

# Worksite Peer Support Programs for Veterans: Rapid Literature Review

Clearinghouse Technical Assistance Team

As of September 4, 2020

This material is the result of partnership funded by the Department of Defense between the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with Penn State University



# **Table of Contents**

Executive Summary	3
Introduction	3
Background	4
Peer-Support Programs Formalized Peer-Support Programs in the Workplace	
Elements of Effective Peer Support Programs for Military and Veteran Populations	6 7 8 88
Programs Placed on the Clearinghouse Continuum of Evidence.  Programs Placed as Promising on the Continuum  • Mindfulness-Based Stress Reduction (MBSR).  • Team Awareness: Drugs in the Workplace (Original Version)  Programs Placed as Unclear Ø on the Continuum  • CompeerCorps	10 10 11
Programs Not Placed on the Clearinghouse Continuum of Evidence  Peer Advisors for Veteran Education (PAVE)  Veteran Supportive Supervisor Training (VSST), Study for Employment Retention Veterans (SERVe)	12 n of
Additional Online Resources  Websites  Reports and Toolkits	13
Discussion	14
Additional Assistance	14
Suggested Citation	14
References	15

# **Executive Summary**

This rapid literature review was conducted in response to a request for information regarding peer-support programs for veterans that are available at the worksite. Due to the limited availability of research on veteran peer-support programs that are housed at worksites, the findings of this report focus on peer-support programs that target veterans or center on programs that are housed at the worksite.

Worksite wellness programs, including peer-support programs, can be integrated into the social and organizational support structures of the workplace and can improve the health and well-being of employees (Anderko et al., 2012). Veterans may benefit from peer-support programs particularly when they transition from the military as veterans may become isolated from their peers and the informal support system those peers provide (Money et al., 2011). To increase veteran employee retention in civilian positions, employers may need to develop veteran-centric employee benefit programs (Maury et al., 2014).

This report provides the following elements:

- a synthesis of the literature, which includes background research, information on peer-support programs, and elements of effective peer-support programs for Service members and veterans;
- a list of peer-support trainings;
- a list of peer-support programs that may be adapted for use at the worksite; and
- additional online resources.

Please note that this rapid literature review provides a preliminary examination of the research. Thus, given the brief timeline, this report is not intended to serve as a comprehensive review of the literature, and the resources provided are not endorsed by the Clearinghouse for Military Family Readiness at Penn State. Rather, the information about the resources are provided for you to make a data-driven decision.

### Introduction

The Technical Assistance (TA) team at the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) conducted a brief, rapid literature review on the topic of worksite peer-support programs that focus on veterans. Research that examines these types of peer-support programs was identified by searching peer-reviewed journal articles and grey literature, and an emphasis was placed on research published between 2010 and 2020. Search queries included various combinations of the following terms:

veteran(s), peer support, peer-run, peer assistance, peer provider, programs, workplace, worksite, and wellness.

# **Background**

When reintegrating into the community after deployment, returning Service members and veterans may experience a wide range of stress-related disorders (Elnitsky et al., 2017). Those individuals who are exposed to combat may face additional post-deployment transition challenges that are related to a disability or trauma that may interrupt daily life if the Service members or veterans are unable to rebuild their sense of self and self-competence (Haynie & Shepherd, 2011). A survey of Operation Iraqi Freedom/Operation Enduring Freedom veterans reported that these individuals had high levels of difficulty with social relations (e.g., confiding in or sharing personal thoughts or feelings; getting along with spouses, children, and relatives; making new friends) and productivity (e.g., belonging to a civilian society, work and school, taking care of health) (Sayer et al., 2010).

Reintegration into civilian roles (e.g., family, workplace, community) is dynamic and influenced by different levels of the ecological system (i.e., individual, interpersonal, community systems, and societal) (Elnitsky et al., 2017; Resnik et al., 2012). Peer support programs have been used by public health practitioners for years and provide support at the interpersonal system and community system's levels (e.g., worksite, community, healthcare, legal). These programs continue to be used in fields such as mental health recovery, obesity prevention, and parental support. More recently, peer-support programs have been used to help military families, veterans, and Service members cope with the challenges of military life or transitioning from military life to civilian life (Ramchand et al., 2017). Veterans may benefit from peer-support programs particularly when they transition from the military as veterans may become isolated from their peers and the informal support system those peers provide (Money et al., 2011). A recent study of post-9/11 Service members employed in the civilian workforce showed that veterans who are separated from the military report less social support and worse physical and psychological health than those who are active in the National Guard or Reserves (Hammer et al., 2017).

According to Maury et al. (2014), 43% of newly hired veterans left their first job after transitioning from the military within 1 year. To increase the retention of veteran employees, organizations could provide education to employers on how skills gained in the military translate to a civilian workforce, could develop veteran-centric employee benefit programs such as peer-support programs, and could create streamlined job-search programs to increase the match between employers and veteran job seekers (Maury et al., 2014). Successful peer-support programs that target military or veteran

populations may share similar attributes such as social support, experiential knowledge, trust, confidentiality, and easy access (Money et al., 2011).

# **Peer-Support Programs**

Peer-support programs, also known as peer-to-peer programs or peer-supported health interventions, are programs in which an individual who shares common experiences, stressors, or other characteristics with the target population provides the support or education (Money et al., 2011). Peer-support programs represent a diverse group of interventions that vary significantly across peer roles, conditions treated, treatment format, populations targeted, and intervention sites. Peer-support programs may include group-based or dyadic interventions with peers assuming several roles, such as a peer counselor (e.g., a peer who provides knowledge, guidance, and tools to help reach health and wellness goals), peer educator (e.g., a peer who delivers formal training on a subject), peer supporter (e.g., a peer who provides informal and unstructured support), peer facilitator (e.g., a peer who facilitates group interactions), or peer case manager (e.g., a peer who helps ease access to clinical and wraparound services) (Ramchand et al., 2017).

Assessing the effectiveness of peer-support programs as a whole is challenging due to the varied nature of these programs (Psychological Health Center of Excellence, 2018). To evaluate the effectiveness of peer-support programs by component type (i.e., peer role, intervention type, and outcomes), Ramchand et al. (2017) conducted a systematic review of peer-supported health promotion and disease-prevention interventions that were subjected to randomized control trials. In most of the 116 studies included in the review, the peer intervention was described as a stand-alone intervention (66%), and a formal peer-training component was included (87%). However, only 4% of the studies focused on veteran populations. The results of the study show that most group interventions presented no difference in outcomes between the peer-intervention and control groups, but there were some exceptions - group interventions that used peers as educators or group facilitators commonly improved knowledge, attitudes, beliefs, and perceptions, and peer educators also commonly improved social health or connectedness and engagement. Among dyadic interventions, those who used peer support influenced behavior change and those who used peer counseling showed promising effects on physical health outcomes.

# Formalized Peer-Support Programs in the Workplace

Worksite wellness programs, which may include peer-support programs, can be integrated into the social and organizational support structures of the workplace. This assimilation can improve the health and well-being of employees and save companies

money in healthcare expenditures and, potentially, produce a positive return on investment (Anderko et al., 2012). Worksite peer-support programs are becoming more common as part of an overall approach to psychological health in the workplace (Workplace Strategies for Mental Health, n.d.).

Formalized peer-support programs are intentional and structured, and they provide training for peer providers (BC's First Responders Mental Health, n.d.). Worksite peer-support programs are a subset of formalized peer-support programs in which individuals with similar lived experiences or mental health challenges volunteer or are selected to receive training and, then, provide support to other employees within their workplace (BC's First Responders Mental Health, n.d.). Peer specialists, oftentimes referred to as peer-support specialists or peer providers, are the individuals who provide the peer support and are defined as "individuals with a lived experience of psychiatric disability who provide services or interventions to others with a lived experience" (Cronise et al., 2016, p. 211). Organizations may choose to use internal peer specialists or external peer specialists (i.e., those with similar lived experiences as the participants of the program but are not directly employed by the organization) depending on the needs of the participants in their peer-support programs.

# **Elements of Effective Peer Support Programs for Military and Veteran Populations**

Money et al. (2011) developed a white paper for the Psychological Health Center of Excellence, formerly known as the Defense Centers of Excellence for Psychological Health, that outlined central elements of successful peer-support programs. The white paper also examined methods that were used in various environments with populations similar to those as Service members and veterans. The five elements of effective peer-support programs for military and veteran populations identified by Money et al. include the following:

- adequate planning and preparation;
- clearly articulated policies;
- systematic screening and defined selection criteria for peer specialists;
- leveraging benefits from uniqueness of peer status; and
- enabling continued learning through data collection and training.

### **Adequate Planning and Preparation**

Adequate planning and preparation is necessary to ensure the peer-support program is meeting the needs of the target population (e.g. veterans) and to ensure the peer specialists understand their roles and responsibilities. Some tasks that may fall into this category include conducting a needs assessment, developing a logic model and

evaluation plan, creating a written program manual, and developing a written job description for the peer specialist. Clearly defining the peer-specialist role can also aid in developing peer-selection criteria and training needs (Money et al., 2011).

### **Clearly Articulated Policies**

Peer specialists may have multiple roles within an organization, so clear guidance on when and how to provide peer support is necessary. To assist in this effort, program developers should provide clearly articulated processes and policies that define role boundaries and issue guidance on confidentiality (Salzer, 2002).

Detailed guidelines regarding confidentiality are essential to peer-support programs due to the nature of peer-support programs and the need for peer specialists to share personal experiences with participants. Thus, these policies protect the peer specialists and the individuals who are participating in the program (Salzer, 2002). Moreover, policies should also explicitly outline instances in which confidentiality will be broken (e.g., an individual posing a threat to oneself or others) (Money et al., 2011).

Clear role boundaries define the relationship between the peer specialist and the individual who receives support, clarify the role of peer specialists within the organization and within working relationships, and set limits on the interactions between peer specialists and the individuals to whom they are providing support. Well-defined policies regarding role boundaries may be especially important when the peer specialists have a connection to the individuals outside of the peer-support program (Money et al., 2011).

Some items for consideration when determining role boundaries of peer specialists may include (BC's First Responders Mental Health, n.d.):

- Ensure the individuals participating in the program understand the peer specialists'
  role boundaries early in the implementation of the program. Doing so can help
  manage the participants' expectations for the program. For example, if the program
  policy sets limits on when and where the participants can approach the peer
  specialists, these limits must be clearly communicated to the participants at the
  beginning of the program.
- Encourage the development of friendly but professional relationships. If a
  relationship becomes too personal or inappropriate (e.g., an intimate relationship
  occurs), then the peer support relationship should be terminated. Having a backup peer specialist or oversight from a peer support coordinator or a psychologist
  can assist with maintaining boundaries. Having a back-up peer specialist also
  allows the program participant to continue to receive support even if the original
  relationship is terminated.

- Offer training to help peer specialists understand boundaries (e.g., define the markers of when a relationship becomes too involved or the program participant is becoming too dependent on the peer specialist).
- Develop training based on the scope of work for the peer specialist identified by his or her role boundaries. For example, if peer specialists are expected to be active listeners that display empathy and compassion, while providing support and referrals for a broad range of topics (e.g. substance use, interpersonal conflict, workload), training should be provided to prepare specialists to know how to address these topics.

To view a sample peer support policy for individuals in the workplace, please visit <a href="https://bcfirstrespondersmentalhealth.com/wp-content/uploads/2017/06/Developing-a-Peer-Support-Policy-170619.pdf">https://bcfirstrespondersmentalhealth.com/wp-content/uploads/2017/06/Developing-a-Peer-Support-Policy-170619.pdf</a>.

# Systematic Screening and Defined Selection Criteria for Peer Specialists

To ensure peer specialists possess the desired skills and lived experiences necessary to provide peer support, adequate screening for potential peer specialists is essential (Money et al., 2011). The screening process should include multiple stakeholders such as current peer specialists, administrators, and psychological health staff. Desired attributes for peer specialists generally include strong verbal and listening skills, the ability to stay calm under pressure, and lived experience with a particular issue such as mental illness or substance use conditions (Chinman et al., 2010; Money et al., 2011). Finally, screening peer specialists to ensure they have recovered from their own challenges is an important part of ensuring safety.

# **Leveraging Benefits from Uniqueness of Peer Status**

Some of the benefits of peer-support programs (e.g. experiential learning, social support, self-empowerment) require open and honest communication between the peer specialist and the individual receiving support (Money et al., 2011). Peer specialists share their experiences, provide support and education, and serve as role models to the individuals in the program. Working with peers who have similar life experiences and who have overcome obstacles allows the program participants to see what is possible for them (Money et al., 2011). However, if peer specialists do not share their own experiences, through either program design or individual choice, the program loses the unique benefits of a peer-support program (Chinman et al., 2010). Therefore, programs need to facilitate this type of interaction and peer specialists need to be open to sharing their experiences.

### **Enabling Continued Learning through Data Collection and Training**

Collecting data on program outcomes and peer-specialist effectiveness is needed to measure program effectiveness. Most of the peer-support programs reviewed by Money et al. (2011) published information on participant satisfaction, program structure, and health outcomes. However, some programs also published studies on outcome measures. For example, Vet to Vet used a voluntary, anonymous survey to collect data on program participants' involvement in the peer support program, satisfaction with the program, and recovery-based measures such as recovery orientation, spirituality, and engagement. However due to the nature of the survey, the program could not track individuals over time (Money et al., 2011). Collecting and analyzing data provides valuable feedback on what is and is not working well and allows for continuous improvement of peer specialist service delivery.

Ongoing training of peer specialists increases the programs quality by ensuring consistency of messaging, understanding policies, and instilling confidence (Money et al., 2011). Peer-provider training typically consists of topic-based training (e.g., ethics, confidentiality, stress-related injuries, boundaries) and skills-based training (e.g., effective listing, group facilitation, support methods) (Chinman et al., 2010; Money et al., 2011). Moreover, data collected provides insights into the needs of peer specialists.

### Peer Specialist Trainings

The TA team conducted a rapid review of publicly available trainings for peer specialists with an emphasis on those trainings that cater to veterans. Trainings identified through this search are listed below along with a brief description and link to their websites.

### Depression and Bipolar Support Alliance's (DBSA) Peer Support Specialist Course

The DBSA Peer Support Specialist Course is a blend of independent learning, remote group learning, and virtual skill-building workshops. The 5-week course focuses broadly on recovery principles and skills and can be beneficial for people in recovery from mental health and substance use conditions. The DBSA also offers a veteran peer-support specialist course that meets national competency standards set by the Department of Veterans Affairs Office of Mental Health Services for peer-support employees. However, the website does not provide clear instructions on how one would register for the DBSA Veteran Peer Support Specialist course.

www.dbsalliance.org/get-involved/training/

#### Growing Veterans' Peer Support Training

Growing Veterans' Peer Support training is a hands-on learning experience that was developed by veterans and mental health professionals. The training is designed for veterans, civilians, mental health providers, businesses, and organizations committed to the wellness of veterans. The program seeks to

facilitate healthy conversations and outcomes, reduce peer isolation, and develop tools to create a network of peer support. According to the website, an 18-month study conducted by the Department of Veterans Affairs concluded the training is an evidence-based program that uses best practices as identified by the Psychological Health Center of Excellence, formerly known as the Defense Centers of Excellence for Psychological Health, as essential to successful military or veteran peer-support programs.

https://growingveterans.org/what-we-do/get-connected.html

#### National Certified Peer Specialist (NCPS) Approved Trainings

This website provides brief descriptions and links to 10 peer support training programs that have been reviewed and accepted by Mental Health America as training for their NCPS certification.

 www.mhanational.org/national-certified-peer-specialist-ncps-approvedtrainings

# Programs Placed on the Clearinghouse Continuum of Evidence

The TA team conducted a search on the Clearinghouse Continuum of Evidence (Continuum) for programs that address substance use (i.e., alcohol, drugs, and tobacco), emotional competency, life stress, trauma, post-traumatic stress disorder, or social competency that can be implemented by peers and may be adjusted for veteran populations in the workplace. The search did not identify any programs that address all the criteria listed above; however, three programs were identified as meeting one or more of the criteria.

To read more about the Continuum or to conduct a search of programs reviewed by the Clearinghouse, please visit www.continuum.militaryfamilies.psu.edu

# **Programs Placed as Promising on the Continuum**

Mindfulness-Based Stress Reduction (MBSR)

Mindfulness-Based Stress Reduction (MBSR), a community-based, school-based, or worksite group intervention, is designed to help participants manage and reduce stress and improve their ability to cope with challenging circumstances. The MBSR program is based on the central concept of mindfulness, which involves focusing one's attention on the present experience rather than past or future moments with an attitude of openness, acceptance, and compassion. According to the factsheet,

the only requirement to facilitate this training is attending a mandatory training. Therefore, the program may be implemented by peers if they attend the training.

- Military Sector: All Branches, Veterans Affairs
- Factsheet: www.continuum.militaryfamilies.psu.edu/program/fact\_sheet\_680

### Team Awareness: Drugs in the Workplace (Original Version)

Team Awareness: Drugs in the Workplace, a worksite intervention, is designed to improve the well-being of the social network, increase communication among workers, reduce risks associated with substance abuse, improve knowledge of and attitudes about resources, and promote colleague referral to resources. This intervention utilizes lecture, discussion, interactive group activities, videos, role-plays, and communication-skills practice to teach five components (i.e., relevance, team ownership of policy, understanding stress, understanding tolerance, and support and encourage help). According to the factsheet, the only requirement to facilitate this training is attending a mandatory training.

- **Military Sector:** An adaptation of this program, called Team Readiness, has been used by the U.S. National Guard since 2008.
- Factsheet: www.continuum.militaryfamilies.psu.edu/program/fact\_sheet\_729

### Programs Placed as Unclear Ø on the Continuum

### CompeerCorps

CompeerCorps, a community-based program, is designed to minimize veteran's feelings of loneliness and seclusion; help them reintegrate into their families, homes, and communities; and improve their overall quality of life. Participants are referred to Compeer by a professional mental health provider, and trained volunteer veterans are matched with participants to foster the development of healthy friendships and provide support and understanding. This program is intended to be used as an adjunct to traditional mental health services, and ongoing psychotherapy is a requirement of the program. According to the factsheet, training is mandatory, and Compeer, Inc., provides start-up training for affiliates. The affiliates then train community volunteers who will work with participants.

- Military Sector: Veterans Affairs
- Factsheet:

www.continuum.militaryfamilies.psu.edu/program/fact sheet 2342

# Programs Not Placed on the Clearinghouse Continuum of Evidence

The TA team also conducted a rapid review of publicly available online sources to identify peer-support programs for veterans that are formal (i.e., have a training component for peer specialists), are implemented in a systematic way, and can be adapted for the work environment. Two programs fulfilled the search criteria and are listed below. In addition, four programs were excluded from the search results because they did not meet the criteria listed above. To access information on any of the four excluded programs, please click on the program name found here: <u>Battle Buddy Bridge (B3)</u>, <u>Veterans Peer Connection</u>, Vet to Vet, and the U.S. Department of Veterans Affairs Peer Specialists.

Please note, the programs below have not been vetted by the Clearinghouse and, therefore, are not placed on the Continuum. The following information is intended to serve as a summary of each program. It is not intended to serve as a comprehensive review of the program's evidence base. The Clearinghouse is available to assist any individual who is interested in gaining more information about these or other programs by offering a thorough review of the program's evidence and placing the program(s) on the Continuum free of charge to military affiliated partners.

### Peer Advisors for Veteran Education (PAVE)

PAVE is a peer-support program that connects incoming student veterans on college campuses with student veterans who are trained as peer advisors. The peer advisors help navigate college life, address challenges the new students may face, refer new students to appropriate resources on and off campus, and provide ongoing support. PAVE is a partnership between the University of Michigan Depression Center and Student Veterans of America and is currently implemented on 26 campuses nationwide. Features include online training modules for new peer advisors, an app that allows advisors to track the work that is being done, and a management console for each PAVE partner campus that allows schools to match student veterans with peer advisors, monitor trends, and identify gaps in services.

- https://m-span.org/pave/
- Veteran Supportive Supervisor Training (VSST), Study for Employment Retention of Veterans (SERVe)

SERVe represents a first-of-a-kind program that seeks to improve success in the civilian workplace for veterans and Reservists and increase the family integrity of veterans and Reservists. The VSST is a product of SERVe and is conducted by Portland State University, Oregon Health and Science University, and the Portland VA Medical Center and is funded by the Department of Defense. According to the

website, focus groups with veterans and Service members disclosed frustrations that they had with the civilian work experience. These frustrations were echoed among those who were returning to the civilian workplace permanently after active duty and those who continued to work after deployment as a Reservist. The VSST was designed to improve veterans' experiences in civilian workplaces by providing training to their supervisors.

o www.servestudy.org/vsst

### **Additional Online Resources**

#### **Websites**

- Center for Workplace Mental Health, American Psychiatric Association
  - This website provides numerous free resources and access to turnkey programs such as <u>Right Direction</u> to help employers create a more supportive workplace environment for their employees and advance mental health policies at their organizations.
  - http://workplacementalhealth.org/
- Mental Health, I want to Help (Leaders), BC First Responders
  - This website provides a variety of templates and toolkits that offer support for leaders and managers of first responders to assist those who are experiencing mental health challenges. Resources include a peer-support policy template, logic model guide and template, and information on how and why peer-support programs should be used.
  - https://bcfirstrespondersmentalhealth.com/looking-to-help/as-leaders/
- Recovery Support Tools and Resources (Peers), SAMHSA
  - This website provides information on the role of peer-support workers and recovery-related resources about peer supports and services.
  - www.samhsa.gov/brss-tacs/recovery-support-tools/peers

# **Reports and Toolkits**

- Making the Case for Peer Support, Mental Health Commission of Canada
  - This report provides the outcomes of a literature review conducted in Canada and internationally; a map of peer-support programs in Canada; and an overview of challenges, benefits, and successes of peer support.
  - https://www.mirecc.va.gov/visn4/peer specialist toolkit.asp
- Peer Specialist Toolkit: Implementing Peer Support Services in VHA, U.S. Department of Veterans Affairs

- This toolkit provides a definition of the peer-specialist role, a systematic approach for peer specialists' integration onto clinical teams, information about training and supervising peer specialists, and additional resources.
- o https://www.mirecc.va.gov/visn4/peer specialist toolkit.asp

### **Discussion**

Peer-support programs are becoming more common as part of an overall approach to psychological health in the workplace (Workplace Strategies for Mental Health, n.d.). Evidence indicates that peer-support programs may be beneficial to veterans when the program allows open and honest communication (Chinman et al., 2010), especially for newly transitioned veterans. Indeed, 43% of newly hired veterans left their first job after transitioning from the military within 1 year (Maury et al., 2014). Based on this rapid literature review, the TA team did <u>not</u> identify any peer-support programs for veterans that are housed at the worksite; however, a number of trainings and programs that may be adapted for this population and environment were identified.

### **Additional Assistance**

The TA specialists at the Clearinghouse provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether connecting one with the resources and tools to conduct a needs assessment in a specific community, suggesting the best evidence-based program or practice for a certain situation, or developing an evaluation plan, the TA team of experts is a call or email away.

Please visit the Clearinghouse's website at <a href="www.militaryfamilies.psu.edu">www.militaryfamilies.psu.edu</a> or call 1-877-382-9185 to speak with a TA specialist.

# **Suggested Citation**

Clearinghouse for Military Family Readiness. (2020). *Veteran peer support programs:* Rapid literature review. [Literature Review]. Clearinghouse for Military Family Readiness.

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