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Implementation of Peer Mentoring in Grief Recovery Group

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Abstract

Keystone Hospice offers a grief recovery group to survivors of their patients. Meetings are held once a week for six weeks and are one hour in length. To provide additional support to those who are recovering from grief, the use of peer mentors was introduced into the group.

Keywords: Grief Support, Peer Mentoring, Grief Recovery

Grief Peer Mentoring

My husband passed away September 15, 2021 from Lou Gehrig's Disease, also known as ALS. For the last several months of his life, he received home hospice care provided by Keystone Hospice, located in Eagle, ID. Keystone offers a six-week grief recovery group for surviving family members. This project was inspired by my participation in their grief group and my desire to give purpose to my husband's death. While the meetings provided excellent information on dealing with grief, I felt that I needed additional support from someone who had personal experience with the loss of their spouse. I observed others who appeared to need additional personalized support. Our meetings were limited to one hour, once a week and did not allow time for participants to discuss some of the issues associated with their specific losses. Adequate grief support is critical to a healthy outcome and therefore it is important to look for solutions to meet this need. Most people suffering from grief do not feel that they have adequate support. In 1994, Major Bonnie Carroll, USAF R (Ret), created TAPS - the Tragedy Assistance Program for Survivors when she recognized the need for ongoing grief support for families of military personnel who died suddenly in the line of duty. TAPS uses volunteer peer support professionals who have experienced the sudden death of a military family member.

Based on my familiarity with the use of sponsors in successful 12-step programs such as Al-Anon, I worked with Keystone staff to introduce peer mentoring to the grief recovery group. The primary stakeholder group was the clients who had lost a loved one and needed immediate and personalized grief support. The Keystone staff who facilitate the grief recovery group were stakeholders who would benefit from having an additional support resource to offer to their clients.

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I selected the Service-Learning approach for this project. Wanting to find a way to give back to Keystone in appreciation for providing hospice services to my family, this project created a way for me to accomplish that. This made the project particularly meaningful to me.

Peer mentoring had not previously been implemented in Keystone's grief recovery group. For this project, participants in the grief group were encouraged to connect with someone within the group who had experienced a similar loss, i.e., loss of parent, child, or spouse. This was a new and exciting proposal that addressed the problem of a sense of isolation that participants may experience. As Simon Sinek says in an interview "True innovation solves a real human problem whether people understand it is there or not." (LeadersIn 2016).

EI is expressed in sensitivity to others. (School of Life, 2017) Processing grief is a highly emotional and individualized matter. Each person responds to and processes grief differently based on culture, religious beliefs, and experience. Death is an uncomfortable topic for most people. In the United States, our culture does not encourage talk about death and therefore most people are unprepared to do so when a loved one dies. It is important to consider the emotional intelligence of the audience from the perspective of the person experiencing the loss as well as the person providing support. The chaplains and social workers displayed emotional intelligence with the way they responded to grieving individuals. Specifically, Keystone Chaplains showed compassion and sensitivity to our feelings by encouraging us to share our emotions regarding our grief.

The TEDxMileHigh video featuring Tasha Eurich gave me a new perspective on self-awareness and influenced my approach to the project. Specifically, asking "what" instead of "why" resonated with me. Asking "what" represents a forward-thinking concept. This can be

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critical in dealing with grief. When processing grief, if we only ask “why” we may never have a satisfactory answer, and this can hinder the recovery process.

I began by brainstorming ideas for my capstone project. After completing the mind mapping activity, I selected *introducing peer mentoring to grief group members* as my project. Next, I wrote the and/or statement to support the micro idea.

People attending Keystone’s six-week grief recovery program may need additional personalized grief support during and after the six-week program or they may feel isolated and lacking support as they navigate through their grief journey.

After creating the and/or statement, I gathered research to support my proposal. The research consisted of analysis of peer-reviewed articles and online content on grief, interviews with Keystone staff, and an interview with someone with intimate knowledge of Alcoholics Anonymous and the use of sponsors in that program.

The Design Thinking steps that were a part of my creative process were empathize, define the problem, and ideate. Starting with empathy for people who are struggling to overcome grief. I was able to define the problem by generating the and/or statement. Involving other stakeholders in the process and collecting their input helped me to ideate my solution. I presented the project proposal to the chaplains, social workers, and management first. They agreed that this project had validity.

Implementing peer mentoring in this grief recovery group is innovative because it adds a layer of support for the group attendees that was not previously offered. Without peer mentors, the group attendees rely on the emotional support of social workers and chaplains through Keystone. This approach relieves the pressure on the social workers and chaplains who manage

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an ever-increasing caseload of clients. Additionally, instead of creating a new idea to apply to the problem, my proposal utilized something that has a proven success record, peer support.

The benefit of the project has been that Keystone staff have received support to implement personal grief support for their patients' survivors. The benefit to the survivors is the additional layer of support. I received the benefit of giving back to the hospice community that supported me and my husband during his illness and eventual death.

Project implementation was successful. The long-term impact of the project on the staff and grief group attendees cannot be fully measured yet as this will be an on-going process. All three of the chaplains have shown enthusiasm and support for the project and the and for its positive impact. Leading the implementation of the project helped me to give purpose to the loss of my husband. There were only a couple of negative impacts. One was the added attention and energy required of Keystone staff to implement the project. This came in the form of additional meetings to plan and discuss the implementation, promoting peer mentoring, and time spent evaluating the results. An additional second negative impact was on me. Leading this project brought me back in touch with my own loss and the residual grief that I am still experiencing.

The grief recovery group included seven attendees, two chaplains and a social worker. Attendance at the meetings fluctuated and rarely were there more than four survivors in attendance. Those who attended the group were middle-aged women, except for one woman who appeared to be in her thirties. In week two of the six-week session, we encouraged attendees to sign up if they would like to be a peer mentor. Of the seven of us present that day, two of us signed up. As of this report, neither one of us has been contacted by other attendees. Grief is a fluid process, not linear. Grieving individuals experience stages of grief including denial, anger, bargaining, depression and acceptance. These stages do not necessarily occur in any order and

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individuals may experience more than one stage at a time. (Kubler-Ross, 1970) Group members may not be immediately ready to trust another individual with very private and sensitive emotions. They may not even understand what support they need. It is possible that grieving individuals may wait to adopt a mentor, or to become one.

The project confirmed my understanding that grief is a private emotion and people handle it in a multitude of ways. When I first began to lead the project, I hoped that most of the group participants would reach out to a peer. Although this did not happen, the willingness of another participant to be a mentor is a gratifying result for such a small group. The impacts the project has had so far have been positive and are expected to multiply as additional groups assemble. The implementation of introducing peer mentoring to grief group members was successful. Based on responses to a survey and verbal feedback, Keystone staff is enthusiastic about this new aspect of grief support and has decided to continue the use of peer mentoring within the group. I will continue to volunteer with Keystone grief groups in future sessions. Adjustments that I will make include implementing additional communication with the chaplains and social workers, and more clearly describing the project goals and desired outcomes with the stakeholder groups.

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Appendix

[Aggregation of Survey Results](#)

[Individual Stakeholder Survey Forms](#)

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