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Exploration into best practices in peer support for bereaved survivors

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ABSTRACT

This exploratory, qualitative study addresses the question: what are the important elements in effective peer support programs for bereaved survivors? Interviews with 10 highly experienced experts were analyzed to identify recurrent themes and elements. Findings indicate that effective peer support programs for the bereaved should be: easily accessible; confidential; provide a safe environment; use peer supporters with similar shared experiences to clients; select peer supporters carefully; partner with professional mental health providers; train peer supporters thoroughly; and provide care and monitoring for peer supporters. These results can help inform efforts to improve peer support programs for bereaved survivors.

Introduction

Recent years have seen a rapid growth in peer support programs that aim to help people recover from a range of problems, including mental and physical illness, alcohol and drug addiction, and various disabilities (Repper & Carter, 2011; Sledge et al., 2011). A recent review by Chinman et al. (2014), covering 20 studies including 11 randomized controlled trials (RCTs), concluded that peer support programs bring significant benefits to those with serious mental problems, over and above the benefits of traditional care. These benefits include increases in self-care and compliance with treatment programs, reduced hospitalizations, and enhanced autonomy and sense of hope.

Peer support programs are also being used increasingly to assist those impacted by death, including family members of military casualties, parents of a children who have died, and police and firefighters who have lost friends and coworkers (Harrington-LaMorie & Ruocco, 2011; Feigelman, Jordan, McIntosh, & Feigelman, 2012; Grauwiler, Barocas, & Mills, 2008). Several studies have shown that peer support interventions can facilitate adaptation to loss. For example, a study of newly bereaved fathers in Finland found that those who received peer support experienced less severe grief symptoms, and more personal growth than bereaved fathers who did not receive such support (Aho, Tarrka, Astedt-Kurki, Kaunonen, Sorvari, & Kaunonen, 2011). Other studies have documented reduced symptoms of depression and despair in bereaved survivors of a

suicide death who received peer support assistance (Barlow et al., 2010; Kramer et al., 2015). Also looking at survivors of death due to suicide, Feigelman and colleagues found that peer support was associated with more personal growth and positive grief resolution (Feigelman, Jordan, and Gorman, 2009; Feigelman et al., 2012).

Despite these studies confirming the benefits of peer support programs for bereaved survivors, little is known about why or how they work. Also, while several organizations have developed best practice guidelines for peer support programs, these focus on peer support for patients dealing with mental illness, addictions, or chronic illnesses such as heart disease or diabetes (Daniels et al., 2013; Daniels, Fricks & Tunner, 2011; Daniels et al., 2012). Unfortunately, these guidelines do not address peer support programs for bereaved survivors of traumatic loss, as for example with war casualties, suicides, or fatal accidents. At the same time, it is known that death by sudden and violent means presents increased risks and challenges for survivors (Currier, Holland, & Neimeyer, 2006; Sanders, 1988). To address this gap, the present study analyzes the views of multiple experts to identify areas of consensus regarding the important ingredients or best practices in providing effective peer support programs for bereaved survivors affected by traumatic loss.

Peer support has been defined as “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is

helpful” (Mead, Hilton, & Curtis, 2001). While peer support programs can vary greatly, they generally involve people with similar experiences providing emotional, social, or practical support to those in need (Solomon, 2004). Peer support services may seek to promote healthy recovery from illness or trauma, improved coping and life skills, psychological well-being and social integration (Landers & Zhou, 2011). Peer supporters in such programs are typically individuals who have gone through the same kinds of stressful events or experiences as those they now seek to help and have also received some specialized training in peer support (Daniels et al., 2013). It is thought that due to their shared experiences and life circumstances, peers are better able to establish connections of trust and support with those in need of help (Castellano, 2012). Peer supporters draw on their shared experiences to provide advice, information, and empathic understanding to those receiving assistance.

In addition to the benefits that peer support programs provide for participants, these programs may also result in positive effects for those serving in peer support roles. Recognized benefits to peer supporters include improved quality of life, increased confidence and self-esteem, hopefulness, coping ability, autonomy, and self-control (Salzer & Shear, 2002; Solomon, 2004). Others have also emphasized the reciprocal benefits of peer support activities. For example, Castellano (2012) describes a “reciprocal peer support” (RPS) model used successfully in multiple peer support programs in New Jersey, in which those providing the peer support also benefit from positive recognition and affirmation of their special contributions. In some contexts, the peer relationship is seen more as “one-way street,” with the peer provider giving support to the service recipient, and no expectation of reciprocity. This is often the situation, for example, in the use of peer supporters to facilitate recovery of people with some mental illness (Chinman et al., 2014).

Theoretical background for peer support

Several psychosocial processes and theories have been applied to help explain why peer support approaches may be effective in helping people facing difficult circumstances. One of the basic processes thought to underlie peer support is *social support*—the perception that one has people around who can be relied upon to provide emotional and practical assistance (Solomon, 2004). Social support may include emotional support, information and advice, practical assistance, and help in understanding or interpreting events (House, 1981). There is ample evidence that social support is linked

to good health and positive outcomes for people in general, and especially when they are facing stressful conditions (Reblin & Uchino, 2008). While social support can come from multiple sources, social support from peers appears to be especially helpful (Grauwiler, Barocas, & Mills, 2008; House, 1981). For example, in studies of Vietnam veterans, Stretch (1991) found that returning veterans who experienced greater social support from peers showed lower incidence of post-traumatic stress disorder than those who for various reasons were more isolated from their fellow soldiers. Bartone (2000) likewise found that perceived peer social support (horizontal cohesion) together with hardiness served to reduce the ill effects of combat exposure in U.S. military Gulf War personnel. Thus, by providing social support, peer supporters may provide beneficial effects for those they are serving. In line with this notion, Breen and O’Connor (2011) found that support from social networks was very helpful to those dealing with the sudden death of a family member. Similarly, in a large community-based study, Aoun et al. (2015) found that bereaved individuals reporting low levels of social support were at highest risk for prolonged grief disorder (PGD).

Social learning theory (Bandura, 1977) also has application to peer support. The theory posits that people learn in large part by modeling themselves after others they observe, especially those they perceive to be in similar circumstances. Related to this is *social identity theory*, which indicates that people generally have more favorable perceptions of others who they see as similar to themselves (Turner, 1991). For clients receiving peer support, the peer supporter who has experienced similar circumstances is readily seen as “like me.” The peer supporter can thus become an inspirational role model, as someone who has succeeded in coping with similar problems and challenges (Chinman et al., 2008). This social identification process is reinforced by the sharing of *experiential knowledge* between client and peer supporter (Shubert & Borkman, 1994). Experiential knowledge consists of specialized knowledge and perspectives acquired by people based on life and work experience. Having gone through similar experiences, the peer supporter can more readily understand the client’s position and offer grounded advice on potential coping and problem-solving strategies. Furthermore, based on the experiences they have in common, the client is more willing to trust and listen to the peer supporter’s advice. Multiple studies in the grief literature provide additional support for this idea. For example, Breen, Karangoda, Kane, Howting, and Aoun (2017) found in a large sample of bereaved adults that “connecting with similar others” was an important

avenue for finding meaning in the death of a loved one, especially for those with prolonged grief symptomatology.

Best practices in peer support

While several organizations have developed level of care guidelines for peer support programs, unfortunately these guidelines do not specifically address programs in peer support for bereaved persons or survivors of sudden loss. Rather, most were developed for use in peer support programs for patients recovering from mental illness, a population with quite different needs (Daniels et al., 2013; Daniels et al., 2011). Recommendations have also been presented for peer support programs in “whole health” services which provide assistance for people dealing with mental illness, substance abuse, and chronic illness, and more recently wellness promotion and life skill coaching (Daniels et al., 2012; Daniels, Tunner, Powell, Fricks, & Ashenden, 2015).¹ Another set of best practices was offered by the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), based on a selective literature review and interviews with eight subject matter experts engaged in peer support programs (DCoE, 2010; DCoE, 2011). However, the DCoE review was limited in scope and restricted to programs aimed at military personnel or those working in similar environments, such as police and first responders.

To develop a better understanding of what ingredients or practices make up an effective peer support program, we conducted semistructured interviews with experts having extensive experience in peer support programs for bereaved survivors. These interviews aimed to get a deeper understanding of the peer support process and programs and identify the most important elements in peer support approaches for those experiencing grief and bereavement.

Methods

A convenience sample of 10 subject matter experts was identified through the first author’s knowledge of organizations engaged in providing peer support services to bereaved survivors. We sought to include individuals with experience in managing peer support programs for bereaved in military, law enforcement, and emergency responder communities. Using a

snowball technique, several known experts were asked to identify other appropriate candidates for this research. Potential interviewees were sent an email describing the study purpose, and inviting their participation. Of 11 experts invited, 10 agreed to be interviewed, 6 women and 4 men. Age ranged from 41 to 75 ($M = 56.9$, $SD = 10.6$). All interviewees had extensive experience as peer supporters and managers of peer support programs for those affected by sudden unexpected death. Professional experience of respondents included law enforcement, psychology, social work, and business administration. Further information about the sample of experts is presented in Table 1.

Semistructured interviews were conducted in person when possible ($n = 3$), or by telephone for geographically distant experts ($n = 7$). All interviews were done by the first author and lasted from 1 to 2 h. There were no apparent differences between the face-to-face and telephone interviews, other than that the face-to-face interviews tended to last longer. With the informed consent of the subject matter experts (SMEs), all interviews were recorded and later transcribed verbatim. After describing the study purpose and obtaining informed consent, respondents were asked to describe their background and activities related to peer support. Experts were then asked to present their views on what makes for a successful program providing peer support for bereaved survivors.

A thematic analysis of responses, incorporating grounded theory procedures for qualitative analysis as recommended by Charmaz (2006, 2012), was used to identify the recurrent themes in each of the content areas. In the initial step, the transcribed interviews were read completely by two independent researchers with extensive experience in qualitative analyses (PTB and JVB), tabulating the unique responses for each question. The researchers then compared and discussed their observations. Next, the interview material was consolidated and reordered such that responses to each question were grouped together. Responses were then read through again by each researcher, tabulating each unique issue. Initial inter-rater agreement was high at 94%. Following discussion, agreement was 98%, with any remaining differences resolved by further discussion. Each researcher also identified common superordinate categories within which to group specific responses, and here agreement was 100%.

Results

Two primary themes emerged from the interviews. The first concerns the key ingredients of successful peer support programs. The second addresses qualities that

¹Many of these peer support resources and training materials may be found at the SAMHSA-HRSA Center for Integrated Health Solutions web site: <http://www.integration.samhsa.gov/workforce/team-members/peer-providers>.

Table 1. Background characteristics of peer support subject matter experts (SMEs).

Education level	Years of experience in peer support	Position and background	Areas of expertise	Significant peer support activities
Doctorate	30	University faculty (psychology); former military and police officer	Peer support in law enforcement, line of duty deaths, suicide, traumatic stress	Established peer support programs for state police; developed training programs and policy for state and local police agencies
Doctorate	40	Senior consultant in forensic suicidology; former director of major urban crisis intervention center	Peer support provided to families experiencing sudden death, ie., automobile accidents, suicides	Developed peer support programs for families and first responders exposed to sudden death; provides peer support training to state and federal agencies, and internationally
Masters	4	Senior director for survivor services, private sector nonprofit	Peer supporter management and training	Oversees selection, training, and management of peer supporters to survivors of military death
Doctorate	14	Senior leader in nonprofit, veterans services; former director, federal agency for military family services	Policy and management, peer support services for multiple populations	Founded and directed peer support network programs providing services to over 3 million veterans and care providers
Masters	17	University faculty (psychiatry); program director and mental health care consultant	Peer support programs for police, military, firemen, mothers of special need children	Founded and directed peer support programs for first responders following 9/11 terrorist attacks; developed training guidelines for telephone hotline peer support counselors
Doctorate	16	Clinical social worker, counselor and grief researcher, private practice	Clinical social work services, crisis intervention	Provides counseling and training seminars for peer supporters working with bereaved; conducted field research with bereaved survivors
Bachelors	6	Human resources, nonprofit; coordinator, peer support training	Training and support for peer mentors in suicide loss, grief, and bereavement	Manages outreach and training for peer mentors providing peer support services to children and family members following military death
Bachelors	20	Retired; former county police officer; director of peer support programs	Peer support to police exposed to death, accidents, gunshots, suicides; Certified traumatologist	Developed and directed first peer support program for county police department, used as a model by police departments statewide; wrote training and policy guidelines
Masters	11	Senior leader, private sector nonprofit	Suicide prevention and postvention services for survivors	Develops policy and training programs for survivors of suicide in the military; conducts training for peer supporters to survivors
Doctorate	10	Private practice, trauma, grief counseling; director, survivor services, nonprofit	Counseling/therapy in trauma, grief, loss, survivor grief	Oversees teams of peer supporters and professionals serving suicide loss survivors

are desirable in peer supporters for the bereaved. These are each described below along with their major elements and illustrative quotes from the interviews.

Key ingredients of successful peer support programs

Subject matter experts (SMEs) provided extensive comments as to what are the important elements of a successful peer support program. These can also be understood as “best practices” according to the judgment of the subject matter experts. Responses fell into eight categories as follows:

Easily accessible and responsive

Regardless of the mechanism for providing support (whether on site crisis response teams, telephone hot lines, face-to-face, or some other modality), the experts

agreed that the services must be easily accessible 24 h a day. Just as death can happen at any time, a survivor may reach out for help at any hour of the day or night. As one SME put it: “Anonymity, and availability 24 h a day are both essential.” When the call comes, it is important that peer support be available and responsive. Interviewees also emphasized the importance of peer support programs responding quickly with aid when the need arises. For example, from an SME involved in police peer support:

Just the fact that we are out there within an hour makes a big difference, tells that person that the department cared enough to put together this (peer support) team that is now out there to help them. Because a lot of times you kind of feel abandoned by the higher-ups.

So getting to those (suicide) survivors very early in the process—preferably right at the scene, can really help shift that family into a healthier grief process.

Confidential

Bereaved persons seeking peer support place a high value on confidentiality. Most do not want their personal circumstances, feelings, and reactions to become public information. Thus, it is essential that the program has procedures in place to assure privacy is maintained and communicate this to clients and potential clients. Some illustrative comments from the law enforcement domain:

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 any more. So keep quiet. It's private—it should be a private conversation. It should stay that way.

Another SME put the confidentiality issue succinctly: “Keep your mouth shut. That’s the biggest thing. Do not discuss cases outside of your element, outside of your peer support people.”

Provide a safe environment

Interviews revealed the importance in a peer support program of providing a “safe environment,” a place where the survivor feels welcome and respected, and that he/she is not being judged. This encompasses the physical environment in face-to-face support scenarios as well as the socioemotional environment which is set primarily by the peer supporter. The ability of the peer supporter to “just listen” contributes to an atmosphere of safety and respect.

If people are coming for emotional support, they need to know they are coming to a safe place. They want to at least feel safe. Confidentiality is a part of that. And part of that is the organization making sure that whoever their peer facilitators are, they follow the standards.

We're just there to provide support to the bereaved, and point them towards help when they are ready. So one metaphor is we are like a lighthouse. We sit on a rocky shore and point towards a safe harbor.

Usually there is a sense of some kind of an informal structure that provides—whether it's just time or the regularity of meetings, or what occurs in a meeting, or how people are allowed to share, or the responses that

people were allowed to give and when they can respond. There's some kind of structure that helps control chaos.

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. As one respondent put it: “Convey a sense that the connection will be ongoing—not a one shot deal.”

Close match of peer supporter to the client

SMEs all emphasized the importance of finding the closest possible match between the peer supporter and the person seeking support. The more similar the peer supporter is to the client, the more readily the client can form a connection of trust and openness with the peer supporter. The most important aspect of this match is concerns the nature of the loss experience. For example, if the client experienced a death by suicide, it is best if the peer supporter has also dealt with a suicide death. A father who has lost a child has greater commonality of experience with other bereaved fathers, as compared to bereaved mothers. In the words of one respondent working with bereaved military family members:

The way we do it here, we match according to the cause of death, and the relationship to the deceased. Those two things are primary. And then we will go to geographical location, what branch of (military) service, and any type of connection. The more connections we can find between the two people, the better the connection between them will be.

Some SMEs pointed out that due to a shortage of qualified peer supporters, it is not always possible to match peer supporters and bereaved precisely on factors such as cause of death. But it is shared *similar* experience that seems to matter. One SME working with police and military put it this way:

All they (the person needing support) really want to know is, 'how do you know how I feel?' And when you can say, 'Well, I've been through something similar. I didn't see this guy get shot in the head, but I did see my buddy's legs get blown off, and this is what I experienced' Then you've got the guy you are talking to going, 'yeah, yeah I understand that, I'm going through something similar.' And they're beginning a dialogue. And once they begin a dialogue, once they start talking, it's unbelievable how therapeutic just the conversation is. So, we're there, we're present, and we get them to open up, and they start talking, and we build that trust.

Beyond cause of death and relation to the deceased, the experts reported that clients will more readily connect with and trust a peer supporter who has lived and worked in the same occupational environment as

them, as, for example, police, firefighters, or military personnel. As one 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 he or she 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 deep understanding of the occupational culture and context of the bereaved. Many aspects of the job culture are implicit and can be taken for granted when the peer supporter comes from the same occupational culture. This extends 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. In the words of an SME working with bereaved police officers:

When you have people that match your population—that’s essential. We broke it up sometimes, if you were a patrol officer, we had a patrol officer peer support person talk to you. If you were a sergeant or a lieutenant, we had a sergeant or lieutenant talk to you. That helps in getting a counselor or patient relationship going.

Careful selection of peer supporters

Interviewees discussed the importance of choosing peer supporters who have coped successfully with their own loss, and who are not presently dealing with unresolved grief issues or other life problems. Also, prospective peer supporters should be self-aware and understand their own motivations for volunteering. SMEs agreed that motivation was an important consideration in selecting peer supporters. The consensus view was that if the volunteer is motivated to help others in similar circumstances, he or she could be trained to be an effective peer supporter. As one SME working with various populations described it:

You have to be very careful when you choose a peer supporter. You have to know why they want to do this, because some people don’t know why they want to do this. I think you need to get someone who understands the reason why they are doing this. You don’t want someone who wants to do this who is going for control.

Related to this issue, it was seen as important that programs avoid selecting as peer supporters individuals who have not yet resolved their own grief, or who may be experiencing other life problems. From an interviewee working in police peer support programs:

Definitely look at the records of the people you select if you can. See what they’ve been through. See if they are going

through anything right now themselves. You don’t want them bringing their own problems into the middle of someone else’s. I think those things are important.

Some agencies have learned to apply guidelines or rules of thumb to assist in the selection of peer supporters for the bereaved. For example, one program requires that peer supporters be at least 18 months past their own loss experience:

Now you know, it’s not for everyone. And that’s okay. Everyone has their own thing that they do well. What we have found is that the peer mentors, they have gotten to a place in their grief process that is a safe place. They have to be 18 months out (beyond their own loss) before we would even consider them, and be in a safe place. What we have found is that by then, offering their support to others, they are growing too, like it is helping them. It’s a pretty cool win-win situation.

The above quote also points out that some people who volunteer may simply not be suited for the kind of work that peer supporters do, and should be selected out. Many interview comments addressed the qualities that are desired in peer supporters for the bereaved; these are presented in a separate section.

Close partnership with professional mental health care providers

Another critical element of the good peer support program identified by our interviewees concerns the need for partnering with professional clinical staff members who can step in and assist a survivor when the situation calls for it. Every SME that we spoke with emphasized the importance of peer supporters having easy access to clinical staff to assist with difficult cases. For example:

We have a protocol in place, and (our peer supporters) let us know if the person is giving signs of risk ... We have people on staff that are clinicians that are able to take over and support people as needed.

An expert working with police peer supporters also mentioned the importance of knowing when to refer the bereaved for professional help when needed:

Peer support is like barstool therapy. Because you are just sitting next to somebody and you are talking to them, and you are saying all the right things, and you are doing the right things to help him feel better about the situation. At the same time you are giving information, you are looking to make a referral if that’s needed. You are achieving a lot of different things.

Clinical staff members also provide training for peer supporters, which include learning where to set boundaries in terms of what kind of assistance to give

to survivors and when to seek help from professional clinicians:

We teach our survivors who are doing outreach that if you are feeling overwhelmed, with these conversations, then it's time to say, 'Whoa, I am getting into an area that is above and beyond what I should be offering.' So when that happens we have clinical support. Clinicians who can talk to them about how to set a boundary and also find the professional care that that person will need (in addition to) peer support.

Thorough training of peer supporters

Study respondents emphasized that effective peer support programs must invest the necessary time to train their peer supporters. The type of training and content will vary to some degree across programs, but some training is seen as essential. A common issue raised here was the importance of assuring that peer supporters have a good understanding of the culture they are working with, whether that's police, military, or some other group:

An important ability in establishing that first connection is understanding the (culture of the client). We train about the culture. We start off with cultural competency, leading with strength, that we're combating stigma and isolation.

Our SMEs agreed that peer supporter training should include listening skills, guidance on how to assess risk levels in clients, and knowing when to seek professional clinical support. As one put it, "You train those people to understand the basics of counseling ... something simple like how to listen."

Knowing when to seek clinical help was also described as staying alert to boundaries, able to recognize and maintain appropriate roles for the peer supporter:

That is something we actually address during their training: when they undergo the peer mentor training, so that they understand roles ... understanding boundaries, when does it cross the line from what would be peer support, to when your peer (client) is struggling and needs professional care.

Interviewees also mentioned that in addition to their initial training, it is important to provide periodic ongoing training for peer supporters. This is valuable not only for maintaining critical skills, but also provides another means of monitoring the well-being of peer supporters:

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 and others, regular check-ins, monitoring, education are really important so they don't burn out or become overwhelmed.

Monitoring and care for peer supporters

Serving as a peer supporter to those who have experienced a sudden death is difficult work, and can be emotionally trying. Our SMEs described a number of ways that peer supporters receive support in their work, including from staff and other peer supporters. It is important that peer supporters be able to monitor themselves, and realize when they should ask for help. It was also seen as necessary that there be some system in place for monitoring the peer supporters and providing assistance and guidance when needed. An SME working with police peer supporters put it this way:

When you're dealing with people's problems, you're kind of in a similar situation to the "sin eater,"² in that all that anguish and pain and suffering that they are going through, you take it on yourself. So there's got to be a way for you to dump that. So that's where we use each other. And that's where we use our monthly meetings, and if we knew a particular call was bad, somebody else on the peer support team would call the people that were involved on the peer support team and say, 'I understand you had a rough one last night.' And then it would go from there. And so we take care of each other.

Another interviewee described the process for monitoring peer supporters:

We do follow-up with them through our peer mentor staff. They'll check back in and say, 'How is the match going between the two of you? Do you feel like it's a good match? Are you able to connect? Are you needing any guidance with anything?' So throughout our program we really try to offer that ongoing support.

Self-monitoring by the peer supporters is also regarded as important, and knowing when some respite is needed:

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. And that's really how we built the team builder job. 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.

²"Sin eater" refers to an ancient ritual of unknown origin in which a hired person takes on the sins of the deceased by eating bread over the body. See <https://en.wikipedia.org/wiki/Sin-eater>.

Another expert who provides peer support services for diverse populations discussed the extent to which peer supporters may rely on each other for continued support and assistance:

Well, care for the caregivers, self-care, that's very important. Part of it is we practice what we preach, or try to. There's a real high potential for burnout. One of the benefits of affiliating with a group like this is to have other staff who can be listeners, who can be mentors, who can help come along side when the situation is challenging.

All of the SMEs likewise emphasized the importance of more formal mechanisms for supporting those who are providing peer support to the bereaved. These may take the form of regular meetings or debriefing sessions, online chat groups, conference calls, or individual consults with clinical staff. An interviewee working with police peer supporters commented:

We had regular meetings where(peer supporters) would come in and we would talk about issues that had come up, various calls that we had run. And then it would serve as sharing information; but also it was a way for us to kind of debrief each other as to what we had gone through, and what was tough for us.

Another important element of support to the peer supporters is described by Castellano (2012) as “resilience, affirmation and praise.” This primarily refers to the praise and reinforcement peer supporters give to bereaved clients for their progress and positive accomplishments. But it also applies to peer supporters, who themselves benefit by receiving recognition and positive feedback from their superiors and peers for their accomplishments. This feedback reinforces the sense of meaning and importance for peer supporters, while also serving to enhance resilience.

Desirable qualities in a peer supporter

Qualities needed in a good peer supporter for the bereaved fell into five key categories, which were repeated in various forms by all of the experts interviewed. There was consensus that a 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 categories also overlap, and some of the same points were made earlier by the SMEs when discussing the essential elements of a good peer support program.

Closely similar experience

This was the most frequently mentioned set of qualities, referred to in some manner by all of our SMEs.

It includes first of all having similar background or experience to the person being assisted. The peer supporter is able to draw on this shared life experience in order to form a rapid connection to the client. The peer supporter should 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 who demonstrates that adversity can be overcome:

It really is through the role modeling. Being able to say, 'I am not just telling you to do this. I have been through it myself.' You can really—You've been there. So through modeling the behavior it can be really powerful, in a way that sends a message to them. You can even say, 'In the beginning I didn't think I could make it. But I made it. I have survived. And you will too.' It's giving them the hope.

Several SMEs also mentioned that the shared experience 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 has coped with it successfully. This eases communication and also instills hope for a more positive future:

...someone who has a set of relational skills and experiences they can tap into, so that the person they are talking with gets the feeling that they really are connected to that person. Like with [...], there was just something when we were in the room together that I knew I didn't have to tell her every little detail. That she just kind of got it.

Good communicator

Good communications skills were mentioned by all the SMEs as an essential quality for peer supporters. In large part this was described as an ability to listen and focus completely on the person being supported.

The ideal person would be someone who is first and foremost a good listener; someone who has a comfort level with the subject matter, who can be in that space even when it's an uncomfortable topic, and be low stress.

SMEs also mentioned empathy, compassion, sense of humor, and being aware of body language as all being important qualities for the peer supporter:

(You want) someone who has good empathy and is compassionate, and a good listener. Somebody who can be present. You see some people with a lot of skills, but they can't be present when they are with the person. By 'present' I mean they are listening. They are engaged. They are hearing what the person is saying and reflecting it back. And really using those skills to connect with that person.

Empathy, sense of humor, the communication skills absolutely, knowledge of the importance of body language, be able to be a good listener, and someone that has a good reputation within the department.

These qualities were believed to allow the peer supporter to establish a connection with the client and help 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. As one interviewee said, peer supporters "need to be able to allow people that they are mentoring to sort of go where they need to go without feeling that it's necessary to direct that process." In the words of another:

[You don't want] someone who talks too much. That's a biggie! Just as much as listening was at the top of my list for someone who would be ideal, the opposite of that would be someone who talks too much. For lack of a better way to put it—a know-it-all, someone who sizes up too quickly and again, judges.

Authentic—trustworthy

Here, the SMEs discussed the importance of peer supporters being motivated by a sincere desire to help others who have experienced traumatic loss, as opposed to seeking some personal gain. The peer supporter should have successfully coped with her/his own loss and have the maturity and wisdom to put the needs of the survivor to the fore. When the peer supporter is authentically motivated to assist the survivor, he is more quickly seen as someone who can be trusted. One interviewee described this as "... an ability to put the other person first, but be aware of their situation and circumstances and respond appropriately." Another SME summarized this as authenticity:

I think being authentic, coming from the right place, being able to empathize and share the similar experiences. There does have to be a level of—I am not sure of the exact words—they do have to be at a level of their own healing that they can put their pain aside just enough to be a companion to that second person.

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), 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." 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 for 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. In describing this process, one SME referred to her own experience while acting as a peer supporter:

I think it is crucial for any peer-to-peer relationship, for the person who is doing the mentoring to be able to exercise appropriate and timely self-disclosure. Had I not appropriately self-disclosed in that moment, she would not have crossed to that next level of comfort with me to continue sharing to the next level, to the next level and so on. So I think there is a very fine line between over-sharing and under-sharing. I think it's got to be to a degree an intuitive process.

Interviewees also spoke about the importance of recognizing the limits of their role as a peer supporter, being 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, a realistic understanding of his/her own capabilities.

Calm, agreeable

This is the final important characteristic for peer supporters that emerged. Here, the SMEs spoke about the value of the peer supporter having a calm, pleasant manner, and a desire to help, without being judgmental. As one described it, "likeability, the desire to help people, the desire to a make difference, tenacity, 'don't give up' type people are best." Also mentioned was the importance of having a calm and pleasant speaking voice and manner: Similarly, interviewees indicated that peer supporters for the bereaved should not be excitable types, with a rapid or high pitched style of speaking.

Do they have a nice calm voice, or is the voice irritating? Unfortunately, that can be problematic. They can't be high stress. If they have a hectic, fast paced speaking voice, it doesn't tend to help ... We're dealing with a peer to peer scenario where there's a lot of grief involved. So there needs to be a calm, and an underlying peace about the person.

General discussion

The present study identified eight elements to be important for successful peer support programs for the bereaved. Programs should: (1) be easily accessible and responsive; (2) confidential; (3) provide a safe environment; (4) make a close match of peer supporter

to client; (5) make careful selection of peer supporters (6) partner with mental health professionals; (7) provide thorough training of peer supporters; and (8) assure that peer supporters are monitored and cared for. Results also identified the most important qualities in individuals selected for the peer supporter role. Peer supporters should: (1) have closely similar experiences to the bereaved; (2) be good communicators; (3) be authentic, trustworthy; (4) have good judgment—be aware of role boundaries; and (5) be calm and agreeable.

Regarding best practice elements for program success, ease of access refers to the physical location of peer support resources vis-à-vis the bereaved, as well as hours of operation. Considering the fears and stigma that often attach to seeking mental health support, access needs to be as simple and convenient as possible for survivors of loss. Programs that operate only Monday through Friday and during normal business hours are less effective. Death can strike at any time, including nights and weekends, and survivors may seek assistance at odd hours. Ideally, peer support services should be available 24 h a day, 7 days a week. The timing of response is also important. Support services should be offered to survivors as soon as possible after the loss, while recognizing that survivors will vary in their need for and readiness to accept support (Diamond & Roose, 2016). Interviewees emphasized that making contact with the survivors quickly and offering support from peers is extremely helpful in reducing the sense of isolation that usually follows sudden loss. The value of rapid contact with survivors is also supported in other studies of bereaved (Diamond & Roose, 2016; Rudd & D'Andrea, 2013). Studies of internet-based peer support services for survivors show that a major advantage is their easy and around-the-clock accessibility (Feigelman, Gorman, Beal, & Jordan, 2008; Feigelman, Jordan, McIntosh & Feigelman, 2012).

Confidentiality was also identified as an important program element in peer support for the bereaved. For a survivor, the assurance that her/his personal information will remain private is essential to the formation of a trust bond with the peer supporter. Those seeking support often are fearful that engaging professional mental health services will result in disclosure of sensitive information they would prefer to keep private. Even the act of seeking support can be difficult for many, especially within organizations such as the police or military where the culture emphasizes strength and toughness, and asking for help may be seen as a sign of weakness (Roland, 2011). Our SMEs indicated it is critical to the success of peer support programs that confidentiality be maintained, and that cases not be discussed outside of the limited group of individuals

involved in providing support. At the same time, it is recognized that there may be situations where actions are required that involve disclosure of personal information—for example, when a client is at high risk for self-harm, and a professional referral is appropriate. In this regard, peer support programs should have clear policies guiding when and how to handle such disclosures (DCoE, 2011; Roland, 2011). As discussed by our SMEs, this is another reason why it is important for peer supporters to have ready access to trusted mental health professionals who can provide guidance in difficult or ambiguous situations.

Confidentiality contributes to another important aspect of effective peer support programs, which is the creation of a safe environment. This is one in which the survivor feels welcome and respected, and is not being judged or evaluated. Effective peer supporters establish such an environment most notably by their willingness to listen closely to the survivor, and not impose any judgment or viewpoints of their own. The ability to listen without judging was also frequently mentioned by our SMEs as an essential quality for good peer supporters and has been noted as a peer support best practice in other studies (Feigelman et al., 2012, p. 202). Providing a safe environment is thus largely about allowing the survivor to feel protected against any harsh judgments or criticisms. This also helps establish and maintain trust, which our SMEs recognized as a major advantage and essential ingredient for peer support.

Another best practice or essential element of successful peer support programs identified by our experts involves making the closest possible match between the peer supporter and the survivor being supported. First and foremost, this means the peer supporter has experienced a similar loss to the client being supported. There should be similarity as well in terms of occupation, relationship to the deceased, age, and gender. These factors generally reflect shared experiential knowledge, or knowledge that is based upon real life experience. This entails what Castellano (2012) describes as the first task of effective peer support—establishing a connection with the client. Peer supporters who have similar experiences to those being supported, whether they be soldiers, police, firefighters, or surviving family members, have greater credibility as experts in dealing with the problems and challenges faced by the client (Grauwiler et al., 2008; Salzer & Associates, 2002). Having similar experiences and backgrounds is known to influence social cohesion in groups, through a process of social identification (Hogg, 1992). The same social identification process occurs on a smaller scale when the peer supporter is closely similar

to the survivor, enabling the survivor to more easily see the peer supporter as “like me” (Rutherford & MacCauley, 2013). Related to this, Breen et al. (2017) found that for bereaved adults, “connecting with similar others” was a meaning-making strategy that distinguished high and low symptomatology groups. A close similarity between peer supporters and clients also means that peers are more likely to win trust quickly due to their common experience base. While it is not always possible to provide a peer supporter who matches the survivor in every way, the consensus view of our SMEs was that the closer the match, the better for the peer support relationship.

Different programs have varying approaches for selecting peer supporters, but careful selection of peer supporters is critical to the success of any program. A variety of qualities were identified as desirable in peer supporters. Most important, the person serving as a peer supporter for survivors of unexpected death should have experienced a similar loss and have coped successfully with their own bereavement. This was seen as facilitating the forming of a close connection with the bereaved, and allowing the peer supporter to become an inspirational role model for constructive coping. The peer supporter must also be able to listen empathically to the experiences and grief expressions of the survivor, without being overcome emotionally or losing focus on the needs of the survivor. Excellent communication skills and listening ability, authenticity, good judgment and recognition of boundaries, and a pleasant demeanor are additional factors identified by our SMEs as desirable in peer supporters. As noted by Roland (2011), providing peer support to survivors of sudden loss can be especially demanding work and requires people who can tolerate a high level of psychological and emotional discomfort. Recognizing it is not for everyone, selecting good peer supporters is a critical step in establishing a successful peer support program. Again while procedures vary across programs, all of the approaches described by our SMEs include some trial or practice activities during which new peer supporters are closely monitored to verify that they are well-suited for this role.

There was a broad consensus among the experts that peer supporters function best when they have trusted mental health professionals nearby and accessible for consultation, training, and supervision. Mental health professionals provide an essential knowledge base that peer supporters can consult when dealing with difficult or ambiguous situations. In the ideal case, mental health personnel are on-site and immediately available to peer supporters who may encounter a problem situation and can provide quick advice. Often, these mental health

professionals themselves have shared experience that may include their own loss experience and deep familiarity with the population and culture they are serving. As discussed below, one of the critical roles they fill involves providing support for the peer supporters. For example, mental health professionals can provide peer supporters with opportunities to discuss especially difficult cases and vent their own feelings and reactions. Several studies similarly point to the importance of peer supporters working together with professional mental health personnel to deliver highly effective peer support services (Aho, Åstedt-Kurki, & Kaunonen, 2014; Barlow et al., 2010).

While selection of peer supporters is important, our experts also agreed that training is an essential aspect of any successful peer support program. The specific training will vary with the program, but common focus areas that were mentioned include communication skills, in particular, knowing how to listen attentively; understanding boundaries, or what is the appropriate role of the peer supporter, and knowing when to seek professional assistance or make a referral; cultural competency, having a deep understanding of the culture and context of those being supported; knowledge of the grief process, and recognizing that there is no fixed timetable for how this unfolds in individuals; and self-care, which includes recognizing and admitting when one may need to step back and take a break from the hard work of peer support. Several studies have also identified the need for thorough training of peer supporters (Barlow et al., 2010; Baugher et al., 2012). Other scholars have also commented on the importance of training for peer supporters (Castellano, 2012; Chinman, Shoai, & Cohen, 2010; Feigelman et al., 2012; Roland, 2011). Our SMEs further indicated that training should be ongoing, with periodic refresher training in various skills. This is a point that is also identified in studies by Aho et al. (2014) and Roland (2011).

The final element recognizes that providing peer support for the bereaved is an emotionally difficult job, and peer supporters themselves may need support and care as well as continuing training. SMEs described several mechanisms for doing this. Many programs sponsor weekly or monthly meetings at which peer supporters can discuss their experiences and share advice. Some of this is simply “blowing off steam.” Peer supporters also meet informally and support each other in various ways. Supervisory staff keep in close touch with peer supporters, soliciting feedback on how their activities are going and offering assistance if needed. Electronic communications are also used for this purpose, including email and group chat programs.

Despite its acknowledged importance, monitoring the well-being of peer supporters is one area that is sometimes neglected, according to some of our SMEs. The central point made by our experts is that providing peer support to bereaved survivors is difficult work, and it is important that programs include systems for monitoring and supporting the peer supporters. The importance of supporting the peer supporters is also recognized in the literature on peer support for survivors (Roland, 2011). In this regard, Castellano (2012) emphasizes the value of providing positive recognition and praise to peer supporters as a powerful way to counter job stress and foster resilient responding.

Limitations and future directions

Some limitations to this research should be noted. The sample of experts interviewed for this study is somewhat small ($N = 10$), and thus may not represent the entire field of experts providing peer support services to bereaved survivors. Nevertheless, this sample does include a cross section of experts with experience in multiple domains, including law enforcement, military, and the private sector, providing greater confidence in our results. Future work should seek to include a larger number of experts to assess the broad relevance of best practices identified here. Also, while the present research has identified several best practices or key ingredients in peer support programs for the bereaved, these should be regarded as tentative until verified by additional studies. Another issue not addressed in the present research concerns the relative importance of the factors identified. Various elements of effective peer support programs may be more or less important in different programs, depending on program structure, staffing, and the population(s) being served. This could be a valuable focus for further research.

Peer support programs are growing in popularity and are increasingly being applied to assist bereaved individuals affected by death. But little is known regarding what features are needed for these programs to be most effective. This exploratory study has identified what, according to experts in the field, are the essential elements and practices of effective peer support programs for the bereaved. Additional research is needed to examine these elements in greater detail, including the use of quantitative methods to ascertain their significance and relative value in peer support programs.

A potential barrier to research with bereaved individuals concerns the need for confidentiality. There are however many steps that can be taken to guarantee the privacy of individuals participating in research as well as confidentiality of information at the program

level. Researchers working in this area need to first establish trust with programs and research participants that the privacy of all information will be safeguarded. Another potential obstacle is a concern among many researchers and program managers that participation in a research study could lead to a reawakening or worsening of painful emotions and memories for bereaved individuals, and perhaps also for peer supporters. This is a legitimate point. However, as Feigelman et al. (2012) have pointed out, the traumatically bereaved are usually quite willing to participate in research about their experiences, if it is handled sensitively. They suggest that research can be done with the bereaved as long as they are approached with respect, sensitivity and compassion. For example, participants should be fully informed they can skip any research questions they find disturbing (Feigelman et al, 2012, p. 296).

The timing of research efforts is also a sensitive matter. When bereaved survivors first present seeking support services, this is not a good time to request they complete survey instruments or other forms. For one thing, this runs the risk of damaging the trust that is essential for success, and even possibly driving clients away by adding to their fears about evaluation and loss of confidentiality. However, once a trust relationship is established, it should be possible to collect data for research purposes. Continued research in this area is important to clarify what works and what doesn't in peer support programs for the bereaved, and so be able to improve the effectiveness of these programs.

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