Growth and Hope after Loss: How TAPS facilitates Posttraumatic Growth in those grieving military deaths

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Executive Summary and Recommendations

The present study surveyed 691 TAPS participants and peer mentors (N=95) regarding several health and well-being variables as well as about their experiences in TAPS.

The Major Findings:

1. Resilience and active involvement in TAPS consistently predict a variety of posttraumatic growth (PTG) types. In other words, higher resilience and greater involvement in TAPS results in more growth. Several other predictors were valid for some individual PTG types, but only resilience and active involvement in TAPS were consistent across types of PTG.

2. Peer mentors scored better than non-peer participants across all mental health indicators, including suicidality, PTSD, PTG, depression, and anxiety. This was true whether they were suicide bereaved or bereaved for other reasons. Furthermore, mental health scores for suicide bereaved peer mentors were better than those of non-suicide bereaved non-peer mentors.

Recommendations:

1. Involvement in TAPS and mentoring others are unquestionably associated with growth and positive mental health. We recommend TAPS continue to encourage and support members to not only seek and receive TAPS services, but to explore ways of helping themselves.
Background and Introduction

Over 6,800 members of the United States Armed Forces have died in Iraq and Afghanistan from combat and other military-related sudden and traumatic causes since 9/11. In that same time, more than 3,000 service members died by suicide. In 2012 and 2013, suicide became the leading cause of death for U.S. troops. The Tragedy Assistance Program for Survivors (TAPS) was formed in 1994 to provide ongoing emotional help, hope, and healing to all who are grieving the death of a loved one from all causes of death in military service. Over 85,000 bereaved adults and children have been helped by TAPS since its inception. This includes 12,000 suicide bereaved military family members with over 1,500 suicide survivors alone served by TAPS services in 2015. The rest of those served included bereaved from other sudden and traumatic causes (SAT) causes of death, including combat and training accidents.

Every year, 10,000 adults and 3,640 children participate in programs, retreats, and regional seminars geared toward individuals who have lost a military loved one. TAPS conducts twice monthly regional events, as well as retreats tailored to grieving parents, children, and spouses of these fallen war heroes. TAPS Regional Seminars feature activities, workshops, small group discussions, memorial celebrations, and special events. The signature National Military Survivor Seminar and Good Grief Camp held over Memorial Day Weekend has been conducted for 23 years to provide a weekend of understanding, hope, and courage within the context of the nation’s Capital and the beautiful monuments that highlight their loved one’s service.

Since 2011, as suicide rates in the US Armed Forces have dramatically increased, TAPS has created specific programming for those grieving the suicide loss of a military member. Suicide bereaved individuals represent a significant portion of those who are served with about 1,000 suicide bereaved individuals attending the suicide specific event annually and represent about 40 percent of all TAPS programs. The National Military Suicide Survivor Seminar and Good Grief Camp for Young Survivors were specifically designed to meet the unique needs of the suicide bereaved. There is growing evidence among researchers that suicide bereavement is a unique kind of trauma and grief journey unlike other causes of death (Cerel, Maple, Jordan, Marshall, 2014). For every individual who dies by suicide there are about 135 individuals who are exposed to that death and about thirty percent of those individuals may have significant impact from that death, causing poor health outcomes such as higher levels of depression, anxiety, suicidal ideation, and suicide attempt, and may themselves need help (Cerel and colleagues, 2018). TAPS has served over 12,000 suicide bereaved family members since the beginning of this special programming putting into action the idea introduced by the founder of Suicidology, Dr. Edwin Shneidman, that “postvention is prevention.”

The heart of TAPS’ service is the peer mentor network. TAPS provides long-term, peer-based emotional support, crisis response and intervention, casualty casework assistance, and grief and trauma resources and information. There are over 30 individual contacts made with bereaved participants by peer mentor specialists each year, including but not limited to telephone conversations, remembering birthdays with cards, and providing information and magazines. Every day, there are 17 new bereaved participants who join TAPS and then rolled into the support of the network of peer mentor specialists. These peer mentor specialists were once TAPS
participants, but have at least two years from their bereavement experience and have received specialized training.

TAPS services appear to provide a sense of connection and belongingness for military families, meaning in their loss, and a new sense of purpose, including what is now called Posttraumatic Growth (PTG). This concept of growth after trauma is an historic idea that has existed for thousands of years, is reported on in the Bible, in Greek and Roman literature, and even in Victor Frankl’s account of surviving a concentration camp during the Holocaust. It was not characterized in the modern, scientific era until the phrase “Posttraumatic Growth” was coined and an assessment tool for measuring posttraumatic growth was developed in 2006. Posttraumatic Growth is a positive psychological change that occurs as the result of one’s struggle with a traumatic event (Calhoun & Tedeschi, 2006). What seems related to the likelihood of PTG is one’s mental engagement with a traumatic event in its aftermath or one’s ability to reflectively engage or “ruminate” over elements of the event in order to repair and restructure one’s understanding of the world. Lowering of anxiety, feeling connected and cared for may assist in one’s ability to effectively ruminate on this event. This kind of rumination in the aftermath of a crisis leads to recognition that changes experienced are deeply profound and building of a kind of wisdom. Five domains of PTG have been identified including how the individual relates to others, experiences new possibilities (e.g. new relationships, new venues), and shows increased personal strength, spirituality, and a deeper appreciation of life (Tedeschi & Calhoun, 2004).

Posttraumatic growth has been investigated in a number of trauma survivors, including the World Trade Center, Vietnam prisoner of war, accident victims, cancer and HIV survivors. We recently evaluated the development of PTG in the aftermath of sudden and traumatic (SAT) death exposure in a military sample as well as exposure to suicide in a military sample (Moore, van de Venne, and Cerel, 2015). PTG scores for veterans and family members of service members with suicide exposure and veterans with SAT exposure indicated high moderate levels of growth. Additionally, elements of having greater personal strength and increased interpersonal growth show positive associations with PTSD, depression, anxiety and prolonged grief. Among civilian populations, the limited research on suicide bereavement has focused on the psychopathology of this loss, however there is also evidence that growth after suicide bereavement is possible. In one recent study, Moore and colleagues (2015) found that suicide bereaved parents demonstrated moderate levels of posttraumatic growth despite their profound experiences of grief and loss.

Knowing that growth after traumatic loss is possible provides hope to the individual who has experienced the loss, but also gives them tools for rebuilding their lives by giving them a real understanding of how they have been changed as a result of this trauma. Facilitating posttraumatic growth is becoming an important therapeutic approach that both professionals and organizations serving those who have experienced traumatic loss may employ (Tedeschi and Calhoun, 2013). As TAPS appears to foster this kind of growth in bereaved military families, it provides a perfect venue to learn how some families who have been through the worst are able to come out of this traumatic life experience in a way that their lives are forever changed, but more resilient and robust than they might have otherwise been.
Method

Six hundred ninety one participants receiving services from the Tragedy Assistance Program for Survivors (TAPS) were recruited through the TAPS organization. Participants completed an online survey measuring Posttraumatic Growth (PTG), suicidal thoughts and behaviors, resilience, depression, anxiety, closeness to the decedent, impact of the death, their involvement in helping others through TAPS’ peer mentoring program, as well as demographics.

Characteristics of Sample Participants

Because some questions were not answered and some quit the survey early and quit at varying points in the survey, statistical frequencies reported herein will vary.

**Age:** The average age of the survey respondent was 52 years 9 months (SD = 11.8). The range was from 20 to 86 years.

**Sex.** Four hundred eighty-one (85%) were female, 83 (15%) were male, one was non-binary, and 126 did not answer the gender question.

**Race.** Four hundred sixty-seven (66.1%) identified as Caucasian/white. Thirty-six (5.2%) identified as African American, 29 (4.2%) as Hispanic, 15 (2.2%) as Native American, five as Asian, and four as multi-race.

**Peer Mentors.** Ninety-five (21%) identified as peer mentors and 365 (79%) indicated they were not. Most peer mentors had served as a peer mentor for about three years, with the average being 3.4 years and the range being from brand new to 20 years. About one fourth of these reported not having mentored anyone, though these were mostly newly trained peer mentors. Of those who had mentored, most (87%) had mentored between one and seven. One respondent reported having mentored “about 70” over two decades and another reported having mentored “about 25.”

**Recipient of Peer Mentor Services.** Two hundred forty-two (43%) indicated they had received peer mentor services, while 315 (57%) indicated they had not. One hundred sixty-one (39%) indicated they had received help from “unofficial mentors” while 256 (61%) said they had not.

**Seeking Help.** Three hundred (55%) of 542 who answered the question “were you seeking help when TAPS contacted you” answered “yes.”

**Years Since Loved One’s Death.** On average, seven years had transpired since the death of the respondent’s loved one. The range was from 49 years to less than one year, although 95 percent of the deaths had occurred within the previous 15 years.

**Closeness to the Decedent.** Eighty-seven percent indicated they were “very close” to the decedent and 94 percent indicated they were either “close” or “very close” to the decedent.
**Effect of the Death.** Eighty-one percent indicated that the death “had a significant or devastating effect on me that I still feel.” A further 15.6 percent indicated that the death “disrupted my life in a significant or devastating way, but I no longer feel that way.”

**Cause of the Death.** One hundred eighty-two (41%) indicated that the loved one died by suicide, 94 (21%) in combat, 81 (18%) of “other” causes, 66 (15%) in an accident, and 17 (4%) of natural causes.

**Active in TAPS.** Two hundred fifty-four (46.2%) indicated they were minimally involved in TAPS, 138 (25.1%) were moderately involved. 128 (23.3%) were “not at all” involved, and 30 (4.3%) were highly involved. Related to this, 389 of 431 (90%) said they did not provide “other services” to TAPS.

**Closeness of TAPS Relationships.** One question asked respondents “How many TAPS individuals, including peer mentors, mentees, etc., have you become close to?” The question was open-ended, making estimation of an exact average difficult, but based on the pattern of responses it appears the average number is about five.

**Satisfaction with TAPS Services.** Seventy percent (380 of 544) of respondents indicated they were “highly satisfied” with TAPS services, 18 percent (99) indicated they were “satisfied”, eight percent (43) were “somewhat satisfied”, and four percent (22) were not satisfied.

Related to this, 64 percent (335 of 521) answered that there were things they could do now that they were not able to do before becoming involved with TAPS. Another question related to this was “Is there anything you were not able to receive help with?” Sixty-seven percent (273 of 408) said “no” and the “yes” answers varied considerably, including things not under TAPS control. These answers are presented later in this document. Forty percent (158 of 392 responding) found TAPS Magazine “extremely helpful”, 32.7 percent found the magazine very helpful, 22 percent found it somewhat helpful; 5 percent didn’t find it helpful.
Key Terms and Variables Used in Statistical Analyses.

**Posttraumatic Growth.** Posttraumatic Growth (PTG) is “positive change experienced as a result of the struggle with a major life crisis or a traumatic event.” We used the 21-item PTG measure developed by Tedeschi and Calhoun (1996) to measure posttraumatic growth. This survey measures five types of posttraumatic growth, listed below:

1. Appreciation for Life
2. Relating to Others
3. New Possibilities
4. Personal Strength
5. Spiritual Growth

The PTG survey produces a score for each of the five types of growth in addition to an overall growth score.

**Resilience.** Resilience is the capacity to live with purpose, perseverance, equanimity, authenticity, and self-reliance. A strong capacity for resilience leads to lives that are rich, rewarding, and significant. As your resilience grows, you will be better prepared to positively manage change, challenge, and adversity.

Resilient individuals regain their balance and keep going, despite misfortune. They find meaning amidst confusion and tumult. Resilient persons are self-confident and understand their own strengths and abilities. They do not feel a pressure to conform but take pleasure in being unique and will “go it alone” if necessary. Resilient individuals have confidence in their ability to persevere because they have done so before and anticipate rather than fear change and challenges.

Being resilient does not mean that an individual will “bounce back” and return to the same position after experiencing difficulties, but it does mean that equilibrium will be re-established. Resilient persons experience the same difficulties and stressors as everyone else; they are not immune or hardened to stress, but they have learned how to deal with life’s inevitable difficulties and this ability sets them apart.

In the present study resilience was measured by the RS-14 (Wagnild, 2012).

**Posttraumatic Stress Disorder (PTSD).** PTSD is a mental health condition that’s triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. We measured PTSD via the PCL-C (Weathers et al, 1993).
**Depression.** Depression is the persistent feeling of sadness and loss of interest. It affects how one feels, thinks and behaves and can lead to a variety of emotional and physical problems. We measured depression via the Patient Health Questionnaire (PHQ-9), a multipurpose instrument for “screening, diagnosing, monitoring, and measuring the severity of depression” (Kroenke et al, 2001).

**Anxiety.** We used the Spritzer (et al 2006) measure of Generalized Anxiety (GAD-7). It measures symptoms such as being on the edge, unable to stop worrying, trouble relaxing, restlessness, ease of irritation, and fear that something awful might happen.
Benefits of Being Active in TAPS: Growth After Trauma

To answer the question of whether TAPS recipients grow, we developed mathematical prediction models (multiple regression) and included only statistically significant (p<.05) predictors.

We also computed these analyses for three groups of survey participants: 1) those whose loved ones died by suicide, 2) those whose loved ones died by other (non-suicide) causes, and 3) for the entire sample, regardless of the cause of death.

Consistently, the best predictors of growth were 1) resilience and 2) level of involvement in TAPS: higher resilience and higher TAPS involvement results in more growth.

**Predicting Overall Posttraumatic Growth.**

For the entire sample and for the group whose loved ones died by other (non-suicide) causes, the two statistically significant predictors of overall posttraumatic growth were 1) resilience and 2) level of involvement in TAPS. For the group whose loved ones died by suicide, three things predicted growth: 1) resilience, 2) level of involvement in TAPS, and 3) posttraumatic stress disorder (PTSD). For all predictors the prediction was positive: higher levels of resilience, higher involvement in TAPS, and higher PTSD resulted in higher growth.
**Predicting Specific Posttraumatic Growth.**

Next we developed similar prediction models for each of the five specific types of growth. We also did this for each of the three groups: the overall sample, those whose loved ones died by suicide, and those whose loved ones died of non-suicide causes.

**Growth: Relating to Others.** For relating to others growth the pattern of results is presented below. Again, resilience and level of involvement in TAPS are the principal predictors and again the direction is positive: higher resilience and higher levels of involvement in TAPS.

*Overall Sample and Those Whose Loved Ones Died by Suicide*

*Those Whose Loved Ones Died by Non-Suicide Causes*

**Growth: New Possibilities.** For relating to others growth the pattern of results is presented below. Again, resilience and level of involvement in TAPS are the principal predictors. For those whose loved ones died by suicide, PTSD and number of years since the death are also predictors of growth. All prediction directions were positive: higher resilience, higher involvement in TAPS, higher PTSD, and more years since the death result in more growth.

*Those Whose Loved Ones Died by Suicide*

*Overall Sample and Those Whose Loved Ones Died by Non-Suicide Causes*
**Growth: Personal Strength.** For personal strength growth the pattern of results is presented below. Once again, resilience and level of involvement in TAPS are the principal predictors. For both the overall sample and for those whose loved ones died by suicide, PTSD, the number of years since the death, and the degree of closeness to the decedent are also predictors of growth. All prediction directions were positive: higher resilience, higher involvement in TAPS, higher PTSD, more years since the death, and higher closeness to the decedent result in more growth.

For those whose loved ones died of non-suicide causes, resilience and level of involvement in TAPS were the statistically significant predictors. In both cases the prediction direction was positive: higher resilience and involvement result in higher growth.

**Growth: Appreciation of Life.** For appreciating life growth the pattern of results is presented in the next three figures, at right and below. For those whose loved ones died by suicide, resilience, level of involvement in TAPS, their own suicidality, posttraumatic stress disorder (PTSD), depression (PHQ), and years since the death are the statistically significant predictors. The following prediction directions were positive: higher resilience, higher involvement in TAPS, higher PTSD, and more years since the death resulted in more growth. Two of the predictors did so in a negative
direction: higher suicidality and higher depression resulted in LESS growth.

For those whose loved ones died by non-suicide causes the only predictor of appreciating life growth was resilience: greater resilience resulted in more growth. For the overall sample, resilience and involvement in TAPS predicted appreciating life growth: higher resilience and more TAPS involvement resulted in more growth.

**Those Whose Loved Ones Died by Non-Suicide Causes**

**Overall Sample**

**Growth: Spiritual.** For spiritual growth only resilience predicted posttraumatic growth and did so for those whose loved ones died of non-suicide causes as well as for the overall sample: higher resilience resulted in higher growth. For those whose loved ones died by suicide none of the predictors in the survey predicted spiritual growth.
Benefits of Being a Peer Mentor.

To determine whether being a peer mentor results in benefits for the mentors themselves, we compared peer mentors with non-peer mentors on a number of psychological and health measures. Furthermore, to facilitate understanding of these benefits we further analyzed those whose loved ones died by suicide and those whose loved ones died by non-suicide reasons. This resulted in four groups for the present analyses, listed below. The mathematical model used was ANOVA and only statistically significant (p<.05). Findings are discussed.

1. Peer Mentors Whose Loved Ones Died by Suicide
2. Peer Mentors Whose Loved Ones Died of Non-Suicide Reasons
3. Non-Peer Mentors Whose Loved Ones Died by Suicide
4. Non-Peer Mentors Whose Loved Ones Died of Non-Suicide Reason

Suicidality.

The first analysis we conducted examined the suicidality of the participants. The results are presented below.

*Scores reflect the sum scores on the SBQ4. Higher scores equal higher suicidality.

There are two possible sources of statistical significance in this analysis: 1) cause of death and 2) peer mentor vs. non-peer mentor. Only the peer mentor vs. non-peer mentor comparison was significant. Those who are peer mentors are less suicidal than those who are not.

To further depict the relationship between being a peer mentor and suicidality, we present the results in table form by score on the following page.
## Suicidality Scores (SBQ4)

<table>
<thead>
<tr>
<th>SBQ 4 Suicidality Score</th>
<th>Peer Mentors</th>
<th>Non-Peer Mentors</th>
<th>All Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 (.2%)</td>
<td>1 (.2%)</td>
<td>1 (.2%)</td>
</tr>
<tr>
<td>2</td>
<td>1 (.3%)</td>
<td>1 (.2%)</td>
<td>1 (.2%)</td>
</tr>
<tr>
<td>3</td>
<td>34 (39.1%)</td>
<td>114 (35.3%)</td>
<td>184 (36.5%)</td>
</tr>
<tr>
<td>4</td>
<td>18 (20.7%)</td>
<td>43 (13.3%)</td>
<td>71 (14.1%)</td>
</tr>
<tr>
<td>5</td>
<td>14 (16.1%)</td>
<td>36 (11.1%)</td>
<td>60 (11.9%)</td>
</tr>
<tr>
<td>6</td>
<td>9 (10.3%)</td>
<td>33 (10.2%)</td>
<td>48 (9.5%)</td>
</tr>
<tr>
<td>7</td>
<td>5 (5.7%)</td>
<td>30 (9.3%)</td>
<td>39 (7.7%)</td>
</tr>
<tr>
<td>8</td>
<td>2 (2.3%)</td>
<td>15 (4.6%)</td>
<td>22 (4.4%)</td>
</tr>
<tr>
<td>9</td>
<td>9 (2.8%)</td>
<td>11 (2.2%)</td>
<td>11 (2.2%)</td>
</tr>
<tr>
<td>10</td>
<td>2 (2.3%)</td>
<td>11 (3.4%)</td>
<td>20 (4.0%)</td>
</tr>
<tr>
<td>11</td>
<td>2 (2.3%)</td>
<td>8 (2.5%)</td>
<td>12 (2.4%)</td>
</tr>
<tr>
<td>12</td>
<td>7 (2.2%)</td>
<td>9 (1.8%)</td>
<td>9 (1.8%)</td>
</tr>
<tr>
<td>13</td>
<td>9 (2.8%)</td>
<td>14 (2.8%)</td>
<td>14 (2.8%)</td>
</tr>
<tr>
<td>14</td>
<td>4 (1.2%)</td>
<td>4 (1.2%)</td>
<td>6 (1.2%)</td>
</tr>
<tr>
<td>15</td>
<td>2 (.6%)</td>
<td>5 (1.0%)</td>
<td>5 (1.0%)</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>1 (.3%)</td>
<td>1 (.2%)</td>
</tr>
<tr>
<td>Percent Above High Risk Cutoff</td>
<td>7 (8%)</td>
<td>66 (20.4%)</td>
<td>100 (19.8%)</td>
</tr>
<tr>
<td>SBQ4 Average (SD)</td>
<td>4.66 (2.14)</td>
<td>5.60 (3.05)</td>
<td>5.50 (3.05)</td>
</tr>
<tr>
<td>Total N</td>
<td>87</td>
<td>323</td>
<td>504</td>
</tr>
</tbody>
</table>

*Percentages are group specific. “All Respondents” includes peer mentors, non-peer mentors, and those who did not answer the “peer mentor” question.
Posttraumatic Stress Disorder (PTSD).

For PTSD, peer mentors were considerably lower than non-peer mentors.

Overall Posttraumatic Growth.

Peer mentors indicated significantly greater overall post traumatic growth.
**Depression.**

Peer mentors scored significantly lower on depression than did non-peer mentors.

![Depression (PHQ) chart](chart.png)

**Anxiety.**

Peer mentors scored significantly lower on anxiety, compared to non-peer mentors.

![Anxiety (GAD) chart](chart.png)
Open-Ended Questions and Responses

Methodology.

To make sense of and present the numerous and varied responses to the open-ended questions, sets of coders identified the frequently occurring categories within each question. They then tallied the responses for each category. Levels of agreement for pairs of coders were at .8 (80%) or above with some levels above .93.

These categories, frequencies, and sample responses are presented on the following pages. Furthermore, we grouped the open-ended questions into three broad categories, listed below.

A. Helping Others

1. Why did you become a peer mentor?
2. What things do you feel you have done with survivors that you feel has been particularly helpful or worked particularly well?
3. How have you used your own loss experience to help a mentee?
4. What was your most meaningful helping moment as a peer mentor?
5. What has been most challenging about being a peer mentor?

B. Help From TAPS

1. What was the most meaningful moment you’ve received help from TAPS?
2. How has your connection to TAPS impacted your life?
3. In what ways have you found the TAPS magazine helpful?
4. What other organizations have you received assistance from? (e.g., L.O.S.S.)

C. Peer Mentor Training

1. What from the peer mentor training have you found useful / helpful?
2. How did you learn about TAPS and the peer mentor program?
3. Is there anything you wish you’d covered in the peer mentor training, but that was not covered? If so, what?
4. As a TAPS peer mentor, what types of help do you most often provide?

Ninety-five (95) respondents self-identified as a peer mentor. Therefore, frequencies for those questions will be considerably smaller than for questions answered by all respondents. The sum total of responses may be slightly greater than 95 because some peer mentors gave more than one answer to the questions.
**Why Did You Decide to Become a Peer Mentor?**

<table>
<thead>
<tr>
<th>Type of Reason Categories</th>
<th>Number of Participants Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Help Others</td>
<td>65</td>
</tr>
<tr>
<td>To Give Back to TAPS</td>
<td>17</td>
</tr>
<tr>
<td>To Help Myself</td>
<td>14</td>
</tr>
<tr>
<td>Inspired by My Own Mentor</td>
<td>10</td>
</tr>
<tr>
<td>Encouraged to do so by Others</td>
<td>2</td>
</tr>
</tbody>
</table>

*The total sums to greater than 95 because some mentors gave multiple reasons.*

**Example Responses**

- **Help Others**
  - “To walk beside another mother as she walks her grief journey.”
  - “I wanted to help others learn to heal and know they weren’t alone.”

- **Give back to TAPS**
  - “I wanted to return the gift TAPS gave to me.”

- **Help Self**
  - “It seems to help my mental health.”
  - “Healing through helping others.”

- **Inspired by Own Mentor**
  - “My peer mentor is amazing and I wanted to be able to help someone else like she has helped me.”

- **Encouraged to do so by Others**
  - “I was asked to by TAPS.”
What things do you feel you have done with survivors that you feel has been particularly helpful or worked particularly well?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number of Respondents Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening and honest, open communication in a way the mentee needs.</td>
<td>59</td>
</tr>
<tr>
<td>Meeting The Mentee(s) in Person</td>
<td>13</td>
</tr>
<tr>
<td>Guiding Mentees to Needed Resources</td>
<td>3</td>
</tr>
<tr>
<td>Helping Them to Laugh Again</td>
<td>2</td>
</tr>
</tbody>
</table>

Example Responses:

Listening and honest, open communication in a way the mentee needs.

- Just listening and making myself available by text, email, following on Facebook, showing support, calling them when things just didn't feel right in something they said
- Listen to all that their lost loved one meant to them as well as what their loved one's likes and special attributes. Showing compassion and understanding.
- Listening to their stories. I believe I heal some each time I am offered the chance to tell my story so I try to be a good listener and let others do this
- Before I became a peer mentor, I've just reached out to other survivors that I've met at Taps events and I've either given them a hug when they needed it, or I've listened to their story when they wanted to share it, or I've just tried to share my experience with them to help them through whatever they been through or whatever they're going through.
- I just listen when they need. As a suicide survivor, not a lot of people actually LISTEN to you, so that is what I do.
- Connecting with them in the ways that work for them. One of my mentees prefers to write -- so most of our communication is via email, but we have also met in person at a TAPS event and had a lovely time! Encouraging my 'negative' mentee to be more positive, seek positive experiences, make connections with people to get her out of her isolation. Letting them all vent -- their grief, their anger, their loneliness, their isolation -- when others in their circle of acquaintances and family members don't understand.
- Telling my mentees that what they're feeling is normal. So many of us feel like we're weird or the only ones who feel a certain way and it can be very scary. So allowing them to discuss these feelings and telling them I've felt them too helps them acknowledge and start addressing their feelings.

Meeting the Mentee(s) in Person

- Meeting in person - art therapy, recreational therapy/activities
- Gone out together (widow's night out), talked and had fun.
- Meeting my mentee at a TAPS suicide survivors event and sharing our experiences
- The retreats and survivor seminars really help us bond and support each other.
Guiding Mentees to Needed Resources

- I ask them about their support network and encourage them to utilize their network. I also send notes, cards, and text messages to let them know that I am thinking about them, especially on difficult days.
- Helping them get in contact with other services besides taps

Helping Them to Laugh Again

- Helping them laugh again
- Often finding something to laugh about as it is sometimes hard to allow yourself to laugh.

**Question: How have you used your own loss experience to help a mentee?**

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing Experiences</td>
<td>37</td>
</tr>
<tr>
<td>To Provide Hope / Encouragement</td>
<td>18</td>
</tr>
<tr>
<td>Providing Support / Empathy</td>
<td>18</td>
</tr>
<tr>
<td>Knowing That Listening / Being Present is Helpful</td>
<td>11</td>
</tr>
<tr>
<td>Counseling / Social Work / Degrees</td>
<td>4</td>
</tr>
<tr>
<td>I Have Not</td>
<td>21</td>
</tr>
</tbody>
</table>

Example Responses

- **Sharing experiences**
  - “Many of the feelings in grief are the same although circumstances may be different. I have expressed my grief experience to my mentees to assist them with their feelings and experiences.”
  - “Being able to share my story of healing with the help from family and friends”
  - “Sharing feelings that we both have”
  - “When I connect with the mentee, they want to know about my loss and how I have handled it over the years”

- **To provide hope/encouragement**
  - “The right way to grieve is whatever works for you. And you’re gonna get through this.”
  - “Reminds me that although it never stops hurting, there is healing”
  - “I try to help mentees see options and try to find hope.”
  - “To encourage them to just keep going”

- **Providing support/empathy**
  - “By being gentle, kind and non-intrusive while being empathic”
  - “Letting them know that they are not alone and that I understand what they are feeling”
  - “Support them on their journey”
  - “Empathy for the steps they walk and it has opened my mind to new conversations”
Knowing that listening/being present is helpful

- “Personally, just being present and listening…letting them know that they aren’t alone in the grief journey.”
- “Listening and occasionally suggesting a word or phrase that captures what that survivor is trying to say. Sometimes, having a person confirm that he or she “gets” what I am trying to express happens when the language is right”
- “I have been able to compassionately listen regarding the confusion and guilt surrounding the suicide of a significant other…”
- “Lots of listening and sharing…”

Counseling/social work degrees

- “Counseling degree”
- “Masters in counseling”
- “Training and experience as social worker…”
- “I’ve been military wife 22 years. Social worker for 25”

What was your most meaningful helping moment as a peer mentor?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping / Protecting Others</td>
<td>40</td>
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<tr>
<td>Don’t have one yet</td>
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<tr>
<td>Feeling Appreciated</td>
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<tr>
<td>Connection With Other Survivors</td>
<td>13</td>
</tr>
<tr>
<td>Providing Hope / Inspiration</td>
<td>8</td>
</tr>
<tr>
<td>Witnessing Growth of Others</td>
<td>5</td>
</tr>
</tbody>
</table>

Example Responses.

Helping/protecting others

- “I prevented a few people from committing suicide”
- “Being a listening ear”
- “Helping a widow make it successfully past the one-year mark and being surrounded by family who had been a little absent.”
- “Just being able to be there for them whenever they made need it”

Feeling appreciated

- “When one of my mentees got remarried and sent me a card thanking me for helping her find happiness again”
- “The appreciation I received from the mentees made me feel like I’m making a difference”
- “I received an email in which my mentee said my reaching out meant the world to her”
• Connection with other survivors
  o “Meeting my mentees in person and connecting on a new level. Making lifelong friends”
  o “One of my mom’s only wants to talk by email and text – each holiday I share a story of my son and ask her to do the same back. Stories were so heartwarming and emotional”
  o “When we met at a seminar and were able to hug in person”
  o “Meeting a young widow who lost a husband in an aviation accident – she lived close by and we cried and shared stories and laughed”

• Providing hope/inspiration
  o “Showing that there is a light coming their way”
  o “Helping the girl know that it no matter what others told her it wasn’t her fault. Once she realized that she became a happier person”

• Witnessing growth of survivors
  o “When I hear my mentee reaching out to help others who’ve experienced a similar loss”
  o “When one of my mentees felt confident and comfortable enough to go on a first date. It was beautiful”
  o “I think it is seeing the growth of the survivors as time goes one”
  o “To witness a widow move from the dark grief days of the “what happened” to see the progress moving forward to their new normal”

What has been most challenging about being a peer mentor?

<table>
<thead>
<tr>
<th>Type of Reason Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentors’ Own Worries and Reactions</td>
<td>19</td>
</tr>
<tr>
<td>None / Nothing / Don’t Yet Have Mentee</td>
<td>19</td>
</tr>
<tr>
<td>Differences in Communication Expectations</td>
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</tr>
<tr>
<td>Difficulty relating / connecting</td>
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</tr>
<tr>
<td>Scheduling; Finding Time</td>
<td>9</td>
</tr>
<tr>
<td>Not (Yet) Having a Mentee</td>
<td>7</td>
</tr>
<tr>
<td>Distance / Phone Communication</td>
<td>6</td>
</tr>
<tr>
<td>The First (or Last) Meeting</td>
<td>3</td>
</tr>
</tbody>
</table>

Mentors’ Own Worries and Reactions

• Keeping my emotions under control as an initial crisis is being dealt with...I have to focus on the immediate situation on hand and have trained my mind not to revisit my own loss and allow those emotions to cloud my thinking or judgement.
• Sometimes supporting others creates grief triggers for me and stirs up a lot of emotions that can be overwhelming.
• Staying upbeat and wondering if I am doing the job correctly. Wondering if I am being too pushy if someone does not call back or answer - makes me think I am useless.
Differences in Communication Expectations

- I have offered to mentor 2 others. One never would contact me, the other texted back that she had changed her mind
- some of them have expected me to be available 24/7; hard for me to set limits

Difficulty Relating / Connecting

- Being paired w a person who had no similarities w me other than a loss
- I had a mentee that had a lot of other issues and I struggled with trying to provide support because I could not relate to the situations.
- A difficult mentee who is angry and mad at the world and not interested in changing that.
- one of my mentees needed professional help - could not except her son's death - it was a car accident and she blamed the government and the service and thought it was a coverup - I tried but could not help her with those feelings

Scheduling; Finding Time

- Scheduling phone calls can be difficult when you work full-time.
- Finding the time to commit to a mentee outside of TAPS seminars.

Not (Yet) Having a Mentee

- Not being asked and therefore not being able to help
- I haven't had the privilege of mentoring anyone yet.

Distance / Phone Communication

- Living at far distances from mentees
- Initially if I didn't get the response I was hoping for (a connection by phone) I felt like I wasn't doing my job. After some time I realized that not everyone is up for a phone call and it was ok to leave a message or send an email.

The First (or Last) Meeting

- The initial awkward introductions by phone. And sometimes trying to find a connection with someone despite the commonality of grief can be difficult.
- I get sad when they stop responding, but I have come to recognize that they might not be at a place where this is something they need.
What was the most meaningful moment you’ve received help from TAPS?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was in a social setting (seminar, conference, support group, etc.)</td>
<td>218</td>
</tr>
<tr>
<td>Received personalized attention</td>
<td>161</td>
</tr>
<tr>
<td>Received resources, referrals, information, or literature</td>
<td>70</td>
</tr>
<tr>
<td>Non-specific positive response.</td>
<td>43</td>
</tr>
<tr>
<td>Received some form of financial or tangible assistance</td>
<td>13</td>
</tr>
<tr>
<td>Neutral</td>
<td>12</td>
</tr>
<tr>
<td>Negative response. (i.e. Did not have meaningful moment)</td>
<td>11</td>
</tr>
<tr>
<td>Tributary event.</td>
<td>8</td>
</tr>
</tbody>
</table>

Representative Responses:

- Caring about my sense of worth and know there is a group experiencing the same problems and lost as myself.
- Many meaningful moments @ Survivors Seminar last September in St. Pete Beach in Fl. Messages @ holidays & angel-versaries are always fondly appreciated.
- I received a call from Kim Burditt soon after my son passed.
- Bonnie was in Los Angeles for a trip when I reached out to TAPS and she came and met me for coffee. I had no idea at the time that she was the founder of TAPS but it meant so much to me that she took the time out to meet with me.
- There isn't a single moment, it is several moments. Meeting Darcie Sims at my first seminar and just simply learning how to grieve and that what I felt was normal every moment at that first seminar was meaningful. I even met a young girl who was the same age when her dad died that i was when my dad died and it gave me such a great sense of peace to see ll of the support and love that she was receiving in dealing with the loss of her dad in Iraq.
- The early phone calls reassuring me that I wasn't alone or going crazy and hope I could live one more day as broken as I am
- Calling in the middle of the night from my closet so no one could hear me and being immediately connected to a mentor that understood not only what I was talking about, but could understand me through my tears.
- That first phone call. I felt as if I were drowning. It was nearly a year after his death and I had not received any assistance or support.
- Three meaningful moments: 1) received the gift package. 2) personal phone call with consolation shortly after I registered with TAPS. 3) annual emails with a remembrance of my son's death. They have all been so meaningful at the time I received them so I can't tell which is most. Right now the email I received on June 30, 2017 with a remembrance of my son's death is the most meaningful today. But the gift package was most meaningful at first. And the 1st phone call was so meaningful at the time.
- All of my moments with TAPS have been very meaningful but the most of all was meeting my mentor. We were matched after I registered for a parent's retreat and initial contact was via email about 7-14 days prior to the retreat. Coincidently, days before the retreat we discovered we were both attending the same TAPS event. Positive
serendipitous moments like this happen a lot during the majority of my moments with TAPS.

- TAPS showed me that people cared, that they are trying to help those grieving but also remind others that the non-visible scars men and women carry with them are sometimes more devastating than the scars you can see. That's its ok for "tough guys" to ask for help and talk about their feelings without feeling like they're letting their men down.

- TAPS has given me continuous nonjudgmental support that allows me to grieve and move forward on my timeline- not anyone else's. it was and still is a gift I treasure.

- When I arrived for my first survivor event, I was late, nervous, tired, sad, and frazzled. A beautiful sweet woman approached me and said we needed to talk. She took about 30 mins to hear about Todd and my grief. She was lovely and kind. So caring. I found out the next day that she was Bonnie Carrol. She was my first direct contact at a TAPS event and I will never forget how she touched my heart.

- Dr. Frank ... during the opening session defining trauma and tragedy differently than grief. Then during my track he made a HUGE impact on my grief journey. He's the best!

- The first moment I spoke with Kim Ruocco by phone was the first lifeline as I free fell in the wake of my son's death. There have been many meaningful moments of support and help particularly to learn, the seminars, retreats and to be given opportunities to serve others.

- We attended a TAPS event in San Diego, for me it was amazing to be surrounded by so many people who knew what it felt like to experience a similar situation. You didn't feel ashamed or alone with all those people around you. You felt a sense of community and like you had this big extended family with you.

- Annual suicide seminar

- When they literally saved my wife's life. At the first Suicide Seminar, I realized that we were not alone, and it was ok to talk about our grief.

- When Tabitha came to his memorial service and presented our family with three flags because casualty assistance was downright unhelpful with anything. And when my peer mentor came to visit us in Galveston out of the goodness of her heart.

- My middle of the night calls when I can't stop crying. Seeing my oldest so lean into his mentor with tears in his eyes - I knew he felt safe and loved.

- Everything, was and is the most meaningful moment. I wouldn't be who I am today if it wasn't for TAPS. Everyone here has helped raise me and my sister. TAPS is my family!!

- I think the Art Therapy has been most meaningful for me. The collage I made at Nationals in Arlington in 2016 was like a surgeon lancing a boil. It was the beginning of the infection draining. Art therapy brought my grief to the surface and exposed it in such a way that I was able to begin dealing with it and processing it.

- I felt a great sense of camaraderie with fellow TAPS survivors. An understanding of what was lost, an ability to listen and to hear. Mostly, I appreciate that I have never experienced anyone saying this is too sad, I can't listen or they think I am competing in can you top this contest. It's not a contest and I don't want to win, I just wanted to talk. None of that has ever happened on any of my TAPS experience. I value that time with my fellow survivors.

- At first I thought I didn't need TAPS anymore. I was just running to raise money for a great charity. Then I attended the Hero's dinner the night before the MCM. Even thought it had been almost 20 years since my brother was killed, it was the first time I felt
like I was with "my people." People who understood. I joined as a sibling soon after I returned home from the marathon.

- Our Care Package. We were still in a deep state of grieving and the package showed up. It was emotional as we filtered through everything in the box and thought about someone putting this together and not knowing us. But the book that was provided "Surviving Suicide" was the most impacting. I feel this kept me and my wife stronger as we read the book together and know it was so on target with where we were at. It saved our marriage in my eyes.

### How has your connection to TAPS impacted your life?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Increased My Social Support</td>
<td>184</td>
</tr>
<tr>
<td>Helped With Coping / Saved My Life</td>
<td>88</td>
</tr>
<tr>
<td>Increased Access to Information / Resources</td>
<td>38</td>
</tr>
<tr>
<td>Positive Impact (Non-Specific)</td>
<td>36</td>
</tr>
<tr>
<td>No Impact</td>
<td>31</td>
</tr>
<tr>
<td>Normalized or Validated My Experience</td>
<td>29</td>
</tr>
<tr>
<td>Helped With Personal Growth</td>
<td>14</td>
</tr>
<tr>
<td>Negative Impact</td>
<td>11</td>
</tr>
</tbody>
</table>

#### Example Responses

- **Increased social support**
  - “It’s so wonderful to be around people who get it.”
  - “I think it’s like having a life preserver thrown to you as you’re flailing about in choppy waters – and it’s connected to this huge ocean liner with people holding out their hands to pull you to safety.”

- **Improved Coping/saved life**
  - “I would not have survived without TAPS. They gave me hope, strength and courage that I would make it through the grief.”
  - “It had made me stronger, more aware of my emotions and grieving process. Help me to handle those bad days better.”

- **Increased access to information/resources**
“TAPS has and continues to be a vital source of healing support. The information on grief and death by suicide helps me understand the processes.”

- Positive Impact (Not specified)
  - “TAPS has been a blessing to me in more ways than one!”

- No impact
  - “It has not changed me.”

- Normalized/Validated experience
  - “Helped us to face our life, as difficult as it is, and know that we are not alone.”

- Personal Growth
  - “It has made me realize the path I would like to take in life.”
  - “It has given me direction and connections and reignited a fire in me I had lost.”

- Negative impact
  - “negative, for me.”
What other organizations have you received assistance from?

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;None&quot; (Other than TAPS)</td>
<td>96</td>
</tr>
<tr>
<td>S.O.S.</td>
<td>56</td>
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<tr>
<td>Gold Star</td>
<td>36</td>
</tr>
<tr>
<td>VA / VFW</td>
<td>34</td>
</tr>
<tr>
<td>Compassionate Friends</td>
<td>20</td>
</tr>
<tr>
<td>Counselor / Therapist</td>
<td>17</td>
</tr>
<tr>
<td>Church</td>
<td>16</td>
</tr>
<tr>
<td>Army/Navy/Air Force/USMC/DOD</td>
<td>14</td>
</tr>
<tr>
<td>Hospice</td>
<td>8</td>
</tr>
<tr>
<td>Snowball Express</td>
<td>8</td>
</tr>
<tr>
<td>Grief Share</td>
<td>6</td>
</tr>
<tr>
<td>Travis Manion Foundation</td>
<td>6</td>
</tr>
<tr>
<td>A Soldier’s Child</td>
<td>6</td>
</tr>
<tr>
<td>Hospital Services</td>
<td>5</td>
</tr>
<tr>
<td>Children of Fallen Patriots</td>
<td>4</td>
</tr>
<tr>
<td>AFSP</td>
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</tbody>
</table>

Mentioned by THREE Respondents: American Widow Project, Bereaved Parents of the USA, No Barriers Warriors, Military One Source


What from the peer mentor training have you found useful / helpful?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening and Communication Skills</td>
<td>22</td>
</tr>
<tr>
<td>Role Play / Scenarios / Practice</td>
<td>11</td>
</tr>
<tr>
<td>Hearing Others’ Stories</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
<tr>
<td>Do Not Remember / Have Not Mentored Yet</td>
<td>9</td>
</tr>
<tr>
<td>Everything</td>
<td>6</td>
</tr>
<tr>
<td>Written Exercises and Guidelines</td>
<td>6</td>
</tr>
<tr>
<td>Learning About Grief</td>
<td>6</td>
</tr>
<tr>
<td>Emphasis on Good Self-Care</td>
<td>4</td>
</tr>
<tr>
<td>Learning About TAPS</td>
<td>3</td>
</tr>
</tbody>
</table>

Example Responses:

Listening and Communication Skills

- Asking open ended questions and listening.
- To let them talk and I just listen. Don't tell them what to do to fix something as it may not work for them or their journey.
- Reflective listening without judgement.
- Learning how to be a good listener. Being patient with the mentee and not hurrying them up to tell their story. I learned that it is very important for the mentee to feel completely comfortable with the mentor.

Role Play / Scenarios / Practice

- The exercises in mock phone conversations with mentees taught me more about listening well to learn.
- The role playing was very important in the early go. I was anxious the first few peer mentees (still am when initially calling) and the roll playing prepared me well. I was lucky with my instruction and instructors.
- In peer mentor trading we did a role playing activity in which we practiced both sides. This activity brought to life how far we have gone in our grief journey.

Hearing Others’ Stories

- That connections are mandatory for healing. Tears shed with someone can further processing and healing. Tears shed alone seem to only amplify the wound.
- The bonds with other peer mentors and the support from the leadership.
- The people I met during training. Their stories helped me stay "grounded" and I am able to visit with some of them throughout the year at TAPS events.
• Bonding with others who have similar experiences. It continues to normalize my feelings and residual grief.

Other

• Mentoring continually validates my emotions and rouge thoughts. The more practice I receive the better I am at pinpointing someone in serious immediate trouble.
• So far, it's just been the compassionate approach that TAPS utilizes...it's not condescending nor does it abuse platitudes. It's practical, compassionate care for the grieving.
• The wonderful staff that has been there to comfort me and encourage me to grow forward in my journey.

Do Not Remember / Have Not Mentored Yet

• Honestly, the training was 4 years ago and there is not much I remember from it except what to do if they are suicidal.
• I haven't been able to put it to use yet

Everything

• I went to peer mentor training in Florida last year with Don and it was awesome.

Written Exercises and Guidelines

• The written exercises spoke to me as an individual and my own personal grief.
• I still refer to the book - mainly for ideas on subjects to bring up - the conversations are sometimes difficult

Learning About Grief

• The added ability to hear beyond the spoken words. The fact that this is a grief journey.
• The importance of being present knowing that there is no getting over your grief you can only go through it.

Emphasis on Good Self-Care

• The emphasis on good self-care. I need to be reminded of that concept. Sometimes when we want to help others, we can forget to care for ourselves
• Take a step back. When you feel weak, take time to recharge. It is a heavy load at times.

Learning About TAPS

• Learning about the various resources at TAPS
• It was good to understand the TAPS goals and philosophy when filling the roll of a TAPS mentor
Is there anything you wish you’d covered in the peer mentor training, but that was not covered? If so, what?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No”</td>
<td>42</td>
</tr>
<tr>
<td>Miscellaneous Helping.</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>Failure to Connect With a Mentee.</td>
<td>6</td>
</tr>
<tr>
<td>Refresher / Ongoing Training.</td>
<td>6</td>
</tr>
<tr>
<td>Duration and End of the Relationship.</td>
<td>5</td>
</tr>
<tr>
<td>No Mentees</td>
<td>2</td>
</tr>
</tbody>
</table>

Examples

“No”

- no - I felt very prepared - worked with Darcy - who was the BEST
- The training very thoroughly covered those subjects needed to provide support to another survivor.

Miscellaneous Helping.

- Only one thing comes to mind ... how to sit comfortably with expressions of deep pain and sorrow. How to bear one another's burdens without rushing for the tissues or trying to fix the unfixable.
- Talking about how grief can be different for everyone. Some people may want to talk, some may withdraw. Some may not be eating an need some physical help from TAPS.
- Crisis management, what if a survivor says something truly concerning?
- More risk assessment
- Strategies for handling those who are so negative and who do not have ANYONE else to talk to -- so they want to go on and on and on about whatever they can think of to prolong the conversation. I had to set a time limit -- told a particular mentee of mine that I had about an hour before I needed to be out the door to my daughter's for dinner. It was true, and I called with that in mind so I would have an "out" that was truthful. I don't want to deceive anyone or use an untrue excuse to end a conversation.
- More on support for those that don't have answers on how loved one died

Other.

- More of the housekeeping items, like paperwork and protocols.
- More self-care and knowing when it is appropriate to share and when it is more appropriate to just listen.
Failure to Connect With a Mentee.

- How to recognize when a match with a mentee isn't working and that a match that doesn't work is not a "failure" on the Mentor's and/or Mentee's part.
- Perhaps more strategies for reconnecting with mentees who withdraw after a while.
- What to do when they don't respond to you.

Refresher / Ongoing Training.

- It was very informative. Would like "refresher" courses made available.
- I wish the training were continuous - I've forgotten some of the content.
- Training was Sooooo long ago I don't know. I would like to have another copy of that training book mailed to me. I lost mine.

Duration and End of the Relationship.

- Do ends come to the mentee/mentor relationship and how does this usually occur?
- Life is all about hellos and good byes.
- Parameters of relationship--is it for 1 year? Is it ongoing?
- I don't remember anything about how to bring a good peer mentor relationship to a close or transition to just a friendship. Is there a time to step back and call less often?

No Mentees.

- Training a waste since I haven't had any mentees
- No, just would like the opportunity to work with someone.
How did you learn about TAPS?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAPS Contacted Me (email, newsletter, TAPS care box in mail)</td>
<td>132</td>
</tr>
<tr>
<td>Friend / Relative / Another</td>
<td>126</td>
</tr>
<tr>
<td>Casualty Assistance Officer (Casualty Officer; CAO; CACO)</td>
<td>61</td>
</tr>
<tr>
<td>Facebook / Online / Computer Search</td>
<td>53</td>
</tr>
<tr>
<td>Army / Navy / Military</td>
<td>52</td>
</tr>
<tr>
<td>Don’t Recall</td>
<td>32</td>
</tr>
<tr>
<td>Survivor Outreach Services</td>
<td>11</td>
</tr>
<tr>
<td>Met TAPS people at another event (e.g. memorial event)</td>
<td>9</td>
</tr>
<tr>
<td>Gold Star Group</td>
<td>8</td>
</tr>
<tr>
<td>VA</td>
<td>5</td>
</tr>
<tr>
<td>Snowball Express</td>
<td>4</td>
</tr>
</tbody>
</table>

Sources listed by ONE respondent: HOPE PROGRAM, 22kill, American Widow Project, Newspaper, TV (2017 Presidential Inauguration Parade), Watching a concert, Patriot Guard

Sample Responses:

- I'm not sure. I was laying on my kitchen floor sobbing after my kids had gone to sleep and I saw a little foam tear drop on my windowsill that said 24/7. So I called. I've never looked back.

- They contacted me after my son passed and and sent me a wonderful box with books. TAPS magazine. Candle etc. I went on the web site to learn about TAPS which was the best thing I could have done I also seen about the mentor program on the website.

- I don't remember exactly -- but I think I got a call and then a welcome box in the mail. That early part of 2012 after Kenneth died is a blur. I took 6 weeks off from work: I read, I cried, I read, I sat and stared, I read, I slept, I stared at the ceiling, I read.... I read a lot -- anything and everything I could to try and understand what I was going through (grief) and why Kenneth would take his life at our home on Sunday morning, January 1, 2012.

- Bonnie was there at a ceremony for my husband, I was alone....she came to me like an angel. I will never forget that day!

- At the Memorial Day concert 7 years ago I ran into Bonnie and she told me of TAPS after I asked about her shirt. And thus Began my healing with TAPS

- TAPS didn't reach out to me; I had to find it myself. I actually found out about TAPS because I was searching for resources for my sister in law, my brother's widow and came across the American Widow Project. They referred me to TAPS. I WISH so badly that they had reached out to me directly. It was nearly a year before I even knew they existed.
• I don't remember. I was in a fog for the first year after his death.

• I'm not sure - I was crying on my kitchen floor late one night and say this little foam teardrop on my window ledge. It said 24/7 help and so I called and was immediately connected to someone who listened and cared. It changed everything.

• I can't recall if I read an article in the local paper or heard something on the radio but I heard about the first Northern California Seminar and Good Grief Camp and thought that maybe I should check it out even though I was an adult Gold Star daughter. I had never learned how to deal with my grief and thought that maybe I might learn something that could be of benefit to my process. So I took a chance, and I am so very glad that I did because TAPS has changed my life in so many ways.

• My wife found TAPS online and called them. She was at the point of considering suicide herself. They connected her with the local Vet Center and we were able to get counseling.

• By complete accident researching the web after my son passed away. We needed help coping and I was desperate and my wife was falling into a deep depression.

• Saw an ad from Grunt Style, veteran owned and operated business, on Facebook stating that $5 from the sale of each t shirt would be donated to TAPS. To educate myself I searched TAPS to see what they do. I had just lost my husband veteran suicide and because of a t shirt and I found others like me exist.

• Although I am sure I received information around the time of my son's death I was too over overwhelmed at the time to appreciate the offer but I think it was a follow-up e-mail some months later that I decided to contact TAPS and I am glad I did.

• After the death of my husband, a non-military friend of mine was very concerned for my mental well-being and attempted to find any type of resources available. She located TAPS through her internet research efforts.
As a TAPS peer mentor, what types of help do you most often provide?

<table>
<thead>
<tr>
<th>Response Categories</th>
<th>Number Indicating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening/Communicating/Being There</td>
<td>76</td>
</tr>
<tr>
<td>Nothing Yet</td>
<td>5</td>
</tr>
<tr>
<td>Financial</td>
<td>1</td>
</tr>
</tbody>
</table>

Listening/Communicating/Being There

- I listen to my mentee.
- Face to face and phone chats
- Emotional support, someone to listen.
- A listening ear & heart, reassurance.
- So far, just texting and emailing. I just received my first mentee not too long ago.
- Phone & online connection support & in person event support
- It's my hope that I can provide a compassionate, listening ear, practical suggestions in dealing with the 'details' of the death of a loved one and encouragement that their lives are not over...that there is a new normal that can be gained.
- I'm just here to listen. To relate. Sharing is based on their comfort level. A phone call. Texting at 3 am. Meeting up in person. Physically going with them to handle paperwork and ID changes. A place to go anytime....including the holidays.
- Phone calls, texts, cards sent in the mail.
- None yet just follow on Facebook to try to help

Nothing Yet

- Nothing yet
- Wish I could have had an answer
- I haven't had the opportunity since I just got certified
- Have not had the opportunity
- Nothing yet

Financial

- Financial counseling /Money management and an attitude of gratitude.
References


Investigators:

Melinda Moore, Ph.D., is an assistant professor in the Eastern Kentucky University (EKU) Department of Psychology and licensed Clinical Psychologist who conducts research on the outcomes of suicide bereavement, including the construct of Posttraumatic Growth. She is the first researcher to have ever investigated Posttraumatic Growth among the suicide bereaved at The Catholic University and through her research on the Military Suicide Bereavement Study at the University of Kentucky. She is the Clinical Division Director of the American Association of Suicidology.

Jerry K. Palmer, Ph.D., is an associate professor in the EKU Department of Psychology and faculty in the Industrial/Organizational Psychology M.S. program at EKU. He has 20 years of extensive consulting and evaluation research experience, including clients ranging from state and city governments, Fortune 500 manufacturers, and military and police organizations.

Julie Cerel, Ph.D. is an associate professor and licensed psychologist in the College of Social Work at the University of Kentucky. Cerel’s work throughout her career has focused on suicide bereavement. She is the author of more than 40 peer-reviewed publications and has received funding from SAMHSA, CDC and American Foundation for Suicide Prevention. Cerel was the PI on the DOD-funded Military Suicide Bereavement Study, which re-conceptualized the numbers of individuals who are impacted by suicide and the poor health outcomes associated with suicide exposure. She is the president-elect of the American Association of Suicidology.