

Compeer Model

The Compeer Model is designed for use with adults (including veterans and their families), youth (including children with an incarcerated parent), and older adults who have been referred by a mental health professional and diagnosed with a serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder). The program's goal is to reduce the isolation that is typically felt by these individuals and to increase their reintegration into the community. Participants, who continue to receive traditional psychotherapy, are paired with the program's trained community volunteers. The volunteer and participant spend one-on-one time together by engaging in social and recreational activities during regularly scheduled meetings in an effort to build a positive and supportive relationship. The Compeer Model incorporates three elements of support--relatedness, autonomy, and competence--which, when present in relationships, enable participants to feel secure, be more open emotionally, and experience improved mental health.

The Compeer Model is implemented by affiliates of Compeer Inc., and each affiliate trains community volunteers, who agree to meet with participants for 1 hour each week over the course of a year. Training includes the following topics: an orientation to the Compeer Model; the process of matching volunteers with participants; understanding mental illness and its stigma; Compeer Inc.'s role in the mental health system; what a mentor is; the importance of relationships; the specific duties that the volunteers will perform; how to set boundaries with the participant; creating a partnership between the volunteer and the participant's family; protecting confidentiality and knowing what to do during a crisis; and understanding the appropriate way to end the relationship. Volunteers also receive a packet that contains a volunteer manual, monthly reports, a training evaluation form, and additional information on the training topics. Compeer Inc. provides support to affiliates by offering program start-up training and best practice management; news and information; program-based research, data, and statistics; volunteer recruitment strategies; regional conferences; and a Web-based educational series.

In the study reviewed for this summary, the Compeer Model was used with adults ages 18 and older.

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	Review Date: June 2012 1: Social support 2: Subjective well-being 3: Psychiatric symptoms
Outcome Categories	Family/relationships Mental health Quality of life
Ages	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander White Race/ethnicity unspecified
Settings	Home Other community settings
Geographic	Urban

Locations	Suburban Rural and/or frontier
Implementation History	More than 65 affiliates implement the Compeer Model. Since 2001, more than 32,000 clients have been served through the program in 18 States (Alaska, Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Massachusetts, Montana, New York, North Carolina, Ohio, Pennsylvania, Texas, and West Virginia) and, internationally, in Australia (Australian Capital Territory, New South Wales, Queensland, South Australia, and Victoria) and Canada (Quebec).
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations of the intervention were identified by the developer.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research

Review Date: June 2012

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

[McCorkle, B. H., Rogers, E. S., Dunn, E. C., Lyass, A., & Wan, Y. M. \(2008\). Increasing social support for individuals with serious mental illness: Evaluating the Compeer Model of intentional friendship. *Community Mental Health Journal*, 44\(5\), 359–366.](#) 

Supplementary Materials

Compeer Model Psychometrics

Outcomes

Outcome 1: Social support

Description of Measures

Social support was assessed using a global index that was created from the following measures:

- The Interpersonal Support Evaluation List, which is composed of 40 items that assess the respondent's perceptions of social support, including belonging, informational help, tangible support, and self-esteem support. Examples of items are "There is someone who takes pride in my accomplishments," "If I needed an emergency loan of \$50, there is someone I could get it from," and "I have a hard time keeping pace with my friends." Respondents rate each item on a 4-point scale ranging from 1 (definitely true) to 4 (definitely false).
- The Lehman Quality of Life Interview, which includes two subscales assessing objective and subjective quality of life across multiple domains (including global life satisfaction). With the first subscale, respondents indicate how often they participated in each of the subscale's given items (e.g., "do things with a close friend," "write a letter or email to someone"). Respondents rate each item on a reverse-ordered 5-point scale ranging from 5 (at least once a day) to 1 (not at all). With the second subscale, respondents indicate their feelings toward each of the subscale's given items (e.g., "How do you feel about the amount of time you spend with other people?" and "How do you feel about how you get along with other people in general?"). Respondents rate each item on a 7-point scale ranging from 1 (terrible) to 7 (delighted).

Higher scores on the global index indicate more social support.

Key Findings

In a 12-month study, adults with serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder) were assigned to the intervention group or the wait-list control group. Both groups continued to receive outpatient treatment as usual, which consisted of traditional psychotherapy; however, participants in the intervention group were matched with a Compeer volunteer. Assessments occurred at baseline (i.e., within 1 month of being matched with a volunteer) and at 6 and 12 months into the study. Compared with participants in the control group, those in the intervention group had a higher mean global index score for social support at the 6-month assessment ($p = .006$) and the 12-month assessment ($p = .0002$).

Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	1.8 (0.0-4.0 scale)

Outcome 2: Subjective well-being

Description of Measures	<p>Subjective well-being was assessed using a global index that was created from the following measures:</p> <ul style="list-style-type: none"> • The Rosenberg Self-Esteem Scale, which is composed of 10 statements addressing global feelings of self-worth and self-acceptance (e.g., "I feel I have a number of good qualities," "I wish I could have more respect for myself"). Respondents rate their agreement with each statement on a 4-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). • The Recovery Assessment Scale, which includes 41 statements addressing an individual's attitudes toward recovery from a psychiatric disability (e.g., "I can handle what happens in my life," "I'm hopeful about my future"). Respondents rate their agreement with each statement on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). • The Herth Hope Scale, which is composed of 12 statements measuring the level of generalized hopefulness of adult persons in clinical settings (e.g., "I feel all alone," "I can recall happy or joyful times"). Respondents rate their agreement with each statement on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree). • The Making Decisions Empowerment Scale, which is composed of 28 statements measuring subjective feelings of empowerment (e.g., "I am often able to overcome barriers," "You can't fight City Hall"). Respondents rate their agreement with each statement on a 4-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). • The Life Regard Index's framework subscale, which is composed of 14 statements measuring the ability of the respondent to see his or her life within some perspective or context (e.g., "I have a philosophy of life that really gives my living significance," "I get confused when I try to understand my life"). Respondents rate their agreement with each statement on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). • The Lehman Quality of Life Interview, which includes two subscales assessing objective and subjective quality of life across multiple domains (including global life satisfaction). With the first subscale, respondents indicate how often they participated in each of the subscale's given items (e.g., "do things with a close friend," "write a letter or email to someone"). Respondents rate each item on a reverse-ordered 5-point scale ranging from 5 (at least once a day) to 1 (not at all). With the second subscale, respondents indicate their feelings toward each of the subscale's given items (e.g., "How do you feel about the amount of time you spend with other people?" and "How do you feel about how you get along with other people in general?"). Respondents rate each item on a 7-point scale ranging from 1 (terrible) to 7 (delighted). <p>Higher scores on the global index indicate greater subjective well-being.</p>
Key Findings	<p>In a 12-month study, adults with serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder) were assigned to the intervention group or the wait-list control group. Both groups continued to receive outpatient treatment as usual, which consisted of traditional psychotherapy; however, participants in the intervention group were matched with a Compeer volunteer. Assessments occurred at baseline (i.e., within 1 month of being matched with a volunteer) and at 6 and 12 months into the study. At the 12-month assessment, participants in the intervention group whose global index score for social support increased by more than 1 standard deviation relative to their score at baseline had an increase in the mean global index score for subjective well-being ($p = .001$).</p>
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	1.7 (0.0-4.0 scale)

Outcome 3: Psychiatric symptoms

Description of Measures	<p>Psychiatric symptoms were assessed using a global index that was created from the following measures:</p> <ul style="list-style-type: none"> • The Hopkins Symptom Checklist-25, which is composed of 25 items that complete the
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	<p>question, "How bothered or distressed have you been during the past week by...?" Respondents rate each item (e.g., "feeling fearful," "crying easily") on a 4-point scale ranging from 1 (not at all) to 4 (extremely).</p> <ul style="list-style-type: none"> The Colorado Symptom Index, which includes 15 questions assessing problems experienced by respondents in the past month (e.g., "In the past month, how often have you felt lonely?" and "In the past month, how often did you forget important things?"). Respondents rate each item on a 5-point scale ranging from 1 (at least every day) to 5 (not at all). For the study, scores were recoded so higher scores indicate more symptoms. <p>Higher scores on the global index indicate greater severity of psychiatric symptoms.</p>
Key Findings	In a 12-month study, adults with serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder) were assigned to the intervention group or the wait-list control group. Both groups continued to receive outpatient treatment as usual, which consisted of traditional psychotherapy; however, participants in the intervention group were matched with a Compeer volunteer. Assessments occurred at baseline (i.e., within 1 month of being matched with a volunteer) and at 6 and 12 months into the study. At the 12-month assessment, participants in the intervention group whose global index score for social support increased by more than 1 standard deviation relative to their score at baseline had a decrease in the mean global index score for psychiatric symptoms ($p = .002$).
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	1.8 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	81.2% Female 18.8% Male	84% White 7% Black or African American 3% Native Hawaiian or other Pacific Islander 3% Race/ethnicity unspecified 2% Hispanic or Latino 1% Asian

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Social support	1.5	1.0	0.5	3.0	1.8	2.8	1.8
2: Subjective well-being	1.3	1.0	0.5	3.0	1.8	2.8	1.7
3: Psychiatric symptoms	1.5	1.0	0.5	3.0	1.8	2.8	1.8

Study Strengths

The measures and indices had face validity. Attrition was low, and missing data were taken into account through the use of some basic statistical analyses. Data analysis was adequate and included the use of intent-to-treat analysis and responder analysis.

Study Weaknesses

Although psychometrics were provided for the individual measures, no evidence was presented for the reliability and validity of the indices developed from the measures. There was no evidence that the program was implemented with fidelity. Group differences in employment status may have been a confounding factor for the social support outcome.

Readiness for Dissemination

Review Date: June 2012

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Compeer Inc. (2006). Volunteer trainer's manual for youth programs. Rochester, NY: Author.

Compeer Inc. (2009). Adult volunteer handbook: A guide for Compeer volunteers. Rochester, NY: Author.

Compeer Inc. (2011). Annual survey report: 2010. Retrieved from <http://compeer.org/Portals/58/documents/CompeerInc2010OverallSurveyReportAmended.pdf>

Compeer Inc. (2011). Compeer operations manual. Rochester, NY: Author.

Compeer Inc. (n.d.). Compeer long/short & making friends videos [DVD]. Rochester, NY: Author.

Compeer Inc. (n.d.). Compeer program startup materials [CD-ROM]. Rochester, NY: Author.

Compeer Inc. (n.d.). Compeer volunteer training: A guide for Compeer professionals [DVD]. Rochester, NY: Author.

Compeer Inc. (n.d.). Program budget. Rochester, NY: Author.

Compeer Inc. (n.d.). Regional representative agenda template and sample. Rochester, NY: Author.

Compeer Inc. (n.d.). Regional representative feedback survey. Rochester, NY: Author.

Program Web site, <http://compeer.org>

Samples of affiliate Web sites:

- <http://compeerbuffalo.org>
- <http://compeerrochester.org>

Skirboll, B., Bennett, L., & Klemens, M. (2006). Compeer recovery through the healing power of friends. Rochester, NY: Meliora.

Social networking Web site, <http://facebook.com/CompeerInc>

Other program materials:

- Adult supportive friendship model
- Affiliate acceptance letter
- Affiliate blog instructions
- Affiliate list
- Best practices
- Client referral form
- Criteria for determination of program expansion
- Good Safety Is Good Common Sense: A Safety Guidelines Tip Sheet
- How to start Compeer in your community
- Important facts
- Internet survey instructions
- Introduction letter
- License agreement
- List of regional representatives
- Logo agreement
- New Compeer program start-up procedure
- Newsletter
- Organizational structure
- Promotional information [PowerPoint slides]
- Promotional Webinar
- Regional representative minutes (March 22, 2011)
- Sample letter for Compeer staff resignation

- Supportive friendship model
- 2011 start up packet for new programs checklist
- Volunteer guidelines
- Youth mentoring relationship model

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see [Readiness for Dissemination](#).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	4.0	3.5	3.8

Dissemination Strengths

The materials are very detailed, clearly written, and organized, and they cover all aspects of start-up and implementation. The developer has a social networking presence and an affiliate blog, which increase communication among implementers. The application process is structured to help potential affiliates build a workable and sustainable local program. Direct discussions with the developer's regional representatives and program administrators ensure that new affiliates start their programs with all necessary components and with fidelity. The trainer's manual includes extensive skills training in a step-by-step manner and provides comprehensive information on a variety of relevant topics. Affiliate program coordinators are required to attend a regional conference, which provides ongoing training and support opportunities. Support and technical assistance are available by phone and Webinar, and program coordinators are encouraged to contact regional representatives with questions. Also, program coordinators are required to submit monthly operational data reports and a year-end program evaluation report. The developer uses this information to provide feedback and support to program coordinators. Affiliates must sign a service mark agreement, which states that the affiliate will implement the program as designed, supporting fidelity to the model. The program materials emphasize the importance of data collection for quality assurance and funding purposes. The operations manual includes information on how affiliates can use evaluation data, as well as step-by-step instructions for surveying and reporting program data.

Dissemination Weaknesses

The data aggregation handout given to program coordinators for use in reviewing quality assurance does not offer specifics on determining program effectiveness. Volunteers submit a monthly self-report regarding their work with participants, but they are not supervised or assessed for skill level or mentoring effectiveness.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Compeer Inc. service mark license	\$1,800 per affiliate	Yes
Annual license fee	\$500 per affiliate	Yes
Program materials (includes operations manual)	Included in the annual license fee	Yes
Start-up training with Compeer consultant via phone or Webinar	Included in the annual license fee	Yes
Quarterly Webinars	Included in the annual license fee	Yes
Training manual and DVD	Included in the annual license fee	Yes
2- to 3-day, off-site regional conference	Free, except for travel expenses for Compeer staff	Yes

Technical assistance	Included in the annual license fee	No
Compeer annual survey	Included in the annual license fee	Yes

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

[McCorkle, B. H., Dunn, E. C., Wan, Y. M., & Gagne, C. \(2009\). Compeer friends: A qualitative study of a volunteer friendship programme for people with serious mental illness. International Journal of Social Psychiatry, 55\(4\), 291-305.](#) 

Contact Information

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Consider these [Questions to Ask](#) (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- <http://compeer.org/>