

Peer Support in Medicine

A Quick Guide

Jonathan D. Avery
Editor

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Editor

Jonathan D. Avery
Director of Addiction Psychiatry
Associate Professor of Clinical Psychiatry
Weill Cornell Medical College
New York, NY
USA

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Peer Support for the Bereaved

Paul T. Bartone and Chantel M. Dooley

Grief is a normal human response to death and loss. However, for some people the experience of grief can be severe and debilitating. This happens when grief goes on for too long a time or interferes with normal life functioning. Complicated grief was recognized in the early 1990s as a prolonging of the normal grief process that impairs the mental and physical health of its sufferers. While there currently is not full agreement as to its diagnostic features, it was included in DSM-5 [1] as “persistent complex bereavement disorder.” Prevalence estimates for complicated grief in the general population range from a low of 2.4% to 4.8% [2–4]. Among the bereaved only population, prevalence ranges from 10% to 40% [4–8].

It’s known that people who experience the death of a spouse or child are at higher risk for complicated grief, and women gener-

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P. T. Bartone (✉)

Institute for National Strategic Studies, National Defense University,
Washington, DC, USA

C. M. Dooley

Tragedy Assistance Program for Survivors, Arlington, VA, USA
e-mail: chantel@taps.org

ally are at higher risk [2, 3]. In 2017 (the last year for which data are available), the US population at large suffered 243,039 sudden, injury-related deaths [9]. This number includes motor vehicle accidents, suicides, homicides, drug and alcohol overdoses, and poisonings. These unexpected deaths leave behind an even larger number of grieving loved ones, 10% or more of whom will experience complicated and debilitating grief.

Some groups such as the military, or others in high-risk occupations, may experience higher rates of sudden death, especially during periods of conflict and high operational activity. For example, during the 10-year period from 2001 to 2011, a total of 15,938 active duty military personnel died, and 80% of these were from sudden and traumatic causes including combat (31.5%), accidents (34.0%), and suicide (14.5%). This group of deceased service members left behind a total of 10,020 bereaved spouses and some 12,641 grieving children [10]. And when the death is sudden and violent, survivors typically have greater difficulty dealing with the loss [11, 12]. In light of all this, it is important that healthcare providers be aware of the signs and symptoms of complicated grief, as well as intervention strategies that can promote healthy grief recovery in bereaved family members and friends. Peer support-based programs are being used with increasing success to help the bereaved. This chapter will briefly review the evidence on peer support programs for the bereaved and provide some best practice guidelines based upon existing successful programs in this area.

Some Background on Peer Support

Starting around 1990 there was a dramatic increase in the use of peer support programs in the USA and elsewhere. In 2005, the number of peer providers in mental health settings was estimated at more than 10,000 in the USA alone [13]. Peer supporters are used in other domains as well, including with police, firefighters, military veterans, and people with disabilities, addictions, and chronic illnesses such as cancer and diabetes.

Peer support can be defined as “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful” [14]. While peer support programs can differ in many ways, they always entail people with similar backgrounds providing emotional, social, or practical support to each other [15]. Peer support services can aim, for example, to promote hope and recovery from illness or trauma and improve life skills, psychological well-being, and social integration [16]. Regardless of the specific objectives, peer supporters draw on their shared experiences in order to provide empathic understanding, information, and advice to those they are helping.

Peer support can be understood as a special form of *social support* – the belief that there are people available who are willing and able to provide emotional as well as practical support and advice [15]. Social support may include emotional support, advice and information, practical assistance, and help in understanding events [17]. Fairly extensive research shows that social support is linked to good health and positive outcomes in general, especially when people are dealing with stressful situations [18]. Social support from peers appears to be especially helpful in these cases [17, 19]. For example, a study of Vietnam veterans found that those who received more social support from peers reported less post-traumatic stress disorder (PTSD) than soldiers who were more isolated from their peers [20]. Another study of Gulf War veterans found that perceived peer social support (horizontal cohesion) and personality hardiness served to reduce the ill effects of combat exposure [21]. The benefits of peer support are thus likely due in part to the social support that this provides. In peer support programs, this effect may be enhanced due to the rapid trust that is often established in the peer-to-peer relationship [22].

What’s the scientific evidence for peer support? An early report by Solomon reviewed the evidence for peer support in mental health programs and concluded there was a “very high level of support” for the effectiveness of peer providers in influencing positive outcomes for recipients [15]. Additional studies have found that self-help therapy by paraprofessionals or peers was

equally effective and in some cases superior to therapy provided by professionals in reducing mental health problems such as depression [23, 24].

Studies of peer support for individuals with more severe mental health problems (i.e., schizophrenia, major affective disorder) have also found positive evidence [25, 26]. For example, Davidson et al. (1999) reported that self-help peer groups led to reduced symptoms (e.g., feeling tense or anxious, confused thinking, suicidal thoughts) and also increased social connections and quality of life for the participants [26]. A more recent review found that peer support resulted in multiple benefits for mental health patients including better compliance with treatment programs, fewer hospitalizations, and increased autonomy and a sense of hope [27].

Peer Support for the Bereaved

One area where peer support programs are being applied with increasing frequency is to help survivors who are grieving the death of a family member or friend. For example, peer support programs have been developed to facilitate grief recovery in police and emergency responders exposed to death [19]; parents who have lost a child to suicide, drugs, or illness [28]; and survivors of military death [29].

A number of studies have shown that peer support interventions can facilitate adaptation to loss in the bereaved. For example, a study of bereaved fathers in Finland found that those who received peer support showed less severe grief symptoms and more personal growth than bereaved fathers not receiving this support [30]. Other studies have documented reduced symptoms of depression and despair in bereaved survivors of a suicide death who received peer support assistance [31, 32]. Also looking at bereaved survivors of death due to suicide, Feigelman and colleagues found that peer support was associated with more personal growth and positive grief resolution [28, 33].

A recent systematic review found further evidence for the effectiveness of peer support for the bereaved [34]. Of 32 studies

reviewed, a majority found evidence that peer support was helpful to the bereaved. For example, Kaunonen et al. (1999) found lower anxiety and avoidance in both widows and widowers who received peer support [35]. In another study of bereaved parents who lost a child, Worden and Silverman (1993) reported that lack of peer support was associated with increased depression [36]. Riley et al. (2007) also found fewer complicated grief symptoms in bereaved parents who received peer support [37]. Additional research shows significant reductions in depression and despair and increased personal growth in bereaved family members who received peer support [31, 32, 38].

Survivors of death by suicide may experience grief reactions that are in some ways different and perhaps more difficult to manage than those of non-suicide death survivors. Grief for suicide survivors may be complicated by feelings of shame and stigma surrounding the death, a sense of rejection and abandonment, feelings of guilt and self-blame, and self-destructive thoughts [39]. To the extent this is true, suicide survivors may benefit more from peer support that comes from other suicide survivors like themselves, rather than survivors of non-suicide deaths [29]. Indeed, several studies indicate that bereaved survivors of a suicide death benefit especially from peer support provided by others who have also experienced a suicide in their lives [31, 32, 40]. In the next section, we provide an organizational case study of a peer support program that has proven to be effective in helping bereaved survivors of a military death.

Peer Support to the Bereaved: The Tragedy Assistance Program for Survivors (TAPS)

The Tragedy Assistance Program for Survivors was first established by Bonnie Carroll shortly after her husband died in a 1992 military plane crash along with seven other servicemen. Following the crash, Carroll searched for support to help her cope with this sudden and life-changing loss. She eventually found the best support came from the other widows whose husbands died in the same crash. It was this personal experience that convinced Carroll

of the power of peer support for grieving survivors and led her in 1994 to establish the Tragedy Assistance Program for Survivors (TAPS). TAPS is a nonprofit organization with the goal of providing bereavement care and peer support resources for survivors of a military death and is funded entirely through private donations [41].

Key to the TAPS approach is the use of peer support specialists, volunteers who have experienced a military death of their own and have received special training in the management of grief [42]. A central assumption behind peer support is that due to shared life experiences and circumstances, peers are better able to establish relationships of trust and support with those they are assisting [15]. Peer support provides three main benefits over traditional mental health approaches: (1) an increased sense of hope through positive self-disclosure; (2) use of similar background and experience to facilitate positive role modeling; and (3) greater trust, understanding, and empathy between the peer supporter and the recipient [43].

The TAPS model makes use of peer support in a number of programs that aim to facilitate healthy grief recovery in survivors. Drawing primarily on Worden's (2009) theoretical framework of grief recovery [44], the TAPS model of care for the bereaved consists of three broad phases: *stabilization*, *hopeful reappraisal*, and *positive integration*. These phases will be discussed in turn, along with some examples of TAPS programs that aim to assist the bereaved in each phase of grief recovery.

Stabilization

The main goal in the stabilization phase is to provide immediate care, comfort, and practical support to survivors following a sudden death. During this phase, survivors need first of all to experience a sense of safety and stability, which is provided by TAPS peer supporters. Initial contact often occurs via a telephone call to the TAPS National Military Survivor Helpline (800-959-8277).

This helpline is staffed 24 hours a day, 7 days a week by fellow military survivors. Calling this helpline puts survivors in touch with care providers specifically focused on the unique circumstances survivors face after a death in the military. After some basic information is obtained, the bereaved survivor is connected to a range of programs, services, and resources as appropriate for that individual.

In addition to the TAPS internal programs, TAPS peer supporters also connect survivors with local grief support groups and mental health professionals within their local communities who can provide survivors with resources specific to their unique needs. Following initial contact and establishing some basic level of trust, survivors are assessed for potential suicide risk and clinical treatment needs. Referrals to mental health professionals are made as appropriate or when requested by the survivor. TAPS peer supporters always have licensed mental health clinicians available to consult with on any such questions.

One of the primary TAPS program interventions consists of regular seminars or “grief camps” which are held in multiple locations across the country throughout the year. These seminars provide a venue where survivors can meet and receive information on grief, bereavement, coping skills, peer-based emotional support, and related resources. TAPS also provides extensive web-based resources including text-based chat sessions, video chat sessions, blogs, and message boards where survivors can engage with TAPS staff and other survivors, have their questions answered, and share stories of their loved ones.

Survivors are often in need of advice and support on financial and administrative issues, such as applying for insurance benefits. The TAPS *Casework Advocacy team* connects with survivors to identify areas of need to include emergency financial assistance for survivors who experience hardships such as gaps in insurance coverage, emergency basic housing and utility bills, education benefits, and funeral costs. These services also provide survivors with a sense of safety and stability, freeing them to address their grief-related emotions.

Hopeful Reappraisal

The key goal in the hopeful reappraisal phase is to assist the survivor in confronting and accepting the loss, addressing emotions, and establishing a sense of hope for the future. As humans, there is a normal tendency to avoid what feels painful. For those experiencing grief, while there may be some value in emotional detachment in the early grief period, in order to move toward recovery it is critical that survivors begin to approach and confront their grief. This phase is in alignment with Worden's period of experiencing the pain of grief [44]. TAPS programs seek to facilitate the open confrontation and acceptance of loss, while at the same time encouraging feelings of hope regarding the future. As survivors begin to adjust to their new "normal," additional TAPS programs are available to support survivors through this stage of the grief process.

The TAPS *Peer Mentor* program becomes especially important during this phase. All peer mentors are volunteers and are themselves military loss survivors and are at least 1½ years past their own loss [45]. Peer mentors receive extensive training in order to prepare them for this role. The TAPS *Institute of Hope and Healing*, in partnership with the Hospice Foundation of America, provides on-site and web-based professional training to supplement TAPS internal training programs. Training focuses on the effective use of active listening skills, familiarity with all TAPS programs and resources, identifying suicide risk, maintaining professional and personal boundaries, confidentiality, self-care, and when to make referrals to professional mental health providers.

Having lived through their own military loss experiences, TAPS peer mentors intimately understand military tragedies and survivors' unique needs [41]. Peer mentors thus serve as role models and "beacons of hope" to newly bereaved survivors during this phase of grief recovery. Peer mentors are trained to listen without judging, empathizing with the bereaved, and sharing similar experiences as appropriate in order to help them find validation, normalization, and hope for the future. With the help of peer mentors, the survivor is encouraged to shift focus from the death

of his or her loved one to remembering the life that was lived and to do the hard work of reorganizing family systems and roles.

Hopeful reappraisal is also facilitated through TAPS *Health and Wellness* programs. These activities take place over several days in nature-based locations and are designed to bring together small groups of survivors to further build a sense of community, again capitalizing on peer support. TAPS *Health and Wellness* events include physical activities such as kayaking, hiking, skiing, mountain climbing, and horseback riding. Time is also reserved for conversation and reflection throughout the program. Activities are designed to encourage survivors to get out of their comfort zones, face challenges in nature, share their experiences with other survivors, form relationships, experience a sense of belonging, and learn new methods and strategies for coping with grief.

TAPS Togethers provide similar opportunities for survivors to assemble and support one another by sharing common experiences. These are 1-day programs held across the country that bring survivors together in an organized social setting and guided by TAPS peer mentors. Examples of *TAPS Togethers* include coffee shop gatherings, museum trips, local community baseball games, horse riding camps, outdoor adventures, yoga classes, potluck dinners, and community service projects.

For children, the hopeful reappraisal phase likewise includes opportunities to work through the loss and envision a hopeful future. Children have access to a supportive and nurturing social environment, which can help them process the trauma they have experienced and work through the emotions they may not be able to express while at home. At TAPS *Good Grief Camps*, children are paired with members of the military who have volunteered to serve as *military mentors* for the duration of the program. Engagement in these programs facilitates a sense of community among child survivors and an awareness that the military organization continues to honor the life and legacy of their fallen loved ones. Activities include group sessions to teach healthy coping skills including age-appropriate ways of communicating and expressing their emotions around grief.

Positive Integration

The focus in the third phase is to help survivors develop a positive sense of meaning from their loss and integrate it into their life patterns while looking ahead to a positive future. This aligns with Worden's task of adjusting to a new world without the deceased and reintegrating into the social world without the lost loved one [44].

Military survivors often differ from nonmilitary survivors in how they view and interact with the world, and may be uniquely situated to experience post-traumatic growth (PTG) following a traumatic loss. For example, they are more familiar with frequent major life disruptions such as military moves and deployment separations [46]. For the bereaved, post-traumatic growth (PTG) can be understood as positive personal changes that result from the survivor's struggles to deal with trauma and its psychological consequences. Survivors will continue to experience grief and will likely have times of escalated sensitivity around anniversaries of their loss, but the emotions surrounding the loss may be less severe.

Many survivors in this phase work to transform the pain of grief into personally meaningful, pro-social activities. TAPS peer mentors and the entire TAPS community of survivors continue to serve as important peer support elements and role models facilitating healthy grief recovery. Survivors are also encouraged to take advantage of resources and educational materials available through the TAPS *Institute of Hope and Healing*.

For children, the third phase is primarily about reintegration – how to go on with a life in which their loved one, usually a father or mother, is gone, while accepting the feelings of loss this entails. Survivors in this phase will eventually shift away from a focus on grief and death to one of honoring their loved one's life while going on with their own.

TAPS *Sports and Entertainment* programs offer additional opportunities to shift grief into a positive frame. These programs provide families and loved ones of the fallen opportunities to connect with their favorite sports teams to honor the life and legacy of

their fallen military members. For example, several major sports teams have partnered with TAPS to bring grieving children to meet with their favorite players. Sports and Entertainment programs span multiple generations with special events for kids and opportunities for grieving adults to share the stories of how their loved ones enjoyed their favorite sports teams and players. Survivors from all types of losses and all relationships to the fallen are able to come together in a positive environment where they can connect with other military survivors and learn they are not alone in their grief.

While empirical studies of TAPS programs are somewhat limited, there is now extensive evidence that peer support-based programs like TAPS are effective in facilitating healthy recovery for people experiencing a range of mental health challenges [15, 26, 43]. One study that looked at a subgroup of military survivors who used TAPS programs found that survivors who had a greater number of contacts with TAPS showed higher levels of post-traumatic growth and resilience [46]. The same study also determined that bereaved survivors who had a higher number of engagements with TAPS tended to have lower levels of depression, anxiety, and suicidal ideation. Interestingly, among the survey respondents, those who also had served as peer mentors showed even higher levels of PTG and resilience. These results suggest that survivors who go on to assist other survivors derive increased benefits and growth from their experiences.

All TAPS programs are structured around the model of peer-based emotional support and follow recognized best practices that have been identified in this domain [47]. This peer-based approach provides accessible, nonthreatening, and free services that work to decrease the survivor's sense of isolation and build a feeling of hope for a positive future, thereby facilitating healthy adaptation to loss.

Since 1994, TAPS has been providing critical support for grieving survivors of a military death and is a valuable resource for military healthcare providers. TAPS has assisted thousands of survivors who have experienced a military death. In 2018 alone, over 19,000 phone calls were fielded by the TAPS 24/7 Military

Survivor Hotline and over 30,000 hours spent by TAPS peers talking with newly bereaved survivors. Over 14,000 military survivors made contact with TAPS in 2018 through some one of its programs, to include over 400 grief seminars, TAPS Together, Sports and Entertainment engagements, Health and Wellness programs, or camps held across the country.

In the next and final section, we provide some evidence-based suggestions on what constitutes a successful and effective peer support program for bereaved survivors.

Key Ingredients of Successful Peer Support Programs for the Bereaved

What are the essential elements in a peer support program for the bereaved? The following recommendations are based on a review of the literature and a survey of experts with experience leading peer support programs for bereaved [47]. Several quotes are also taken from this work in order to help illustrate some of the points below.

Easily Accessible and Responsive Regardless of the mechanism for providing support (whether crisis response teams, hotlines, face-to-face, or some other mode), peer support services for the bereaved must be easily accessible around the clock and on weekends. Death can strike at any time, and a survivor may reach out for help at any hour of the day or night. When the call comes, it is important that peer support be available and responsive. Peer support programs must be able to respond quickly with appropriate help when the need arises.

Confidentiality Bereaved persons seeking peer support place a high value on confidentiality. Most of them don't want to see their personal circumstances, feelings, and reactions to become public information. Thus, it is essential that the program has procedures in place to insure that privacy is maintained, and the bereaved need to be reassured of this. A police psychologist involved in peer support programs described this issue as follows:

Well, confidentiality is very, very important. One of the reasons there is a mistrust of mental health professionals among police officers is that they are going to go back to the organization and tell the story about you. That is something that turned off a lot of officers toward external programs such as EAPs (Employee Assistance Programs).

Once you lose trust, your program is going to go down the toilet. And I've seen it happen in other departments. You get a peer supporter who starts talking in small talk with some other officer, and, 'Hey, you know John Jones down there, we just had him in here. He's a drunk. You know he's got depression' or something like that. The next thing you know, nobody comes in anymore! So keep quiet. It's private - it should be a private conversation. It should stay that way.

Provide a Safe Environment In peer support programs, it is important to provide a “safe environment,” a place where the bereaved feels welcomed and respected and free of judgment. This includes the physical environment in face-to-face support situations, as well as the social-emotional environment which is primarily established by the peer supporter. The ability of the peer supporter to “just listen” contributes to an atmosphere of safety and respect. In part, the creation of a safe environment includes reassuring the bereaved survivor that the peer support relationship is not short-term, but can continue into the future. Confidentiality is also an important element here.

Matching of Peer Supporter to the Bereaved It is important to find the closest possible match between the peer supporter and the person receiving the support. The more similarities between the peer supporter and the person receiving support, the more quickly they will form a connection of trust and openness. The most important aspect of this match concerns the nature of the loss experience. For example, if the bereaved experienced a death by suicide, it is best if the peer supporter has also experienced a death by suicide. A father who has lost a child has greater commonality of experience with other bereaved fathers, as compared to bereaved mothers.

Beyond cause of death and relationship to the deceased, the bereaved will more readily relate to and trust a peer supporter who has likewise lived and worked in the same occupational environment as them, as, for example, police, firefighters, or military personnel. On this point, one peer support program manager said:

Peer supporters have their own experiences, so they know how to relate, and that's what you've got to have. Because a (survivor), whether it's a soldier, a marine, a cop, a fireman, is not going to talk to a stranger. Period. Because they haven't been there. They haven't walked the walk.

Thus, in addition to the shared experience of loss, it is important that the peer supporter has a good understanding of the occupational culture and context of the bereaved. Many aspects of the job culture are implicit and can be assumed when the peer supporter comes from the same occupational culture. This applies also to family members, whether spouses, parents, or children in many circumstances. For example, military spouses share a broad experience of the military lifestyle and culture, which helps in forming a social bond with a newly bereaved military widow.

Careful Selection of Peer Supporters In selecting people to serve as peer supporters, it's important to choose individuals who have successfully worked through their own loss and who are not presently dealing with unresolved grief issues or other life problems. Also, peer supporters should have good self-awareness and understand their own motivations for volunteering. A desire to serve is also an important consideration in selecting peer supporters.

Some peer support organizations have developed guidelines or rules of thumb to assist in the selection of peer supporters for the bereaved. For example, the TAPS program requires that peer supporters be at least 18 months past their own loss experience. When working with volunteers, it's also important to recognize that some people who volunteer may simply not be suited for the kind

of work that peer supporters do and should not be selected. Desired qualities in a peer supporter are discussed further below.

Partnership with Professional Mental Healthcare Providers Another critical consideration in formulating an effective peer support program for bereaved concerns the need for professional clinical staff members who can step in and assist a survivor – or the peer supporter – when the situation calls for it. Peer supporters for the bereaved should have quick and easy access to clinical staff to consult and advise on difficult cases. It’s also a good idea to have a protocol in place for assessing suicide risk in the bereaved and the potential need for a mental health referral. Clinical staff members should be available for consultation and also to guide peer supporters on setting proper boundaries in terms of what kinds of assistance to give to survivors and when to seek help from professional clinicians.

Training of Peer Supporters Peer support programs for the bereaved must invest the necessary time and resources to appropriately train their peer supporters. The type of training and content will vary to some degree across programs, but some core training is essential. For example, it’s important that peer supporters have a good understanding of the culture they are working with, whether that’s police, military, or some other group. Training for peer supporters should also include developing tools to use when supporting another to include active listening skills, emotional interviewing, guidance on how to assess risk levels in clients, self-care, and knowing when and how to seek professional guidance and support.

Knowing when to seek clinical help also involves staying alert to boundaries, the ability to recognize and maintain appropriate roles. Ongoing or refresher training is also valuable for peer supporters working with bereaved. This is important not only for maintaining critical skills but also provides a means of monitoring

the mental health, compassion fatigue, and well-being of peer supporters. According to one expert:

Really good training on what are appropriate boundaries and basic skills is incredibly important. And then monitoring and support and education along the way, because peer support, especially with a population like suicide loss where they often have trauma and mental health issues. Regular check-ins, monitoring, education are really important so they (peer supporters) don't burn out or become overwhelmed.

Monitoring and Care of Peer Supporters Serving as a peer supporter to those who have experienced a sudden or traumatic death is a difficult work and can be emotionally exhausting and lead to burnout to include compassion fatigue. There are a number of ways that peer supporters can receive support in their work, including from staff and other peer supporters. Peer supporters should also receive training on how to monitor themselves and to recognize when they should ask for help. The program should have systems in place for monitoring the peer supporters and providing assistance and guidance when needed. Regular meetings or debriefing sessions with peer supporters and staff can be an excellent way of monitoring peer supporters and identifying when some individuals may need rest or assistance. As one peer support expert described it:

We know that we can say to our teammates, 'you know what? I need a break. I need to go take a nap, I need to go for a walk. I can't talk to this person right now. I'm filled up.' So we become each other's real strong support system. ... It's an understanding that this is difficult work, it's complex, and it can be exhausting and there might be times when you need to take a break.

Another important element of support for the peer supporters as described by Castellano (2012) is "resilience, affirmation and praise" [22]. This primarily refers to the praise and reinforcement peer supporters give to bereaved for their progress and positive accomplishments. This also applies to peer supporters who benefit from receiving recognition and positive feedback from their

superiors and peers for their good work. This feedback reinforces the sense of meaning and importance for peer supporters, while also serving to enhance their resilience.

Desirable Qualities in a Peer Supporter

Qualities needed in a peer supporter for the bereaved fall into five key categories. The peer supporter should (1) have closely similar experience (to the bereaved); (2) be a good communicator; (3) be authentic and trustworthy; (4) have good judgment – be aware of boundaries – and (5) have a calm, agreeable disposition. These qualities are further discussed below.

Closely Similar Experience This means first of all that the peer supporter should have a similar background or experience to the person being assisted. The peer supporter thus is able to draw on this shared life experience in order to form a rapid connection to the bereaved. The peer supporter should also be someone who has successfully coped with or recovered from whatever the difficult experience was and so is able to provide an inspirational role model and living example that adversity can be overcome.

Having similar shared experiences facilitates rapid formation of a strong connection between peer supporter and bereaved. The bereaved is provided with an immediate role model of someone who has experienced the same, or similar devastating loss, and is coping with their loss in a positive manner. This eases communication and also instills hope for a more positive future.

Good Communicator Good communication skills are perhaps an obvious essential quality for peer supporters. In large part, this involves an ability *to listen* and focus completely on the person being supported. Along with listening, peer supporters should show empathy, compassion, and a sense of humor and be attuned to body language in communications. These qualities allow the peer supporter to establish a connection with the bereaved and

help to create an environment in which the survivor feels safe in revealing highly sensitive thoughts and feelings.

Finally, part of being a good communicator for peer supporters means being nonjudgmental, to refrain from imposing one's own views and interpretations on the bereaved. They should allow the bereaved to progress at their own pace and not try to overly direct the process. Every individual is different, and there can be no rigid formula to fit everyone. The peer supporter must be careful to be nonjudgmental and always an attentive listener.

Authentic and Trustworthy Ideally, peer supporters for the bereaved are motivated by a sincere desire to help others who have experienced a loss, as opposed to seeking some personal gain. The peer supporter should be successfully coping with her/his own loss and have the maturity and wisdom to put the needs of the survivor to the forefront. When the peer supporter is authentically motivated to assist the survivor, he or she is more quickly seen as someone who can be trusted and relied upon. This contributes also to the bereaved person's sense of being in a "safe environment" with the peer supporter.

Authenticity in this sense is believed to be a key contributor to building up the survivor's sense of trust in the peer supporter. This makes good theoretical sense. As described by Rotter (1971) nearly 50 years ago, trust is the generalized expectancy that the other person is (1) honest; (2) unselfish, not going to take advantage of me; and (3) reliable, or "knows his stuff" [48]. The authentic and trustworthy peer supporter is thus one who is honest, unselfish, and knowledgeable.

Good Judgment: Aware of Boundaries Good judgment involves the awareness of one's own limitations, strengths and weaknesses, and sound knowledge and judgment about boundaries in providing peer support. Peer supporters need to exercise good judgment as to when and how much to talk about themselves (self-disclosure) when assisting a bereaved survivor.

As mentioned earlier, the peer supporter must recognize the limits of his or her role and be willing and able to step back and seek help from a clinical professional when needed. This calls for a certain level of modesty in the peer supporter and a realistic understanding of his/her own capabilities.

Calm, Agreeable A final desirable quality in peer supporters for the bereaved is a calm and agreeable disposition. Peer supporters should project a calm, assured manner, and a desire to help, without being judgmental in any way of the bereaved. Along with this, it is helpful if the peer supporter can maintain a steady and pleasant speaking voice, avoiding rushed and/or harsh tones.

Internet-Based Peer Support for the Bereaved

Recent years have seen an increase in online support and discussion forums for people experiencing various difficulties, including grief following the death of a loved one. Given the ease of access and convenience, this trend is likely to grow. What is the evidence that peer support via the Internet is effective in facilitating healthy coping with grief?

While the research is somewhat limited, a recent review of studies in this area concluded that Internet-based approaches are generally helpful to the bereaved, though not as effective as face-to-face modalities [34]. Five out of six studies reviewed demonstrated benefits to users, including lower depression and symptoms of grief. For example, a study in Finland looked at bereaved mothers who posted messages to an online grief discussion forum [49]. The researchers found that posted messages were both giving and receiving emotional and practical support. Mothers reported feeling accepted into a group of others with similar experiences and that they benefited from their participation.

Another study in this area compared suicide survivors receiving Internet-based peer support with those receiving face-to-face support in peer groups of survivors [50]. While both groups showed significant reductions in grief symptoms, the face-to-face

participants were lower, notably in depression and suicidal thinking. Participants also reported that the Internet forum was easy to access and convenient, for example, being available late at night without having to leave home. Some users also reported that they preferred the online forum over family and friends, whose responses were often dismissive and not helpful.

In yet another study of Internet-based peer support, bereaved suicide survivors involved in an Internet only support group in the Netherlands showed decreased levels of depression and increased well-being over a 12-month period [31]. An interesting study along these lines examined oncology nurses who were regularly exposed to dying patients on their jobs. Nurses participated in a “virtual world” peer support activity over a 10-week period [51]. Using a 3-D multiuser virtual environment known as “Second Life” (www.secondlife.com/destinations/learning), nurses logged in to a private meeting space and as avatars participated in group discussions and storytelling sessions regarding their job-related requirements. The group sessions were facilitated and moderated by an experienced grief counselor. Results showed that nurses who participated had an increased sense of meaning in their work, improved well-being, and reduced feelings of isolation. In addition to the convenience and enhanced privacy offered by this Internet-based approach, the authors suggest that the greater realism generated by the virtual world framework and use of avatars creates a deeper engagement and sense of presence for participants, thus enhancing the experience. This Internet-based approach may prove to be more beneficial than simple chat groups or online forums. More research is clearly needed on various Internet-based peer support activities for the bereaved to determine what the most effective methods are and when and for whom.

Conclusion

Peer support programs in various forms are growing in popularity and are used increasingly to assist bereaved individuals who have been affected by death. While not a replacement for defini-

tive clinical care in more severe cases, peer support programs can be highly beneficial to those suffering grief after a loss and may in fact prevent many complicated grief reactions from ever developing. This chapter has reviewed the available research on peer support for bereaved and provided some evidence-based guidelines for what makes a successful peer support program. While situations and requirements certainly differ, these elements merit careful consideration by providers involved in developing or implementing peer support programs for the bereaved.

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