

# InSight Mentor Program Program & Policy Manual

# TABLE OF CONTENTS

I. Getting Started: Hiring and Training	p. 4
II. Recruitment and Referrals	p. 34
III. Program Administration	p. 47
IV. Working with Clients	p. 76
APPENDIX A. Mentor Tools	p. 107
APPENDIX B. Articles & Resources	p. 162

### **InSight Replication of the Parent-Child Assistance Program (P-CAP) Model**

InSight is a replication of the Seattle Model of Paraprofessional Advocacy, a best practice approach designed to promote holistic health and wellness, including the prevention of alcohol exposed pregnancy and Fetal Alcohol Spectrum Disorder. InSight began in 1998 in Winnipeg and grown to include the communities of The Pas and Thompson in 2001, and Flin Flon, Dauphin and Portage la Prairie in 2009. Each program has incorporated the following components of the P-CAP Model that were identified by Seattle as essential for replication:

- 1) Caseloads are never to exceed 15 client families per mentor.
- 2) Mentors never give up on a woman; women are never asked to leave the program.
- 3) Mentors develop a strong professional relationship with a woman based on trust, respect, and empowerment; mentors also develop a network of relationships with everyone involved in a woman's life.
- 4) Mentors connect a woman's service providers with each other to create an effective plan.
- 5) Women define and evaluate personal goals every 4 months, which mentors coordinate with program goals.
- 6) The program links the women with the best available community services and identifies and actively resolves existing service barriers.
- 7) The program continues to advocate for both the mother and her child(ren), regardless of custody situation.
- 8) Where appropriate, the mentor provides support to a woman's other family members as needed.
- 9) Individual weekly supervision of each mentor by the coordinator is mandatory.
- 10) Weekly group staffing sessions are mandatory. This enables all mentors to learn from the progress of each other's clients, provides for ongoing program training, and allows community professionals to experience the program in action.
- 11) Ongoing program evaluation generates information use by the program to enhance the work of mentors.

Other aspects of the P-CAP Model have been adapted to be responsive to the Manitoba context and the needs of each agency's clientele, to reflect the reality of agency policies, and to incorporate agency perspectives on women, addictions, and healing. Adaptations and innovations are highlighted here along with the core program elements in an attempt to capture the InSight program as it is delivered at each site.

# I. GETTING STARTED: HIRING AND TRAINING

## Contents:

1. Hiring
  - Position Descriptions- p. 5
  - Sample Job Postings- p. 10
  - Resume Screening Checklist: Program Coordinator and Mentors- p. 12
  - Hiring Interviews: Program Coordinator & Mentors- p. 16
  - Telephone Reference Check Guide- p. 20
2. Training Requirements for Mentors- p. 23
3. Training Requirements for Coordinators- p. 29
4. Coordinator Responsibilities at a Replication Site- p. 32

**InSight**  
Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

## **Position Descriptions**

- Purpose:** To define the minimum applicant requirements for the positions within the InSight program, as well as the expectations of these positions.
- Benefit:** Clearly defines minimum requirements for the positions and allows potential applicants to self assess whether their background and interests fit the needs of these positions.
- Administration:** A copy is filed in the individual's personnel file.

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3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

## **Healthy Child Manitoba**

Basic Functions & Responsibilities: Healthy Child Manitoba is responsible for directing the replication of the program, including the funding, the planning, the coordination, the implementation, the evaluation, and the write-up and dissemination of results.

Characteristic Duties & Responsibilities: Staff at the Healthy Child Manitoba Office (HCMO) will maintain close, ongoing interaction with the Manitoba InSight Mentor Program sites to ensure replication of the essential elements of the program and to draw on other's experience. HCMO staff will maintain a close working relationship with the Manitoba InSight sites to limit program drift in the replication of the mentoring process, the intervention strategies, the clinical protocols, the administrative procedures, and the evaluation methods used in the model.

HCMO will oversee the evaluation of the program and include the program coordinators in the analysis, interpretation, write-up and dissemination of results.

**InSight**  
Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

## **Sponsoring Agency**

**Basic Functions & Responsibilities:** The sponsoring agency administers the InSight program according to the terms outlined in a Service Purchase Agreement with Healthy Child Manitoba. As the program coordinator and mentors are staff of the sponsoring agency, the agency is responsible for all human resource functions including hiring staff, payroll, and designating work-space. The sponsoring agency is responsible for overseeing the program budget for that site, including preparing semi-annual financial and program reports and any other agency reporting requirements as requested by Healthy Child Manitoba.

**Characteristic Duties & Responsibilities:** The degree of involvement and role of the sponsoring agency can vary across sites from a limited role (ensuring the program is delivered according to the service purchase agreement) to a more active role that includes, but is not limited to: clinical support, supervision, and direction to the InSight team, as well as staff training.

## **Program Coordinator**

Basic Functions & Responsibilities: The Program Coordinator's responsibilities are to train and clinically supervise the mentor staff that serve the women and their families.

Characteristic Duties & Responsibilities: Provide mentors with weekly individual clinical supervision and be available for additional support at all times. Conduct regular staff meetings, which will include client staffing as a group, training, and administrative issues. Implement and maintain an ongoing staff training development program in order to enhance job performance and staff retention. Duties may also include participating in the hiring and dismissal process for mentors, responsibility for disciplinary actions, and management of the program budget.

Develop a collaborative network in the community with hospitals, public health agencies, alcohol and drug treatment centres, pediatric and maternal care clinics, child welfare agencies, probation offices and other service providers. Negotiate services to be provided, write cooperative agreements and implement program protocols.

Recruit client referrals from hospitals and community service providers. Screen referrals for program eligibility and assign mentors. Conduct client intake interviews. Maintain rapport with each client and an understanding of clients' status through mentor reports and case notes.

Maintain a leadership position in the community with regard to mentoring as an intervention model, women and addictions and FASD. Invite community providers to staff meetings to exchange intervention strategies, keep current on services being provided, and resolve service barriers. Conduct presentations and training as required.

Liaise with Healthy Child Manitoba staff and participate in administration meetings hosted by HCMO. Work closely with the program evaluator to maintain high quality data for the program evaluation and oversee the collection and submission of the data gathered.

Qualifications – Post secondary degree in the health or social sciences field, Masters preferred. Five years of community based experience on issues / projects dealing with prenatal substance abuse or an equivalent combination of education and experience are required. 3 years supervisory and administrative experience. Strong communication skills; ability to conduct interviews covering sensitive and confidential issues; experience working with high risk populations, families in crisis; demonstrated public speaking ability; extensive knowledge of community resources and experience working with social service agencies.



## **Program Mentor**

Basic Functions and Responsibilities: The Program Mentor provides direct outreach, mentoring, and advocacy services to women in the program.

Characteristic Duties & Responsibilities: Support women in setting goals based on their individual needs. Perform case maintenance activities using established techniques in a highly confidential and professional manner.

Coordinate client services by working closely with the community agencies involved.

Participate in weekly staff meetings with the program team to evaluate client and program progress. Assist in data management, report writing, training, and presentations.

Prepare data for computer entry and assist the program evaluator in the design and testing of evaluation procedures to assess client needs and measure program outcomes.

Supervision Received - Report to the Program Coordinator. Attend weekly supervision with program coordinator to review case progress. Work effectively and efficiently in the field with little supervision, and with the ability to problem solve and prioritize in crisis situations.

Supervision Exercised - Teamwork is essential. Participate in training new mentors in the program protocols.

Qualifications - Four years of community based experience on issues / projects dealing with prenatal substance abuse or an equivalent combination of education and experience are required. Strong communication skills; ability to interface effectively and creatively problem solve with high risk women and their families, ability to conduct interviews covering sensitive and confidential issues; strong skills in counselling high risk women with substance abuse problems and ability to work closely with the program team. Individuals with life experience dealing with substance abuse issues are encouraged to apply. Must be able to travel on a daily basis to provide services to clients in the area served. Mentors must have their own vehicle.

## **Sample Job Postings: Coordinator Position**

**Purpose:** To define minimum qualifications and responsibilities for potential applicants.

**Benefit:** Ensures that the essential qualifications are included in the postings so the appropriate applicants apply. Allows potential candidates to self-assess whether their background and interests fit the needs of these positions.

**Administration:** To be posted as widely as possible to generate applications.

**Other:** These postings are provided only as an example and can be modified to suit the purpose of the agency.

## **Sample Job Postings: Mentor Positions**

- Purpose:** To define minimum qualifications and responsibilities for potential applicants.
- Benefit:** Ensures that the essential qualifications are included in the postings so the appropriate applicants apply. Allows potential candidates to self-assess whether their background and interests fit the needs of these positions.
- Administration:** To be posted as widely as possible to generate applications.
- Other:** These postings are provided only as an example and can be modified to suit the purpose of the agency.

## **Screening Checklists: Coordinator & Mentor Positions**

- Purpose:** To guide the application screening process, allowing the most qualified applicant to be determined from all who apply for the position.
- Benefit:** Allows a systematic way to screen a large volume of applications, eliminating those who lack basic minimum requirements and allowing the best qualified to be compared relative to each other in specific areas isolated by the screening process.
- Administration:** Contains a list of skills and experience necessary or desirable to the job. Each resume submitted is read and all information pertaining to each specific category is noted on the screening checklist. Checklists are then compared to determine the most qualified interview.
- Other:** The checklists provided can be modified to suit the agency and are provided only as examples.

**SCREENING & INTERVIEW  
CHECKLIST FOR PROGRAM COORDINATOR**

INTERVIEW: Yes \_\_\_\_ No \_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

3 References Checked by:

Post- Secondary degree in related field

5 years experience in substance abuse and pregnancy field doing:

Community Work

Direct Client Care

3 years supervisory and administrative experience; ability to replicate, implement, and direct program

Demonstrated public speaking ability

Demonstrated writing ability

Experience with high risk populations; high risk families in crisis

Experience working with social service agencies (CFS, AFM, etc.) in Manitoba.

Experience/ability in developing a collaborative network

Experience /ability in administering research instruments and implementing research protocols

Experience/ability in writing progress reports

Strong organizational skills

Computer skills

Ability to conduct confidential sensitive interviews with high risk clients

Ability to hire, train, and supervise program mentors

Teamwork, close collaboration

**SCREENING & INTERVIEW  
CHECKLIST FOR MENTOR**

INTERVIEW: Yes \_\_\_\_ No \_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

3 References Checked by:

4 years of community based experience or a combination of experience and education in perinatal substance abuse

Strong communication skills

Demonstrated writing ability

Experience working with women with complex life circumstances (substance use, mental health, marginalization, etc) and their extended networks

Experience working with a variety of community service providers

Counselling experience/skills with women who have complex life circumstances, preferably including experience working with women who use alcohol and drugs

Specific outreach/advocacy/case management experience

Interviewing skills, specifically the ability to conduct interviews on sensitive and confidential subjects

Experience in the administration of process and outcome measures

Experience in writing, training, and presentations

Ability to work as a member of a team

Self motivated

Ability to coordinate and prioritize several tasks at once

Creative problem solver

Experience working in stressful employment situations

Valid driver's license and vehicle

## **Hiring Interviews: Coordinator & Mentor Positions**

- Purpose:** To guide hiring interviews with selected applicants for the Coordinator and Mentor jobs.
- Benefit:** Ensures that the essential points are covered during the interview to improve hiring decisions.
- Other:** These interviews are provided only as an example and can be modified to suit the purpose of the agency.

## **COORDINATOR POSITION - HIRING INTERVIEW**

The Coordinator Position requires effective communication and responsible decision making with:

- women at high risk of substance use
- mentor staff
- co-administrators
- community

Describe your experience with women who use alcohol & drugs; with pregnant, post-partum population.

Describe your professional experiences making critical decisions in potentially life threatening circumstances with this population.

Describe how you would apply a harm reduction approach to working with this population.

Describe your experience supervising others (the setting, your methods, your philosophy)

Describe your experiences of resolving a particularly thorny or problematic personnel issue (are there specific job settings where there have been problems working collaboratively with co-workers).

What would you do to support mentor's boundaries with the women they are working with? How would you address a mentor who had overstepped their boundaries?

Describe previous experience in interviewing women or discussing highly sensitive and confidential topics (such as intimate partner violence, abuse or trauma experiences, substance use etc.)

The position involves a strong element of public relations (selling the idea of the program) to the community and recruiting new clients. Describe your experience with community leadership, involvement, and speaking persuasively.

Mentors may have a background of substance abuse themselves. Do you have a problem with this?

The supervisor is expected to be available for consultation with mentors when a crisis arises. What will you do to keep yourself replenished, to avoid burnout, and be open and supportive when mentors need you, but to maintain boundaries at the same time?

Do you have experience with program evaluation; administering assessment tools, preparing data for computer entry?



## **MENTOR POSITION - HIRING INTERVIEW**

### **DRUGS AND ALCOHOL** (4 years experience/education)

- What is your community based experience/education in substance abuse?
- When a mother is using alcohol or drugs what other risks is she likely to face? How would you address these risks as you worked with this woman?
- What is your experience of working effectively with women with complex life circumstances (including substance use) & their extended networks?
- Describe your counselling experience/skills with women at high risk of alcohol & drug use?
- Describe your experience in working in stressful situations.
- What are some of the tools of relapse prevention?

### **COMMUNITY BASED EXPERIENCE** (experience working with a variety of community service providers)

- What is your understanding of the purpose of case management?
- What is your understanding of the community area resources for women (mothers)?
- Can you give me an example of a specific outreach/advocacy experience you have had (can be from work with a client)?
- Describe what you would consider to be an example of an excellent working relationship with an agency staff (if more than one agency involved, please describe).

### **COMMUNICATION SKILLS**

- How are your interviewing skills? (examples of conducting interviews on sensitive and confidential subjects)
- What experience do you have writing, training, and presenting (case notes, reports, etc.).
- Interviewer's assessment of communication skills used during interview.

### **INDIVIDUAL/TEAM SKILLS**

- What does an outreach worker need from her team?
- Can you give examples of how you are self-motivated, self monitoring?
- Do you feel that you are a creative problem solver (give examples)?
- Do you have the ability to coordinate and prioritize several tasks at once (give examples)?
- Tell me about your ability to work as part of a team. (Examples)
- Do you have any particular strengths or weaknesses? How do you compensate for your weakness?

## **RESEARCH SKILLS**

- Have you used any assessment instruments in your work? Which?
- Have you have experience in preparing data for computer entry?

## **PHILOSOPHICAL/THEORETICAL STANCE**

- What is your philosophical theoretical stance in working with female clients toward change?
- What is the most important thing you can support women (and their families) to learn or achieve?
- What client situation would be most difficult for you? How would you handle it with your client? How would you deal with your own emotions?
- What is your knowledge of harm reduction? How would your knowledge of HR impact outreach work?
- What are some of the stressors experienced by in-home services providers?

What will you do to keep yourself replenished to avoid burnout and to be open and supportive when clients need you, but to maintain boundaries at the same time?

## **Telephone Reference Check Guide**

- Purpose:** To guide telephone reference checks for the Coordinator and Mentor jobs.
- Benefit:** Ensures that essential points are covered during the telephone reference check with each former employer. Contacting all references provided by the applicant is an important part of the hiring process that improves the quality of hiring decisions. Provides documentation that checks were done and provides a record of the information that was shared.
- Administration:** Notes are made on the form during the telephone interview.
- Other:** This form is provided only as an example; many agencies have their own.

### TELEPHONE REFERENCE CHECK

Applicant Name: \_\_\_\_\_ Position Applied for:

Person Contacted: \_\_\_\_\_ Title:

Working Relationship to Applicant:

Company: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Phone:

Your name has been given as a reference for Applicant's Name who has applied for the position of mentor in the InSight program.

1. What were the dates of her employment with you? From \_\_\_\_\_ To

2. What were her job title and primary responsibilities when she started?

When she left?

3. How would you describe the quality and quantity of her work?

4. How well did she respond to pressure?

5. How well did she plan organize his/her work, and were assignments completed in a timely fashion?

6. How much supervision did she require?

7. How well did she get along with other people (e.g., clients, co-workers, supervisors)?

8. How well did she respond to criticism/interpersonal conflict?

9. How would you describe her attendance and punctuality?

- what were the approximate number of days missed per month for other than pre approved leave?

-how often was she late?

10. What are her strongest skills as an employee?

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Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

11. What areas of her performance need improvement?

12. What was the reason for termination?

13. Would you rehire her at the same level? If no, why not, and what level would you rehire her at?

Specific skills/experience areas:

In addition to the above questions which address general performance areas common to most jobs, questions addressing specific duties of this position should be included. For example, such questions might include:

- addictions knowledge
- knowledge of complex family dynamics (including mental health, family violence, poverty, etc)
- clerical skills experience
- supervisory experience
- record keeping
- experience with computer applications (programs, hard ware, operating systems)
- program project development skills
- writing skills/experience
- community based experience

## **Training Requirements & Documentation Forms:**

### **Coordinator and Mentors**

- Purpose:** To guide the training of all program staff
- Benefit:** Standardized training helps ensure that the essential points are covered in each staff's training. At a glance, this form assists the coordinator in overseeing which training areas have been covered and which areas still need to be addressed. Allows training to be largely self-driven and self-paced, decreasing the amount of supervisory time required.
- Administration:** As each reading or activity is completed, the trainee dates the appropriate place on the form. The coordinator monitors the progress towards completion of all training requirements.

## TRAINING REQUIREMENTS FOR MENTORS

READINGS	Target Date	Date Completed
1. InSight Program and Policy Manual Section IV: Working with Clients Appendix A: Mentor Tools	Week 1	
2. InSight Evaluation Manual	Week 2	
3. Evaluating InSight: A Mentoring Program to Support Women who use Alcohol during Pregnancy (Summary of the report, Long Term Outcomes of Manitoba's InSight Mentoring Program) – Manitoba Centre for Health Policy, October 2015 <a href="http://mchp-appserv.cpe.umanitoba.ca/reference/Insight_4_page_summary_web.pdf">http://mchp-appserv.cpe.umanitoba.ca/reference/Insight_4_page_summary_web.pdf</a>	Week 3-4	
5. Healthy Child Manitoba FASD Prevention Information for Service Providers Series For each of the following, please read the "one- pager" and "for more information" documents: <ul style="list-style-type: none"> <li>• It is safest not to drink during pregnancy. What does this mean?</li> <li>• Why do girls and women drink alcohol during pregnancy?</li> <li>• Pregnancy, Alcohol, and Trauma-informed Practice</li> <li>• Treatment and care for pregnant women who use alcohol and/or other drugs</li> <li>• Alcohol, Contraception, and Preconception</li> <li>• Alcohol, Pregnancy, and Partner Support</li> <li>• Girls, Alcohol, and Pregnancy</li> </ul> <a href="http://www.gov.mb.ca/healthychild/fasd/resources.html">http://www.gov.mb.ca/healthychild/fasd/resources.html</a> (Under "FASD Prevention Resources")	Week 1-2	
6. Healthy Child Manitoba- Girls, Women & Alcohol: Making Informed Choices <a href="http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf">http://www.gov.mb.ca/healthychild/fasd/alcohol_women.pdf</a>	Week 1-2	
7. Canada FASD Research Network: Consensus on 10 Fundamental Components of FASD Prevention from a Women's Health Determinants Perspective	Week 1-2	

<http://bccewh.bc.ca/wp-content/uploads/2014/09/Ten-Fundamental-componetns-FASD-preventino-2010.pdf>

8. CanFASD Northwest: Taking a relational approach:  
The importance of timely and supportive  
connections for women  
[http://www.canfasd.ca/wp-content/uploads/sites/35/2016/09/RelationalApproach\\_March\\_2010.pdf](http://www.canfasd.ca/wp-content/uploads/sites/35/2016/09/RelationalApproach_March_2010.pdf)

Week 1-2
9. Fetal Alcohol Spectrum Disorder (FASD)  
Prevention: Canadian Perspectives- Multiple  
Approaches to FASD Prevention (Nancy Poole,  
2008- Public Health Agency of Canada)  
<http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/publications/cp-pc/pdf/cp-pc-eng.pdf>

Week 3-4
10. The SMART guide: Motivational Approaches  
Within the Stages of Change for Pregnancy Women  
Who Use Alcohol  
[http://www.gov.mb.ca/healthychild/fasd/fasd\\_smart\\_guide.pdf](http://www.gov.mb.ca/healthychild/fasd/fasd_smart_guide.pdf)

Week 7-8
11. Exposure to Psychotropic Medications and Other  
Substances during Pregnancy and Lactation; A  
Handbook for Health Care Providers (CAMH, 2007)  
<http://westernhealth.nl.ca/uploads/Exposure%20to%20Psychotropic%20Medications%20and%20Other%20Substances%20During%20Pregnancy%20and%20Lactation.pdf>

  - General issues and background- p. 1-33
  - ***All other sections: for reference only as needed***

Week 3-4
12. Mother and Child Reunion; Preventing FASD by  
Promoting Women's Health (Nancy Poole, 2003)  
[http://bccewh.bc.ca/wp-content/uploads/2012/05/2003\\_Mother-Child-Reunion.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2003_Mother-Child-Reunion.pdf)

Week 5-6
13. Grant, T.M. (2015) Supporting mothers to prevent  
subsequent prenatal substance use. National  
Abandoned Infant Assistance (AIA) Resource  
Center, Research-to-Practice Brief.  
<https://radarcart.boisestate.edu/radar/pdfs/supporting%20mothers.pdf>

Week 5-6



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14. Poole & Greaves (eds) (2012): “Becoming Trauma-Informed”- Ch. 1, 5, 14, 17, 21, 23, 24      Week 7-8

VIDEOS	Timeline	Date Completed
InSight Mentor Program at NorWest (2015) (8 min) <a href="https://www.youtube.com/watch?v=k0k-sbeCHmo">https://www.youtube.com/watch?v=k0k-sbeCHmo</a>	Week 1-2	
InSight 2015: Manitoba Centre for Health Policy (4 min) <a href="https://www.youtube.com/watch?v=Xgxb3peZhZA">https://www.youtube.com/watch?v=Xgxb3peZhZA</a>	Week 1-2	
Supporting Change: Preventing FASD (British Columbia Centre of Excellence for Women’s Health, 2013) (82 min: Part 1=24 min, Part 2=8 min, Part 3=46 min, Part 4=4 min) <a href="https://www.youtube.com/playlist?list=PLNECQBskD-N-UyEjhlwvgOQfVRs0b2P0a">https://www.youtube.com/playlist?list=PLNECQBskD-N-UyEjhlwvgOQfVRs0b2P0a</a>	Week 3-4	
A Place where I Belong: Community Making a Difference (Looking After Each Other, 2016) <a href="http://www.fasdcoalition.ca/looking-after-each-other-project/mini-documentaries/">http://www.fasdcoalition.ca/looking-after-each-other-project/mini-documentaries/</a>	Week 5-6	
Recovering Hope; Mothers Speak out about Fetal Alcohol Spectrum Disorders (2006, SAMHSA) -Part 2 only (13 minutes) <a href="https://www.youtube.com/watch?v=02By-2riXzA">https://www.youtube.com/watch?v=02By-2riXzA</a>	Week 5-6	

Web Resources:

-Healthy Child Manitoba-  
<http://www.gov.mb.ca/healthychild/fasd/index.html>

-Manitoba FASD Coalition-  
[www.fasdcoalition.ca](http://www.fasdcoalition.ca)

-Manitoba FASD Centre-  
[www.fasdmanitoba.com](http://www.fasdmanitoba.com)

-Canada FASD Research Network Blog on FASD Prevention-  
<http://fasdprevention.wordpress.com>

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Winnipeg MB R3A 0E2

TRAINING COURSES	Timeline	Date Completed
Motivational Interviewing	When Offered (Offered by HCM whenever possible)	
TRAINING COURSES	Timeline	Date Completed
AFM Courses:		
<ul style="list-style-type: none"> <li>Fundamentals of Addiction</li> <li>Women and Substance Use</li> <li>Continuum of Recovery</li> </ul>	Year 1-2 (when offered)	
Other recommended training topics:		
<ul style="list-style-type: none"> <li>AFM- Pharmacology of Mood Altering Drugs</li> <li>AFM- Families &amp; Addiction</li> <li>AFM- Aboriginal People &amp; Addiction</li> <li>Harm Reduction</li> <li>Suicide Intervention/ASIST</li> <li>Mental Health First Aid</li> <li>Trauma-Informed Practice</li> <li>Attachment Theory</li> <li>Domestic Violence</li> <li>Child Abuse and Neglect</li> <li>Self-Care, How to Prevent Burnout</li> </ul>		

IN-OFFICE TRAINING	Timeline	Date Completed
<b>InSight overview</b>		
View InSight Power Point presentation (Appendix B) and review of materials in manual with program coordinator		
<b>Client Files</b>		
Read protocol for details on content of client file		
Train with coordinator and review sample files		
<b>Case Notes</b>		
Read case notes protocol		
Read case notes from sample files and train with coordinator		
Keep case notes on all activities you do while shadowing mentors, review with coordinator		
<b>Difference Game</b>		
Read Difference Game article: Grant, T.M., Ernst, C.C., McAuliff, S., & Streissguth, A.P. (1997). The Difference Game: Facilitating change in high-risk clients. Families in Society: The Journal of Contemporary Human Services, 78 (4): 429-432.		
(See Appendix B) <a href="http://depts.washington.edu/pcapuw/inhouse/Grant_Ernst_McAuliff_Streissguth_1997.pdf">http://depts.washington.edu/pcapuw/inhouse/Grant_Ernst_McAuliff_Streissguth_1997.pdf</a>		
Practice administer with another mentor (role play) under supervision of coordinator		

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## EVALUATION TRAINING

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### Evaluation Overview

One day training on evaluation and assessment instruments with HCMO staff	Week 2
Review Healthy Child Manitoba InSight Evaluation Infographic (2015) <a href="http://www.gov.mb.ca/healthychild/fasd/insight_infographic.pdf">http://www.gov.mb.ca/healthychild/fasd/insight_infographic.pdf</a>	Week 3-4

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## ADMINISTRATIVE PROCEDURES AND TRAINING

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### **Site Specific Orientation, Administrative Forms & Procedures Training**

Train with coordinator

Site specific policy and procedures

Forms – Stipend log, cars/mileage, petty cash vouchers, office tracking sheet etc.

Procedures – Use of phones, cell phones, car procedures, personnel procedures etc.

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## IN THE FIELD WITH CLIENTS AND AGENCIES

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40 hours ‘shadowing’ is required with Case Notes and Mentor Time Summary Sheet recorded and turned in to coordinator for review. Target completion: within 4 weeks of start date.

	Mentor	Date/Time
8 hours with	_____	
8 hours with	_____	
8 hours with	_____	
8 hours with	_____	
8 hours with	_____	

### **SUPERVISION between MENTOR and COORDINATOR**

Observe two supervision sessions. Target completion: within 6 weeks of start date.

## TRAINING REQUIREMENTS FOR COORDINATORS

### READINGS

Date Completed

- 
1. All of the readings listed for Mentors
  2. Double Exposure: A Better Practices Review on Alcohol Interventions during Pregnancy (Parkes et al., 2008)  
<http://bccewh.bc.ca/wp-content/uploads/2014/08/Double-Exposure.pdf>
  3. Highs and Lows; Canadian Perspectives on Women and Substance Use (edited by Nancy Poole and Lorraine Greaves, 2007)
  4. With Child: Substance Use During Pregnancy: A Woman-Centred Approach (Susan Boyd, 2007)
  5. What we have Learned: Key Canadian FASD Awareness Campaigns (PHAC, 2007)  
[http://www.phac-aspc.gc.ca/publicat/fasd-ac-etcaf-cs/pdf/fasd-ac-etcaf-cs\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/fasd-ac-etcaf-cs/pdf/fasd-ac-etcaf-cs_e.pdf)
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Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

- |  |  |
|--|--|
| 9. Girls, Women, Alcohol, and Pregnancy: Perspectives on FASD Prevention Blog. A project of the Canada FASD Research Network.<br><a href="https://fasdprevention.wordpress.com/">https://fasdprevention.wordpress.com/</a> | The blog should be checked regularly for the latest research, articles, & information                  |
| 10. Manitoba FASD Coalition Website<br><a href="http://www.fasdcoalition.ca/">http://www.fasdcoalition.ca/</a>   | The website should be checked regularly for information on FASD initiatives and resources in Manitoba. |

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**VIDEOS**

Date Completed

Same as listed under Mentor training

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**TRAINING COURSES**

Date Completed

Same as listed under Mentor courses

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**SUPERVISION**

Date Completed

Observe supervisions with different mentors at another InSight site

Train on monitoring and evaluating Mentor Time Sheet

Train on record keeping system/notes for supervision

Train on case notes and view sample files from another supervisor

**Client Files**

Read protocol for details on content of client file

Review file with experienced supervisor

## EVALUATION TRAINING

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### Evaluation Overview and Data Tracking

Read InSight Evaluation Guide manual, including protocol for all HCMO evaluation forms

One-day training with outgoing coordinator or HCMO

- Includes orientation to Getting to Know You interviews
- Practice Getting to Know You interview with mentors
- Includes information about the use of all HCMO data forms, including submission protocols

Read Manitoba Centre for Health Policy 2015 Evaluation Report (Appendix B)

### Difference Game

Read Difference Game article (Appendix B) and ‘Mentor Tools’ resources (Appendix A)

Train with two mentors (observe role play)

---

## IN THE FIELD WITH CLIENTS AND AGENCIES

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25 hours ‘shadowing’ (5 hours with each experienced mentor) is required with Case Notes and Mentor Time Summary Sheet recorded.

	Mentor	Date/Time
5 hours with	_____	
5 hours with	_____	
5 hours with	_____	
5 hours with	_____	
5 hours with	_____	

SUPERVISION between MENTOR and COORDINATOR  
Observe two supervision sessions

## **Coordinator Responsibilities for Replication of an InSight Site**

The coordinator provides mentors with a lot of support; the coordinator handles the administrative tasks and provides the clinical supervision on a day to day basis. This support allows the mentors to do the one-to-one work in the field. Although the start-up tasks will vary from one location to another, the basics that must be covered include:

### **START-UP**

#### **Office:**

- ➔ acquire cell phones for all staff
- ➔ Identify computer and programs required (e-mail, word processing).

#### **Hire Mentors:**

- ➔ Arrange and oversee mentor training

#### **Establish a filing system:**

- ➔ Begin a resource drawer
- ➔ Keep all identifying information about clients in a secure or locked drawer

#### **Paperwork:**

- ➔ Ensure client files are maintained
- ➔ Create process for submitting data to HCMO
- ➔ Manage the program budget (reimburse mentors for mileage and out of pocket expenses)

#### **Recruiting clients:**

Generate a list of potential client referral sources (hospital social work department; labour and delivery nurses; CFS, etc.)

- ➔ Meet with each of these sources to inform them of the program
- ➔ Send a recruitment letter along with the enrolment criteria and an article describing the program
- ➔ Maintain a list of community contacts and presentations

With mentors, build a specific detailed strategy for recruitment; brainstorm, do outreach, become an active involved presence in the community.



## **CLIENT REFERRALS**

The coordinator screens all referrals. When a referral is made and all relevant information is obtained, an enrolment decision is made within 24 hours and a mentor is assigned to the client.

- ➔ Complete a “Referral Decision Record” evaluation form with all incoming calls
- ➔ Set up a detailed filing system to keep records on every referral
  - 1) Referral eligible/accepted
  - 2) Referral deemed ineligible and why
  - 3) Pending referral (potential clients have not been located)
  - 4) Blank forms and original of the screening form

## **INTAKE INTERVIEW**

- ➔ Within a month of a woman’s enrolment the coordinator is responsible for administering the “Getting to Know You” evaluation form (and, if applicable, “Getting to Know Your Baby”)

## **SUPERVISION**

- ➔ Conduct weekly 1-hour supervision meetings with each mentor at an established time each week
- ➔ Be available for consultation throughout the week

## **WEEKLY OR BI-WEEKLY STAFF MEETING**

- ➔ Conduct at an established time each week
- ➔ Create the agenda during the week with input from staff
- ➔ Assign a mentor to keep minutes and file centrally

## **PROVIDE TRAINING TO STAFF**

- ➔ Monitor initial mentor training schedule to assure all components are completed
- ➔ Assess training needs with staff on an on-going basis
- ➔ Keep detailed file on training accomplished, dates, names attending, etc. under ‘staff training’ file

## II. RECRUITMENT AND REFERRALS

### Contents:

1. Recruitment Letter and Pamphlet- p. 35
2. Criteria for Client Eligibility- p. 36
3. Coordinator Protocols for Screening Incoming Referrals- p. 37
4. Community Referral Screening Questionnaire (CRSQ)- p. 38
5. Enrolment Guidelines: Women who use Solvents- p. 41
6. Enrolment Guidelines: Women who have previously completed the program- p.42
7. Enrolment Guidelines: Coordinating with the Families First Program- p. 43
8. Referral Decision Record- p. 44
9. InSight Evaluation Consent Form- p. 45

## **Recruitment Letter & Pamphlet**

**Purpose:** To describe the program and the enrolment criteria and inform service providers that the program is accepting referrals.

**Benefit:** Generates calls to the office. Referrals are then processed using the agency referral process to determine eligibility.

**Administration:** This letter is mailed or distributed in person (ideally, accompanying a presentation by the InSight coordinator about the program) to service providers, agencies, etc., who are likely to come into contact with eligible clientele. Pamphlets may be posted or mailed to specific providers. It is important to document to who/where the letters have been sent.

## Criteria for Client Eligibility

InSight accepts women who:

1) Are pregnant or post-partum women whose infant is no more than 12 months old, regardless of whether or not the child is in the custody of the woman. Women enrolled early in pregnancy must have multiple indicators of high-risk for alcohol/drug abuse, e.g., previous exposed pregnancies; previous children removed from custody due to alcohol/drug abuse; history of alcohol/drug treatment failures.

OR, A woman who is referred by the Manitoba FASD Centre/Diagnostic Network because a birth child is currently participating in the diagnostic process.

2) Self-report of heavy alcohol or drug use during pregnancy

- alcohol  $\geq 3$  drinks daily and/or  $\geq 5$  drinks at a time (binge) monthly;
- marijuana  $\geq 5$  days per week;
- cocaine or other illicit drugs (including prescription drug misuse)  $\geq$  weekly.

3) Have an ineffective connection to community programs/supports. Women may be connected to services, but services are inadequate or sporadic as such that the woman's service needs are largely unmet.

4) Are 18 years or older

5) Are not using solvents (see guidelines on subsequent pages)

6) Live in the service delivery area

\*Please note: The Aboriginal Health and Wellness Centre site enrolls Aboriginal and Métis women exclusively.

***If there are questions or uncertainties about a woman's eligibility, the InSight coordinator must contact HCMO to discuss the circumstances on a case-by-case basis and jointly make an enrolment decision.***

The InSight program operates from the principle that clients will not be asked to leave the program. The only exception will be if a client poses an unresolvable safety threat to the program staff.

## **Coordinator Protocol for Screening Incoming Referrals**

It is critical that there is clear communication with referral sources regarding whether or not the client is eligible, and if she is eligible, whether she is in contact and has agreed to participate. If a referral source (for example a CFS social worker) has been told that a client is eligible, but then the woman cannot be located or the woman refuses to participate, the CFS worker must be informed so that he/she will not assume the client (and child) are being monitored by InSight. If such an assumption is incorrectly made that the client has been enrolled in InSight, the child could be at high risk.

The program coordinator screens each new referral; the coordinator may use the Community Referral Screening Questionnaire (CRSQ) as a guide. As necessary, the coordinator will make follow-up phone calls or meet with the referral source as well as the woman herself to obtain more information about the woman's eligibility. The coordinator will decide whether to accept the referral (with support from HCMO when needed) and will proceed as follows:

### *All Referral Outcomes*

Complete & submit the HCMO "Referral Decision Record" evaluation form.

### *Ineligible Referrals*

- Record eligibility screening information on the CRSQ;
- Inform the referral source that the client is not eligible (including reasons why);
- Document on CRSQ that the referral source was told that the client is ineligible
- Should speak directly with the referral source, and not simply leave a phone message;
- Suggest an alternative referral for the ineligible client

### *Eligible Referrals, Agrees to Participate*

- Inform the referral source that the client is eligible;
- Document on CRSQ all procedures taken by InSight to locate and contact the potential client; keeps copies of all correspondence;
- If the woman agrees to participate, inform the referral source of her enrolment and who has been assigned as mentor.

### *Eligible Referrals, Refusals or Unable to Locate*

- Documents on CRSQ all procedures taken by InSight to locate and contact the potential client; keeps copies of all correspondence;  
If the woman cannot be located, or refuses to participate, the coordinator informs the referral source, so the referral source does not assume that the woman has been enrolled.

**It is the coordinator's responsibility to keep every referral source informed as to the status of the referral made, and to document that this communication took place.**

## **Community Referral Screening Questionnaire**

**Purpose:** This is a screening instrument used with incoming referrals to determine program eligibility. Also collects information on ineligible referrals that can be used to determine community need for services.

**Benefit:** Allows quick determination of program eligibility in a standardized way.

**Administration:** The coordinator completes this form as she talks with the referral source and/or client on the phone.

## COMMUNITY REFERRAL SCREENING QUESTIONNAIRE (CRSQ)

Client ID#: \_\_\_\_\_  
Date of Referral: \_\_\_\_\_

**REFERRAL SOURCE:**    ☐ Self        ☐ Agency

**If agency:**

Name/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

(include postal code)

**CLIENT INFORMATION:**    Name: \_\_\_\_\_        Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(include postal code)

How to contact: \_\_\_\_\_

Demographics:    Age \_\_\_\_\_        Ethnicity \_\_\_\_\_        Marital Status \_\_\_\_\_

# of Children (incl. target child whether or not born) \_\_\_\_\_

**ELIGIBILITY FOR ENROLMENT** (Client must meet all conditions to be enrolled)

**1. PREGNANCY STATUS**

Currently Pregnant

Estimated Gestational Age: \_\_\_\_\_

Due Date: \_\_\_\_\_

Planned Hospital of Delivery: \_\_\_\_\_

Postpartum

Date of Delivery: \_\_\_\_\_

Complications: \_\_\_\_\_

**PREGNANT OR UP TO TWELVE MONTHS POSTPARTUM?.....No.....Yes**  
**ineligible**

**2. ALCOHOL AND DRUG USE DURING THIS PREGNANCY**

Alcohol / Drug(s) of Choice: \_\_\_\_\_

History of Substance Use (esp. during this pregnancy): \_\_\_\_\_

**USED ALCOHOL HEAVILY\* DURING THIS PREGNANCY?**        .....No        .....Yes  
**(ineligible)**

\*HEAVY USE = ALCOHOL ≥ 3 DRINKS DAILY 5 DAYS/WK OR ≥5 DRINKS AT A TIME (BINGE) AT LEAST FIVE TIMES DURING PREGNANCY. COCAINE/HERION ≥WEEKLY; MARIJUANA ≥5 DAUS/WEEK; OTHER ILLICIT DRUG ≥WEEKLY

**3. INVOLVEMENT WITH COMMUNITY SERVICES (incl. prenatal care)**

Has the client participated in any Drug / Alcohol treatment now or during pregnancy? (describe):

**Prenatal Care**

Where (name of clinic/physician):

G. A. at start:

Approximate # of visits:

**Other Services**

AA, NA, other treatment support group?

Outreach or aftercare treatment centre?

Nutrition program or mother/child program (including Healthy Baby/Families First)?

Mental health services?

AIDS/HIV services?

Other supportive group / church?

Regular family doctor, OB/GYN?

Public health nurse?

CFS?

Legal services?

Domestic violence services?

Income Assistance?

Provincially Funded Adult Services (Community Living Disability Services, Provincial

Special Needs Program, Community Mental Health)?

Other program?

*If connected to services, but only ineffectively, how so?*

	<b>Effectively</b>	<b>Not</b>
<b>NOT EFFECTIVELY CONNECT WITH COMMUNITY SERVICES?.....</b>	<b>connected.....</b>	<b>effectively</b>
	<b>ineligible</b>	<b>connected</b>

With which advocacy case management type programs is this woman already connected?  
(Names, description of involvement):

**If she is connected with such a program, a case coordination plan must be made.**

**FOLLOW-UP PLAN AS DISCUSSED WITH REFERRAL SOURCE:** (incl. reason if referral is eligible or ineligible and, if ineligible, recommendations for referral to other sources).



## **Enrolment Guidelines: Women who use Solvents**

*The following are to be interpreted as guidelines for enrolling women that use solvents. Healthy Child Manitoba recognizes that the final decision on whether to enroll a woman who uses solvents will have to be taken in the context of her reality and the programs' capacity to serve her. These guidelines have been developed based on mentors' and coordinators' prior experience working with, and outcome data for, this population of women.*

1. Through both qualitative and quantitative evaluation, the InSight program model has proven unsuccessful in working with women for whom their primary addiction is solvents. Therefore it is recommended that InSight sites do not enroll women for whom solvents are their primary addiction.

It is recognized that most communities do not have alternate programs to serve this population of women and consequently it is tempting to fill this service gap. However, we further recognize that InSight has limited space and that the program needs to use its limited resources to serve populations most at risk, for which this intervention model has been proven successful.

2. When solvent use is secondary to another addiction, then the following should serve as a guideline:
  - Prior to enrolling the referent, the coordinator should consider her ability to engage in this program model (e.g., set goals, act on goals, evaluate progress, and move through a stages of change model) and in part, how severe the level of cognitive impairment is based on her history of use.
  - In addition, the coordinator should consider the amount and frequency of her current solvent use. It is the experience of mentors and coordinators that heavy users are less able to engage in the program model and respond to intervention support.
  - Mentors should not have more than one woman on their caseload where solvent use is a problem. Mentors report that mentoring women with a solvent use problem requires far more support than the 'typical' client does.
  - Finally, mentors and coordinators should develop safety plans specific to each client with a history of solvent use.

## **Enrolment Guidelines: Women who have Previously Completed the Program**

In general, the InSight program does not accept women into the program twice – ie. re-enrolling women after they have completed the three year program. Since InSight is a long term intervention with low mentor-client ratios, we want to allow for as many women as possible to receive services.

There may be some exceptional cases and these will be dealt with on a case by case basis at an administration meeting with the site coordinators and Healthy Child Manitoba Office.

Should a woman re-enroll however, she will be assigned a new ID number (per her referral). Do not use the original client ID number.

## **Enrolment Guidelines: Coordinating with Families First**

Families First is another program offered by Healthy Child Manitoba and is available to families throughout the province who require additional supports for their children aged 6 and under.

It is typically not advisable for both Families First and InSight programs to initiate services simultaneously. As both these program models depend on building a trusting relationship, it can often be too overwhelming for a woman to have two different people frequently visiting her home and trying to establish this. The programs may place too much responsibility on her, and unintentionally even work at cross purposes at times. In our experience, it is best when only one program is offered at a time.

InSight Coordinators should strive to liaise with Families First coordinators to determine the best fit for a woman based on her presenting needs and wishes. Women whose primary concern is child development and support around parenting should be referred to Families First. Women whose presenting issue is substance use should be referred to InSight. Women can then be offered the program that is most appropriate and meaningful to them at that time.

For those women who are originally in InSight, the year prior to graduation may be an opportune time to discuss a referral to the Families First program. Ideally, in the final year of the program, women are more stable and may be more prepared to look at issues of parenting and their child's development. Since the Families First program can offer support until her child is 6 years old, this may be an excellent transition at graduation time.

## Referral Decision Record

Purpose: Administrative record keeping.

Benefit: This form produces information on how many referrals were eligible for services, enrolled, refused services, and how many were ineligible and why. This form also provides information on referral sources and tracks clients transferred from one site to another.

Instructions: Instructions on form. This form is to be faxed to HCMO upon completion at (204) 948-3768. *(Note: HCMO evaluation forms that are longer than 1 page must be mailed, as faxing longer forms may impede the Teleform machine's ability to read the data.)*

**InSight**  
Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

## **InSight Evaluation Consent Form**

- Purpose:** Informed consent is an ethical standard that governs research and evaluation practices. A signed Consent Form is required by the government of Manitoba for participation in the program evaluation component of InSight. Should a woman not agree to participate in the evaluation, all forms may continue to be completed for program purposes, but will not be submitted to HCMO for data entry.
- Benefit:** A signed consent form outlines what participation in this program involves, who will have access to the information clients provide and how that information will be used. It outlines client rights and their freedom to withdraw from the evaluation. This document also provides legal protection to the agency.
- Administration:** This form is read to the client and signed by the client at enrolment into the InSight program.
- Instructions:** Originals should be kept in the client file.

## InSight Program Evaluation Consent Form

**Healthy Child Manitoba invites you to participate in the evaluation of the InSight program.**

By signing this consent form, you are agreeing to answer questions that can be used for program evaluation by Healthy Child Manitoba (HCM). HCM uses program evaluation information to find out:

- how well the InSight program is working
- how women and their families in the program are doing over time
- how we could make the InSight program better/ what other programs may be needed

**You can decide whether or not you want to take part in this evaluation.** Your participation in this evaluation is entirely voluntary. It is completely your decision to share your information with us for program evaluation purposes. If you don't want to participate, you will still be in the InSight program.

**Your name will not be put on any of the forms used for the evaluation.** Any information you share will be used only to describe groups of people (ex: you and the other women in the program), not about you or your family personally. The information you share in the evaluation may be linked to other information (ex: health programs and services you use). Sometimes, reports are written about the InSight program. Since you and your family will be part of a large group, it is impossible to identify you in any reports.

If you accept our invitation to take part in this evaluation, the coordinator and your mentor will ask you questions about your use of drugs and alcohol, your pregnancy history, your family background, and your progress through the program. They will ask you these questions in person once a year, until you leave the program (usually three years). **You may refuse to answer any questions and you may stop doing these interviews at any time.**

**Your personal information will be kept private and confidential.** Any personal information that you give is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*. It will not be shared with others without your written permission. The exceptions are:

1. If a child is in need of protection, we are obligated by law to inform Child and Family Services. Wherever possible, we will try to involve you in this process.
2. If a court of law requires us to release information (subpoenas disclosure)
3. If you, as a client, were to disclose harm or danger of harm to yourself or others, we are obligated to contact the police or other services.

These rules apply to everyone involved in the InSight program.

Thank you for your consideration. If you have any questions about the evaluation, or the collection or use of personal information, please contact the InSight program coordinator, or Healthy Child Manitoba at 204-945-2266 in Winnipeg, toll free 1-888-848-0140 in Manitoba.

***The evaluation has been explained to me and my questions about it have been answered. I voluntarily consent to participate in this evaluation. I understand I will receive a copy of this consent form.***

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Today's date \_\_\_\_\_

## III. PROGRAM ADMINISTRATION

### Contents:

1. Program Protocols
  - Client Status- p. 48
  - When Clients Leave the Service Delivery Area- p. 50
  - Transfer of Clients to a Different Site- p. 51
  - Transfer of Clients to a Different Mentor- p. 52
  - Notes from the Field- p. 53
  - Exceptional Circumstances Regarding Graduation- p. 54
2. Supervision
  - Responsibilities of the Coordinator- p. 56
  - Weekly Staff Meetings- p. 57
  - Staff Tracking- p. 58
  - Weekly Mentor Time Summary- p. 59
  - Clinical Supervision Sheet- p. 63
  - Training and Community Meeting Tracking Sheet- p. 67
  - Stipend Log & Stipend Protocol- p. 71
  - Staff Information Sheet- p. 74

## Program Protocol

### **Procedures: Client Status**

#### Missing Clients

A missing client is a person who has completed the Getting to Know You interview, but cannot be located to begin/continue service. The following steps will be taken:

1. Mentors will actively trace the client. Mentors must document all contact or attempts to contact missing clients. It is important that attempts to contact these clients include a paper trail of letters to clients and to referral sources. Written letters- whether to clients themselves or to referral sources- should not breach confidentiality by referring to client's substance use or other confidential information. They should be positive, welcoming messages that encourage clients to keep in touch and assure her that the mentor is available to help whenever she needs. Letters include the mentor's contact information. It may often be more appropriate to send a more generic message, such as a blank greeting card that does not include the InSight program name or any confidential information, and simply states a warm greeting from the mentor to encourage the client to get in touch. . If the client is found, she is welcome to resume active work with her mentor if she is ready to participate.
2. If the mentor does not have any information about the client, forms will be entered with 9's or check off "missing client" or "unknown" where indicated. If a mentor is continuing to work with the child and caregivers, follow-up forms should not be completely filled with 9s, but should reflect intervention work with the child.

If a mentor reconnects with a client within 2 months after submitting a 6-month assessment or goals form filled out with 9s, she should obtain the retrospective information from the client and resubmit the forms,.

3. If the client cannot be located after intensive tracing for a period of six months she will become a backburner client (see below).



InSight  
Healthy Child Manitoba  
3<sup>rd</sup> Floor- 332 Bannatyne Avenue  
Winnipeg MB R3A 0E2

Backburner clients

If a client has been missing for six months, is in prison, or is in a long term treatment facility, she becomes a backburner client. These are clients who are not currently receiving intervention services, but have not been dropped from the program. The following steps will be taken:

1. Mentors will continue to trace and attempt to contact these clients at least once per month to assure that the client knows how to contact the program or their mentor. If she is found, the client is welcome to resume active work with her mentor if she is ready to participate
2. If a mentor reconnects with a client within 2 months after submitting a 6-month assessment or goals form filled out with 9s, she should obtain the retrospective information from the client and resubmit the forms.
3. In some cases, if a mentor has 3 or more backburner clients, and there are clients on the InSight site's wait list, the coordinator may consider adding a new client to the mentor's caseload. However, it is important to remember that backburner clients may become active clients again at any time, and the mentor needs to be able to devote adequate time to work with each client. Mentor caseloads should never exceed 18; this number would only be considered in cases with a large number of clients in backburner status who, to the best of the program's knowledge, are not imminently returning to active status.

False Enroll

If the client was deemed eligible for the program, and offered the program, but has not completed the Getting to Know You interview and she cannot be located or does not want to participate in the program, we will consider her to have never completely enrolled in the program.

OR

If a client completed the Getting to Know You interview and is later discovered to not meet one of the program criteria (i.e., heavy substance use, pregnancy, poor connection to services, at least 18 years old, living in service delivery area, voluntary) she will be considered to be a false enroll.

Steps to take for a false enrol:

1. The coordinator writes up a concise explanation for the change in status and the rationale for 'dropping' her (including effective dates and client ID #) and places it in the client file;
2. If an ASI was completed, a File Closure Form is submitted to HCMO indicating that false enrol is the reason for early closure;
3. The client file containing all paper work completed on her is kept at the office where the client was referred and should be filed separately from other files under 'Incomplete Enrolment/False Enrol.'

## Program Protocol

### **Protocol: When Clients Leave the Service Delivery Area**

The InSight Program commits to providing women with three years of mentor support to address a multitude of issues that impact their lives. However, the InSight program is only able to provide home visitation support service to women that reside in the service delivery area. In some cases, women move from the service delivery area prior to completing three years in the program.

If the client leaves the service delivery area to visit her home community or explore the idea of relocating she may be moved to backburner status (after six months of being absent from the service delivery area) and the corresponding action steps apply. She only has backburner status if she plans to return to the service delivery area.

If the client makes a planned permanent move outside the service delivery area to a community that has an InSight site, then a file transfer may be arranged (see protocol below).

If the client makes a planned permanent move outside the service delivery area of any InSight site, she becomes ineligible for services and the following steps should be taken:

- Allow for a period of time (approximately 3 months, in typical circumstances) following the client's move, in the event that the client changes her mind and returns to the service delivery area.
- The coordinator writes in the client file the reason for "closing the file" is a result of the woman moving outside the service delivery area.
- Mentors finalize any remaining evaluation paperwork to be submitted.
- If the client has been with the InSight program for over two years, the coordinator should attempt to complete an exit interview.
- A File Closure Form is submitted to HCMO.

## Program Protocol

### Transfer of Clients to a Different Site

When a client who is enrolled in the InSight program makes a permanent move to a community that also has an InSight program, and the client would like to continue to work with InSight in her new community, a transfer may be arranged.

The sending site contacts the receiving site to determine if space is available. If there is space, a transfer is planned. Although the receiving site may informally begin the process of meeting the client and providing some courtesy service on behalf of the sending site, the transfer should take place around 1 month after the move, in case the client changes her mind and returns to her former community, or moves elsewhere.

The sending site's responsibilities include:

- Providing a copy of the client file to the receiving site and advising the client that this has been done.
- Briefing the receiving site on any relevant information of the case, including what goals were currently being worked on, what strategies were proven successful with this client, etc.
- Assisting the client with the transfer, including providing the new mentor's name, perhaps arranging a phone call prior to the move, and arranging an initial visit between the client and the new mentor upon arrival in the new community.
- Close the file.

The receiving site's responsibilities include:

- Meeting with the client as soon as possible after the move has occurred
- If courtesy services are offered before the formal transfer is complete, the receiving site mentor should provide a copy of the case notes to the sending site.
- Submit a Referral Decision Record form indicating a transfer has occurred; however KEEP her existing client ID number.
- Advising the client that the mentor has reviewed the client file; the Getting to Know Your and other intake forms do not need to be repeated, although it may be appropriate to create an updated Goals Sheet to assist the mentor and client to make plans for their time together. Release of Information forms should be updated to reflect the new InSight site information and collateral agency information.
- Providing service to this client until their originally scheduled exit date (determined by the enrolment date of the initial site).

## Program Protocol

### **Transfer of Clients to a Different Mentor**

Due to the relationship based nature of the InSight model, transferring mentors should be carefully considered, and multiple transfers are discouraged. If a client requests a transfer of mentors due to a disagreement or negative experience with their mentor, all efforts should be made to problem solve and support the rebuilding of the relationship with their existing mentor. This can be an excellent opportunity for the client to learn conflict resolution skills, how to overcome adversity and how to maintain a relationship despite an argument.

If a client is having an unusually difficult time engaging in the program, the coordinator may ask the client why and whether it is because she has problems working with her mentor. If the client indicates that this is the problem, then the coordinator and the mentor will discuss the case and the possibility of transferring the client to a different mentor. This will be followed by a meeting with the coordinator, mentor and client to discuss the possibility and make a decision.

Mentors have the option of proposing the transfer of a client to another mentor in the following situations:

#### *Mentor Bias*

If a mentor admits to an ongoing bias towards a specific client characteristic that she has not been able to resolve and she believes this bias interferes with the quality of her work with the client.

#### *Mentor Fear*

If a mentor has ongoing fear of a client or a client's environment (not due to a single incident or temporary circumstance) and believes it is interfering with the quality of her work with the client.

#### *Mentor Ineffectiveness*

After careful deliberation, if a mentor believes she has exhausted all strategies and is not able to work effectively with a client she may discuss with the coordinator the possibility of transferring the client to another mentor. The coordinator will help determine if all possible strategies have been exhausted and will examine the possibility of transfer and which other mentor might be better able to connect with this client. This process may be lengthy.

***“Notes from the Field”***  
***Transfer of Clients to Another Mentor***  
From the Winnipeg. Sites Case Review Day – January 2003

At times, a transfer to another mentor is unavoidable because the existing mentor has left the program, due to illness, maternity leave, relocation or accepting a new job. In this case, the client may have a difficult time adjusting to the change, especially if it is sudden. The following are some tips from the experience of those who have been through this:

- Emphasize that the program offers three years of service as opposed to three years with a specific mentor
- Find ways to transfer the “bond”
- Minimize the upheaval or change
- Reassure women, talk about differences between mentors as a good thing
- Coverage of mentors during holidays or sick time can be seen as similar to changes in mentors
- Use the buddy system occasionally to broaden the idea of program service (ie. raise awareness that there are other mentors who do similar work).
- All of us need to be conscious of program boundaries as a way to avoid problems if the need for transfer arises. Clients should not be completely dependent on us for their survival. Nor should they be left to think that their particular mentor is the only person in the program that can help them.

## Program Protocol

### Exceptional Circumstances Regarding Graduation

#### Extending Service

The InSight Program commits to providing women with three years of mentor support to address a multitude of issues that impact on their lives. In some cases, women may experience a major disruption in service delivery and will therefore not be able to receive the program as it was intended.

Two situations have been identified as major service delivery disruptions:

- 1) A client has experienced multiple mentor changes. In this situation, there has been significant mentor turn-over resulting in some clients having three or more mentors providing service for them during their time in the program. This amount of disruption to the relationship building process can undermine the program's ability to be most effective.
- 2) A client has been without mentor support for several months. This situation is not due to the client's willingness or ability to participate. This refers to when a mentor has not been available to support a client for three months or more (due to staff turn-over, leave of absence etc. and coverage was not possible). This woman will not be able to receive the promised amount of support.

In either of these cases, the coordinator should consult with HCMO to discuss the case. The client may be offered an extension of service beyond the three year limit. This option to extend service is at the coordinator's discretion, and can be for any appropriate amount of time up to one year.

In 2015, an evaluation of the InSight Mentor Program was completed by the Manitoba Centre for Health Policy. There were findings that indicated that some of the positive outcomes experienced by women in the InSight program were not necessarily sustained after program exit. This prompted InSight and HCMO to begin exploring ideas to better prepare women for success post-program. One such idea is extending the program for a short period of time beyond the three year period in order to ensure the client is well prepared for success after leaving the InSight program. This could mean ensuring mentor support does not end as the client is close to achieving a specific goal (ie. completing a treatment program, achieving reunification with a child in care, accessing a specific service/program/resource such as becoming enrolled in school, etc), or ensuring that the client is well connected to all other supports they may want or need to have in place moving forward.

To this end, a mentor and coordinator may decide to offer a client a short-term extension of service in order to meet a specific need for a longer period of time in the program. Typically, a time period of 3-6 months should be considered, when the InSight site can accommodate. An extension of this nature requires a detailed plan, composed by the client and the mentor and approved by the coordinator, which outlines the reason for the extension and the goals that will be worked on during the extension.

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If the woman accepts an extension, a letter must be submitted to the program evaluator indicating the circumstances that prompted the offer. The exit interview will be delayed until the woman graduates from the program. Where appropriate, additional goal sheets and check-ins will need to be completed.

**Enrolling Former Graduates**

In general, the InSight program does not accept women into the program twice – ie. re-enrolling women after they have completed the three year program. Since InSight is a long term intervention with low mentor-client ratios, we want to allow for as many women as possible to receive services.

There may be some exceptional cases and these will be dealt with on a case by case basis at an administration meeting with the site coordinators and Healthy Child Manitoba Office.

Should a woman re-enroll, however, she will be assigned a new ID number (per her referral). Do not use the original client ID number.

## **SUPERVISION**

### **Responsibilities of the Coordinator**

- Implement existing InSight protocol. Potential changes to protocol are discussed at an administrative meeting with colleagues, and approved by Healthy Child Manitoba.
- Conduct weekly staffing meetings with mentor team.
- Conduct weekly supervision individually with each mentor. During supervision:
  - Review each client status (their whereabouts, time spent with them, and progress on goals) in the course of reviewing the Weekly Mentor Time Summary Sheet.
  - Review client file, including Difference Game, Goals Sheet: Does the mentors work with the client reflect the goals the client has identified? If not, how can the mentor's focus be redirected to the big picture and not the small crisis the client may be able to handle herself?
  - Make a plan with mentor for what they want to accomplish with that client by the next week (verbal, but written if necessary).
  - Discuss areas of growth mentor would like to see for herself; and training possibilities. (It may be beneficial to set periodic supervision sessions that are designated only for the mentor's reflections on their job satisfaction, growth, future goals, etc., as combining this task with caseload review can sometimes prioritize client-specific issues over discussing the mentor's own reflections on her job.)
- Be available to mentors for consult throughout the week, either by phone or in person.
- Coordinator should know the whereabouts of all mentors at all times during working hours.
- Relay to mentors in a timely manner all relevant notices, instructions, and information from administrative meetings.
- Maintain ongoing staff training and development. During the course of group staffing and individual supervision, determine staff training needs. Arrange for staff training as soon as possible after training needs are determined.
- Ensure that all data forms are completed correctly and submitted to HCMO.
- Read and sign off on case notes quarterly (every 3 months). Sign full name and date in pen on last page read. Be sure case note entries correspond with the Weekly Time Summary Sheets- ie. there should be a corresponding case note for every time recorded with or on behalf of clients on the Summary Sheet.



## **Weekly Staff Meetings**

Staff meetings are held once a week or once every two weeks for two hours. This is the staff's only time to bring up matters they would like to discuss as a group.

It is critical that everyone be present during this session, and it is critical that the staff members arrive on time as a gesture of respect to one another.

Staff meetings are an opportunity for lively interaction and the exchange of ideas. They are brainstorming problem-solving sessions that are intended to leave participants in a positive frame of mind for the challenges they face during the week. Mentors may need this time to vent frustrations, but this can quickly turn into a negative downward spiral for everyone. Instead the frustrations expressed can and should be springboards for positive creative solutions.

The coordinator keeps an agenda throughout the week as business items and items for discussion arise. Mentors may contribute thoughts, resources, observations, ideas, or do spontaneous staffing without being on the agenda ahead of time.

At individual supervision, the coordinator may assign a mentor to present the case of a specific client for feedback at the next group meeting. This exercise should be agreed upon by the coordinator and the mentor, and should benefit the mentor who presents the case (by providing support and ideas to address the client's situation) as well as the group as a whole (by providing opportunities for transferable learning and creating an environment where collaborative problem-solving is normalized and encouraged).

Within two or three weeks after presenting a client case for feedback, a mentor should staff for update on the status of the client so that mentors know how the situation has evolved and how their suggestions have worked.

During meetings phones are not answered and phone calls are not made. Paperwork is not done during staff meetings.

Periodically, staff meetings could be held outside of the office for a change of venue.

## Program Protocol

### **Staff Tracking**

Mentoring is not a desk job. It is imperative therefore, that the coordinator be able to account for the whereabouts of staff, primarily for safety purposes.

A system must be created and used to track where staff are going during the week. Some examples of systems that are used are white board calendars, a master Day-Timer, electronic calendars that can be accessed off site, or a Monday – Friday paper schedule. Whatever system is chosen, it must be user friendly, routinely used, and effective.

Mentors will create their schedule as known at the beginning of the week and update throughout the week. They may complete while in the office or phone in to coordinator or answering machine and specify the information to be recorded. Information should include times, client names and destination for appointments throughout the day. It is understood that plans change suddenly and may not get recorded; however, every effort is made by the mentor to report their whereabouts.

This system allows coordinators know where staff are if they are overdue. Staff must check-in, either in person or by phone at the end of each working day.

## Weekly Mentor Time Summary

- Purpose:** Assists with supervision of mentors. Provides a quantified measure of each client's involvement over time with mentoring that can later be compared with client outcomes.
- Benefit:** Form produces a breakdown of how much time mentor spent with each client that week, separated by face to face time, transporting time, and phone time, as well as how much time mentor spent on behalf of each particular client. Also details how much supervision time each mentor received each week, broken down by face-to-face and telephone supervision, how much time was spent in peer consultation, staff meetings, and retreats, how much doing paper work, driving around as part of the job, and other mentor activities.
- Administration:** Completed by the mentor each week and turned in at supervision.
- NOTE: This protocol is optional, where coordinators and/or mentors find that weekly time summaries are helpful to their practice. If the benefits outlined above are being met by other means, a site may discontinue use of the Weekly Mentor Time Summary.***
- Instructions:** Instructions on form. Read attached protocol for coding.

## **Mentor Time Summary Sheet Protocol**

1. The summary sheet must be filled out weekly, starting on Monday and ending on Sunday, and brought to supervision. If it is not done prior to supervision, it will be completed in supervision.
2. The summary sheet must be filled out neatly, completely and accurately.
3. Typical Mentor 40- hour work week:
  - Direct client time including services with agencies and other family members accounts for approximately 50% or 20 hours of the mentor time.
  - Individual supervision (2 hours / week)
  - Staff meeting (2 hours / week)
  - Community training, informal consultation, community meetings or additional time for paper work based on specific mentor needs (average about 8 hours / week).
4. Peer consultation is defined as the mentors talking with another professional, or another mentor about strategies for effective mentoring, “tips of the trade,” etc. It does not include consulting with other agency professionals on clients in the program.
5. See “Weekly Mentor Time/ Summary Sheet Protocol for Coding” for other specific coding questions. Other questions or concerns about the mentor time sheet should be brought to the attention of the coordinator as they arise.

### Protocol for Coding the Weekly Mentor Time Summary

- The Weekly Time Summary is completed weekly by the mentor and turned in to the coordinator at the beginning of supervision each week.
- All times are coded in hours and minutes. E.g., if you spent 3 hours and 25 minutes you would code that 3:25.
- Please use leading 0's. E.g., if you spent 5 minutes you code that 0:05.
- Week beginning: the date should be the Monday of the week the form covers (i.e., the beginning of the week). Always use the Monday date, even if the Monday is a holiday, even if you did not work that Monday.
- For each of your clients fill in the 5-digit client ID. [To save yourself time, if your client load is stable, it is okay to fill in the numbers for your entire caseload on one sheet and then make several copies of the sheet to use later].
- On the top part of the form, only include time spent that week with or directly on behalf of clients. This includes face-to-face time with client (listed separately), time spent transporting client (listed separately), phone calls to and from client (listed separately), and all other time spent on behalf of the client (grouped together). This last category includes: time working with an agency on behalf of the client when the client is not there, time spent with extended family when the client is not there, time spent corresponding with the client. Note: this last category is for everything else directly related to a client that is not covered by face-to-face time, telephone, and transporting.
- If the client is present, code the time in one of the first three columns (face-to face, transporting, or telephone), even if you are also doing something else [E.g., if you go to an agency with a client, it would be coded as face to face time]; you talk to the client's mother for an hour and the client is present would be coded as face-to face time. Do not include this kind of time twice. All time is only counted once.
- Add the face-to-face, phone calls with client, and transporting time, and other time columns to determine the total time spent with client. Write this time in the last column.
- Do this for each and every client ***whether or not you have spent time with him or her this week***. If you didn't spend any time with them or on their behalf, write their five-digit code and then code 0's.
- Add the totals for each client and note the grand total in the blank marked "Total Client Time."
- *Only include clients on your caseload in this section. Time with another mentor's clients, or clients who have graduated should be recorded under "other activities".*

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- Supervision time is time you spend being supervised by your coordinator and includes time you spend talking with your coordinator about a case, informally as well as formally. Face-to face includes the weekly formal supervision and any time you spend talking with her about your caseload at the office (even if other mentors are present). Telephone includes the time you spend talking with her about clients on the phone.
- Peer consultation is time you spend talking with another professional, or another mentor about strategies for effective mentoring, “tips of the trade,” etc. Team meetings regarding clients without the coordinator present would be coded here as peer consultation.
- Staff meeting/retreats. Time you spend at a scheduled InSight retreat and staff meetings with other mentors.
- Time spent doing paper work. Includes forms, case notes, etc.
- Transportation time is time you spend driving around as a part of your job, but not time you spend transporting clients (that will go in the individual client’s transporting time). It does not include your drive to and from work.
- Other activity time is for anything that doesn’t reasonably fit into one of the previous categories. This can include training, community meetings, gathering resources, and miscellaneous activities.

## **Clinical Supervision Sheet**

- Purpose:** To provide a guide for coordinators during supervision with a mentor.
- Benefit:** Helps ensure that no clients are overlooked, and that all areas are covered during the supervision session. Allows a record of the supervision session.
- Administration:** Coordinator creates list ahead of time listing the mentor's full caseload and uses it to keep notes as supervision progresses.
- Instructions:** Because this form contains client names and case numbers, be sure that these lists are kept in a safe, secure place.

*Instructions: Prepare each mentor's supervision sheet ahead of time listing her full caseload. Guard client confidentiality; keep these sheets in a locked location when not in use.*

## CLINICAL SUPERVISION

Date:

Mentor Name and ID#:

1. Paperwork

2. Mentor Time Summary

3. Case Notes

4. Client Updates

1. Client 1: Name and ID #

2. Client 2: Name and ID #



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3. Client 3: Name and ID #

4. Client 4: Name and ID #

5. Client 5: Name and ID #

6. Client 6: Name and ID #

7. Client 7: Name and ID #

8. Client 8: Name and ID #

9. Client 9: Name and ID #

10. Client 10: Name and ID #

Adapted from the P-CAP Manual by T.M. Grant & C.C. Ernst

Revised March 2017

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11.Client 11: Name and ID #

12.Client 12: Name and ID #

13.Client 13: Name and ID #

14.Client 14: Name and ID #

15.Client 15: Name and ID #

## **Training and Community Meeting Tracking Sheet**

- Purpose:** To track all training and community meetings the mentors and other staff attend.
- Benefit:** Useful as a record of training for creating reports that is easily accessible and retrievable as needed.
- Administration:** The coordinator keeps these forms in a notebook and fills them out as training events and meetings occur. This form is optional, as some sites may have Human Resources protocols that accomplish the same task.

Trainings Received

Coordinator:

Site:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

Date of Training:

Topic:

Presenter or Trainer:

Agency Name:

Mentors in Attendance:

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\_\_\_\_\_ *Trainings Given by Staff*

Coordinator:  
Site:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

Date of Training:

Topic:  
Mentors Name: (presenter)  
Agency Name:  
In Attendance:

\_\_\_\_\_ *Community Meetings Attended by Staff*

Coordinator: \_\_\_\_\_  
Site:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Mentors in Attendance:

Date of Training:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Mentors in Attendance:

Date of Training:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Mentors in Attendance:

Date of Training:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Advocates in Attendance:

Date of Training:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Mentors in Attendance:

Date of Training:

Topic/Type of Meeting:  
Location of Meeting:  
Agencies Represented:  
Mentors in Attendance:

Date of Training:

## **Stipend Log and Stipend Protocol**

- Purpose:** To keep an accounting of each client's annual stipend (each client has a \$75 annual account to be spent at the mentors' discretion).
- Benefit:** Provides a chequebook like ledger to keep track of funds.
- Administration:** Mentors record expenses in stipend book. Mentors pay for purchases with their own funds, fill out a program petty cash voucher, attach receipt, and turn in to coordinator for reimbursement.
- Instructions:** See attached protocol for details.

Program Protocol

**Client Personal Stipend**

The purpose of the client stipend is to provide client incentives and needs, and may include lunch with the client, clothing, grocery cards, rewards, celebratory gifts (such as something for the target child at birth, or for the woman at graduation) or other items. The stipend is \$75 per client per year.

If the incentive is unusual or expensive, the mentor and coordinator should discuss the rationale prior to the purchase and should agree that it is a reasonable expense. If the client's account uses \$75 and the mentor believes there is a good reason to spend more than that during the year, the mentor may ask the coordinator to approve more stipend money for that client. The request must be made and approved prior to spending the stipend money or reimbursement cannot be guaranteed.

If there are funds remaining and unspent in her account at the end of the fiscal year, these funds can be used for other client expenses or to cover for over spending with a different client. Each new fiscal year the client "bank" will begin at \$75.

**Mentors:**

- Keep track of client stipend expenditures on a petty cash voucher or site specific form.
- Keep all receipts. Attach the receipt to the petty cash voucher and turn it in to the coordinator monthly for reimbursement.



# Stipend Log

Client Name: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Client ID # \_\_\_\_\_

Enrolment Date: \_\_\_\_\_

Yearly Stipend Amount \$75

DATE	ITEM	COST	TOTAL

## **Staff Information Sheet**

**Purpose:** Coordinator keeps copies of this form at the office and at home in case of emergency.

**Benefit:** For safety purposes to be able to keep in touch with mentors and their emergency contact people quickly, from home or office.

**Administration:** Each staff member completes this form and copies are made so coordinators have two copies. About every six months coordinators distribute at staff meetings so the mentors can update them.

**Instructions:** Self-explanatory

## Staff Information Sheet

Name: \_\_\_\_\_

Mentor ID #: \_\_\_\_\_

E-Mail Addresses:

Home Address:

Home Phone:

Personal Cellular Phone:

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact:

**Emergency Phone:**

## IV. WORKING WITH CLIENTS

### Contents:

1. Completing the Getting To Know You Form- p. 77
2. Consent for Release of Information Form- p. 78
3. Suicide Protocol- p. 80
4. Duty to Warn Protocol- p. 81
5. Child in Need of Protection- p. 82
6. Mentor Group Standards- p. 84
7. Mentor Boundaries- p. 85
8. The InSight Model Involves Two Levels of Intervention- p. 87
9. The First Home Visit- p. 88
10. Within the First 6 Weeks- p. 89
11. Case Notes- p. 90
13. Notes from the Field “The Mentor-Client Relationship Over Time”- p. 95
14. Keeping in Touch with Clients & Tracing Lost Clients- p. 98
15. Client Graduation- p. 100  
    “Notes from the field”: Client Graduation from InSight- p. 106

## **Completing the Getting to Know You Form**

The "Getting to Know You" HCMO evaluation form (and, where applicable, the "Getting to Know your Baby" form) is the primary intake tool used in enrolling women into the program. This form provides critical information in order to confirm eligibility into the program, assess the woman's most pressing needs at the time of enrolment, understand her life history and identify what areas of her life she wants to address. This form is also data entered by HCMO and used as one of the key evaluation tools to measure outcomes at the end of the program.

The Getting to Know You form (and Getting to Know your Baby, where applicable) is to be administered by the program coordinator within 1 month of enrolment into the program. Mentor services should be limited, or not provided at all, until the form has been completed. This ensures accurate baseline information is collected for the evaluation, and ensures that the mentor has all the necessary information needed to begin providing support.

The Getting to Know You interview may occur wherever the client feels safe, in her home, at the program office, or another location of her choosing. Due to the sensitive nature of the questions in the interview, it is ideal if others are not present, unless the client specifically requests someone to support her. The mentor will arrange child care for her if needed.

Some sites have chosen to have the mentor present during the interview, as an observer only. Sites report the benefit of this is that it can assist the client to build a relationship with their mentor. While the Getting to Know You information would be shared with the mentor, having the mentor physically present ensures the client fully understands that the mentor knows all the information shared and she does not need to repeat it to the mentor later.

If the client is post-partum at the time of enrolment, the Getting to Know your Baby form will be completed along with Getting to Know You. If the client is pregnant, the coordinator will meet with the client again after the baby is born to complete this section. However, information on prenatal exposure to substances early in the pregnancy can still be collected at the time of enrolment while the client has a better recollection of the details and the remainder of the form can be completed post-partum.

The Getting to Know You interview is typically administered in one sitting, but if the client is having a difficult experience, it can be split into two sessions.

For more information on Getting to Know You, Getting to Know your Baby, and all other HCMO evaluation elements, please refer to the InSight Evaluation Manual.

## **Consent for Release of Information Form**

- Purpose:** Required by most agencies. This form documents permission from clients to allow sensitive information to be shared between mentors and specific agencies with which the client is involved.
- Benefit:** Invaluable in helping mentors learn relevant information about clients and communicate with providers in order to create a comprehensive and holistic service plan.
- Administration:** Completed by the mentor shortly after enrolment and after she has learned something about the agencies her client might have worked with. The mentor explains the purpose of the Release of Information form, taking time to discuss its implications (what will be shared, how the mentor will work with the collateral agency, etc). Ensure the client understands the form, and is comfortable signing it. Once signed, the original is mailed or faxed to the agency and the mentor keeps a copy in the client's case file. ROIs are completed with new providers frequently during the program.
- Instructions:** Complete all blanks, obtain all signatures. Originals should be kept on file.
- Other:** The Consent for Release of Information Form can cover the entire program period or expire after a specified period of time. Host agencies may have their own forms. The attached are examples.

## CONSENT FOR RELEASE OF INFORMATION

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I, \_\_\_\_\_ (name), give permission to the InSight Mentor Program to receive or exchange verbal and/or written information about me with the following person/agency:

\_\_\_\_\_

I understand that information will only be shared in order to determine if I am eligible for services, or to allow InSight to coordinate their supports with this person/agency to provide me with the best service possible.

I understand that my information is only shared with my permission EXCEPT if a child is need of protection, my file is subpoenaed (requested) by a court of law, or if I disclose harm to myself or others (in these situations, InSight is always required to share my information with the appropriate services).

I understand that I can cancel or change this consent at any time by providing a written statement.

**Today's Date** \_\_\_\_\_

**Signature of Client** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

*\*ORIGINAL FORM WILL BE KEPT BY INSIGHT*

*\*COPY TO CLIENT*

*\*COPY TO PERSON/AGENCY WITH WHOM INFORMATION WILL BE SHARED*

## Suicide Protocol

The following outlines the procedures to follow if you think a client may be suicidal. If you ever have any suspicions that a client is suicidal, it is essential that mentors know to notify their coordinator as they are assessing the situation. If applicable, follow your agency's Suicide Protocol.

The intention of the following questions is to ascertain whether the client is in imminent danger of hurting herself.

- 1) Ask if she is thinking about harming herself or attempting suicide;
- 2) Ask if she has a specific plan, including a specific method and time. It is important to assess if the client is just thinking about suicide or if she has a specific plan worked out;
- 3) Ask if she has access to a weapon or is currently in possession of the materials needed to carry out her plan (e.g., pills).

Yes to any one of these questions indicates that the woman is at risk of harming herself and a suicide intervention plan is necessary.

If you believe she is in imminent danger, call your coordinator for direction, and **call the Manitoba Suicide Prevention & Support Line- 1-877-435-7170 (also at [www.reasontolive.ca](http://www.reasontolive.ca))**, or **the Klinik Crisis Line- 204-786-8686 or Toll Free 1-888-322-3019**. In the meantime, make a clear and concrete suicide contract to include the following:

- 1) A commitment from the client that she will not harm herself without calling you or the crisis line first.
- 2) An agreement about when you will contact the client next or when she will call you.

Put this contract in writing and have her sign it and keep a copy for the chart. Remember to document everything and to keep your coordinator informed about everything. Also if you are at all in doubt about the client's safety it is always fine to call the Crisis Line and discuss the situation.

**If you believe the client is in imminent danger, is not responding to suicide intervention, there is a threat to your safety, and/or it is after work hours and you are not available to provide suicide intervention to the client, call 911 or your local police emergency line.**

Coordinators will ensure mentors have a list of all other local crisis phone numbers (Crisis Stabilization Unit, Mobile Crisis Service, etc) available to use or to give to clients.



## **Duty to Warn Protocol**

The following outlines the procedures to follow if you think a client is going to hurt someone else. This procedure is known as the “Duty to Warn” and the agencies are mandated to report potential incidents to both the intended victim (or her/his family) and the police. Where applicable, please also refer to and follow agency-specific Duty to Warn protocol.

1. If a client makes an unspecified threat, chart the incident in the files.
2. If a client makes a specified threat containing plans to harm someone else (ex: “I have a loaded handgun and I am going to kill the next person I see”), call the police to report the incident and document it in the files.
3. If a client makes a specified threat towards an identified person that includes the threat, the specific means of carrying out the threat (i.e., a weapon such as a knife or gun) and a plan of action that includes a time, call the victim and the police. Reasonable efforts to contact the victim must be documented, including looking for the victim’s phone number in the phone book, and calling the extended family of the victim to find out if they know the intended victim. It is essential that you inform your supervisor immediately of the situation. Mentors should avoid seeking out the threatened person or the client, as they may place themselves in danger.
4. If you have any questions about what to do, consult with your coordinator, and if needed (and where available), call your local crisis number to discuss the case.

## Child in Need of Protection

**Any person who has information that leads him/her to reasonably believe that a child is or might be in need of protection has a legal obligation to report this information to an agency or the parent or guardian. This duty to report applies even when the information is obtained during a professional or confidential relationship. A report is made directly to an intake social worker at the local CFS Designated Intake and Emergency After-Hours Agency.**

The following excerpt from the Manitoba Child and Family Services Act outlines the legal duty to report a child in need of protection. The Child and Family Services Act can be accessed at <http://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php>.

### Child in need of protection

**17(1)** For purposes of this Act, a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person.

### Illustrations of child in need

**17(2)** Without restricting the generality of subsection (1), a child is in need of protection where the child

- (a) is without adequate care, supervision or control;
- (b) is in the care, custody, control or charge of a person
  - (i) who is unable or unwilling to provide adequate care, supervision or control of the child, or
  - (ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or
  - (iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;
- (c) is abused or is in danger of being abused, including where the child is likely to suffer harm or injury due to child pornography;
- (d) is beyond the control of a person who has the care, custody, control or charge of the child;
- (e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;
- (f) is subjected to aggression or sexual harassment that endangers the life, health or emotional well-being of the child;
- (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child; or
- (h) is the subject, or is about to become the subject, of an unlawful adoption under *The Adoption Act* or of a sale under section 84.

### Reporting a child in need of protection

**18(1)** Subject to subsection (1.1), where a person has information that leads the person reasonably to believe that a child is or might be in need of protection as provided in section 17, the person shall forthwith report the information to an agency or to a parent or guardian of the child.

### Reporting to agency only

**18(1.1)** Where a person under subsection (1)

- (a) does not know the identity of the parent or guardian of the child;
- (b) has information that leads the person reasonably to believe that the parent or guardian
  - (i) is responsible for causing the child to be in need of protection, or
  - (ii) is unable or unwilling to provide adequate protection to the child in the circumstances; or
- (c) has information that leads the person reasonably to believe that the child is or might be suffering abuse by a parent or guardian of the child or by a person having care, custody, control or charge of the child;

subsection (1) does not apply and the person shall forthwith report the information to an agency.

### **Duty to report**

[18\(2\)](#) Notwithstanding the provisions of any other Act, subsections (1) and (1.0.1) apply even where the person has acquired the information through the discharge of professional duties or within a confidential relationship, but nothing in this subsection abrogates any privilege that may exist because of the relationship between a solicitor and the solicitor's client.

### **Reporting Process**

If it is determined that a child is in need of protection, the mentor will make a report directly to an intake social worker at their local CFS Designated Intake Agency/ Emergency After-Hours Agency. In the case where there is an open CFS protection file for the family, the mentor will first attempt to contact the assigned CFS case manager. If the child is in immediate need of protection and the mentor is not able to speak to the CFS case manager (leaving a voicemail is insufficient), the mentor will contact their local CFS Designated Intake Agency/Emergency After-Hours Agency.

### **Failure to Report**

Failure to report by any professional can have three serious consequences:

- 1) the child will not receive the protection required and/or may sustain further abuse
- 2) the family situation is likely to continue to deteriorate, putting the child (and any siblings) at further risk
- 3) if a professional fails to report abuse to a CFS agency, he/she can be charged and punished on summary conviction.

**These legal requirements supersede all internal InSight policies and procedures.**

In the InSight program, when staff need to report a child in need of protection, every effort is made to advise women of this prior to the call being made, and where appropriate, the call is made together with her.

## Program Protocol

### **Mentor Group Standards**

The InSight mentor role is grounded in practices and approaches that are respectful, relational, self-determining, women-centred, harm reduction oriented, trauma-informed, health promoting, culturally safe, supportive of mothering, and use a disability lens (CanFASD Northwest: 10 Fundamental components of FASD prevention from a women's health determinants perspective. February 2010.) In this spirit, mentors concur that they will:

- Keep the clients' confidentiality and maintain trustworthy relationships with clients; always use and abide by Release of Information forms.
- Treat clients with respect and dignity and would not knowingly do something that would hurt a client.
- Respect client boundaries and maintain boundaries with clients; mentors value the individual boundaries they have developed.
- Empower clients by supporting them to meet their own goals ("doing with" rather than "doing for").
- Uphold promises they make to their clients and others (e.g., when they will be there, calls, etc.) and not to promise things that are unrealistic.
- Acknowledge when they do not know something (rather than pretend they are experts in areas where they are not). Mentors will connect clients to appropriate service providers.
- Acknowledge clients' feelings and don't override them with assumptions about how the client feels.
- Wait to discuss topics that seem invasive or sensitive until the client is ready. Avoid bringing up any invasive or sensitive conversations that are not necessary in the mentor's professional role.
- Try to stay calm in problematic situations (self-control); assess the situation without contributing to the escalation of the problem.
- Take careful consideration of when to share information with clients, and only share information that is from a credible source, and when the client is open to receiving this information.
- Respect and do not compromise their own health, values, morals, or safety.
- Return phone calls and pages the same day to other service providers (but may have a different standard for returning calls/pages to clients who are misusing the communication system).
- Respect boundaries of other agencies and keep confidentiality between agencies; what is said about clients is not revealed to clients if it wasn't meant to be.
- Are respectful in approaching other staff members in the office and requesting attention ("Is this a good time?").
- Respect individual styles; do not gossip about each other to other mentors or clients.

## Program Protocol

### **Mentor Boundaries**

Mentors concur that they:

- Will role model honesty and integrity. They will not lie for a client (e.g., to obtain welfare or housing assistance, to assist them with selling entitlements, to falsify urine screens, or to obtain a satisfactory judgement in court).
- Will not drink or use drugs with clients and will not substance use in their presence.
- Will role model/discuss aspects of their personal lives that they believe are beneficial to a client's progress and well-being, but will not discuss other aspects of their lives.
- Will discuss sexual matters in a respectful, non-intrusive way, and only within a reasonable scope of advocacy practice, including family planning topics, and assessment for sexual victimization counselling.
- Will not discuss personal, sensitive sexual topics. For example, they will not give examples from their own life, they will not ask clients about personal sexual information, and they will discourage clients from revealing this kind of information in the course of conversation.
- Will not touch clients or allow client to touch them.  
Note: InSight is based on relationship theory, we encourage and expect mentors and clients to build trusting, long-term relationships, and understand that spontaneous hugs may occur, but mentors first ask for client's permission, or wait for client's initiation.
- Will not buy vouchers or other goods from a client.
- Will not hold cash or be listed as a co-signer on a bank account or loan, either for a client or for a client's family member.
- Will not allow clients to give them money, although a small gift or lunch is accepted.
- Will not lend money or give money to client, client family members, or client friends.
- Will not sign a surety bond to have a client released from jail.
- Will not permit clients to spend the night at their homes.

- May work with clients on the weekend or evening if the situations cannot be taken care of during regular business hours. If this occurs, the coordinator must always be notified in advance about the mentor's plans and whereabouts.
- Choose whether or not to return a call after regular work hours. Mentors will set and keep healthy and consistent boundaries regarding calls after work hours (ie. limiting after-hour calls to emergencies or specific exceptional circumstances), and will communicate these boundaries clearly with clients.
- Are open to off-hour phone calls from mentors or other staff, but will often defer them to a time when there are not conflicting demands.
- Will not provide cigarettes or money for cigarettes to clients. Mentors have the right to ask clients not to smoke in their presence, and they will not smoke in the presence of clients or their children.

## **The InSight Model Involves Two Levels of Intervention**

### **1. Between the Mentor and the Client**

- Build a bond/relationship/trust.
- Work with the whole constellation of people involved in the client's life.
- Assess client and family strengths, problems, and needs.
- Provide information, support and modeling on life, social, and parenting skills.
- Stay in contact with clients through regular home visits, calls, letters, and notes.
- Coordinate client's personal goals with program goals.
- Trace clients who disappear: make weekly attempts to contact; continually obtain updated references; build a network among clients' friends/relatives/service providers.
- Understand that relapse is expected, and women are never asked to leave the program because of relapse or setbacks.

*The goal is to help clients move along a continuum from dependence on the mentor, to interdependence with the mentor, to independence and strength on her own.*

### **2. Between the Mentor and Service Providers**

- Link clients with available and appropriate community services; the program does not provide direct treatment or health services.
  - Connect service providers with each other to avoid client "falling through the cracks", duplication of services, or manipulation by client.
  - Facilitate communication among providers to design a plan that will set clients up for success, not failure.
  - Organize case consultation meetings with a client's service providers (with assistance/participation of coordinator).
  - Respond to phone calls from other providers within 24 hours.
  - Assure that mother and baby actually receive and follow-up with services intended.
- Mentors do not simply hand clients a list of phone numbers.

## **The First Home Visit: Establishing the Relationship, Collecting Information**

Before you go:

- Start the client file
- Do a briefing with coordinator about client

Take with you:

- A gift, if available and appropriate (layette for the new baby, photo album)
- Business cards (give her several to distribute to her providers)

Forms to take with you:

- Two consent forms (you keep one after they are signed)
- Releases of Information
- Service Coordination Form
- Assessment of Strengths and Needs
- The Difference Game and forms
- Baseline Goals Form

*(NOTE: Although information-gathering- especially signing consent and release of information forms- is an important element of the mentor-client relationship, and should be completed as soon as possible, InSight operates from a relational model that should prioritize the establishment of a professional relationship characterized by respect. Therefore, mentors should always ensure the client's comfort to enter into the completion of forms or any other mentor-led activities.)*

At the Home:

- Discuss the purpose of the InSight model, and your role as a mentor
- Review the entire consent form with client (read it to her if necessary); ask client to sign consent. You keep one, she keeps one.
- Tell the client a little about yourself, why you chose to do this work.
- Assure client of confidentiality; remind her that you (like all adults) have a legal duty to report a child in need of protection, but you are not a child welfare worker.
- Complete forms you brought with you. If you cannot complete all forms at this first visit, do them as soon as possible in subsequent visits.

Before you leave:

- Make a plan for the next visit that relates to client needs or goals
- Ask the client if there is anything she or the baby needs that you can provide



## **Within the First 6 Weeks**

### **1) Set the ground rules for your relationship:**

- Define the nature of your relationship: let client know you'll have a three-year working relationship based on setting and working towards the client's goals.
- She can trust that you will be with her through ups and downs: "there will be times you don't like me. It's okay if you disagree with me. But we have to keep communication open." Remind the client that the InSight program will not close her file except in rare circumstances where safety concerns can't be overcome.
- You'll always be truthful with her. You won't lie to her, or for her.
- You won't meet with her if she is high.
- You'll be on time, and she should call you early if she has to cancel.
- Outline guidelines for times when you will transport the client in your vehicle:
  - when there are no legal or safety concerns (ie. the client agrees not to bring anything drugs, stolen property, etc., into the vehicle)
  - when there is a reason for transportation that is relevant to the mentor-client relationship, and the client's goals
  - There may be times that, due to other workload demands, you are not always available for transportation when a client may request it
  - Generally, you will agree to transport the client and client's child(ren), but not other friends/family members unless a) the mentor determines the transportation to be essential towards a client's goal (ex. transporting a woman and her partner to a parenting class, etc), and b) the person to be transported is well known to the mentor and there are no legal or safety concerns
  - Outline your agency's transportation protocol where available
- Let client know that you do have other clients and there may be times when someone else's emergency becomes the day's priority.
- Your role is not to continually respond to her crises, but to help her move beyond crisis and move toward achieving her goals.
- Mentorship is a two-way street: "You'll get as much out of the program as you put into it".
- When possible, you will let the client know ahead of time if you have to call CFS to report a child protection concern; ideally, you will plan with the client to contact CFS together (this will not always be feasible).

### **2) Complete all the "start up" assessments and forms.**

## **Case Notes**

**Purpose:** To document mentor/client interaction and case activity.

**Benefit:** This form dates and details each encounter with a client and her family, phone calls, and interactions with agencies on behalf of the client.

**Administration:** Mentors write case notes at the end of each workday. Notes are written in pen, dated, signed, and paginated. The coordinator reads case notes quarterly.

**Instructions:** See attached protocol

## Case Notes Are Easier Than You Think

Charting good notes need not intimidate you. It is not hard, but it does take discipline.

**It is critical that you get in the habit of jotting down a few notes after every action or interaction.**

Notes can be brief, but they need to include the following:

- **Description:** An objective description of present pertinent information

When Note the actual date contact happened. Case notes span a 3-year period, so note the year as well as the month and day. Note time of day if it was outside of normal work hours.

Where Note location where contact occurred. Use specific address if it is a new location.

Who Who did you see or call? Who else was present during your visit? If it is a new provider get name, title and phone number and add to Service Coordination Form.

What What did you and the participant (client, child's care-giver, other provider) do? What was the purpose of your visit? What topics did you discuss? What was the outcome of your contact? What were the reactions?

- **Assessment:** How is client working toward her goals?
- **Plan:** a plan for the next step, a date for the next visit. What needs to be done? When and by whom? Note any upcoming major changes/issues.

## **Case Notes: Some Do's**

- State the facts in a value-neutral way.
- Write case notes neatly, in ink. You may write case notes on a computer, but they must be kept up to date, printed out weekly, signed, and filed in client file.
- Sign each case note entry with full signature (not just initials), and date (including year).
- Use direct quotes from clients to portray a client's statement, attitude, or opinion.
- Avoid long sentences, unnecessarily long words, jargon and acronyms. If you use an acronym, define it the first time you use it on each page (e.g. DUI = Driving Under the Influence)
- Use the active voice ("Marsha consoled the baby") instead of passive voice ("The baby was consoled by Marsha"). Write with more verbs and nouns, fewer adjectives.
- Keep case notes up to date, not more than a day behind.
- When case notes become too bulky, remove oldest case notes and file by client number in a designated, locked cabinet.
- Write notes that are useful to you. Include a description, and assessment, and a plan for the next visit.
- Record in case notes any particularly volatile situations, but also notify your coordinator of these (e.g. client being reported to CFS, client threat to self or others, or situations where you feel threatened).

Imagine your client is reading your notes. Would she feel this is a fair representation of what happened? Always write notes that are respectful towards your client.

- Highlight items that you need to follow up on.

## **Case Notes: Some Don'ts**

- Avoid speculation. Do not discuss what you think the client or agency's actions or reactions mean. Instead try to use direct quotes from clients or providers to portray their position.
- Avoid subjective, judgmental statements or descriptions (EX. "Mary was rude and aggressive at the store, and caused a scene"); instead, describe situations factually ("Mary raised her voice and used expletives when speaking to the store clerk. Mary kicked the side of the cashier counter.").
- Don't get behind on your notes.

# **The Importance of Documentation**

**Or . . .**

## **If you Don't Write it Down, It Never Happened**

A few good reasons for good complete case notes:

1. Case notes help document the Time Summary Sheet (if used) and the results you report on the 6 Month Assessment forms. They serve as a narrative version of your activity and your client's progress.
2. Writing case notes helps you think about the strategies you are using with a client. The process of writing down what you have done lends itself to thinking about what you might try next.
3. Writing case notes helps us all understand effective and ineffective strategies. What was tried? Did it work? It's okay to write down in case notes what worked and what didn't for a particular client.
4. Your files are not strictly for you. If another mentor or your coordinator picks up a client file, she needs to be able to get a very clear picture of who the client is, what has been done, what is working, and what areas need attention. Without good, clear case notes, it can be next to impossible for successful client transition should you leave the job.
5. Case notes could be important in an investigation should something catastrophic (like death) happen to a child or to a client while they are in our program. Case notes can be called into court, either for a criminal case or a family court case. You want an accurate, truthful record of what has transpired. All attempts at contact need to be documented. If a client refuses services, that too needs to be recorded in the file.

Description (D): who, where, what happened, objective  
Assessment (A): how client is working towards her goals  
Plan (P): for the next visit

Mother: \_\_\_\_\_

Baby: \_\_\_\_\_

ID#:

Mentor:

Page #:

[illegible]

**“Notes from the Field”**  
**The Mentor-Client Relationship Over Time**  
From the June 2006 all sites retreat

**YEAR 1**

**Client Needs/Activities**

- basic needs (housing, furniture, food, clothes)
- child custody
- health care
- welfare
- court
- domestic violence
- addiction
- criminal activities
- mental health issues
- relationship issues
- literacy and education
- self harm
- adversarial relationships
- negative supports/no supports
- transient
- wanting mentors to problem solve
- untrusting
- not available
- playing the victim
- passive aggressive
- manipulative
- crisis responding
- isolated
- lack of hope
- needy – demanding
- testing/shocking behaviour
- no boundaries

**Mentor Activities**

- cheerleading
- hand holding
- chasing
- meeting basic needs
- ensuring she follows through (lots!)
- driving her
- goal setting
- mentor connecting with her family & providers
- connecting her to providers
- defining the mentor’s role for her
- personally organized
- building the relationship and trust
- modeling behaviour
- debriefing and interpreting meetings
- clarifying systems expectations of her
- exploring her history
- providing education and information
- providing information about FASD
- reflection/self awareness (one way)
- exploring impact of use (later)
- role playing (later)

## **YEAR 2**

### **Client Activities**

- shares more personal information and looking for support re: intimate issues
- using her voice more
- assertive, less aggressive
- taking more responsibility
- she is following through
- practicing new skills
- seeking clarification at meetings
- gets excited at achievements
- has a sense of hope – more hopeful
- making changes that aren't crisis driven
- less reactive

### **Mentor Activities**

- use crisis to educate and teach skills
- brainstorming
- shared problem solving
- connecting to services (school, counseling, long term)
- supporting to maintain stability
- encouraging independence
- providing feedback on her choices
- exploring the impact of use during pregnancy
- examining the emotional and developmental needs of her child
- problem solving transportation needs
- less driving, drop-offs, etc.
- advocating for transportation
- connect with personal resources, friends and family
- attending other supports/services with her (AA meeting)
- introduce ideas of pride, personal care



## **YEAR 3**

### **Client Activities**

- arranges transportation to appointments
- checking in for feedback and information
- calling to celebrate
- may create crisis
- going to resources/services
- she believes that she can achieve her goals
- more independent
- goes places on her own
- confident in herself and with providers (self advocacy)
- knows how system works
- asks questions in the meeting and understands
- holding systems accountable
- challenging workers appropriately
- she's more prepared for situations
- achieving self-actualization
- she handles her crisis

### **Mentor Activities**

- promotes empowerment
- transportation is not goal related or crisis related
- driving is for celebration activities, relationship, it is scheduled, not responsive
- focus on transition planning
- connect to different services, referrals if needed
- discuss and support closure – from beginning of this year
- if a program extension is needed, discuss with supervisor by 6 months before end date
- review progress and celebrate

## **Keeping in Touch with Clients and Tracing Lost Clients**

At the time of enrolment, many clients are homeless or in a transient housing situation. Many of them do not have telephones; have a pattern of being evicted frequently, or of being jailed for several days at a time. Many are trying to keep one step ahead of bill collectors, drug dealers, or abusive former partners. These characteristics could make it very difficult to locate clients, keep in touch with them, and arrange appointments or clinic visits. Therefore, it is critical that we establish an effective system for tracking and finding clients.

### **At Enrolment**

In order to trace clients, the single most important step is to obtain as much information as possible from the client at enrolment. This allows greater flexibility in tracing, more success and far less stress. Be organized and thorough, and you can obtain a great deal of the information needed to keep in touch with client throughout the program. Inform the client about your purpose in collecting this information, so she is aware that you will try to find her, and will contact the people she has provided if needed. Your client will be the best source of information as to how to reach her; she may have a friend or community agency that can take messages for her or another alternative way of reaching her.

Information obtained at enrolment should include:

- All names used now or in the past, including all aliases. Be sure to have the client spell the names and aliases.
- Present address and name of apartment complex, housing development etc. where the client lives. Ask if the client is planning to move any time soon, and get that address.
- Home phone number and who the number is listed under in the telephone book.
- At least three message numbers. Make sure the client is on speaking terms with these individuals. More times than not, phone numbers are short lived.
- At least three contacts – immediate family or extended family – again, make sure you are aware of the relationship between the client and the contact and whether they are on speaking terms. When collecting names and numbers of references from your client, keep in mind that they do not have to be immediate family members. If no family names or numbers are available, then look to the extended family members to be of help, or community resources that the client may often use. By finding out a little about the client, you can determine who you may want to use as contacts. Do not be afraid to ask the client questions. For example, “how well do you know this person?” or “who is the person with whom you are most comfortable?”. Discuss with the client how she would like you to identify yourself to these people (a worker, a friend, a mentor or just your name).
- Names of agencies the client is involved with, a contact person there, their phone number and the area of town where they are located. Examples are: Child and Family Services, Public Health Nurse, Probation Officer, community group etc.

You may want to have the client sign a “Release of Information” form, so that you will be able to have caseworkers from specific agencies release information to you. Be clear and specific when indicating what information you are trying to obtain.

## After Enrolment

### Tracing Lost Clients

A client may go missing and it can take months to find her again. Tracing a client is comparable to detective work. Most of your tracing can be done over the phone once you have established your contacts, however this does not mean you will not be doing any field work.

Identify a contact person working in an agency that appears to have consistent contact with your client (ie. her CFS worker) and create an interdisciplinary relationship. Working together with other agencies as a team creates solidarity and consistency, and helps you stay in touch with your client even if she moves frequently.

It is very important to document all tracing contacts in your case notes. Date each entry and sign. You never know how helpful the information you document may be to you in the future – plan ahead.

Helpful tips as you trace missing or lost clients:

- Clients might be found in jails, at shelters, at a relative's home etc. – not only at their own home. Be sure to leave your name and number where you can be reached with everyone you contact. If you are searching for clients at any location where you do not know the individuals there and/or you are unsure about safety, attend with a co-worker.
- Spontaneity is very important and sometimes critical when tracing a client. For example, when you have a lead on a client who has turned up in jail suddenly, you have to be prepared to get to the jail as quickly as possible. There is always the possibility that the client could be released at any time, even though jail personnel may indicate differently.
- Procrastination is a bad habit to develop if you are going to trace. Always follow an instinct to call a client and do not procrastinate, or you may lose that client. Act on your intuition.
- If you do make contact with the client, always end the call by making a specific plan for when you will next see her, or when she can expect another call from you. Also, add that if she should move unexpectedly, to give you a call or give you a name of someone who would always be in contact with her.

## Program Protocol

### Client Graduation

The mentor – client professional relationship ends after 36 months in the program, and mentors will be taking on new clients on an ongoing basis.

Post graduation, clients are welcome to call the office and/or the mentor for information, referrals and letters of recommendation. We encourage clients to “keep in touch” with the program after the three years as a way to informally keep track of their progress post-program. Mentors may not do home visits, provide transportation, or make appointments for former clients. Special circumstances requiring assistance from the mentor will depend on availability of mentor and appropriateness of the request. Any post graduation assistance provided must be discussed with coordinator and given written approval. Any decisions regarding extensions to program duration or re-enrolments of previous clients must always be discussed and agreed upon with HCMO.

#### Mentor Role During the Final Year

Graduation and the end of the mentor/client relationship can be a positive event when conceptualized as a transition to a new phase, or a beginning rather than an ending. The work that the mentor and clients have done together over the past three years forms the springboard for this new phase.

1. Write her a letter at the beginning of the last year using the sample “**Letter to Client: Notice of Final Year in the Program**” (see attached). For clients who have not been very active in the program, this will advise them that they have one year left to use the services of their mentor. If a client has not been using the program to her full advantage, the letter serves as a reminder and motivates clients to become more actively involved with their mentor because there is still time for the mentor to help the client meet her goals. Mentors are encouraged to personalize the letter and include a business card to mail to clients who have been very inactive. Mentors document that the letter was sent and put a copy in the file. If the letter is returned, the mentor traces the client until she is located.

For clients who are actively engaged in the program, this letter can reinforce the positive changes made to date, and begin the planning process for graduation. For many clients, ending their relationship with their mentor can be difficult and for some an abstract concept. This concrete, formal notice helps clients appreciate the reality of the program ending and assists with the transition to reduced services from their mentor.

2. Identify a specific time to discuss with each client her impending graduation, including:
  - accomplishments the client has achieved during the course of the program. This reflection can be a powerful source of self-esteem for her.
  - how to build upon goals already achieved. Designing a strategy for attaining future goals is a good method for focusing attention on the future, rather than on the past.
  - what the mentor has learned by working with this client; how their relationship has helped the mentor grow professionally or personally.

3. A primary role of mentors is to help link clients and their children to resources, programs, work or educational settings that will endure after they graduate from InSight. The mentor's responsibility to the children is to ensure that they are living in a safe and stable home setting at the end of the program. In situations where mentors have concerns about the child's safety and care, a referral to child welfare services should be in place well before graduation (see protocol for Referral to Child Welfare Services).

### Beginning at 24 months

- **“Circle and Fence “ activity (refer to “Mentor Tools” section)**

Clients are aware from the beginning of the program that it will end after 36 months. At 24 months, mentors should bring up the topic of graduation, and help the client work on goals with this final year in mind. This is a good time to re-evaluate. This reminder should be made periodically during the final year. Beginning at 24 months, mentors should help the client identify potential friends/supports who will be able to provide a positive, ongoing influence in the client's life after the mentor is gone. A helpful tool to use is the “Circle and Fence” drawing and procedure (see attached directions and template to use in the activity).

The “Circle and Fence” activity can also be a valuable and effective tool to discuss goals pertaining to the client's social network; this may be beneficial to undertake in the first 2 years of program involvement, and should be considered by mentors as a possible activity at any time during the program.

- **“Eco Map” (refer to “Mentor Tools” section)**

The Eco Map is a drawing that gives a total picture of a person's situation. This tool can be used with the client to assess her situation during the last year of the program, and consider which resources may still be needed as closure is anticipated. This tool can be used in addition to the Circle and Fence activity or instead of, depending on the mentor's preference.

Although the “Eco Map” is a useful tool in the client's final year of the program, it can also be a valuable tool to use closer to the start of program involvement. It can be a gentle way to begin conversations about the client's support network, and begin to explore the nature of the client's relationships.

- **Life Book activity**

Mentors may choose to begin a Life Book project with clients and/or their clients' children during the last year in the program. A Life Book is an album clients and mentors create together that focuses on memories of the mentor/client relationship, the client's positive attributes, and the client's dreams for the future. The Life Book can contain photos, collages, stories, poems, etc.

- **Memory Box**

Similar to the Life Book, mentors can use a decorated box (can be purchased) that contains special mementos from the client's time in the program, including stories, pictures, self care items, or small gifts that remind them of their special qualities and their achievements over the last three years.

Many mentors and clients find it valuable to spend time creating a Memory Box or Life Book to preserve the memories of the client's child. In this case, this activity may be undertaken sooner than the final year of the program (ie. to mark the child's first birthday, or soon after the child's birth to start a memory box/life book that can be added to as the child gets older).

## At Completion of the Program

### ▪ **Exit Interview**

The Coordinator will set up a time for the mentor to bring each client in for an ***Exit Interview***, (see evaluation tools) within 2 weeks of the graduation date. Mentors may want to schedule special graduation events around the exit interview, particularly for clients who are hard to connect with during the final phase of the program.

### ▪ **Mentor Letter to Client**

An individualized, personal letter to the client from the mentor at the end of the program is a powerful tool. Mentors may write describing what the client has meant to her, what she has taught the mentor, how she has helped the mentor grow personally and professionally, and the belief that the mentor has in the client's worth and potential. Obviously, the nature of the relationship with each client will be different, and these letters will be written at the discretion of each mentor depending on the context and quality of the relationship.

### ▪ **Special Graduation Events**

Mentors use their creativity to arrange individualized activities with clients to mark what is for many clients a milestone occasion. Suggestions include:

- lunch or dinner at a special restaurant. Tell the client it is a surprise, you'll pick her up, ask her to dress for the occasion and find child care.
- use coupons to get discounts
- call the restaurant ahead and reserve a special dessert, take a photo as client graduation may align with their child's third birthday, celebrate the child's birthday with a small present, or help the client organize a small birthday party

### ▪ **Service Providers and/or family members**

It is good practice to close with service providers and family members who are closely connected to the client, especially if the mentor has worked closely with the individual or as part of the service team. A phone call or a personal note to relevant individuals may be sufficient to advise them of the client's graduation from the program and acknowledge the working relationship that has developed over the three years. In other cases where ongoing service is continuing within other agencies, it will be important to either host or attend a case conference with the client and service team. This will provide an opportunity to acknowledge the client's work and ensure that the service team left in place after graduation will address all ongoing planning.

### ▪ **Certificate of Graduation**

The coordinator prepares a Certificate of Graduation for the client congratulating her for completing the program. This is given to the client at the Exit Interview.

### ▪ Letter to Client from Program Coordinator

A letter from the coordinator may be written to each client personally thanking her for her time and participation in the program. Letters are handwritten on letterhead from each site. The following example can be personalized based on the coordinator's knowledge or relationship with each client:

*Dear .....,*

*We would like to extend our warmest thanks for your time and energy over the past three years in the InSight program. You have taught us, and others, a great deal about how we can help make a positive difference in the women's lives. We wish you the very best in the future!*

*Very Truly Yours,*

### Letter to Client: Notice of Final Year in the Program

Purpose:	To advise clients who have not been very active in the program that they have one year remaining to utilize the services of their mentors. To advise clients who are engaged in the program that there is only a year left of service and that the mentor will begin gradually decreasing services.
Benefits:	The letter serves as a reminder of graduation and motivates clients to become more actively involved with their mentor because there is still time for the mentor to help the client meet her goals.
Administration:	Mentors personalize the letter and include a business card to mail to clients who have been very inactive.
Instructions:	Mentors document that the letter was sent. If the letter is returned, the mentor traces the client until she is located.
Other:	These letters are provided only as a sample. Mentors create personalized letters to suit the occasion and situation.

### *Example letter for inactive client*

[ADDRESS]

[DATE]

Dear [NAME],

[Introductory sentence, comment on when you last saw her or her baby].

I wanted to let you know that you and [baby's name] have approximately one year left in the InSight program. I will always care about how you and [baby's name] are doing, but I won't be able to provide any services for you after [date client will be finished in the program]. On that date you will have been in our program for 3 years; your file with InSight will then be closed, and I will take on new clients.

Sometimes, we hear from other past participants that they regretted not taking advantage of having a mentor to help them through the changes, and that they would do it differently if they could go back. They say how they wished they had taken better advantage of those three years.

Fortunately, we still have a year left and we could do a lot together in that time. At InSight, we will not close your file before the 3 year period is complete, even if we don't connect for a while. I really hope you call me soon, and we can talk about how I can support you this year as you work on your goals, whatever they may be.

Please, call me and let me know how you are and where you are. If you are interested in connecting with me, I'm ready to connect with you. I care about you. You can reach me at [PHONE NUMBER].

Very truly yours,



### *Example for active client*

Dear [NAME],

This letter is to let you know that your time with The InSight Program is soon coming to an end. I will always be concerned about how you and your family are doing, and wish that things work out for you in the way that you want them to. I have enjoyed our time working together. On [Graduation Date], you will complete your three years with InSight, and you will graduate from the program. This means that on that date, your file with InSight will close and I will no longer be able to provide services to you,

We can do a lot together in the time that is left. [insert personal message about client's success ie. I know that you have made some difficult decisions in the past years, but your positive attitude and cheerful manner are always encouraging]. I hope we will remain in close contact during this time and continue to use the program to your full advantage.

I look forward to our remaining time together and hope our relationship stays strong and that we continue to build upon your successes. Remember that this program is for you- my role is to support you to work towards your goals. If you have any thoughts or ideas about how I can best support you, please let me know.

Sincerely,

[Insert Name]  
[Insert Program Name]

## **"Notes from the field": Client Graduation from InSight**

January 2003

It can be difficult for mentors to assist clients to transition from the program after this significant relationship has been built between the mentor and the client over three years. Both Winnipeg sites discussed the following thoughts and ideas in January 2003, to assist us to make closure with clients a healthy and positive experience.

- Show her the date on a calendar well in advance.
- Remind her about the date as often as needed.
- Talk to her about being independent and not needing her mentor like before – celebrate her independence
- Remind her about her good supports and the negative influences in her life.
- Talk about her strengths a lot
- Remind her that we are not vanishing off the face of the earth! We will still be around for a phone call from time to time.
- We may be able to see her once in a while, especially just after graduation, but we can't "do" with her or for her anymore.
- Discuss /check in with client about her feelings related to closure at least four months in advance during last set of goals.
- The last few sets of goals should be very realistic and focused on what can be done before graduation.
- Make sure clients are referred to and connected to other services well in advance of closure. This is a big part of our job anyway, but it is even more important close to closure.
- We need to slowly pull out - start saying no more often and encouraging clients to do more things on their own so that closure is not a shock to them.
- Finish any old business or plans you have made with the client before closure.
- Admit to our own feelings about closure with client and encourage her to express a full range of feelings she may have about this. She may even feel relieved or excited about the program ending! Try to be positive and reassure them that they will be okay.
- Plan your graduation "event" in advance with the client so that she can look forward to her lunch or outing and prepare herself for the transition.
- Discuss with the client that although typically, the InSight program only lasts for a three-year period, there may come a time down the road that the client feels they could use support like the InSight program again. The client should be encouraged to call the mentor/coordinator at that time- there may be a possibility for re-enrollment in the program, or the mentor/coordinator can support the client to connect with other services.
- Remind the client that if she has friends/family members who could benefit from the program, they are always welcome to call!

# APPENDIX A: MENTOR TOOLS

1. The Client File- p. 108
  - a. Change of Address Form- p. 111
  - b. Additional Contacts Sheet- p. 112
  - c. Service Coordination Form- p.113
  - d. Health Care Checklist- p. 115
  - e. Permission to Transport Form- p. 117
2. Difference Game Needs Assessment- p. 119
3. Medicine Wheel Difference Game Cards- *Supplement*
4. Mentor/Client Questionnaire & Family Strengths and Needs Assessment- p. 124
5. Difficult Life Circumstances Activity- p. 127
6. To Do List & Weekly Goals- p. 130
7. Circle and Fence Activity- p. 133
8. The Eco-Map- p. 135
9. Service Barriers Activity- p. 140
10. Child Development Resources
  - a. “Baby Can Do”- p. 145
  - b. HCMO Parenting Resources- *Supplement*
  - c. Coping with Change (Women’s Health Clinic) - *Supplement*
  - d. Circle of Security Resources- *Supplement*
  - e. “Developmental Profiles: Pre-Birth Through Eight”- *Supplement*
  - f. Link to Best Start Prenatal Education Modules- p. 147
11. Resources to Address Substance Use
  - a. “Alcohol and Drug Treatment” Article- *Supplement*
  - b. “Treatment and Care for Pregnant Women who use Alcohol and/or Other Drugs”- HCMO publication- *Supplement*
  - c. Relapse Prevention Planning Packet- p. 148
  - d. Info Sheets on Marijuana, Tobacco, & Opioids- *Supplement*
12. Resources to Address Family Planning
  - a. “Family Planning” article- *Supplement*
  - b. “Alcohol, Contraception and Preconception”- HCMO publication- *Supplement*

## **The Client File**

The client file is a tool that continually grows throughout the three years of the service. The purpose of the file is to hold and organize information the mentor collects and uses during the course of case management. Information in the file should be kept up to date so that it is relevant and useful to the mentor and her coordinator at all times.

Client files must be kept in a locked cabinet and CANNOT be taken home under any circumstances. Client files are should be kept up to date and neat.

### **Specific Forms in the Client File**

*(NOTE: All of the following forms are to be considered guides to your site's work with InSight clients. Your agency's practices may differ slightly, or you may utilize internal reporting methods (agency-specific forms, electronic records, etc.); however, all of the information gathered by the following forms should be properly collected and recorded in some way.)*

#### ***Client ID Sheet***

This sheet provides basic information about the client and her contacts for the mentor. As the client's situation changes (moving etc.) this information must be updated for the file on an ongoing basis (see change of address form below). Remember to keep all previous information in the file for tracking purposes.

#### ***Change of Address Form***

Keep this form up to date at all times so that any staff person can locate the client if the mentor is absent or on vacation.

#### ***Additional Contacts Sheet***

As the mentor gets to know the client, new contacts will also be identified that can help the mentor track her client during the three years of program service. This information will be added to the contact sheet for future reference as needed. Do not discard any old sheets as they may be useful if the client disappears.

### ***Service Coordination Form***

This is used to organize information regarding the client's service team. The mentor completes the form at enrollment with help from the client. After obtaining the necessary release of information (below) the mentor contacts each service provider on the list to explain the program and her role with the client. The mentor links providers with each other by organizing case consultations or conference calls, and acts as a liaison for communication within this network in order to avoid duplication of services or working at cross purposes. Coordinators are often involved in these case consultations/conferences.

A client's network changes over time so it is necessary to continually update this section so that the coordinator or another mentor could pick up the file and make contacts if necessary. Date all new entries and keep old contact pages. This form goes hand in hand with the Release of Information Form (ROI).

### ***Release of Information Form (See Section IV for form)***

This is a site specific form, since each sponsoring agency will have different protocols/forms related to confidentiality and release of information. At intake the mentor will request that the client sign a ROI on all service providers/persons that she is connected to, or that she will be connected to in the future. This signed ROI is required before the mentor makes contact with various service providers, makes referrals or advocates on behalf of the client. As new service providers become identified, the mentor must get a ROI signed by the client before contact is made. If the client does not give the mentor permission to contact, her confidentiality must be protected under Personal Health and Information Act (PHIA) until such time as the client gives her written consent. In situations of child abuse, suicidality, or duty to warn, rights to confidentiality do not apply. See program protocols with regards to reporting procedures.

### ***Mentor/Client Questionnaire Family Strengths and Needs Assessment***

Assessment is completed by the mentor at enrollment and is reviewed as soon as possible in supervision. The questions are used as guides by the mentors at the initial home visit to assess the family's *current* situation and need for immediate services. Mentors may use their discretion on the administration of the Family Strengths and Needs Assessment form; it may be done verbally, or in the questionnaire format. Not all questions will be applicable in all situations (ie. questions about children).

### ***Health Care Checklist***

This checklist is designed to help mentors keep track of specific health care needs to be completed for the client and the target child. Mentors keep these forms in the client file and update on a regular basis as health care appointments are completed. If the child is in foster care and information regarding a particular immunization is not available, indicate this on the form. If the child returns to the mother's care, follow up with the doctor to ensure that all immunizations are up to date.

***Permission to Transport Form***

This form is used when mentors may be in a position where they are transporting a client's child(ren) for a specific program-oriented purpose; wherever possible, the child(ren) should be transported with their parent; however, extenuating circumstances may mean that the client may not be present for the entirety of the mentor's time transporting the child(ren) (ie. facilitating a parent-child visit, assisting with appointments, etc). Keep in mind that the child's legal guardian should sign the Permission to Transport Form (this may be CFS if the child is in care).

***Difference Game/ Goals Sheet***

This is an assessment instrument administered by the mentor at enrollment and every four months thereafter. By playing the Difference Game, the client decides upon goals that are meaningful to her and together the mentor and the client come to an agreement about realistic manageable steps that can be taken toward meeting those goals within the four month period. They record these goals, the steps, and who will be responsible for accomplishing different tasks on a "progress towards goals" sheet.

Goals are evaluated every four months in a joint process with mentor and client. Completed goals sheets are coded and handed in to coordinator for data entry. Each new set of goals identified with the client will be reviewed as soon as possible in supervision after each administration. A copy is kept in the client file. A copy can also be given to the client for her to refer to during the four month period. The "Weekly Goals" sheet can accompany the goals setting process, as it provides a concrete tool for clients to use to complete the steps identified.

***Case Notes***

Case notes are done in a format that is consistent with the host agency's policies for every contact the mentor has with the client, family member, service providers or other contacts. Case notes should be kept up to date, signed by the mentor and reviewed by the coordinator. An example of a DAP (Description, Assessment, Plan) format has been provided. For more detailed instructions and Do's and Don'ts regarding case notes, see "Case Notes" in Section IV of the manual.

***Correspondence***

File permissions (eg. transport), other letters, medical reports, legal documents etc. in chronological order.

## *Change of Address Form*

Client Name\_\_\_\_\_

**Moving Date**\_\_\_\_\_

Living with?\_\_\_\_\_

New Address\_\_\_\_\_

Postal Code\_\_\_\_\_ Phone # \_\_\_\_\_

**Moving Date**\_\_\_\_\_

Living with?\_\_\_\_\_

New Address\_\_\_\_\_

Postal Code\_\_\_\_\_ Phone # \_\_\_\_\_

**Moving Date**\_\_\_\_\_

Living with?\_\_\_\_\_

New Address\_\_\_\_\_

Postal Code\_\_\_\_\_ Phone # \_\_\_\_\_

## ADDITIONAL CONTACTS

**Client name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Work place or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Work place or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Workplace or phone #** \_\_\_\_\_



## **Service Coordination Form**

- Purpose:** For mentors to keep track of the service providers involved with each client and her children.
- Benefit:** This provider list changes and grows over time. This form provides a historical record that is frequently very useful.
- Administration:** The mentor begins this form when the client is enrolled in the program and continually updates it throughout the program, noting when a contact person is no longer involved.

## SERVICE COORDINATION FORM

Client's name: \_\_\_\_\_ Date \_\_\_\_\_

Agency Name: \_\_\_\_\_

Service:

Contact Person & Position:

Address:

Phone:

---

Agency Name: \_\_\_\_\_

Service:

Contact Person & Position:

Address:

Phone:

---

Agency Name: \_\_\_\_\_

Service:

Contact Person & Position:

Address:

Phone:

---

Agency Name: \_\_\_\_\_

Service:

Contact Person & Position:

Address:

Phone:

## **Health Care Checklist**

**Purpose:** For mentors to keep track of specific health care needs to be completed with the client and her baby.

**Benefits:** Serves to remind and document a number of important contacts.

**Administration:** Mentors complete these forms; they date them as each item is completed. Space is available for comments if completion is not possible.

Some sites may document this same information in a different format, according to agency protocol; this is fine, as long as the information is gathered in a way that allows the mentor to support the client towards tracking and promoting good health care.

**Instruction:** There is space to accommodate regularly scheduled prenatal visits. Mentors and the client should consult with a doctor as to how often to schedule visits. At a minimum, a pregnant woman should receive prenatal care once during the first trimester, once a month during the second trimester, and biweekly during the last trimester. The schedule of visits will vary depending on the doctor and the nature of the pregnancy.

## Health Care Checklist

Client ID \_\_\_\_\_

PURPOSE

DATE(S) COMPLETED

COMMENTS

CLIENT

### Initial Home Visit

### Prenatal Visit:

First Trimester

Second Trimester

Second Trimester

Second Trimester

Third Trimester

Third Trimester

Third Trimester

Third Trimester

### 6-Week Maternal Check -Up

Family Planning, if tubal ligation was scheduled, it will probably be done now.

TARGET

### 2-Month Follow-Up IMMUNIZATIONS

### 4-Month Follow-Up: IMMUNIZATIONS

### 6-Month Follow-Up: IMMUNIZATIONS

### 12- Month Follow-Up IMMUNIZATIONS

### 18- Month Follow-Up IMMUNIZATIONS

CHILD

### 24- Month Follow Up

### 30- Month Follow Up

### 36- Month Follow Up

Siblings' Immunizations: If siblings have not been immunized, they should be immediately. They receive shots at the same intervals as above.

## **Permission for Transport Form**

- Purpose:** This form documents that a mentor has permission to transport child(ren) alone, without the parent or guardian.
- Benefit:** Permission for Transport: Legal protection.
- Administration:** The Mentor completes this form and has the parent or guardian sign it.
- Instructions:** Complete all blanks, obtain all signatures. Originals should be kept on file.

InSight Mentor Program

PERMISSION FOR TRANSPORT OF CHILDREN

I, \_\_\_\_\_ give permission to  
(name) relationship to child(ren)

\_\_\_\_\_ to transport:  
(name of InSight mentor)

(name of child)

(name of child)

(name of child)

(name of child)

(name of child)

to \_\_\_\_\_ on \_\_\_\_\_ for purposes of  
(location) (date)

\_\_\_\_\_.

\_\_\_\_\_  
(signed by parent/guardian) (date)

\_\_\_\_\_

(signed by mentor) (date)

## **Difference Game Needs Assessment**

- Purpose:** To assess client's goals at enrolment and every 4 months thereafter.
- Benefit:** A concrete, hands-on activity that captures clients' attention and allows them to direct their experience in the program. This process invests clients in their own change process from the beginning and allows mentors to understand what the most pressing needs are from the woman's perspective.
- Administration:** Mentor and client together play 'The Difference Game,' a card sort needs assessment, at the first mentor visit. Mentor asks the client to sort the cards into two piles, those that would 'yes' make a difference in her life and those that she does not need or 'no' would not make a difference in her life. Client is then asked to choose 5 items that represent her most important needs from the 'yes' pile and order those cards in order of her priorities. Mentor and client use these cards as the basis for discussing the client's present situation and needs, for identifying specific goals, and for planning a course of action that will "make a difference." Client's card choices are recorded on the assessment form. A minimum of 30 minutes should be allowed for administration.
- Instructions:** See attached protocol
- Other:** See "The Difference Game: Facilitating Change in High Risk Clients" article in Appendix B
- Any alterations to the cards will be made by group consensus; there will not be any variances between sites.
- An adaptation to the Difference Game called the Medicine Wheel Difference Game was adapted for use in First Nations communities. A copy of the adapted material is included for considered use.

## **Playing the Difference Game**

Introduce the Difference Game this way:

Bring the cards out and say in your own words:

This is what we call the “Difference Game.” Each of the cards say, “It would make a difference in my life if I had...:” and contains something that might make a difference in your life.

I’d like you to divide the cards into two piles. Make one pile of things that would not make a difference in your life, the “no” pile. These may be things that you have already or are not interested in having. The other pile is the “yes” pile of things you need or want. These are not necessarily things you would value or wish for, but things that would make a difference for you if you had them. Please base your choice on what is important to you and not someone else, or because society values it, or because it is expensive, etc.

After the cards are in two piles, put the “no” pile away and ask the woman to choose the five most important needs, those that would make a difference in her life.

Once she has selected the top five, ask her to put these top five in order of importance, with #1 being her first choice, and so on.

After the client has determined her top five choices, this leads naturally into a discussion about what personal goals she may want to set that help her work towards these things that would make a difference in her life. Introduce the ‘Goals Sheet’ and ask the client if she would like to complete it together. (Remember that the Goals Sheet is an element of HCMO’s InSight evaluation, and is therefore voluntary.) Refer to the InSight Evaluation Guide for information on completing the Goals Sheet.



## IT WOULD MAKE A DIFFERENCE IN MY LIFE IF I HAD. . .

Client ID # \_\_\_\_\_

Date \_\_\_\_\_

After first sort: Put check mark in the “no” or “yes” column.  
 After second sort: Note the ranking of the top 5 items in the “rank” column.

	No	Yes	Rank	
1.	___	___	___	Someone to help me take care of my child
2.	___	___	___	Dependable transportation
3.	___	___	___	More education
4.	___	___	___	Legal help
5.	___	___	___	Housing
6.	___	___	___	Money to buy necessities
7.	___	___	___	Food
8.	___	___	___	Medical care
9.	___	___	___	Time to get enough sleep
10.	___	___	___	Someone who understands my child’s behaviour
11.	___	___	___	Somewhere else to live
12.	___	___	___	Time for fun
13.	___	___	___	Time to be by myself
14.	___	___	___	Enough clothes
15.	___	___	___	A real friend
16.	___	___	___	Someone to hassle with agencies when I can’t
17.	___	___	___	More control of my life
18.	___	___	___	Drug or alcohol treatment
19.	___	___	___	A dependable relationship
20.	___	___	___	A telephone or access to a phone
21.	___	___	___	Access to childcare
22.	___	___	___	A good job
23.	___	___	___	Personal Safety
24.	___	___	___	Freedom from abuse
25.	___	___	___	Someone to talk to about the things that worry me
26.	___	___	___	A supportive partner
27.	___	___	___	Birth control
28.	___	___	___	Custody of my child
29.	___	___	___	More involvement with community activities
30.	___	___	___	Access to a support group
31.	___	___	___	Access to a computer and internet
32.	___	___	___	An opportunity to Exercise
33.	___	___	___	Better parenting skills
34.	___	___	___	Friends who didn’t pressure me to do things I don’t want to do
35.	___	___	___	More confidence in myself
36.	___	___	___	More understanding of my First Nation, Métis, Inuit culture
37.	___	___	___	Access to cultural activities or traditional/spiritual ceremonies
38.	___	___	___	An elder to speak to
39.	___	___	___	Wild card

## Conditions of Use

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*Modifying the Cards.* Clinicians may create additional cards to include content items that reflect relevant needs of the specific clientele with whom they are working. The additional cards should be in the same format as the Difference Game cards and the front of the card should include only the phrase “It would make a difference in my life if I had” followed by a word or phrase for a new need item. The back of the card should be identical to the other Difference Games cards as we have provided them. Card text may be translated into another language. A simple design can be included on the border and back of cards. The name of the Difference Game cannot be altered.

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Our contact information:

Mary Jo Austin

Phone: (206) 543-7155

The Difference Game  
Fetal Alcohol and Drug Unit  
University of Washington  
180 Nickerson Street, Suite 309  
Seattle, WA 98109-1631

Fax: (206) 685-2903  
Email: [mjaustin@u.washington.edu](mailto:mjaustin@u.washington.edu)  
Web: <http://depts.washington.edu/fadu/>

Please supply the following information for establishing a primary contact with us:

Contact: \_\_\_\_\_  
Organization: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **Mentor/Client Questionnaire And Family Strengths and Needs Assessment**

- Purpose:** The questions are used as guides by mentors within the first few visits to assess the family's current situation. Use of the Family Strengths and Needs Assessment form to record information is optional (mentor preference).
- Benefit:** Produces information about the family, and helps mentor decide what kinds of services the family may need and what strengths to build upon.
- Administration:** Mentors complete with clients within the first 6 visits.

## Mentor/Client Questionnaire

Date \_\_\_\_\_

ID # \_\_\_\_\_

Mentor # \_\_\_\_\_

1. How many children do you have living with you and what are their ages?
2. How many children are living out of your home and what are their ages?
3. If these children are of school age, what school do they attend?
4. Do they attend this school on a regular basis or have they missed a lot of days in the past?
5. What are your child's grades like in school?
6. Do your children belong to any community programs?
7. Are all of your children fully immunized? Where did they receive their immunizations?
8. Do any of your children have health concerns that are being monitored by a doctor?
9. Do you have a regular pediatrician?
10. Do your children have weather-appropriate clothing?
11. Do you have enough food at home?
12. Have you been at your current address long term? If not, how many moves in the last 5 years?
13. Who do you have in your life that you trust enough to contact no matter what your circumstances are?
14. Who do you consider "bad news" in the way of friends in your current circle (people you know you'll end up using with?)
15. Do you have any clean friends or relatives who do not use drugs or alcohol?
16. Have there been any traumatic experiences in your life or your child's life that you feel comfortable sharing briefly?
17. What is your idea of growing and making positive changes in your life?
18. What do you see as the role of your mentor?
19. What do you like to do for fun?
20. I want you to dream aloud a little and tell me – is there one thing in your life that you have always wanted to do?

## Family Strengths and Needs Assessment

Client ID \_\_\_\_\_

Date \_\_\_\_\_

Mentor \_\_\_\_\_

FAMILY MEMBER	DATE OF BIRTH	AGE	RELATIONSHIP

### Family Strengths


### Comments


## **Difficult Life Circumstances Activity**

Purpose:	To provide information at intake about the client's immediate life stresses.
Benefit:	Provides quantitative data on stresses and risk factors. Mentors gain more information on clients' life and stresses early in the relationship by administering this instrument.
Administration:	Mentors can administer this scale to a client within the first few visits by asking the questions and having the client answer "yes" or "no." This tool is optional.
Instructions:	Self-explanatory

## Difficult Life Circumstances

Date \_\_\_\_\_

Client ID # \_\_\_\_\_

Mentor # \_\_\_\_\_

Below is a list of difficult life circumstances. Please indicate if you feel a particular one is a problem for you. Check which ones apply. If any of these questions make you uncomfortable, you don't have to answer. We can help you the most by knowing the difficult circumstances you face in your life.

	YES	NO
1. Are you having regular arguments or conflicts with your present partner (boy/girlfriend)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you having any challenges with any one of your former partners?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your partner in jail?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your partner away from the home more than half of the time because of a job or other reason?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you find that it is often hard to have enough money to buy the things you need?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have debts that are causing you challenges or stress (for example, do you get hassled pretty often by bill collectors or collection agencies)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been looking for a job and have not been able to locate one?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your work interfere with your family life?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your partner's work interfere with your family life?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble with your landlord?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have trouble finding a place to live that is suitable and you can afford?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel that you have enough privacy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have people living with you – relatives or friends – that you wish weren't there?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have neighbours that are really unfriendly or giving you problems?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you or someone in your household have a long term illness?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you had frequent minor illness in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your partner have a problem with alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>



- |  |                          |                          |
|--|--------------------------|--------------------------|
| 19. Does someone in your household other than you or your partner use alcohol or drugs in a way that you see as problematic?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you been the victim of a crime in the past year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has your current partner ever physically abused you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has your current partner ever verbally or emotionally abused you, put down or saying things that make you feel really bad or worthless?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is someone other than your present partner abusing you sexually, physically, or emotionally?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you been hospitalized in the past year for any reasons – accident or illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you without a phone at your present house or apartment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is one of your children being abused sexually, emotionally, or physically by anyone?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is one of your children experiencing learning problems or other school problems that require you to consult with the school teacher or other school officials? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has one of your children been having serious emotional or behavioural problems at home (eg. Repeated nightmares, tantrums, major aggressive outbursts, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL YES  
RESPONSES: \_\_\_\_\_

## **To Do List & Weekly Goals**

- Purpose:** To help the mentor and the client organize what small steps will be taken during the week in order to help the client achieve her goals.
- Benefit:** Clients often appreciate very concrete tools to help them organize and manage their lives. This form helps them keep track of what needs to be done and what's been accomplished. It creates a positive record of progress made and the information can be useful documentation for other agencies or courts.
- Administration:** Used in combination with the quarterly progress towards goals sheet. Mentor and client together agree on steps to be taken during the week, and one of them fills this out. Ideally, two copies are made so the mentor and client can each keep one. Many clients like to post on the refrigerator.
- Instructions:** Self-Explanatory
- Other:** The To Do List can also be used to assist mentors to keep track of what needs to be done for each client. For example, the client's identified needs and priorities may change frequently in response to crisis or change; it is important for mentors to support clients to keep track of what need to be done in the big picture (ie. Child immunizations, birth control, etc).

To Do List:

Week of:

# WEEKLY GOALS

1.

---

Completed: ☐

2.

---

Completed: ☐

3.

---

Completed: ☐

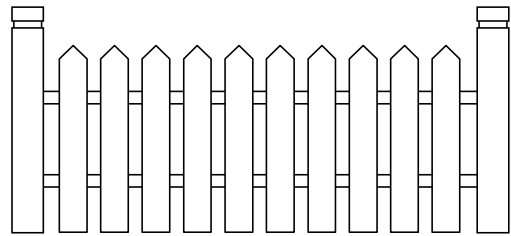
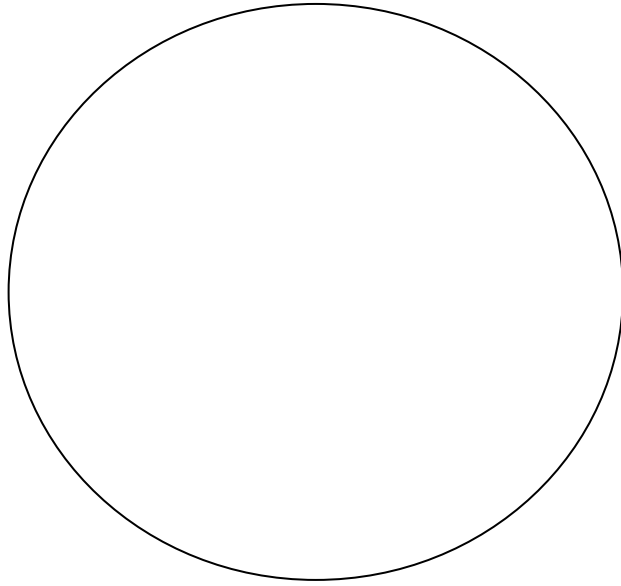
**Remember:**

\_\_\_\_\_ *'S TO DO LIST*

DATE	WHO is the task assigned to	WHAT needs to be done	DATE done

## Circle and Fence Activity

- Arrange for a visit with the client at which future goals will be discussed. At this meeting, show the client the simple line drawing and ask her to put her name in the centre circle.
- Next, ask her to think about the people in her world who are positive influences, who she can count on, and who help her bring out the best in herself. These can be family members, friends, professionals, or people who have the potential to become mentors. Ask her to write these names in the circle.
- At the bottom right of the page is a hatched line or “fence”. Ask the client to identify people in her world whom she would like to stay “behind the fence” or away from her. These may be people who are triggers for drug use or problem behaviour, or people who do not help her bring out the best in herself. Keep in mind that although you may have opinions about who the client should stay away from, this is not necessarily going to be the client’s opinion- or, she may recognize that a person is not a good influence in her life, but the person also provides her with positive things (love, security, connection) that she finds difficult to go without. The client should never be told who to have “in” or “out” of her life; the mentor’s role is to listen to what the client is saying, and support her in working towards
- Discuss her responses with her.
- Help the client make a plan for spending more time with the people/person in her inner circle, and for making the mentoring aspect of that relationship more explicit.



# THE ECO-MAP

## What is an eco-map?

The word eco-map is derived from the words “ecology” and “map”. Ecology refers to the relationship between a person and his/her environment or surroundings. The word map means a blueprint or an arrangement of details. An eco-map then, is a drawing or blueprint which gives a picture of details of a person’s environment. More simply, the eco-map is a drawing which gives a total picture of a person’s situation.

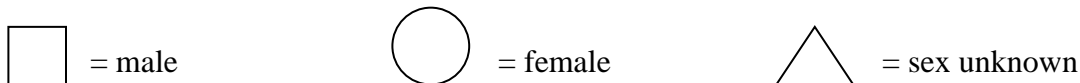
## What information does an eco-map provide?

Some of the specific details you would expect to find on an eco-map include things such as the number of children a person might have, as well as their ages and gender, the resources being used, various relationships with different parts of the world and the nature of these relationships, potential areas of support etc.

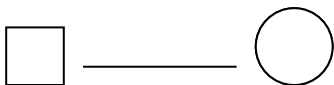
The eco-map can be a useful tool for assessing the client’s situation and considering which resources could be called upon to help the client.

## Drawing the eco-map

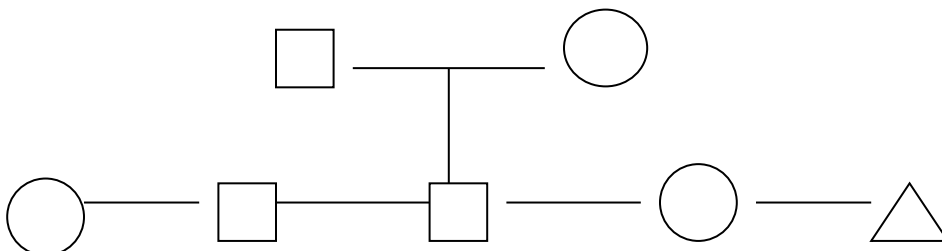
The following is an example of what an empty eco-map would resemble. Beginning with the large circle at the centre, the client’s nuclear (immediate) family is drawn. The symbols used to create a Genogram (“family tree”) can also be used in an eco-map. The males are represented with squares and females with circles. When a sex is unknown, a triangle is used.



The married or common-law couple would be drawn as follows:



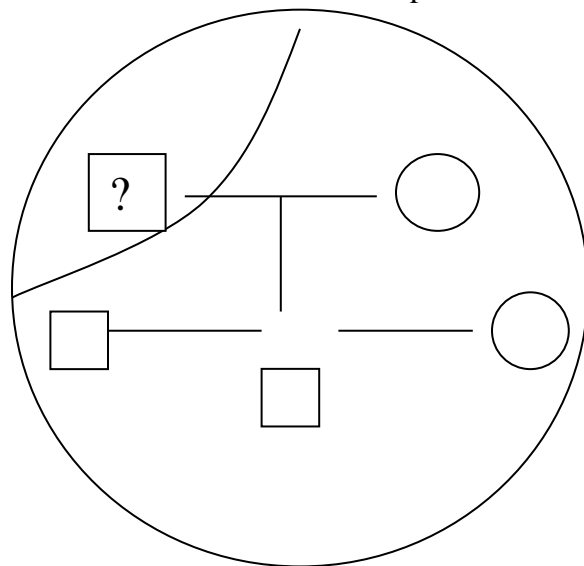
If this couple had any children, they would be drawn as follows:



This particular couple then would have 2 boys, 2 girls and another child whose sex is unknown.

When ages of individuals are available, it is useful to indicate the ages in the squares or circles. As well, children should be placed from left to right in order of their ages.

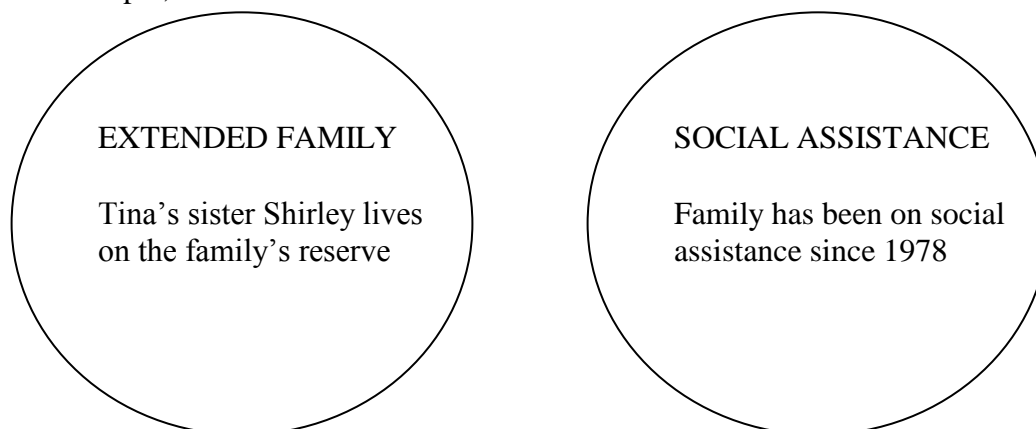
If women have left their husbands or common-law partner, this must be indicated on the map. This can be done by drawing a line around the father which separates him from the rest of the family.



This line, which resembles a semicircle, indicates that at the present time, the husband is not an active part of the family.

Once the family has been drawn in the middle circle, other parts of the environment in relation to family members must be identified. These would include such things as employment, extended family, church, social welfare, friendships, etc. If any of these are evident in a person's life, whether they are positive or negative, they should be indicated on the map. This can be done by placing different titles in different circles. Brief details can then be inserted in the circles under the titles.

For example,



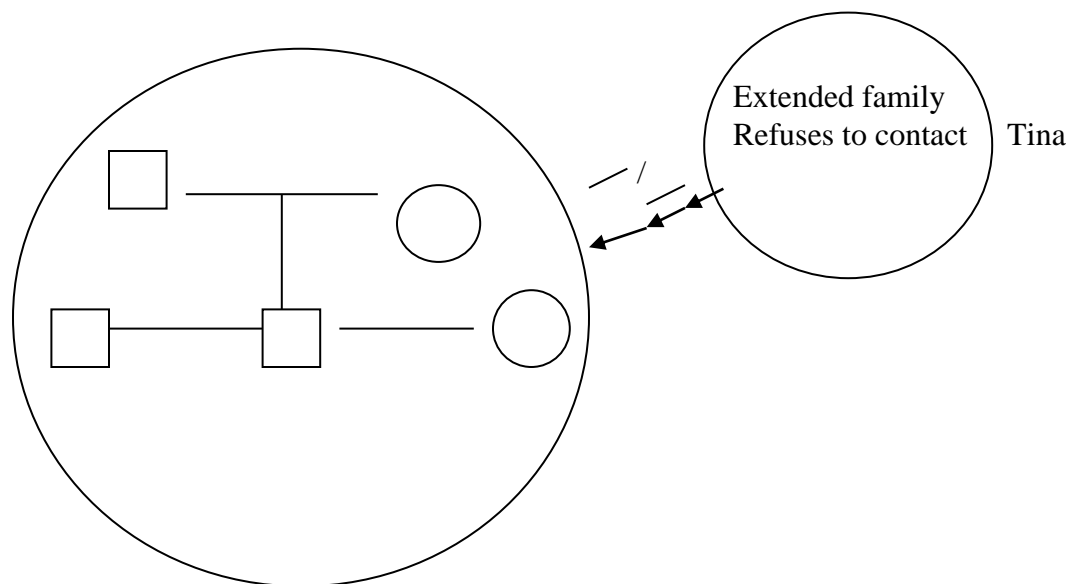


The circles not only indicate that extended family and social assistance are part of the environment, but also specific details about each are provided.

Once the different parts of the family's environment have been identified and indicated on the map, they need to be connected to the family unit by drawing lines between the circles and the family. These lines will vary in regard to the type of relationship found between that part of the environment and the family. For example, a family might have a good relationship with extended family but a poor relationship with the school. There are three types of lines that can be drawn to indicate the nature of various relationships.

1. ----- important or strong connections.
2. - - - - - tenuous or having slight importance.
3. -|-|-|-|-|-|-|-|-|- stressful or conflicted relations.

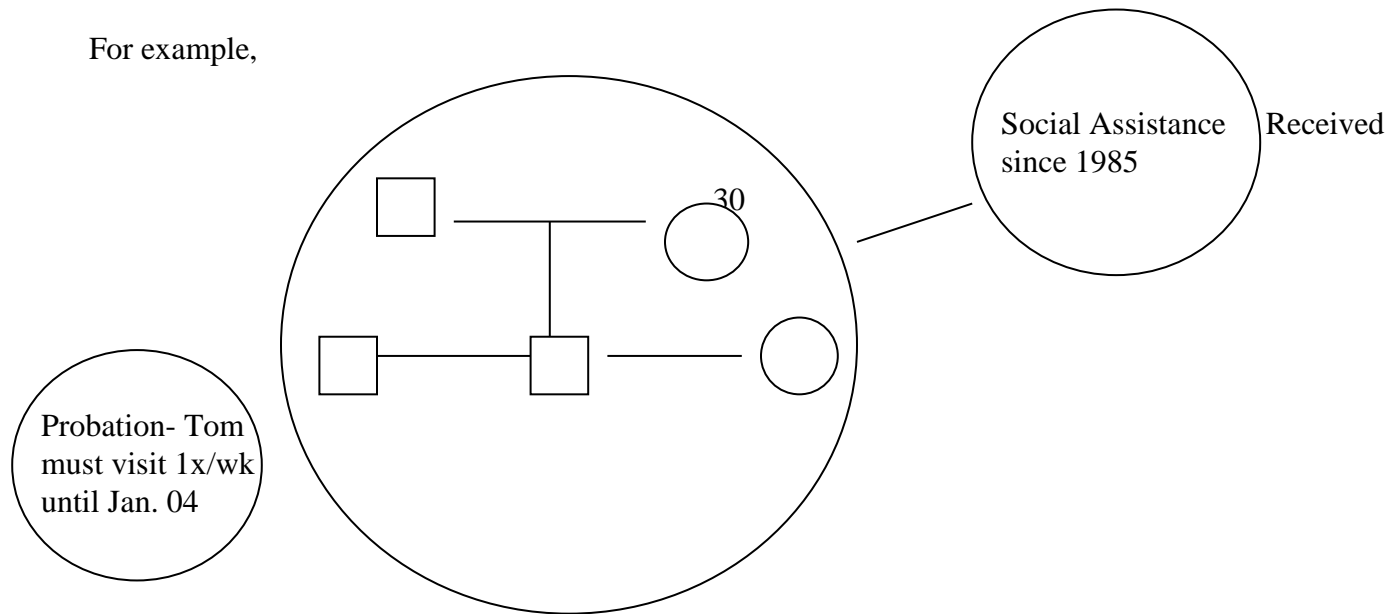
It is also useful to indicate the direction of energy, interest or flow of resources. This can be done by drawing arrows near the connecting line. For example, if a woman's extended family refuses to have anything to do with her, the connecting line might look like this.



This indicates that the direction of energy for the stressful relation is coming from the family and is directed at the woman. It may well be that the woman wants contact to be established with her extended family, whereas the family does not.

Finally, the connecting lines can be drawn from different parts of the environment to either the family circle or to specific individual family members. This is because different family members will be connected to different areas in the environment.

For example,



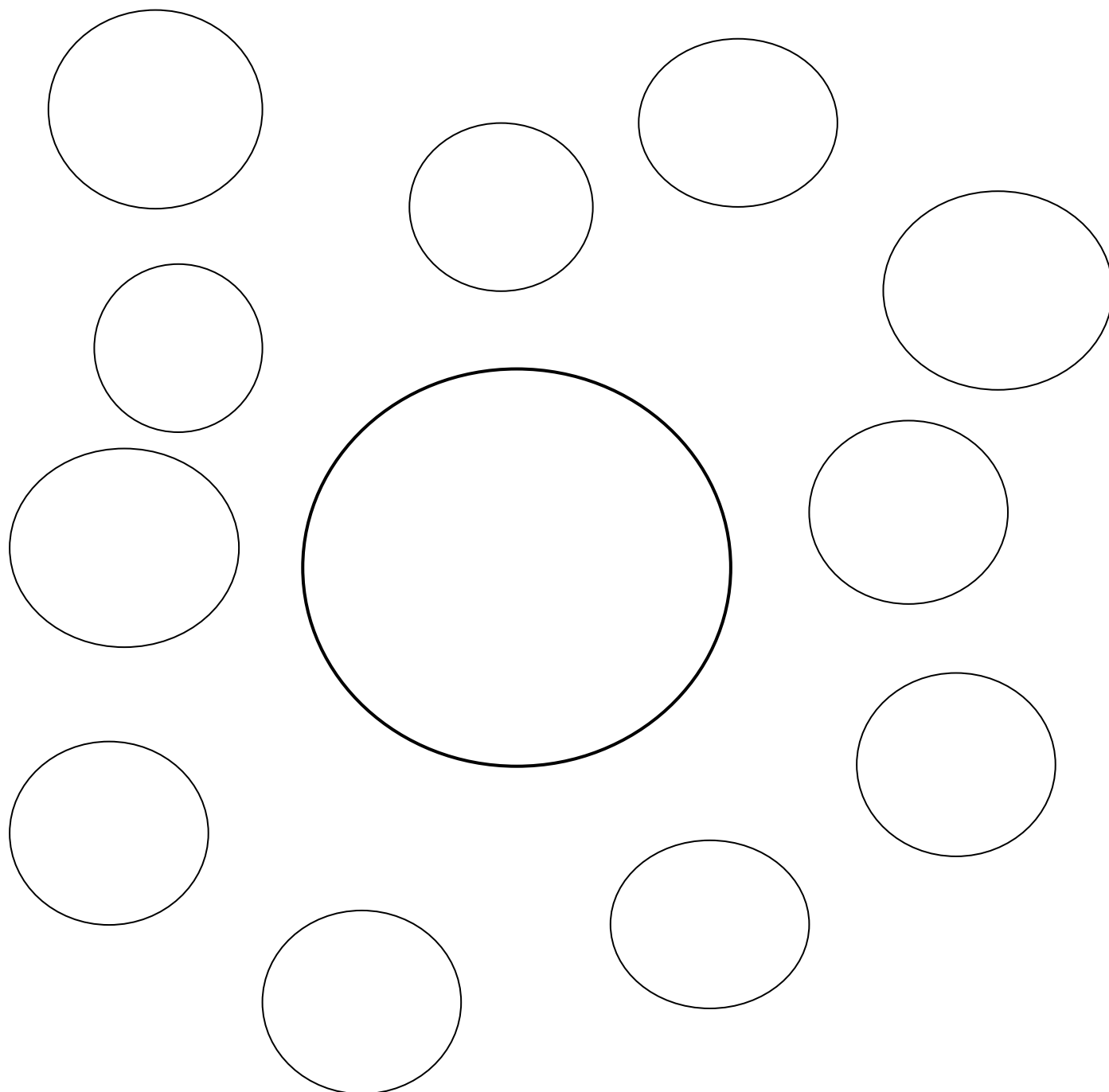
While social assistance involves the whole family, probation applies specifically to Tom, the oldest male.

### Points to Keep in Mind

- As new information becomes available, it should be indicated on the eco-map. Revisions should be made on a regular basis.
- You may include potential resources that might help improve a situation. As actual connections are made with such resources, connecting lines can be drawn. It is also helpful to indicate the date that the connection is made.
- It becomes evident that an eco-map could become very complicated and complex. A rule of thumb is to use that information which is relevant to the present situation. For example, if a woman is having problems with her second husband, it might not be necessary to include the first husband in the eco-map.
- It is sometimes helpful to show an eco-map to a client. This would help the client literally “see” how her situation has changed, which could provide her with encouragement.

The eco-map can be a useful tool for visualizing, analyzing, and planning with clients. As is often said, “A picture is worth a thousand words”.

Name \_\_\_\_\_  
Date \_\_\_\_\_



Fill in the connection where they exist.

Indicate nature of connections with a descriptive word or by drawing different kinds of lines;

----- for strong; - - - - - for tenuous; --\--\--\--\--\-- for stressful.

Draw arrows along lines to signify flow of energy, resources etc.

Identify significant people and fill in empty circles as needed.

### **Service Barriers Activity**

- Purpose:** To identify and document a specific barrier hindering a client's ability to obtain necessary services for herself or her children.
- Benefit:** Helps mentors problem solve through a potential service barrier. Provides a worksheet format allowing a service barrier to be described and the steps towards resolving the barrier to be delineated. When a pattern is observed steps are taken to discuss the problem with the agency and resolve the barrier. Showing the form to agency personnel has also proven to be very beneficial in motivating individuals to brainstorm for solutions.
- Administration:** Mentor completes this form based both on her interaction with the agency and her client's experiences. Service barriers are discussed at staff meetings to determine if there is a pattern or if this is an isolated problem.

## Service Barriers

Client # \_ \_ \_ \_ \_

Date (yr/mo/day) \_ \_ / \_ \_ / \_ \_

Mentor # \_ \_ \_

Date Resolved (yr/mo/day) \_ \_ / \_ \_ /

1. Problem Identification (who/what/ where):

2. What's the ideal outcome (who/what/when/where):

3. Barriers:

4. Resources or Strengths:

5. Plan of Action:

6. Outcomes (of each step of the plan of action):

7. Comments and Analysis (creative musings):

## **Service Barriers Activity**

### **SERVICE BARRIERS: Problems and Solutions**

Women who are not effectively connected to social services (such as participants of InSight) may fall into one of two patterns of service use: 1) no utilization of the service(s) they would most benefit from, or 2) utilization of services that are not the appropriate fit to meet their needs (e.g., emergency room visits instead of well child care; CFS referrals instead of parenting classes and support groups; serving time in jail for minor infractions instead of using legal processes).

#### **Special Cases:**

##### **“The Squeaky Wheel Gets the Grease”**

The aim of addressing service barriers is to improve the system for all women, not just clients in the InSight program. If we could suggest ways to make complex bureaucratic systems more understandable and accessible to clients, those changes should be made at a level the client perceives. Changes should trickle down and be felt by the woman who walks through the agency door alone and in need of help. We recognized that regardless of whether or not systems could be streamlined and service barriers addressed, the highest risk clients in our community may simply be unable to solve problems they have created for themselves.

#### **Identifying Barriers to Service**

Problems with agencies are identified at weekly staff meetings where we discuss individual cases and steps being taken with the client. Problems that are real need to be identified and address in an interactive, timely manner in order to help clients meet their goals and to allow us to work productively in ongoing relationships with agencies. We discuss barriers at each staffing and only when the majority of mentors who have worked with that agency agree that there is a problem, do we go about making a plan for addressing the issue.

#### **When is a Barrier Not a Barrier? [when is it a personality clash]?**

Depending upon the day and the personalities involved, an individual mentor's intervention could be interpreted as pushy and be met with a defensive response from an agency representative. Other agency personnel might welcome the interest and energy of a mentor. We are careful to document the type and frequency of the barriers expressed by individual mentors.

#### **When it is a misunderstanding by the mentor about protocol, role, or limits of the agency.**

In these cases we educate each other, we talk with key agency representatives, or invite them to attend a staff meeting to explain procedure and answer questions. If we discover that many other people in the community are confused about an agency, we consider this to be a service barrier and go to the agency with that information and ideas for remediation.

#### **When it is an isolated incident.**

Mistakes happen, and while lost files or missed appointments can be very frustrating, we do not consider it a service barrier if the incident was isolated or not preventable.

Adapted from the P-CAP Manual by T.M. Grant & C.C. Ernst

Revised March 2017

## **When it's due to client error.**

Clients in our program have survival skills that they use when interacting with service providers that often misrepresent the actual situation e.g., telling one provider that another recommended something else, or insisting that an agency didn't follow through when it was actually the client who missed the appointment. Mentors talk with service providers about appointment, plans, and changes. They find that a client is more likely to follow through when everyone in her resource network is aware of, and in agreement with, a service plan.

## **ADDRESSING BARRIERS: Moving From Conflict to Consensus**

### **Mentor COMMENT:**

"As mentors addressing services barriers, a great deal of our job is getting others people to do theirs."

Identifying barriers and monitoring the prevalence of problems is just the first step; more important is communicating to the agencies what we have found and working with them to address barriers. Our goal is not to be confrontational (as the term "service barriers" may suggest), but rather to solve problems and work on building mutual understanding between agencies.

Our guiding principle in addressing barriers is that *good communication with providers is crucial*.

## **WHAT TO DO: Practical Steps**

Knowing specific people by name and face make interactions less bureaucratic, and more interactive; people feel a sense of personal responsibility to each other. There is more of a sense of accountability for the quality of one's work when people have met face to face.

- State in a Memorandum of Understanding at the beginning of the relationship with an agency that you will provide feedback to them on barriers to service, or ways to facilitate a woman's passage through their system.
- As individual conflicts arise, deal with them immediately. Try to resolve small problems before they become large ones. Make a phone call, leave messages. If a call isn't returned that day, phone again the next day until you get a response. When our mentors need feedback that they aren't getting, one approach is to go the agency office and wait until a person can see them. It takes people off guard, but it is very effective, and they always return calls after that.
- Listen carefully to everyone's version of the story (the agency representative, the client) without being confrontational or accusatory. Once all the facts are known there may no longer be a problem.
- If a provider is inaccessible, speak with that person's supervisor. The supervisor doesn't necessarily need to be drawn into the problem, but can help you get in touch with each other.
- Request case consultations, at which a caseworker, supervisor, client meet with each other. Simply requesting that action be taken at a high level motivates people to do the job they should have been doing in the first place.

- If a barrier seems to be chronic or system wide, based on repeated documentation by the mentors, ask a director or supervisor and other staff members to attend your staff meeting as a guest. The purpose is to ascertain the functions and goals of both agencies, and discuss specific problems that have arisen. Invited guests may feel that they are on the “hot seat” temporarily, but given the proper frame of reference, these meetings become brainstorming sessions that improve understanding and the quality of services delivered by everyone. It’s usually not a good idea to mention names at these meetings, if specific problems are brought up. Confidentiality of clients should not be violated, nor should it become a gossip session about agency personnel.
- Invite yourself and other agency staff members to attend other agency staff meetings. The agenda can include an in-service about what to do, an update on the current status of the program, an acknowledgement that you are all working toward the same end, and finally a discussion of the problems you have encountered with that agency and questions about the problems they have encountered with you. When these meetings are handled correctly, agency representatives usually concur with your perceptions and agree that they have seen these barriers themselves. Airing difficult problems makes it possible to address them and make changes, instead of trying to work around them or pretend they don’t exist.
- Follow up on these meetings. Do whatever you agreed to do. Write a memo to the agency and your staff thanking people for their input and reiterating points that were agreed upon.
- Agree to meet again in the future.
- A sense of humour can be a lifesaver.



## **“Baby Can Do”**

- Purpose:** To help women carefully observe and begin to see their babies as unique individuals with characteristics, strengths, and abilities.
- Benefit:** Documents ongoing developments of the target children.
- Administration:** Mentors introduce this form to the mother to elicit relevant information based on their observations of the baby, together. Mother is gradually able to fill this out herself each week.
- Instructions:** Self-explanatory. Used in conjunction with enclosed “Developmental Profiles” packet, which describes specific behaviours to expect, tips for play, social and learning activities for each stage of development.

“\_\_\_\_\_ Can Do”

Date:

“What I did this week”

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

## **Link to Best Start Resource Centre (Ontario) Prenatal Education Modules**

In 2017, the Best Start Resource Centre in Ontario released seven revised Prenatal Education Modules. These modules can be accessed at <http://en.beststart.org/resources-and-research/prenatal-education-program>.

These modules are designed as a face-to-face teaching aid. If a client is interested in having in-depth conversations with her mentor about topics related to pregnancy, the mentor can go through this material with the client at their own pace. Modules include:

1. Prenatal Care
2. Changes in Pregnancy
3. Healthy Eating
4. Physical & Emotional Fitness
5. Environmental Exposures
6. Labour and Birth
7. Comfort Measures
8. Medical Interventions & Caesarean Birth
9. Breastfeeding Basics
10. Postpartum Changes
11. Newborn Care & Safety

This resource is not generally suitable as a stand-alone handout; it is meant to be worked through together with a support person. For more general handouts, please refer to other material in the Appendix (ie. handouts from Healthy Child Manitoba).

## **Relapse Prevention Planning Packet**

- Purpose:** This package includes materials to help clients recognize their own risk factors for relapse and prevent its occurrence.
- Benefit:** This information helps mentors help their clients avoid relapse triggers and plan for a potential relapse. Each “crisis card” is to be laminated and is for the client to carry with them as a self-intervention tool.
- Administration:** Mentors work through the materials in the packet with the client. Working through the materials may require several sessions to complete.
- Instructions:** Instructions within the packet are self-explanatory.

## Personal Relapse Prevention Plan

### CRISIS CARD

Mentor:  Sponsor:  Taxi:  AA: NA:  Support People: 1. 2. 3.	Consequences of Using: 1. 2. 3. 4. 5.  Steps to Take: 1. 2. 3. 4. 5.
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## **CRISIS CARDS**

The crisis card is a simple tool that can assist you with self-intervention. The purpose of the card is to remind you how to extract yourself from situations and attitudes that could sabotage your recovery and lead to relapse.

The crisis card is made of brightly coloured paper so that it will be easy to find in a wallet or purse. It is also laminated so that it will last longer and not be easily torn or damaged. Ideally, \$5.00 should be kept with the card at all times as an emergency bus fund.

### **CARD INCLUDES**

Mentor's number

Sponsor's number (if applicable)

Taxi cab company number

AA, NA, hotline numbers

3 support people's numbers (preferably women)

List 5 personal consequences of using

List 5 steps to take to get through a crisis / addictive thinking

Use your completed prevention plan to assist you in planning your 5 self-intervention steps. Look at what are dangerous feelings / places / people / situations for you and think of what you could do to take care of yourself under those circumstances.

## PLAN YOUR RELAPSE

This is a worksheet to help you plan your own relapse. In this exercise you will be creating a map of how you would be able to use again. In planning your own relapse, you will gain insight into how it can happen to you and, more important, how to prevent it.

Every person will have a different series of events that will lead to using again. In the next exercise you will map out your plan step-by-step. As you know, a relapse is a progression of events. An example of a relapse may look like this.

1. *I begin to feel restless.*
2. *I start to become irritated easily and grouchy, especially with my children and partner.*
3. *I start to get bored.*
4. *I begin to think negatively, especially at 12-step programs.*
5. *I isolate from people, especially those in recovery.*
6. *I think about drinking.*
7. *I skip meetings.*
8. *I begin to get down on myself.*
9. *I decide to use.*
10. *I use.*

As you know this process can happen very quickly which is why it is important to map out your relapse from many different angles. Now list your 10 steps to relapse.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## **PLAN YOUR RELAPSE- Continued**

Now get specific about your relapse: map out who, where, why, and when.

1. List five people you would use with.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
2. List five places where you would use.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
3. List five situations where you would want to use.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
4. List five feelings that make you want to use.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
5. Now list five consequences of your using.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.



## **PLAN YOUR RELAPSE- Continued**

Look back at your ten steps to relapse and list three things you can do at each step to stop the relapse. Remember that it is easier to stop the relapse at step 1 or 2 than step 6 or 7.

Step One:

- 1.
- 2.
- 3.

Step Two:

- 1.
- 2.
- 3.

Step Three:

- 1.
- 2.
- 3.

Step Four:

- 1.
- 2.
- 3.

Step Five:

- 1.
- 2.
- 3.

Step Six:

- 1.
- 2.
- 3.

Step Seven:

- 1.
- 2.
- 3.

## **PLAN YOUR RELAPSE- Continued**

Step Eight:

- 1.
- 2.
- 3.

Step Nine:

- 1.
- 2.
- 3.

Step Ten:

- 1.
- 2.
- 3.

Now map out the steps you would take if you did actually relapse. Include people you may call or places you would go to get help. How would you get back on your feet in case of a slip-up?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## PLAN YOUR RELAPSE- Continued

Stress plays a major factor in the relapse prevention process. Below, list out 10 people, situations, places, etc. that cause you stress.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Now go back to those ten steps and list two ways to “de-stress” yourself in each situation. The way to healthy living is positive stress management.

1.
  - a
  - b
2.
  - a
  - b
3.
  - a
  - b

## PLAN YOUR RELAPSE- Continued

4.

a

b

5.

a

b

6.

a

b

7.

a

b

8.

a

b

9.

a

b

10.

a

b

## **PLAN YOUR RELAPSE- Continued**

Insert picture of road map.

## 15 SUGGESTIONS FOR AVOIDING RELAPSE

1. Having a form of support and accountability is one of the best safeguards against self-deception. Attend AA/NA meetings regularly, if this is helpful for you.
2. Share your feelings. Don't stuff!
3. Oversee and be responsible for your own recovery.
4. Invite honest and open feedback from your supports- your mentor, sponsor, other people in recovery, Elders, trusted friends, etc.
5. Do not dwell on the past. If it is helpful to you, use the serenity prayer often, or practice another way to help you let go of the negative (prayer, traditional practice, meditation, exercise, etc.).
6. Integrate what you have learned about staying sober from treatment, recovery supports, the 12 steps, your Elder, etc. into every area of your life.
7. Note changes in your behaviour and attitude.
8. Get honest about your people, place, and things.
9. Remember to be grateful. Gratitude is the remedy for ego and perfection. - two main supports for relapse. Happiness is not having what you want, but wanting what you have.
10. Enhance your coping skills. We feel the way we think about a situation. It is thinking that leads back to drinking and drugging.
11. Live one day at a time. Living in the past or future can set you up for feeling anxiety/fear or self-pity/guilt which helps support relapse.
12. Avoid re-emergence of negative self-image. Work to maintain the good feelings you have about yourself.
13. Practice positive self talk. This could include the slogans of AA/NA, a poem/book/movie quote, the words of an Elder or another trusted advisor, a favourite saying, a Bible verse- anything that is significant to you. One of these slogans may just help you to better respond to one of life's inevitable annoyances, which could otherwise trigger relapse.
14. Share your strength and hope with others. This helps you to get out of yourself, thereby escaping isolation, detachment, and self-absorption.
15. Enjoy yourself!!!!!!!!!!

### Things to Think About:

- Do I see myself as someone who can accomplish things?
- Was I able to come up with a list of accomplishments?
- Do I tend to minimize my accomplishments as insignificant? If so, what would help me appreciate them more?

### CELEBRATING YOUR ACCOMPLISHMENTS

It is great to note success, but it is also important to actually stop and celebrate. In doing so, you inspire yourself and others and you give yourself a well-deserved breather. Take a few moments to think about the various ways you might celebrate your accomplishments. Go out to dinner. Brag to a friend. Take a long candlelight bath. (Be creative).

### MY ACCOMPLISHMENTS

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

## USE OF LEISURE TIME IN SOBRIETY

One of the issues facing every recovering person is that of constructively using free or leisure time during sobriety. When you give up using alcohol and drugs and related activities you must find new replacements. You cannot afford to allow boredom and a lack of constructive activities to give you reasons to return to alcohol or drug use.

Think of the most difficult times of the day and week for you. List these below in order from most to least difficult.

- 1.
- 2.
- 3.
- 4.

List leisure activities that you have enjoyed in the past (excluding activities centred around alcohol or drug use):

- 1.
- 2.
- 3.
- 4.
- 5.

List those activities that you have given up due to your addiction.

- 1.
- 2.
- 3.
- 4.
- 5.



## **USE OF LEISURE TIME IN SOBRIETY- Continued**

List those activities in which you will continue to participate during your ongoing recovery programs.

- 1.
- 2.
- 3.
- 4.
- 5.

Make a list of new leisure activities you would like to do as part of your ongoing recovery.

- 1.
- 2.
- 3.

# APPENDIX B: ARTICLES & RESOURCES

*All material in Appendix B is provided in supplementary documents/attachments*

1. When Case Management Isn't Enough: A Model of Paraprofessional Advocacy for Drug and Alcohol Abusing Mothers
2. Intervention with High-risk Alcohol and Drug Abusing Mothers:
  - I. Administrative Strategies of the Seattle Model of Paraprofessional Advocacy
  - II. Three Year Findings from the Seattle Model of Paraprofessional Advocacy
3. Reaching Out to Clients
4. The Difference Game: Facilitating Change in High-risk Clients
5. Balancing Engagement and Detachment in Caregiving
6. Balancing Engagement and Detachment in Caregiving (II)
7. High-risk Women Experience Barriers Accessing Birth Control
8. Intervening to Prevent Prenatal Alcohol and Drug Exposure: The Manitoba Experience in Replicating a Paraprofessional Model
9. A Mentor's Story: An excerpt from "2002 ECD Progress Report"
10. InSight Overview- PowerPoint Presentation (from 2012)
11. Bell et al (2016). "It's a shame! Stigma against Fetal Alcohol Spectrum Disorder: Examining the ethical implications for public health practices and policies." Public Health Ethics, 9 (1), 65-77.
12. Manitoba Centre for Health Policy: Long-Term Outcomes of Manitoba's InSight Mentoring Program: A Comparative Statistical Analysis (Full Report & Summary Report)- 2015