might someone with low EI say, think, or do?
 - Look at the emotional intelligence competency areas for ideas.

This activity is designed to encourage Peer Mentors to apply the concepts of emotional intelligence to real life.

Divide participants into groups of three or four. Distribute the case study about Ling. Ask participants to look at the competency areas and identify what Ling would say, think, or do if she has high EI. Then, ask participants to look at the competency areas and identify what Ling would say, think or do if she has low EI.

Each small group will read the case study about Ling together. Instruct the participants to discuss the case study with their group members and think of how Ling could respond to the situation. For each response the group comes up with, group members should also identify 1) whether this would show high emotional intelligence or low emotional intelligence, and 2) what competency area is associated with the response. Look at the list of competency areas for ideas about how Ling could respond.

Allow 10-15 minutes for this activity. Call participants back together. To save time, go through a few key competency areas together and ask groups to share ideas for high and low emotional intelligence responses. (See Handout: Emotional Intelligence Case Studies Answer Key). Suggested competency areas that are related to the case study and which would be useful to debrief include:

- Assertiveness
- Problem-solving
- Emotional self-awareness
- Emotional expression
- Independence
- Impulse control

If there is time, you can ask a few groups to share one way Ling could respond to the situation and list the competency areas associated with that response.

Slide 17

Application to Peer Mentoring

- How is emotional intelligence relevant and applicable to your role as a Peer Mentor?

- Choose three of the EI components that you think will be the most valuable and/or effective in your role as a Peer Mentor.



Read the first question out loud to the group: “How is emotional intelligence relevant and applicable to your role as a Peer Mentor?”

Give participants a moment to reflect on their own. Facilitate a brief discussion with the group about how emotional intelligence may apply to a mentoring relationship. In short, emotional intelligence is both essential to the development of the mentoring relationship itself, and essential to the Peer Mentor’s ability to role-model these skills and competencies to a Mentee.

If time allows, you may wish to review the following examples, or supplement the students’ responses with these prompts:

- **Interpersonal skills** will help Peer Mentors develop a trusting relationship with a Mentee. This includes establishing a safe, non-judgemental environment and reading verbal and nonverbal cues from a Mentee.

- **Empathy** will help Peer Mentors to accept the Mentee’s reality and feelings as their “truth”. As Brené Brown mentions in her TED Talk on Vulnerability, empathy is a vulnerable choice. Peer Mentors need to practice feeling comfortable with vulnerability in order to feel and express empathy. This is particularly important so that Peer Mentors can be supportive even if they can’t personally relate to the Mentee’s emotions or circumstances.
- **Problem-solving** and **decision-making** will help Peer Mentors guide their Mentees through difficult situations or decisions. These emotional intelligence competencies will also help Peer Mentors solve problems and make decisions related to their own role. For example:
 - My Mentee has a lot of issues right now. How do I decide where we should start?
 - My Mentee is consistently late. Should I say something?
 - My Mentee said something that concerned me. Should I go to the Program Coordinator for extra help?
- **Optimism** will help Peer Mentors when it seems like the Mentee is stuck or has fallen back into former habits. The Peer Mentor’s optimism can help to encourage and energize a Mentee.
- **Assertiveness** is essential for setting boundaries and speaking up when a boundary has been crossed. If Peer Mentors have not yet completed the session on Boundaries and Confidentiality, let them know when the session will be held.
- **Self-Awareness** enhances mentoring skills and helps Peer Mentors develop a self-reflective practice. This means that you regularly reflect and consider: “What went well today?” Or “I wonder if my Mentee found that activity helpful. I’ll be sure to ask next time.” Or “I’m not sure how best to help my Mentee with this specific issue. I’ll stop by the Program Coordinator’s office before our next meeting to ask for help.”

Read the next question to the group:

“Choose three of the EI components that you think will be the most valuable and/or effective in your role as a Peer Mentor.”

Ask students to individually reflect and write down their own answers to this question. Encourage them to refer to their EQ-i 2.0 handout or the Matching Game handout to review the definitions of the competency areas. Once each participant has selected their choices for the top three components, ask them to pair up with a new partner and share their choices and rationale. After 5 minutes, pose the questions to the group again and ask a few students to volunteer their answers and their rationale to the whole group.

Slide 18

Techniques for Increasing Your EI

- Gratitude
- Seek and accept feedback
- Vulnerability
- Listen to yourself
- Best friend
- Practice



Multi-Health Systems research recommends six ways of improving overall EI.

Gratitude: Set the goal to begin and sustain a gratitude practice every day. It can be as simple as thinking about three things you are grateful for every day before you go to sleep each night.

Feedback: Involve others in your improvement plan. Ask for feedback from a trusted friend; be open to hearing about how you are perceived by others.

Vulnerability: Let yourself be seen. It takes courage to be imperfect, and to allow others to see your imperfections. By showing your vulnerability, others are more likely to relate honestly to you.

Listen to yourself: An awareness of your self-talk is an important step. Often the voice in your head is a critical one. We need to be tuned in to our thoughts and feelings.

Best friend: Learn to be your own best friend by shutting down the critical voice and substituting it with what your best friend or a trusted coach might say to encourage you.

Practice: As with anything of value, it takes considerable practice to improve your EI. Your EI skills can be enhanced, but it will take time, determination, and persistence.

Slide 19

EI Self-Assessment

Looking at your self-assessment...

1. What is one strategy you will practice to further enhance your strongest EI domain?
2. What is one strategy you will practice to develop a weaker EI domain?

Looking at your own scores is a useful way to begin to understand, strengthen, and use your own emotional intelligence skills. Ask yourself these questions:

What are your own strengths and weaknesses? Were there any surprises? Were your scores an accurate reflection of how you see yourself?

Looking at your self-assessment:

1. What is one strategy you will practice to further enhance your strongest EI domain?
2. What is one strategy you will practice to develop a weaker EI domain?

There are many ways to improve EI through self-reflection, behavioural change, and practice. What areas might you target for improvement? Start small. Limit yourself to working on one component at a time. What might some barriers be?

Slide 20

Questions?



Open up for questions. Ask the group, “Who has the first question?”



Handout: EQ-i 2.0 Model

SELF-PERCEPTION

Self-Regard is respecting oneself while understanding and accepting one's strengths and weaknesses. Self-Regard is often associated with feelings of inner strength and self-confidence.

Self-Actualization is the willingness to persistently try to improve oneself and engage in the pursuit of personally relevant and meaningful objectives that lead to a rich and enjoyable life.

Emotional Self-Awareness includes recognizing and understanding one's own emotions. This includes the ability to differentiate between subtleties in one's own emotions while understanding the cause of these emotions and the impact they have on the thoughts and actions of oneself and others.

STRESS MANAGEMENT

Flexibility is adapting emotions, thoughts and behaviors to unfamiliar, unpredictable, and dynamic circumstances or ideas.

Stress Tolerance involves coping with stressful or difficult situations and believing that one can manage or influence situations in a positive manner.

Optimism is an indicator of one's positive attitude and outlook on life. It involves remaining hopeful and resilient, despite occasional setbacks.



SELF-EXPRESSION

Emotional Expression is openly expressing one's feelings verbally and non-verbally.

Assertiveness involves communicating feelings, beliefs and thoughts openly, and defending personal rights and values in a socially acceptable, non-offensive, and non-destructive manner.

Independence is the ability to be self directed and free from emotional dependency on others. Decision-making, planning, and daily tasks are completed autonomously.

DECISION MAKING

Problem Solving is the ability to find solutions to problems in situations where emotions are involved. Problem solving includes the ability to understand how emotions impact decision making.

Reality Testing is the capacity to remain objective by seeing things as they really are. This capacity involves recognizing when emotions or personal bias can cause one to be less objective.

Impulse Control is the ability to resist or delay an impulse, drive or temptation to act and involves avoiding rash behaviors and decision making.

INTERPERSONAL

Interpersonal Relationships refers to the skill of developing and maintaining mutually satisfying relationships that are characterized by trust and compassion.

Empathy is recognizing, understanding, and appreciating how other people feel. Empathy involves being able to articulate your understanding of another's perspective and behaving in a way that respects others' feelings.

Social Responsibility is willingly contributing to society, to one's social groups, and generally to the welfare of others. Social Responsibility involves acting responsibly, having social consciousness, and showing concern for the greater community.

* Based on Original model by Reuven Bar-On, 1997

Multi-Health Systems Inc. (March 2011). The complete EQ-I 2.0 experience. Retrieved from <http://downloads.mhs.com/eqi/EQI-Launch-Kit.pdf>



Handout: Emotional Intelligence Matching Game

| Competency | Definition |
|---------------------------------|--|
| 1. Social Responsibility | A. The ability to remain hopeful and resilient, despite occasional setbacks. |
| 2. Flexibility | B. The ability to openly and truthfully express how one is feeling verbally and non-verbally. |
| 3. Reality Testing | C. The ability to recognize one's strengths and weaknesses while maintaining and experiencing feelings of inner strength and confidence. |
| 4. Assertiveness | D. The ability to step into another person's shoes and to understand, appreciate and recognize how they are feeling. |
| 5. Self-Actualization | E. The ability to find solutions to problems in situations where emotions are involved and to understand how emotions affect one's ability to make decisions. |
| 6. Stress Tolerance | F. The ability to establish and maintain meaningful relationships built on trust and compassion. |
| 7. Empathy | G. The ability to recognize one's own emotions and understand the cause of these emotions, as well as the impact they have on one's thoughts and actions. |
| 8. Emotional Expression | H. The ability to adjust one's emotions, thoughts and behaviours in response to new situations and environments. |
| 9. Problem-Solving | I. The ability to express one's feelings, beliefs, and thoughts truthfully in a way that respects one's personal values and is not offensive to others. |
| 10. Self-Regard | J. The ability to take a step back and objectively see reality while recognizing that emotions and personal attitudes can distort one's perceptions. |
| 11. Independence | K. The pursuit of continued self-improvement and meaningful life occupations in order to live a deeply fulfilling life. |
| 12. Optimism | L. The ability to positively cope with stressful and emotionally challenging situations supported by the belief that people can positively impact difficult circumstances. |
| 13. Impulse Control | M. The ability to make a positive contribution to society and social-welfare supported by the belief in acting in a socially responsible manner. |
| 14. Interpersonal Relationships | N. The ability to make decisions and carry out plans and daily tasks autonomously, without being emotionally dependent on others. |
| 15. Emotional Self-Awareness | O. The ability to avoid or delay acting on impulses, drives, or temptations and avoiding rash behaviours or decisions. |

Adapted from: Multi-Health Systems Inc. (March 2011). The complete EQ-I 2.0 experience.
Retrieved from <http://downloads.mhs.com/eqi/EQi-Launch-Kit.pdf>

Emotional Intelligence Matching Game: Instructor Answer Key

| Competency | Answer Key |
|---------------------------------|---|
| 1. Social Responsibility | M. The ability to make a positive contribution to society and social-welfare supported by the belief in acting in a socially responsible manner. |
| 2. Flexibility | H. The ability to adjust one's emotions, thoughts and behaviours in response to new situations and environments. |
| 3. Reality Testing | J. The ability to take a step back and objectively see reality while recognizing that emotions and personal attitudes can distort one's perceptions. |
| 4. Assertiveness | I. The ability to express one's feelings, beliefs and thoughts truthfully in a way that respects one's personal values and is not offensive to others. |
| 5. Self-Actualization | K. The pursuit of continued self-improvement and meaningful life occupations in order to live a deeply fulfilling life. |
| 6. Stress Tolerance | L. The ability to positively cope with stressful and emotionally challenging situations, supported by the belief that one can manage or influence difficult circumstances in a positive manner. |
| 7. Empathy | D. The ability to recognize, understand, and appreciate how another person is feeling and articulate your understanding of another person's perspective. |
| 8. Emotional Expression | B. The ability to openly and truthfully express how one is feeling verbally and non-verbally. |
| 9. Problem-Solving | E. The ability to find solutions to problems in situations where emotions are involved and to understand how emotions affect one's ability to make decisions. |
| 10. Self-Regard | C. The ability to recognize one's strengths and weaknesses while maintaining and experiencing feelings of inner strength and confidence. |
| 11. Independence | N. The ability to make decisions and carry out plans and daily tasks autonomously, without being emotionally dependent on others. |
| 12. Optimism | A. The ability to remain hopeful and resilient, despite occasional setbacks. |
| 13. Impulse Control | O. The ability to avoid or delay acting on impulses, drives, or temptations and avoiding rash behaviours or decisions. |
| 14. Interpersonal Relationships | F. The ability to establish and maintain meaningful relationships built on trust and compassion. |
| 15. Emotional Self-Awareness | G. The ability to recognize one's own emotions and understand the cause of these emotions, as well as the impact they have on one's thoughts and actions. |

KEY: 1. M, 2. H, 3. J, 4. I, 5. K, 6. L, 7. D, 8. B, 9. E, 10. C, 11. N, 12. A, 13. O, 14. F, 15. G

Adapted from: Multi-Health Systems Inc. (March 2011). The complete EQ-I 2.0 experience. Retrieved from <http://downloads.mhs.com/eqi/EQI-Launch-Kit.pdf>



Handout: Practicing Emotional Intelligence (Jamie)

By Mira Dineen

Jamie is experiencing conflict with her housemates. Jamie is in Nursing and has a very intense schedule this semester. On top of classes, she has a 12-hour clinical placement shift each Thursday at a hospital that is 45 minutes away. She has a merit-based scholarship and needs to maintain a high GPA each semester to keep it. Jamie and her housemates, Lynn and Anjali, became friends in first year when they lived in residence together. Lynn and Anjali are both in social sciences programs and have more open schedules than Jamie. They also like to party ... a lot. Jamie hit a breaking point this week when Lynn and Anjali threw a party on Wednesday night, without telling her first. The party was so loud that Jamie couldn't sleep. She woke up at 6 a.m. for her clinical placement feeling exhausted.

How Could Jamie Respond?

Each of the following responses is associated with an EI competency area. For each possible response, consider:

- Which responses show strong emotional intelligence (high EI)?
- Which responses show weak emotional intelligence (low EI)?
- What competency area(s) relate to each response?

Possible Responses

1. Jamie goes to her clinical placement and is in a foul mood all day. She snaps at her co-workers and is irritable. She ruminates all day about how inconsiderate Lynn and Anjali were and rehearses an argument in her head where she really tells them off.
2. Jamie goes to her clinical placement and takes ten minutes before her shift to calm herself down. Jamie acknowledges her emotions and thinks, "I feel frustrated with Lynn and Anjali and I feel exhausted. This is not how I was hoping to start my day, but I can't do anything about it right now. We'll have to sort it out later." Jamie considers that it's possible that Lynn and Anjali likely forgot that she had clinical placement and decides to talk to Lynn and Anjali when she gets home.

3. Jamie decides not to say anything to Lynn and Anjali because she doesn't want to damage their friendship. Jamie is feeling resentful, but acts like everything is fine. A week later, Jamie finds that she is still feeling sullen and bitter when she is around Lynn and Anjali, and she doesn't understand why she can't shake the feeling.
4. Jamie feels very indecisive and isn't sure if it's okay for her to feel frustrated. She doesn't know if she's being reasonable, so she talks to all of her friends to ask for their opinion about what she should do.
5. Jamie gets home from her clinical placement, storms into the house, and slams the door. When Anjali knocks on her door and asks if everything okay, Jamie screams, "You're the worst housemates ever, and even worse friends! You never think of anyone other than yourselves!" She gives Lynn and Anjali the silent treatment for a week.
6. Jamie tells Lynn and Anjali that she'd like to talk when she gets home. Jamie has taken time to think about how she feels, what she wants to say, and what she would like Lynn and Anjali to do differently in the future. Jamie makes sure she is feeling calm and clear-headed before expressing her feelings. Jamie says, "You guys had a party last night and it was pretty loud. I didn't get much sleep and had to get up really early for my placement today. I would really appreciate it if you let me know in advance before having a party, and if you could party at someone else's house the night before my placement."



Handout: Practicing Emotional Intelligence (Ling)

By Mira Dineen

When Ling was in high school, she loved fine art class and spent her free time sketching and painting. She wanted to apply to a prestigious fine art program several hours away from home. Her mom thought Ling should live closer to home and her dad thought she should pursue something more practical. Now Ling is in her second year studying Business Administration and she's really struggling. She was miserable for most of her first year, but returned to campus in the fall with a renewed determination to succeed. However, Ling failed most of her fall semester classes. The only course she passed was a fine arts elective — in fact, she got an A! Ling consulted with an academic advisor and a career counsellor. Ling knows in her heart that she wants to drop out of Business Administration and pursue fine art instead. Her fine art teachers in high school and college have told her that she has the talent necessary to succeed.

Ling is having a hard time making a decision and talking to her parents about what she wants to do. Ling feels strongly influenced by her parents' ideas about what she should or shouldn't do. One of her friends, Tamar, isn't making things any easier. Tamar has been discouraging Ling from switching programs and has said things like, "Art? What are you going to do with that, anyway? Art is a hobby, not a career." Ling knows that Tamar means well but she is starting to feel very annoyed by these comments, to the point that she has been avoiding hanging out with Tamar.

Instructions:

Review the case study about Ling. Discuss this situation with your group members and think of how Ling could respond to the situation. For each response, identify 1) whether this would show high or low emotional intelligence, and 2) what competency area is associated with the response. Look at the list of competency areas for ideas about how Ling could respond.

Example:

Ling calls her parents and screams "I'm dropping out!", then immediately drops all of her classes in business administration. This would be a low emotional intelligence response (competency area: **impulse control, emotional expression**) because Ling has made a significant decision quite quickly and communicates with her parents in an offensive and destructive manner.

High Emotional Intelligence

What are some examples of thoughts, words, and behaviours that someone with high emotional intelligence would demonstrate when handling this situation? Look at the various competency areas and their definitions for ideas.

Low Emotional Intelligence

What are some examples of thoughts, words, and behaviours that someone with low emotional intelligence would demonstrate when handling this situation? Look at the various competency areas and their definitions for ideas.



Peer Mentor Homework

Emotional Intelligence Activities

Watch this talk by Brené Brown: “The Power of Vulnerability – Brené Brown” on The RSA’s YouTube channel (<https://www.youtube.com/watch?v=sXSjc-pbXk4>, 21:47 minutes long).

Note: There are several YouTube clips with similar names; please use this URL and watch this talk for the purpose of this exercise.

Respond to the following questions:

1. What is one new idea that you are taking away from this video?
2. What did you learn about empathy?
3. Brené Brown says that empathic responses never begin with: _____.
What phrase does she use? Have you experienced someone responding to you in this way? How did it make you feel?
4. Brené Brown says, “Rarely does a response make something better. What makes something better is connection.” How could you apply this philosophy to your role as a peer mentor and to your interactions with a Mentee?

Complete the emotional intelligence self-assessment provided to you and respond to the following questions:

1. What is your strongest emotional intelligence domain? How do you demonstrate this strength in your daily life (personal, academic, professional)?
2. What is your weakest emotional intelligence domain? How does this affect you and others in your daily life? What steps can you take to strengthen this area?
3. How could you use your strongest emotional intelligence domain to help you in your role as a M² Peer Mentor?

Coaching Health and Wellness

Prepared by:

Lauren Armstrong
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Overview

This 90-minute training session provides participants with an overview of health and wellness and its application to a mentoring relationship. The session prepares Peer Mentors to identify components of a healthy lifestyle, to understand factors contributing to health behaviour change, and to demonstrate skill in coaching health behaviour change in a Mentee.

Rationale

Part of a Peer Mentor's role is to identify unhealthy habits and to facilitate a conversation with a Mentee about the impact of the behaviour. It can be difficult to understand why someone continues a behaviour that is destructive or harmful. The purpose of this session is to equip Peer Mentors with information on the complex nature of health behaviour change, so that they can gauge a Mentee's readiness for change, start a conversation about health habits, and coach a Mentee in an effective and supportive manner.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A health professional from your post-secondary institution who is familiar with health behaviour change, motivational interviewing, and student health and wellness
- A health professional from the community who is familiar with health behaviour change, motivational interviewing, and student health and wellness
- A student affairs professional from another area of your post-secondary institution who is familiar with health behaviour change and peer helping relationships

Resources and Background Reading

American College Health Association (ACHA). (2012). *Standards of practice for health promotion in higher education*. Retrieved from:

http://www.acha.org/Publications/docs/Standards_of_Practice_for_Health_Promotion_in_Higher_Education_May2012.pdf

American College Health Association (2013). *American College Health Association National college health assessment II: Canadian reference group*. Hanover, MD:

American College Health Association. Retrieved from
http://www.cacuss.ca/health_data.htm

Ontario Health Promotion Resource System. (n.d.). *HP 101 Health Promotion Online Course: Section A foundations of health promotion*. Retrieved from:

http://www.ohprs.ca/hp101/section_a.htm

Public Health Ontario. (2015). *Public health Ontario*. Retrieved from:

www.publichealthontario.ca



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Identify and describe the components of health
- Identify and understand obstacles to health behaviour change
- Compare and contrast multiple models of health behaviour change
- Review a Mentee's Student Wellness Assessment to identify healthy and unhealthy habits
- Apply motivational assessment techniques to gauge a Mentee's readiness for change and to encourage health behaviour change
- Make effective and appropriate referrals to campus or community resources related to health and wellness

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

- Read the Peer Mentor Homework material associated with this session and write responses to questions in the Peer Mentor Homework Workbook
- Watch TEDx Talk titled "The Shocking Truth about Your Health" by Dr. Lissa Rankin (<http://www.youtube.com/watch?v=7tu9nJmr4Xs>)
- Watch "Making the Connections: Our City, Our Society, Our Health" by The Wellesley Institute (<https://www.youtube.com/watch?v=q-3mUiGi6bA>)
- Complete the Student Wellness Assessment

Curriculum Connections

The session on Health and Wellness builds on material included in the session on Communication Skills (open-ended questions, active listening, verbal and non-verbal communication, etc.). Peer Mentors will apply and practice the Health and Wellness material during the Capstone Role-play Activity.

Time

This session will take 90 minutes.

Resources and Space

- Spacious room with moveable tables so Peer Mentors can pair up for case study activity
- Data projector
- Laptop
- PowerPoint presentation
- Student Handouts:
 - Overview of Health Models (photocopy one per participant)
 - Health Models Handouts (each small group receives one theory; see activity instructions and photocopy according to anticipated number of small groups)
 - Learning Theories
 - Stages of Change
 - Health Belief Model
 - Social Cognitive Model
 - Case Study Handouts (each small group receives one case study; see activity instructions and photocopy according to anticipated number of small groups)
 - Student Wellness Assessments
- Instructor Handouts:
 - Case Study Answer Key



Instructor Notes

Slide 01

COACHING HEALTH AND WELLNESS

Encouraging Healthy Behaviours
Lauren Armstrong
Peer Health Outreach Coordinator
Queen's University

Queen's University Health Promotion

Slide 02

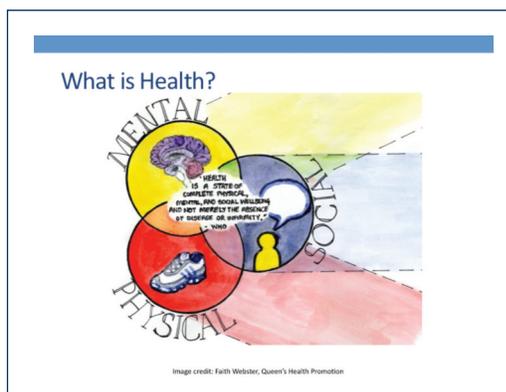
Overview

- What is health?
- How the components of health overlap
- Social Determinants of Health
- Models of Health Behaviour Change
- Starting the Conversation with a Mentee
- Coaching Healthy Habits in a Mentee
- Resources
- Case Studies

Queen's University Health Promotion

Health and health behaviour change are both very complex. As you'll see during this presentation, being healthy isn't just about going for a jog and eating an apple, and changing a health habit often isn't as simple as just deciding to make a change. There are a lot of factors that contribute to a person's overall health, some are within their control and some are not. These factors help to determine how successful a person will be with making healthy choices.

Slide 03



Before we look at making a health behaviour change, it's important to understand the meaning of "health". A lot of people think that being healthy means eating some fruits and vegetables or not having a cold or the flu. Health is actually a lot more complex than that and includes more than just our physical well-being. Many health professionals will reference the World Health Organization, which defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Taking care of your health involves more than just not getting sick. It is about prioritizing and caring for your physical, mental, and social health and understanding how these components are all connected. Making changes to one of the components of health usually affects at least one other component. For example, a student may want to join an intramural club on campus because they like playing soccer. In addition to increasing their physical health, the student may improve their social health by making new friends and enhance their mental health by relieving stress. On the other hand, a person's mental health can also impact their physical health. For example, a person with anxiety might experience sleep disruption (sleeping too much or too little). Some symptoms of depression include low motivation, hopelessness, and a lack of interest in hobbies or activities. This can make it incredibly difficult to exercise, to cook healthy meals, or even get out of bed. When you're mentoring a student who has a mental health issue, it's important to consider how the components of health are related.

Slide 04

Student Health Survey 2013

Good news:

- **76.7%** of Canadian students rated their overall health as good or very good
- **66.1%** of Canadian students feel happy almost every day or every day

Not so great news:

- **81.6%** of Canadian students did not meet physical activity standards
- **86.7%** of Canadian students did not meet standards for healthy eating

Source: American College Health Association. American College Health Association National College Health Assessment II: Canadian Reference Group Data Report Spring 2013. Hanover, MD: American College Health Association; 2013.

These survey results illustrate that while students may feel healthy overall, they aren't necessarily always making healthy choices. These results also show that there can be disconnect between a person's overall sense of health and the health choices they are making. If someone already feels healthy overall, it can be challenging to encourage someone to get more exercise or change their eating habits.

The good news though is that most Canadian students do feel healthy, which is great to hear. As students continue to learn about and adopt healthy habits, hopefully their feeling of good health will continue to increase.

*Source: American College Health Association. (2013). *American College Health Association-National college health assessment II: Canadian reference group data report spring 2013*. Hanover, MD: American College Health Association.

Slide 05

Shouldn't it be obvious?

Why don't people change behaviours that are obviously not good for them? A student might:

- Lack self-efficacy
- Lack self-esteem
- Feel it is too difficult
- Have little or no health education
- Lack motivation
- Experience medical issues
- Face factors or obstacles beyond their control

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People often wonder why a person continues to engage in a poor health behaviour despite the fact that it's obviously an unhealthy or harmful choice. For example, most people know that smoking is harmful yet people are still smoking. The majority of smokers know that they are making an unhealthy choice, yet they still continue to smoke. Making a health behaviour change involves more than knowledge and education about healthy choices. There are many additional factors that play into these decisions. They include:

- **Lack self-efficacy:** Self-efficacy is a person's belief that they have the ability to succeed at a task. Self-efficacy is an incredibly important factor in whether or not a person will be successful in changing a health behaviour. If someone doesn't genuinely believe that they have the ability to change their diet or quit smoking, this will likely be a big deterrent to them even trying.
- **Lack self-esteem:** While self-efficacy is usually limited to a person's view on their ability to accomplish a specific task, self-esteem relates more to a person's overall view of themselves. Low self-esteem means that a person doesn't see or value their worth, skills, or abilities. Self-esteem can also impact a person's desire and/or ability to do things like joining a gym or running club, trying a new activity or cooking a healthy meal.
- **Feel it is too difficult:** While there has been a lot of publicity around the positive impacts of changing a health behaviour, like quitting smoking or losing weight, this publicity is often accompanied by stories about how hard the process was. A person contemplating changing a health habit may be discouraged by messages about how difficult it is to make a change.

- **Little or no health education:** Not everyone has the same knowledge of health and positive health choices. This can be especially true with people who grew up in an environment where there was little focus placed on teaching or practicing healthy habits. It's important not to assume too quickly that someone has a strong background and understanding of health.
- **No motivation:** Motivation will be explored in more detail when we look at health behaviour models. If you think back to a time when you made a decision to make a change, health-related or not, you likely had an end goal in mind that motivated you. Without a reason or a goal in mind, a person may have no motivation to change a health behaviour.
- **Medical issues:** Medical issues are often overlooked as a reason why someone isn't making a health change, especially when some medical issues are not immediately apparent. Medical issues may impair or prevent a person from exercising, being physically able to shop for groceries, or having the time or ability to cook healthy meals.
- **Factors potentially beyond their control:** This is a very vague phrase that encompasses a wide variety of situations. Things happen and issues arise in life sometimes that are beyond our control. Often, dealing with larger issues takes precedence over prioritizing health. Many of these factors fall under the Social Determinants of Health, which will be explained on the next slide.

Slide 06

Social Determinants of Health (SDH)

- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Network
- Health Services
- Aboriginal Status
- Gender
- Race
- Disability

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Think back to the beginning of the presentation where we discussed how being healthy is more than making healthy eating choices and exercising. Health is much more complex than that. The Social Determinants of Health help to explain how many additional factors impact our health. Some of the factors may not be things that you would immediately consider to be impactful on health. For example, many people are surprised when they reflect on how a person's income and employment situation affect their health.

The concept of the Social Determinants of Health highlights how important it is to look beyond just convincing a person to change a health habit, and instead to reflect on the reasons for a behaviour. You can tell someone that eating a healthy, balanced diet is important. If they live in a rural setting with a low-paying job, can't afford a car, and don't have a grocery store within walking distance, then there are important limiting factors that you can't ignore.

Slide 07

Example of SDH

Why is Jason in the hospital?
Because he has a bad infection in his leg.

But why does he have an infection?
Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?
Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?
Because his neighbourhood is kind of rundown. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?
Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?
Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?
Because he doesn't have much education and he can't find a job.

But why ...?

Federal, Provincial and Territorial Advisory Committee on Population Health. (1999). *Toward a healthy future: Second report on the health of Canadians*. Ottawa, ON: Minister of Public Works and Government Services Canada. Retrieved from http://www.phac-aspc.gc.ca/gh-eg/report-report2/toward/ghf/toward_a_healthy_engish.pdf

This story is a great example of how the Social Determinants of Health can impact a person's health. It also shows the complexities of health and the importance of identifying and considering the underlying causes of a person's health concern.

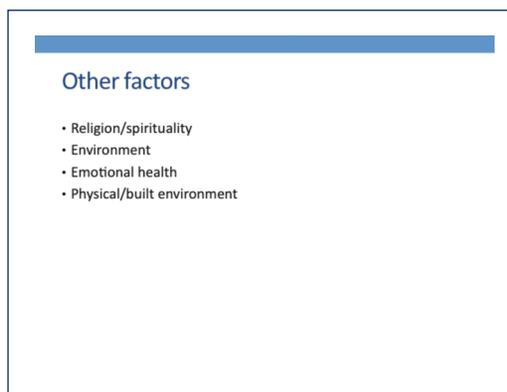
*Federal, Provincial and Territorial Advisory Committee on Population Health. (1999).

Toward a healthy future: Second report on the health of Canadians. Ottawa, ON:

Ministry of Public Works and Government Services Canada. Retrieved from Health

Canada website: <http://publications.gc.ca/collections/Collection/H39-468-1999E.pdf>

Slide 08

A rectangular box with a thin blue border. At the top, there is a solid blue horizontal bar. Below the bar, the text "Other factors" is centered. Underneath, there is a bulleted list of four items: "Religion/spirituality", "Environment", "Emotional health", and "Physical/built environment".

Other factors

- Religion/spirituality
- Environment
- Emotional health
- Physical/built environment

While not officially part of the Social Determinants of Health, these factors also have an impact on a person's health. For example, some religions and spiritual groups have specific guidelines for eating which may impact what you can and can't recommend a person consider for their diet.

Slide 09



The physical and built environment is gaining more attention for its impact on health. Everyday items like office chairs are being redesigned so that they put less strain on the body. The materials we are using to build spaces are being examined to make sure they aren't harmful to our health. One easy example for a post-secondary setting is the typical residence room. They tend to have uncomfortable mattresses and thin walls that noise easily travels through. This could contribute to poor or low quality sleep, and sleep has a significant impact on our health.

Slide 10

What Motivates Someone to Change?

Popular health models include:

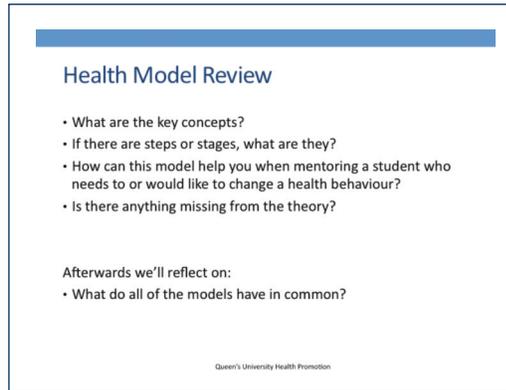
- Health Belief Model
- Stages of Change
- Learning Theories
- Social Cognitive Theory

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There are many models about how health behaviours are formed or changed. Different health practitioners have different models that they prefer, and each presents an interesting approach to health behaviour. You will notice there are some similarities between the models. These theories may present a totally new perspective on health.

We are going to break off into small groups to review some of these models. Each group will have the chance to review one of the four popular health models listed above and then present back to the group on their findings (guidelines outlined on the next slide).

Slide 11



Health Model Review

- What are the key concepts?
- If there are steps or stages, what are they?
- How can this model help you when mentoring a student who needs to or would like to change a health behaviour?
- Is there anything missing from the theory?

Afterwards we'll reflect on:

- What do all of the models have in common?

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Health Model Review Activity

Instructions:

Break students into small groups of 3-5 participants. Assign each group one health model and give each group a handout (and infographic where available) for their model. Instruct each group to read about their health model and consider the following questions:

- What are the key concepts?
- If there are steps or stages, what are they?
- How can this model help you when mentoring a student who needs to or would like to change a health behaviour?
- Is there anything missing from the theory?

Allow sufficient time for the groups to review and discuss (estimated 15 minutes). Ask each group to present the key points about their health model to the entire class, along with their responses to the questions on the slide. Use this opportunity to clarify any questions about the health models to the entire group, where necessary.

After reviewing all of the health models, ask the entire class to consider what all the models have in common. Facilitate a brief discussion before moving on to the next slide.

Slide 12

Health Model Commonalities

- Change is intrinsically motivated
- It can be a process involving many steps
- Understanding how the behaviour is affecting their life
- How easy a change is to implement
- Social norms
- How easy overcoming barriers are
- Importance of social support
- Viewed as being able to maintain over long term

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After facilitating a brief discussion about the commonalities between health models, review this slide with the entire group.

Each model offers a different approach and explanation for health behaviour change. However, there are some overlapping themes that appear in almost all of the models:

- **Change is intrinsically motivated:** We've talked a lot about the importance of motivation. A person has to truly want to change to have a good chance at successfully making the change. This means that a person is motivated within themselves, rather than being motivated by an external source.
- **It can be a process involving many steps:** It's not as easy as just wanting to change, and success may happen in smaller steps instead of one big or immediate change.
- **Understanding how the behaviour is affecting their life:** Without an understanding of the negative impact of a behaviour, a person may not realize how important it is to make a change.
- **Ease of implementing change:** We've already talked about how the perception that a task is hard can be a deterrent. The easier it seems to make a change, the more likely someone is to try.
- **Social norms:** Social norms have an incredible influence on our daily decisions. If a person has a social circle that partakes in an unhealthy behaviour or doesn't see it as a problem, this could influence a person's perception of that behaviour and inhibit change.

- **Ease of overcoming barriers:** We've already talked about outside factors that impact health. If a person sees ways to overcome barriers to change, this could help them make a change.
- **Importance of social support:** Having people cheering them on can keep a person's motivation high and keep them going even during rough patches.
- **Perceived sustainability of change:** Very rarely do people want to lose weight for a few weeks before gaining it back, or go through the difficulty of quitting smoking just to start again in a month. Putting forth the effort to make a change has to be seen as something that will have a long-term benefit.

Slide 13

Tips for Coaching Health Behaviour Change

- Be patient — change may take a while
- Expect some ups and downs
- Just because your advice was ignored, it doesn't mean the message didn't have an impact
- Balance of personal experience vs. individuality
- Follow up and offer encouragement and support
- You don't have to have all the answers!
- Total elimination is not always possible or realistic

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Supporting someone as they navigate a health behaviour change can be challenging. It's important to be realistic with your expectations and appreciate how hard it is to break a habit. Remember that you don't have to be the all-knowing expert whose Mentee makes total changes and never relapses or stumbles.

If you've had experience making a similar change, it's alright to share your experiences. Make sure not to draw too much of a parallel between your story and the person that you're working with. As the Social Determinants of Health illustrated, everyone has different factors in their life that impact how they live, and everyone has different reasons for making a change. Share your story in a way that reflects that the story is specific to you, while still respecting your Mentee's individual needs and emphasizing that their experience may be different.

Be patient, supportive, encouraging, and willing to refer your Mentee to someone else when you don't have the answer. Most of all, being realistic will set you on a good path to making a positive difference.

Remember to also take care of yourself as you are supporting someone else.

Slide 14

The Guilt Complex

- “There are better things I could be doing with my time”
- “I’m too busy to do this”

Change the focus to:

- “I am actively choosing to take care of myself”
- “What I am doing right now is a positive, healthy choice”

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Guilt can play a significant role in preventing a person from making a healthy choice. A student who is in the middle of studying for exams may feel guilty for taking an hour away from the books to spend time with friends, go to gym, or go home to cook a healthy meal. That’s understandable, and likely something we’ve all experienced at some point. Sometimes, skipping the gym or cancelling plans with friends may be necessary for a short period of time; however, it’s important to make sure that these don’t become regular habits.

If you find that your Mentee regularly expresses guilt or stress over prioritizing their health, a good strategy is to shift the conversation and/or inner dialogue from one of stress and guilt to one of positive affirmation. Prioritizing health is a good thing, and will have positive outcomes both in the short- and long-term.

Taking an hour to go the gym will refresh a person’s mental and physical health, and the increased blood flow will also help them focus longer and retain more information. Spending time with friends is relaxing and an incredible stress reducer. In both scenarios, taking the time to take care of their health actually helps to improve a person’s stressful situation. It is important to encourage a Mentee to make the connection between their health habits and their goals (often academic), and help them to change their internal dialogue to positively affirm the importance of prioritizing health.

Slide 15

The Baby Carrot Story

- There is always an equal or similar solution
- May need to play around to find out what works
- Just because it sounds weird, doesn't necessarily mean it's wrong or unhealthy



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This story is from an interaction with a student who was struggling with food boredom. He wanted to have a healthy diet but was only eating healthy foods because he knew they were good for him, not because he truly enjoyed them. When asked how he determined his daily food choices, the student said that even after leaving home he continued to buy food that had typically been provided for him when he was growing up. Despite his total dislike for baby carrots, he was continuing to buy them and eat them because they had been provided with his lunch every day growing up. He was quite happy to hear that many other vegetables could easily be incorporated into his diet that would bring the same health benefits, and he did not need to eat baby carrots!

The takeaway from this story is that often our health habits are formed during our formative years and social interactions and we often continue these habits as adults without really questioning whether they suit our needs and preferences now. Since we form a lot of our health habits through watching what other people do, we sometimes have stubborn ideas about what healthy habits look like, but sometimes it's ok to try something different. For example, using condiments in an unusual way or making salads without lettuce may seem odd, but technically there is nothing unhealthy about these choices.

The majority of foods and physical activities will have at least one other equally beneficial substitute. A key to helping someone sustain a health change on a long-term basis is to encourage them to incorporate activities that they actually enjoy. If someone wants to be more physically active but hates jogging, they likely won't stick with it for a long time or view this health habit change as a positive aspect in their life. Encouraging this person to try another version of physical activity that they enjoy, such as swimming or tennis, will still bring about a positive health change that has a greater likelihood of being sustained on a long-term basis.

Slide 16

**Facilitating the Conversation:
Mentee is Interested in Changing**

- How would you like things to be different?
- What kinds of healthy changes do you think you could make this week?
- On a scale from 1-10, how ready are you to make changes in your ____ patterns?
- How can I help you with ____?
- When would you be most likely to ____?
- What have you tried before to make a change?
- What do you want to do next?

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Facilitating the Conversation: Mentee is Interested in Changing

As a Peer Mentor, part of your role involves encouraging your Mentee to reflect on how their health habits impact them and to offer strategies and support related to making healthier choices. Sometimes it's difficult to find the words to start a conversation with someone about their health. Health is an incredibly personal thing, and it may be an uncomfortable topic for you or your Mentee. These are some questions to help you navigate the conversation once your Mentee talks about wanting to make a health change.

It's important to assess how a person feels about making a health change. Are they excited or begrudgingly accepting that they need to make the change? Do they need help finding resources and don't know where to start? Do they just need someone to encourage them? These questions will help you gauge where the person is at in the process, and what you can do to help as a Peer Mentor.

Also, it's important to remember that just because a person is interested in changing doesn't mean that they are willing to start right away. Some people jump right in to making a change, and other people need to do their research and reflect on the best strategies before getting started. Both approaches are valid and supporting a person finding the path that makes them comfortable is important.

Your intuition is your best guide when navigating these conversations. Depending on the person you are working with, these suggested questions might be helpful or you may need to come at the conversation in a completely different way. As you get to know your Mentee, pay attention to what motivates them and what type of communication seems to work well with them. If none of these questions seem to fit the scenario you are in, that's ok. There are many, many options and ways to approach the conversation. You may have already navigated difficult conversations with this person and already be aware of the most effective ways to communicate.

Slide 17

**Facilitating the Conversation:
Mentee is Unsure of Change**

- What do you think will happen if your health behaviors don't change?
- How would your life be different if you adopted a healthier lifestyle?
- Is this something you are hoping to change?
- Would you be interested in getting more information on that?
- I used to think that too, but then _____
- I actually heard of this really interesting _____
- Motivational assessment: Appeal to what motivates the person

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Facilitating the Conversation: Mentee is Unsure of Change

It can also be tricky to navigate a conversation when someone is unsure about making a health change. It can be a challenge to figure out how to encourage someone to make a beneficial change without being too forceful. These are some suggestions for non-invasive questions that you can use during a conversation with your Mentee about health.

These questions will help you better assess what your Mentee is feeling and how seriously they are thinking about making a change. These questions can also help you figure out what support the person needs, what has or hasn't worked for them in the past. By posing these questions, you are facilitating self-reflection in your Mentee that may also help them to come up with their own solutions.

Remember that just because a person mentions wanting to change a health habit doesn't mean that they are necessarily ready to make a change. We learned this when reviewing the "Stages of Change" model and the contemplation stage. You may ask the person if they are interested in changing a health habit and receive a firm "no" or "maybe later" and that's ok. Just because a person doesn't want to change a health habit today doesn't mean they will feel that way for forever.

When reviewing the health models, we also learned about the importance of a person intrinsically wanting to make a change. This is why the concept of a motivational assessment is so important. Knowing what motivates a person can help guide your conversation. For example, if someone is highly motivated to achieve high grades to maintain a scholarship or get into a competitive program, you can focus your conversation around how the change would help them with this goal. If this person was struggling with consistently staying up too late to study and then was too tired each day to exercise, you could focus your encouragement around how getting more sleep and exercise will actually help the person be able to focus for longer, feel more alert, and have an effective outlet for managing stress. All of these will contribute to their goal of achieving high grades.

Slide 18

Helping a Mentee who is "Stuck"

- It's okay, it happens to everyone
- Focus on small manageable steps
- Identify if it's appropriate to push through or try a new strategy
- Re-identify what prompted the change in the first place

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Hitting a plateau can be incredibly frustrating, both for a person trying to make a change and for someone supporting them. Remember that it is normal to experience setbacks or periods with slower progress. This happens to everyone at some point, and that's ok. It is not a sign of weakness or failure but rather one part of the larger process.

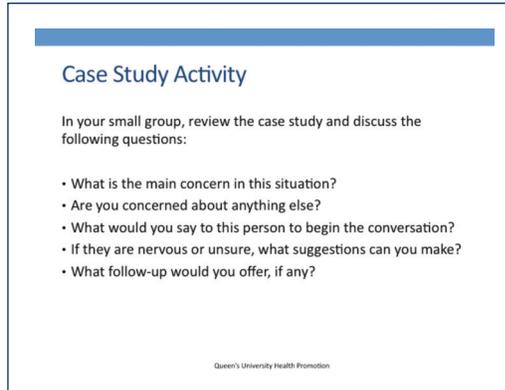
Different people respond in different ways to seeing their progress slow down or even stop completely, so this is another scenario where it's important to draw on your past experiences and intuition about what would help your Mentee.

These are some suggestions and strategies you can use to help someone who isn't making any progress. Sometimes people get overwhelmed realizing that they still have a long way to go and have stopped making progress. In this situation, it's important to continue to break the goal down into smaller steps. For example, let's say someone is trying to quit smoking entirely and they are all of a sudden having cravings again. Instead of going totally cold turkey, the person could try reducing their cigarette intake by a manageable amount that becomes smaller over time.

Sometimes the best course of action is to try a new approach or adjust the current one. For example, if someone has been exercising to lose weight, a new activity might be just what they need. Of course, in this scenario you should also point out that improving physical fitness and physical health is the goal and that just because a person hasn't lost weight recently doesn't mean that they haven't increased their overall health.

And finally, reminding someone of their final goal and the motivation that they had for changing the health behaviour can help them focus on long-term success and place less focus on the ups and downs that come with pursuing a goal.

Slide 19



Case Study Activity

In your small group, review the case study and discuss the following questions:

- What is the main concern in this situation?
- Are you concerned about anything else?
- What would you say to this person to begin the conversation?
- If they are nervous or unsure, what suggestions can you make?
- What follow-up would you offer, if any?

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This activity provides Peer Mentors with the opportunity to apply the knowledge and skills from this session to the context of a mentoring relationship. Using a case study, Peer Mentors will practice analyzing a Mentee's Student Wellness Assessment and applying information about health models and motivational interviewing when facilitating a discussion about health habits with a Mentee.

Break students into smaller groups of 3-5 participants. Each group will receive a case study that outlines a situation where a Mentee needs to change a health behaviour. Instruct each group to review their case study and consider the questions on the slide. Next, each group will come up with ideas for how a Peer Mentor could handle the conversation (including concrete phrases a Peer Mentor could use) and strategies a Peer Mentor could suggest to this Mentee.

Allow sufficient time for the groups to discuss their case studies. Ask each group to "report back" to the entire class with a summary of their case study and strategies. Debrief their experience with the exercise and facilitate a brief discussion. Answer questions as necessary and reinforce strategies that are in line with the approaches to health behaviour change and motivational interviewing outlined in this presentation.

Slide 20

Remember that You're Not Alone

- Student Health 101
- Health Promotion Department
- Student Health/Wellness Centre
- Healthy Lifestyle Consultations
- Student-run Health Programs (run club, yoga club, etc.)
- Leave the Pack Behind (Ontario-wide organization)

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Note for instructors:

Update this slide to include resources that are available at your institution and in your community.

There are many resources on campus to help you out. Campus staff members are more than happy to provide more information and give referrals. There are also student-run health programs and clubs related to health and wellness. Many of these programs are low to no-cost to join.

Slide 21

Thank You!

Follow us at:

- "Queen's University Be Well"**
- @QueensUBeWell**
- queensubewell.blogspot.ca/**

lauren.armstrong@queensu.ca

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Include contact information here for resources relevant to your campus and community.



Frequently Asked Questions

What is the most important health message for students?

In general, the message of self-care and self-prioritization is the most important. Students often have many commitments that can be very demanding on their time. It's important to encourage students to practice self-care by taking the time to prioritize their needs and practice healthy habits. Essential habits such as sleep and physical exercise can have a huge impact on overall health.

If a student has multiple unhealthy habits, where do I start?

Typically, either the habit that is causing the most harm or the habit that the student is most motivated to fix. Peer Mentors often work with students who have very dysfunctional sleep patterns; this is often a good place to start since sleep deprivation can negatively impact mood, concentration, and motivation or energy to pursue other healthy habits (such as taking time to cook or exercise). If the student is really motivated to change one behaviour, as long as the others aren't putting that person in harm, it might be beneficial to increase that person's confidence by identifying a strategy where it will be easy to succeed. This might increase their motivation or interest in considering changing other behaviours.

Why is college/university such an important time for changing health habits?

College or university is often the first time that students are in charge of making their own life and health decisions. This can be tricky for some people, which is why access to information and resources is so important. It's also a time when many students are exposed to new health decisions, such as drinking, staying up late, dealing with additional stress, and navigating having to either cook their own meals or make healthy choices in the cafeteria. As students transition to independent living, they are sometimes susceptible to developing unhealthy habits.

What do I do if I honestly have no clue what to suggest or try next?

Don't feel pressure to deal with everything on your own. There are staff and peer leaders on campus who would be more than happy to help out. It's okay to tell someone that you don't know the answer but will help them find more information. The important thing is to be a non-judgemental source of support and to help a person feel like they are not alone when looking for help. This can be more impactful than knowing all the information about everything.

What are some of the most effective strategies a Peer Mentor could use?

Motivational assessments are an effective way to gauge a Mentee's interest in change and to facilitate self-reflection on their health habits. A Peer Mentor can ask follow-up questions such as "What do you think about that?" or "Have you been thinking of any strategies to change that?" Simply posing these questions causes the person to reflect on their own motivations and consider strategies that they think will work for them. If your Mentee shows enthusiasm or excitement over a suggestion, try building on that to come up with a plan. If your Mentee seems to be overwhelmed or if their health habit is quite harmful, it may be appropriate to be more directive by describing what you have observed or heard, expressing concern, and offering support.

How do I know if a health habit is actually wrong or just different?

Don't underestimate the power of your own intuition. If you are uncertain, feel free to consult with a health professional or other health leaders on campus. Remember to respect your Mentee's confidentiality while doing so. Unless the health habit is truly drastic or dangerous (such as consuming foods that aren't properly prepared, binge eating, etc.), it is likely just different. However, it's always better to be sure. If you are feeling doubtful, double-check. You could also ask the person about their reasons behind the behaviour. It may turn out that they got the idea in the first place from a nutritionist or another health professional.



Handout: Overview of Health Behaviour Models

| Model | Philosophy | Components |
|-------------------------|--|--|
| Stages of Change | Behavioural change is a five-step process which individuals may switch between before achieving complete change. | Five stages: <ul style="list-style-type: none">• Pre-contemplation• Contemplation• Preparation for action• Action• Maintenance |
| Health Belief Model | Three elements explain whether a person will or will not follow a recommendation to change their behaviour: Do they feel ready to take action? How do they evaluate the recommended action? Presence of a cue to action that motivates a change in health behaviour | Factors considered: <ul style="list-style-type: none">• Perceived susceptibility• Perceived severity• Perceived threat• Perceived benefits of taking action• Perceived barriers to action |
| Learning Theories | Complex behaviour is learned gradually through the modification of simple behaviours. | <ul style="list-style-type: none">• Imitation and reinforcement play important roles• Individuals learn by duplicating behaviours they observe in others• Rewards are essential to ensuring the repetition of the desirable behaviour. |
| Social Cognitive Theory | Behavioural change is determined by three elements. Each element affects each of the others. | Elements: <ul style="list-style-type: none">• Environmental• Personal• Behavioural |

Glanz K, Rimer BK, Lewis M. *Health Behaviour and Health Education: Theory, Research, and Practice* (3rd Edition). San Francisco, CA.: Jossey-Bass, 2002.



Health Model Handout: Learning Theories

This theory states that complex behaviour is learned gradually through the modification of simple behaviours. The theory places importance on the impact of imitation, reinforcement, and reward.

The theory outlines that individuals learn by duplicating behaviours they observe in others and that rewards are essential to ensuring the repetition of desirable behaviour. As each simple behaviour is established through imitation and subsequent reinforcement, the complex behaviour develops. An individual's impression on how society views the behaviour is also important.



Health Model Handout: Stages of Change

This model proposes change as a process of five stages:

Pre-contemplation is the stage in which people are not intending to make a change in the near future (often defined as the next 6 months).

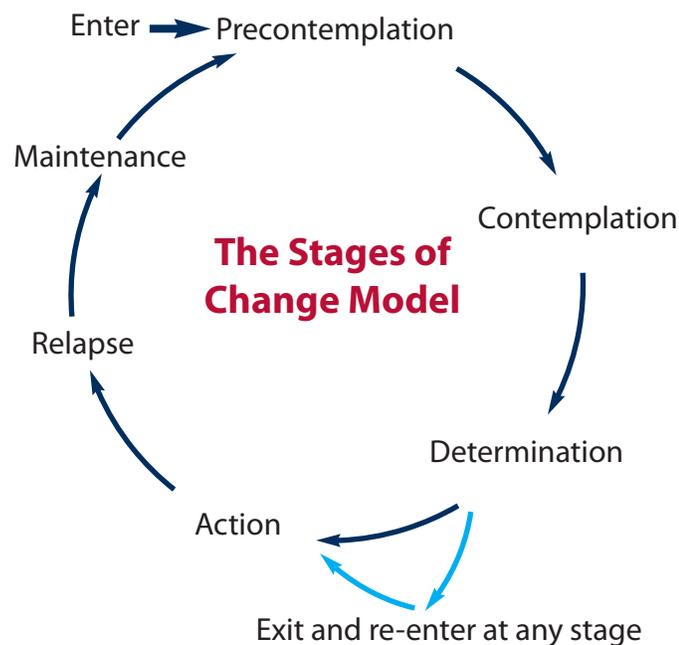
Contemplation is the stage where people intend to change (within the next 6 months). People in this stage are aware of the pros of changing but can also identify the cons.

Preparation represents the stage where people have a plan of action and intend to take action in the immediate future (within a month).

Action is the stage in which people make the behaviour change. Note that for some people, relapse may occur between action and maintenance.

Maintenance represents the stage where people work to prevent relapse.

It is essential to match behaviour change interventions to people's stages. For example, if an individual is in the pre-contemplation stage it is important to raise their awareness about a behaviour in order for them to contemplate making a behaviour change.



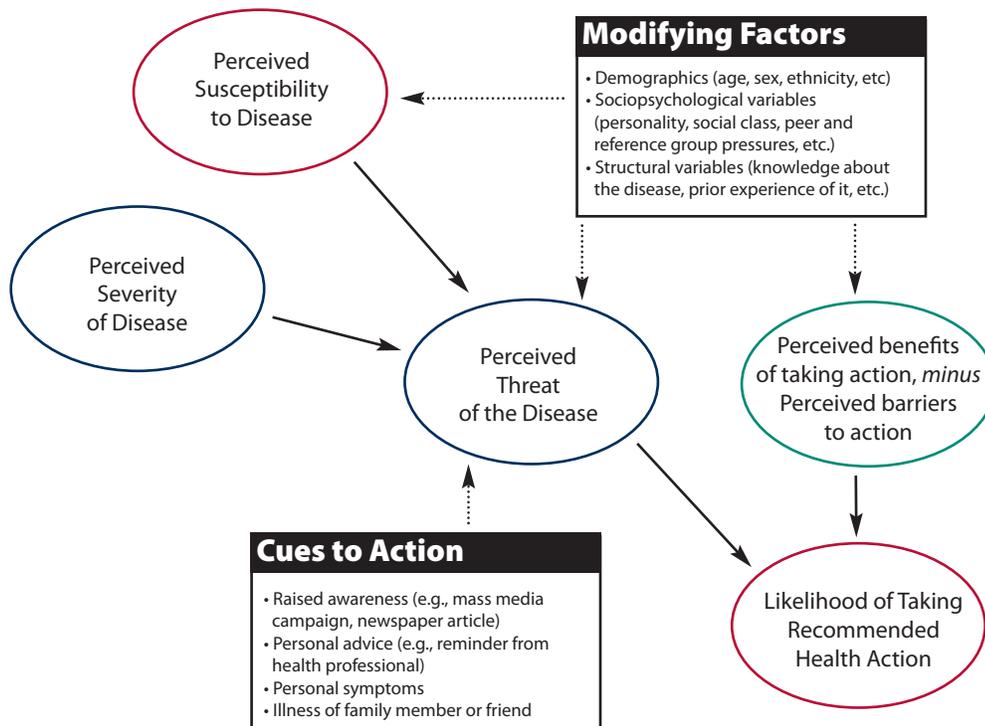


Health Model Handout: Health Belief Model

The Health Belief Model states that behaviours are a function of people's beliefs about their susceptibility to the health problem, the severity of the health problem, and the benefits versus costs of adopting the behaviour, as well as whether people experience a cue to action. In recent years, the concept of self-efficacy (a person's confidence in their ability to perform a specific behaviour) was added to the model.

Three elements explain whether or not a person will follow a recommendation to change their behaviour:

- Do they feel ready to take action?
- How do they evaluate the recommended action?
- Presence of a cue to action that motivates a change in health behaviour





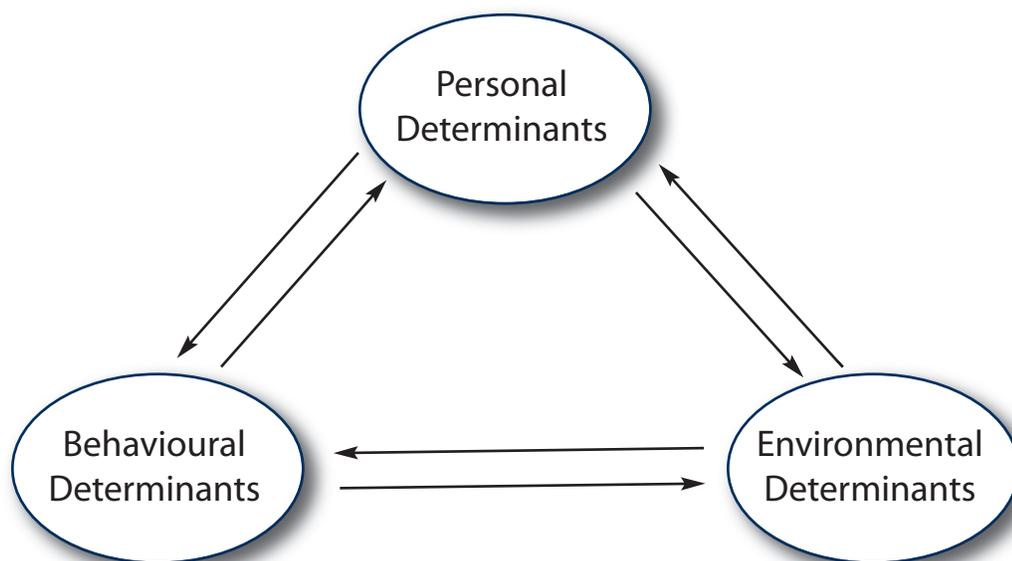
Health Model Handout: Social Cognitive Theory

The social cognitive theory explains how people acquire and maintain certain behavioural patterns, while also providing the basis for intervention strategies. Evaluating behavioural change depends on three factors: environment, personal, and behaviour. These factors constantly influence each other.

Environment: There are social and physical environments. Social environment includes family members, friends, and colleagues. Physical environment is the size of a room, the ambient temperature, or the availability of certain foods.

Personal: Occurs when a person watches the actions of another person and the reinforcements that the person receives.

Behaviour: If a person is to perform a behaviour he must know what it is and have the skills to perform it.





Handout: Student Wellness Assessment

Step 1: Please answer each question using the 5 point scale, to best reflect what you ACTUALLY DO or HAVE DONE as a student. The information will be used to help identify areas of strength and potential change, so be as open as you can be!

Scale: 1 = rarely or never 2 = not often 3 = sometimes 4 = fairly often 5 = a lot or always

Academic Success

Time management

- I spread out my study time, to avoid cramming. 1 2 3 4 5
- I have enough time in my week to study and complete assignments. 1 2 3 4 5
- My online (Internet, video games) time is under control; it doesn't interfere with other things. 1 2 3 4 5

Concentration

- I work 50 minutes and then take a 10 minute break. 1 2 3 4 5
- I am able to concentrate well when studying or doing schoolwork. 1 2 3 4 5

Goals

- I am up to date with assignments. 1 2 3 4 5
- I am satisfied with my grades. 1 2 3 4 5
- My course work relates to my future plans. 1 2 3 4 5
- I am clear on what my future plans are. 1 2 3 4 5

Learning Skills

- I download and read notes, or read texts before class. 1 2 3 4 5
- I review notes shortly after class. 1 2 3 4 5
- I make up and answer questions to test myself. 1 2 3 4 5
- I refer to the course outline for the learning objectives. 1 2 3 4 5

Comprehension

- I do review questions or practice problems. 1 2 3 4 5
- I translate what I'm studying into my own words. 1 2 3 4 5

Selecting Main Ideas

- I can find the main points in lectures. 1 2 3 4 5
- When problem-solving, I can identify relevant details. 1 2 3 4 5
- My notes contain both main ideas and details. 1 2 3 4 5

Academic Stress

- I am calm enough in an exam that I do my best. 1 2 3 4 5
- I think I will get passing grades. 1 2 3 4 5
- I feel calm and on top of my academic workload. 1 2 3 4 5

Exam Preparation and Writing

- I separate my initial "learning" from my "studying". 1 2 3 4 5
- I know what to study for an exam. 1 2 3 4 5
- I feel confident in my study methods. 1 2 3 4 5
- I answer practice questions to study. 1 2 3 4 5
- I study in a group, or with a friend, about 25% of the time. 1 2 3 4 5
- I adjust my study methods for different courses. 1 2 3 4 5
- I study enough for my exams. 1 2 3 4 5

This self-assessment tool has been adapted for the M² Peer Mentoring Program at Queen's University from the Success Skills and Habits Questionnaire developed for Q-Success.



Handout: Student Wellness Assessment

Step 2: Use green pen to circle all the times you selected 4 or 5 on the scale – these are your strengths, what you’re already doing well!

Step 3: Use another colour to identify where you selected 1 or 2 on the scale – these are your areas of potential change! Think about what resources can help you improve in these areas, and use these potential areas of change to inform your goal-setting.

Personal and Mental Health

Physical Health

| | | | | | |
|---|---|---|---|---|---|
| I am aware of the options to be physically active both on and off campus. | 1 | 2 | 3 | 4 | 5 |
| I feel confident in my ability to prepare healthy snacks and meals. | 1 | 2 | 3 | 4 | 5 |
| I feel motivated to choose healthy meal options. | 1 | 2 | 3 | 4 | 5 |
| I sleep 7-9 hours a night with regular sleep & wake times. | 1 | 2 | 3 | 4 | 5 |
| I wake up feeling well rested and have energy throughout the day. | 1 | 2 | 3 | 4 | 5 |
| I spend 150 minutes a week doing some type of moderate to vigorous physical activity (i.e., walking, running, lifting weights, etc.). | 1 | 2 | 3 | 4 | 5 |
| I eat 7 or more servings of fruits and vegetables a day. | 1 | 2 | 3 | 4 | 5 |

Mental Health

| | | | | | |
|---|---|---|---|---|---|
| I am aware of different strategies to help me manage my stress. | 1 | 2 | 3 | 4 | 5 |
| I am aware of when I should seek help for my mental health. | 1 | 2 | 3 | 4 | 5 |
| I am aware of what resources I can access for my mental health. | 1 | 2 | 3 | 4 | 5 |
| I know how to soothe and calm myself if I am feeling upset. | 1 | 2 | 3 | 4 | 5 |

Help-Seeking and Resilience

| | | | | | |
|--|---|---|---|---|---|
| If I were experiencing a problem that was bothering me I would reach out to a friend and/or family member. | 1 | 2 | 3 | 4 | 5 |
| If I were experiencing a problem that was really bothering me I would consider seeking help from a mental health professional. | 1 | 2 | 3 | 4 | 5 |
| I am able to cope in healthy ways with the demands of school and my personal life in healthy ways. | 1 | 2 | 3 | 4 | 5 |
| I understand where to go for support if I am struggling to cope. | 1 | 2 | 3 | 4 | 5 |
| I understand my own resilience strengths and areas requiring improvement. | 1 | 2 | 3 | 4 | 5 |

Connection and Community

| | | | | | |
|---|---|---|---|---|---|
| I have a hobby or personal interest that brings me joy. | 1 | 2 | 3 | 4 | 5 |
| I make time to engage in a hobby or personal interest that brings me joy. | 1 | 2 | 3 | 4 | 5 |
| I have at least one friend who is non-judgmental and supportive. | 1 | 2 | 3 | 4 | 5 |
| I have a positive and strong support system through family and friends. | 1 | 2 | 3 | 4 | 5 |
| I feel socially connected and included. | 1 | 2 | 3 | 4 | 5 |

This self-assessment tool has been adapted for the M2 Peer Mentoring Program at Queen’s University from the Success Skills and Habits Questionnaire developed for Q-Success.

Case Study Handout: Rania

You have been meeting with Rania for several months now. Overall, your meetings are going well and Rania seems to be making many improvements. However, you notice that Rania is frequently tired and mentions being hungry during your meetings. She sometimes expresses frustration at not being able to concentrate as well in the morning as she can in the afternoon.

For your first few meetings, you don't really feel concerned about this; however, you are starting to notice a pattern. At the end of one of your meetings you suggest holding your next meeting in the Queen's Centre so you can grab some breakfast to eat. Rania says she's fine with the change in location but won't be eating breakfast. She explains to you that she absolutely can't stand breakfast food of any kind, so she skips the meal every day and makes up for it by having more to eat at lunch and a big afternoon snack. Rania knows that she should eat breakfast but no matter how hard she tries, she can't seem to get in the habit because she can't force herself to regularly eat food she doesn't like.

Questions to discuss:

1. What is the main concern in this situation?
2. Are you concerned about anything else?
3. What would you say to this person to begin the conversation?
4. If they are nervous or unsure, what suggestions can you make?
5. What follow-up, if any, would you do?

Case Study Handout: John

You have just met your new mentee, John. Within your first meeting, between your observations and what John tells you, you learn that he frequently sleeps only a few hours a night, doesn't know how to cook and so eats takeout for almost every meal, and doesn't have many friends.

John has shown no interest in changing his health habits or made a connection between these habits and his overall wellbeing. Despite feeling lonely at times, overall he is content with his life and doesn't really want to change anything. You feel that John could benefit from making some changes to his health habits and would like to encourage him to make these changes.

Questions to discuss:

1. What is the main concern in this situation?
2. Are you concerned about anything else?
3. What would you say to this person to begin the conversation?
4. If they are nervous or unsure, what suggestions can you make?
5. What follow-up, if any, would you do?

Case Study Handout: Kasia

Your meetings with Kasia overall have been going well; however, you notice she often struggles with seeing projects all the way through to completion. This has become one of your focuses for the semester. One Monday you meet with her and are talking about your weekends. Kasia got together with some of her friends to cook a delicious, healthy Sunday dinner. She tells you that she had a lot of fun but left feeling discouraged. You ask her why, and she tells you that lately she has tried to make some changes to her life, but hasn't been able to stick with anything for more than a week. Cooking the meal with her friends reminded her of the many diets she has tried and failed.

Questions to discuss:

1. What is the main concern in this situation?
2. Are you concerned about anything else?
3. What would you say to this person to begin the conversation?
4. If they are nervous or unsure, what suggestions can you make?
5. What follow-up, if any, would you do?

Case Study Handout: Paolo

You have been meeting with your Mentee, Paolo, for about two months. He is usually in an upbeat mood and is always on time. You are getting quite worried about him since lately you have noticed a sharp decline in his mental health. There are times when he cancels meetings with you because he just doesn't feel up for doing anything or leaving his house. His mood has declined and he has lost the 'spark' he seemed to have earlier in the semester. In addition to referring him to a counsellor, you feel that adopting some healthy lifestyle habits may help. Paolo had seemed to make somewhat healthy choices in the past. You know that he doesn't always eat healthy food or exercise regularly, but overall he seemed conscious of his habits and made an effort to take care of himself.

Questions to discuss:

1. What is the main concern in this situation?
2. Are you concerned about anything else?
3. What would you say to this person to begin the conversation?
4. If they are nervous or unsure, what suggestions can you make?
5. What follow-up, if any, would you do?

Case Study Answer Key: Rania

What is the main concern in this situation?

Skipping meals and the impact it's having on Rania's health.

Are you concerned about anything else?

Eating bigger meals later in the day to compensate.

What would you say to this person to begin the conversation?

- Have you ever thought of trying new foods for breakfast?
- Did you feel less hungry and better able to concentrate when you were eating breakfast?
- Have you ever eaten something for breakfast that you enjoyed?

If they are nervous or unsure, what suggestions can you make?

Trying new foods or eating non-breakfast foods for breakfast is a good places to start. You could also encourage Rania to start small so she adjusts to having breakfast again by starting off with a snack every morning that she enjoys.

What follow-up, if any, would you do?

Check in with Rania to see if she has tried any new foods or incorporated lunch/dinner foods into her morning routine.

Case Study Answer Key: John

What is the main concern in this situation?

John's lack of understanding that his habits are impacting his overall well-being.

Are you concerned about anything else?

The lack of sleep, ability to cook meals, and low social interactions are also concerning.

What would you say to this person to begin the conversation?

- Would you be interested in making some changes to any of these items?
- Have you ever felt like you wanted to start getting more sleep, learn to cook, etc.?
- Did you know there is a healthy cooking club on campus? They meet once a week and the people there are really nice. And don't worry, you don't need to be a master chef to join!
- I used to be really intimidated about cooking, but then I found (insert resource, cookbook, website, club on campus, etc.). It made me realize that cooking basic healthy meals is actually kind of fun and not as hard as I thought. Do you want me to send you the link, get you a pamphlet, etc.?

If they are nervous or unsure, what suggestions can you make?

Start small with manageable steps. Start with ideas like getting an extra half hour of sleep, joining one club that has a reasonable meeting schedule, or learning how to make a salad that can go along with some takeout food. You could also help John find a recipe that imitates some of his favourite takeout foods.

What follow-up, if any, would you do?

Check in to see how any strategies you suggested are working or if John has tried them yet. If you notice any tips on sleep or healthy easy recipes, you could also pass them on to John or mention that you have them if he's ever interested.

Case Study Answer Key: Kasia

What is the main concern in this situation?

The feeling of being discouraged and dealing with the feeling of failure.

Are you concerned about anything else?

Kasia's lack of self-confidence with regard to being able to successfully make a change.

What would you say to this person to begin the conversation?

- Have you tried anything in the past that you felt worked and that you could try again?
- Do you think your friends would be interested in cooking together on a regular basis?
- I can see how that would be really discouraging. Are you hoping to find more long-term strategies?
- What do you think are the reasons why you weren't able to stick with your past diets? Maybe we can brainstorm ways to overcome those obstacles?
- Strategize a list of healthy snacks that are easy to carry that she can consume throughout the day.
- What are your favourite foods? We can come up with ideas to incorporate them into a meal plan that will be healthy, but that you'll enjoy and stick with.

If they are nervous or unsure, what suggestions can you make?

Making bigger healthy meals on the weekend that can be divided into leftovers for the week can be a good place to start. Start with picking one or two nights a week where it would be reasonable to prepare an easy, healthy meal and start from there. Once Kasia gets the hang of that, she can slowly start building.

What follow-up, if any, would you do?

Check in and see if Kasia has made any progress. Encourage small manageable steps, and if Kasia still seems discouraged remind her of the impact that small adjustments can make.

Case Study Answer Key: Paolo

What is the main concern in this situation?

Paolo's mental health and the sharp decline that you have noticed.

Are you concerned about anything else?

Adopting some healthier habits may help, but the priority is on addressing Paolo's mental health.

What would you say to this person to begin the conversation?

- How are you feeling?
- I've noticed you've had to cancel a few times lately. Is everything ok?
- What can I do to help?

If they are nervous or unsure, what suggestions can you make?

Connecting Paolo to resources where he feels comfortable is incredibly important. Let him know that his well-being is the priority and that he should be receiving support in a way that makes him feel comfortable. You could also present several options to him to see if there is one he prefers.

What follow-up, if any, would you do?

Check in with Paolo and be encouraging even if it doesn't seem like any progress has been made. This is definitely one scenario where your intuition and past experiences with Paolo will be important.



Peer Mentor Homework

A Holistic Approach to Health and Wellness

By Lauren Armstrong (lauren.armstrong@queensu.ca)

What is Health?

Before addressing health behaviours and what motivates a person to make a change in their health, it is important to understand what “health” actually is. Health is a very broad term and many people do not understand its full complexity.

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This means that being healthy is more than just not having a cold or flu but is instead understood in a more well-rounded and holistic manner.

What Influences a Person’s Health?

Based on the WHO definition, health promoters approach health with the view that it is broken down into three separate components that enhance or decrease a person’s overall well-being. These three components are:

Physical: Refers to the way that your body functions. This includes maintaining a healthy diet, getting enough exercise, and being free of disease and sickness.

Mental: The ability to cope with the demands of daily life.

Social: The quality of your relationships with friends, family, teachers, and other people that you are in contact with.

Some health professionals also consider the following as components of health: spiritual, professional, emotional, and environmental.

In her TEDx talk titled “The Shocking Truth about Your Health”, Dr. Lissa Rankin outlines her journey of learning to view health outside of the traditional clinical setting. The video can be viewed here: <http://www.youtube.com/watch?v=7tu9nJmr4Xs>.

Social Determinants of Health

While eating fruits and vegetables and getting enough exercise are great ways to stay healthy, there are many more complex ways that a person’s overall well-being can be impacted. These are referred as the “social determinants of health” (SDH).

Many of the SDH are not factors that you would normally think of as being incredibly important to a person’s health. However, many of the SDH are more influential over a person’s health than they may originally appear, especially when combined with a lack in other SDH.

The Social Determinants of Health are:

1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability

This clip offers a useful overview of the social determinants of health. “Making the Connections: Our City, Our Society, Our Health” by The Wellesley Institute can be viewed here: <https://www.youtube.com/watch?v=q-3mUiGi6bA>

Additional Resources

Here are some additional videos that address some the information above in case you’re interested in learning more:

McKinney, David. (2012, May 11). *Health: Holistic health and wellness*. Retrieved from <http://www.youtube.com/watch?v=DZetCrhDzlo>

CNN. (2013, May 20). *Cancer patients use gardening for physical & mental health*. Retrieved from <http://www.youtube.com/watch?v=x8OKVhaiD1M>



Peer Mentor Homework

Health and Wellness Activities

1. Were you surprised to hear that health is more than just the absence of illness but is a combination of a variety of factors? Why or why not?

2. In her TEDx talk, Dr. Rankin encourages her audience to “write their own prescription”, i.e. identifying what changes a person can make to improve their overall wellness. If you had to write your own prescription, what would it look like?

3. The video called “Making the Connections: Our City, Our Society, Our Health” explores the social determinants of health. Which social determinants of health do you think have the greatest impact on your peer group? Choose two social determinants of health that you feel most apply to you and reflect on how these factors impact your health.

4. What are some effective strategies that you use to maintain your physical, mental, and social health?

Mental Health Education

Prepared by:

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With assistance from:

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Overview

This 90-minute session provides participants with basic mental health education and prepares Peer Mentors to apply the Mental Health Continuum Model, to recognize signs and symptoms of common mental health conditions, and to implement the “Approach, Listen, Support, Refer” (ALSR) model.

In the pilot program, Mentees were not required to disclose their diagnosis to the Program Coordinator or to their Peer Mentor. The mentoring relationship focuses on practical health strategies, learning strategies, and coping strategies to improve a Mentee's overall wellness. Throughout training and implementing this program, we recommend encouraging Peer Mentors to focus on the practical impact of mental health issues (sleep, eating, memory, concentration, social withdrawal, motivation, etc.), rather than attempting to diagnose the Mentee's specific mental health issue. The former is the level at which Peer Mentors are equipped to support a Mentee. Peer Mentors are encouraged to consider how they may need to adapt their mentoring style based on their Mentee's needs (see student handout: Interacting with Students with Mental Health Conditions). However, the focus remains on the functional impact of the Mentee's mental health (e.g. noticing that a Mentee has a poor memory), not the Mentee's diagnosis. This approach also helps Peer Mentors to remain focused on providing practical strategies and empathic personal support, differentiating their role from that of a counsellor or other health professional.

Rationale

The purpose of this session is to provide Peer Mentors with a foundation in mental health education. By obtaining an overview of the mental health continuum, mental health conditions, and basic peer helping strategies, Peer Mentors are better able to support and relate to a student with a mental health issue.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A counsellor in your post-secondary institution's student counselling centre who has experience responding to students in distress
- A counsellor from the community who has practical experience with responding to a person in distress
- A student affairs professional from another area of your post-secondary institution who has:
 - Advanced training in mental health (for example, someone who is certified as a trainer for Applied Suicide Intervention Strategies Training and/or Mental Health First Aid), and
 - Experience responding to students in distress (for example, a manager in residence life)

Resources and Background Reading

Bilsker, D., & Paterson, R. P. (2009). *The antidepressant skills workbook*. Retrieved from <http://www.comh.ca/antidepressant-skills/adult/workbook/>

Bridging the Distance. (n.d.). *How to Help*. Retrieved from <http://www.bridgingthedistance.com/pages/peer.html>

Canadian Mental Health Association. (2015). *Mental health*. Retrieved from <http://www.cmha.ca/mental-health/>

HelpGuide. (n.d.). *A trusted non-profit guide to mental health and well-being*. Retrieved from <http://www.helpguide.org/>

National Defence and the Canadian Armed Forces. (2013). *The military mental health continuum model*. Retrieved from <http://www.forces.gc.ca/en/caf-community-health-services-r2mr-deployment/mental-health-continuum-model.page>

Queen's University Health, Counselling and Disability Services. (2013). *HCDS self-help workbook series*. Retrieved from <http://www.queensu.ca/hcgs/workbook.php>



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Describe and apply the continuum model of mental health
- Identify the types of experiences and behaviours that fall at different points on the continuum, along with the severity of impact on a person's overall wellness
- Identify the defining characteristics (signs, effects, and symptoms) of the following:
 - Mood disorders
 - Suicidal ideation
 - Anxiety disorders
 - Eating disorders
 - Substance-related disorders
- Describe the impact of a mental health problem/disability on various lifestyle components, such as sleep, eating, mood, motivation, and cognitive functioning
- Apply the "Approach, Listen, Support, Refer" model to help a student with a mental health issue

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

- Read the Mental Health Education material in the Peer Mentor Homework package and complete the questions related to the continuum model.
- Complete the MindSight modules and submit their completion certificate to the Program Coordinator.

MindSight is a free online resource consisting of ten interactive mental health education modules. MindSight was created by Dr. Wendy Stanyon, an Associate Professor in the Faculty of Health Sciences at the University of Ontario Institute of Technology (UOIT). Dr. Wendy Stanyon can be contacted by email at wendy.stanyon@uoit.ca. MindSight can be accessed here: <http://mymindsight.uoit.ca/>

Curriculum Connections

This training session builds on previous material related to mentoring and communication skills, resources, and referrals. The session is closely related to material in the Health and Wellness training session, in which Peer Mentors consider how health habits (e.g. sleep, exercise, social connection) relate to and impact a person's mental health functioning. During the Capstone Role-play Activity, Peer Mentors will apply information from this training session by adapting their mentoring approach based on signs or cues related to a Mentee's mental health functioning. For example, Peer Mentors will practice adjusting their mentoring strategies in differently when working with students who show signs of anxiety, low mood, difficulty concentrating, and poor memory.

Time

This session takes 90 minutes.

Resources

What materials and resources are required for this session?

- Data projector
- Laptop
- PowerPoint presentation
- Card Sorting Activity
- Scissors (to cut the handout into cards for the activity)
- Tape or sticky tack
- Handouts:
 - Mental Health Continuum Cases Scenarios
 - Interacting with Students with Mental Health Issues



Instructor Notes

Slide 01

MENTAL HEALTH EDUCATION

Dr. Mike Condra
condram@queensu.ca
Queen's University

Slide 02

Agenda

1. Mental Health Continuum Review + Activity
2. How You Can Support a Person with a Mental Health Problem
3. Signs of Common Mental Health Problems



This training session builds on the material from your Peer Mentor Homework, including the MindSight modules on mental health and the activities on the mental health continuum. We'll be reviewing the mental health continuum, talking about how to support someone with a mental health problem, and discussing how to recognize and respond to signs of common mental health problems.

Slide 03

What is Mental Health?

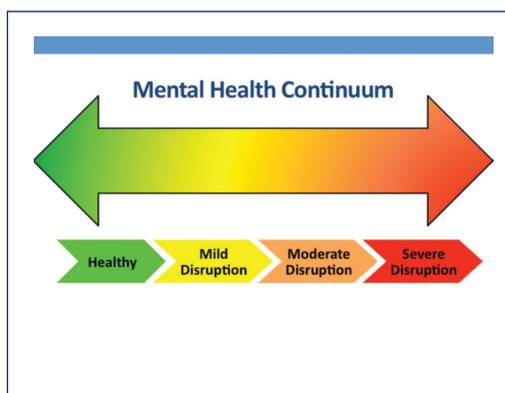
A state of successful performance of mental functions, resulting in:

- Productive and/or meaningful **activities**
- Fulfilling **relationships**
- Ability to adapt, change, and **cope with adversity**

WE ARE CONTENT AND WE CAN DEAL WITH STRESSES

Mental health is defined as a state of successful performance of mental functions. This results in productive activities, fulfilling relationships, and an ability to adapt, change, and cope with adversity. In other words, an individual who is mentally healthy is content and can deal with stresses.

Slide 04



The mental health continuum model is a useful way of framing mental health as a spectrum. Physical health is complex. We aren't necessarily completely physically healthy or completely physically unhealthy at any given time. In the same way, we are not completely mentally well or completely mentally ill at any point in time. In fact, our mental health can vary from those days when we feel on top of the world to those days when something disrupts our functioning. We can experience mild disruption, moderate disruption, or severe disruption. A moderate or severe disruption typically results in difficulty functioning and coping with daily life.

Slide 05



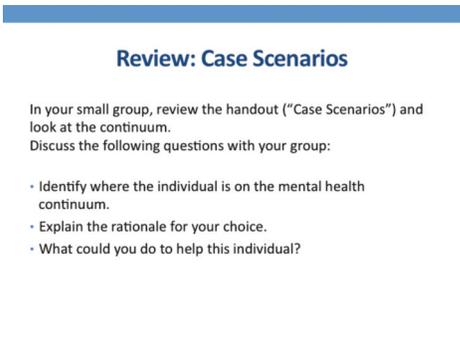
The diagram shows a horizontal double-headed arrow with a color gradient from green on the left to red on the right. The text "Mental Health Continuum" is centered above the arrow. Below the arrow, there are three bullet points.

Mental Health Continuum

- People experience mental health problems *differently*
- People can move *along the continuum*
- There is *overlap* between zones

Review this slide with the class.

Slide 06



The slide contains a title, a paragraph of instructions, and a list of three discussion questions.

Review: Case Scenarios

In your small group, review the handout ("Case Scenarios") and look at the continuum.
Discuss the following questions with your group:

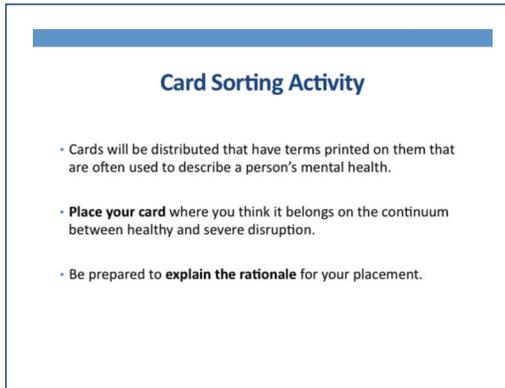
- Identify where the individual is on the mental health continuum.
- Explain the rationale for your choice.
- What could you do to help this individual?

Mental Health Continuum Case Scenarios

This activity provides Peer Mentors with the opportunity to review some of the case studies from the Peer Mentor Homework package and to ensure they understand the Mental Health Continuum.

Distribute the handout ("Mental Health Continuum Case Scenarios", which includes the continuum and the case studies) to participants. Ask Peer Mentors to form small groups (3-4 students) to read the case studies and discuss the questions on the slide. Allow 5 minutes for small group work, then facilitate a brief (2-3 minute) discussion with the entire class.

Slide 07



The slide content is as follows:

Card Sorting Activity

- Cards will be distributed that have terms printed on them that are often used to describe a person's mental health.
- **Place your card** where you think it belongs on the continuum between healthy and severe disruption.
- Be prepared to **explain the rationale** for your placement.

Card Sorting Activity

This activity aims to help participants understand that mental health can range from healthy to severe disruption, and that poor mental health can sometimes be as disruptive as a severe physical condition. The goal is to facilitate a discussion about how people can move along the continuum in both directions.

Preparation:

The instructor handout titled “Mental Health Continuum Activity Instructions” (included in this lesson plan) has a list of physical and mental illnesses. Follow the instructions on this handout and cut along the dotted lines so that each illness is on a separate square. Place a piece of tape or sticky tack to the back of each card. Write the four headings (Healthy, Mild Disruption, Moderate Disruption, and Severe Disruption) on a chalkboard or write the headings on separate pieces of paper and post them to a wall in the classroom.

Activity:

There are different ways to facilitate this activity, depending on your group size and the time available for this training session.

If you have a small number of participants and/or limited time: Hand out one card to each participant in the training session. Ensure all 20 cards have been distributed. Ask students to place their card under the heading that best represents the disruption associated with each illness. The participants will need to consider the impact and experience of each illness and choose the point on the continuum that best reflects this.

If you have many participants and/or more time: Divide the entire class into small groups of 3-4 students. Participants should find new partners who they didn't work with in the previous activity. Give each small group a complete set (all 20 squares) of the cut out cards.

Instruct the students to order the cards in accordance with the mental health continuum, categorizing each illness under one of the four points along the continuum. You may ask the small groups to post their cards on the board for the entire class to see (if so, print the cards on different colour paper), or the students can simply do this exercise within their small group. Allow 8 minutes for small groups to deliberate and place their cards.

Discussion:

After all the cards have been sorted, facilitate a discussion with the participants about where they placed the cards and why. This is an excellent opportunity to talk about assumptions about mental health and the potential for mental health issues to be managed so a person can improve their functioning. Some participants may assume that mental health issues are not as disruptive as physical health issues. Other participants may assume that people with certain mental health diagnoses will experience severely disrupted functioning forever.

Questions:

Were there any cards that they had difficulty placing? Why?

Were there any cards that didn't seem to "fit" into any one category? What did they do in these cases?

Answer key:

This is a list of the illnesses from least to most disruptive:

- Gingivitis
- Mild asthma
- Low back pain, uncomplicated diabetes
- Mild depression, epilepsy
- Mild/moderate panic disorder
- Anorexia, mild/moderate obsessive compulsive disorder, non-invasive breast cancer
- Moderate depression, severe asthma, complete hearing loss, chronic hepatitis B infection
- Severe vision loss, operable small cell lung cancer
- Severe post-traumatic stress disorder, paraplegia
- Severe depression, brain injury with permanent impairments
- Severe schizophrenia, quadriplegia, end-stage Parkinson's disease, severe dementia

Slide 08

A Quick Re-Cap of Mental Health Problems

1. Mood Disorders
2. Anxiety Disorders
3. Disordered Eating and Eating Disorders
4. Suicidal Ideation
5. Substance-Related Disorders

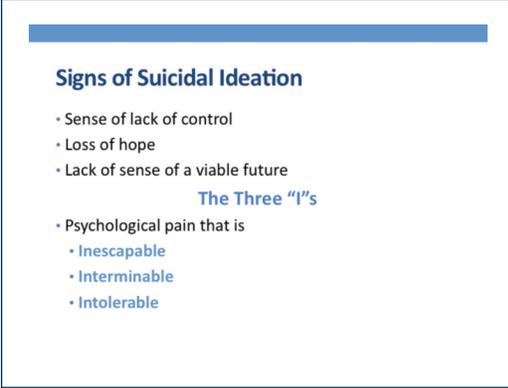
You have all completed the MindSight modules, which provided a good overview of mental health problems. We are going to go over a quick summary of several common mental health problems.

Slide 09

Although we all experience losses and setbacks that may cause us to grieve or feel sad, people with depression experience low moods that are more disruptive, persistent, and severe. An episode of depression lasts longer than two weeks and typically interferes with multiple aspects of a person's functioning, including their mood, thinking, behaviour, and physical functioning.

Review the slide content with the class.

Slide 10



The slide features a blue horizontal bar at the top. Below it, the title "Signs of Suicidal Ideation" is followed by a bulleted list: "Sense of lack of control", "Loss of hope", and "Lack of sense of a viable future". Underneath this list is the sub-header "The Three 'I's" in blue, followed by another bulleted list: "Psychological pain that is", "Inescapable", "Interminable", and "Intolerable".

Sometimes people with depression begin to feel so overwhelmed and so hopeless that they begin to experience suicidal ideation – thoughts about harming or killing themselves. There are three important components that underlie suicidal ideation.

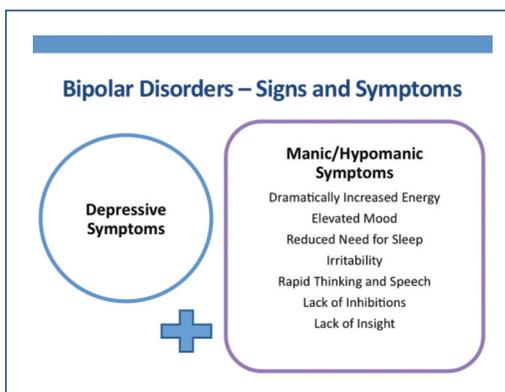
1. The first is a sense of lack of control. This is when someone feels like they do not have control over their life, and this can cause a large amount of stress to some people.
2. Loss of hope. Hope is very important in mental health. During stressful moments, hope allows us to know that at some point down the road things will be better.
3. Lack of sense of a viable or feasible future. This is when someone does not see things getting better, and they feel that their life is completely unmanageable.

The push towards strong suicidal risk is captured in the “Three I’s”.

1. The highest level of suicidal risk is associated with psychological pain that is inescapable – the person feels that they cannot get away from it.
2. People who are at risk of suicide also feel that the psychological pain is interminable – the person feels that it will go on forever,
3. Their distress is so painful that it is intolerable.

Remind participants that they will receive more in-depth information on suicidal ideation in a subsequent training session on suicide awareness and intervention called SafeTALK.

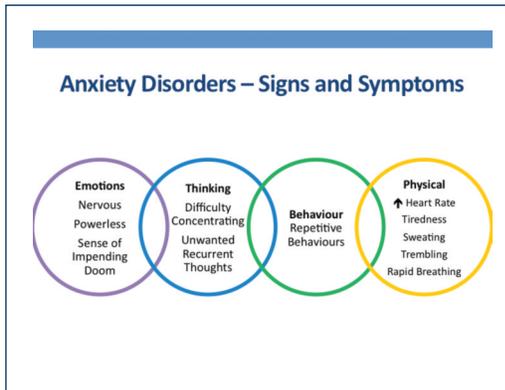
Slide 11



Bipolar disorder is a chronic illness in which people have extreme mood fluctuations, moving between depression (very low mood) and mania (very “high” mood) or hypomania (high energy and mood, but less extreme than mania). Bipolar disorder includes two sets of symptoms:

1. **Depressive Symptoms**, which we just covered, and
2. **Manic/Hypomanic Symptoms**. In mania or hypomania, the person’s energy increases dramatically and they experience a very high or elevated mood.
 - Their speech speeds up because they often have a flow of ideas that just don’t seem to stop. Lack of inhibitions can often manifest as vulgar or crude language, or inappropriate touching of other people.
 - Lastly, people with manic or hypomanic symptoms are often unaware that their behaviour and thinking patterns are not healthy.

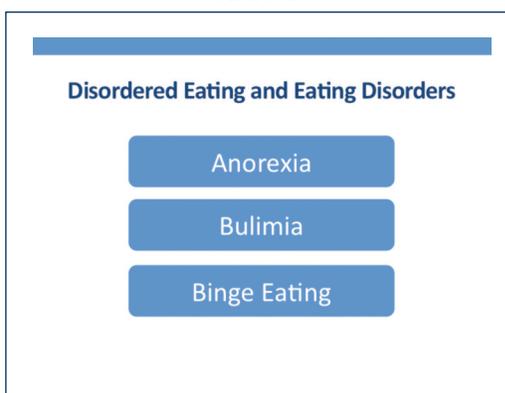
Slide 12



It is normal for people to experience worry, apprehension, or uneasiness from time to time. For example, most of us feel some anxiety when we go to a job interview or when we speak in public. People with **anxiety disorders** have excessive levels of anxiety that interfere with their ability to function. An anxiety disorder is distressing, disruptive, and very uncomfortable; the fears that the person experiences are out of proportion to the level of risk or danger that may be involved. Anxiety disorders also affect multiple aspects of a person's functioning, including their emotions, thoughts, behaviour, and physical functioning.

Review the slide content with the class.

Slide 13



Many people have some concerns about their weight, eating, and body shape. For people with eating disorders, weight and eating become intense preoccupations. Both women and men experience eating disorders, although they are much more common in women.

Young people are more vulnerable to developing an eating disorder, particularly during adolescence and early adulthood.

Anorexia is an eating disorder characterized by food restriction, odd eating habits or rituals, an obsession with having a thin figure, and an irrational fear of weight gain. It is accompanied by a distorted body self-perception, and typically involves excessive weight loss.

Bulimia is an eating disorder characterized by frequent episodes of binge eating, followed by frantic efforts to avoid gaining weight. Some people physically eliminate the food from their body by throwing up or using laxatives, enemas, or diuretics. People with bulimia can also make up for their binges by fasting, exercising, or going on crash diets.

Binge eating is an eating disorder characterized by compulsive overeating, in which people eat a large amount of food while feeling out of control and powerless to stop. Key features of binge eating disorder are: frequent episodes of uncontrollable binge eating, feeling extremely distressed or upset during or after bingeing, and unlike bulimia, there are no regular attempts to “make up” for the binges through vomiting, fasting, or over-exercising.

A person may also experience disordered eating patterns that don’t fit any one disorder (e.g. restricting food but maintaining a “normal” body weight; purging without bingeing), or excessive concerns about their body image, that have a significant impact on their functioning and well-being.

Slide 14

Eating Disorders – Signs and Symptoms

| | |
|--|--|
| <p>Behaviour</p> <ul style="list-style-type: none"> • Skipping meals • Excuses for not eating • Eating only “safe” foods • Rigid diet • Not wanting to eat in public • Eating large amounts of high fat or sweet foods • Use of over-the-counter weight loss pills or laxatives • Leaving meals to go to the bathroom • Eating in secret | <p>Thoughts</p> <ul style="list-style-type: none"> • Distorted body image • Low self-esteem <p>Emotions</p> <ul style="list-style-type: none"> • Intense fear of becoming fat or of weight gain • Feeling of being out-of-control • Depression <p>Physical Signs</p> <ul style="list-style-type: none"> • Wearing baggy clothes • Excessive exercise • Thin or overweight appearance • Difficulty sleeping (too much/little) |
|--|--|

People with an eating disorder may skip meals or make excuses for not eating. They may try to consume only “safe” foods, which are food that don’t make the person feel out of control. Other behaviours associated with eating disorders are feeling anxious, not wanting to eat out in public, and eating in secret.

It is also important to note that eating disorders, particularly when they reach a more advanced stage, often result in significant changes in their thinking patterns and emotional state – such as distorted body image, low self-esteem, and depression.

In order to disguise their weight, people with eating disorders often wear baggy clothes.

Also, in order to compensate for excessive eating, they sometimes partake in excessive exercise. People with eating disorders may have a thin or overweight appearance, or may appear to have a healthy body weight. Similar to other mental health disorders, people with an eating disorder may experience changes in their sleeping patterns, by sleeping too much or too little.

Slide 15

Substance-Related Disorders

| | |
|---|---|
| Types of Substances <ul style="list-style-type: none">• Alcohol• Prescription Drugs• Over the Counter Drugs/ Substances<ul style="list-style-type: none">• (solvents, glues or aerosols)• Illegal Drugs | Signs of a Substance Use Problem <ul style="list-style-type: none">• Increasing frequency and/or amount• Increased reliance on substance to cope with new situations• Memory lapses• Increased socializing with people who use• Lying about use• Difficulty to meeting role expectations/ obligations• Financial problems• Increased risky behaviours |
|---|---|

This mentoring program focuses on supporting students who have mental health issues like mood, anxiety, or eating disorders, so you won't be matched with a student who is primarily impacted by a substance-related disorder. However, we are covering this material today so that you're familiar with the signs of substances misuse.

A substance-related disorder is indicated when a person engages in behaviour at a level that is injurious to their relationships and to their physical or mental health.

Review the slide content with the class.

Slide 16

Adapting Your Approach

- What are three things a Peer Mentor could do to adapt their mentoring approach when working with a student who appears or shows:
 - Low mood, low energy ("I'm so tired. I don't think I can do it. Why bother? I'm a failure.")
 - Visibly anxious, difficulty concentrating ("I'm so stressed I can't think clearly.")
 - Low self-esteem, highly self-critical ("It has to be perfect or I can't hand it in.")

Remember: Goal is **not** diagnosis, but rather being mindful of your own mentoring approach (YOUR behaviour, words, energy level, body language)

It isn't within the scope of this mentoring program, or your role as a Peer Mentor, to diagnose or treat a Mentee. Your Mentee may or may not choose to disclose their mental health condition to you, and your role as Peer Mentor isn't limited if they choose to keep that information private. As discussed in the Wise Choice training session, mentoring focuses on helping your Mentee set goals and adopt new strategies that may make the year more successful for them, personally and academically. A significant and important part of your role is listening to your Mentee without judgement and offering empathy and personal support.

Although your role isn't to diagnose your Mentee, you can be observant and notice signs from your Mentee that may help you adapt your mentoring approach to suit their needs.

Distribute the handout: Interacting with Students with Mental Health Conditions. Review the handout with the class. Read the slide aloud and solicit responses from students. Reinforce responses that emphasize how the Peer Mentor might change their behaviour. Gently correct responses that assume or focus on a specific diagnosis.

Slide 17



This is a four-step process that we can use to support someone who is experiencing mental health disruption.

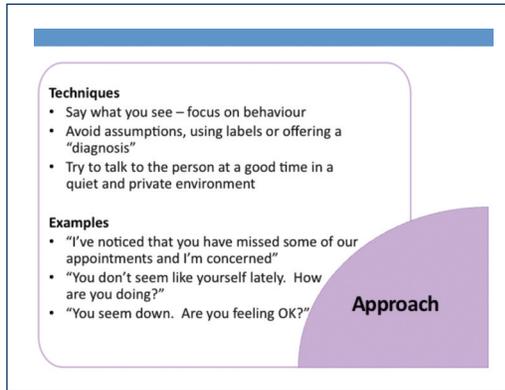
Slide 18



- 1. Approach.** When we notice people having a mental health difficulty, it's perfectly appropriate and helpful to talk to them. It is best to talk to them when you have time and when you are feeling calm.
- 2. Listen.** Listening attentively and non-judgementally can be very powerful. In fact, listening attentively is one of the most helpful and most health-promoting things we can do. A significant and important part of a Peer Mentor's role is to listen without judgement and show empathy.
- 3. Support.** To provide support, we provide comfort and reassurance. People who are experiencing mental health problems are often experiencing stress and disruption. Part of our role is to help them become calm and stable. Supporting people means that we are providing them with some hope and we are modelling calmness.

- 4. Refer.** It is important to recognize when the help someone needs is beyond the scope of the help we can provide. In these cases, help the person find other resources (such as professional support) and encourage the person to use it.

Slide 19



Techniques

- Say what you see – focus on behaviour
- Avoid assumptions, using labels or offering a “diagnosis”
- Try to talk to the person at a good time in a quiet and private environment

Examples

- “I’ve noticed that you have missed some of our appointments and I’m concerned”
- “You don’t seem like yourself lately. How are you doing?”
- “You seem down. Are you feeling OK?”

Approach

In the **Approach** step, talk about things that you can **see**.

- Focus on describing their behaviour. If someone is behaving in a way that is different or unusual for them, it is important that we don’t assume that it is any particular disorder or that it is a disorder at all.
- Instead, use phrases that identify the behaviour that you’ve seen and include an expression of concern.
- Notice that each example is simply a statement of what we see followed by a statement of concern. Remember to say what you see.

Slide 20

Techniques

- Active listening; summarizing and clarifying statements
- Provide the opportunity for the person to vent; only speak when the person is finished
- Don't offer personal judgements about what the person is feeling
- Minimize distractions
- Be present

Examples

- "Is there anything I can do to help?"
- "It sounds like you're feeling.. (reflect listening, paraphrase Mentee)"
- "That sounds difficult to deal with"

Listen

You learned more about active listening in the training session on mentoring skills. Active listening is one of the most powerful things that we can do for each other. Active listening involves ensuring that the person who is speaking to us is aware that we are listening carefully to them.

To do this, summarize what the person says, provide plenty of opportunity for them to talk, don't interrupt them, minimize distractions, and keep a present state of mind. This means that we stay focused as much as possible on what they are saying, rather than thinking of how you would like to respond or allowing your mind to wander.

Slide 21

Techniques

- Offer hope and affirm the likelihood that things will get better
- Show that you are there and want to help
- Offer perspective; Offer empathy not sympathy

Examples:

- "I am glad that you've told me this"
- "Although you are feeling this way now, it doesn't mean that you will feel this way forever."
- "Things can get better"
- "You are not alone"

Support

The third part of the four-step process is **Support**. When we support other people, what we are basically doing is offering them hope or affirming the likelihood that things will get better. We are showing them that we are here for them. We are offering them perspective. We are providing a calm role model.

One of the most frightening things about experiencing a mental health problem is the feeling of being out of control or of being alone.

Slide 22

Techniques

- Point out that help is available and affirm self-disclosure and help-seeking as signs of strength/courage
- Make a plan; offer to stay with the person while they contact the resource and to follow-up if needed
- If the person refuses the referral, respect their decision; you cannot force a person to get help unless it is an emergency situation

Examples

- “Have you thought about talking to someone about this?”
- “I know of some good resources”
- “Help is available”

Refer

When we refer, we are making sure that a person knows that help is available and that we can guide them towards that help. Help them make a plan and offer to stay with them until they contact the resource.

If the person refuses or declines a referral, **respect their decision**. You cannot force a person to get help unless it is an emergency. If you are concerned about your Mentee, contact the Program Coordinator for guidance on how to best support them.

Slide 23

Applying the ALSR model – Case #1

You have been meeting with your Mentee for 8 weeks. Tracey typically arrives on time and actively contributes to the meetings, which have largely focused on exploring positive coping techniques for exam and testing anxiety. She has been late for the past two meetings, and seems visibly anxious about her upcoming midterm.

Discussion:

1. Where is Tracey on the Mental Health Continuum?
2. How would you apply the ALSR model?
3. How would you adapt your mentoring approach based on the signs or cues you notice in Tracey?

1. Read the sample scenario from the slides to the participants.
2. Have the participants discuss which zone of the Mental Health Continuum they think Tracey is in.

Tracey is likely in the **mild disruption** zone on the continuum.

3. Discuss how the participants would apply the model to their interactions with Tracey.

Things to say:

- “Tracey, you’re normally on time for our meetings but I’ve noticed that you have been late the past few times. Is everything okay?”
- “You seem anxious about your upcoming midterm, is there anything I can help with?”
- “I’m glad you’ve told me this. We can find a way to work on it.”
- “I know of some good resources, do you want to look through them together?”

Slide 24

Applying the ALSR model - Case #2

During the last 2 weeks you have noticed some marked changes in Danika’s behaviour and appearance. She seems very tired and quite withdrawn. She answers many of your questions with one-word responses; this is a marked change from her typical behaviour. She also seems to be much less engaged and responsive to your suggestions. She has also not been following through with her homework commitments. At today’s meeting, Danika becomes visibly upset and tearful for no apparent reason.

Discussion:

1. Where is Danika on the Mental Health Continuum?
2. How would you apply the ALSR model?
3. How would you adapt your mentoring approach based on the signs or cues you notice in Danika?

1. Read the sample scenario from the slides to the participants.
2. Have the participants discuss which zone of the Mental Health Continuum they think Danika is in.

Danika is likely in the **moderate** or **severe disruption** zone.

3. Then discuss how the participants would apply the model.

Things to say:

- “You seem very tired and withdrawn lately, how are things going?”
- “That sounds difficult to deal with”
- “Although you are feeling this way now, it doesn’t mean that you will feel this way forever.”
- “Have you thought about talking to anyone else about this?”

Slide 25

Recap and Questions

- Mental health is on a continuum, and we can range from a healthy zone to a severe disruption
- Supporting someone with a mental health disorder involves a four-step process:
Approach, Listen, Support, Refer

Questions?

Briefly review the material covered in today's training session.

Ask the class: Who has the first question?

Slide 26

One Thing I Learned



Ask the class: What is one thing you learned today? Solicit comments from a few students before closing the session.



Frequently Asked Questions

Question:

What if I don't know what to say?

Answer:

People sometimes worry about not having the “right words” to say when supporting someone who is dealing with a mental health problem. Remember that there’s no “perfect” thing to say. Take your time. When you start to feel like you are not sure what to say, it’s okay to take a deep breath and pause for a minute. It’s important to remember that talking to someone with a mental health issue from a position of concern is not going to worsen their mental health condition; they will recognize your efforts as being supportive.

Question:

How do I ask them about their mental health condition?

Answer:

Your Mentee is in control of the amount of information that they wish to disclose related to their mental health issue. You do not need to ask for specifics about their mental health.

As a Peer mentor, your role is to create a safe and non-judgemental environment during your mentoring meetings. You can do this by applying the skills you have learned related to effective communication skills, empathy, and emotional intelligence. For example, you can respond with empathy when your Mentee shares something with you (“I’m really scared about my midterm”), listen actively and avoid interrupting, and ask your Mentee open-ended questions.

It’s a good idea to tell your Mentee that you are comfortable with them bringing up their mental health if they want to talk about it, but that it’s their choice and you respect their privacy. If the Mentee wishes to share information with you, listen respectfully and ask questions to better understand their perspective and experience.

Question:

Is it okay to ask how they are doing, or is that intrusive? What words should I use?

Answer:

It’s perfectly appropriate to ask in a general way how your Mentee is doing, such as “How are things going this week?” or “How have you been?” Questions like this are part of the general discourse that happens when two people interact. However, you don’t need to ask your Mentee specific questions about what is happening in regards to their symptoms. Use words that you are comfortable with and that feel natural to you.

Remember that talking with a Mentee is not about prying or trying to find out details about their symptoms, but to check in with them and support them as necessary.

If you ever have specific concerns, use the ALSR model to “say what you see” and express concern and an interest in helping. For example, “You seem really tired today, and you mentioned that you haven’t been sleeping well. Is everything okay?”

Question:

What if I don’t know how to help my Mentee?

Answer:

Sometimes you won’t have a clear answer on how to help your Mentee. When this happens, it’s important to let the Mentee know that you are not able to answer their specific question but that you will help them to find an appropriate resource.

Remember that you aren’t an expert and you aren’t expected to be one! As a Peer Mentor, an important part of your role is respecting the scope of your role and connecting your Mentee to other resources as needed. If you are ever concerned about your Mentee, don’t hesitate to get in touch with the Program Coordinator.

Question:

What if my Mentee doesn’t get better?

Answer:

Remember that the focus of this program is on providing support for students with mental health problems. Peer Mentors can be very powerful sources of support and guidance as providers of information, learning, and organizational strategies. However, Peer Mentors are not trained for or expected to provide treatment of any sort for mental illness. The way that a Mentee progresses in regard to their mental health will be dependent on many things that happen over the course of the academic year. Your role is to support them and help them to grow – not to take on the role of therapist or counsellor.

Question:

What if my Mentee is showing signs that their mental health is worsening?

Answer:

Your role as a Peer Mentor is to provide reassurance, support, and guide them towards the resources that they need. Apply the ALSR model: say what you see, offer support, and connect the Mentee to resources. Get in touch with the Program Coordinator to discuss your concerns.



Handout: Continuum Case Scenarios

Discuss the following cases, selected from the Peer Mentor Homework package, in groups of three or four.

1. Identify where the individual is on the mental health continuum.
2. Explain the rationale for your choice.
3. What could you do to help this individual?

Case One: Xavier

Xavier has had significant difficulty sleeping for the past four weeks. He feels constant fatigue and has fallen asleep in class more than once. Lately, he has experienced some disturbances in his thinking and unusual sensory experiences – he has heard the phone ringing and perceived the lights to be flickering when they were not. Xavier is extremely worried and experiencing high levels of anxiety.

Case Two: Tasmia

Tasmia is a student in a professional program that requires a lot of group work. At a recent meeting, Tasmia became very upset and tearful and abruptly said, “No one ever listens to my ideas! What’s the point!” and left. Tasmia’s teammates are worried about her; she seems to become tearful easily and to withdraw from the group. Tasmia is often worried and fears that her contribution to the group is worthless.

Case Three: Maria

Maria is having increasing trouble concentrating on her homework and has been procrastinating on her assignments. For the past few weeks, she has had trouble relaxing and has been worrying more than usual. She has multiple term papers due at the end of the week and she has not made much progress on any of them. Her friends say that Maria has been irritable in class and short with them.



Handout: Mental Health Continuum

| Healthy Zone | Mild Disruption Zone | Moderate Disruption Zone | Severe Disruption Zone |
|--|--|--|--|
| <p>When a person is in the healthy zone, they are likely to:</p> <ul style="list-style-type: none"> • Have normal mood fluctuations, • Take things in stride, • Show consistent performance, • Have normal sleep patterns, • Be physically and socially active, • Experience their usual self-confidence, • Be comfortable with others. | <p>When a person is in the mild disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Be irritable or impatient, • Experience nervousness, sadness, increased worrying, • Show procrastination, forgetfulness, • Have trouble sleeping (usually, trouble falling asleep), • Have lowered energy, • Have difficulty in relaxing, • Experience intrusive thoughts, • Show decreased social activity. | <p>When a person is in the moderate disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience more anger, anxiety, • Have lingering sadness, tearfulness, hopelessness, worthlessness, • Be easily distracted and have difficulty concentrating, • Show decreased performance in academic work, • Have significantly disturbed sleep, • Tend to withdraw and avoid social situations. | <p>When a person is in the severe disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience significant difficulty with emotions and thinking, • Show high levels of anxiety and experience panic attacks, • Experience significantly depressed mood, feel overwhelmed, • Feel constant fatigue, • Have disturbed contact with reality, • Experience significant disturbances in thinking, • Have suicidal thoughts, intent, or behaviour. |



Card Sorting Activity Instructions

The following activity is used to show participants that mental health can range from healthy to severely disruptive and that it can sometimes be as disruptive as a severe physical condition. The goal is to facilitate a discussion about the ways that people can move along the continuum in both directions.

Preparation:

The following page has a list of physical and mental illnesses. Cut the following page into squares so that only one illness is typed on each square. Place a piece of tape or sticky tack to the back of each card. Write the four headings (Healthy, Mild Disruption, Moderate Disruption, and Severe Disruption) on a chalkboard or write them on pieces of paper and post them to a wall.

Exercise:

Hand out one card to each participant. Ask them to place the cards under the correct heading.

Discussion:

After all the cards have been sorted, facilitate a discussion with the participants about where they placed the cards and why.

Were there any cards that they had difficulty placing? Why? Were there any cards that didn't seem to "fit" into any one category? What did they do in these cases?

Answer key:

The following lists illnesses from least to most disruptive:

- Gingivitis
- Mild asthma
- Low back pain, uncomplicated diabetes
- Mild depression, epilepsy
- Mild/moderate panic disorder
- Anorexia, mild/moderate obsessive compulsive disorder, non-invasive breast cancer
- Moderate depression, severe asthma, complete hearing loss, chronic hepatitis B infection
- Severe vision loss, operable small cell lung cancer
- Severe post-traumatic stress disorder, paraplegia
- Severe depression, brain injury with permanent impairments
- Severe schizophrenia, quadriplegia, end-stage Parkinson's disease, severe dementia

| | | | |
|--|--------------------------------------|--------------------------------------|--|
| Gingivitis | Mild asthma | Low back pain | Uncomplicated diabetes |
| Mild depression | Epilepsy | Mild/moderate panic disorder | Anorexia |
| Mild/moderate obsessive compulsive disorder | Non-invasive breast cancer | Moderate depression | Severe asthma |
| Complete hearing loss | Chronic hepatitis B infection | Severe vision loss | Operable small cell lung cancer |
| Severe post-traumatic stress disorder | Paraplegia | Severe depression | Brain injury with permanent impairments |
| Severe schizophrenia | Quadriplegia | End-stage Parkinson's disease | Severe dementia |



Handout: Mentoring Strategies & Mental Health

Interacting with Students with Mental Health Conditions

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Mental health conditions can affect a person's mood, thoughts, behaviour, and physical functioning. Peer Mentors will be able to interact more effectively with Mentees if they have a basic understanding of the effects of mental health conditions on how a person functions. Mentees may or may not disclose their specific mental health condition, and it is important that Peer Mentors respect the Mentee's privacy in this regard. However, Peer Mentors are encouraged to be observant and to try adapting their mentoring approach to their Mentees' needs.

The following material describes what a Mentor may **see**, and what a Mentee may **say** based on specific mental health problems, and then what a Peer Mentor might **do** to enhance the interaction.

Paying Attention and Responding to Cues

Students with Depression

i)The Peer Mentor may **see** a Mentee who appears or shows:

- Lethargy
- Poorly groomed or unkempt
- Downcast in their facial expression
- Poor eye contact
- Difficulty engaging in conversation
- Slow in movements and thinking
- Agitated and restless
- Poor concentration
- Indecisive thinking
- Self-doubt
- Lack of initiative
- Poor recall
- Poverty of speech or silence
- Has trouble following through or makes no plans for the future
- Social withdrawal
- Feelings of despair
- Hopelessness, helplessness, or worthlessness
- Sleep disturbance

ii) The Mentee may **say**:

I just lost track. Can you repeat that? It's too busy here to concentrate. I'm too tired. Nothing helps. I can't do it. Slow down, I didn't get that. Yes, but... My mind is fuzzy. I can't decide.

I don't remember. He didn't tell me... Did we already talk about that? I can't perform under pressure like on a test. My memory isn't as good as it used to be.

Give me a minute. It's too hard to express myself. I can't find the right words. I need more time. It's too much to do. I'm too depressed to try.

iii) Possible strategies to enhance interactions:

Aim: Actively involve the Mentee to try to build some energy.

- Be rested for this session, as it may require a lot of patient energy from you
 - Ask how your Mentee is feeling today, and consider their limits
 - Use a quiet room, free from distractions
 - Ask the Mentee how long they can focus. Work within the Mentee's period of concentration, and then take a short quiet break
 - Speak in clear and concise language using complete sentences
 - Slow your rate of speech and allow a longer response time
 - Become more comfortable with silence, as it gives your Mentee time to think
 - Focus on what is most important – a person's normal memory capacity holds about 7 items and a person who is depressed may have less capacity.
 - Check back to confirm that your Mentee understands
 - Model logical problem-solving approach to help your Mentee reach decisions(refer to Wise Choices material)
 - Consider using some session time to actually do school work, if your Mentee is currently unable to work alone
 - Summarize when shifting to a new topic
 - Set small goals and track accomplishments
 - Recognize and reinforce effort and accomplishment
 - Offer to provide a copy of session notes or the Action Plan you make
 - Set the next appointment at end of session
 - End on a high note
- Consider whether or not to send an appointment reminder by e-mail or text

Students with Anxiety

i) The Peer Mentor may **see** a Mentee who appears or shows:

- Physically tense and “jumpy”
- Intense eye contact or very distracted by aspects of their surroundings
- Rapid or scattered speech and thoughts
- Difficulty following conversation
- Short attention span
- Sleep disturbance
- Focus on details rather than general concepts
- High need for reassurance, especially in uncertain situations
- Feeling a sense of dread
- Feeling overwhelmed by worry

ii) The Mentee may **say**:

I just lost track. Can you repeat that? It’s too busy here to concentrate. Once I get going I’m good and I can work well.

I need to focus on one thing at a time. I’m too stressed to listen. I just thought of... What was that noise? I’m too restless to think straight.

I worry my mind will go blank. I worry I’ll forget everything.

Let’s check this answer again. Can I see you tomorrow? This isn’t good enough.

No one will pick me. This makes me super irritable. I’m too worried to concentrate.

iii) Possible strategies to enhance interactions

Aim: Help your Mentee calm their mind so they can focus and reduce feelings of uncertainty.

- Be grounded for this session, as the Mentee will pick up on your body energy
- Use a quiet room, free from distractions
- Together, prepare an agenda and time frames for the session, and keep it available to easily refer to (“Are we on track?”)
- Ask the Mentee how long they can focus. Work within the Mentee’s period of concentration, and then take a short physically active break

- Speak in a calm voice
- Ask the Mentee to silence their phone and put it away. Close all unnecessary browser windows and programs, or use paper
- Experiment with on-line time-keepers like Pomador
- Encourage your Mentee to make session notes as needed
- Recognize your Mentee's ability to be independently successful. Reinforce effort and accomplishment
- Apply the Wise Choice model and clarify goals (desired observable outcomes and desired inner experiences)
- Set small goals and track accomplishments
- Reassure your Mentee about taking risks - talk about the "back-up" plan when XXX doesn't work well
- Include a relaxation exercise in each session; ask your Mentee when in the session it is most helpful
- Set the next appointment time at end of session
- End on a high note

Students with Disordered Eating

- i) The Peer Mentor may **see** a Mentee who appears or shows:
- The Mentee who under-eats may look very thin and frail
 - The Mentee who purges or over-exercises may appear to have normal body weight
 - Conversations may focus on body size and physical appearance, food and eating, or exercise routines
 - Loss of interest in other activities
 - Excessive interest in physical exercise
 - Distorted beliefs about food, eating, body shape and size
 - Decreased ability to concentrate and process information
 - Excessive attention to detail rather than the "big picture" or concepts
 - Lack of energy
 - Poor memory
 - May express a desire to maintain a high level of academic performance and dissatisfaction with their grades

ii) The Mentee may **say**:

- I just lost track. Can you repeat that? Let's meet in a private place. I'm too tired.
- Can you explain that again? I didn't get it. This is too much information, too fast.
- I haven't been to the gym for two whole days; I feel so guilty. I'm too tired to think right. Nothing is good enough now.
- This writing isn't my best - it needs another edit. My grades aren't what they should be. It's better to do something perfectly than hand in a mess.

iii) Possible strategies to enhance interactions

Aim: Foster attitude that your Mentee is good enough, and their work is good enough.

- Model a non-judgmental attitude, as they may continually evaluate themselves and others
- Ask how your Mentee is feeling today, and consider their limits
- Structure the mentoring session by setting a mutually agreeable agenda and stay on topic
- Use a quiet room, free from distractions
- Ask your Mentee how long they can focus. Work within your Mentee's period of concentration, and then take a short break
- Encourage your Mentee to take notes in session, to increase their sense of control and aid their memory
- According to the Wise Choices model, clarify goals (desired observable outcomes and desired inner experiences)
- Work in small steps, or units and check back to confirm their understanding
- Explicitly draw links between individual details and bigger concepts or implications
- Model logical problem-solving approaches to help your Mentee reach decisions (refer to Wise Choices material)
- Encourage Mentee to try a new perspective. Ask: "If this was your friend's work, what would you say about it?"
- Relate your Mentee's statements and actions back to their desired goals, looking for achievements that demonstrate positive self-worth.



Peer Mentor Homework

Mental Health Education

This homework module will introduce Peer Mentors to the Mental Health Continuum as a framework to understand mental health as a spectrum between optimum mental health and severe functional disruption. The in-class training session will involve group activities based on this material, including hand-on applications of the continuum model and more in-depth discussion of the signs and symptoms of mental health problems.

Learning Outcomes

1. Describe the Mental Health Continuum and identify the types of experiences and behaviours that fall in the different zones, along with the severity of impact on a person's health and well-being.
2. Identify the defining characteristics of the following types of mental health problems: Substance-related disorders; Mood disorders; Anxiety disorders; Eating disorders; Self-harm behaviour, and Suicidal ideation.

Key Terms

Mental Health: "Mental Health is not just the absence of a mental disorder. It is defined as a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"¹

Mental Illness: "A wide range of mental health conditions – disorders that affect your mood, thinking and behaviour"²

Mental Health Disability: A recognized, medically diagnosable mental illness. A student with this type of diagnosis can receive documentation from a health care professional indicating an ongoing mental health disability. Students with mental health disabilities are eligible to receive ongoing academic accommodations through an Office for Students with Disabilities at their college or university.

Mental Health Problem: One episode (or possibly more) of mental ill health. An individual in this situation may or may not seek professional help from a health care professional. In some circumstances the disruption caused by the mental health problem may be sufficient to warrant a diagnosis of mental illness. At other times, such as during a short-lived but significant crisis, an individual may experience signs of mental illness, but not reach the threshold required for a formal diagnosis.

The Mental Health Continuum

The Mental Health Continuum was created by the National Defence and the Canadian Armed Forces and appears in their handbook “Road to Mental Readiness”³. The Continuum model can help create a better understanding of mental health and be less stigmatizing for the individual.

In the model, functioning ranges from healthy and adaptive coping (green), through mild and reversible distress (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated professional care (red). The model is illustrated below; the arrow connecting the different zones denotes that there is movement in both directions along the continuum, indicating that there is always the possibility for a return to full health functioning.

| Healthy Zone | Mild Disruption Zone | Moderate Disruption Zone | Severe Disruption Zone |
|--|--|--|---|
| <p>When a person is in the healthy zone, they are likely to:</p> <ul style="list-style-type: none"> • Have normal mood fluctuations, • Take things in stride, • Show consistent performance, • Have normal sleep patterns, • Be physically and socially active, • Experience their usual self-confidence, • Be comfortable with others. | <p>When a person is in the mild disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Be irritable or impatient, • Experience nervousness, sadness, increased worrying, • Show procrastination, forgetfulness, • Have trouble sleeping (usually, trouble falling asleep), • Have lowered energy, • Have difficulty in relaxing, • Experience intrusive thoughts, • Show decreased social activity. | <p>When a person is in the moderate disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience more anger, anxiety, • Have lingering sadness, tearfulness, hopelessness, worthlessness, • Be easily distracted and have difficulty concentrating, • Show decreased performance in academic work, • Have significantly disturbed sleep, • Tend to withdraw and avoid social situations. | <p>When a person is in the severe disruption zone, they are likely to:</p> <ul style="list-style-type: none"> • Experience significant difficulty with emotions and thinking, • Show high levels of anxiety and experience panic attacks, • Experience significantly depressed mood, feel overwhelmed, • Feel constant fatigue, • Have disturbed contact with reality, • Experience significant disturbances in thinking, • Have suicidal thoughts, intent or behaviour. |





Peer Mentor Homework

Mental Health Continuum Activity

Test your understanding of the continuum by matching the description of a student's mental health status to the corresponding zone from the Mental Health Continuum:

- 1) Healthy Zone, 2) Mild Disruption Zone, 3) Moderate Disruption Zone, and 4) Severe Disruption Zone.

During the in-person training session, we will review the scenarios and discuss your answers.

| Description | Zone |
|--|------|
| Maria is having trouble concentrating on her homework and has been procrastinating on her assignments. For the past few weeks, she has had trouble relaxing and has been worrying more than usual. She has multiple term papers due at the end of the week and she has not made much progress on any of them. Her friends say that Maria has been irritable in class and short with them. | |
| Xavier has had significant difficulty sleeping for the past four weeks. He feels constant fatigue and has fallen asleep in class more than once. Lately, he has experienced some disturbances in his thinking and unusual sensory experiences – he has heard the phone ringing and perceived the lights to be flickering when they were not. Xavier is extremely worried and experiencing high levels of anxiety. | |
| Clara's friends describe her as friendly, warm and a good listener. She is not an "A" student and feels that marks are not the most important thing about school. Clara has an active social life and is conscious of maintaining a healthy diet and exercise regime. Clara is trying to achieve a balance between school, health and social activities. | |
| Jordan was on the honour roll every year in high school. His academics are very important to him and his ambition is to be a medical doctor. His first semester at university has been a very stressful adjustment. Jordan's achieved a B+ average and this decrease in performance has caused him a significant amount of anxiety. His housemates report that he only leaves his room for meals and to go to class. Jordan does not socialize much with others and tends to withdraw when his housemates bring friends over. Jordan is overwhelmed by worry about his future and has been having trouble falling asleep at night. | |

Description

Zone

Samantha has been experiencing chronic depression for the past eight weeks. Friends from her workgroup from class have noticed significant changes in her behaviour. Two months ago, Samantha was always on time and prepared for group meetings. Now, she is often late or skips meetings and complains that she just can't get out of bed. Her appearance has also changed – she looks unhealthy and does not maintain her personal hygiene. Samantha has confided in one of her group members that she is constantly fatigued and feels like everyone in her life would be better off without her.

Phil is a nursing student on his first clinical placement. He is nervous about whether he will do well and is not sure that his placement supervisor likes him. There is a lot a new learning on placement and Phil is having difficulty remembering all of this new information. Phil has been arriving at placement appearing fatigued with low energy. When his placement supervisor asks how he is doing, Phil admits that he is having difficulty falling asleep at night and is more worried than is normal for him.

William is a student in his second year of college. He has learned to schedule his activities in order to cope with the stresses of student life. William plays recreational soccer twice a week, meets up with his friends on the weekend, and schedules in time for school work throughout the week. William finds that soccer and time with friends help him de-stress and unwind.

Tasmia is a student in a professional program that requires a lot of group work. At a recent meeting, Tasmia became very upset and tearful and abruptly stated that “no one ever listens to my ideas! What’s the point” and left. Tasmia’s teammates are worried about her; she seems to become tearful easily and to withdraw from the group. Tasmia is often worried and fears that her contribution to the group is worthless.

The Impact of a Mental Health Problem

A mental health problem can affect all areas of functioning, including:

- Thinking – e.g. difficulty in concentrating and memory,
- Mood – e.g. feeling sad, loss of hope, and lacking a sense of pleasure, and
- Behaviour – e.g. restlessness and difficulty sleeping.^{4,5}

As a Peer Mentor, the key to understanding mental health problems is to be aware of your Mentee's behaviour. Changes in behaviour can indicate changes in a person's mental health status.

Signs and symptoms of mental health problems that you may see include:

- Significant changes in behaviour
- Noticeable deterioration in academic/work performance
- Increased emotionality (difficulty with emotional control)
- Marked changes in personal hygiene/dress
- Difficulty concentrating, carrying on a conversation
- Acting out of character, different than usual
- Talking explicitly about hopelessness or suicide
- Excessive dependence on others for company or support
- Feeling out of control of one's emotions, thoughts, or behaviours
- Significant changes in eating, sleeping, grooming, spending, or other daily activities
- Significant changes in performance or involvement in academics, sports, extracurricular activities or social activities
- Acting significantly withdrawn, volatile, tearful

The greater the deviation from usual behaviour, the greater the degree of difficulty the person is experiencing.

MindSight: Online Mental Health Education Modules

MindSight⁶ is an online mental health awareness program aimed at promoting mental health literacy in the general public. The program consists of 10 modules and takes approximately **two hours to complete**; it can be done in multiple viewings. This training will provide you with a general understanding of different mental health problems and is the required background preparation for the Mental Health Education training session in September.

As you complete the modules, try to focus on understanding how various mental health conditions impact a person's functioning (behaviour, thoughts, mood, physical) and imagine what it might feel like to experience one of these conditions. We hope that you will become more comfortable talking about mental health and identifying when outside help is needed for someone who is experiencing a mental health problem.

Complete the following questions associated with each MindSight module. Once you have completed the program and the 10 quizzes, please apply to receive a certificate of completion. You will receive a confirmation email that you have completed the program and will receive a certificate. Please forward this email to the Program Coordinator.

To access Mindsight go to mymindsight.uoit.ca and create an account. Login as an individual and use your college/university e-mail address as your contact information.



Peer Mentor Homework

MindSight Homework Questions

Introduction Module: Stigma

1. Define stigma in your own words.
2. What can you do to counteract stigma?

Depression Module

1. What are the common signs and symptoms of depression?
2. What did you learn from Dani's story?

Anxiety Module

1. What are the common signs and symptoms of anxiety?
2. What did you learn from Holly's story?

Substance Use Module

1. What are the common signs and symptoms of a substance abuse problem?
2. What did you learn from Dan's story?

Suicide Module

1. What are some warning signs that a person is thinking of suicide?
2. What did you learn from Rachel's story?

Self-Harm Module

1. Why do people engage in self-harming activities?
2. What are some risk factors for self-harming behaviours?
3. What did you learn from Stuart's story?

Bipolar Disorder Module

1. What are the common signs and symptoms of bipolar disorder?
2. What did you learn from Jessica's story?

Eating Disorder Module

1. What are the common signs and symptoms of Anorexia Nervosa, Bulimia Nervosa, and Binge-eating Disorder?
2. What did you learn from Catherine's story?

Psychosis Module

1. What are the common signs and symptoms of psychosis?
2. What did you learn from Ivor's story?

Trauma Module

1. What are some common signs and symptoms of trauma?
2. What did you learn from Sharmila's story?

Mental Health Education References

- ¹ World Health Organization. (2007). *What is mental health?* Retrieved from <http://www.who.int/features/qa/62/en/>
- ² Mayo Clinic. (2014). *Mental illness: Definition*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813>
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- ⁴ US. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- ⁵ Mayo Clinic. (2014). *Mental illness: Definition*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/definition/con-20033813>
- ⁶ Stanyon, W. (n.d.) *Welcome to Mindsight!*. Retrieved from <http://mymindsight.uoit.ca/>

Crisis Response

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Overview

This 40-minute training session prepares Peer Mentors to recognize signs that a student is in crisis, implement peer helping skills, and access further resources, while adhering to the program's policy on crisis response.

Rationale

Although the program aims to support students experiencing mild to moderate mental health disruption, it is possible that a Peer Mentor may work with a student who experiences a crisis. The purpose of this session is to equip Peer Mentors with practical skills to respond to a student in crisis and to identify when and how to access professional or emergency resources.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A counsellor in your post-secondary institution's student counselling centre who has experience responding to students in distress
- A counsellor from the community who is familiar with responding to a person in distress
- A student affairs professional from another area of your post-secondary institution who has:
 - Advanced training in mental health (e.g. someone who is certified as a trainer for Applied Suicide Intervention Strategies Training and/or Mental Health First Aid) and
 - Experience responding to students in distress (e.g. a manager in residence life)



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Understand and describe the development of a personal or mental health crisis
- Describe and identify emotions, thoughts, behaviour, and physical signs that indicate a person is experiencing a crisis
- Assess whether a crisis is mild, moderate, or severe and adapt response accordingly
- Implement the program's crisis response policy
- Apply strategies to maintain personal boundaries while supporting a person who is experiencing a crisis

Peer Mentor Homework

Peer Mentors will complete the MindSight modules in preparation for this training session.

Curriculum Connections

Peer Mentors should participate in the training session on Mental Health Education prior to completing the Crisis Response session.

Time

This session takes 35 – 40 minutes.

Resources

- Data projector
- Laptop
- PowerPoint presentation
- Student Handouts:
- Mental Health Crisis Case Scenarios



Instructor Notes

Slide 01

RESPONDING TO A CRISIS

Dr. Mike Condra
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Queen's University

Slide 02

Crisis Defined

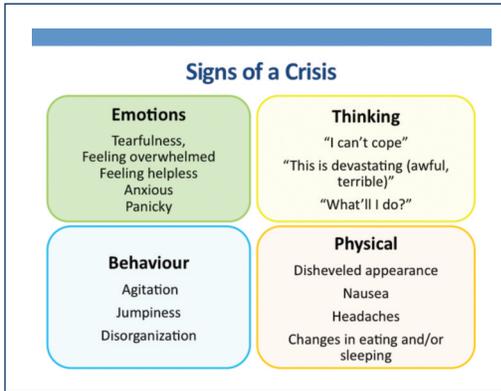
"People are in a state of crisis when they face an obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving"

(Caplan, 1961, p. 18)

A person may experience a crisis if they:

- Experience a situation that they haven't encountered in the past
- Experience a situation that exceeds the resources or coping strategies the person has successfully used in the past
- Encounter circumstances that exceed their present resources or coping strategies

Slide 03



What happens when someone experiences a crisis? Various aspects of their functioning get disrupted, including their emotions, thoughts, behaviour, and physical functioning.

Emotions

A person may be tearful, feel overwhelmed or helpless, or feel anxious and panicky.

Thinking

A person might think in absolute terms and lack hope or an ability to see a way out of their present situation: "I can't cope", "This is devastating", "What'll I do?" Often when people ask themselves, "What'll I do?" during a crisis, they are not calmly looking at their options, but instead feel overwhelmed and don't know what they can do.

Behaviour

During a crisis, people experience changes in their **behaviour**. They may become agitated, jumpy, or disorganized. Usually when we are faced with a stressor that we've dealt with in the past, we know what to do. But when we are faced with something that we've never dealt with before, we feel stressed and disorganized.

Physical

People experiencing a crisis can also experience changes **physically**. They may appear dishevelled (hygiene and dress) or scattered. They may feel nauseous, experience headaches, or have changes in eating or sleeping.

Slide 04



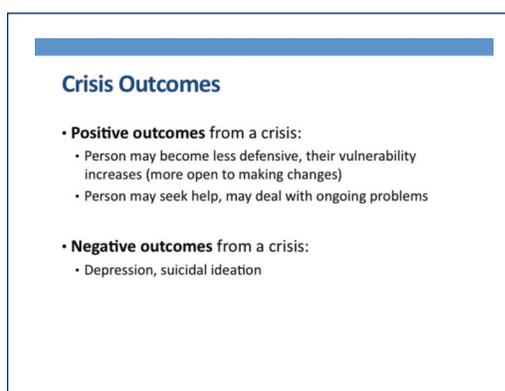
This slide illustrates the sequence of events when a crisis happens.

1. **Perceived Obstacle.** This can be anything – any new situation, a challenge, etc.
2. **Insurmountable with Present Coping Skills.** This is when the person realizes that the perceived obstacle cannot be overcome with the current resources and coping skills the person possesses. It feels “impossible”.
3. **Leads to a Crisis Situation.**

Crises are always **time limited** and are **often personal**.

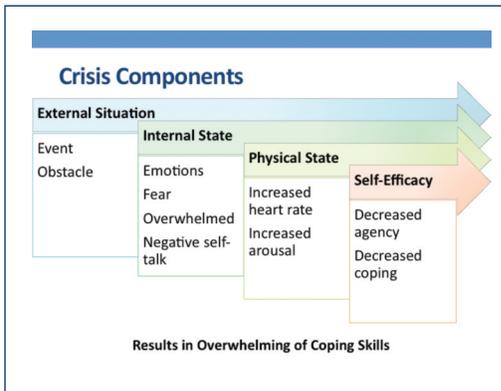
- Not every person has the same background and stressors in life
- What will become a crisis for one person may not become a crisis for another

Slide 05



Surprisingly, there are often some positive outcomes that can emerge from a crisis. As a positive outcome, a person will sometimes seek help or deal with ongoing problems that they had been ignoring. A person may also become less defensive as their vulnerability increases; they may be more open to making changes. A crisis can also result in negative outcomes, such as low mood or depressed feelings, or suicidal ideation.

Slide 06



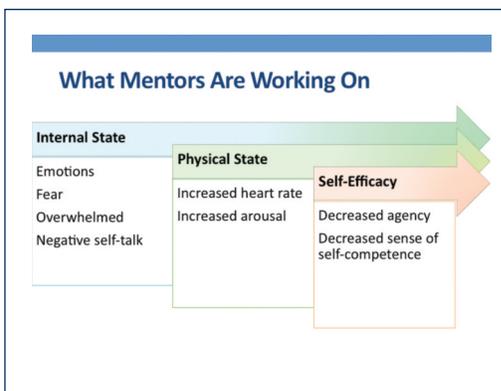
Describe the four components of a crisis.

As a result of these four components, the person feels less able to control their situation and they are unable to cope.

It is important to note that:

- Peer Mentors don't have any control over the **External Situation**
- Peer Mentors will focus on supporting the other three components: **Internal State, Physical State, and Self-Efficacy**

Slide 07



What is the Peer Mentor's role in each of these components?

Internal State

- Peer Mentors can help calm the Mentee's internal state
- Talk in a slow, soothing voice
- Repeat short, simple sentences, "It's going to be okay"

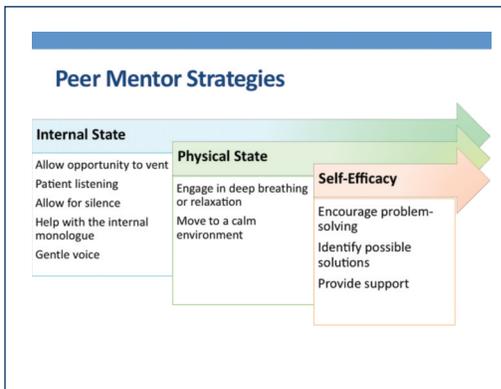
Physical State

- Peer Mentors can help reduce the physical arousal (leading the Mentee through a deep breathing exercise, teaching relaxation skills, mindfulness, meditation)

Self-Efficacy

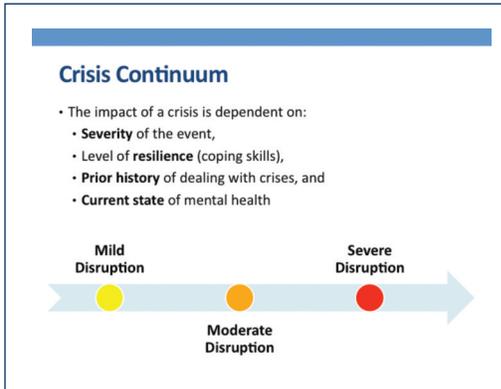
- Peer Mentors can help remind the Mentee of their past successes
- Encourage and support them in order to increase their sense of agency and ability to cope
- Provide them with very simple steps to do: what to do, who to talk to

Slide 08



Prior to showing the content of the slide, ask participants to come up with ideas on their own. “As we just learned, a person in crisis may be feeling fearful, overwhelmed, and thinking very negative thoughts. What’s something a Peer Mentor could do or say to help a Mentee with that sort of internal state?” Remind participants to think back to training material on effective communication skills, empathy, and supporting a person with a mental health condition. Review all three components (internal state, physical state, self-efficacy) with the class.

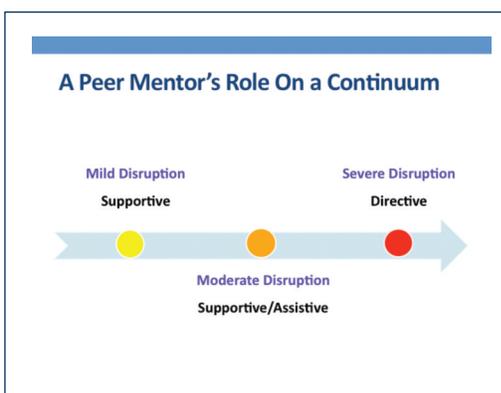
Slide 09



Not every situation provokes a crisis and not every crisis has the same impact. The impact of a crisis depends on four things:

- 1. Severity of the event:** The crisis can be relatively small or it can be severe, such as a tragedy or death of a loved one.
- 2. Level of resilience (coping skills):** This refers to the person's ability to "bounce back" after a situation. This can include prior coping skills, strategies, and resources.
- 3. Prior history of dealing with crises:** People who have successfully dealt with similar crises before may be more successful in dealing with their current crisis. However, if people have a history of being faced with a crisis that seemed "insurmountable", they may see future crises as impossible to overcome.
- 4. Current state of mental health:** People in good mental health can deal with crisis situations more effectively than people currently experiencing poor mental health.

Slide 10



A Peer Mentor's role depends on the severity of the crisis.

Mild Disruption

- Peer Mentors can play a simple role of being supportive
- Peer Mentors can calm the Mentee relatively easily
- Help them problem-solve

Moderate Disruption

- Provide support and reassurance
- Can provide direct assistance

Severe Disruption

- Mentors may need to be directive and decisive (i.e., bringing them somewhere safe, strongly encouraging the use of professional support, directly contacting an emergency or professional resource)

Slide 11

Program Crisis Response Policy

1. Implement the strategies you have learned.
2. If the crisis exceeds the Mentor's capacity to respond:
 - **Not a life-threatening crisis:**
[Insert contact information for a local mental health or crisis resource, e.g. a mobile mental health crisis response team]
 - **A life-threatening crisis:**
CALL **9-1-1**
3. Report to the Program Coordinator
4. Remember to debrief

Include the program's crisis response policy here. Review the policy with the class and ensure participants have a clear understanding of the steps to follow in the event of a crisis.

Slide 12

Activity: Crisis Case Scenarios

Review the case scenarios in your small group and discuss the following questions:

1. What tells you this is a crisis?
2. What is the severity of this crisis?
3. How can you help your Mentee?

Divide the class into small groups (3-4 students each). Distribute the handout, “Mental Health Crisis Case Scenarios”. Give the class a short period of time (8 minutes) to discuss the case scenarios and the questions on the slide. Debrief each scenario with the entire class and solicit comments from students. Reinforce responses that are appropriate and that maintain healthy boundaries in the mentoring relationship.

In the final case scenario, review the program’s crisis response policy and discuss after-hours resources that a Peer Mentor could either share with the Mentee, or directly contact themselves.

Remind Peer Mentors that it is important for students to develop and practice independent help-seeking behaviour (e.g. calling a friend, booking an appointment with a counsellor, calling an after-hours crisis line). These are all help-seeking skills that will be helpful to the Mentee long after the mentoring program has ended. Peer Mentors can support Mentees and show empathy, while also encouraging Mentees to access additional resources and build up their support network.

Slide 13

Know Your Limits, Respect Your Limits

Know your limits

- Who we are/our personal values
- Our state
- The extent of the crisis
- Our health

•Respect your limits

- Program support
- Personal support

All of us have limits to our capacity to support someone in a crisis. Our limits are set by:

- Who we are and our **personal values**.
- Our **personal state of being**. When we are tired or stressed, our limits will be lower.
- **Extent of the crisis**. If the crisis is too big or is unfamiliar to the Peer Mentor, it may limit how much you can help.
- Our **health**. When our own mental or emotional health is compromised, we have a more limited ability to support others.

Respect your limits

- There is support available from the program.
- It is okay to seek out your own personal support should you feel overwhelmed.

Slide 14

Protect Your Mental Health – Maintain Personal Boundaries

- **Importance of personal boundaries**
 - Avoid making your Mentee's crises your own
 - Avoid carrying the emotional footprint of your mentoring session with you and into your personal life
 - Avoid feeling responsible for your Mentee's mental health situation
- **Some Warning Signs**
 - Feelings of dread about seeing or contacting your Mentee
 - Disruption of your mental health – e.g. difficulty sleeping
 - Prolonged worry or rumination about your Mentee and what happened during your meetings
 - Inappropriate and excessive contact outside of the Mentoring relationship

When Mentees are in a state of crisis, it is important for them to know that you are there to support, guide, etc. You are not able to do that if you are drawn into the crisis. It is important that you stay “outside” of the crisis. If you notice any of these warning signs that you are being impacted by the crisis, you should contact the Program Coordinator.

What do you do after a crisis?

- Peer Mentors are not expected to carry the crisis into their personal life
- It is important to **debrief** (with the Program Coordinator) and **decompress**

Slide 15

How Peer Mentors Can Help

| | |
|-------------------|---------------------|
| Peer Mentors CAN: | Peer Mentors CAN'T: |
| • Support | • Fix |
| • Model | • Correct |
| • Teach | • Solve |
| • Guide | • Treat |
| • Be a resource | |
| • Promote hope | |

As Mentors, you will have a **TREMENDOUS** positive impact on your Mentees

Reinforce the scope of a Peer Mentor's role, emphasizing limitations (unable to treat, fix, solve, correct) but also emphasizing the impactful and meaningful ways they can help (support, model, teach, and guide). Reiterate that although the aim of the program is not to treat a student's mental health issue, the simple act of giving a peer your attention, empathy, and support is tremendously valuable.



Frequently Asked Questions

Question:

What if I don't know what to say to my Mentee?

Answer:

People sometimes worry about not having the "right words" to say when supporting someone who is experiencing a crisis. Remember that there's no "perfect" thing to say. Take your time. When you start to feel like you are not sure what to say, it's okay to take a deep breath and pause for a minute. Speak slowly and calmly. You can say, "It's okay" or "We are going to sort this out."

Question:

What if I don't think I can help them with their crisis?

Answer:

Sometimes you might feel like the Mentee's situation is beyond the scope of the support you can provide them. In this case, try your best to calm them down in the moment (leading a deep breathing exercise, relaxation techniques). Let them know that you think there might be someone else who would be better able to support them. If the Mentee is willing and able, you can help them contact a professional resource. If they seem unable to do so, you can make the call yourself. It is perfectly acceptable and even encouraged to use outside resources in the case of a crisis.

Question:

What if my Mentee is having a crisis, but it is not during our regular meeting time?
Can I still support them?

Answer:

It is very normal to want to support your Mentee. It is also important to remember the boundaries and limits that exist within a mentoring relationship. If a Mentee tries to contact you outside of your regular meeting time and is experiencing a crisis, gently remind them of the limits of your relationship and guide them to an appropriate resource (e.g., counselling centre, crisis phone line). You can say something like, "I'm sorry that you're feeling this way right now. I think someone else might have better skills to support you with what you're dealing with, and I'd like to connect you with that resource." You can follow up with them in the next meeting about how they handled things and discuss what worked well and what didn't work well for them. You can use this as an opportunity for the mentee to learn new skills on how to deal with a crisis.



Handout: Crisis Response Policy

As a Peer Mentor, the majority of your work with a Mentee will involve offering personal support, active listening, referrals to useful resources, and supportive coaching in health and learning strategies. Although it's unlikely, it's possible that you may respond to a Mentee experiencing a crisis. This policy outlines the appropriate procedure to respond to a Mentee experiencing a crisis and to recognize when to call on professional help. Peer Mentors should use the strategies demonstrated during training and follow this policy when presented with a crisis situation.

What is a Crisis?

A crisis is a situation that exceeds a person's coping strategies or a situation where a person is in immediate danger of causing life-threatening harm to themselves.

If a Peer Mentor is unsure whether a Mentee is experiencing a crisis, the Peer Mentor is required to contact Frontenac Community Mental Health Services (613-544-4229) and the Program Coordinator (cell phone: xxx-xxxx).

Training

All Peer Mentors are required to complete Crisis Response training and safeTALK training (suicide awareness).

Crisis Response Procedure

1. The Peer Mentor should implement strategies for supporting a Mentee experiencing a crisis, as outlined in Peer Mentor Training;
2. If the crisis situation exceeds the Peer Mentor's capacity to respond ...
 - a) and it is not a life-threatening crisis, call Frontenac Community Mental Health and Addiction Services (613-544-4229). It is preferable to encourage the Mentee to call FCMHAS. If the Mentee is unable or unwilling to do so, then the Peer Mentor must contact FCMHAS.
 - b) and it is a life-threatening crisis, Peer Mentors must call 911.
3. The Peer Mentor must immediately report the incident to the Program Coordinator (cell phone: xxx-xxxx).

If you become aware that your Mentee is experiencing a life-threatening crisis and you are not with them:

1. Call Campus Security (613-533-6111) and provide them with all the information you have (Mentee's full name, faculty, program, year of study, and location of Mentee, if known).
2. Peer Mentors must immediately report the incident to the Program Coordinator (cell phone: xxx-xxxx).

Self-care

Peer Mentors are encouraged to debrief with the Program Coordinator, who will seek to connect the Peer Mentor with additional supports, and practice self-care strategies.



Handout: Mental Health Crisis Scenarios

Discuss the following cases in groups of three or four.

1. What tells you this is a crisis?
2. What is the severity of this crisis?
3. How can you help your Mentee?

Case One: Abdee

Your mentee Abdee is a first-year student. At your meeting she tells you that she just got her first-ever midterm back and she received a grade of 67%. She has never had a grade this low. She is tearful and visibly upset. She says she feels devastated and says, “I know I won’t be able to go to graduate school because of this very low grade”.

Case Two: Esther

Esther is a second-year Commerce student and her program requires a lot of group work. She has difficulty with time-management and has been unable to meet her group’s deadlines multiple times. This week, one of Esther’s teammates confronted her about her late contributions and said “If this continues, I will have to report you to our professor”. She felt totally demoralized.

Your meeting with Esther is directly after this very difficult confrontation. She is very overwhelmed, panicked, and fearful of being “kicked out of the program” if her teammate reports her. She is visibly flushed, breathing heavily, and fidgety. She is quite loud when she says, “No one likes me. This is a disaster. I’m going to be kicked out for sure. I might as well drop out; that would make everyone happy.”

Case Three: Seamas

Your Mentee Seamas is a first-year student. You have met with Seamas for about a month and your communication has always taken place during mentoring meetings. Seamas recently went through a break-up with his partner and you know he has not been coping very well. He has told you that he’s very sad about the relationship ending, and he has seemed to have a very low mood in your last two mentoring meetings. It’s 10:00 p.m. and you receive a distraught text message from Seamas. He says, “I’ve never felt this awful in my life before. I don’t know what to do.”

safe TALK

Peer Mentors completed safeTALK, a 3-hour suicide alertness training provided by LivingWorks Education.

The LivingWorks Education website offers the following description:

safeTALK is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. Most people with thoughts of suicide don't truly want to die, but are struggling with the pain in their lives. Through their words and actions, they invite help to stay alive. safeTALK-trained helpers can recognize these invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

Since its development in 2006, safeTALK has been used in over 20 countries around the world, and more than 200 selectable video vignettes have been produced to tailor the program's audio-visual component for diverse audiences. safeTALK-trained helpers are an important part of suicide-safer communities, working alongside intervention resources to identify and avert suicide risks.

Training features:

- Presentations and guidance from a LivingWorks registered trainer
- Access to support from a local community resource person
- Powerful audiovisual learning aids
- The simple yet effective TALK steps: Tell, Ask, Listen, and KeepSafe
- Hands-on skills practice and development

For more information about safeTALK or to find a certified safeTALK instructor in your area, please visit the LivingWorks Education website (www.livingworks.net).

Stigma Reduction

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Overview

This 45-minute session prepares Peer Mentors to recognize signs (behaviours, thoughts, words) that could indicate a Mentee is experiencing self-stigma. The session prepares Peer Mentors to facilitate a conversation with a Mentee about stigma and self-stigma and to implement supportive strategies that aim to reduce a Mentee's self-stigma.

Rationale

Peer Mentors form supportive, coaching relationship with a Mentee and may offer support or strategies related to academics, health and mental health, and personal wellness. Although many students experience challenges in these areas, students with mental health issues may face additional barriers related to underlying self-stigmatizing beliefs. This session provides Peer Mentors with more information about stigma and self-stigma and offers practical strategies to reduce a Mentee's self-stigma.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A counsellor or mental health professional who is knowledgeable in the area of stigma and who has practical experience working with people experiencing stigma/self-stigma

Resources and Background Reading

Anxiety BC. (n.d.). *Complete home toolkit*. Retrieved from http://www.anxietybc.com/resources/selfhelp_home_toolkit.php

Bilsker, D., & Paterson, R. (2009). *The antidepressant skills workbook: Helping you deal with depression*. British Columbia: Centre for Applied Research in Mental Health and Addiction and BC Mental Health & Addiction Services. Retrieved from <http://www.comh.ca/antidepressant-skills/adult/workbook/>

Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry*, 57(8), 464-469.

Canadian Mental Health Association. (2015). *Stigma and discrimination*. Retrieved from <http://ontario.cmha.ca/mental-health/mental-health-conditions/stigma-and-discrimination/>

Heretohelp. (2015). *Heretohelp wellness modules*. Retrieved from <http://www.heretohelp.bc.ca/wellness-modules>

Mental Health Commission of Canada. (2015). *Topics: Stigma*. Retrieved from <http://www.mentalhealthcommission.ca/English/issues/stigma>

Queen's University. (2014). *Your best you: Improving your mood*. Retrieved from <http://www.queensu.ca/hcds/workbook.php>

Victoria University of Wellington. (n.d.). Self stigma. Retrieved from http://www.victoria.ac.nz/st_services/disability/publications/

Woll, P. (2007). *Healing the stigma of depression: A guide for helping professionals*. Chicago, IL: Midwest AIDS Training and Education Centre and Great Lakes and Addiction Technology and Transfer Centre. Retrieved from <http://www.mnmatec.umn.edu/materials.shtm>



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Identify signs (thoughts, statements, behaviours) that suggest that a Mentee may be experiencing self-stigma
- Facilitate a supportive conversation with a Mentee about self-stigma
- Implement strategies (behaviour, words) to model acceptance and positive self-regard when working with a Mentee

Peer Mentor Homework

Peer Mentors will complete the MindSight modules and participate in the Mental Health Education training session prior to participating in this session.

Curriculum Connections

The Stigma Reduction session build on material in the Mental Health Education session.

Time

This session will take 45 minutes.

Resources

- Data projector
- Laptop
- PowerPoint presentation
- Student Handouts (1 per participant)
 - Understanding and Responding to Self-Stigma
- Sticky notes
- Paper
- Pencils
- Tape



Instructor's Guide

Slide 01

SELF-STIGMA

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Slide 02

Agenda

1. Free Association Activity
2. What is Stigma and how can we recognize it?
3. Two types of Stigma
4. The Impact of Self-Stigma
5. How a Peer Mentor Can Help to lessen the impact of Self-Stigma



Slide 03

Free Association Activity (Part 1)

Write down the first things that come to mind when you think of mental illness or a person with mental illness.

Remember:
There are no right or wrong answers. You don't have to personally believe in or agree with the ideas that you write down. Write down whatever comes to mind.



Source: Centre for Addiction and Mental Health. (2012). Talking about mental illness: Teacher's resource. Retrieved from: http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/talking_about_mental_illness/Pages/1001_teacherresource.aspx

The purpose of this activity is to introduce the concept of stigma, its causes, and its impact. It is also an icebreaker to encourage students to participate in a discussion regarding thoughts, attitudes, and beliefs about mental illness.

Preparation:

Write down these four categories on separate pieces of paper:

- myth (widely held, but false idea)
- misconception/misunderstanding
- hurtful/disrespectful language
- factual information

Tape these pieces of paper up on the wall or board in the classroom. Students will put their Post-It notes underneath each heading.

Exercise:

1. Hand out several sticky notes to each participant. Ask them to write down words or phrases that are commonly associated with mental illness or that come to mind when they think of mental illness or someone with a mental illness. Students should write one word or phrase on each sticky note. Encourage participants to be honest during this exercise and not to censor themselves. Remind them that there are no right or wrong answers. Students don't have to believe in or agree with the ideas they come up with; this is an opportunity to bring up anything that comes to mind. Encourage the participants to write down as many ideas as they can.
2. After they are done writing on their sticky notes, have them place the sticky notes on the wall under the headings.

Activity adapted from:

Centre for Addiction and Mental Health. (2012). *Talking about mental illness: Teacher's resource*. Retrieved from http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/talking_about_mental_illness/Pages/tami_teachers_resource.aspx

Slide 04

Free Association Activity (Part 2)

Place your sticky notes on the wall under one of the four categories:

- myth (widely held, but false idea)
- misconception/misunderstanding
- hurtful/disrespectful language
- factual information

Debrief:
Did you have any difficulty placing the sticky notes? Why? What did you do in these cases?

Source: Centre for Addiction and Mental Health. (2012). Talking about mental illness: Teacher's resource. Retrieved from http://www.camh.ca/en/education/teachers_school_programs/resources_for_teachers_and_schools/talking_about_mental_illness/Pages/1691_teacherresource.aspx

After all the sticky notes have been sorted, facilitate a discussion with the participants about where they placed the sticky notes and why. Many of the sticky notes will be placed under the first three headings [myth (widely held, but false idea), misconception/misunderstanding, hurtful/disrespectful language]. Discuss this with the group. Common themes may emerge, such as the idea that people with mental illness are dangerous. It is important to address students' comments by demystifying myths, addressing fears and misconceptions, and examining the underlying causes.

Discussion Questions:

1. Did you have any difficulty placing the sticky notes? Why? What did you do in these cases?

Participants may have difficulty placing certain ideas because they will fit into more than one category (i.e., myth and hurtful language).

2. How did you feel writing down certain ideas that you didn't necessarily agree with?

Many participants may feel guilty or uncomfortable writing down certain commonly held ideas that they don't agree with. It is important to tell student that everyone has been exposed to or even personally had discriminatory or stigmatizing thoughts or attitudes. Remind them that it is important to recognize stigmatizing thoughts, examine where they come from, and to work toward reframing these ideas and becoming more educated about the facts related to people living with mental illnesses.

Slide 05

What is Stigma?

Think, Pair, Share Activity

How would you define stigma?

- **Think** on your own
- **Pair** up and discuss with a partner
- **Share** your ideas with the class

Lead a brief “Think, Pair, Share” exercise. Ask the participants: “How would you define stigma?” Give participants 2 minutes to think about this on their own. Ask them to pair up with a partner to share their ideas. Bring the entire group back together and solicit comments from several students.

The purpose of this question is to get an understanding of the group’s previous knowledge about stigma.

Slide 06

What is Stigma?

Definition of Stigma:

- “Prejudicial attitudes and discriminatory behaviours targeted at people with mental health problems.”
- “A mark or sign of disgrace or discredit.”

Explain to the participants that there are several definitions of stigma. Two common definitions include:

1. **“Prejudicial attitudes and discriminatory behaviours targeted at people with mental health problems.”** This refers to the negative thoughts, beliefs, and attitudes about mental health, as well as the impact it can have on people who are stigmatized.
2. **“A mark or sign of disgrace or discredit.”** This refers to the degrading nature of stigma and how it can make people feel like lesser individuals.

Slide 07

Terms Related to Stigma

- **Stereotype**
 - “A widely held but fixed and oversimplified image or idea of a particular type of person”

- **Prejudice**
 - “A preconceived opinion that is not based on reason or actual experience”

- **Discrimination**
 - “Unfavourable treatment based on prejudice”

Explain the difference between these three terms and also how they are related.

Ask the participants if they can come up with an example of each.

1. **Stereotypes.** This refers to fixed ideas that people have about mental illness. They are often oversimplified. Example: People with mental illness are violent and dangerous.

2. **Prejudice.** This refers to opinions that people can have about mental illness or someone with mental illness. They are not based on fact or reason. Example: People with depression are “lazy”.

3. **Discrimination.** This refers to the actual treatment or behaviour towards people with mental illness. Example: When someone is afraid to talk to someone with a mental illness for fear of “catching” their mental illness.

Slide 08

Canadian Context

- 50% of Canadians would not disclose that their family member has a mental illness to friends or co-workers
- 42% of Canadians don't know if they would socialize with a friend with a mental illness
- 64% of Ontario workers would be concerned about how work would be impacted if a colleague had a mental illness
- 46% of Canadians think people use the term mental illness as an excuse for bad behaviour
- 27% of Canadians say they would be fearful of being around someone who suffers from serious mental illness

Source: Centre for Addiction and Mental Health. (2012). Mental illness and addiction: Facts and statistics. Retrieved from http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

This information tells us there is still significant social stigma towards people with mental health issues, and many or even most Canadians have a sense of shame and embarrassment about having a mental illness. This is the basis for **shame** and **prejudice** of mental health problems.

Slide 09

Three Components of Stigma

1. Lack of **Knowledge**: not understanding mental health
2. Negative **Attitudes** and **Feelings**: fear, shame
3. Negative **Behaviours**: shunning, judging, discriminating

Explain to the participants that stigma involves three parts:

1. **Lack of knowledge of mental health:** Stigma often stems from ignorance or misinformation about certain topics. Correct facts and information can help to reduce stigma.
2. **Negative attitudes and feelings:** Stigma involves negative attitudes and feelings (towards others, towards self).
3. **Negative behaviours:** Stigma often leads to negative behaviours (also referred to as discrimination, as mentioned in the previous slide).

Slide 10

Public or Social Stigma

Public/Social stigma:
“The prejudicial attitudes and discriminatory behaviours expressed toward people with a mental illness by members of the public”

- E.g. the ideas that people with mental illness can never recover; they are violent and unpredictable; they are blameworthy and could control their illness.



The diagram shows a blue silhouette of a human head in profile, facing right. Surrounding the head are several white speech bubbles containing negative labels: 'Stupid', 'Scary', 'Inadequate', 'Incapable', 'Crazy', 'Stranger', 'Faker', 'Not Job', and 'Weak'.

Explain to the participants that there are two types of stigma: public or social stigma and self-stigma. This first slide examples public or social stigma.

Public/Social Stigma

- This consists of information that is already “out there” about mental health
- Most of it is **negative** and **judgemental**
- Likely to create an atmosphere of distrust and discrimination towards people with mental health problems
- Includes attitudes that are **frightening** (e.g., people with mental health problems are violent) and **factually incorrect** (e.g., people with mental illness can never recover)

Slide 11

What is Self-Stigma?

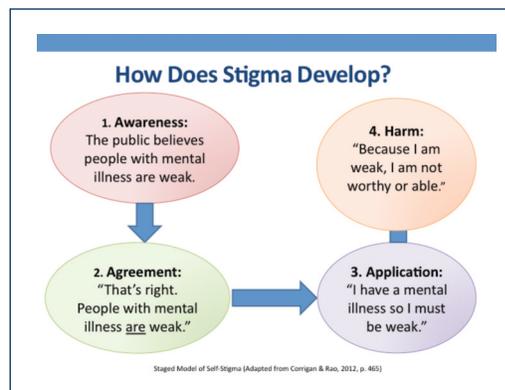
- **Self-stigma:**
"Self-stigma is when a person with a mental illness accepts and agrees with negative cultural stereotypes. They feel ashamed, blameworthy, and try to conceal their illness from others."
- E.g., when someone avoids situations that may elicit stigmatizing responses.
- Self-stigma is **learned**
(and can be unlearned)



Self-stigma occurs as a result of public stigma. People **internalize** the societal attitudes about mental health and begin to believe the same things about themselves. They feel **ashamed** and **embarrassed** about having a mental illness, which creates distance from other people and makes it less likely that they will seek help.

Introduce the idea that self-stigma has a large impact on dealing with a mental illness. However, it is important to instill hope in the mentors, by telling them that self-stigma is learned, meaning that it can be both prevented and reversed.

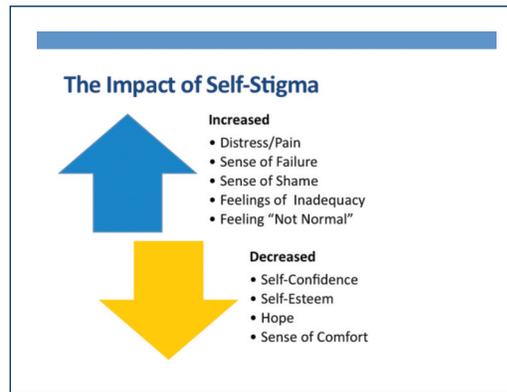
Slide 12



This slide shows the progression from **public attitudes** about mental health to the **internalized** self-stigma associated with beliefs about mental health.

1. **Awareness:** People are exposed to the negative stereotypes about mental illness.
2. **Agreement:** People then adopt those beliefs.
3. **Application:** These attitudes and beliefs become their more “general” way of looking at themselves.
4. **Harm:** The result is internalized feelings of shame, embarrassment, and a negative self-image.

Slide 13



Before showing the answers on the slide, ask the participants: "How do you think self-stigma might impact someone with mental illness?" You can do this as a Think, Pair, Share activity if there is enough time, or simply solicit a few comments from the entire class.

Possible answers:

- Self-stigma might impact whether or not someone seeks help
- Self-stigma might negatively impact someone's progress in improving their mental health ("Everyone seems to be coping fine" or "Why can't I handle things?")
- Self-stigma might lead to negative thoughts about themselves that reinforce their mental illness ("I am worthless" or "People with mental illness never get better, so there's no point in me trying to get better")

There will be a range of answers here. The important thing is to talk about potential ways that stigma may impact their Mentee and what that would look like.

Show the content of the slide. Explain that the impact of self-stigma can be **all-encompassing**.

- Self-stigma can result in **increased** distress, sense of failing, shame, and inadequacy. It can make people feel very isolated and alone.
- Self-stigma can result in a **decreased** sense of self-confidence, hope, self-esteem, and sense of comfort. It is important to discuss the ways that pervasive negative attitudes and stereotypes can be internalized, leading to reduced confidence and self-esteem. This may impact one's belief in the potential to get better. It is important to point out to Peer mentors that they will play a role in increasing that hope and self-confidence.

Slide 14

Things your Mentee might feel or think...

- "I don't deserve to be at college/university"
- "Everyone else can handle 5 classes."
- "I just can't relate to other people, they don't understand me, I don't fit in"
- "It's so embarrassing to ask for help. People will think less of me."
- "I don't want to go on medication. That would mean I'm really ill."
- "I'll never finish this paper, pass this exam, graduate... it feels hopeless."

(Peterson, D., Barnes, A., & Duncan, C., 2008).

Before showing the answers on the slide, ask participants: "What might someone say or do that shows they have internalized self-stigma?" If Peer Mentors are already matched with a Mentee, ask them to reflect on things their own Mentee has said that may indicate self-stigma. Remind participants to share these comments without sharing identifying information. Solicit several comments from students, then review the statements on the slide.

Each of these expressions is an instance of **verbalized** self-stigma, or what a person is likely to say if they are experiencing self-stigma. You can see that someone experiencing self-stigma has a lot of negative expectations, a sense of not belonging, and embarrassment.

Slide 15

Reducing Self-Stigma

Peer Mentors can help to reduce self-stigma through their actions, words, and approach to their Mentee

1. Attentive, supportive presence
2. Modelling non-stigmatizing language and behavior
3. Reinforce and celebrate Mentee's successes
4. Highlight differences between feeling and thinking
5. Help them regain a sense of control
6. Model and support hope

Self-stigma is not inevitable. It is learned, so it can be unlearned. Peer Mentors can help to reduce self-stigma through their actions, words, and approach to a Mentee. Once you have built some rapport, it may be appropriate and helpful to talk to your Mentee about self-stigma and to encourage them to see their thoughts (e.g. "I'm worthless.") not necessarily as absolute truth, but also as a reflection of internalized beliefs about mental health. It's also important to provide accurate information about the impact of mental health problems. This in turn provides the Mentee with a sense of hope.

Slide 16

What a Peer Mentor Can Do: #1

Offer your Mentee your undivided attention and a respectful and supportive presence.

This is really powerful. This tells your Mentee:

- “I don’t see you as inadequate”
- “You are my peer”
- “I respect you”
- “I believe in you”

Model a sense of calmness and competence in working with your mentee. Give your Mentee your undivided attention and listen actively. Show that you respect them and believe in them. Model through your attention and care that you believe that they can deal with adversity when it happens.

Slide 17

What a Peer Mentor Can Do: #2

Model non-stigmatizing language and behaviour

- Use **person-first** terminology. (e.g. “the person with (depression, an eating disorder)”, rather than “the depressive”, “the anorexic”)
- Show a sense of openness, comfort and ease when talking about mental health
- Avoid hurtful or pejorative words or phrases to refer to people with mental health problems

Using person-first language helps remind us that we are people first, and that we are not defined by a disorder. Mentees have many other aspects of their personality and identity, aside from their mental health issue. By modeling proper use of this language, mentors can help their mentee feel more comfortable and at ease when talking about mental health.

Slide 18

What a Peer Mentor Can Do: #3

Encourage practical **Success Identification** in every meeting. Reinforce and celebrate your Mentee's accomplishments and progress.

"Tell me three things you've done well this week."

Remember: mental health problems often **magnify** failures and **minimize** successes. Mentors can help mentees to learn the new skill of **raising the profile** of their successes.

Many mental health issues magnify failures and minimize successes. Peer Mentors may notice that their Mentees focus disproportionately on failures and easily dismiss or rationalize away successes. Peer Mentors can increase agency and self-efficacy in a Mentee by pausing to recognize, appreciate, and celebrate successes.

Slide 19

What a Peer Mentor Can Do: #4

Attend to and highlight differences between **feeling** and **thinking**. **Validate** the feeling, gently **challenge** the thinking.

Mentee: "I feel really upset with myself because the exam went so badly. I'm such a failure."
Mentor: "It's tough when an exam doesn't go well. Let's look at what worked and didn't work for you."

[Validate their disappointment, don't validate the thought "I'm a failure". Switch to problem-solving.]

It is important to point out and gently challenge negative thoughts in Mentees. Some Mentees may generalize a bad experience (e.g. failing an exam) to their entire being (e.g. I am a bad person, I am a failure). It is important for the Peer Mentor to:

1. **Validate the feeling** (saying "that must be difficult for you to go through" to the Mentee)
2. **Gently challenge the thinking** (saying "let's look at what did and didn't work for you"; don't validate the thought [I'm a failure], then switch to problem-solving).

Slide 20

What a Peer Mentor Can Do: #5

Help your Mentee regain a **sense of control** by:

1. Use the Wise Choice model to create **long-term** and **short-term goals**.
2. Break things into **smaller, manageable chunks**
3. Encourage them to engage in **practical and concrete strategies** (e.g., mindfulness, relaxation activities, writing to do lists)

This will help to restore their confidence.

When people are experiencing symptoms of a mental health problem, they often feel overwhelmed. Help your mentee to regain a **sense of control** by helping them:

1. Create positive **short and long-term goals**.
2. **Break things into small steps**. This helps them negotiate their way through what appears to be complex and daunting problems.
3. Encourage them to engage in **practical and concrete strategies** (e.g., mindfulness, relaxation activities, writing to do lists)

This will help to restore their confidence. Although these are general “mentoring” steps – they can be used to help reduce the negative feelings associated with stigma.

Slide 21

What a Peer Mentor Can Do: #6

Mental health problems can leave people feeling out of control and scared – these feelings can undermine hope.

Model and support **hope**:

- “I know this is difficult to believe today, but it will get better”
- “I know you can get through this”
- “You’ve worked out problems like this before and you can do it again”

Mentors can model and support a message of hope. When people are mentally unwell, they begin to lose their sense of agency and self-efficacy. Tell the participants to remind their mentees that they have had successes in the past, and they will again in the future. It is important for the mentors to remind their mentees of their strengths and their previous successes.

Slide 22

Remember

When we are combating self-stigma, we are modeling and teaching skills to:

1. Counteract a very powerful set of societal beliefs, and
2. Help mentees feel more comfortable with themselves.

Answer any questions from Peer Mentors at this point. Ask participants to share one thing they learned.

Slide 23

One Thing I Learned



End the session on a positive note by instilling hope in the mentors. Let them know that although it may seem impossible to eradicate stigma, the work that they will be doing in modelling things like person-first language, an openness in talking about mental health, and teaching skills and tools to deal with mental health problems, they are helping to reverse a pervasive societal problem.

Slide 24

Resources

Self-Stigma Student Handout from the Victoria University of Wellington
http://www.victoria.ac.nz/st_services/disability/publications/

The Antidepressant Skills Workbook
<http://www.comh.ca/antidepressant-skills/adult/workbook/>

Heretohelp Wellness Modules
<http://www.heretohelp.bc.ca/wellness-modules>

HCDS Self-Help Workbook Series
<http://www.queensu.ca/hcds/workbook.php>

Anxiety BC Complete Home Toolkit
http://www.anxietybc.com/resources/selfhelp_home_toolkit.php

Slide 25

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Frequently Asked Questions

Question:

What if my Mentee talks about hearing stigmatizing messages from his or her family?

Answer:

It's important to remember that stigmatizing comments can be made – and are often made – by individuals close to them. This can sometimes be especially painful for Mentees since their relationship with their family can be very important to them. Peer Mentors can respond to this in a sympathetic way without being critical of family members. For example, the Peer Mentor can say, “These negative attitudes can be difficult and painful to hear, no matter where they come from.”

Question:

What happens if my Mentee has a very persistent set of self-stigmatizing attitudes and these don't seem to change no matter how I gently try to challenge them?

Answer:

Remember that the forces that promote stigmatizing attitudes are very prevalent in our culture, and most people hear a significant amount of negative, hurtful, and derogatory comments. The result is that self-stigmatizing attitudes can be very enduring and rigidly held. When you model a caring and non-stigmatizing attitude, challenge negative stereotypes of people with mental health problems, and help your Mentee to challenge their own self-stigma, you are helping to shift this gradually. It's not likely that your Mentee's self-stigma will disappear quickly. But every time that you challenge stigma, you will help your Mentee feel more affirmed and capable, which will help them in the long run.



Handout: Understanding & Responding to Self-Stigma

Key Terms

• Stigma

“Prejudicial attitudes and discriminatory behaviours targeted at people with mental health problems.”

“A mark or sign of disgrace or discredit.”

• Stereotype

“A widely held but fixed and oversimplified image or idea of a particular type of person”

• Prejudice

“A preconceived opinion that is not based on reason or actual experience”

• Discrimination

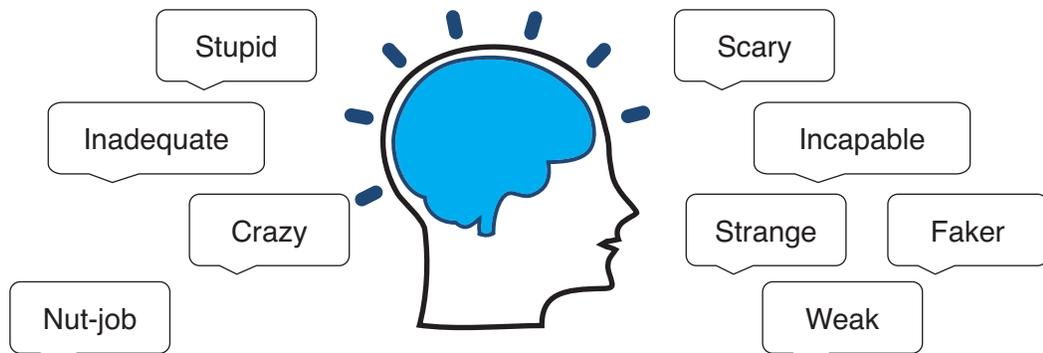
“Unfavourable treatment based on prejudice”

Three Components of Stigma

1. Lack of **Knowledge**: not understanding mental health
2. Negative **Attitudes** and **Feelings**: fear, shame
3. Negative **Behaviours**: shunning, judging, discriminating

Public/Social Stigma

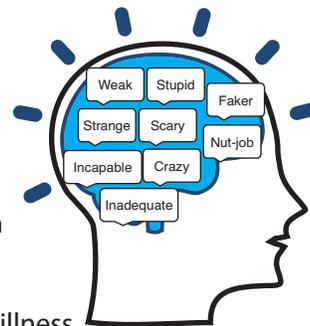
The overwhelming majority of messages about mental health in our society are negative and judgmental. This creates an atmosphere of distrust and discrimination towards people with mental health problems. Social stigma includes attitudes that are **fearful** (e.g. people with mental health problems are violent) and **factually incorrect** (e.g. people with mental illness can never recover). Social stigma can be seen in the words and phrases people use to describe people who have mental health problems.



Self-Stigma

Self-stigma happens when people with mental health problems internalize these messages and accept them as “the truth”.

- **Self-stigma** is a result of public stigma
- People **internalize** the societal attitudes about mental health and begin to believe the same things about themselves
- They feel **ashamed** and **embarrassed** about having a mental illness, which creates distance from other people and makes it less likely that they will seek help



Self-stigma increases the pain of having a mental health problem. Self-stigma is **learned**; it is not a “natural” or inevitable part of having a mental health problem. If it’s learned, it can be unlearned.

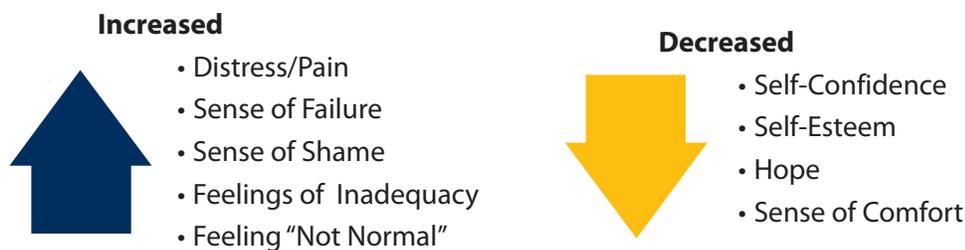
How Does Stigma Develop?

Staged Model of Self-Stigma (Adapted from Corrigan & Rao, 2012, p. 465)

1. **Awareness:** People are exposed to the negative stereotypes about mental illness.
2. **Agreement:** People then adopt those beliefs.
3. **Application:** These attitudes and beliefs become their more “general” way of looking at themselves.
4. **Harm:** The result is internalized feelings of shame, embarrassment, and a negative self-image.

The Impact of Self-Stigma

The experience of having a mental health problem often makes it more difficult to combat self-stigma.



What a Mentee Might Say, Think or Do

These are examples of some signs that someone experiences self-stigma.

- “I don’t deserve to be at college/university.”
- “I just can’t relate to other people, they don’t understand me, I don’t fit in.”
- “I don’t want to go on medication. That would mean I’m really ill.”
- “Everyone else can handle 5 courses.”
- “It’s so embarrassing to ask for help. People will think less of me.”
- “I’ll never: finish this paper, pass this exam, graduate... it feels hopeless.”

Peer Mentor Strategies to Reduce Self-Stigma

1. Offer your Mentee your undivided attention and a respectful and supportive presence.

This says: “I don’t see you as inadequate”, “You are my peer”, “I believe in you”

2. Model non-stigmatizing language and behaviour

- Use **person-first** terminology (e.g. “the person with depression”, rather than “the depressive”)
- Avoid hurtful or pejorative words or phrases to refer to people with mental health problems

3. Encourage practical **Success Identification** in every meeting. Reinforce and celebrate your Mentee’s accomplishments and progress.

- Say “Tell me three things you’ve done well this week”
- **Remember:** mental health problems often **magnify** failures and **minimize** successes. Peer Mentors can help mentees to learn the new skill of **raising the profile** of their successes.

4. Attend to and highlight differences between **feeling** and **thinking**. Validate the feeling, and gently challenge the thinking.

- Mentee: “I feel really upset with myself because the exam went so badly. I’m such a failure.”

Peer Mentor: “It’s tough when an exam doesn’t go well. Let’s look at what worked and didn’t work for you.”

[Validate their disappointment, don’t validate the thought “I’m a failure”. Switch to problem-solving.]

5. Help them regain a **sense of control**

- Use the Wise Choice model to create **long-term** and **short-term goals**.
- Break things into **smaller, manageable chunks**.
- Encourage them to engage in **practical and concrete strategies** (e.g., mindfulness, relaxation activities, writing to do lists).

6. Model and support **hope**

- Mental health problems can leave people feeling out of control and scared – these feelings can undermine hope.
- Mentors can help mentees to **see** the hope. “I know this is difficult to believe today, but it will get better.”
- This is not a trite or shallow cliché; it’s a recognition that when we are healthier our sense of hope is stronger. Peer Mentors can convey this to mentees. “I know you can get through this”, “You’ve worked out problems like this before and you can do it again”.

Conclusion

Self-stigma is **learned**. When we are combating self-stigma, we are modeling and teaching skills to counteract a very powerful set of societal beliefs and help Mentees feel more comfortable with themselves.

The forces that promote stigmatizing attitudes are very prevalent in our culture, and most people hear a significant amount of negative, hurtful, and derogatory comments. The result is that self-stigmatizing attitudes can be very enduring and rigidly held. When you model a caring and non-stigmatizing attitude, challenge negative stereotypes of people with mental health problems, and help your Mentee to challenge their own self-stigma, you are helping to shift this gradually. It’s not likely that your Mentee’s self-stigma will disappear quickly. But every time that you challenge stigma, you will help your Mentee feel more affirmed and capable, which will help them in the long run.

Resources

Bilsker, D., & Paterson, R. (2009). *The antidepressant skills workbook: Helping you deal with depression*. British Columbia: Centre for Applied Research in Mental Health and Addiction and BC Mental Health & Addiction Services. Retrieved from <http://www.comh.ca/antidepressant-skills/adult/workbook/>

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Understanding Academic Expectations

Prepared by:

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Overview

This 90-minute session provides participants with an understanding of the importance of the new academic standards and expectations associated with post-secondary education and how to use that information to learn and study effectively. This session also reviews key learning strategies and discusses some of the common challenges to meeting academic expectations.

Rationale

Many students with mental health conditions have difficulty adjusting to or meeting the academic demands and personal responsibilities at college or university. Like other students, they may not have solid learning and studying skills, but students with mental health conditions may have added challenges associated with their poor or fluctuating health.

From the Peer Mentor's perspective, the training session is an opportunity to experience the supportive coaching they will be expected to replicate with their Mentees and also practice their mentoring skills. This session addresses very common issues among students, which could be even more critical for students with mental health conditions.

Instructor Profile

This material would be best taught by an Instructor who is familiar with a wide variety of learning strategies and has experience advising or counselling students in learning strategies, as well as knowledge of the effect of various mental health conditions on cognition and student learning.

Teaching Philosophy

Ideally, the Instructor will have a teaching philosophy and style that recognizes the importance of the content, process, and the significance of the collateral learning or “invisible curriculum” that students assimilate.

- Instructors will intentionally create the learning environment:
 - Students learn in advance of class by reading assigned material and doing homework (e.g. memorizing and understanding levels on Bloom’s taxonomy of thinking)
 - Class time is used for learning through discovery: think, feel, do
 - Learning with and from others is achieved by including small group activities and large group discussions
 - Deliberate practice of mentoring skills allows for skill development and new insights to occur (e.g. application, evaluating and creating levels of Bloom’s taxonomy)
 - An experienced Peer Mentor or the Instructor provides feedback with regard to both content and mentoring skills.
- Instructors will teach or review content (i.e. concepts, strategies, and tools) that Peer Mentors may teach their Mentees
 - Lecture-based presentations are used primarily to reinforce key ideas or address common problems Peer Mentors may need to deal with, and also in situations where students need time to think and develop a perspective to maximize the benefit of class activities
 - During training, Peer Mentors gain practice with activities that they could apply in their own sessions to foster knowledge acquisition among Mentees
 - Curriculum on learning strategies focuses on why a concept or strategy may be important to the learning process, and how to apply it, rather than stating the need to fix a particular problem without explaining how to do so
- Instructors will identify and design around the “hidden curriculum” (the desired additional aspects they wish the Peer Mentors to experience) which Peer Mentors may then role-model and facilitate in mentoring meetings as collateral learning among Mentees.

For example, a peer mentoring program may wish Peer Mentors to recognize which personal characteristics contributed to their own successful learning at college or university, such as:

- Accepting personal responsibility
- Developing self-awareness, self-motivation, and self-management skills
- Recognizing that learning requires interdependence and is an ongoing activity
- Instructors should recognize the influence they will have on the Peer Mentors, and thus should model empathy, non-confrontational interview skills (based on motivational interviewing practices), effective pacing and depth of content delivery, how to give constructive feedback, and how to support hope among the Peer Mentors.

Resources and Background Reading

Downing, S. (2014). *On course: Strategies for creating success in college and in life* (7th ed.). Boston, MA: Wadsworth Cengage Learning.

- A detailed discussion of the Wise Choice Model and learning strategies.

Queen's University, Student Academic Success Services. (2014, June 5). *Leveling up: How to think smart at university* [Video]. Retrieved from <https://www.youtube.com/watch?v=wCX-tKEpev4Y>

- A four-minute video introducing the concept of depth of thinking and how to use it academically.

Queen's University, Student Academic Success Services. (n.d.). *Academics 101: An overview for 1st-year students*. Retrieved from <http://sass.queensu.ca/learningstrategies/wp-content/uploads/sites/2/2013/04/Academics-101.pdf>

- A helpful reference for Mentors. It includes an overview of topics primarily relevant to first-year students. See especially section 1 on New Academic Expectations.

Additionally, review the material in the Mental Health Knowledge training session, including the handout on "Interacting with Students with Mental Health Conditions".



Lesson Plan

Learning Outcomes

The *Academic Expectations* section will provide Peer Mentors with a clear way of explaining what is expected of students and some activities that will help students become more efficient learners.

By the end of this training session, Peer Mentors will be able to:

1. Understand some of the differences in high school academic expectations, compared to those of college or university
2. Explain the concept of depth of thinking, including how it links to course Learning Objectives, as well as how to shift between levels of thinking and how to apply the concept to studying for tests and exams
3. Explain key learning strategies
4. Practice having conversations to develop a language for talking to students about common challenges in meeting academic expectations
5. Experience the emotional impact resulting from different ways of having conversations through role-play activities

Peer Mentor Homework

Prior to participating in this session, Peer Mentors will:

1. Read the handout on Understanding Academic Expectations.
2. Watch the following video on understanding the different levels of thinking required at college or university, called “Leveling Up: How to Think Smart at University” by Queen’s University’s Student Academic Success Services:
<https://www.youtube.com/watch?v=wCXtKEpev4Y>
3. Apply this information to one of their courses. Review a course syllabus and identify the Learning Objectives. What levels of thinking are required, and what study methods would suit this course? What are the advantages of linking the Learning Objectives to study methods?

Curriculum Connections

The focus of this session is on how Peer Mentors can help Mentees have a more successful term, academically and personally.

Learning Strategies topics covered in this session will build upon the mentoring process described in the Wise Choice model and will relate closely to the material and strategies that Peer Mentors are expected to teach and model to their Mentees.

Time

This session will take 75 to 90 minutes.

The breadth and depth of the content will vary depending on practical considerations (e.g. hours available for training time, differences in the Peer Mentors' background knowledge and prior experiences, etc.)

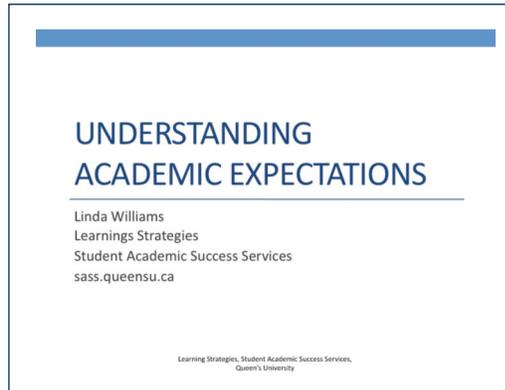
Resources and Space

- A room with a flat floor, movable tables and chairs that is large enough for the Peer Mentors to spread out during group activities
- Data projector
- Speakers
- Laptop
- PowerPoint presentation
- Student Handouts (photocopy one per participant)
 - Role-play Exercise: What Would You Say to Peter? (an outline of the role-play scenario)
 - Role-play Exercise: Levels of Thinking Diagram (a teaching aid for Peer Mentor Players)
 - A course outline with Learning Objectives, specific to your post-secondary institution (not included in this lesson plan, to be selected and provided by Instructor)

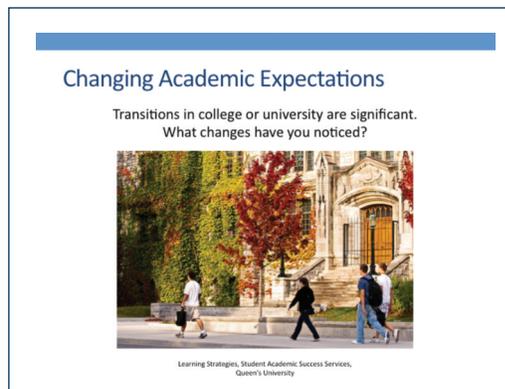


Instructor's Guide

Slide 01



Slide 02



Ask Peer Mentors to think broadly about changes in their social life, living arrangements, finances, academics, school life, and more, since coming to college or university, or since starting upper-year courses compared to first-year courses.

Use a Think, Pair, Share format to stimulate discussion. Give students about 2 minutes to think independently, 3 minutes to talk to a new neighbour about their thoughts, and then bring the class back together and solicit comments for 2-3 minutes.

Slide 03

Video: "Leveling Up"

Many things change when you become a post-secondary student, including how you are expected to think.

[Leveling up: How to think smart at university](#)



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As you've just pointed out, many things change when students first start college or university, and also over the student's school career. Several of these factors can affect how well a Mentee does at school. A common issue is just not knowing what is expected. What should the student focus on learning? What's important? What does the instructor mean when she says to "dig deeper"?

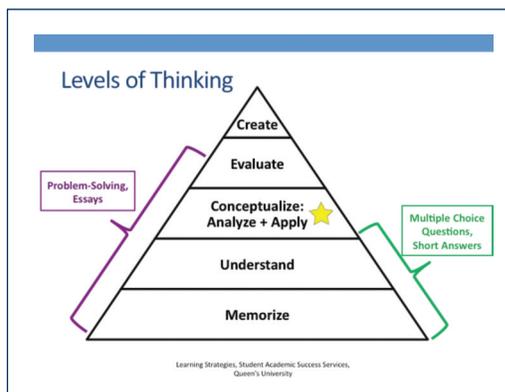
We are going to focus on the academic changes most students experience transitioning to college or university and as they move from first year into upper years.

Trying to figure out what the instructor "wants" is a common concern that either may be raised in mentoring, or that Mentees aren't aware of as an issue and so never ask about. However, it is an important topic for Peer Mentors to discuss with Mentees.

The short video that you watched for homework is a summary of different depths of thinking. The video also addresses how to use this information to learn course material and prepare efficiently for tests and exams. There is a lot of information in the video and it's worth watching again as Mentees run into different learning issues.

Show the YouTube clip, "Leveling Up: How to Think Smart at University" to the entire class (4 minutes).

Slide 04



The idea of levels or depths of thinking is the central idea in the Leveling Up video. Let's think of an example to make this easier to understand:

Imagine that a Mentee named Oliver is studying psychology. Oliver has to learn all the terms in his course on child development so that he can understand the tougher material like the theories.

First, he **memorizes** the definitions, but there are lots, and he forgets some and gets them mixed up.

Oliver then puts the less familiar terms into his own words, checking whether he really **understands** them, or has just memorized them. This is a better learning strategy.

Finally, Oliver **organizes** the terms and main ideas in the course into categories (like by grouping details for each theory together) and uses the categories as a memory cue. This helps him to actually apply his knowledge.

Comparing key terms and definitions across the different theories forces him to think more closely about how to tell one category or theory from the others. This is an example of critical thinking or analysis, and enables people to apply their knowledge in new ways to solve problems. This is the most effective approach to learning.

Some courses or programs have more memorizing than others, but most instructors expect the students to be able to think to solve some problems, based on the facts they have memorized. This Levels of Thinking video will help Mentees know how to do that.

In upper year courses, instructors' expectations increase with respect to how independently, critically, and deeply the Mentee can think to put the basic facts to work. This expectation is reflected in the course Learning Objectives.

Slide 05

Applications of Levels of Thinking Model

1. Clarify Mentee's current focus of activity
2. Link to course Learning Objectives
3. Identify knowledge gaps and refocus activity
4. Prepare for tests, exams

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As Peer Mentors, you can help Mentees understand what is expected of them by looking at the Course Outline and Learning Objectives and relating the verbs or action words in the objectives to typical activities associated with different levels of thinking.

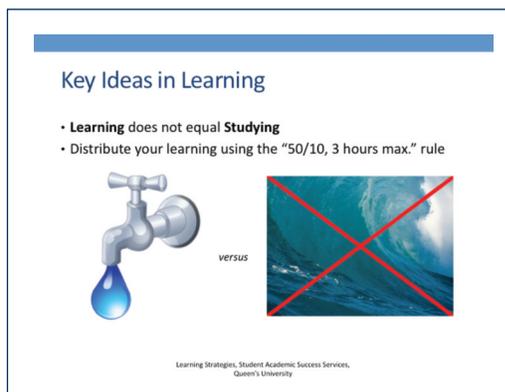
For example, what level of thinking do you think connects to:

- List (memorize)
- Describe (understand)
- Label (memorize)
- Compare (analyze and apply)
- Justify (analyze and apply, or evaluate)
- Explain (understand)
- Solve for X (analyze and apply)

Students can prepare for exams by **practicing the types of activities** the instructor identifies in the Learning Objectives.

It's important for Peer Mentors to tell Mentees, if they haven't discovered already, that multiple choice tests and exams can tap Understanding and Analysis types of thinking, not just memorizing facts. Encourage Peer Mentors to explore this with their Mentees.

Slide 06



Not all Mentees will be experiencing academic difficulties because of their mental health condition, but nearly all students can refine their approach to learning and studying to become more efficient. Students with mental health concerns may be very appreciative of the Peer Mentor explaining key learning strategies, as these strategies can help them compensate for times when academic work is challenging.

Some key ideas in learning and studying are described in the Peer Mentor Manual, under “Work Smarter, Not Harder”.

Briefly:

Learning is about understanding, making connections and associations between new information and material you already know.

Studying is about building your memory for material you know, so you can think accurately and quickly at a deep level. When a Mentee sits down to do homework, encourage them to ask themselves: “Am I trying to understand this, or memorize it?”

Learning happens most efficiently when it is spread over time. Learn by constant drips, rather than a flood!

It is very helpful for students with variable cognitive functioning or energy to distribute their learning over time. If Mentees develop the habit of spreading their reading, homework, and review over several days instead of planning to do it all on one day, they will have a bit of a cushion in case that day isn’t a good day for them. Spreading the learning over time does not mean increasing the number of hours you spend, just being more strategic with your planning.

We advise using the 50/10 rule, meaning you do homework for about 50 minutes with a 10-minute activity break. Working for longer than 3 hours (doing 50/10 blocks, repeated over the 3-hour block) exceeds what most people can do. Encourage Mentees to take a break!

Slide 07

Key Ideas in Learning (continued)

- Focus: rotate the subjects, change locations, use 50/10, use peak learning time, reduce distractions
- Preview → Take notes → Review → Write brief overview:
“What was this class about?”
- Self-test
- Sleep consolidates memory



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Keeping focused and resisting distractions are big challenges for any student, although some students with mental health conditions may be even more challenged because of medication (side-effects or adjustment), poor sleep, or the specifics of their mental health condition (like reduced concentration in students with depression).

Peer Mentors can encourage their Mentee to observe themselves to determine how long they can concentrate, and work within that period or slowly build that time. There are many apps or software programs that can be used as timers, or website blockers to curb social media cravings. Cell phones, social media, and Netflix should be turned off and placed out of sight. Break times can be used to check for messages.

Some habits of effective students are:

- **Preview** material before class. For courses using the “flipped classroom” pedagogical approach, previewing may involve several hours of self-teaching through reading and assignments. For other classes, a quick skim of the course syllabus and PowerPoint slides may be sufficient.
- **Take notes** in class. Even if the notes or slides are provided online, there are always things happening in class that may help the Mentee understand the material better. Taking quick notes to explain the slides or add examples will help the Mentee stay focused and awake.
- **Review** the class notes as soon as possible after class, so the Mentee can fix them up and add details for later studying. Rewriting notes to make them look pretty is usually not a good use of time, but reviewing notes to see if they are clear and comprehensive is a good idea. If the Mentee really wants to rewrite the notes, then encourage them to write a structured summary as described in the

Exam Preparation training session, so that the focus of the activity is on deeper thinking, not on nice formatting or handwriting.

- Encourage the Mentee to **reflect** for a few minutes after every class, and ask themselves: “What was this [lab, lecture, discussion, or placement day] all about? In my own words, how would I summarize what we did or talked about?” This activity helps the Mentee shift into the second level of thinking (Understanding), and will help them remember the class better.

Like all students, Mentees may think they can’t remember things well. Good memory depends on getting information into the brain, but also on being able to retrieve it and get it out again. Working through old exams, old homework, and assignment questions, or making up questions are all excellent **self-testing** strategies. Self-testing helps us “get real” about what we know and what we need to figure out, and is a powerful method to build memory retrieval pathways. Some students with mental health conditions may have specific concerns about their memory, and referring them to your campus learning support services for coaching on memory techniques may be appropriate.

Brains work hard when they are learning and studying. Brains need to be fed **nutritious food and have time to rest** in order to continue to function well. Sleep is also thought to be a significant factor in how memory works; scientists think that when we sleep, our memories are “consolidated” or brought together into a meaningful pattern and shifted into our long-term storage bank. As a student, that’s where information needs to be.

For students with mental health conditions that affect their memory, the importance of getting adequate sleep (7-9 hours on a regular rhythm) is even greater. Some mental health conditions affect sleep, so a referral to a physician or sleep specialist may be appropriate.

Slide 08

Role-play Exercise:
“What Would You Say to Peter?”

Peer Mentor Players:
Explain to Peter how to approach his courses to meet his instructor’s expectations. Explain the concept of levels of thinking in relation to the Learning Objectives.

- What tasks are identified in the Learning Objectives?
- Is Peter thinking deeply enough to meet them?
- How can Peter think more deeply?

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Role-play Exercise: “What Would You Say to Peter?”

Instructions:

This role-play exercise requires students to get into pairs and experience teaching or learning about levels of thinking and a course’s Learning Objectives.

Instruct participants to find a partner. One student will play the Peer Mentor and one student will play the Mentee. Students will not switch roles for this exercise, so the role-play will only be done once.

- Provide each participant with a copy of the following handouts:
 - Role-play Exercise: What Would You Say to Peter? (an outline of the role-play scenario)
 - Role-play Exercise: Levels of Thinking Diagram (a teaching aid for Peer Mentor Players)
 - A course outline with Learning Objectives, specific to your post-secondary institution (not included in this lesson plan)

Read the role-play to the entire group and clarify any questions. Briefly show the next slide and describe the debriefing process that will take place after the role-play exercise. Return to this slide and begin the exercise.

Allow 5 minutes for pairs to role-play this scenario. The instructor keeps time and gives the group a 1 minute warning.

Slide 09

Role-play Exercise: Mentee Debrief

Did your Peer Mentor understand how you are currently approaching your course?

What did you learn about “thinking”?

How did you feel at the end of the role-play?

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5-8 minute debrief, and class discussion

Instructions:

Within the role-play pairs, the Mentee will give feedback to the Peer Mentor, using the guidelines above. The Peer Mentor is in a listening role, and should not defend or explain why they said what they said.

Class discussion:

If you were Peter the Mentee, what was one thing you learned about mentoring in this role-play?

Instructor response to any offerings: “Thank you”, with no further comment.

Optional extended discussion:

If you were a Peer Mentor, how did it feel only to listen to the feedback, without explaining or defending your earlier role-play? What can you learn from this experience of “only listening”, to apply when you interact with future Mentees?

The instructor may anticipate responses such as:

- My partner wouldn’t let me speak. It was very frustrating.
- I felt left out, like my opinion didn’t matter.
- I wanted to explain [a point] better.
- This is boring.
- My partner didn’t understand what I said about ...

Instructor comment on this activity: The point of this reflection is to notice your emotional response to being placed in a passive role, even if the message being delivered is important or helpful to you.

Instructor's Concluding Comments

It takes significant practice to develop language that is clear, direct, and supportive, and allows for the Peer Mentor to obtain meaningful information using a conversational “back-and-forth” style. Pay attention to when something seems to work well and think afterwards how you could make that part of your mentoring toolkit.

Slide 10

Mentee Challenges in Meeting Academic Expectations

1. Unclear about expectations
2. Intentions ≠ Actions
3. Weak academic skills (learning/studying, writing, numeracy, computing)
4. Fluctuating mental health

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Let's talk about some common challenges and think about how the Peer Mentor could ask questions to assess the situation, so the Peer Mentor can understand what is going on for the Mentee.

Review the slide, then introduce the first challenge:

Even if a Peer Mentor has explained the Levels of Thinking to their Mentee and how they connect with the Course Outline and Learning Objectives, a Mentee may still end up feeling dissatisfied about their grades.

Slide 11

Challenge #1
Mentee's efforts don't pay off in grades

Your Mentee says "I worked so hard on this! I just don't get what my instructor wants."

Task:
 What could a Peer Mentor ask to understand more about the Mentee's situation?

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Challenge #1

The focus in this exercise is on practicing gathering information from the Mentee, not on problem-solving. Advise participants to think back to the training sessions on the Wise Choice model and effective communication skills.

Do this activity as a Think, Pair, Share. Allow 2 minutes for students to think independently, 2 minutes total to discuss their ideas with a partner, and 3 minutes for the Instructor to solicit comments from the entire group.

Comment as needed to reinforce the idea in the Wise Choice model that assessment is necessary before solutions or strategies are offered.

In the large group sharing time, reinforce the value of questions that tap both:

- i) The **learning and studying** aspects, including:
 - reference to Learning Objectives, or description of an assignment
 - learning strategies and habits (when, where, how long the Mentee studies)
 - specific activities of previewing, note-making, reviewing frequently, writing overview of class
 - studying that includes the kinds of tasks that are used on a quiz (e.g. practice answering questions, not just re-reading notes)
- ii) The **emotional state** of the Mentee while they are doing homework or studying. Is the Mentee's emotional state interfering with their ability to make the most of their homework or studying time? Are they worried, distracted, discouraged, or having trouble concentrating?

Slide 12

Challenge #1
Peer Mentor Strategies

Sample words:
"What has your instructor told you about her expectations? Did she give a finished example?"

"Let's look at the assignment and learning objectives together, and figure this out."

"I'm not familiar with this particular course. Who else might be able to help?"

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Challenge #1

Show this slide after the Think, Pair, Share activity and the short group discussion are complete. Review these additional examples of words a Peer Mentor could use.

There are many ways of asking questions to understand what is holding the Mentee back, and as Peer Mentors you will develop your own communication style. If you remember to ask open-ended questions, be affirming in your responses, reflect back what you think the Mentee was saying, and summarize the conversation, then you will be using highly effective communication techniques. Remind students of the OARS model discussed in the Wise Choice model training session.

The feeling of "so much work, so little pay-off" is a common issue in first year, as students struggle to incorporate deeper thinking into their learning. In high school, many students earned very high marks for memorizing with basic understanding. Encourage the Peer Mentors to talk about what "average" or "good" grades are compared to "exceptional" grades at their university or college. Offer encouragement that the Mentee can figure this out, and suggest that talking with a TA or instructor may be helpful.

Even high achievers in high school can struggle with university or college until they understand what is expected and develop good learning and study habits. Receiving low grades can be a very shameful experience for high achieving students who excelled at high school. Asking for help may be a totally new experience, and also may be embarrassing or a challenge to the Mentee's self-identity. Praise the Mentee for having the courage to ask for help and the desire to change their habits.

Sometimes an upper-year Mentee takes an elective course outside their main program. For example an Engineering student may take an Economics course, or a General Arts student may take an introductory Physics course. These courses may be very challenging because the Mentee is unfamiliar with the ways of thinking in the new discipline. Reassure the Mentee that they didn't suddenly become 'unintelligent', but that new ways of thinking take a lot of effort.

Other common issues that may affect hard-working students' grades are:

- Students may take a seminar course in the upper university years, and have no experience to draw on related to the new learning environment and expectations.
- Students may never have critiqued or critically analyzed a research paper and may not know what questions to ask their instructor in order to begin.
- Assignments or tests may be briefly explained on the course outline, but more fully described in class. If a student misses that explanation, then encourage the Mentee to speak to the TA or instructor so that they get an accurate description of the assignment.

For Mentees who are shy, socially anxious, or who lack self-confidence, the thought of talking to the instructor may be overwhelming. Peer Mentors need to be attentive to this possibility and problem-solve around it. Role-playing is a valuable teaching tool that Peer Mentors can use to help their Mentee practice what they might say to their Instructor.

Slide 13

Challenge #2
Mentee's Words and Actions Don't Match

Your Mentee says "I want to join a club to make friends, but school takes all my time. I hardly even sleep!"

Task:
What could a Peer Mentor say to help the Mentee understand more about the discrepancy between the Mentee's intentions (goals) and their actions.

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Challenge #2

The focus of this activity is using non-judgemental, minimally threatening statements that encourage the Mentee to disclose.

Do this activity as a Think, Pair, Share. Instruct students to find a new partner. Allow 2 minutes for students to think independently, 2 minutes total to discuss their ideas with a partner, and 3 minutes for the Instructor to solicit comments from the entire group.

Suggestions for Instructor:

In the large group discussion, reinforce suggestions that include:

- Acknowledging the emotions expressed by the Mentee (perhaps frustration, shame, excitement, discouragement, or ambivalence)
- Peer Mentor making an observation of disconnection in Mentee's words and actions, and checking out the accuracy of their impression before proceeding
- Using a methodical problem-solving approach (like the Wise Choice model) before offering suggestions to the Mentee
- Making a clear statement that action X is unlikely to help them reach their goal of Z
- Reference to any assessment tools such as desired goals, Student Wellness Assessment, or the Weekly Schedule and Time Use forms described later in the Self-Management training session.

Slide 14

Challenge #2
Peer Mentor Strategies

Sample Words to **Align Mentee Goals + Actions:**

Are your activities supporting your goals?

What might you do differently?

How important is X to you?

Inner conflict is a typical feeling when we say and do different things. How is this affecting you?

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Challenge #2

Show this slide after the Think, Pair, Share activity and the short group discussion are complete. Review these additional examples of words a Peer Mentor could use.

Slide 15

Challenge #3
Weak Academic Skills

Your Mentee says "Everyone else is getting good grades. I don't know what else I should do."

Task:
How could a Peer Mentor respond when a Mentee says they feel "dumb", never learned how to study, and have no idea what to do?

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Challenge #3

The focus is on using non-judgemental, non-threatening statements that encourage the Mentee to discuss their feelings or current habits.

Do this activity as a Think, Pair, Share. Instruct students to find a new partner. Allow 2 minutes for students to think independently, 2 minutes total to discuss their ideas with a partner, and 3 minutes for the Instructor to solicit comments from the entire group.

Slide 16

Challenge #3
Peer Mentor Strategies

Sample words:
Let's review your Student Wellness Assessment to see your strengths and weaker areas. We could begin there.

What do **you** think is the main issue? Is it how you're going about studying? Is it not having a good background in the basic ideas of the course? Is it something else?

Many students coast through high school or 1st year, and suddenly find they are unprepared for the work now. Can you relate to this? Can you tell me more about your experience?

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Challenge #3

Show this slide after the Think, Pair, Share activity and the short group discussion are complete. Review these additional examples of words a Peer Mentor could use.

Allow 5 minutes for group discussion:

How would you feel as a Mentee if your Peer Mentor said these statements to you?

Instructor's Concluding Comments:

Having weak academic skills is a common issue for bright students, as well as students who have worked hard to learn all through school. When the pace, volume, and complexity of course content increases at college or university, weak academic skills can leave students feeling discouraged and behind in their academic work.

Sometimes students have been out of school for a period of time due to poor health or other reasons and their study skills may be out of practice. Students may lack confidence or feel increased worry or anxiety, which will compound the effects of any academic skill deficit. The good news is that anyone can learn to be a better student. Remind your Mentee of this.

Slide 17

Challenge #4
Mentee's Fluctuating Mental Health

Your Mentee says "My health is pretty unstable. Sometimes I just can't work."

Task:
What might you need to understand about a Mentee who says they can't plan ahead or commit to their school work because every day their health is different?

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Challenge #4

The focus is on using non-judgemental, non-threatening statements that encourage the Mentee to disclose.

Do this activity as a Think, Pair, Share. Instruct students to find a new partner. Allow 2 minutes for students to think independently, 2 minutes total to discuss their ideas with a partner, and 3 minutes for the Instructor to solicit comments from the entire group.

Slide 18

Challenge #4
Peer Mentor Strategies

Sample words:
How much you can do in a day seems to vary. In the past, how have you coped with that unpredictability?

What changes might you consider in managing your health to make school better for you, or visa-versa?

How does all this uncertainty affect you?

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Show this slide after the Think, Pair, Share activity and the short group discussion are complete. Review these additional examples of words a Peer Mentor could use.

Group discussion:

What elements in these statements or questions do you think reinforce the dignity or worthiness of the Mentee?

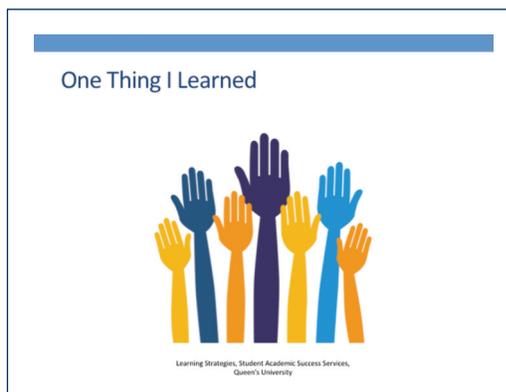
The instructor may anticipate responses such as:

1. Mentee is asked for their opinion
2. Mentee is part of the problem-solving
3. Mentee's opinion about their health is believed
4. The Peer Mentor acknowledges the scope of the effects

Instructor's Concluding Comments:

Some students with mental health conditions have great variability in things like their concentration, memory, speed of thinking, physical energy, and mood. A student with a mental health condition may be registered with the Disability Services office on campus to receive academic accommodations. This is something the Peer Mentor should ask their Mentee about and, if needed, Peer Mentors should connect with the Program Coordinator for more information about registering with the Disability Services Office.

Students with variable health will need to build in a "buffer" of time so that assignments can be completed or accommodations may be used. Some students take reduced course loads and some choose courses that fit their style of working (e.g. online courses). There is no perfect solution, but Peer Mentors might help a student to carefully consider their desired inner experiences, their desired observable outcomes, and their options, and then make a wise choice.

Slide 19

In this session, we have spent time talking about how the academic expectations shift from high school to college or university, and continue to increase over the years.

The Levels of Thinking pyramid is really useful to explain to Mentees, so they can connect levels of thinking in the course objectives and prepare well for tests or assignments.

We also reviewed key learning strategies which you should share with your Mentees, and then you practiced what you might say to a Mentee who had challenges in understanding or meeting the expectations of their instructor.

What is one thing you learned this class?

Suggestions for Instructor:

Ask the question to the whole class, so Peer Mentors can hear from each other.

Say "Thank You" after each offering, without passing any comment or judgment.



Frequently Asked Questions

Question:

My Mentee says they don't know where to find the Learning Objectives for their course.

Answer:

Many students will have received a copy of the Course Syllabus in the first week of the term, but never really looked at it. If your Mentee can't find their paper copy, encourage them to photocopy a friend's or ask their professor for an extra copy.

Some students are not as computer literate as others, and may have trouble accessing information online. Other students (particularly those in first year) may not know how to use your institution's learning management system, or may not realize it exists and includes essential information. Take time to show your Mentee how to access course information online, including the course outline, learning objectives, notes or slides, and information about assignments.

Question:

How can I help my Mentee begin to move away from simply memorizing their course material? That's what they know how to do, and what they feel confident doing.

Answer:

1. Encourage your Mentee to start a cue card personal dictionary of new terms, definitions, or formulas. This usually feels familiar to Mentees who use cue cards to memorize material.

Have the Mentee write the term on one side of the cue card and on the flip side write:

- a. The formal definition from their textbook.
- b. A definition written in their own words. If the Mentee is uncertain as to the accuracy of their interpretation and paraphrasing, encourage them to ask their TA, study group, or professor.
- c. For terms that are difficult to remember, make it more memorable by using the term in a sentence, an example, or a diagram or picture.

Suggest the Mentee practice memorizing and quizzing themselves on the stack of cue cards, sometimes by reading the term and asking how to define the term, and other times reading the definitions and asking themselves to recall the term.

2. Suggest that Mentees write a brief summary (four to seven sentences) of what happened in each class that day, using their own words.

Question:

My Mentee doesn't know how to take notes in class. What can I do to help?

Answer:

As a Peer Mentor, you can help your Mentee with note-taking by:

- Sharing your own ideas about note-taking, reinforcing the idea that there are many methods that work.
- Suggesting that they preview material before class, and then practice taking notes in class and compare them to the notes made by a friend.
- Contacting the Program Coordinator for handouts or resources related to note-taking strategies and formats.
- Referring them to your institution's Learning Strategies service or website.

Question:

My Mentee has multiple choice exams. Is it worth the time making up multiple choice practice questions to study from?

Answer:

No. Encourage your Mentee to make practice questions for self-testing by referring to the Learning Objectives and breaking them down into smaller elements, if possible. Then, your Mentee should form practice questions that focus on the "big picture" ideas that are central to the course, not just details like facts, dates, or terminology. The same approach applies to quantitative problem-solving courses.



Handout: What would you say to Peter?

Role-play Exercise

Peter is a Business student and he isn't enjoying his courses very much. He's surprised at the courses' complexity and the amount of math required. He did well in high school and imagined he would just do what he did before and get good grades as a post-secondary student. After midterm exams, Peter realized he didn't know how to prepare for tests. What was important? How would he know when he was prepared? What kinds of questions was the instructor likely to ask?

You have met with Peter to discuss the peer mentoring program and have established rapport. Peter completed the Student Wellness Assessment with you at your last meeting and you identified academic strengths in several areas along with weaknesses in learning and exam preparation skills.

You have learned that...

- Peter has adjusted well to his new school and residence. His mental health is stable.
- He goes to most of his classes, except the 8:30 ones. He always intends to read on his own for classes that he misses, but he never actually does.
- In high school, he studied by reading over his notes the night before a test. He was great at memorizing and answering test questions that were like the homework questions.
- Some of the questions and material on the midterm exams were unfamiliar to Peter. This discouraged him and has made him wonder if the courses are too hard for him.
- Peter's TA is encouraging and told Peter he contributes well in class and seemed to understand the material. She seemed surprised by Peter's low test results, and suggested he discuss this with his Peer Mentor.

Instructions: This is the second mentoring meeting. Act out a brief role-play where the Peer Mentor helps Peter understand academic expectations and levels of thinking. The Peer Mentor should consider the background information above and the guidelines below. The Mentee should consider the cues below.

The Mentee acts:

- Confident in your abilities generally, but questioning yourself lately
- Defensive or ashamed about your grades
- Unsure why you did poorly on your exams
- Willing to try new ideas

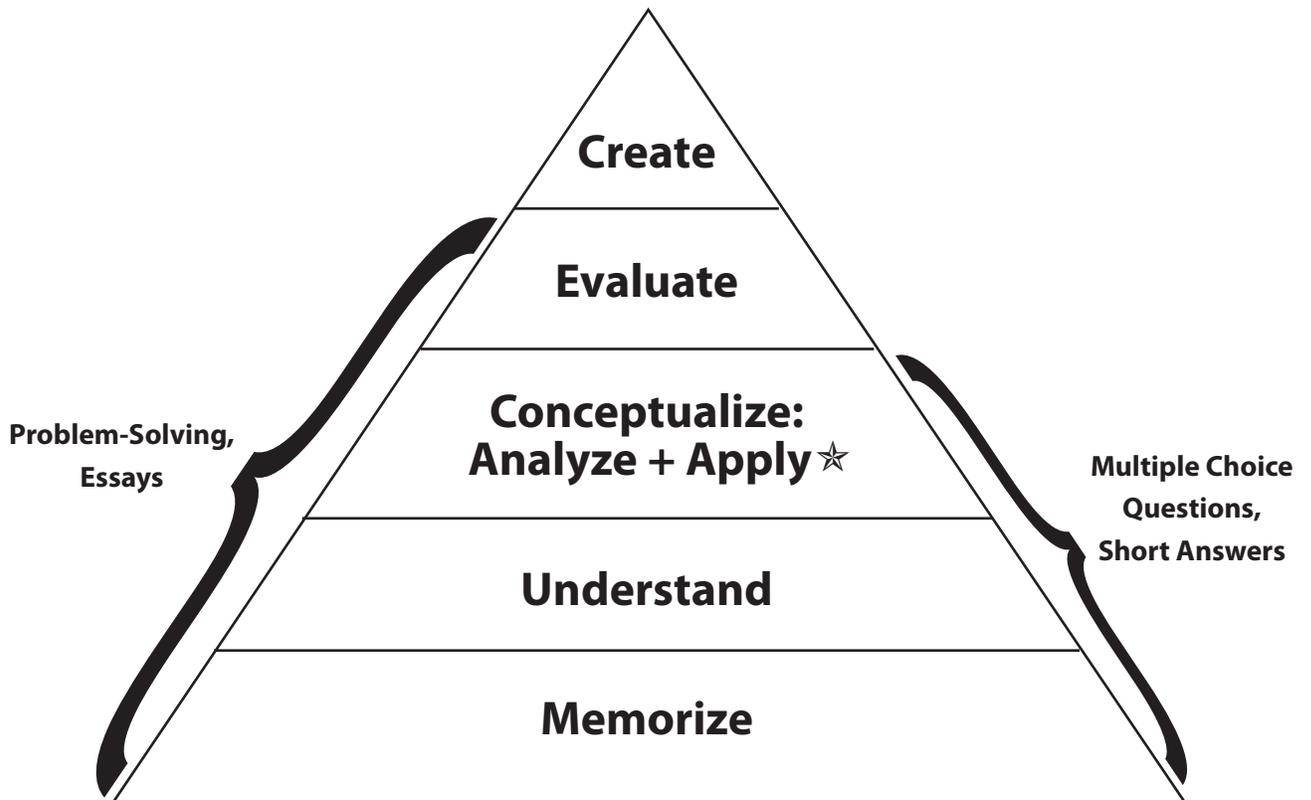
The Peer Mentor:

- Encourages hope, perspective (e.g. it takes time to adjust to a new situation at school)
- Reinforces strengths (make these up)
- Demonstrates positive, clear language
- Introduces the Levels of Thinking model, how to shift between levels, and how ideas can be used to help prepare for exams. Use the pyramid graphic as a teaching aid.



Handout: Levels of Thinking Diagram

Peer Mentor Players may wish to use this diagram of the Levels of Thinking pyramid as a teaching aid during the role-play exercise, "What Would You Say to Peter?"





Peer Mentor Homework

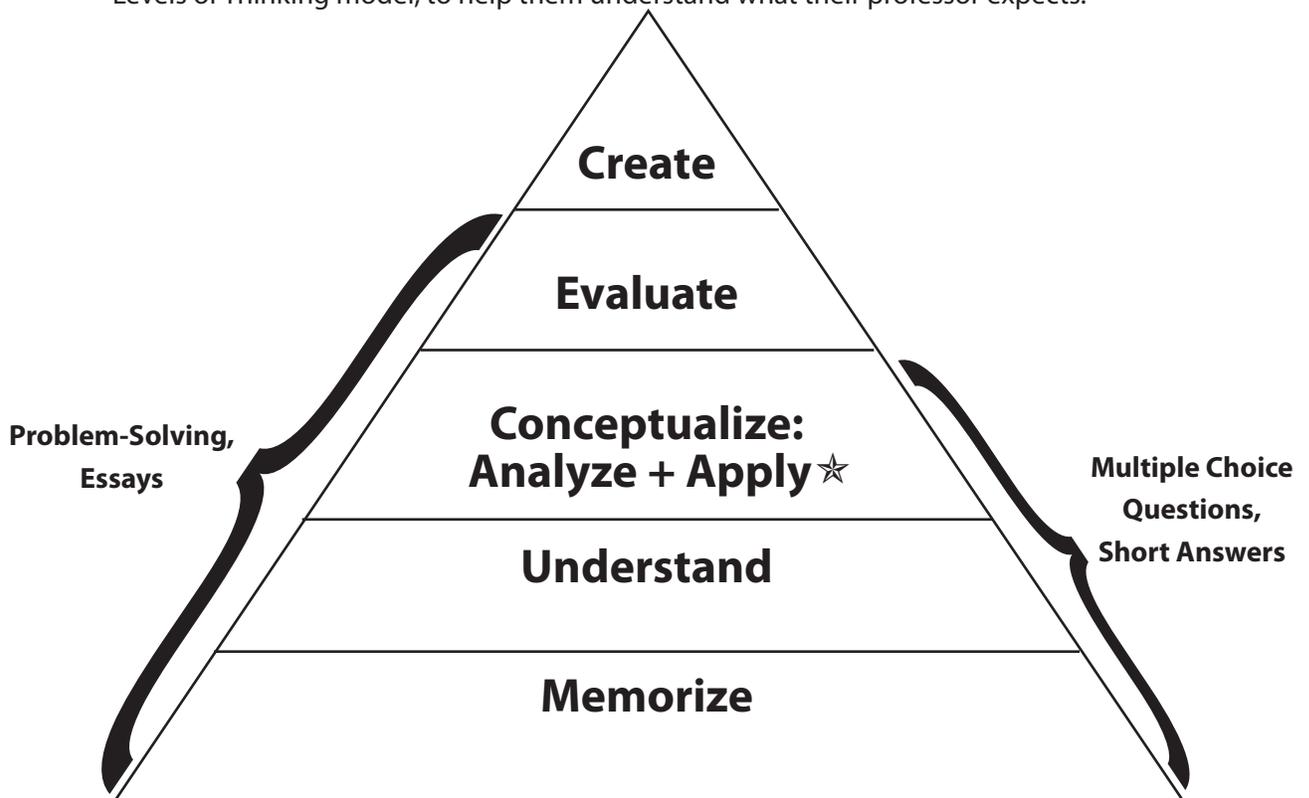
Academic Expectations

Many things change when students first start college or university, and continue to change over their school career. A common issue is **not knowing what is expected**. What should the Mentee focus on? What's important? What does the instructor mean when they say to "dig deeper"?

Understanding levels of thinking can be helpful in identifying and adapting to new academic expectations at college or university and for developing appropriate strategies for learning and studying. Peer Mentors are encouraged to share information with their Mentee about **academic expectations** and **levels of thinking**. Taking time to explain **levels of thinking** will be particularly valuable for students with mental health conditions who may lack confidence in approaching their professors or in their own ability to identify key concepts in a class.

Application to Peer Mentoring

As a Peer Mentor, you can show your Mentee how to use the Course Outline and Learning Objectives as a way to determine the main topics, due dates, and value of each assignment. Connect the Learning Objectives or descriptions of an assignment with the Levels of Thinking model, to help them understand what their professor expects.



Teaching Self-Management

Prepared by:

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Overview

This 90-minute session provides participants with an understanding of the importance of self-management, with an emphasis on key strategies for managing time. Peer Mentors have an opportunity to practice developing the language to teach a basic time management tool, and consider how they may need to adapt their mentoring style and strategies when working with students with mental health issues.

Rationale

Many students with mental health conditions have difficulty adjusting to the need for independence in managing themselves at post-secondary school. Good time management is a major coping strategy to reduce feeling overwhelmed and academically out of control. Self-management is also an essential skill needed to earn good grades and enjoy the many opportunities available at college or university.

The training session is an opportunity for Peer Mentors to experience the supportive coaching they will be expected to replicate with their Mentees, and practice their mentoring skills.

Instructor Profile

This material would be best taught by an Instructor who is familiar with a wide variety of learning strategies and has experience advising or counselling students in learning strategies, as well as knowledge of the effect of various mental health conditions on cognition and student learning.

Teaching Philosophy

Ideally, the Instructor will have a teaching philosophy and style which recognizes the importance of the content, process and the significance of the collateral learning or “invisible curriculum” that students assimilate.

- Instructors will intentionally create the learning environment:
 - Students learn in advance of class by reading assigned material and doing homework (e.g. creating their own Weekly Schedule)
 - Class time is used for learning through discovery: think, feel, do.
 - Learning with and from others is achieved by including small group activities and large group discussions
 - Deliberate practice of mentoring skills allows for skills to develop and new insights to occur (e.g. developing and practicing language a Peer Mentor could use to teach time management tools to a Mentee)
 - Feedback is provided by an experienced Senior Peer Mentor or the Instructor regarding both content and mentoring skills
- Instructors will teach or review content (i.e. concepts, strategies and tools) that Peer Mentors may teach their Mentees:
 - Lecture-based presentations are used primarily to reinforce key ideas or address common problems Peer Mentors may need to deal with, and also in situations where Peer Mentors need time to think and develop a perspective to maximize the benefit of class activities.
 - During training, Peer Mentors gain practice with activities that they could apply in their own sessions to foster knowledge acquisition among Mentees
 - Curriculum on learning strategies focuses on why a concept or strategy may be important to the learning process, and how to apply it, rather than stating the need to fix a particular problem without explaining how to do so
- Instructors will identify and design around the “hidden curriculum” (the desired additional aspects they wish the Peer Mentors to experience) which Peer Mentors may then role model and facilitate in mentoring meetings as collateral learning among Mentees. For example, a peer mentoring program may wish Peer Mentors to recognize which personal characteristics contributed to their successful learning at college or university, such as:

- Accepting personal responsibility
- Developing self-awareness, self-motivation, and self-management skills
- Recognizing that learning requires interdependence and is an ongoing activity

Instructors should recognize the influence they will have on the Peer Mentors, and thus should model empathy, non-confrontational interviewing skills (based on motivational interviewing practices), effective pacing and depth of content delivery, how to give constructive feedback, and how to support hope among the Peer Mentors.

Background Reading

Downing, S. (2014). *On course: Strategies for creating success in college and in life* (7th ed.). Boston: Wadsworth Cengage Learning.

- A detailed discussion of learning strategies and the Wise Choice model.

Queen's University — Student Academic Success Services. (n.d.). *Academics 101: An overview for 1st-year students*. Retrieved from <http://sass.queensu.ca/learningstrategies/wp-content/uploads/sites/2/2013/04/Academics-101.pdf>

- A helpful reference for Peer Mentors to use during mentoring. It includes an overview of topics primarily relevant to first year students.
See especially Section II, New skills, 1) Managing your time and yourself.

Queen's University — Student Academic Success Services. (n.d.). *Learning strategies: Assignment calculator*. Retrieved from <http://sass.queensu.ca/learningstrategies/assignmentcalculator/>

- Additional tool as online alternative to the paper-based Task Analysis, called Assignment Calculator

Queen's University — Student Academic Success Services. (n.d.). *Learning strategies: Improve your time management*. Retrieved from <http://sass.queensu.ca/learningstrategies/topic-time-management/>

- Comprehensive materials on several aspects of time management

Additionally, review the material in the Mental Health Knowledge training session, including the handout on “Interacting with Students with Mental Health Conditions”.



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

1. Teach a Mentee basic time management strategies
2. Adapt time management strategies to a Mentee's individual needs
3. Coach and support Mentees in using practical strategies to improve persistence, self-discipline and focus

Peer Mentor Homework

Prior to participating in this training session, Peer Mentors will:

- Read the chapter on Self-Management, included in this lesson plan and in the Peer Mentor Homework package
- Watch the following video ("Create your weekly schedule"), so that the Instructor can use class time for skill development through interactive exercises. Queen's University — Student Academic Success Services. (2014). *Create your weekly schedule*. [Video]. Retrieved from https://www.youtube.com/watch?v=cncUeq6m_Kw
- Complete their own copies of the Term Calendar, Weekly Schedule, Weekly Time Use chart, and Priority Matrix. Bring completed copies to the training session.

The Peer Mentors should have access to hard-copies of all of the Peer Mentor Homework. Peer Mentors should bring their Peer Mentor Manuals to the training session.

Curriculum Connections

This session focuses on how Peer Mentors can help Mentees have a more successful term both academically and personally.

Learning Strategies topics covered subsequently will relate closely to both the material the Peer Mentors are expected to deliver and on the mentoring process described in the Wise Choice model.

Estimated Time for Presentation

This session will take 90 minutes.

The breadth and depth of the content will vary depending on practical considerations (e.g. hours available for training time, differences in the Peer Mentors' background knowledge and prior experiences).

If the training session must be completed in 75 minutes, then the Instructor could omit the second exercise on adapting a strategy to a Mentee with particular mental health conditions and reduce the Learning Outcomes. While this is not desirable, it is preferable to rushing through all the material.

Resources

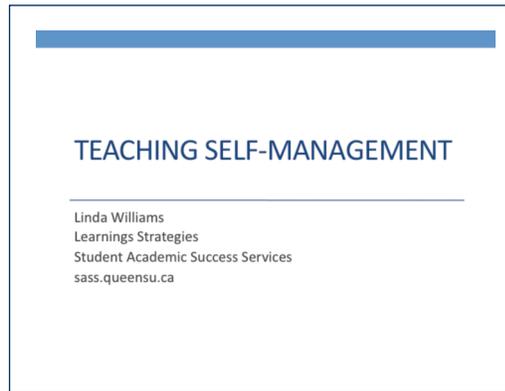
- A room with a flat floor, movable tables and chairs that is large enough for the Peer Mentors to spread out during group activities
- Data projector
- Speakers
- Laptop
- PowerPoint presentation
- Materials for the exercise on Your New Favorite Strategy (slide 7):
 - 5 to 8 Post-it notes per participant
 - 3 pieces of flipchart paper, respectively titled DEPRESSION, ANXIETY, and DISORDERED EATING, mounted on the wall
- Student Handouts (for the Case Exercise)
 - Role-play on Self-Management: Using Time Management Tools – double-sided handout, with activity instructions and Claire’s Story (photocopy 1 per participant)
 - Photocopies of each of the following sets of handouts (1 copy per 3 participants, or 1 per participant if you wish):
 - Blank Term Calendar and Task Analysis handouts, plus “Case Notes on Claire: Term Calendar” handout
 - Blank Weekly Schedule handout, plus “Case Notes on Claire: Weekly Schedule” handout
 - Blank “Covey’s Priority Matrix” handout, plus “Case Notes on Claire: Prioritizing and To Do Lists” handout

Instructors may wish to replace the three “Case Notes on Claire” handouts with comparable material specific to your post-secondary institution.



Instructor Notes

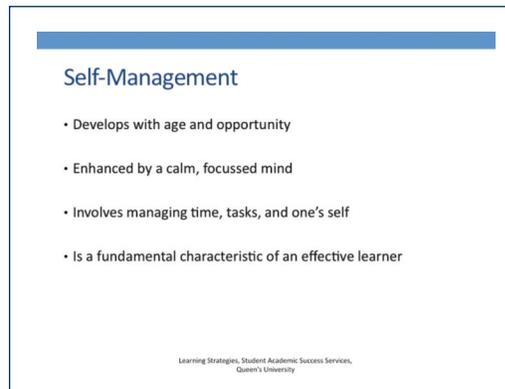
Slide 01



TEACHING SELF-MANAGEMENT

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Slide 02



Self-Management

- Develops with age and opportunity
- Enhanced by a calm, focussed mind
- Involves managing time, tasks, and one's self
- Is a fundamental characteristic of an effective learner

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Self-management is the ability to identify, prioritize, plan, track, and complete or modify the actions needed to achieve a person's academic and life goals. Self-management is the behavioural aspect of self-regulation, which includes the monitoring and regulating of one's emotions and thoughts. We'll focus on practical strategies to enhance self-management.

As we get older, more independent, and life gets more complicated, it often feels like we are trying to juggle a lot of demands. Many students are in the beginning stages of being able to manage themselves away from family support, while others are already comfortable with this. Depending on the nature of the student's mental health condition, self-management may be a significant challenge in their daily life. For example, Mentees who are diagnosed with depression or anxiety, or who have little experience with successful independent action, may find it quite difficult to balance their needs and the demands on their time.

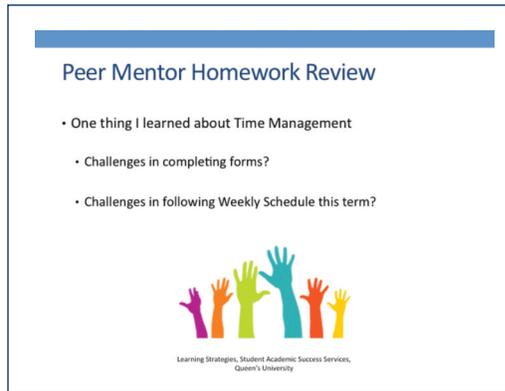
Good self-management involves a collection of practical skills, as well as attitudes such as being sufficiently disciplined to follow a To Do List, or delaying pleasure until the work is finished. Good self-management supports other positive habits of mind such as self-awareness, believing in yourself and self-motivation. The Wise Choice problem-solving model is a helpful framework to use when deciding what to do, when, and the consequences of doing “this” but not “that”.

People **can** learn to manage themselves to get important tasks done in a timely way and to reach their desired goals. Your role as Peer Mentor is to help Mentees discover what works best for them, in what circumstances, and record those strategies in their Success Plan.

Students with mental health conditions that include wide variations in mood, energy or mental abilities may struggle to impose routines and rhythms on themselves.

Alternatively, some students with wide variations in mood, energy or mental abilities may calm themselves by designing a structured pattern to their day that assures them a specific time to do what must be done.

Slide 03



5-7 minutes

Use the **Think, Pair, Share** exercise format to facilitate an opportunity for Peer Mentors to briefly talk to each other about their experiences with the Peer Mentor Homework for this training session. Allow Peer Mentors some time to think independently about their experiences and these questions, then ask Peer Mentors to discuss with a partner. Leave a few minutes for large group discussion to address issues and possible solutions.

Questions to pose to Peer Mentors during **Think, Pair, Share**:

- Did you have any difficulties in completing the Peer Mentor Homework?
- What was difficult in following their Weekly Schedule?

Instructor Concluding Comments:

Identify and summarize the common problems that were raised. Encourage Peer Mentors to keep these challenges and any helpful suggestions in mind during the role-play exercise later in the session.

Slide 04

Basics of Time and Task Management

- 168 hours in a week
- School is a job (40-50 hours/week)
- Do the hardest stuff first



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Managing time and activities is a crucial element in being successful at managing oneself. It can be useful for Peer Mentors to develop an understanding of how their Mentee thinks of time. For example, how long would the Mentee wait for a friend who is late for a planned coffee break? How do they prioritize spending time with family compared to completing a school project? How many hours of reading or studying amount to a good day of work?

Some of the basic ideas to share with Mentees are:

- There are only 168 hours in a week and we all have the same number to work with.
- When a student thinks of school as a full-time job, it helps them to understand the number of school hours expected and how much else they can take on. This is a real issue for students with young families or students with part-time or even full-time jobs, as well as for students with mental health conditions that result in fatigue, low energy, or other symptoms that may limit their ability to study.
- We tend to do the things we enjoy doing or that make us feel smart and on top of the schoolwork. We also tend to avoid those things we don't like or are difficult. If we flip that around and do the hard things early in the week, and early in each day, then we can pick away at the hard stuff and actually get something done on it. The easy things will take care of themselves, because they're fun.

The idea of doing the hard stuff first is particularly difficult if a Mentee has low motivation for any kind of schoolwork or if they think they do their best work very late at night. Peer Mentors need to be flexible in adapting the strategies we discuss in self-management or any other training session so they fit with the specific situation of the Mentee. A very helpful question to ask a Mentee is: "Is what you are doing working for you?" If they aren't satisfied with either their experience or their outcomes, then the Peer Mentor can gently encourage them to try new approaches.

Slide 05

Basics of Time and Task Management
(continued)

- Reward yourself **after** working
- Build in downtime **and** flexible time
- Sleep is **not** an optional activity. Rest increases “calm focus” and mental efficiency

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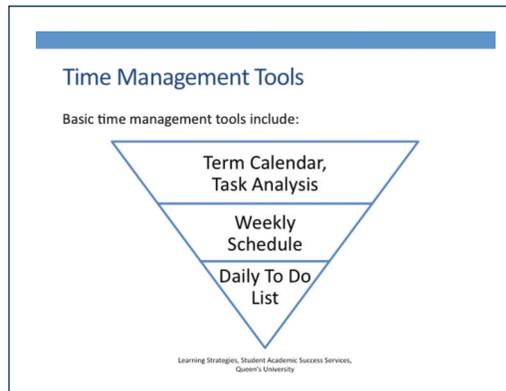
People generally have to learn to persist and to delay gratification or reward. Encourage your Mentee to earn their pleasure, and then enjoy it guilt-free!

Personal relaxation time is how we refresh and re-create ourselves; we are not machines. Even 30 minutes a day of unstructured time can be enough to remind us that there is life beyond school, and that there are things we enjoy that connect us to our deepest selves.

As with any other student, Mentees with mental health conditions have the added need to build in “flexible” time so that if they are unable to do what they intended on one day there is the possibility of shifting that activity to another day and staying on track.

We talked in an earlier training session (see: Academic Expectations or Health and Wellness, depending on scheduling of training) about the importance of sleep in supporting good learning and memory. It’s worth repeating. Being well rested also enhances our ability to regulate our emotions.

Slide 06



There are many tools or systems available to help people own their time and tasks, and it feels like more apps are created every day.

Refer to the chapter on Self-Management in the Peer Mentor Homework package for examples of these basic tools.

Peer Mentors are encouraged to teach these tools because the details are well worked out, but later the Mentee may choose to use their Google calendar, iCal, or another system that works for them.

Students think about three aspects of managing time, ranging from the big picture to daily tasks:

1. Term Calendar or Task Analysis: **When** in the term are tests, assignments, or other “deliverables” due? Can large projects be broken into smaller, more manageable steps?
2. Weekly Schedule: **How** can I focus on school and still do other things?
3. Daily To Do List: **What** will I do today?

Slide 07

Exercise: Your Favorite New Time/Task Management Strategy

Individually:

- Identify specific strategy
- How might this help a Mentee with
 - > Depression?
 - > Anxiety?
 - > Disordered eating?

Refer to the handout "Interacting with Students with Mental Health Conditions" from the Mental Health Education training session for ideas about specific challenges and ways to adapt your mentoring approach.

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15 minutes

The goal of this exercise is to help Peer Mentors develop an “experimental” perspective and to gain confidence in adapting standard learning strategies to fit the needs of Mentees with mental health conditions.

Instructor Comments:

You have all developed a few favorite strategies that work for you to manage your time and tasks. Think about a new strategy you have read about or recently used, and how this could be used by someone with a specific mental health condition.

Activity Instructions

Part 1: 5 minutes

Work individually. Think of one time management strategy that is new to you. How could it be used to assist a Mentee who has depression, anxiety, or disordered eating? Use one Post-It note for each idea you come up with. Identify the strategy then write how that strategy could be helpful. You should aim to write at least three Post-It notes, one for each category of mental health condition shown on the slide.

Feel free to refer to the handout on Interacting with Students with Mental Health Conditions (see Mental Health Education lesson plan; this handout is part of the Peer Mentor Homework for the Mental Health Education session and should be included in the Peer Mentor Manual) for information on the effects of different conditions on a person’s cognitive or emotional state.

Post your ideas on the flip charts, according to the three disorders (depression, anxiety, disordered eating).

Part 2: 10 minutes

In the large group, read aloud the ideas on the flip chart, trying to group together related strategies together. Discuss suggestions as time allows.

There may be strategies suggested that are not particularly appropriate or not of optimal value to a Mentee experiencing a specific mental health condition. Instructors are encouraged to demonstrate “tweaking” and re-shaping suggestions so that Peer Mentors can observe the importance of trying to fit strategies to the needs of the Mentee.

Instructor Concluding Comments:

There are a wide range of approaches that could be used to support Mentees experiencing common mental health conditions. Both the Peer Mentor and the Mentee need to adopt an “experimental” or exploratory attitude to discover what strategies are helpful for each unique Mentee.

The Success Plan (discussed in the Wise Choice model training session) is very valuable as a way of recording what the Mentee found actually helped them.

Slide 08

Case Exercise:

How would you teach a particular Time Management tool to a student experiencing depression?

- Purpose
- Advantages and limitations
- Circumstances/when to use
- Example of how to “do” it

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25 minutes, followed by a 5 minute debrief (see following slide). If more time is available for this exercise, it will feel less rushed.

Purpose:

This exercise allows Peer Mentors to:

- Become very familiar with one time management tool, focussing on the purpose, method, advantages, and limitations of the tool, and in what circumstances it might be used
- Consider how they would teach that tool to a student with depression (or Instructors could select another mental health condition if they wished)
- Practice adapting their mentoring approach to teach the tool to a Mentee with depression
- Learn how another Peer Mentor would teach the other two time management tools

Activity Instructions

This exercise is divided into two parts, using a Jigsaw format where groups are formed and then reformed. The first part will help you become very familiar with one time management tool. In a small group, you will discuss how you might teach that tool to someone with depression. The second part will give you a chance to practice explaining the tool, and also to observe how to teach the other two main time management tools. This will be done using a role-play and everyone will have a chance to experience each role.

Activity Instructions

1. Divide students into groups of three.
2. Distribute one time management tool to each group of three. Each group will receive either:
 - a. Term Calendar and Task Analysis, or
 - b. Weekly Schedule, or
 - c. Covey's Priority Matrix template and the To Do list handout
3. Distribute one copy of the role-play handout to each participant (Role-play on Self-Management: Using Time Management Tools).

4. Part 1 (10 minutes)

Task: In your group of three, discuss how you would teach the assigned strategy to a student with depression. Practice explaining the purpose of the tool and how to use it, along with any advantages or limitations, and in what circumstances it might be used.

Refer to the materials in the Peer Mentor Manual on Interacting with Students with Mental Health Conditions, and make whatever notes you need to be able to teach others during a role-play, in Part 2 of the exercise.

5. Part 2 (5 minutes x 3 tools = 15 minutes total)

Re-compose the groups so each new group has one person from Tool 1, 2, and 3 ("Jigsaw" format). As teaching aids during the role-play, give participants blank copies of the time management tools.

Task: The "expert" on each tool teaches another group member how to use their time management tool, in role-play format. The "expert" acts as a Peer Mentor and one group member acts as a "Mentee". The third group member observes. The group member who is acting as the Mentee should observe their own experience (e.g. the vulnerability of a Mentee's role) and the mentoring approach of the "expert" (what works and what doesn't work?).

Rotate roles after 5 minutes so that each group member or "expert" has the opportunity to teach, act as a Mentee, and observe.

Slide 09

Case Exercise Debrief: Small Groups

What worked well, as each Mentor taught the Mentee?

What could be improved upon?
(e.g. communication style, what information was shared)

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5 minutes

Before beginning the small group debrief, reassure the Peer Mentors that it could take anywhere from 20 – 45 minutes to teach a Mentee about each of these tools in a real mentoring session.

Ask each small group to debrief the exercise and to discuss the questions on the slide.

Slide 10

Case Exercise Debrief: Large Group

Mentors:
In what ways did you change your style or method of interaction to accommodate the Mentee with depression?

Mentees:
What made you feel supported and affirmed?

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5 - 7 minutes

Ask those who role-played as Peer Mentors and Mentees to offer specific examples of positive or negative interactions, rather than offering general comments.

Slide 11



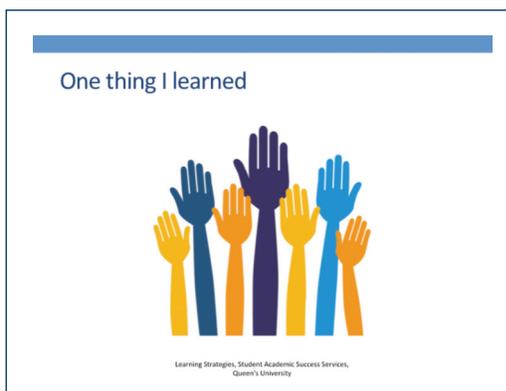
Today we focussed on addressing a key aspect of the hidden curriculum or habits of mind of successful students: the ability to manage one's time, tasks, and oneself. This topic underscores the idea that students are successful because of what they **know** along with what they **do**.

We reviewed:

- Challenges you encountered when designing your own Term Calendar or Weekly Schedule
- Key ideas in time management
- Fundamental time management tools
- How basic strategies and teaching methods can be adapted to meet the needs of students with mental health conditions
- How to teach core time management tools

Who has the first question?

Slide 12



Ask this question of the large group, to emphasize the value of self-reflection and interdependence in learning.

Respond with positive body language and say “Thank you”, with no further comments.



Handout: Role-play on Self-Management

Using Time Management Tools

Activity Instructions:

You will be assigned one time management tool to work with. In your small group, you will be the “expert” on this time management tool.

Part 1 (10 minutes)

Use Claire’s story and the handouts provided by the Instructor related to your time management tool. In your small group, discuss how you would interact with Claire and how you would teach her about the time management tool. What is the purpose of the tool? What are the advantages and limitations of the tool? In what circumstances should the tool be used? How do you actually create, do, or use the tool?

Refer to the handout on Interacting with Students with Mental Health Conditions (from the Mental Health Education training session) for ideas on how to adapt your mentoring approach when working with a student who has depression.

Make whatever notes you need to be able to teach your “Mentee” how to use this time management tool during the role-play activity in Part 2 of the exercise.

Part 2 (15 minute activity + 5 minute debrief = 20 minutes)

The entire class will reorganize into new small groups of three, so that each group has one person who is the “expert” for each time management tool. Role-play with another group member acting as your Mentee, Claire. Practice teaching Claire about your time management tool, as the other group member learns from you by observing.

When the Instructor calls time, you will rotate roles. Each group member will have the chance to act as the Peer Mentor, Claire (Mentee), and Observer.



Handout: Claire's Story

Claire has returned to her 3rd year at school after a demoralizing 2nd year. Near the end of the fall semester last year, Claire developed and was diagnosed with depression. She lost confidence in her academic skills and in herself. After a summer at home, Claire returned to school feeling better. She hoped to do well in her courses (B+ average), join a club, make new friends, exercise four days a week, and maintain good mental health.

By week 3 of term, Claire became afraid that her mood was slipping. She wondered if she would be able to make up for her poor academic performance in 2nd year, and became worried that maybe she was beginning to have a reoccurrence of depression. Now she doesn't trust her memory to keep track of all her assignments and feels overwhelmed with the workload. She doesn't know where to begin with her schoolwork. She missed a class this week just to take some pressure off. She is grateful for the meetings with her Peer Mentor.

It is now Oct. 28. This is your third mentoring session, and good rapport has been established. Claire is hoping her Peer Mentor can help her get back on track so she can feel better, improve her grades and enjoy school more. Last week, you both decided to use today's session to explore strategies to improve her time management.

Instructions for Claire (Mentee)

- Mimic signs of low mood or depression, for example:
 - Low morale, lacking hope ("I'm scared it's going to be the same as last year.")
 - Low self-confidence ("I don't know if I can do it.")
 - Body language (slouched posture, downcast gaze)
- Be cooperative with your Peer Mentor, but somewhat withdrawn and slow to respond.

Term Calendar

General principles:

- Do the hard stuff first.
- Consider school your job (work 9-5).
- Reward yourself after a good day's work!

MONTH: _____

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

How to design your term calendar

- Use a full-page calendar for each month of the term
- Enter information about assignments, tests, exams and labs including
- Dates (due date, start date for studying or research) and
- % of final grade
- Colour code by course, if helpful
- Use this to help construct your weekly “to do” list
- If you have large assignments (essays, research papers), enter the start date as well as due date. Go to www.queensu.ca/qlc and find the Assignment Calculator (in the top menu bar of the Queen’s Learning Commons home page) to help break large projects into smaller tasks with individual due dates
- Students who are writing a thesis can use the Thesis Manager at www.queensu.ca/qlc found on the left hand side of the Learning Commons home page

How to design your To Do list

- How big a list? Do what works: daily list, 2-day list, weekly list ...
- Prioritize by: what is hardest (do “something” to chip away at it), due next, is graded, is fundamental, is fun ...
- Refer to Term Calendar and include items from To Do List
- If To Do lists make you feel overwhelmed or guilty when you are unable to complete everything, try writing a Daily Accomplishments list at the end of each day

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Handout: Case Notes (Term Calendar)

Today is October 28th. Ideally, Claire would have completed her Term Calendar at the beginning of the semester. Help Claire create a calendar for the remainder of the term using the following information.

Claire has the following assignments due before exams. She doesn't start her essays until a few days before the due date, and hates the rush to get it in on time.

301: Midterm on Nov. 15 worth 15%. Translation due Nov. 30 worth 20%.

302: Bi-weekly quizzes on Tuesdays (Nov. 12, 26) worth 3% each. Essay due Nov. 23 worth 35%.

303: Book review due Nov. 21 worth 15%. Essay due Nov. 28 worth 30%.

304: Translations due every Wednesday worth 5% each. Presentation Nov. 28 worth 35%.

305: Slide test Nov. 22 worth 20%.

Weekly Schedule Template

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| 8:30 – 9:30 | | | | | | | |
| 9:30 – 10:30 | | | | | | | |
| 10:30 – 11:30 | | | | | | | |
| 11:30 – 12:30 | | | | | | | |
| 12:30 – 1:30 | | | | | | | |
| 1:30 – 2:30 | | | | | | | |
| 2:30 – 3:30 | | | | | | | |
| 3:30 – 4:30 | | | | | | | |
| 4:30 – 5:30 | | | | | | | |
| 5:30 – 6:30 | | | | | | | |
| 6:30 – 7:30 | | | | | | | |
| 7:30 – 8:30 | | | | | | | |
| 8:30 – 9:30 | | | | | | | |
| 9:30 – 10:30 | | | | | | | |
| 10:30 – 11:30 | | | | | | | |
| 11:30 – 12:30 | | | | | | | |
| 12:30 – 1:30 | | | | | | | |

Instructions:

Write in fixed commitments (classes, work) then healthy habits (eat, sleep, physical activity). Estimate number of weekly homework hours needed, and outline your best learning times (1 – 3 hour blocks). Adjust as often as needed, so that this schedule works!

Visit sass.queensu.ca/learningstrategies/weeklyscheduled/ for additional copies of the weekly schedule.

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How to Create Your Weekly Schedule

Step 1: Fixed Commitments: Enter all your fixed commitments into the schedule –when you need to be in a certain place at a certain time. This can include classes, team practices, club meetings, your work schedule, family dinner, and other appointments.

Step 2: Health Habits: Next, enter your health habits into the schedule – when are you going to eat, sleep, and be physically active? Be realistic: you may take a shorter lunch, but need an hour at dinner to walk to the cafeteria, eat, chat, drink tea, and walk home. Also, block off 7-9 hours each night for sleep – getting enough sleep allows you to be a functioning, efficient student!

Step 3: Estimate Hours of Homework: Estimate how many hours of homework you'll need to stay on top of your courses and meet your goals. Write down all the things you need to do on a weekly basis for each of your courses. On average, for most courses, for every 1 hour you spend in class, you should be spending a minimum of 1 hour outside of class doing homework. This means that if you have 15 hours of class each week, expect to spend a minimum of 15 hours a week doing homework; labs and other assignments will take additional hours depending on the extent of the write-up. School is a full-time job!

Step 4: Assign Homework to Blocks of Time: Input these hours of homework into your weekly schedule. Look for blocks of time (1, 2, or 3 hours) that are open in your schedule: these may be your homework times. Using a coloured marker, outline the blocks during which you can commit to doing homework, aiming for the hours you estimated in Step 3. Be specific: assign a specific task for a specific course to a certain block. For example, 'on Tuesdays from 9-11 am, I do my weekly readings for Psyc 100'.

Step 5: The rest of the schedule:

The schedule is flexible, so add in whatever elements you want:

- Add time on Sunday night to look ahead at the upcoming week and make a new to do list and weekly schedule
- Some people like to identify more hours for study than they need, to give themselves flexibility to choose when they study. Others build in a 2-3 hour 'reserve bank' of time that is only used if they don't do homework during a scheduled time and need to 'pay themselves back' for the missed time.
- Schedule other life activities: grocery shopping, laundry, hanging with friends, calling home.

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Handout: Case Notes (Weekly Schedule)

Help Claire create a weekly schedule using the following information. Claire is taking the following courses:

301: Monday 9:30-10:30; Tuesday 10:30-11:30 (tutorial); Tuesday 12:30-1:30; Friday 2:30-3:30

302: Tuesday 1:30-2:30; Wednesday 2:30-4:30 (lab), Thursday 11:30-12:30; Friday 12:30-1:30

303: Monday 10:30-11:30, Wednesday 8:30-11:30 (lab every other week). This course requires 6-8 hours per week of online reading and assignments to prepare for the lecture and lab and to complete the brief lab write-up.

304: Monday 1:30-2:30; Wednesday 12:30-1:30; Thursday 8:30-10:30 (lab every other week, opposite 303's lab); Friday 9:30-10:30

305: Tuesday 3:30-4:30; Thursday 2:30-3:30 tutorial. This course requires approximately 8 hours per week for readings and assignments to prepare for the lecture and tutorial.

Other commitments include:

- Dance club Tuesday evenings, 7-9
- Workout with Sam on Monday, Wednesday, Thursday, and Sunday for 1 hour
- Scheduled personal time each night from 10-11
- Going home once a month (Friday afternoon until Sunday night)



Handout: Covey's Priority Matrix

| | Urgent | Not Urgent |
|----------------------|---------------|-------------------|
| Important | | |
| Not Important | | |

Covey, S. R. (2004). *The 7 habits of highly effective people: Restoring the character ethic*. New York: Free Press.



Handout: Case Notes (Prioritizing & To Do Lists)

Making To Do Lists requires subjective judgment, and there is no single “right” answer to establish or record priorities. In this role-play exercise, use the information below to create a possible set of priorities and items to be done. You may use the Covey Priority Matrix as needed, and **create a To Do List covering the next two weeks [Oct. 28 to Nov. 11]** in a suitable format. You can refer to the chapter on Self-Management included in the Peer Mentor Homework package [Self-Management, Section 1 Managing Time, To Do Lists] for sample formats, including:

- Make a list for each day with space to check off completed items
- Use an Excel spreadsheet and include relevant items like: Today’s Date, Course, Task or Assignment, % value or weight, Due Date, Status/Done?, Comments
- Use the Mentee’s day planner, smartphone, or calendar system.
- Use another method of your choice with your Mentee

Based on Claire’s Story, she includes these intentions:

1. She hoped to do well in her courses [B+ average], join a club, make new friends, work out four days a week, and maintain good mental health.
2. She has the following assignments or homework for her classes:
 - 301:** Midterm on November 15 worth 15%. Translation due November 30 worth 20%. Homework 3 hours a week.
 - 302:** Biweekly quizzes on Tuesdays [November 12, 26] worth 3% each. Essay due November 23 worth 35%. Regular class readings every week (1.5 hours)
 - 303:** Mid-term on November 21 worth 15%. Essay due November 28 worth 30%. Readings 4 hours a week.
 - 304:** Translations due every Wednesday [Oct. 28, Nov. 4, 11, 18, 25], worth 5% each. Presentation November 21 worth 35%. Homework 5 hours a week
 - 305:** Slide test November 15 worth 20%. Pre-lab work every week (2 hours)

3. Her extracurricular activities include:

- Dance club Tuesday evenings, 7 - 9 PM
- Go to the gym with Sam on Monday, Wednesday, Thursday and Sunday for 1 hour (budget some extra time for travel and showering)
- Scheduled personal time each night from 10 - 11 PM
- Go home once a month from Friday afternoon until Sunday night

4. Other things Claire needs to do:

- She has no clean clothes right now
- Deb's birthday is November 7
- Dance Show is November 26
- Halloween party



Frequently Asked Questions

Question:

My Mentee says they hate having to stick to a schedule. What should I say?

Answer:

Ask your Mentee, “Is what you are doing working for you?” If they have a system that works and enables them to meet their goals, then great! If not, suggest they try something on a trial basis and see how it goes.

Start small. A Term Calendar is an excellent organizational tool. Next, link the Term Calendar with a To Do List. This combination is sufficient for some students.

Sometimes a Weekly Schedule looks overwhelming if it includes all classes, homework times, health habits (eating, sleeping, exercise, relaxation), and extracurricular activities. Suggest a combination of words or labels for classes and extra-curricular activities and then colour code other major categories of activity. Alternatively, your Mentee could create a Weekly Schedule that only includes what they consider most important to develop into a regular routine. These adaptations can make the Weekly Schedule less visually overwhelming.

Build in a Reserve Bank of time not usually spent studying in case the Mentee wants to shift scheduled study time around. Flexibility in a schedule makes it feel less oppressive or rigid. For example, let’s say Tuesday evening is a regular study time, but your Mentee is invited to a concert. That’s great; encourage them to go. However, they should then “make up” their lost study time. Schedule Reserve Bank time that is only used if needed, perhaps on the weekend, as backup time.

Question:

My Mentee’s mental health condition makes it is very hard for them to commit to completing a task or a sticking to a schedule. What can I suggest?

Answer:

Review your Mentee’s goals. Are they capable — **at this time** — of meeting the demands of being a student? Are they enrolled in too many courses to succeed in any? If you’re in doubt, discuss this with the Program Coordinator or refer your Mentee to a Counsellor or Academic Advisor.

Peer Mentors can use the following strategies to aid a Mentee in this situation:

- Try to understand how the Mentee spends their time over the course of a day and week. Ask your Mentee to complete a Weekly Time Use chart and review it together to see if you can gather useful information about your Mentee's habits or patterns.
- Encourage them to make a Term Calendar and then track their accomplishments. This helps students focus on their achievements.
- Ask the Mentee if they have discussed academic accommodations with the accessibility service on campus, and suggest they do so promptly.
- Consider using some of your mentoring time to do homework together. Sometimes students have trouble getting started, and experiencing a small success in the context of a supportive mentoring environment may help with their motivation and confidence.
- When mentoring, keep coming back to the question: "What is most important to focus on **right now**?" Finish your mentoring session with the same question, along with encouragement that small steps add up.



Peer Mentor Homework

Mastering Self-Management

Prepared by:

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Learning Outcomes

In this chapter, Peer Mentors will learn about specific tools students may use to increase their awareness of time, how to become organized, and how to manage distractions. Peer Mentors are expected to read this chapter before participating in the Self-Management training session.

After reading this chapter and participating in the Self-Management training session, participants will be able to:

1. Teach a Mentee basic time management strategies
2. Adapt time management strategies to a Mentee's individual needs
3. Coach and support Mentees in using practical strategies to improve persistence, self-discipline, and focus

Introduction to Self-Management

Without effective self-management skills, many bright and academically capable students simply fail to do what is required to successfully complete their post-secondary studies, or they work far below their potential. Students with mental health problems, who may experience changes in their cognitive abilities, inconsistent levels of energy, periods of incapacitating emotional distress, or other related symptoms, experience added challenges to organizing their time, their tasks, and themselves.

Self-management is:

- The ability to identify, prioritize, plan, track, and complete the actions needed to achieve a person's academic and life goals.
- Supported by one's ability to stay calmly focussed and alert, which often involves self-control.

Why might self-management be difficult for some Mentees?

- Some mental health problems may affect one's ability to plan, initiate, persist and monitor one's actions
- Some mental health problems may affect one's emotional state resulting in sub-optimal conditions for learning
- Some students with mental health problems have lost confidence in their ability to be successful in school or in life
- Lack of experience in managing time or one's self
- Lack of immediate consequences for poor self-management
- Inability to delay gratification

What are some examples of poor self-management in students?

Any student can occasionally drop the ball and fall short of expectations. Typically, students will learn from their mistakes and take corrective action. Some students, however, have consistent unhelpful habits that suggest they have not yet learned how to identify, prioritize, plan, track, and complete the actions required of them. Students may also have mental health-related challenges that need to be considered in mastering self-management. For example, students may:

- Take on too many commitments and not have enough time for schoolwork
- Chronically hand in assignments late
- Depend on last minute cramming
- Feel constantly overwhelmed
- Not know what is due and when
- Show general disorganization
- Lose important materials
- Have trouble starting and finishing projects
- Avoid schoolwork as a way of coping with stress and shame
- Not recognize patterns in their behaviour related to fluctuating mental health
- Not use available resources to accommodate barriers due to mental health problems

The time Peer Mentors spend with Mentees to help them develop better self-management skills will be extremely useful to them in during their post-secondary studies and beyond.

How can Peer Mentors help Mentees to better manage their academics?

Section 1: Managing Time

Principles of Time Management

- Everyone has the same number of hours in a week: 168.
- Treat school like a job: estimate roughly 40 to 55 hours per week for full-time classes and homework.
- Do the work before play or relaxation.
- Start the week, and each day, with the hardest tasks. For students who struggle to get out of bed, plan a time-limited enjoyable activity early in the day.
- Earn the reward and enjoy it after the day's work is done.
- Seek balance across the domains of health: physical, intellectual, social, emotional, and spiritual.

Time Management Tools

The goal is to get stuff out of your mind and into a system. Practice using the following tools so you can be an effective model as a Peer Mentor:

1. Weekly Time Use
2. Term Calendar
3. Weekly Schedule and To Do List

Weekly Time Use

Total Time Available = 168 hours per week

| Activity | Number of Hours/Day | Number of Hours/Week |
|---|---------------------|----------------------|
| Sleep | | |
| Meals: cooking and eating | | |
| Personal Hygiene | | |
| Travel (to/from campus; going 'home' on weekends) | | |
| Going to classes | | |
| Study time | | |
| Personal Communication: Facebook, Social Media, Email, Phone | | |
| Socializing with friends | | |
| Job | | |
| Volunteer work | | |
| Extra-curricular activities | | |
| Watching TV, movies | | |
| Exercise | | |
| Errands (e.g. laundry, groceries) | | |
| Other: | | |
| TOTAL TIME USED | | |

Instructions:

1. Monitor: Estimate how much time you spend on all your weekly activities out of a maximum of 168 hours/week.
2. Analyze: Are you satisfied with the amount of time spent on each activity both daily and weekly? Which are you spending too much or too little time on?
3. Revising: What do I want to change? Continue doing?

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Learning Strategies, Student Academic Success Services, Queen's University, Kingston, ON, K7L 5C4
Website: sass.queensu.ca/learningstrategies/ Email: learning.strategies@queensu.ca

Term Calendar

General principles:

- Do the hard stuff first.
- Consider school your job (work 9-5).
- Reward yourself after a good day's work!

MONTH: _____

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

How to design your term calendar

- Use a full-page calendar for each month of the term
- Enter information about assignments, tests, exams, and labs including:
 - Dates (due date, start date for studying or research) and
 - % of final grade
 - Colour code by course, if helpful
- Use this to help construct your weekly “to do” list
- If you have large assignments (essays, research papers), enter the start date as well as due date. Go to www.queensu.ca/qlc and find the Assignment Calculator (in the top menu bar of the Queen’s Learning Commons home page) to help break large projects into smaller tasks with individual due dates
- Students who are writing a thesis can use the Thesis Manager at www.queensu.ca/qlc found on the left hand side of the Learning Commons home page

How to design your To Do list

- How big a list? Do what works: daily list, 2-day list, weekly list ...
- Prioritize by: what is hardest (do “something” to chip away at it), due next, is graded, is fundamental, is fun ...
- Refer to Term Calendar and include items from To Do List
- If to do lists make you feel overwhelmed or guilty when you are unable to complete everything, try writing a Daily Accomplishments list at the end of each day

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Weekly Schedule Template

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| 8:30 – 9:30 | | | | | | | |
| 9:30 – 10:30 | | | | | | | |
| 10:30 – 11:30 | | | | | | | |
| 11:30 – 12:30 | | | | | | | |
| 12:30 – 1:30 | | | | | | | |
| 1:30 – 2:30 | | | | | | | |
| 2:30 – 3:30 | | | | | | | |
| 3:30 – 4:30 | | | | | | | |
| 4:30 – 5:30 | | | | | | | |
| 5:30 – 6:30 | | | | | | | |
| 6:30 – 7:30 | | | | | | | |
| 7:30 – 8:30 | | | | | | | |
| 8:30 – 9:30 | | | | | | | |
| 9:30 – 10:30 | | | | | | | |
| 10:30 – 11:30 | | | | | | | |
| 11:30 – 12:30 | | | | | | | |
| 12:30 – 1:30 | | | | | | | |

Instructions:

Write in fixed commitments (classes, work) then healthy habits (eat, sleep, physical activity).

Estimate number of weekly homework hours needed, and outline your best learning times (1 – 3 hour blocks).

Adjust as often as needed, so that this schedule works!

Visit sass.queensu.ca/learningstrategies/weeklyscheduled/ for additional copies of the weekly schedule.

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How to Create Your Weekly Schedule

Step 1: Fixed Commitments: Enter all your fixed commitments into the schedule – when you need to be in a certain place at a certain time. This can include classes, team practices, club meetings, your work schedule, family dinner, and other appointments.

Step 2: Health Habits: Next, enter your health habits into the schedule – when are you going to eat, sleep, and be physically active? Be realistic: you may take a shorter lunch, but need an hour at dinner to walk to the cafeteria, eat, chat, drink tea, and walk home. Also, block off 7-9 hours each night for sleep – getting enough sleep allows you to be a functioning, efficient student!

Step 3: Estimate Hours of Homework: Estimate how many hours of homework you'll need to stay on top of your courses and meet your goals. Write down all the things you need to do on a weekly basis for each of your courses. On average, for most courses, for every 1 hour you spend in class, you should be spending a minimum of 1 hour outside of class doing homework. This means that if you have 15 hours of class each week, expect to spend a minimum of 15 hours a week doing homework; labs and other assignments will take additional hours depending on the extent of the write-up. School is a full-time job!

Step 4: Assign Homework to Blocks of Time: Input these hours of homework into your weekly schedule. Look for blocks of time (1, 2, or 3 hours) that are open in your schedule: these may be your homework times. Using a coloured marker, outline the blocks during which you can commit to doing homework, aiming for the hours you estimated in Step 3. Be specific: assign a specific task for a specific course to a certain block. For example, 'on Tuesdays from 9-11 am, I do my weekly readings for Psyc 100'.

Step 5: The rest of the schedule:

The schedule is flexible, so add in whatever elements you want:

- Add time on Sunday night to look ahead at the upcoming week and make a new to do list and weekly schedule
- Some people like to identify more hours for study than they need, to give themselves flexibility to choose when they study. Others build in a 2-3 hour 'reserve bank' of time that is only used if they don't do homework during a scheduled time and need to 'pay themselves back' for the missed time.
- Schedule other life activities: grocery shopping, laundry, hanging with friends, calling home.

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How to Help a Mentee Create a Schedule

1. Be Flexible

If the Mentee has trouble following a schedule, be sure to build in some flexible time.

- Leave some unscheduled time to relax or for spontaneous fun.
- Students with fluctuating levels of efficiency may need a “catch-up” period so they don’t feel the pressure of working during their scheduled downtime.

2. Be Patient and Persistent

- A schedule takes time to become a routine. A Mentee should anticipate that it will take effort and practice to develop a new “schedule habit”. Encourage patience and persistence.

3. Be Realistic About How Much Time Activities Will Actually Take

- When thinking about how much time it takes to eat lunch or dinner consider:
 - The time it takes to walk home or to the cafeteria,
 - Preparation time, and
 - Cleanup time
- Consider how much time it takes to travel to class, to the library, to work, or to volunteer commitments.
- Encourage your Mentee to calculate how long it takes to complete a certain task, so more realistic time targets can be set. For example, ask them to read 10 pages in each textbook and to calculate the average speed per page for each text.
- For students who have variable energy or concentration, encourage them to schedule extra time for activities.

Tips for Catching Up and Keeping Up

Even with careful planning, most students will find there are times when they fall behind on schoolwork and have to catch up. When your Mentee has catching up to do, it is important to continue to keep up with their other classes. Students with impaired concentration or very full class schedules often feel like they are always working to a deadline at the last minute. Catching up may only be possible on weekends.

It can be helpful to think of “catch up” time separately from “keep up” time.

Some students regularly divide their day so that they spend most daytime hours doing current assignments and a few hours a week (one or two hours per night, two nights a week) catching up on work they have fallen behind in. Peer Mentors may need to help the Mentee estimate how many hours they will take to catch up. Then, distribute those hours across times the Mentee does not normally spend working. For example, if the Mentee normally uses weekdays to keep up, schedule catch up sessions on evenings or weekends.

Catching Up & Keeping Up

| | |
|------------------------|----------------------------|
| Day | Keep up with regular class |
| Evening | Catch up if behind |
| Evening/Weekend | Catch up, Study, Downtime |

How Can a Mentee Predict if Their Weekly Schedule will be Sustainable?

- Schedules often fail because the Mentee does not plan downtime, enough sleep, or flexible time for spontaneous fun.
- Full-time undergraduate students are expected to study (class, homework, group work) for 40-55 hours per week. This averages 8-12 hours total per course, per week.
- Time should be scheduled every week to support each health domain. Peer Mentors can refer to the handout “5 Domains of Health” for a visual aid you can use with your Mentee to assess the degree of healthy balance in their life.

How Peer Mentors Can Help Mentees Identify and Set Priorities

Covey's Priority Matrix

Designed by educator and businessperson Stephen Covey, the Priority Matrix is a system designed to help people decide the importance of their tasks. A student may have trouble discerning what is most important, believing that everything must be done immediately or that all tasks are equally important. This is both stressful and inaccurate. This is a particular hazard for students who focus on detail to the exclusion of the bigger picture.

Some things are both Important and Urgent and must be done now, but Covey suggests that spending time on the "Important, Not Urgent" quadrant is essential to enjoying a fun and meaningful life. The items in the other two quadrants (Urgent/Not Important and Not Urgent/Not Important) often reflect items of lower priority in the life of a busy student.

| | Urgent | Not Urgent |
|----------------------|---|---|
| Important | Must do: Immediate deadline Pressing problems Sleep, eat, exercise | Personal Growth: Refresh, Create Problem-solve, plan, dream Relationships Group project meeting |
| Not Important | Interruptions: Distractions Some meetings, texts, calls | Time wasters: Busy work Excessive cleaning, sorting Video games, social media |

Peer Mentors can ask the Mentees to write out a list of all tasks, assignments, activities, and health habits or social commitments, and then encourage them to allocate each item to a quadrant.

To Do Lists

Ask the Mentee to make a To Do List based on two weeks of due dates listed on the Term Calendar to reduce surprises and encourage them to look forward in time. Include readings, studying, reports, assignments, preparation for group meetings, and other tasks or commitments. Encourage the Mentee to consider how long they can work effectively before needing a break and help them be realistic by setting targets within their own limits.

Using a To Do list is often discouraging if Mentees plan to do too much in one day. They could try to:

- Make a list for the week (for example, on Sunday evening), putting items in order and building in the expectation that some things will get rolled over to the following week, when they are actually due.
- Use the two week list to generate a shorter list for “To Do Today and Tomorrow”, with items continually rolling over if they are not completed.
- Keep a List of Accomplishments, to track and appreciate progress.

Weekly To Do List

Errands/Chores

| | |
|----------------------------------|------------|
| Grocery shopping | 2 hours |
| Buy a gift for Mom's birthday | 2 hours |
| Call landlord to repair door | 10 minutes |
| Call dentist to make appointment | 10 minutes |
| Clean kitchen | 1 hour |

PERSONAL

| | |
|--------------------|----------|
| Dinner with Roopa | Friday |
| Patrick's birthday | Saturday |

EXTRACURRICULAR

| | |
|--------------------------------|---------|
| Write minutes for club meeting | 1 hour |
| Volunteer | 2 hours |

KEEP UP WITH CLASSES

| | |
|---|---------|
| Read Biology Chapter 5 and do 10 review questions | 3 hours |
| Read Chemistry Chapter 3 and do 10 review questions | 3 hours |
| Read Psychology Chapter 4 and make notes | 2 hours |
| Do problem set (15 questions) for Math | 3 hours |
| Read Physics Chapter 6 and do 15 review questions | 3 hours |
| Review weekly notes | 1 hour |

PROJECTS

| | |
|--|---------|
| Complete Chemistry lab | 5 hours |
| Due Friday, worth 15% Data and Observations (1 hour) | |
| 4 questions (1 hour each) | |

*** High Priority

** Medium Priority

* Low Priority

Daily To Do Lists

| | |
|------------------|---|
| Monday | Grocery shopping Math questions Chemistry lab data and report |
| Tuesday | Psychology Chapter 4 Chemistry lab questions 1 and 2 |
| Wednesday | Clean kitchen Biology Chapter 5 + Review questions Chemistry lab question 3 |
| Thursday | Call landlord and dentist Physics Chapter 6 + review questions Chemistry lab question 4 |
| Friday | Write minutes for club meeting Chemistry Chapter 3 + review questions Dinner with Roopa |
| Saturday | Volunteering 10-12 pm Review weekly notes Patrick's birthday |
| Sunday | Buy gift for Mom Make weekly to do list |

Section 2: Managing Yourself

Self-management is a developmental process and Mentees will be at different points along this continuum. Some students may not have had the opportunity to develop self-management skills. Some students with mental health issues may not have successfully developed self-management skills – yet – due to the impact of their condition. Additionally, many students have unhelpful but long-standing habits which will take a lot of persistence to change.

Peer Mentors can support their Mentee in developing helpful habits by:

- Showing interest in the progress they are making towards their goals,
- Helping them recognize patterns,
- Acknowledging their efforts and small successes, and
- Modeling positive self-management habits.

Peer Mentors can model simple things to demonstrate their effective self-management skills, like:

- Being on time for the mentoring meeting,
- Being prepared for the meeting,
- Keeping notes of topics discussed,
- Starting the next meeting with a review of the previous one, and
- Asking the Mentee about their homework for the week.

Typical Problems in Managing Yourself

Unpredictable or sub-optimal health

Some students will have periods of poor cognitive or emotional functioning related to their mental health condition. Peer Mentors can encourage their Mentee to pay attention to their own behaviour and to recognize patterns. Peer Mentors can include helpful strategies for Mentees to manage those times in the Mentee's Success Plan (see the Wise Choice chapter in your Peer Mentor Homework package).

Over-commitment

A Mentee may have too many commitments to put the effort required into school. For example, a Mentee may underestimate the time needed to maintain their health or to participate in extracurricular activities.

Peer Mentors can use the Wise Choice model to help the Mentee assess the conflict that may exist between their desired inner experiences, desired observable outcomes, and their current activities. Together, talk about how to harness the Mentee's creator language and make a plan.

Poor self-discipline or poor grit

The Mentee may face the significant challenge of developing self-discipline. This could possibly be because of uncertainty, confusion, boredom, and discouragement. Some students with mental health problems may lack the self-confidence to push forward, perhaps due to past failures.

Peer Mentors can use the Wise Choice model to help their Mentee clarify goals, assess the situation, harness creator language, and make an action plan to reach desired observable goals and desired inner experiences.

Encourage Mentees to:

- Set small goals. Break large projects into small steps and take one step at a time.
- Do something towards a goal every day (unless the Mentee intentionally schedules a day off)
- Share their intended goal with you, to increase accountability
- Track their accomplishments: date, task accomplished, comments or reflections

Strategies to Build Self-discipline

Get Started

Use the “5 More Rule”.

Shifting gears or getting started on an activity can be hard, but once the Mentee gets going it may be pretty easy to keep going. Encourage the Mentee to:

- Set a modest target, such as: 5 sentences to write, 5 pages to read, 5 problems to do, 5 minutes of work, 5 dishes to wash, or 5 minutes of conversation.
- Just do it. It’s a modest goal; of course you can do it!
- Stop. Congratulate yourself for reaching your target.
- Reconsider. Will you do 5 more, or pack up and go home?

As you get over the “hump” of starting, you may decide to increase what you’re asking of yourself. Can you set a new goal of doing 20 or 30 minutes of work, or 10 pages of reading?

Stay Focused

1. Consider your working conditions, including:

- Environment (noise level, nearby people and activities, light, and temperature)
- Time of day, in relation to when the Mentee feels most efficient and “sharp”
- Physical comfort (fatigue, hunger, comfort of your chair or desk)

2. Consider your ability to concentrate:

Most people can’t concentrate for longer than around 50 minutes before needing a 10-minute break. Working for more than three hours (that is, three sets of 50 minutes working and 10 minutes relaxing — the “50/10 rule”) is often inefficient. Depending on the task, it may be more efficient to finish writing the paragraph or solving the problem before taking a break, and adjusting the length of the break accordingly.

For students with poor concentration, encourage them to:

- Maximize their working conditions and notice how long they can focus,
- Work within their limits and try to build up, and
- Consider the impact of their current limitations and how that might influence their course load, etc.

3. Use a Distraction Pad:

- Try to acknowledge distracting thoughts, without engaging with or paying attention to them.
- Keep a pad of paper beside you as you are working.
- If a distraction comes into your mind, such as to do items or thoughts unrelated to your current task, jot it down on the distraction pad. In your mind say: “I’ve got it. I’ll deal with that later.”
- Go back to the task at hand.
- Plan a time in your day, perhaps after dinner, to review your Distraction Pad. Look for patterns in your thoughts, such as:
 - Silly and unimportant stuff — just disregard these.
 - Recurring issues that you need to resolve, such as your need to have a house meeting, talk to your friend, etc.
 - Important things that aren’t urgent — add to your “To Do Eventually” list.
 - Important ideas related to another course — put these thoughts in the appropriate course file until you turn to that course again.

4. Use an alarm or an online timer to regulate the length of a work period.

For example, for a fixed 25-minute session, a Mentee could try the Pomodoro Technique (www.pomodortechnique.com).

Reduce the Distractions

Reducing online or electronic distractions can be difficult, as many students are uncomfortable when they are disconnected. Peer Mentors can encourage Mentees to use these strategies:

1. Turn off technology. If you need to be online to complete your work, block distracting pages or use a browser add-on such as PageAddict (Firefox), StayFocusd (Chrome), or Self-Control (OSX) to help control online distractions. Put everything you do not need (phone, music) out of sight.
2. Encourage the Mentee to build in regular times (i.e. during a 10-minute break) to check their email, phone, or social media.
3. Let friends and family know that you are busy with school and will only be in contact at certain times of day.
4. Use white noise to minimize distractions (such as www.simplynoise.com or www.noisli.com).
5. Keep everything you need close at hand (supplies, healthy snacks, water).

Building Self-Management by Developing Personal Supports

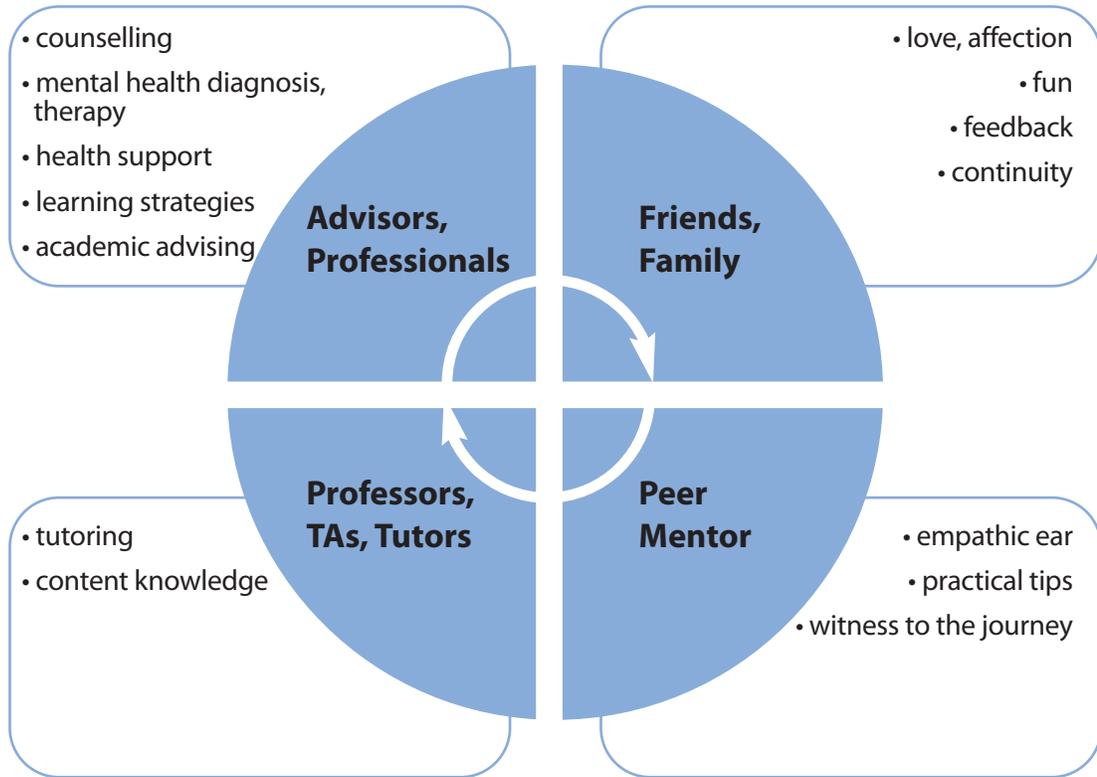
Inner supports are those thoughts, feelings, and activities that encourage us and help us get through ups and downs. Peer Mentors can help a Mentee tap into or develop their inner strength by helping them maintain an attitude of hope:

- Explore with the Mentee the power of their Creator Language (see Wise Choice chapter in your Peer Mentor Homework package).
- Review the Mentee's intentions regarding desired observable outcomes and desired inner experiences (see Wise Choice chapter) to help them keep perspective as to why they are doing something or to see conflict in their intentions and actions.
- Remind the Mentee of the need for balance in their physical, social, intellectual, emotional, and spiritual dimensions; brainstorm ways of improving balance.

Support from others can provide valuable feedback about whether or not the Mentee is on track in managing their time, tasks, and self. Members of the Mentee's support system may also provide encouragement, an opportunity for fun, and practical ideas on how to solve academic or non-academic problems.

A Mentee may be reluctant to reach out to others due to lack of a support group, pride, shame, or lack of information about available resources. As a Peer Mentor, you may form a trusting relationship with the Mentee, but you are only one member of the support community for that student. Peer Mentors are expected to act within their role, as a peer to help support and encourage the Mentee.

Student Support Team





Peer Mentor Homework

Self-Management Activities

1. Based on your own courses, prepare a Term Calendar and a Weekly Schedule for yourself.
2. Complete a “Weekly Time Use” chart for yourself during one of the first two weeks of your semester. Is anything surprising to you? Is there a difference between how you imagine you spend your time and how you actually spend your time?
3. Practice filling out Stephen Covey’s Priority Matrix, based on your existing commitments and tasks (personal, academic, health, etc.) Reflect on what the exercise was like for you. Was it difficult to prioritize certain tasks? Was one quadrant noticeably more full than the others?

Resources

Covey, S. R. (2004). *The 7 habits of highly effective people: Restoring the character ethic*. New York: Free Press.

Downing, S. (2014). *On course: Strategies for creating success in college and in life* (7th ed.). Boston, MA: Wadsworth Cengage Learning.

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Capstone Role-play Activity

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Overview

This two-hour session provides an opportunity for Peer Mentors to synthesize and apply the skills they have learned throughout all previous training sessions. Working in groups of three, each Peer Mentor has the opportunity to participate in three different role-play scenarios from three different perspectives: acting as a Peer Mentor, as a Mentee, and as an Observer.

Rationale

This exercise exposes Peer Mentors to common scenarios and issues that may arise in a mentoring relationship, prior to their first meeting with a Mentee. The activity also gives Peer Mentors the opportunity to observe fellow participants' unique mentoring styles and consider what various approaches may feel like for a Mentee. Peer Mentors are encouraged to practice sharing and receiving constructive feedback, and promoting self-reflection.

Instructor Profile

The Program Coordinator ("primary facilitator") should facilitate this session. The primary facilitator should be familiar with all of the training sessions, since the Peer Mentors will have questions about how to apply material from earlier training sessions. The primary facilitator will be responsible for distributing and explaining each scenario, observing the role-plays, and guiding the discussion after the role-plays.

We recommend using Senior Peer Mentors or instructors from other training sessions to assist with observing each small group while they do the role-play scenarios. These secondary facilitators can help by providing constructive feedback and by answering participants' questions. The number of secondary facilitators required will depend on the size of your group; during our pilot program, we had three facilitators (Program Coordinator + two secondary facilitators) rotating through the room to observe six small groups (3 Peer Mentors per group x 6 groups = 18 Peer Mentors).

Background Reading

The primary facilitator should be closely familiar with all the training (in-person and summer homework) that the Peer Mentors have completed. Ideally, the primary facilitator will attend all previous training sessions or at least have an in-depth understanding of the learning outcomes and skills from each session. The primary facilitator should understand each scenario, the Peer Mentor Cheat Sheet, and the Observer Checklist that will be distributed to the Peer Mentors for this training session.



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Analyze the information (verbal and non-verbal) presented by a “Mentee” during a mock mentoring meeting and effectively identify and prioritize issues to address
- Demonstrate and practice mentoring skills learned in all previous training sessions, specifically:
 - Analyzing a Mentee’s Student Wellness Assessment and identifying strengths and weaknesses
 - Applying the Wise Choice model to identify a Mentee’s desired observable outcomes and desired inner experiences
 - Asking open-ended questions to gather more information about a Mentee’s circumstances
 - Using reflective and empathic responses to validate a Mentee’s emotions
 - Applying motivational assessment techniques to gauge a Mentee’s readiness to change a behaviour
 - Teaching a learning strategy and/or healthy lifestyle strategy related to a Mentee’s goals

Peer Mentor Homework

There is no specific homework associated with this session. Prior to participating in this session, Peer Mentors should have completed the Peer Mentor Homework package and all in-person training sessions.

Curriculum Connections

The Capstone Role-play Activity is linked to all previous training sessions and ties together the curriculum of the Peer Mentor training program as a whole.

Time

This session will take 2 hours.

Resources

Materials required for this exercise include:

Staff

- Program Coordinator (“primary facilitator”)
- Senior Peer Mentors or instructors from previous training sessions (“secondary facilitators”)

Student Handouts

- Complete sets of three different role-play scenarios: Peer Mentor Version (with Peer Mentor Cheat Sheet printed on back) and Mentee Version. Print one copy of each set for each group.
- Observer checklist. Print one copy per group.

Instructor Documents

- Discussion questions (samples included in Lesson Plan)

Space

- Large room (preferably with adjacent breakout rooms) with tables, chairs, and enough space for the Peer Mentors to spread out.



Instructor's Guide

Step 1 – Before Training

Prepare three different scenarios for the Role-play session. The scenarios should be relatively simple and focus on different areas of the mentoring relationship (e.g. academics, mental health, health habits). Each scenario should have two versions: one for the Peer Mentor and one for the Mentee (played by another Peer Mentor in the group). Prepare an Observer Checklist with key mentoring skills (communication, etc.) for the Peer Mentor who is observing the role-play scenario. Samples of these documents are included below. You may wish to tailor the scenarios provided to better reflect the experiences of your student population and your post-secondary institution. For example, you may wish to adapt the profile of the Mentee in each scenario to better reflect: academic programs relevant to your institution; typical demographic profile of students (e.g. mature students); details about student life or your campus or local community that will make the scenarios seem realistic for participants.

Step 2 – Instructions

Provide the entire group with an overview of the activity. Describe the Observer role and provide guidelines for how to deliver and receive feedback in a supportive, clear, and constructive manner. Divide Peer Mentors into groups of three. Each group will need to decide who will be the “Mentee”, the Peer Mentor, and the Observer. Distribute the set of documents associated with Scenario #1 (Peer Mentor version, Mentee version, Observer Checklist) and answer any questions about the activity before beginning. The role-play's acting component will run for 10 minutes and the Instructor will keep time. Inform Peer Mentors that they can refer to their notes or to the Peer Mentor Cheat Sheet if needed. Instruct the Peer Mentors and “Mentees” to begin acting out the role-play based on the notes provided. The Observer will watch quietly, review the checklist, and take notes until the scenario is complete. The Instructor will keep track of time and inform the groups when there are 2 minutes left. Instruct each small group to debrief the scenario together. The Observer will give the Peer Mentor constructive feedback.

Step 3 – Discussion

After all groups have completed the first scenario and Observers have provided feedback, gather everyone together again as a large group. Ask a few discussion questions to start the conversation regarding the experience of the Peer Mentors, Mentees, and Observers. Example discussion questions are included below. The Instructor will reinforce mentoring strategies and styles that are in line with the philosophy and approach described throughout this training manual.

Discussion Questions

1. What was it like to participate in this activity? How did it feel?
2. Did anything about the exercise surprise you?
3. Do any of the Peer Mentors want to share what strategies they used during this session? What worked and what didn't?
4. What was the experience like for the "Mentees"? How did you feel?
5. "Mentees", reflect on the mentoring approaches you experienced. What worked? What didn't work?
6. What was challenging about this exercise?
7. What did you learn from this experience that you could apply to a real mentoring meeting?

Step 4 – Repeat

Repeat the process with the remaining two role-play scenarios. Participants will remain in the same small group for all three role-plays and will rotate between roles (Peer Mentor, Mentee, and Observer). From start to finish, each role-play session and debrief should take approximately 30 minutes.



Frequently Asked Questions

1. How long should each role-play take?

The acting portion between the Peer Mentor and the “Mentee” should take about 10 minutes. Peer Mentors are encouraged to use the full 10 minutes. Some Peer Mentors will find this difficult, but it is important to practice prompting and guiding discussion, as Mentees are sometimes shy or quiet.

2. Is it okay if we do not cover everything in the scenario?

You are not expected to get through everything in the scenario. It is more important and more effective to practice having a natural conversation, just like you will with a Mentee. The Mentee in the scenario will provide some information; Peer Mentors should try to read the cues given by the Mentee. It’s okay to either respond to cues given by the Mentee or to simply choose an area (an academic priority such as a midterm; a pressing health habit such as severe sleep disruption) as a starting point. Get through what you can in the 10-minute session and allow the conversation to emerge as organically as possible.

3. What if I get stuck when acting as a Peer Mentor during a role-play scenario and I don’t know what to say?

Remember that you can rarely go wrong by being yourself and showing empathy and a desire to help. You can also refer to handouts from training, your Peer Mentor Manual, or the Peer Mentor Cheat Sheet, both during this role-play activity and during a real mentoring meeting. Simply say to your Mentee, “I’ve learned about some strategies that you might find helpful. Is it okay if I pull out my resource binder?”

Here are a few questions that you can turn to if you get stuck, either because you aren’t sure what issue to focus on or because you don’t know how to respond to your Mentee:

- What issue is most important to you right now? Can we start there?
- What do you think would help you in this situation?
- What strategies have worked for you in the past?
- Have you ever felt this way before? Have you ever had this experience before?
- What would you say to a close friend if they were in your position?

If you find that conversation has truly stalled in a role-play scenario and you no longer know what to say or how to address the Mentee’s issue, pause the scenario and discuss within your small group. Does the Observer have any suggestions? What does the Mentee think or feel?



Handout: Role-play Observer Checklist

While observing the role-play, notice and check off whether the Peer Mentor is demonstrating the following mentoring skills and strategies.

Body Language

- Relaxed but engaged posture
- Alert and interested in what the Mentee is saying
- Maintains eye contact with the Mentee
- Sits still, avoiding fidgeting and movement
- Facial expression is engaged, calm, and attentive

Communication Style

- Use the OARS model
 - **O**pen-ended questions
 - **A**ffirmations
 - **R**eflective listening
 - **S**ummarize the discussion
- Active listening
- Avoid interrupting
- Show empathy
- Speak slowly and concisely
- Calm and steady tone of voice

Comments and Constructive Feedback:



Handout: Scenario #1 – Peer Mentor

Background

Your Mentee is a second-year Life Sciences student. They want to go to medical school. Your Mentee has told you that they have anxiety. They worry constantly and are a perfectionist. You are concerned that your Mentee doesn't have much balance in their life. You know that their health habits aren't great. They are extremely hard on themselves and feel that nothing they do is good enough.

Goal

Your goal for this role-play is to encourage your Mentee to find more balance in their life (socializing, hobbies) and to tackle one of their health habits.

Refer to your Peer Mentor Cheat Sheet and training materials (as needed) throughout the role-play.



Handout: Scenario #1 – Mentee

Background

You are a second-year Life Sciences student. You have anxiety and have told your Mentor about it. You want to go to medical school — desperately — and are extremely worried that your chances will be ruined if you don't do well in your classes this year. You did well in first year but have found second year to be much more difficult. Your program is highly competitive and this increases your stress. You feel extremely guilty if you aren't studying, so you spend almost all of your time in the library or in your room. You often aren't productive because you get distracted by all of the things you need to do, and so you jump from one task to another. You find it hard to concentrate when you are reading.

You have very poor health habits. You don't get enough sleep and often stay up until 2 or 3 a.m. trying to study. You get up early in the morning to go to the library. Marathon library sessions are your main method of studying. You don't eat breakfast and often eat unhealthy food (takeout, pizza, frozen meals) because you don't make time to go to the grocery store.

You don't spend any time on hobbies and don't go out with your friends because you're worried that you won't get into medical school if you don't get top grades. You used to dance in high school and loved it, but you just can't afford to take time off anymore.

Goal

Your Mentor's goal for this role-play is to encourage you to find more balance in your life (socializing, hobbies) and to improve one of your health habits.

You are suspicious of trying any new strategies or making any changes that will reduce your time at the library. However, when pressed, you know that you aren't efficient when you're "studying".

Cues to give to your Peer Mentor

You feel lonely, stressed, and physically exhausted. You might say things like:

- "I have to study more."
- "I'm so tired. I need more energy to focus. I have to study."
- "Everyone else has the energy to study, what's wrong with me? I'm going to fall behind."
- "If I take a break, I might not get into medical school."



Handout: Scenario #2 – Peer Mentor

Background

Your Mentee is a third-year History student. You think your Mentee might have depression. You have met with your Mentee once and have gotten to know them a bit. You have seen your Mentee's Student Wellness Assessment and know that sleep, time management, and low motivation are all issues. You know your Mentee has midterms in two weeks. Your Mentee has not set any goals or made a plan for how to approach these midterms.

Goal

Your goal is to use the Wise Choice model to coach your Mentee in improving a health behaviour and to create an action plan for their midterms.

Refer to your Peer Mentor Cheat Sheet and training materials (as needed) throughout the role-play.



Handout: Scenario #2 – Mentee

Background

You are a third-year History student. You have met with your Mentor once or twice and know them a bit. You have depression, although you haven't explicitly told your Mentor this. Give your Mentor cues that you have depression — you are easily defeated, lack confidence in your abilities, have withdrawn from your friends, are lonely, have a hard time concentrating, and struggle to manage your time. You have midterms in two weeks and don't have a plan for how to prepare.

Goal

The Mentor's task for this role-play is to use the Wise Choice model to help coach you in improving a health behaviour and to create an action plan for your midterms.

Cues to give to your Peer Mentor:

- a) Sleep — You have a lot of trouble sleeping. You often stay up until 3 a.m. and sleep until noon. You don't see anything wrong with your sleep habits. You don't know anyone who gets enough sleep, that's just what it's like to be a student. Yawn a couple times throughout the role-play.
- b) Time management — You spend a lot of time procrastinating. You're behind on your readings and you know you need to catch up before your midterms. You're afraid to start your readings now because you're so far behind, so you avoid starting.
 - "I don't know where to start."
 - "I'm not sure how to catch up."
- c) Low motivation — You have low self-esteem. You lack motivation and confidence in your abilities as a student.
 - "I don't think I can catch up now."
 - "I always do this. I get behind and then I'm screwed."



Handout: Scenario #3 – Peer Mentor

Background

Your Mentee is a second-year Chemistry student. Your Mentee struggled with depression last year and their mood is low again. Your Mentee just found out that they failed a midterm. They have another midterm in four days.

Goal

Your goal for this role-play is to troubleshoot what went wrong with the last midterm, encourage your Mentee to develop a more positive mindset (positive self-talk and attitude), and then create a realistic action plan for their next midterm.

Refer to your Peer Mentor Cheat Sheet and training materials (as needed) throughout the Role Play.



Handout: Scenario #3 – Mentee

Background

You are a second-year student in Chemistry. You struggled with depression in first-year and your mood is low again. You just found out that you have failed a midterm. You're feeling upset and demoralized. You're now very worried about the rest of your midterms and assignments. You're so focused on this failure that it is distracting you from your next midterm, which is in four days.

For your last midterm, you stayed up studying until 3 a.m. the night before, trying to cram as much as you could. You were behind on readings so you were seeing some of the material for the first time on the midterm itself. You didn't eat breakfast because you slept in and you felt exhausted during the midterm. You missed some questions and didn't even recognize some of the material, probably because you weren't able to get through all the lecture slides and readings.

Your next midterm is for a morning class that you often skip. You are hoping to get notes for those classes from a friend, but haven't asked anyone yet.

Your health habits are normally okay. You know you feel best when you go to the gym once or twice a week and get a decent amount of sleep. However, everything falls apart when you get stressed. You end up cramming, don't go to the gym, and don't eat well.

After this midterm, you have a couple of weeks without any assignments or midterms. You have some time to catch up before exams, but you're feeling so down about the midterm you failed that the idea of catching up seems totally impossible.

Goal

Your Mentor's goal for this role-play is to help you troubleshoot what went wrong with your last midterm, encourage more positive self-talk (Creator language), and make an action plan to study for your next midterm.

Cues to give to your Peer Mentor:

- "I can't believe I failed that test."
- "I feel so stupid."
- "I'm sure I'll fail the next midterm, too."

Video Role-play Activity

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Overview

The M² Peer Mentoring Program included a videotaped role-play activity as an ongoing training exercise to further develop Peer Mentors' skills. Each Peer Mentor participated in an individual videotaped role-play exercise. Following the format of the Capstone Role-play Activity, the videotaped session had a program staff member acting as a Mentee and the Program Coordinator acting as the Observer. During the pilot, the role-play activity was conducted using a training software called GoReact (www.goreact.com).

Rationale

The activity enables Peer Mentors to observe their own mentoring style and habits from a different perspective. The activity encourages Peer Mentors to develop their self-awareness; to practice vulnerability; to practice receiving constructive feedback and integrating this into practice; to identify and appreciate their strengths, and to recognize and understand how to improve their weaknesses.

Scheduling

During the pilot program, this activity was conducted once at the beginning of the second semester (January), several months after in-person training in September. Peer Mentors provided feedback that they would have liked to do the activity several times throughout the year, so that they could further develop their skills and reflect on their progress. Based on their feedback, we recommend that this activity be implemented at least twice throughout the duration of a two-semester mentoring program:

1. Near the beginning of the program, after the Peer Mentors have had a few meetings with their Mentees, **and**
2. Halfway through the program (e.g. at the beginning of the second semester of the program, or partway through the semester), as a training refresher.

We recommend running this activity after Peer Mentors have had a few (one to four) meetings with a Mentee. There was a marked difference in mentoring skill and performance between Peer Mentors who had been matched with a Mentee at the time of the activity and those who had no practical experience with mentoring, outside of training. Peer Mentors who had practical experience with mentoring were more comfortable with the exercise itself, valued the experience more, and were more engaged (as they had a greater stake in the exercise than those without Mentees). Peer Mentors with Mentees also took a more natural and conversational approach, making the exercise more applicable to their real mentoring relationship.

Instructor Profile

This training session can be facilitated by the Program Coordinator and a program staff member or Senior Peer Mentor. The Program Coordinator will observe the role-play, take notes, manage the video equipment and watch the time. The program staff member/volunteer will act as the Mentee. If you do not have a program staff member available, an experienced or Senior Peer Mentor could act as the Mentee for the role-plays.

Background Reading

The program staff or Senior Peer Mentor should prepare for the session by reviewing the scenario and actor's notes provided below and completing a practice role-play.



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to recognize their strengths and identify areas for improvement related to their mentoring skills.

Peer Mentor Homework

There is no specific homework associated with this exercise. Peer Mentors participating in the video role-play should have already completed the mandatory Peer Mentor Homework and the in-person training sessions. Ideally, Peer Mentors will be matched with a Mentee and will have some practical experience with mentoring prior to participating in this exercise.

Curriculum Connections

The video role-play session will require the Peer Mentor to synthesize material and practice skills from all previous training sessions and their own mentoring experience. The session will allow the Peer Mentor to recognize specific areas of training where they need to further develop their skills.

Time

1 hour per Peer Mentor

Materials & Resources

The materials required for this video role-play session are:

Materials

- Role-play Scenario Handout (Peer Mentor version)
- Peer Mentor Cheat Sheet
- Role-play Scenario Handout (Mentee version, including actor's notes)
- Peer Mentor Self-Assessment Rubric (paper copy or electronic)

Equipment

- Video recording equipment (e.g. camera, laptop with webcam)
- Video software program (e.g. GoReact video role-play software program, Windows Media Player, QuickTime, etc.)

Space

- Private office space
- A small table and two chairs (for Peer Mentor and "Mentee")
- A desk or chair for the Observer

Staff

- Program Coordinator or Senior Peer Mentor (Observer)
- Program Staff (e.g. colleague or program assistant, if available) or Senior Peer Mentor (“Mentee”)

The video role-play activity – as it is currently presented – requires a great deal of time from the Program Coordinator. This activity is an excellent opportunity for the Program Coordinator to observe each Peer Mentor and provide individualized feedback, resources permitting.

If your peer mentoring program includes Senior Peer Mentors, the activity could be facilitated by trained Senior Peer Mentors. Under this model, the Senior Peer Mentors could either:

- a. Facilitate the logistics of the activity only. One Senior Peer Mentor acts as the Mentee, while a second Senior Peer Mentor keeps time and manages the recording equipment. Peer Mentors would watch their video and fill out a self-evaluation, but would not receive peer feedback.
- b. Facilitate the logistics of the activity and provide peer feedback, similar to the Capstone Role-play Activity conducted at the end of the in-person training sessions. One Senior Peer Mentor acts as the Mentee, while a second Senior Peer Mentor keeps time, manages the recording equipment, and acts as the Observer and provides peer feedback. If you take this approach, it will be important to provide guidelines to the Senior Peer Mentors on how to provide peer feedback.

Either approach would provide a quality learning experience for Peer Mentors and a leadership opportunity for Senior Peer Mentors, while reducing the demands on the Program Coordinator.

Structure of Session

Step 1 — Instructions: Provide the Peer Mentor with the instructions and the structure of the upcoming session. Reassure the Peer Mentor that the goal of the activity is educational, so that they may recognize and appreciate their strengths and identify some areas for improvement. (5 minutes)

Step 2 — Scenario: The Peer Mentor and “Mentee” are each provided with the scenario. The scenario includes general background information and goals for the mock mentoring session. The scenario is not provided to Peer Mentors prior to the activity in order to make the exercise more realistic and to encourage Peer Mentors to practice responding to a Mentee in ‘real-time,’ rather than arriving with a script or a plan. Give the Peer Mentor time to review the scenario and ask questions before beginning the session. (10 minutes)

Step 3 — Role-play: Set up the video equipment so both the Peer Mentor and Mentee are visible and audible. Begin and record the mentoring session. Each role-play should be around 10 minutes long. Peer Mentors should be encouraged to keep the session going for the full 10 minutes. Mentees are often quiet and look to Peer Mentors to guide the conversation; it is important that Peer Mentors practice feeling comfortable with silence, and then prompting further conversation. The Program Coordinator should keep track of the time and end the session if it goes longer than 12 minutes. (15 minutes)

Step 4 — Peer Mentor Self-Assessment: After the session, the Program Coordinator and “Mentee” will leave the room. The Peer Mentor will watch their video role-play and complete a self-assessment using the rubric provided. During this time the Program Coordinator and “Mentee” may discuss the Mentee’s experience during the exercise. (15 minutes)

Step 5 — Discussion: Once the Peer Mentor has watched the role-play and made their own comments, the Mentor and the Program Coordinator will engage in a discussion regarding each of their observations from the role-play session. The Program Coordinator should first ask the Peer Mentor to share what the experience was like and what they observed. This approach encourages the Peer Mentor to develop their awareness of their strengths and weaknesses. Some Peer Mentors will struggle with this, either by only identifying weaknesses (too self-critical) or being unable to identify any areas for improvement (uncomfortable with vulnerability, anxious about exercise, lacking self-awareness). After the Peer Mentor shares their observations, the Program Coordinator adds any additional feedback, offers positive reinforcement and encouragement where needed, and corrects any inaccurate perceptions by the Peer Mentor (e.g. students who are overly self-critical). (15 minutes)



Session Handouts

Session Handouts

The materials below can be printed directly from this manual and used for the video role-play training session.

1. Instructions
2. Scenario for Peer Mentor
3. Peer Mentor Cheat Sheet
4. Scenario for Mentee
5. Evaluation Rubric

Similar to the Capstone Role-play Activity, you may wish to tailor the scenario provided to better reflect the experiences of your student population and post-secondary institution. For example, you may wish to adapt the profile of the Mentee to better reflect: academic programs relevant to your institution; typical demographic profile of students (e.g. mature students); details about student life or your campus or local community that will make the scenarios seem realistic for participants.



Handout: Instructions

These instructions are delivered to the Peer Mentor by the Observer (Program Coordinator or Senior Peer Mentor):

1. Thank you for coming in for your video role-play session. The session has three main sections. First we will do the videotaped role-play, then you will watch your video alone, and finally we will have a discussion about the session.
2. The goal of this exercise is to offer you an opportunity to practice your mentoring skills in a supportive environment. This is **not** a test!
3. Please review the scenario provided. Feel free to ask any questions about the scenario before we begin.
4. The video role-play will take approximately 10 minutes. I will keep track of the time. It is likely that the role-play will come to a natural conclusion, but if it does not I will end the session after approximately 10 minutes.
5. The role-play does not need to have a beginning, middle, and an end, nor do you need to try to fit an entire mentoring meeting into the time allotted. Use the scenario as a guide and let the conversation develop naturally. You do not have to cover everything in the scenario.
6. You may refer back to the scenario, the Peer Mentor Cheat Sheet or your Peer Mentor Manual at any time during the role-play.
7. When reviewing your role-play, consider both your strengths and any missed opportunities or areas for improvement.
8. Do you have any questions?



Handout: Scenario (For Peer Mentor)

- This is your third meeting with your Mentee.
- Your Mentee is a second-year Sociology major. She has told you that she has depression. She says that she manages it well, but last year things got pretty bad during exams.
- Based on your Mentee's Student Wellness Assessment, you know that sleep and time management are key issues. Your Mentee frequently stays up very late at night (3 a.m.) and often sleeps through her morning classes.
- Your Mentee has some friends at school, but withdraws socially when she feels stressed.
- She has a midterm one week from today. At your last meeting, you and your Mentee created a weekly schedule. Your Mentee's homework was to try and follow the weekly schedule, to attend her classes, and to study for her midterm.
- Your goal for this meeting is to help your Mentee problem-solve for her upcoming midterm and tackle one health habit.



Handout: Scenario (For Mentee)

Background

- This is your third meeting with your Peer Mentor.
- You are a second-year Sociology major.
- You have shared with your Peer Mentor that you have depression. You have explained to your Peer Mentor that you manage it well, but last year you went through a rough period during final exams.
- You struggle with sleep and time management. You frequently stay up very late at night (3 a.m.) and often sleep through your morning classes.
- You have some friends at your school, but you withdraw socially when you feel stressed.
- You have a midterm one week from today. At your last meeting, you and your Peer Mentor created a weekly schedule. It was your homework last week to try and follow the weekly schedule, attend your classes, and study for your midterm.

Possible Directions or Issues

The following are some issues you could include in your discussion with your Peer Mentor:

- Upcoming Midterm:
 - Your first midterm is next week. You slept through the review class yesterday because you stayed up late and were too exhausted to go. You're starting to get stressed and overwhelmed with the thought of having to study for the test next week. You'd rather just stay in bed.
- Time Management:
 - If your Peer Mentor asks about your homework from last week (following the weekly schedule), you could explain that you were able to follow it at first, but found the homework and study times hard to stick to. When you sat down during the designated times, you found it hard to know where to start studying and what assignments and readings to prioritize. You found that you stayed up late to study more and then slept through the next day, pushing your schedule further back. You need to find a way to better organize and prioritize your work for each course.

- Wellness Issues:

- Sleep: You are starting to stay up really late and your sleep cycle is totally thrown off. You have trouble waking up in the morning and often miss classes.
- Social withdrawal: You are withdrawing from your friends because you are feeling stressed. If your Peer Mentor asks about this, you could either engage with this as an issue by saying that you're lonely and starting to feel sad, or you could take the role-play in another direction and say that this is not a priority or a significant cause of concern right now.
- Healthy eating: During exams and busy times you often don't make time to get groceries or eat healthy food.

- Strategies and Coping:

- If your Peer Mentor asks about strategies that have helped you cope/succeed in the past:
 - You enjoy working in a study group. It provides you with more motivation to actually go out and meet people and also helps you to get out of your room/house. You also find it easier to know what to study when you work in a group.
 - You have found to do lists helpful. You can feel more accomplished at the end of the day when you see what you have checked off, which helps you relax and sleep.
 - You do better on exams when you spread out your studying the entire week before. Cramming does not work for you.

Sample Acting Cues

- Verbal Cues
 - “I just find it so hard to get motivated.”
 - “I just want to stay in bed.”
 - “I feel so exhausted all the time.”
 - “This happens every semester. I always do this.”
 - “I’m already so behind. I can’t catch up.”
 - “I don’t know where to start or what to focus on.”
 - “My classes are so much harder than last year.”
 - “I just want to feel okay.”
 - “I just want to pass my exams without having to stay up all night cramming.”
- Non-verbal Cues
 - Yawning throughout the session
 - Rubbing eyes
 - Slouching
 - Avoiding eye contact, eyes downcast
 - Fidgeting nervously
 - Arms crossed



Handout: Video Role-play Evaluation Rubric

Use this Rubric/Checklist to evaluate your performance as a Peer Mentor. Rate yourself on each of the scales.

Body Language

Relaxed but engaged posture

Poor Fair Good Excellent

Alert and interested in what the Mentee is saying

Poor Fair Good Excellent

Maintains eye contact with the Mentee

Poor Fair Good Excellent

Sits still, avoiding fidgeting and movement

Poor Fair Good Excellent

Facial expression is engaged, calm, attentive

Poor Fair Good Excellent

Comments:

Communication Style

Use the OARS model

- Open-ended questions

Poor Fair Good Excellent

- Affirmations

Poor Fair Good Excellent

- Reflective listening

Poor Fair Good Excellent

- Summarize the discussion

Poor Fair Good Excellent

Active listening — don't interrupt!

Poor Fair Good Excellent

Show empathy

Poor Fair Good Excellent

Speak slowly and concisely

Poor Fair Good Excellent

Calm and steady tone of voice

Poor Fair Good Excellent

Comments:

Sample Video Role-play Transcripts

These are two transcribed video role-play exercises from the M² Peer Mentoring Program. In each role-play, the Peer Mentor focused on a different issue and offered different strategies. Each Peer Mentor adopted a unique mentoring approach. These sample transcripts could also be used in training to show Peer Mentors that there is no one “right” way to mentor; it’s important to be yourself, to respond to the cues given by a Mentee, and to allow the conversation to emerge naturally.

Example 1

Peer Mentor: It’s good to see you again. How has the past week been going for you?

Mentee: Um, it’s been okay. It’s been a busier week; I have my first midterm next week.

Peer Mentor: Right, I remember that. How are you feeling about your midterm?

Mentee: Um, nervous still.

Peer Mentor: Yeah, midterms can be very stressful. Last week we talked about trying out your new weekly schedule. How has that been going for you?

Mentee: Umm... I tried it. It started out okay, I guess. I was able to take the time to study but I wasn’t really sure where to start. I found I was trying to go over everything and I wasn’t getting a lot done. I’d start studying at like 10 p.m. and I’d end up staying up pretty late. That would push my schedule back the next day because I’d sleep in. So, I don’t know... the weekly schedule was a good idea but I just didn’t find I was able to stick to it.

Peer Mentor: Okay. It’s normal to run into some bumps when you’re trying something new. It’s great that you tried it out. So to summarize, you tried doing the weekly schedule and it worked for the first couple of days, but then you started studying late at night and losing some sleep. Is that right?

Mentee: Yeah. I just felt like I wasn’t getting enough done during the study sessions. I didn’t really know where to start so I would try to make up for it later.

Peer Mentor: Okay, when you say you didn’t know where to start, what does that mean? Can you explain that a little bit more to me?

Mentee: I just don’t know what to study. I have so many notes and a lot of readings so I just don’t know like what to focus on. Everything is important, you know? And we had a review class yesterday, but I stayed up really late the night before so I missed my 8:30 a.m. review class. So now I’m just feeling even more lost.

Peer Mentor: Okay. So it sounds to me...

Mentee: [Yawns]

Peer Mentor: ... like there are a lot of different things going on for you right now. It's pretty hard when you know you've got an upcoming midterm, especially when you aren't getting enough sleep and things like that. So let's talk about the things you think would be a good idea to work on. We can make a plan for this week and get you prepared for your upcoming midterm. Does that sound like something you'd be interested in doing?

Mentee: Yeah, I think so.

Peer Mentor: Okay, good. You've talked about not really knowing where to start with your studying and also staying up late and missing some of your classes. How do you feel about working on some of those issues?

Mentee: Yeah. Those are the things that are the most important for me right now. Mainly because this is my first midterm of the semester so I've been trying to focus on that a lot. It is usually during exam time that I get the most overwhelmed. I just want to be able to make sure I pass.

Peer Mentor: Okay. Maybe we can focus on getting a study schedule planned for next week so you can look at it for your midterm. So in terms of this midterm, when you go to write it, how do you want to feel when you are done?

Mentee: I want to feel prepared. I'd like to feel confident that I passed so I don't have to worry about it for the next three weeks while I'm waiting for my marks. My grades are never amazing; I just want to pass my classes. I don't want to feel like I have to cram right before it. I want to feel like I'm getting enough sleep. I find usually during exams I'll stay up really late and then I'll be really exhausted and get behind in everything else in my life and just get overwhelmed and stressed. I don't want to need to take a full day to catch up on sleep and then get behind on everything else. I have stuff after that too, some more midterms and stuff, so I just want to feel in control, I guess.

Peer Mentor: Okay. So you mentioned a lot of good words there, such as feeling in control and prepared. And you said that your goal is to pass. It's good to pinpoint what a good grade is for you and then we can work towards that.

Mentee: [Yawns]

Peer Mentor: Okay. So maybe one thing we could focus on for this week is how to plan your studies so that it doesn't interfere with your sleep. Does that sound good for you?

Mentee: Yeah [nodding head].

Peer Mentor: So when you look back at your sleeping habits and patterns, do you know how much sleep you are getting a night?

Mentee: Um, towards the beginning of the semester, I was getting about 7 hours and that wasn't too bad. I like going to bed around midnight; I don't really like to go to bed early. For me, usually going to bed at that time and getting up for my 8:30 class is fine. But the past few nights it's been like 2 or 3 in the morning because I'm trying to study. Sometimes I'll still get the 7 hours, but it's by sleeping through my morning classes or even longer. Usually, I'll just be so exhausted throughout the day that I'm not really getting anything done anyways.

Peer Mentor: So it sounds to me like you're wanting to focus on getting that 7 hours, but not getting it by sleeping in and missing class. So do you think focusing on getting back to that midnight bedtime would be a good idea?

Mentee: Yeah.

Peer Mentor: So when you stay up late it's because of studying, and you're studying late because you didn't know how to start studying earlier during the day. Is that right?

Mentee: Yeah, exactly.

Peer Mentor: Okay, so maybe making a study plan would be helpful? You mentioned having a lot of notes and covering a lot of things in class. We could break down your course content into units or chunks that you can work on each day, so that when you sit down to study you know exactly what you should focus on each day and how much you should be trying to get done?

Mentee: Yeah, that would be good.

Peer Mentor: Have you ever tried making to do lists before? Do you find that they work for you?

Mentee: I don't really use them. But I could try.

Peer Mentor: Well, as part of your study schedule, we could have a to do list for each study session and as you work through it you can check each task off. That might help you feel more accomplished at the end of each day. Then you can go to bed at night knowing, "I did what I was supposed to do for the day; I did enough. Tomorrow I can get to the rest of it." Do you think that might be helpful?

Mentee: [nodding head]

Peer Mentor: Okay. Let's commit to making a study schedule and a to do list. For now though, let's go back to talking about your sleep a little bit. You said earlier that getting 7 hours a night would be ideal. When you go to sleep, what is your bedtime routine? Is there anything that helps you fall asleep better? Are there any other obstacles preventing you from falling asleep right away?

Mentee: Um, I think it helps me if I have some time to wind down and relax. Watching a show or reading first helps. If I just stop studying or abruptly finish doing something active and then try to go to sleep right away it takes me a really long time to fall asleep.

Peer Mentor: So it sounds like having a little bit of a buffer between doing some work or activities and then going to sleep is what you need. What are some other things you could do that might help?

Mentee: Um, just relax I guess. Maybe listen to some music that is, like, calm. Something that's like, relaxing to try and shut my brain off. Sometimes I don't though because I don't want to waste time; I feel like I should be studying or cleaning up or something.

Peer Mentor: Great. Those sound like some good techniques you could try to work into your nightly schedule. Sometimes when people are really busy, like you are, they feel guilty about taking time for themselves to relax; however, it's very important because, by taking a half an hour or an hour to do those things, it can lead to a much better sleep and help them feel much more rested the next day. In the long run it does benefit you. It's important to incorporate those types of things into our weekly schedule without feeling guilt.

Mentee: Yeah, that makes sense.

Peer Mentor: When we start to create the weekly schedule, with your study plan, we can incorporate the things we talked about into it. We want to actually plan for these health behaviours. A day should be about more than just studying; it should also be about eating, sleeping, and relaxing. How are you feeling about all of this, right now? Is there anything else? Do you want me to go back and expand a little more?

Mentee: No, I think that's good. I feel better about the study schedule and I think it will be good to have it when we redo the weekly schedule.

Peer Mentor: Good, I'm glad. So let's get started on creating a new weekly schedule, study plan and to do lists.

Example 2

Peer Mentor: So how are you doing today?

Mentee: I'm okay.

Peer Mentor: How about the schedule that we made last week? Did you follow through with it?

Mentee: Um, okay. Towards the end of the week I wasn't able to follow the schedule. It was a good idea and worked for a bit, but then my sleep got in the way. I started going to sleep really late and sleeping through a lot of the next day, so I would get behind. So I don't know. It was okay; I've just been really stressed about my midterm next week.

Peer Mentor: Well good for you for trying. It's hard to change our habits and stick to a new schedule the first time. Is there any reason you've been staying up so late? You mentioned your upcoming midterm, has that been keeping you up?

Mentee: We had some daily studying sessions in the weekly schedule, but I didn't feel like I was getting enough done during them. So then later at night I would study more. Sometimes I would start studying at 10 and then study until 2 or 3 a.m. I just don't know what to focus on during my studying so it's been taking a long time.

Peer Mentor: So it sounds to me like you are using your allotted study time for studying, but you feel like you're not getting enough done within that time. Is that right? Are you feeling prepared for your midterm next week with the extra late night studying you've been doing?

Mentee: Honestly, I'm stressed about it. It's my first midterm of second-year. We've just learned a lot of complicated stuff, and I think it will be much harder than any of my first year exams. It's short answer and essay questions instead of multiple choice. I'm trying to study everything we've learned and I just don't think I'll be able to learn it all in time.

Peer Mentor: That is totally understandable. Second-year classes are often a big change from first-year introductory classes. Maybe we can take another look at the weekly schedule and adjust it for this week. It could be helpful to break studying and course content down a bit. Maybe instead of general study time, we can allot a certain amount of course content to each day. We can use the course outline to help us do this. Would that help a little bit?

Mentee: Yeah, I think that would help a lot.

Peer Mentor: Okay, so maybe now we can talk about your sleep for a bit? What do you think prevents you from falling asleep the most?

Mentee: Um, just being stressed out about not getting enough done. I had been sleeping pretty well at the beginning of the semester. I find that if I try to lie down I just think about all the things I have to do or what I didn't get done that day. I am tired, but I have too much to do. So instead of just going to bed and laying there and thinking about it all, I just stay up later to do it.

Peer Mentor: Okay, right. Do you think this week you could try taking a little bit of time before you actually go to bed, just to relax and clear your mind. I know that's a little bit easier said than done when you're stressed for exams. For example, you could try to drink tea or watch a show. That may help change your mindset a little bit and make your body ready to kind of settle and go to sleep. Do you think you could try something like that?

Mentee: Yeah, I could try that.

Peer Mentor: Great! And if it doesn't end up working, that's totally okay. Also, I've brought a few resources about sleep that I would like to share with you.

Mentee: Yeah, I'd like to try whatever I can. It's not like I have all this extra energy. I'm actually really tired.

Peer Mentor: I bet that it is very frustrating to be exhausted but not be able to fall asleep. It's great you want to try some new strategies. So now let's talk about your studying and time management again. Did you happen to bring your course syllabus with you today?

Mentee: Yeah, I have it right here.

Peer Mentor: Okay, so how about if we make a weekly schedule we can break things down into topics for your midterm and we can go through your readings a little bit and see if there's some overlap in what might be on your midterm.

Mentee: Yeah, okay and then like for my other classes, is that, like do most classes have the syllabuses where it's set out like that? Because it's not just for this class that I'm worried about the midterm. Last year like for my finals I got really stressed out before my exams. I get worried because I'm doing really well mental health-wise but then I get stressed out. The stress then causes me not to sleep and become really emotional. I just want to make sure that I don't really fall into that pattern again this year.

Peer Mentor: That makes a lot of sense. You seem really self-aware and it's really awesome that you are working to manage your mental health and overall well-being. So we can definitely work on an in-depth study schedule for all your classes. I agree that it's important to not only focus on your upcoming midterm but to try and stay caught up on all your other courses. That way, when you get to final exams you can hopefully prevent the feelings you had last semester. So we can definitely look at the rest of your syllabuses and see what you need to do. Do you want to talk about maybe some goals that you have for the rest of the semester, academic or otherwise? How do you want to feel?

Mentee: Well my marks have gone down since high school, but I know that's what happens in university. So I guess my goal right now would be to pass. I don't want to get behind in my program. I really want to be able to graduate on time. Outside of academics, I just want to feel okay. I just don't want to feel like completely overwhelmed and exhausted and that I need to take a whole week off after exams. Then I'll miss everything and just get behind. I just want to be able to feel okay and that I can keep going.

Peer Mentor: I think that that's awesome, the way that you said that "you just want to feel okay". I think that's something we can definitely work towards especially for these upcoming midterms and staying on top of everything. To work towards those goals, we can take a look at all your syllabuses and maybe plan out a few months ahead. We can map out your due dates and keep updated on all the projects you have going on. How does that sound?

Mentee: Good. I did like the schedule. I knew what I should be doing and it's not like I was skipping stuff on purpose. I think knowing exactly what to study during the study times will be really helpful.

Peer Mentor: So what we can do now is write out some topics and discuss a few studying tips — like making to do lists. There's a lot of other techniques that maybe we can go over and I can give you a few other resources and you can work through those a little bit when you are studying.

Mentee: Yeah, that would be awesome.

Exam Preparation

Prepared by:

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Overview

This two-hour training session provides participants with an overview of basic exam preparation strategies and opportunities to practice teaching and modelling these skills. The session provides participants with an understanding of exam preparation strategies applicable to a variety of disciplines, such as balance and time management, as well as an opportunity to role-play coaching a Mentee on those strategies.

Rationale

Final exams may be a source of major stress due to their importance, scope, and potentially difficult timing. Peer Mentors will certainly hear questions and challenges regarding final exams from their Mentees, so it is important that they understand how to approach the issue in a productive and reassuring way.

Instructor Profile

The following professionals would be suitable instructors for this session:

- A learning strategies professional who is familiar with effective exam preparation, peer mentoring relationships, and the academic expectations, norms, and possible accommodations at your institution
- A professor or academic instructor familiar with effective exam preparation, peer mentoring relationships, and the academic expectations, norms, and possible accommodations at your institution
- An academic advisor familiar with effective exam preparation, peer mentoring relationships, and the academic expectations, norms, and possible accommodations at your institution

Resources and Background Reading

Learning Specialists Association of Canada. (n.d.). Home. Retrieved from: <http://learningspecialists.ca/>

Queen's University, Learning Strategies. (n.d.) Strategies and tools. Retrieved from: <http://sass.queensu.ca/learningstrategies/topics/>

University of Guelph, Learning Commons. (n.d.). A guide to university learning: How to study. Retrieved from: http://www.learningcommons.uoguelph.ca/guides/university_learning/accessibility/university_learning_guide_studying.pdf



Lesson Plan

Learning Outcomes

By the end of this training session, Peer Mentors will be able to:

- Explain the concept of Levels of Thinking to a Mentee
- Apply appropriate studying strategies to different kinds of courses and levels of thinking
- Create an exam study schedule using the provided template
- Coach another student through creating their exam study schedule
- Coach a Mentee through analyzing a course syllabus to identify areas of weakness, strength, and self-testing opportunities

Peer Mentor Homework

This is an ongoing training session that should take place after the term's final exam schedule has been released to students. Prior to participating in this session, Peer Mentors should:

- Watch the Levels of Thinking video on YouTube
- Complete their own exam study schedule using the attached template

Send Peer Mentors the following message, along with the exam study schedule template, at least one week before the session (note the provided context, too):

"In preparation for next week's session on Exam Preparation, please watch this video (<https://www.youtube.com/watch?v=wCXtKEpev4Y>) on Levels of Thinking, then create your own exam study schedule using the attached template. Please follow the instructions on the back of the page carefully; you may ultimately decide to study in your own way, but it is important for you to be familiar with this template since this is what you will use with your Mentee.

While making the schedule, consider the following:

- Are the instructions unclear at any point? Where?
- How did you decide to divide or 'chunk' your course content? By unit, week, lesson, or something else?

Be ready to submit and discuss your exam study schedule at the session."

Curriculum Connections

This training session builds upon material from the main training programme, particularly the sessions on the Wise Choice Model, Academic Expectations, and Self-Management.

Time

This session takes two hours.

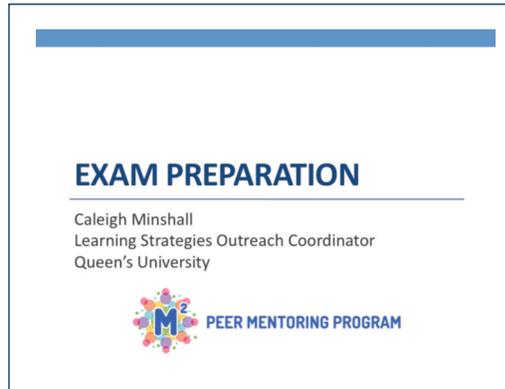
Resources

- Blank paper and pens
- Flipchart papers and markers
- Student Handouts:
 - Exam Study Schedule Template
 - Creating Your Exam Study Schedule
 - Estimating Study Time for Each Course
 - Stacey's Exam Schedule
 - Note-Taking Methods
 - 2 common first-year class syllabi from your institution: one Arts/Humanities/Social Sciences, one Problem-solving (like Physics, Math, or Statistics)
 - Academic resources at your institution



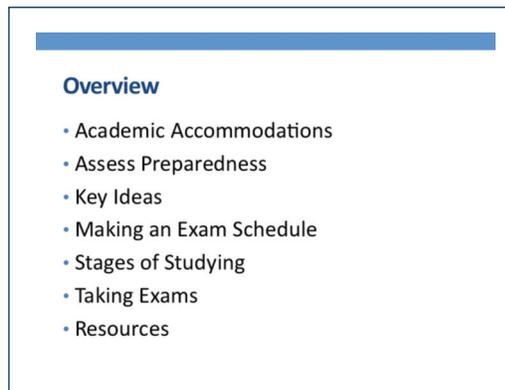
Instructor's Guide

Slide 01



Introduce yourself and the topic of the session. There will be many interactive activities throughout. Remind Peer Mentors that they should have watched the Levels of Thinking video ahead of time and brought a completed study schedule.

Slide 02



Introduce agenda.

Slide 03

Academic Accommodations

- Disability Services Office
 - Student responsible for informing institution about disability
 - Student provides documentation
 - Disability Advisors determines accommodations, assists with advocacy
 - Protected by Ontario Human Rights Code
- Mental Health Crisis/Short-Term Disability
 - Many mental health issues are episodic
 - Students can request short-term accommodations by
[INSERT INSTITUTION PROTOCOL]

Students who have a documented disability, such as a mental health condition, may require academic accommodations. The goal of an academic accommodation is to enable the student to participate fully in their studies. Students can register with the Disability Services Office by providing documentation about their disability. A disability advisor meets with the student to determine appropriate accommodations. For example, a student who experiences anxiety might be granted an accommodation to write an exam in a private room. Accommodations are determined and granted on an individual basis.

Your Mentee may or may not be registered with the campus Disability Services Office, and they may or may not know about the availability of academic accommodations. As a Peer Mentor, it is a good idea to consider whether your Mentee would be receptive to you sharing some information about academic accommodations. You could say something supportive and normative like, “We’re heading into the exam period now, and I wanted to mention the Disability Services Office as a resource that might interest you. If you’d like more information, I’d be happy to put you in touch with the Disability Services Office.”

Provide Peer Mentors with information on the protocol at your post-secondary institution for short-term academic accommodations during the exam period and share contact information for relevant campus resources.

Slide 04

Assess Mentee's Preparedness

- Review Student Wellness Assessment with Mentee: Strengths? Weaker areas?
- Gather information about your Mentee's current academic situation
 - Lecture attendance?
 - Lecture notes?
 - Reading completion?
 - Reviewed and understood comments on marked midterms and assignments?

(5 minutes)

A good place to begin the conversation with your Mentee is returning to the Student Wellness Assessment that they filled out previously. Help them reflect on whether there have been any changes over the course of the term. What does the student do well? What are their weaker areas? What strategies have they turned to before to manage stress and maintain overall wellness? What self-management strategies have worked for your Mentee in the past and have already been added to their Success Plan [See Wise Choice training session]? Keep these strengths and weaknesses in mind when helping them to develop an exam study schedule and strategies; not every strategy will work for every person!

Gather some more information to assess your Mentee's preparedness. Has your Mentee attended lectures? Have they completed required readings? Have they taken notes? Do they know someone in class who could share notes for any missed lectures? Have they submitted all assignments and quizzes? Has your Mentee reviewed the comments on marked midterms or assignments and understood what they did not get right? All of this information will help you coach your Mentee through the exam preparation process and assess whether your Mentee could benefit from other resources.

Slide 05

Time to Refer!

- **Signs a Mentee needs professional advising/support:**
 - Student has not attended classes, completed readings
 - Student has missed a significant number of assignments
 - Evidence of academic failure; unlikely to pass course
 - Student is in a state of panic/anxiety, or student is in state of avoidance/denial

A Peer Mentor can be a great resource for exam preparation. Before we move on to the specific strategies and tools you can use with your Mentee, let's talk about signs that your Mentee may need professional support extending beyond your scope as a Peer Mentor. What happens if you assess your Mentee's preparedness and you have serious concerns about the likelihood that they will pass their exams?

Here are some signs (read from slide):

- Student has missed a significant number of classes or readings
- Student has missed significant number of assignments
- Difficulty organizing enough to make and follow a schedule
- Not making ANY motion or movement
- Evidence of academic failure
- Student is in a state of panic/anxiety, or student is in state of avoidance/denial

Slide 06

Referrals: Peer Mentor's Role

Your role as a Peer Mentor:

- Express concern
- Directive role (more decisive or clear)
- Peer Mentor to consult with Program Coordinator, then **refer student** to a professional, depending on needs (academic advisor, professional learning strategies advisor, disability advisor)

In any of these circumstances, a Peer Mentor's role is to express concern and take a more directive role. This means that you will be explicit in expressing concern, providing your Mentee with clear options, and motivating them to access resources. Depending on the student's circumstances, you may end up referring to an academic advisor, a counsellor, physician/psychiatrist, disability advisor, or professional learning strategist. If your Mentee is showing any of these signs, please get in touch with the Program Coordinator right away to talk about the most appropriate referral and to discuss how to take a directive approach when making the referral.

Slide 07

Exam Preparation: Key Ideas

- Key ideas to teach mentee about studying:
 - Match strategies to expected levels of thinking
 - Learning ≠ studying
 - Preview → Take notes → Review → Write a short summary (“What was that all about?”)
 - Distribute your learning over time
 - Self-testing is key: it’s a reality check and it improves memory

Some key principles about studying underlie this workshop. Peer Mentors should be familiar with these principles and make sure that their Mentee becomes familiar with them, too.

Levels of Thinking should be familiar to you from the video that you watched prior to this session. As a reminder:

Learning does not equal studying: Learning should happen throughout the term. It takes time, practice problems, thinking, attending class, and understanding the readings. If the Mentee hasn’t learned everything in the course yet, that will take extra time on top of studying. Studying is about drilling: repeating, memorizing, and doing problems and questions more quickly. The Mentee may have to prioritize studying some units and not others.

Studying is a process: Start with previewing material, then taking notes, reviewing the material, and writing a short summary to consolidate the information. If a Mentee cannot summarize or articulate the main ideas, they probably don’t have a clear understanding of the material yet. We will cover some strategies to help Mentees with this process.

Studying takes time: Our brains remember information best when the information is distributed over several days. The study schedule template will help Mentees with this.

Self-testing is key: This is one of the most important and easily forgotten parts. We will cover some strategies to help Mentees find self-testing resources or invent their own practice problems.

Slide 08

Teaching Key Ideas (Activity)

- Be direct. Explain the concepts. Use examples from **their** courses. Go slowly. Check for understanding.

Practice activity

- Watch [Leveling up: How to think smart at university](#) again as a group
- In pairs: 1 person plays Peer Mentor, other person plays Mentee
- Mentor introduces Levels of Thinking to mentee in 3 minutes.

How to teach key ideas — Remember that you are experts in these subjects, but your Mentees are not. Be direct. Explain the concepts. Use examples from **their** courses. Go slowly. Check for understanding.

Practice activity (20 minutes)

Watch Levels of Thinking video again (they should have watched this already)

Break into pairs — if possible, 1 Arts, Social Sciences, or Humanities student paired with 1 Math or Sciences student

Peer Mentor has 3 minutes to introduce Levels of Thinking concept to Mentee

Debrief (next slide) for 5 minutes in pairs

Debrief (next slide) as a whole group for 2 minutes with any final questions

Slide 09

Teaching Key Ideas: Debrief

- **Mentee:**
 - Do you understand how the concept applies to your situation?
 - What did you learn about thinking?
 - How did you feel at the end of the role-play?
- **Peer Mentor:**
 - Did you work collaboratively?
 - Did you support the Mentee's worthiness, dignity?
 - Did you address one idea at a time?

Debrief for 5 minutes in pairs with these questions:

- **Mentee:**
 - Do you understand how the concept applies to your situation?
 - What did you learn about levels of thinking?
 - How did you feel at the end of the role-play?
- **Peer Mentor:**
 - Did you work collaboratively?
 - Did you support the Mentee's worthiness, dignity?
 - Did you address one idea at a time?

Take 2 minutes at the end for the whole group: Any final questions?

Slide 10

The slide content is enclosed in a rectangular box with a thin blue border. At the top of the box is a solid blue horizontal bar. Below the bar, the title "Why a Study Schedule?" is written in a bold, dark blue font. Underneath the title, there is a bulleted list of three items, each preceded by a small blue square bullet point.

Why a Study Schedule?

- Helps to provide sense of control
- “Reality check” — Is the student up-to-date? Does she understand the material?
- Helps to ensure regular relaxation time

Intro: The exam study schedule may take more than one meeting with your Mentee to complete and will normally get tweaked a few times (even during exam season).

It’s used as a tool that shows you the hours available. If the hours you need to study far exceed the hours that are available, then the study schedule highlights the need for change and prioritization. What is going to be your focus?

We are going to focus most of our time in this session on how you will coach another student on building an exam study schedule.

Slide 11

Study Schedule Reflection (Activity)

- Break into small groups of four
- On your flipchart, answer the following questions as a group about your **experience** of creating the study plan:
 - What worked?
 - What didn't work?
 - What is still confusing?

7 minutes. to discuss as a group.
Then each group shares their results.

20-25 minutes for activity (depending on group size):

Students break into small groups of four. Each group has a large sheet of flipchart paper. Divide flipchart sheet into three sections: "What worked?" "What didn't work?" "What is still confusing?" Students discuss their **experience** creating their own study plan, not the study plan itself. Your goal as the instructor is to assess what instructions seem clear and effective, and which ones the Peer Mentors had trouble with.

7 minutes for discussion.

Each group gets 2 minutes to present their findings to class.

You may have to tweak the timing or group sizes of this activity depending on your number of Peer Mentors.

5 minutes Facilitate debrief: What challenges do the Peer Mentors foresee when walking their Mentee through the template?

Slide 12

Considering Mental Health

How can Mentors help Mentees create an exam schedule that acknowledges their unique needs and abilities?

- Reflect on past experiences and strategies that have worked
- Encourage Mentee to realistically assess their current abilities and needs
- Schedule in time off to relax + day(s) off to catch up if needed



As students, you know that studying for exams requires energy, concentration, and motivation. Poor mental health can create obstacles in the exam preparation process. For example, a student's energy level, mood, memory, concentration, and confidence in their ability to succeed can all be impacted by poor mental health. It can be helpful for a Mentee to reflect on past experiences in order to set realistic goals and maintain key health habits during the exam period.

How might the Peer Mentors modify this template to acknowledge their Mentees' unique situations? E.g. fewer blocks of studying per day? Shorter blocks of studying? More breaks/back-up study blocks? Waking up later? Etc.

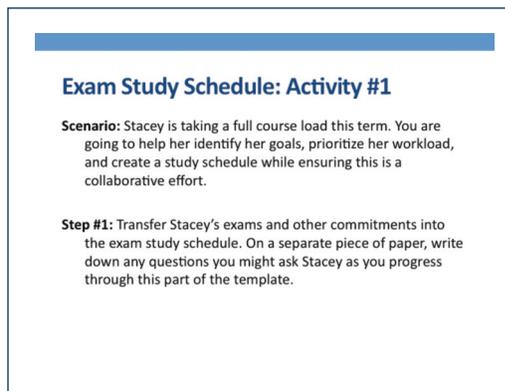
Things to look for from the Peer Mentors' responses (fill in any gaps as needed):

- Match study block to time of exam, if possible (i.e. study at 9 a.m. for 9 a.m. exam)
- 50/10 Rule – work 50 minutes, take 10-minute break
- Switch studying between at least two courses per day
- One block off each day to de-stress or use as 'back-up time' if needed
- Day(s) off

Ask your Mentee to consider their energy, ability to concentrate, sleep needs, etc., while discussing the exam schedule. Your Mentee might need to plan some buffer days in case they fall behind or experience poor mental health. Sometimes Mentees show signs of self-stigma during this process, or they may compare themselves to 'everyone else'. Peer Mentors might hear their Mentees say things like: "But everyone else can study 9 or 10 hours a day. I should be able to do that, too." This is a good opportunity for Peer Mentors to revisit previous training on mental health and stigma, and to encourage self-compassion.

Mentees may also be reluctant to schedule in downtime or time for important health habits. Peer Mentors might hear their Mentees say things like, “I just don’t have time to take an evening off studying or maintain a good sleep schedule.” This is a good opportunity for Peer Mentors to revisit the material covered in the Wise Choice training session. Ask your Mentee to consider both how they want to do (in this case, performance on exams) and how they want to feel. How have they felt during past exam periods? How would they like to feel this time? Reframe scheduled time off as “productive downtime”, not wasted time, which is necessary to help your Mentee meet their academic goals.

Slide 13



Exam Study Schedule: Activity #1

Scenario: Stacey is taking a full course load this term. You are going to help her identify her goals, prioritize her workload, and create a study schedule while ensuring this is a collaborative effort.

Step #1: Transfer Stacey's exams and other commitments into the exam study schedule. On a separate piece of paper, write down any questions you might ask Stacey as you progress through this part of the template.

30 minutes total

Student Handouts:

- Exam Study Schedule Template
- Estimating Study Time for Each Course
- Stacey's Exam Schedule
- 2 common first-year syllabi (ideally one math/problem-solving, one arts)

The reason we are practicing these two steps is because sometimes it can be difficult to walk a student through setting goals, prioritizing their commitments, and ‘chunking’ their course content into manageable sections to study. We are going to practice some of the trickier conversations.

Always keep in mind as we go through this: How will you make this a collaborative effort? How will you respect your Mentee during this process?

Students return to their original pairs. In the following role-play activity, one participant

will be the Mentee (Stacey) and the other participant will act as the Peer Mentor. The role-play will only be completed once, so participants will not switch roles for this particular activity.

5 minutes — Step #1: Role-play the Peer Mentor helping the Mentee learn how to use the exam schedule. Transfer Stacey's exams and other commitments into the exam study schedule. On a separate piece of paper, the Peer Mentor should write down any questions they are asking the Mentee Stacey as the activity progresses.

Slide 14

Exam Study Schedule: Activity #2

Debrief: Questions/concerns from Step #1?

Scenario: Stacey mentions that her hardest course will probably be DEVS 100. She missed weeks 4 and 5.

Step #2: Examine the **arts/social science/humanities type** course syllabus. How might you 'chunk' this course content? Once you are finished dividing the syllabus into chunks, add them (in pencil) to the schedule. As always, write down any questions you would ask Stacey as you progress through this part of the template.

2 minutes debrief for Step #1. What kinds of questions was each Peer Mentor asking their Mentee?

5 minutes — Step #2: Role-play again. This time examine the arts/social science/humanities-type course syllabus. How might the Peer Mentor help the Mentee 'chunk' this course content? The Peer Mentor should write down any questions they ask Stacey as they progress through this part of the template.

Slide 15

Exam Study Schedule: Activity #3

Debrief: Questions/concerns from Step #2?

Scenario: Stacey suggests her second-hardest course is the ___Math___ course.

Step #3: Examine the **problem-solving type** course syllabus. How might you 'chunk' this course content? Once you are finished dividing the syllabus into chunks, add them (in pencil) to the schedule. As always, write down any questions you would ask Stacey as you progress through this part of the template.

2 minutes debrief for Step #2. What kinds of questions were the Peer Mentors asking their Mentee?

5 minutes — Step #3: Role-play for a third time. The Peer Mentor and Mentee should examine the problem-solving-type course syllabus. How might you 'chunk' this course content together? Once you are finished dividing the syllabus into chunks using the Time Estimate handout, add them (in pencil) to the schedule. Again, the Peer Mentor should write down any questions they ask Stacey as they progress through this part of the template.

Slide 16

Exam Study Schedule: Debrief

Debrief:
Questions/concerns from Step #3?

Reminder: This activity will move more quickly than a real session with your Mentee.



3 minutes – Any remaining questions or concerns about how to facilitate this with a Mentee? How will the Peer Mentors make sure that this is a collaborative effort?

Note that a real conversation with a Mentee during a mentoring meeting will take more time than this activity.

Slide 17

Troubleshooting

- Stacey makes the schedule, but can't stick to it?
- Stacey thinks everything is really important — how does she choose?
- Stacey does not understand the material or has missed a lot of it?
- Other issues?

5 minutes — Facilitator walks through these questions with the group and asks for suggestions from them. What would they suggest to the Mentee? Facilitator fills in gaps where needed.

“Stacey makes the schedule, but can't stick to it?”

- Ask questions — what is the barrier?
- Reduce study blocks?
- More downtime?
- Change time of study blocks?
- Find an accountability buddy?

“Stacey thinks everything is really important, how does she choose?”

- Hints from professors?
- Learning Objectives in the syllabus?
- Previous tests/assignments where she did poorly — maybe those are a priority
- Impossible to study everything

“Stacey does not understand the material or has missed a lot of it?”

- Tutoring services at your institution?
- Speak to prof or TA?
- Skip some course content if absolutely necessary, and hope to make up marks in the sections she knows well?
- Help from a friend — get notes from a classmate?

Slide 18

Process of Studying

- Match study strategy with the expected level of thinking
- Look for clues about exam content — Exam Bank, midterm, learning objectives in course syllabus

Studying as a process:

- Preview → Take notes → Review → Write a short summary (“What was that all about?”) → Self-test

Generally, what’s important to remember about studying is that you will need to match your type of studying to the expected level of thinking — remember the video we watched.

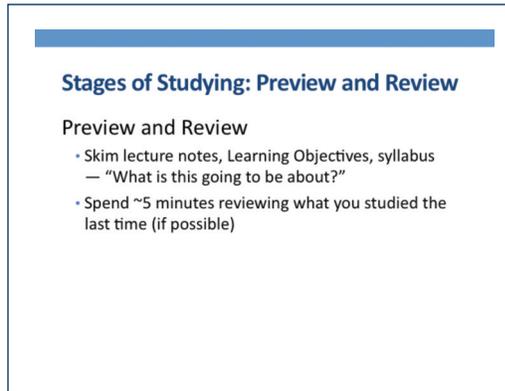
You can also look for clues about exam content to help guide or prioritize your studying. Peer Mentors, it will be your task to remind your Mentees of these tricks — “Do you remember if your professor said anything was really important?”

There are many resources on our website on how to study for different types of exams; Peer Mentors should become familiar with these once they know what types of exams their Mentee may face. We’ll share those resources in a handout at the end of the session.

Remember that Peer Mentors are expected to know general strategies, **not** course content. If you are nervous because you have never taken Physics before, but your Mentee is a Physics major, reflect on why you might be nervous. You can always ask questions to get a better understanding of the strategies the student currently employs — you do not need to know Physics to help. Remember that Peer Mentors are not tutors. If your Mentee needs help with course content, you can offer to help your Mentee find a tutor or discuss approaching a TA or classmate for help. Ask “Who else could you ask for help on that?”

Finally, you can think of studying as a process. Here are the different stages your Mentee will encounter.

Slide 19

A rectangular box with a blue header bar at the top. The text inside is as follows:

Stages of Studying: Preview and Review

Preview and Review

- Skim lecture notes, Learning Objectives, syllabus
— “What is this going to be about?”
- Spend ~5 minutes reviewing what you studied the last time (if possible)

The first step of studying is previewing.

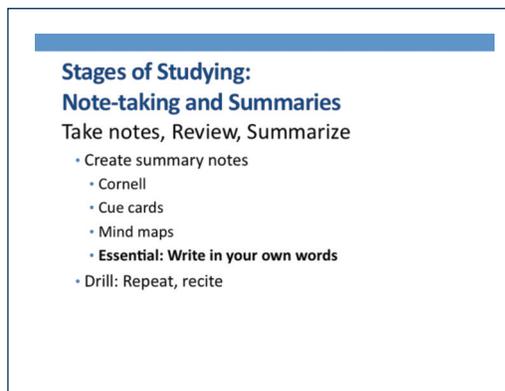
Ensure you have all the notes and course materials you will need.

Preview the current ‘chunk’ to study by looking over learning objectives.

Ask: “What am I going to study now? What should I know by the end of this session?”

Review what you studied the last time to get yourself in the right frame of mind for studying and to make learning the new information a little easier. Reviewing previous study material will also reinforce your memory of that material.

Slide 20

A rectangular box with a blue header bar at the top. The text inside is as follows:

**Stages of Studying:
Note-taking and Summaries**

Take notes, Review, Summarize

- Create summary notes
 - Cornell
 - Cue cards
 - Mind maps
 - **Essential: Write in your own words**
- Drill: Repeat, recite

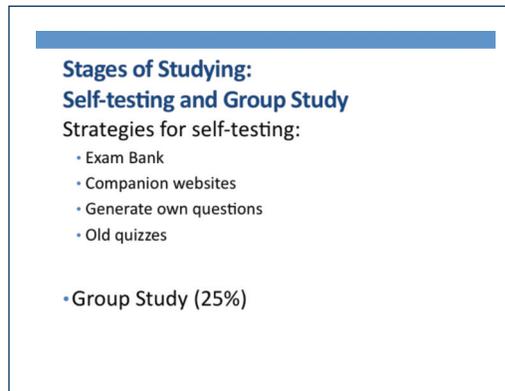
Student Handout: Note-Taking Methods

While studying, students should create summary notes of existing lecture notes, readings, etc., in their own words and formats (see above) and then drill. Repeat, recite information aloud, and see if student can recite information without looking several times in a row.

Repetition and distribution over several days is key.

Check for higher levels of thinking: Can the student briefly and accurately summarize what they spent the last hour studying?

Slide 21



Stages of Studying:
Self-testing and Group Study

Strategies for self-testing:

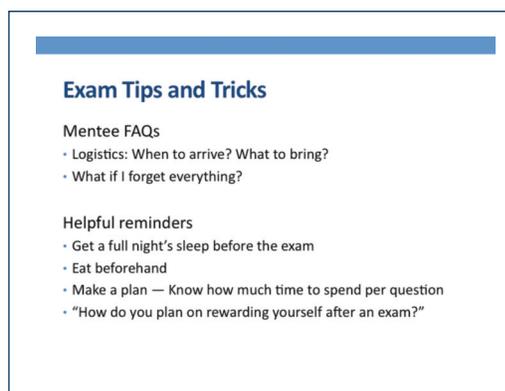
- Exam Bank
- Companion websites
- Generate own questions
- Old quizzes

• Group Study (25%)

The last stage is self-testing. This is a reality check — do you really understand the material? — and a great way to reinforce your memory of the information. See slide for ideas on where to find good self-testing resources.

Group studying is another helpful option, but remember that you will write the exam alone. Teaching other students concepts from the course is a good way to remember those concepts. You can also go to other students for help if you are running into trouble. Spend no more than 25% of your time studying in a group.

Slide 22



Exam Tips and Tricks

Mentee FAQs

- Logistics: When to arrive? What to bring?
- What if I forget everything?

Helpful reminders

- Get a full night's sleep before the exam
- Eat beforehand
- Make a plan — Know how much time to spend per question
- "How do you plan on rewarding yourself after an exam?"

Your Mentee may have more basic questions about exam logistics, especially if they have never taken a college/university exam before. Remind them what to bring (student ID, pens) and what to expect. Advise your Mentee that they should aim to arrive 15 minutes early. Ask your Mentee if they are familiar with the campus buildings where their exams are held; if not, you could offer to help them find their exam rooms in advance to ease some stress on the exam day.

Another common question is “What if I forget everything?” Reassure your Mentee that this is unlikely. Encourage your Mentee to write down the things they are worried about forgetting at the start of the exam (e.g. dates, formulae). If all else fails, remind your Mentee that writing something is better than nothing and they should aim to answer every question, even if they need to guess.

Your Mentees may not ask about the issues below, but it’s a good idea to check in with them in advance. Remind your Mentee (read from slide):

- No all-nighters
- Eat beforehand
- Calculate how much time you have for each section or question.

Talk to your Mentee about how they can reward themselves for finishing exams.

Slide 23

Reflection

- What have I learned from this session?
- How will I apply it?



Quick reflection activity: Give 2 minutes for everyone to write silently about what they learned from the session and how they might apply it.

Slide 24

Resources and Questions

- List relevant campus resources here as a reminder to Peer Mentors



This slide will be based on academic resources available at your home institution. It is a good idea to provide a handout to your Peer Mentors that summarizes available resources. This is also a chance to take questions from the group.



Frequently Asked Questions

What if my Mentee needs accommodations?

Get in touch with the Program Coordinator for specific information about the academic accommodation policies at your institution and for support with referring your Mentee to the Disability Services Office.

I don't study the same courses as my Mentee. How can I help them?

Learning strategies doesn't have much to do with the course content, so you will still be able to help your Mentee prepare for exams. Consider why you are worried about not having taken the same courses. Remember that you are not here as a tutor. If you have questions about what it's like to be an Engineering student, don't be afraid to ask your Mentee what their day-to-day life is like and what their courses are like. Look for strategy-based issues: Time management? Setting study goals? Staying focused? Summarizing material in their own words? Practice problems?

Also, you can always respond, "I am not very experienced in that course. Can you think of anyone else to ask about that particular question/challenge?" Professors, TAs, friends in the class, etc., can be good resources.

This schedule will be too rigid, busy, or structured for my Mentee.

There is no one schedule that works for every student. The study schedule template can serve as a starting point for discussing where your Mentee will need to focus their efforts in terms of studying and maintaining work-life balance. Try creating a schedule with your Mentee with the understanding that afterwards, you can talk about how to modify it to suit their situation better.

Also, remember that even if you can study up to 9 hours per day using this template, we actually recommend a maximum of 6 hours per day. Peer Mentors can also help their Mentee decide whether it might be best to adjust the length of time spent studying – perhaps your Mentee is better suited to two-hour blocks instead of three-hour blocks. You may also need to adjust the timing of breaks to take into account when the Mentee feels most alert and capable and when they will need to rest.

My Mentee is extremely behind or does not understand any of the course material.

This is a serious situation. Your Mentee will want to discuss their situation with the professor, an academic advisor, or a learning strategist. A study schedule cannot make up for weeks of missed classes or readings — that will require other help or resources. Get in touch with the Program Coordinator to talk about your Mentee's situation and to identify the most appropriate professional referral (learning strategies, academic advisor) for your Mentee.



Handout: Exam Study Schedule Template

April 2016 Exam Study Schedule

Learning Strategies: Student Academic Success Services
<http://sass.queensu.ca/learningstrategies>

| Course | Hours Needed | | | Target Achieved? |
|--------|--------------|-------|-------|------------------|
| | Catch Up | Study | Total | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|----------|--------|---------|-----------|-------------------------|--------------------------|----------|
| Morning | March 27 | 28 | 29 | 30 | 31 | April 1 | 2 |
| Afternoon | | | | | | <i>Last day of class</i> | |
| Evening | | | | | | | |
| Morning | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Afternoon | | | | | <i>1st day of exams</i> | | |
| Evening | | | | | | | |
| Morning | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Afternoon | | | | | | | |
| Evening | | | | | | | |
| Morning | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| Afternoon | | | | | | | |
| Evening | | | | | | | |
| Morning | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

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 Access a digital version of this exam study schedule: <http://sass.queensu.ca/learningstrategies/decemberapril-exam-study-schedule/>



Handout: Exam Study Schedule

A study plan allows you to consider how much time you may need for different courses, distribute your review time, and ensure that all courses get some attention. A study plan reduces stress, helps you keep on track during the intense exam period, and prioritizes health and balancing activities.

Why should I start studying early? The human brain learns academic material faster and better if done in brief blocks of time spread over longer periods, rather than a few lengthy sessions. It's better to distribute 15 hours of study over 5 days at 3 hours a day, rather than cramming during two 8-hour study days.

How to create your exam study schedule: Each day is divided into 3 x 3 hour study blocks (one each for morning, afternoon, and evening) – that's 9 hours a day of studying! These study blocks must be separated by a 2 hour break, to allow for memory consolidation and down time. Studying for exams is a marathon, not a sprint! During that 2 hour break, grab some food, get some physical activity, hang out with friends, watch TV. For example:

| | |
|-----------|--------------------------------------|
| Morning | 9 a.m. – 12 noon: 3-hour study block |
| | 12 - 2 p.m.: 2-hour break |
| Afternoon | 2 – 5 p.m.: 3-hour study block |
| | 5 – 7 p.m.: 2-hour break |
| Evening | 7 – 10 p.m.: 3-hour study block |

1. Write in when your exams are, in the appropriate timeslot. For example, a 9 a.m. exam would go in the first third of the day. Include the value or percentage of each exam. Consider colour coding for easy identification.
2. Determine how many 3-hour study blocks you will need for each exam. This will depend on the value of the exam, your goals for the course, the difficulty of the material, and how up-to-date you are in the course. Divide the course material into workable chunks, e.g. a section of a textbook, a set of lecture notes, or a topic in the course; then add a single 3-hour study block at the end for review. On average, students spend between 4-7 study blocks per course (10-20 hours). Write the number of study blocks per course into the chart on the upper-right side of the template.

3. Starting with your hardest course, work backwards from the exam date and assign study chunks to individual 3-hour blocks in the schedule (use a pencil, because you may need to revise!) Try to assign study blocks that coincide with the time of each exam (for example, study for a 7 p.m. exam at 7 p.m.), so that your mind is able to function well under the future exam conditions. Schedule your peak learning times for your hardest studying.
4. Repeat step #3 for each course. There is no perfect plan: just try to spread your studying over a period of 5 days or more, and reach your targeted number of study blocks.
5. Within each 3-hour study block, it is important to review, study, and self-test. First, spend a few minutes reviewing the material you studied during the previous study block; then spend most of your time reviewing the current chunk of material; then spend some time testing yourself on that material.
6. Be efficient. Within each 3-hour study block, use the 50/10 rule: work for 50 minutes, then take a 10-minute break. Strategically focus on key content areas (e.g. the learning objectives for each course). Focus on the material you do not know. Make summary sheets of major concepts and their applications. Repeat and rehearse to move information into your long-term memory. Read our Exam Prep module on our website for more information: <http://sass.queensu.ca/learningstrategies/topic-exam-prep/>.

Learning Strategies, Student Academic Success Services, Queen's University, Kingston, ON.
sass.queensu.ca/learningstrategies/



Handout: Stacey's Exam Schedule

| | | |
|------------|---------------------|---------------------------|
| Morning, | Monday, April 5 | — English literature exam |
| Evening, | Thursday, April 8 | — Birthday party |
| Evening, | Friday, April 9 | — Physics exam |
| Morning, | Monday, April 12 | — History exam |
| Afternoon, | Monday, April 12 | — Math exam |
| Evening, | Monday, April 12 | — Work shift |
| Afternoon, | Wednesday, April 14 | — Biology exam |



Handout: Note-Taking Methods

The Cornell System

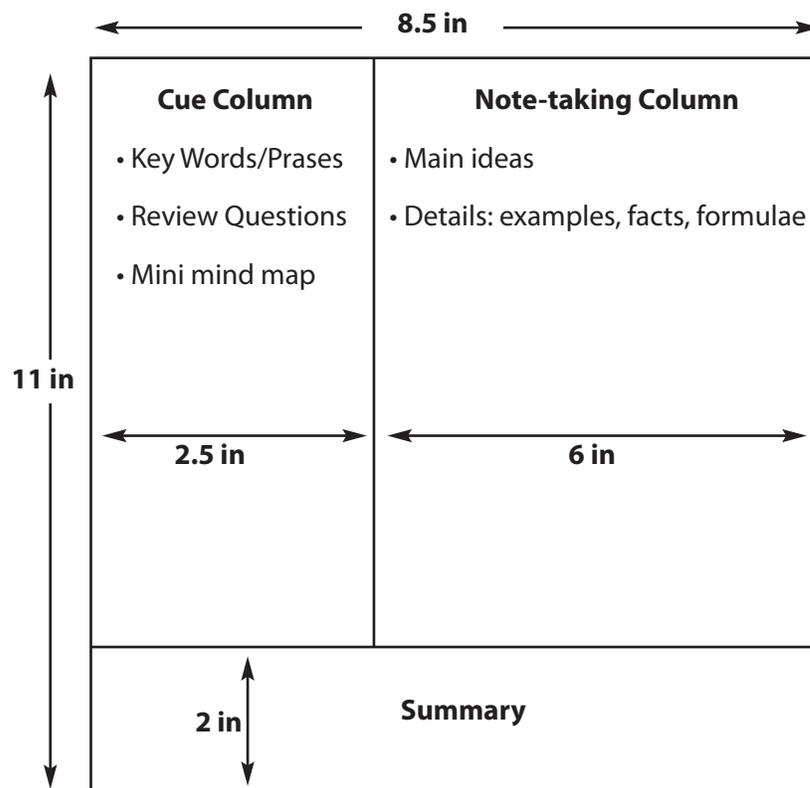
The Cornell note-taking system is for students who want to improve the organization of their notes. It was developed by Walter Pauk, an emeritus professor of education, at Cornell University. Learn more about this system in Pauk's *How to Study in College* (5th edition).

Page layout

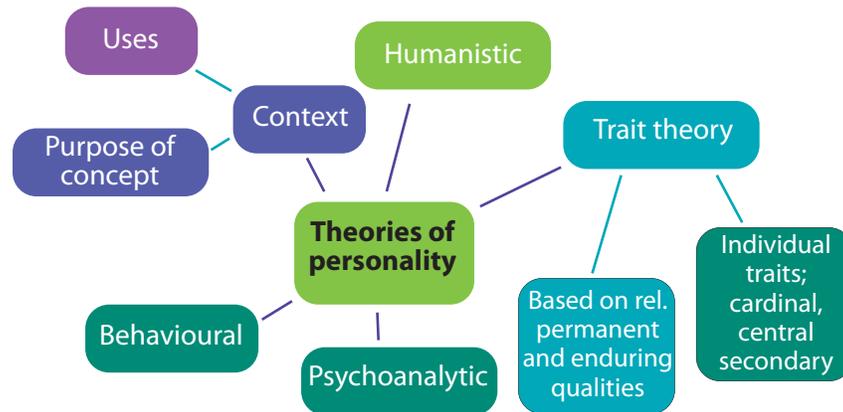
The distinguishing feature of the Cornell system is the layout of the pages on which you take your notes. The page layout includes large margins on the left — the 'Cue Column' at 2.5 inches — and the bottom of the page there are 2 inches in which to write a brief summary. To the right of the Cue Column is the Note-taking Column, comprising 6 inches.

Content

In the Cue Column write a key word, phrase, and/or question that will serve to toggle your memory of the ideas you wrote in the Note-taking Column. When using the Cornell system with SQ4R, the words and questions in the Cue Column are recited out loud during the 'Recite' phase. Thereafter, you may wish to fold over the Cue Column to use during the 'Review' phase.



Note-Taking with Mind Maps



Why use a mind map?

Mind maps use both left and right brain functions.

- Left: contains lists and sequences and show relationships
- Right: shows a picture of a subject. Visual patterns provide a framework for recall
- Mind maps are both verbal (words) and non-verbal (pictures, symbols, colours).

Need to use BOTH brain hemispheres to be a Master Student!

How will making a mind map help me read and retain information?

- Show relationships between ideas quickly, vividly, accurately
- Using key words, condenses a large subject into a small area
- Moves thinking from the general to the specific: start by choosing a main topic and focusing on the big picture and then zero in on the subordinate ideas
- Can review quickly by looking at key words
- Improves long-term memory: the picture enters your memory quickly and when visualized, will incite memory

How to use a use mind map?

- Taking notes from text
- Brainstorming a topic
- Planning and organizing ideas
- Linking main ideas to smaller details
- Summarizing
- Taking lecture notes

NOTE: Mind maps don't have to include all the ideas in your readings. Instead, you can link mind maps.

How?

- Draw up a mind map that sums up the 5 key points in a chapter.
- Then make a separate, more detailed mind map for each of those key points.
- Within each mind map, include references to other mind maps among many ideas

Using mind maps with the Cornell notes

You can use Mind Maps alongside the Cornell notes.

How?

- Divide notepaper in half: ½ for a mind map, ½ for information more suited to traditional paragraph method.
- You can also add mind maps INTO your paragraph-style notes.
- Mind maps are also useful for summarizing notes taken in Cornell format.

Source: Ellis, D. (2000). *Becoming a Master Student*. Canadian 3rd Edition. Boston: Houghton Mifflin.

Combining Cornell with mind maps

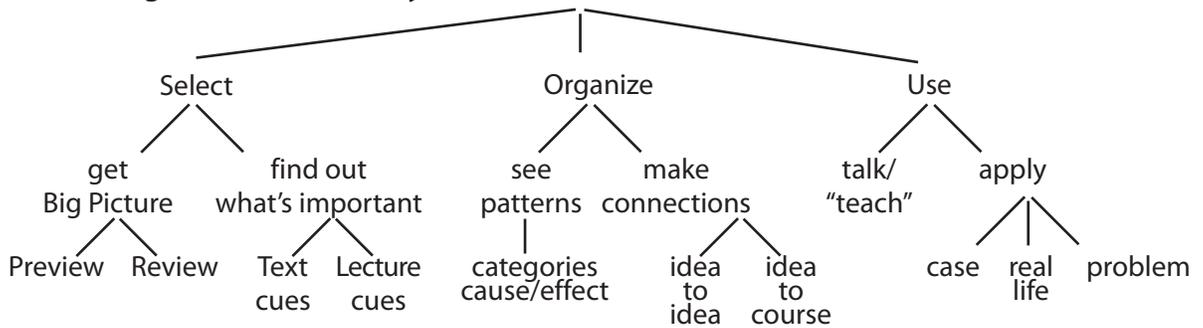
| Main Ideas | Details |
|---|---|
| Cornell notes | <ul style="list-style-type: none"> • Can be used to provide an outline of the course, chapter, or lecture. • Organized by main ideas and details. • Can be as detailed as necessary. • Sequential – take notes as they are given by instructor or text in an orderly fashion. • After class, write a summary of what you learned to clarify and reinforce learning and to assist retention. • Can be used as study tool: <ul style="list-style-type: none"> • Define terms or explain concepts listed on the left side. • Identify the concept or term based on its definition on the right side |
| Semantic map or web | <ul style="list-style-type: none"> • Can be used to provide a “big picture” of the course, chapter, or lecture. • Organized by main ideas and sub-topics. • Limited in how much detail you can represent. • Simultaneous – you can use this method for instructors who jump around from topic to topic. • After class, you will probably need to “translate” notes into a Cornell format. • Can be used as a study tool – to get a quick overview and to determine whether you need more information or need to concentrate your study on specific topics. |
| <p>Summary:</p> <p>There are a couple of ways that you can take notes. The Cornell method is best when the information is given in a sequential, orderly fashion and allows for more detail. The semantic web/map method works best for instructors who skip around from topic to topic, and provides a “big picture” when you’re previewing materials or getting ready to study for a test.</p> | |

Source: Workshop presented by Marlene McIntosh and Diane Berzins, “Integrating Assistive Technology and Learning Strategies.” Cambrian College. Date unknown.

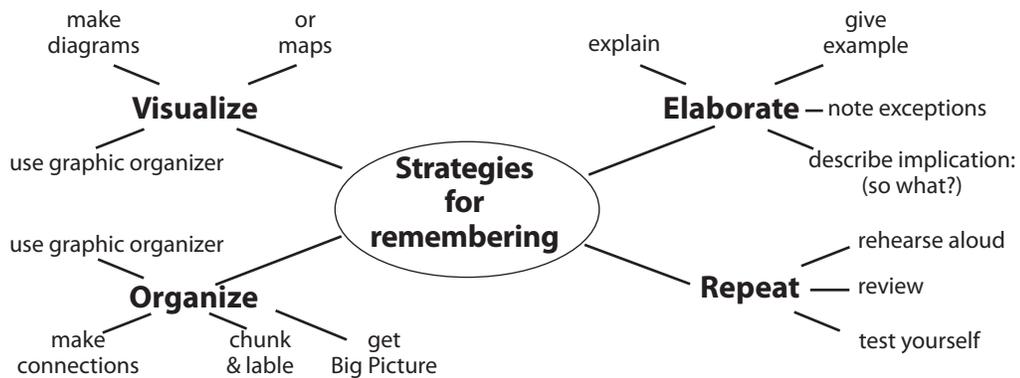
Study skills using graphic organizers

Graphic Organizers provide ways to organize ideas or information visually, thus deepening understanding and increasing retention. Below are a few different types of Graphic Organizers which summarize some important study skills for post-secondary students.

Learning as a Post-secondary Student



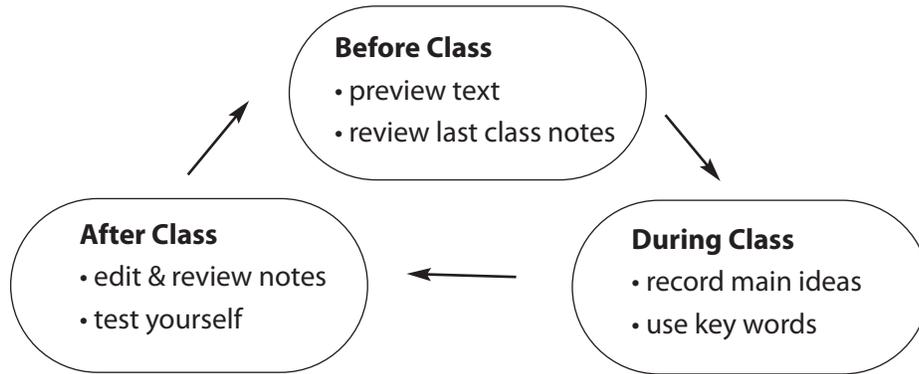
Mind Map: Strategies for remembering



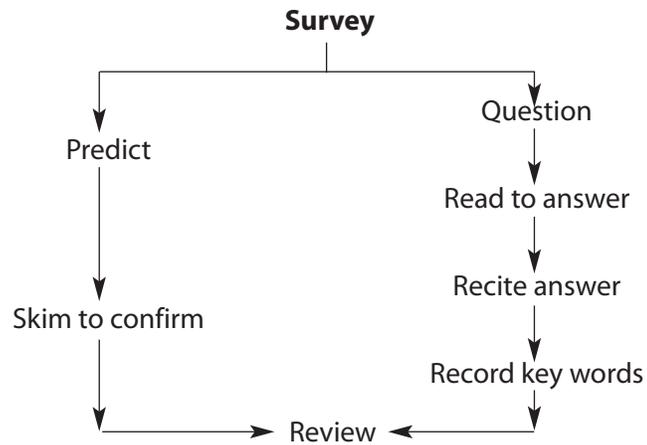
Grid/Table: Using Study Time Effectively

| Kind of studying | Approx. time frame | Example |
|------------------|--|---|
| Memorizing | Short, repeated sessions (20-30 min.) | Biology: parts of the eye French: vocab, verbs |
| Reading | Medium length, focused sessions (45-60 min.) | (Partial) textbook chapter Journal article |
| Writing | Longer sessions with breaks (60+ min.) | Research paper, essay, lab report |
| Problem-solving | Longer sessions with breaks (60+ min.) | Math, Chemistry, Stats, Accounting, Physics |

Cycle or Process: Note-taking



Procedure or Flow-Chart: Reading



Source: O'Malley, M. (November, 1998). Learning and Study Skills Association Conference, Concordia University, Montreal.



SECTION FOUR

Evaluating Training

Evaluation Tools

Peer Mentors reflected on their experience and shared feedback through two evaluation surveys. We carefully reviewed all of the feedback and used this information to revise the curriculum and to shape our recommendations in this manual.

During the pilot, program evaluation was conducted through two distinct online questionnaires:

1) Mentoring Skills Self-Assessment

Peer Mentors completed a self-assessment of their confidence (self-efficacy) in the mentoring skills developed during training. Each item on the Mentoring Skills Self-Assessment correlates to a learning outcome for a training session; if training sessions are modified, then the self-assessment should be revised to reflect this. The questionnaire encouraged self-reflection and helped Peer Mentors to identify strengths and areas where they lack confidence. The evaluation was useful for the Program Coordinator to gauge Peer Mentors' confidence in curricular areas and to assess which aspects of training needed to be reviewed or clarified. The Mentoring Skills Self-Assessment was not anonymous, meaning that Peer Mentors' names were attached to their questionnaire and viewed by the Program Coordinator.

2) Training Evaluation

Peer Mentors completed a questionnaire evaluating the content, delivery, and overall experience of the M² Peer Mentoring training program. Peer Mentors provided feedback on: a) Peer Mentor Homework, b) training logistics and scheduling, c) training materials and delivery, and d) the delivery and content of each individual training session. The Training Evaluation was anonymous, meaning that no identifying information was collected.

A formal evaluation of your training program should be distributed and collected shortly after training is complete. Copies of the questionnaires used in the pilot program are included below.

Mentoring Skills Self-Assessment

The goal of this questionnaire is to identify your current strengths and areas that you would like to work on before you start working with your Mentee. Please consider how confident you are in your ability to perform each of the following activities at this time. This questionnaire will only be viewed by the Program Staff, not the guest presenters.

Full Name:

Mentoring Relationships and Skills

As a Peer Mentor, I am confident in my ability to:

1. Describe the characteristics of an effective Peer Mentor and the scope of a healthy mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Describe and differentiate the role of a Peer Mentor from other student supports

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Implement verbal and non-verbal communication strategies skills, including: open-ended questions, active listening, reflection, summarizing and mirroring

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Appropriately involve vulnerability and empathy in the mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Recognize and avoid common communication blocks

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Apply strategies to build trust and rapport with a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Effectively make decisions about how and when to self-disclose or share personal information with a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. Apply the steps to make an effective referral to a campus or community resource

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Wise Choice Mentoring Model

As a peer mentor, I am confident in my ability to...

1. Describe the role that Peer Mentors play in helping students to make positive decisions related to school and their personal well-being, and take action

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Implement the Wise Choice model for promoting behavioural change, by:

i) helping a Mentee set realistic goals, based on their intentions,

ii) assessing obstacles or barriers to those goals,

iii) harnessing the inner dialogue of a student to build hope and persistent positive action, and

iv) creating an Action Plan with a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Help a Mentee develop personal goals using the DAPPS (dated, achievable, personal, positive, and specific) goal-setting format

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Identify how and when to create a success plan with a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Boundaries and Confidentiality

As a Peer Mentor, I am confident in my ability to...

1. Describe the role of boundaries in establishing an appropriate and effective peer mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify and evaluate my own boundaries

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Describe the program policy on boundaries in a mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Implement strategies to set and maintain my own boundaries

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Implement strategies to respect a Mentee's boundaries

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Facilitate a conversation with a Mentee about boundaries in the mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Describe the program policy on confidentiality in a mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. Facilitate a conversation with a Mentee about confidentiality in the mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Emotional Intelligence

As a Peer Mentor, I am confident in my ability to...

1. Define emotional intelligence and describe its impact on a Mentee's success

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify and describe the components of the EQ-i 2.0 model of emotional intelligence

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Describe the behaviours, thought processes, and strategies of people with high emotional intelligence

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Identify and compare behaviours, thoughts, and responses that would show low emotional intelligence and high emotional intelligence in a specific competency area

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Recognize how specific emotional intelligence competencies relate to my role as a Peer Mentor and to the development of the mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Identify my personal strengths in emotional intelligence and understand how to leverage these in the mentoring relationship

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Identify my personal weaknesses in emotional intelligence and apply one strategy to practice emotional intelligence in this area

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Coaching Health and Wellness

As a Peer Mentor, I am confident in my ability to...

1. Describe the components of health

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify obstacles to health behaviour change

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Compare and contrast multiple models of health behaviour change

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Review a Mentee's Student Wellness Assessment to identify healthy and unhealthy habits

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Apply motivational assessment techniques to gauge a Mentee's readiness for change and to encourage health behaviour change

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Resources and Referrals

As a peer mentor, I am confident in my ability to...

1. Identify circumstances when I should refer a Mentee to other resources

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Initiate a conversation with a Mentee about accessing a resource

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Share information about different resources with a Mentee, including academic support, physical health, identity, and mental health

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Talk to a Mentee about their concerns or apprehension about accessing a resource

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Mental Health Education

As a Peer Mentor, I am confident in my ability to...

1. Describe the continuum model of mental health and recognize the signs a person may exhibit at each stage on the continuum

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify the defining characteristics (signs, effects, and symptoms) of: mood disorders, anxiety disorders, eating disorders, substance-related disorders, and suicidal ideation

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Describe the impact of a mental health problem/disability on various lifestyle components

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Apply the "Approach, Listen, Support, Refer" model to help a student with a mental health issue

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Crisis Response

As a Peer Mentor, I am confident in my ability to...

1. Describe the development of a personal or mental health crisis

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify emotions, thoughts, behaviours, and physical signs that indicate a person is experiencing a crisis

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Identify whether a crisis is mild, moderate or severe and adapt response accordingly

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Implement the program's crisis response policy

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Apply strategies to maintain personal boundaries while supporting a person who is experiencing a crisis

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Identifying and Responding to Thoughts of Suicide (safeTALK)

As a Peer Mentor, I am confident in my ability to...

1. Identify statements, feelings or behaviours that might signal that a Mentee is thinking of suicide

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Identify life situations that might lead a Mentee to think of suicide

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Identify ways that a “helper” might miss, dismiss, or avoid recognizing that a Mentee is thinking of suicide

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Directly ask a Mentee if they are having thoughts of suicide

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Respond to a Mentee who has thoughts of suicide and connect them with a professional resource

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. Take steps to take care of myself after helping someone in crisis

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Stigma Reduction

As a Peer Mentor, I am confident in my ability to...

1. Identify signs (statements, feelings, or behaviours) that suggest that a Mentee may be experiencing self-stigma

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Facilitate a supportive conversation with a Mentee about self-stigma

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Implement strategies to model acceptance and positive self-regard when working with a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (Optional)

Academic Expectations

As a Peer Mentor, I am confident in my ability to...

1. Understand some of the differences between academic expectations in high school compared to college or university

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Explain the concept of depth of thinking, how it links to course Learning Objectives, and how to shift between levels of thinking

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Explain key learning strategies

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Facilitate a conversation with a Mentee about common challenges in meeting academic expectations

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Self-Management

As a Peer Mentor, I am confident in my ability to...

1. Teach a Mentee basic time management strategies

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Adapt time management strategies to a Mentee's individual needs

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Coach and support a Mentee in using practical strategies to improve persistence, self-discipline and focus

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Exam Preparation

As a Peer Mentor, I am confident in my ability to...

1. Explain the concept of Levels of Thinking to a Mentee

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Apply appropriate studying strategies to different kinds of courses and levels of thinking

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Create an exam study schedule using the provided template

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. Coach a mentee through creating their exam study schedule

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Coach a Mentee through analyzing a course syllabus to identify areas of weakness, strength, and self-testing opportunities

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments (optional)

Training Evaluation

This questionnaire focuses on your experience with Peer Mentor training. Please reflect on your experience with the Peer Mentor Homework you completed during the summer and the in-person training sessions in September. Information from this questionnaire will be used to revise our training materials and improve the program. Your responses will remain completely anonymous and confidential. The program staff will have access to your responses but no identifying information is being collected.

Peer Mentor Homework

1. The summer homework activities and training material were interesting and engaging

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. The overall amount of summer training material was manageable

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The amount of time given to complete the summer training material was appropriate

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The summer training material prepared me to engage more meaningfully in the September training material

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Do you have any comments on your experience of using MindSight (online mental health modules)?

6. How long (in hours) did it take you to complete the summer homework package?

7. How could the summer training material be improved?

8. Any other feedback or suggestions about the summer training materials:

Logistics

1. The scheduling/timing of Peer Mentor training (two consecutive weekends in September) was reasonable and manageable

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

What schedule would you have preferred?

2. The amount of training (total number of hours) was manageable.

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

3. The schedule of each training day was manageable (e.g. start and end time, number of breaks).

- Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree

4. Any other feedback or suggestions about training logistics (schedule, timing, location):

Materials and Delivery

1. The overall delivery of training (guest presenters, PowerPoint, group activities) was effective for me as a learner.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Do you have any suggestions for improvement?

2. The overall delivery of training (guest presenters, PowerPoint, group activities) included enough variety to engage me and maintain my attention.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Do you have any suggestions for improvement?

3. The Peer Mentor Manual is an organized and user-friendly resource.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Do you have any suggestions for improvement?

4. Any other feedback or suggestions about the overall delivery of training or materials:

NOTE: The Training Evaluation questionnaire included the following set of questions for each training session. Although this made the questionnaire lengthy, the feedback we received was incredibly valuable.

Session Title and Instructor Name:

1. The instructor was prepared and knowledgeable in the topic area

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. The session was well organized

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The session was engaging

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The activities in this session helped me learn

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. The instructor made clear connections between the content and my role as a Peer Mentor

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I understand how to apply this material to my role as a Peer Mentor

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I am confident in my ability to use the skills or information from this session in my role as a Peer Mentor

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

Team Environment

1. I built new relationships with other Peer Mentors during training

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. There were enough opportunities to interact with other Peer Mentors

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The team building activities were successful in helping to build relationships

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The team environment was open, safe, and welcoming

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I felt respected by team members, program staff, and instructors

Strongly Agree Agree Neutral Disagree Strongly Disagree

Comments:

Do you have any other feedback about peer mentor training?
