

# **Joseph P. Dwyer Veterans Peer-to-Peer Program Implementation Guide**



**Eric R. Hardiman, Ph.D. and Amanda L. Matteson, Ph.D.**

**University at Albany, State University of New York**

**School of Social Welfare**

Note: The New York State Office of Mental Health, in conjunction with the New York State Division of Veterans' Services, provides support for the Dwyer Program throughout the state. The University at Albany's School of Social Welfare serves in an evaluation and research capacity to capture and analyze service delivery and utilization data from the Dwyer Program in order to identify best practices. The contents of this guide are drawn from the statewide evaluation of Dwyer programs, as conducted by the authors. The best practices and lessons learned from Dwyer programs are taken from multiple years' worth of direct interviews, observation, and service delivery data provided by Dwyer program staff and veterans receiving Dwyer services.

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## **Purpose**

This document is intended to serve as a **guide** to program implementation, specifically for use by counties in New York State as they develop new Dwyer-funded programs. *It is **not intended** as a program manual or a set of rules and regulations.*

## **Background & History**

In 2012, the New York State Senate, in conjunction with the New York State Office of Mental Health, secured funding for the creation of the PFC Joseph P. Dwyer Veterans Peer-to-Peer Support Pilot program. The program was initially designed with a suicide prevention focus for veterans experiencing Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) as a result of their military service. The Dwyer initiative was originally implemented in four counties: Jefferson, Rensselaer, Saratoga and Suffolk. During the first year of program operations, the focus of Dwyer expanded beyond its early emphasis on PTSD and TBI to address all areas of veteran well-being in the community.

The program was named in honor of PFC Joseph P. Dwyer, a native of Suffolk County who served as an Army medic in Iraq. During a combat mission in Baghdad, he was photographed carrying an injured Iraqi boy. The photograph became iconic and was featured in newspapers across the country. After returning home from Iraq, PFC Dwyer was honorably discharged from the U.S. Army but was “never the same” and experienced a number of challenges reintegrating into the civilian community. He battled post-traumatic stress, depression and substance abuse for several years following his military discharge. In July 2008, PFC Dwyer passed away at the age of 31 years. The tremendous success of the Dwyer Program since late 2012 provides an important reminder of the ongoing impact of PFC Dwyer’s life and contributions to the veteran and military communities.

Since its initial implementation in 4 counties, the Dwyer Program has experienced steady growth and sustained impact on a range of communities in New York State. As of May 2022, a total of 25 counties have established Dwyer programs and provided valuable services to veterans and military families across the state. The New York State Fiscal Year 2023 Enacted Budget provides funding to expand the program statewide.

## **Core Foundational Principles**

The Dwyer Program was developed with three core principles. These principles act as a foundation upon which counties have been able to build their own programs.

### **PRINCIPLE 1: All Dwyer services should be delivered by veterans for veterans (and their family members by extension).**

This is a core tenet of peer support programs – services and supports are delivered by “peers” and **not** professional clinicians. Many Dwyer programs have expanded upon this principle to also include services for family members of veterans, with the understanding that services provided to family members can be equally important, helping further the process of engaging veterans themselves.

### **PRINCIPLE 2: Dwyer services should be non-clinical in nature.**

This principle has been critically important in the success of the Dwyer Program since its inception. Rather than replicating traditional clinical support services (e.g., counseling or therapy), the Dwyer Program offers non-clinical peer-delivered supports. Many veterans avoid traditional provider-delivered mental health services for reasons such as stigma and previous negative experiences. Seeking help is not always a common experience for veterans, and many distrust helping professionals who are not veterans themselves. Through its focus on natural and organic peer support, veterans who may not be comfortable with engagement in professional systems of care can still benefit from the Dwyer Program. It is the peer-based, creative and non-traditional aspects of Dwyer services that makes them truly unique and a special avenue for veteran engagement and community-building.

At the same time, Dwyer programs should gain and maintain an awareness of, and a referral pathway to, clinical mental health services in their area of operations. In doing so, Dwyer programs will be able to make high-quality “warm handoff” referrals when necessary to clinical mental health or substance abuse services for veterans who are experiencing a behavioral health crisis. The fact that Dwyer programs are themselves non-clinical in nature **does not** mean that a Dwyer program should have no interaction with clinical mental health and/or substance use professionals in their local area. On the contrary, these connections can be extremely valuable for Dwyer program mentors and mentees alike. Dwyer staff and volunteers can provide trust and support to veterans during the referral process, enabling successful access to services.

**PRINCIPLE 3: Dwyer services should always be voluntary, open to all veterans, with a bare minimum of required paperwork.**

A core feature of all peer support is that it must be voluntary in nature. Veterans should always be able to fully choose whether to participate in Dwyer, and to determine the extent of their participation. The veteran experience of stigma and distrust of professional providers can also stem from bureaucracy, paperwork, and stringent requirements on the receipt of support services. It is vital that the Dwyer programs offer services, supports and activities that are *voluntary* and with a *bare minimum of required paperwork*. Veterans participating in Dwyer programs should not have to complete intake assessment forms or provide extensive personal information. This is a crucial distinguishing feature of the Dwyer program that separates it from other services and programs for veterans. Related to this principle is the fact that all veterans, regardless of discharge status, combat vs. non-combat distinction, branch of service, theater served, race/ethnicity, gender identity or sexual orientation should be eligible to receive and participate in Dwyer services.

***Program Structure***

Each county funded under the Dwyer initiative has a large degree of flexibility in terms of structural and organizational configuration. The Dwyer programs have to date been hosted in the following categories of host organizations: (1) county Veterans Service Agencies (VSA); (2) county mental health authorities; (3) private not-for-profit service agencies (e.g., independent living programs, family service agencies or mental health associations); or (4) veterans offices located in a college/university setting. The diversity of these settings means that each host organization has its own set of practices and policies within which the Dwyer program in that county operates. The structural flexibility has allowed Dwyer programs to develop in ways that are appropriate and relevant for their own local county context.

Some of the Dwyer programs have had great success using existing physical resources (e.g., a community-based organization's meeting space) where veterans can gather and socialize. Some counties have storefront "drop-in" hours so that veterans can simply walk in off the street and engage with Dwyer staff. Other programs operate in more of a mobile capacity, taking mentorship and peer support services into the community where veterans live and spend their time. All of these approaches are legitimate, and it is recommended that new Dwyer programs consider what will work best in their own communities.

Dwyer programs are often hosted by existing organizations (e.g., a county Veteran Service Agency or private human service agency). Newly funded Dwyer programs will face fewer initial

challenges and have an easier path to successful program implementation if they are clear about their relationship to the host organization. Well-defined roles, responsibilities and administrative processes are critically important. Host organizations should offer support to the Dwyer programs and maintain regular communication with administrators.

Dwyer programs should understand that some veterans' distrust of governmental organizations creates a barrier to receiving valuable resources. Because Dwyer is not a "one size fits all" model, veterans are able to participate in unique and separate programs that are not seen as institutional and governmental in nature. The perception that Dwyer programs are separate from and an alternative to formalized veteran services is crucial. The uniqueness of Dwyer as a "standalone" (even when affiliated or hosted by a VSA or MHA) helps break down powerful stigma and encourages individuals to engage with services that they may not otherwise consider.

It is important that host organizations seek to build an understanding of the issues faced by veterans in any given community. Host organizations should recognize the need for maximum flexibility within the Dwyer program structure. Programs that are run through host organizations that do not have experience serving veterans face a more complicated set of challenges and issues and should prepare accordingly — including, but not limited to, receiving proper training in military cultural competency for all program staff. Such trainings are readily available from high-quality programs, including some that provide this training free of charge. Training in the basics of benefits and services available to veterans and Military Families is also advisable for all program staff. This training is also readily available free of charge. No matter where a given county's Dwyer program is located, a comprehensive and organized approach to program structure is necessary.

### ***Program Staffing***

Dwyer programs have not been required to adhere to specific staffing structures, leaving administrative hiring decisions up to each county program. Despite different staffing approaches, all programs have paid administrators (Program Directors) who serve in leadership roles. Many recruit and hire veterans to serve as Peer Mentors (on either full-time or part-time basis). Other programs operate entirely using a volunteer work force in the Peer Mentor role. Additional administrative positions (e.g., Assistant Director, Administrative Assistant) are also hired by some programs. Regardless of hiring practices, all Dwyer program services must be delivered by persons who self-identify as veterans themselves. It is recommended that a veteran serves in the Program Director position. There have been notable exceptions in the history of the Dwyer initiative, with civilians running successful Dwyer programs. In such situations it is imperative that program leadership is immersed in and deeply knowledgeable about veteran and military culture.

In those cases with strong effective civilian leadership, the Program Director has either worked in veteran/military settings for several years or has been surrounded with family members who are veterans. Although such experience and immersion in military culture can suffice, it is still highly recommended that new Dwyer counties hire veterans as Program Directors.

### ***Supervision & Support***

A strong and supportive team-like working atmosphere is of utmost importance, regardless of whether the veteran peer workforce is paid or volunteer. Dwyer programs that are the most successful are those which have built comradery and social cohesion among the veterans who staff the programs. In many cases, the programs are able to model the concept of “unit cohesion” found in the military, whereby mission, unity of purpose and true social cohesion bonds are positive factors leading to success. The emphasis on **mission** and **purpose** is central to Dwyer program success. Programs should continuously stress the value, importance, and life-saving nature of the Dwyer work.

Dwyer programs must support their staff through providing an understanding and nurturing work environment. The work of veteran peer support can be challenging, stressful, and emotionally exhausting. Appropriate supervision that is supportive and not punitive can help veteran peer mentor staff cope with the various challenges associated with this work. It is recommended that Dwyer administrators meet regularly with staff in order to provide supportive supervision and further build team cohesion. Furthermore, Dwyer programs should establish strong connections with localized clinical mental health services that are ready, willing, and able to provide supportive services to peer mentors who, based on the challenging nature of their work with their mentees, may require these mental health services for their own well-being.

### ***Training***

Proper training for program leaders and staff should be a key component of any Dwyer program. Dwyer programs have approached training in a variety of ways, depending on program structure, philosophy and resource availability. Some programs have developed extensive in-house training materials and processes, while others have required that peer mentors attend external trainings. Other programs have blended these approaches, offering initial training/orientation which is then augmented by external training and continuing education opportunities as they arise.

The most effective approaches to staff/mentor training are those that focus on the nature of peer support, emphasizing practical/pragmatic strategies to engage and connect with other veterans. Mentors should be trained in basic communications, relationship-building skills, and how to effectively navigate the self-disclosure process. Programs should avoid a clinical focus in training

materials. Although it is true that peer mentors may be at the “front lines” of work with veterans who may be in crisis, it is essential that Dwyer staff are not clinicians or therapists and that they are not perceived as such. Training should also emphasize the need for mentors to develop self-awareness and self-care strategies to mitigate the effects of stress and/or secondary trauma.

To ensure that Dwyer Program personnel provide accurate resource information to veterans participating in the program, Dwyer Program personnel are encouraged to receive trainings on basic information about Federal and state benefits, services, and resources available to veterans and military families. The New York State Division of Veterans’ Services will provide this training to any and all interested Dwyer Program personnel free of charge.

### ***Crisis Response and Suicide Prevention Training***

As Dwyer Program personnel may encounter veterans who are in crisis, it is valuable for Dwyer Program personnel to receive training in **non-clinical** suicide prevention methods, such as the internationally recognized Columbia Suicide Severity Rating Scale (C-SSRS, available free through Columbia University). Other examples include the SAVE, SafeTALK, and CALM models. These are empirically supported conversation-based methods designed for use by non-clinicians. By receiving training and resources in these and other methods, Dwyer Program personnel will become better-equipped to conduct a basic suicide prevention screening, identify when a veteran is at heightened risk of suicide or self-harm, and make good “warm handoff” referrals to local clinical mental health services when warranted. Such actions can save the lives of veterans who are confronting these mental health crises in their lives.

### ***Branding/Program Logos***

Each of the Dwyer-funded counties has been given the flexibility to name its own program. Although programs have not been required to use the Joseph P. Dwyer name in their official program titles, it is strongly recommended that programs clearly identify themselves as Dwyer programs. This can be done through distinct logos and/or the display of multiple names to indicate the Dwyer affiliation. Programs are further strongly encouraged to use the official photograph of Joseph P. Dwyer in their promotional materials. The goal of clearly identifying each program as Dwyer-affiliated is to reduce confusion for veterans considering Dwyer participation and to promote a sense of statewide cohesion in the project. Newly funded programs may (but are not required to) consult with the ***New York State Dwyer Coalition*** for ideas related to branding and logos.

### ***Fundraising***

Many Dwyer programs have expressed an interest in the ability to raise funds external to those provided through the Dwyer funding mechanism. The ability for programs to raise separate funds



to augment their program services will vary according to host organization and policy. Dwyer programs should carefully consult with both their host organization and their NYSOMH contracts before engaging in external fundraising. Fundraising may also be seen as a way to further program outreach, veteran engagement, and public education. Programs should always exercise caution to ensure that fundraising efforts do not supersede program activities and the core mission of providing peer support for veterans in the community.

## ***Program Elements***

All of the core program elements delivered by Dwyer programs are intended to serve veterans and/or their family members in a given county/community. Over the years, each county program has been encouraged to develop its own plan for service delivery, resulting in a highly diverse and wide range of program elements offered. The “service mix” in any given county’s Dwyer program will vary, but the following program elements represent the most commonly delivered services. It is important to note that this list should not be viewed as static. Each program is encouraged to develop and implement its own new services that will help reach and support veterans in the local community. ***Not all program elements will be successful for any given county***, and the freedom to experiment with new services is essential. Moreover, counties are strongly encouraged to include Dwyer participants in planning processes, so that those veterans using Dwyer services can have a meaningful voice in planning them as well.

### **(1) Individual mentorship/support for veterans**

Peer support exchanged between veterans is the central and most important element of the Dwyer programs. Some programs use an informal unassigned process, while others make use of formal mentor/mentee pairings. Many use the military concept of “Battle Buddies” to emphasize the supportive nature of mentorship. Alongside the traditional in-person exchange of support, individual mentorship can take place in many other shapes (via text, telephone, email, Zoom, etc.).

### **(2) Individual mentorship/support for family members of veterans**

In the early days of the Dwyer program, services were designed to be delivered only to veterans. It became clear early on, however, that providing outreach and support to the family members of veterans is a highly effective way to impact veterans themselves. Particularly for those veterans most at risk of social isolation and hesitant to engage with a program, connecting with family members first has been found to be a creative and successful way to bring veterans to the Dwyer program. Over the years, programs have also reported that providing supports and socialization opportunities to family members leads to increased quality of home life for veterans, ultimately reducing the risk of



negative outcomes. Some programs have reported success hosting family events (e.g., cookouts, picnics) and others even host programs for children of veterans.

### **(3) Regular group meetings for veterans and/or family members**

Groups hosted by Dwyer programs have been a key part of service for most (though not all) county programs. Groups can be hosted for veterans or their family members and can take a variety of shapes. The key factor in all groups is that they should be peer-led and not run by mental health or other professional helpers. Examples include support groups for various issues (e.g., trauma, relationships, general topics), creative arts groups (e.g., art, crafts, poetry, writing, storytelling) or even task groups (designed to work together to find solutions to various challenges). Although Dwyer programs do not provide clinical services, many host peer support groups for substance abuse challenges (e.g., Alcoholics Anonymous or Narcotics Anonymous). Hosting such groups can provide participants with a safe, comfortable, veteran-centered avenue to engage in peer support specific to substance abuse issues. Several programs have reported difficulties maintaining attendance at groups and have stopped hosting them over time. One important aspect of hosting groups is to ensure that they are not described as treatment or therapeutic groups. Most veterans seeking Dwyer support services report that they are not looking for treatment or clinical help, but instead looking for true social supports and community with each other. Any program hosting groups should make sure to avoid the perception that groups are of a professional therapeutic nature. Since the pandemic, many Dwyer programs have had success hosting online groups for veterans and family members.

### **(4) Social activities for veterans and/or family members**

Perhaps the most successful of Dwyer program elements has been the hosting of social activities for veterans and their family members. These give veterans a chance to meet each other and build meaningful supportive connections with other. In many ways, these social activities represent the true heart and soul of the Dwyer programs. A veteran who is reluctant to “attend a program”, admit need or vulnerability, or obtain help with a pressing issue may not agree to seek out participation in a traditional program. However they might instead consider going on a social outing with other veterans with whom they can bond together. Examples include attending sporting events, fishing trips, hiking trips, pizza outings, movie nights, board game nights, etc. As with most program elements, Dwyer programs are encouraged to be creative in their thinking and development of meaningful social activities for veterans and family members.

### **(5) Crisis intervention**

Embedded within all of the other potential program elements is the notion that once a veteran is socially connected with peers through a Dwyer program, they will be more

likely to reach out when in need or at a time of crisis, however defined. Even if such a veteran does not reach out, their engagement with a Dwyer Program means that peer mentors regularly check up on veterans and may have a clear sense when someone could be reaching a crisis point. Dwyer programs are thus a crucial point of crisis intervention for veterans and family members. In some cases, full-blown crises can be avoided through conversation, connection, and support. In other cases, the Dwyer Peer Mentor can be the individual who assists a veteran getting the professional help needed during a crisis, if appropriate. Finally, an opportunity for crisis intervention can provide a pathway into Dwyer participation for veterans who might otherwise be reluctant to engage. Another resource for veterans in crisis is the Veterans Crisis Line which veterans can reach by dialing 988 and pressing 1. Veterans may also still reach the Veterans Crisis Line with the previous phone number—[1-800-273-8255 and Press 1](tel:18002738255) as well as by text ([838255](tel:838255)), and chat ([VeteransCrisisLine.net/Chat](https://VeteransCrisisLine.net/Chat)).

#### **(6) “Warm Line” telephone support**

Some Dwyer programs have reported success with telephone “warm lines”, which are a publicly advertised means for veterans to call in and talk to another veteran. These services are not intended to serve a full crisis support capacity (as in traditional suicide prevention hotlines), but instead can provide an understanding ear for veterans who are socially isolated yet not ready to participate in Dwyer program activities. Some programs may offer a more informal version of this warm line function, while not advertising as a dedicated and staffed service. Regardless of structure, this program element suggests that Dwyer programs should consider alternative and non-traditional ways to connect with veterans who are hesitant about full engagement.

#### **(7) Animal-assisted supports (e.g., canine, equine)**

Several Dwyer programs have developed animal-assisted program elements. These range from in-house service dog training programs to group visits to external equine programs. Some Dwyer programs develop partnerships with animal-assisted service programs so that the partnership program can bring services directly to the Dwyer program. These program elements are reported as highly valuable supports for veterans who are at risk for social isolation. Animal-assisted opportunities can also serve as a program recruitment tool, bringing in veterans who may not otherwise know about the Dwyer program.

#### **(8) Physical activities (e.g., hiking, running, cycling, kayaking)**

As with other social activities, the opportunity for veterans to get together in pro-social physical activity has been a highly successful program element in Dwyer counties. As a non-traditional “intervention”, physical activities bring veterans together and provide a means of social engagement and program entry for those who might be described as otherwise reluctant to participate. Some physical activities offered by Dwyer programs

are regular (e.g., weekly hiking, monthly kayaking, etc.), while others may be offered only seasonally or on special occasions. Programs should consider creative ways to use participation in physical activities as a way to engage veterans.

### **(9) Volunteerism opportunities**

A common emphasis in military training is the concept of “service before self”, meaning that soldiers are trained to prioritize service to others. Many veterans still relate to this philosophy, placing more importance on helping others than helping themselves. Some of the Dwyer programs have reported tremendous success building on this belief through engaging Dwyer participants in group-based volunteer activities. Examples include community clean-up efforts, home repairs for those in need, or building structures to improve home accessibility for those with disabilities. The chance to engage in mission-driven, time-limited volunteer activities as a group can bond veterans together, build community, and offer chances for peer support. New Dwyer programs should consider ways to build volunteerism into their set of program offerings.

### **(10) Outreach/educational activities**

All Dwyer programs engage in some level of outreach as a means to connect with veterans in the community and recruit new participants. Examples range from the informal (wearing a Dwyer shirt and talking to other veterans in natural community settings) to the formal (setting up informational tables at community resource fairs). Some programs go a step further and offer various training and educational events to veterans and civilians alike in the community. These activities can empower veterans to take on an educational role, and also serve to improve the community’s understanding of important issues relevant to veterans and their families.

### **(11) Transportation services and/or linkage to community resources**

Particularly for veterans in rural and remote areas, lack of transportation can be a major life challenge. Some of the Dwyer programs have successfully built transportation and linkage services into their array of program features. Transporting veterans to community appointments can be an effective way to build relationships while also offering a concrete and much needed resource. Veterans who may be initially reluctant to participate in Dwyer services may be willing to accept a ride to an appointment. During the transportation, Dwyer mentors can engage and connect with veterans, building rapport and trust. Transportation can thus be utilized as one important pathway into Dwyer service involvement. Some agencies hosting Dwyer programs may have specific policies

regarding transportation. Dwyer program administrators should be careful to operate within host agency policy.

### ***Best Practices / Lessons Learned***

Each county Dwyer program to date has followed its own unique path forward in a manner that is consistent with the needs and specific context of its county. Although each of these programs have found success in different ways, there are significant lessons to be learned from their implementation stories. What follows should be regarded as a set of lessons learned and best practices from existing Dwyer programs. These lessons and best practices have been gathered directly from the programs and veterans themselves, drawing on empirical service delivery data, personal interviews with Dwyer staff and program participants, and observational data. The best practices and lessons learned have been organized below into four separate categories for ease of use: (1) Program setup and structure; (2) Program outreach; (3) Program operational practices; and (4) Veteran-specific lessons learned.

#### ***(1) PROGRAM SETUP AND STRUCTURE***

**A first step in setting up a Dwyer program is a deep environmental scan of the local community.** Newly funded Dwyer counties should approach the program design and implementation processes within the context of a solid knowledge of the local community. The geographic and demographic context of each county is an important factor in program implementation. Population, community size and type (rural, urban, suburban), number of cities, regional placement, and other characteristics directly impact a program's ability to recruit and engage veterans. County demographics in particular should be used to determine what services are offered, how they are delivered, and how staffing patterns are constructed. These factors should be considered early in the development process of any program. Program planners should conduct a comprehensive assessment of local resources available to veterans and their family members. Such assessments can draw on existing knowledge in host agencies, but should also attempt to identify major gaps in resources for veterans, historical challenges, potential organizational and community partners, etc. An effective environmental scan will help prepare the Dwyer program to shape its services to best serve veterans in the local community. Dwyer programs should strive to understand local socioeconomics, income disparity, and related issues. Counties with residents experiencing high rates of poverty, unemployment, food insecurity, and lower socioeconomic status will require different programmatic strategies for veterans than those with more privileged communities. Counties with high levels of income disparity face a unique set of challenges for veterans. All programs should keep a close pulse on shifting social

conditions and trends in their communities, particularly as they impact veterans and military families.

**Dwyer programs need a clearly articulated program philosophy and model.** Each Dwyer program has an *implicit* overarching philosophy guiding its services, yet not all are clearly articulated. Veterans working as peer mentors have emphasized the need to know how and why their work is connected to a larger program mission. Peer support works best when it is intentional, thoughtful, and clearly connected to a larger purpose. The philosophy or model should be transparent and clear to staff and participants alike. This philosophy or model provides a framework that ties together basic program logic and purpose. The core program philosophy should also be conveyed in all Dwyer program printed materials and marketing/branding efforts.

**Programs need a clear, focused mission and purpose.** It is crucial that Dwyer programs are not viewed by the veterans they serve as scattered and/or disorganized. Veterans report that they want structure, organization and clarity in their programs. They want to be part of a program with a mission which resonates and gives purpose to their participation. By having a well conceptualized mission and purpose, programs will be able to offer the structure and organization necessary to meet their goals and serve veterans as well as possible. Clear and repeated articulation of the mission is just as important as its presence. Some programs may have a mission statement but if it is not clearly articulated and woven into every aspect of service delivery, it will be invisible to those veterans receiving services. The strong desire for mission and purpose among veterans relates directly back to their training and immersion in military culture.

**Programs need to delineate short-term, intermediate, and long-term objectives and goals.** Along with mission statements, philosophies and conceptual frameworks, Dwyer programs need to develop a road map for how veterans are expected to benefit from program services, activities and interventions. Such objectives and goals lead to transparency and shared agreement, decreasing the likelihood of organizational confusion or mission drift. They can also be used as an evaluative tool, helping programs measure their own effectiveness and success. Benchmarks and service delivery targets are valuable tools that can benefit programs as well. One strategic tool that Dwyer programs may consider is the use of a program *logic model*, a visual chart illustrating the resources, activities/program elements, and anticipated outcomes for each element. Programs may learn more about logic models through the Compass website: <https://thecompassforsbc.org/how-to-guides/how-develop-logic-model-0>. Program goals and objectives (as well as logic models) should be revisited on a regular basis for self-assessment and ongoing program improvement. The UAlbany evaluation team is also available for free consultation in this area.

**Programs need clear administrative structure and organization.** The desire for program structure and organization arises from veterans' preference for hierarchy and clarity. For many (though not all) veterans, this organizational hierarchy resonates with their military culture and experience. Almost all of the peer mentors/facilitators/volunteers talked about the need to know how and why their work is connected to the larger program mission. They seek hierarchies so that they can be clear about their own responsibility and mission. Hierarchical and transparent organizational structures and practices will increase the comfort level of veterans and ensure that they can identify with the program and its mission.

**Program leadership is important.** The role of Program Director is important in the success of Dwyer programs. This individual sets the tone for the program, ensures that it runs smoothly, and serves as a role model. In most cases, the Director is the “face” of Dwyer in the community. The Program Director can also be seen as analogous to the Commanding Officer in a military unit, recreating the feel for veterans of hierarchy and military unit dynamics. Strong leadership qualities for this position include charisma, consistency, decisiveness, flexibility, experience, creativity and the ability to inspire cohesion among staff/volunteers. It is important to note that leadership style can and should vary from program to program. Some Dwyer Program Directors utilize a participatory and/or democratic approach to leadership, often using committees and/or advisory councils. Others may opt for a more traditional hierarchical leadership style. Program Directors should be strong ambassadors and advocates for the program in the community. Most veterans have expressed the desire for the Program Director to also be a veteran, thereby reinforcing the principles of peer support.

**Programs should offer a wide variety of services.** Dwyer programs that offer multiple services for veterans and family members appear to have more success than those offering one primary service. The veteran population in any given county is heterogeneous, with many subgroups each with different sets of needs. Intervention variety allows the programs to reach a wider range of veterans (young veterans, women, LGBTQ, etc.) and to offer a more robust set of support services. Services should be delivered with a “wraparound” philosophy that attempts to help veterans in multiple life areas, rather than solely focusing on one. Intervention variety can also help address staff burnout and increase longer-term participant engagement. Programs should continually assess and revisit the effectiveness of their services, leading to modifications, additions, or deletions when necessary.

## **(2) PROGRAM OUTREACH**

**Outreach strategies should be prioritized.** As perhaps the most difficult aspect of operating Dwyer programs for veterans, outreach is also one of its most critical functions. Outreach must be prioritized since those veterans most in need are often isolated and not yet connected to other support services. Outreach must be creative, flexible, and thorough. Programs should strive to diversify their approaches to outreach, and constantly monitor the effectiveness of outreach strategies. There appears to be no standardized route to effective outreach, so it is important that each county program plans its outreach with full consideration of local demographics and community context. Outreach efforts should strive to connect veterans in natural community settings in innovative ways that do not resemble traditional referral processes. Different subgroups of the veteran population (e.g., by age, gender, race/ethnicity, combat vs. non) will require different outreach strategies.

**Program outreach should extend beyond veteran recruitment.** Programs should view outreach as a multifaceted and complex activity rather than viewing it in traditional narrow terms. Although veteran recruitment remains a top outreach priority, outreach efforts can also lead to resource attainment, partner development, organizational networking, and public education. Outreach can be used for any or all of these purposes depending on the specifics of a strategy or particular event. Outreach should not be viewed as an activity separate from peer support services but should be seamlessly integrated into all program efforts and activities. Community awareness and public recognition are essential to Dwyer program success. Those programs that have developed clear and effective marketing and branding strategies are better able to harness public visibility and interest, thereby increasing the likelihood of reaching more veterans and ultimately building more veteran-supportive communities. Marketing efforts need to be instantly recognizable and send a message of welcome and support to veterans who may be reluctant to engage in more formal and professional systems of care. Program materials should be consistent and clear in both message and branding. Finally, programs should consider involving veterans who are service recipients themselves in the design and development of marketing materials.

**Dwyer programs need to offer multiple points of initial engagement for veterans.** Veterans across the state discover and initially engage with Dwyer programs in a wide variety of ways. Entry into the Dwyer program should not be seen as a “one size fits all” phenomenon. Programs need to be as creative as possible when configuring services, with multiple points of service entry as a means to recruit veterans. Staff should cultivate non-traditional means of program entry and should regularly consult with veteran service recipients to learn how to better recruit new participants. Word of mouth is central to most veterans learning about Dwyer, and



it is thus important that programs are keenly aware of public perceptions within their local communities.

**Program outreach strategies should be diverse and tailored to veteran subgroups.**

Dwyer programs need to continually revise and expand their strategies of outreach to potential participants. Outreach is an inherently complex endeavor, with those veterans most in need also the most difficult to find and engage in services. Word of mouth, written materials, social media, tabling, and events have all been found to be effective outreach strategies but are not the only methods to employ. Using a mixture of strategies ensures reaching a wide array of veterans and family members because some strategies may be more effective with certain subgroups of veterans. Those programs who have maximized creativity and fluidity in outreach have been more successful at reaching a wide swathe of veterans in need.

### ***(3) PROGRAM OPERATIONAL PRACTICES***

**Dwyer programs should communicate and collaborate with other Dwyer programs.** One of the documented strengths of the Dwyer program since its inception has been the willingness of programs to communicate with each other, consult on challenges, share ideas, and even collaborate on special projects together. Although each county's program is separate and distinct, the shared mission and purpose provided by the Dwyer rubric is powerful. Although informal communication between and amongst programs happens organically, communication and collaboration between county Dwyer programs was facilitated by the evaluation team through 2020. Before the COVID-19 pandemic, annual meetings were held in Albany with Dwyer administrators meeting in person to exchange ideas and learn from each other. Starting in 2021, the ***New York State Dwyer Coalition*** was created in Ulster County to offer a more formalized mechanism for peer support between Dwyer programs. The coalition has grown in size and importance, bringing Dwyer stakeholders together on a monthly basis via remote technology. All Dwyer programs are encouraged to participate in coalition meetings in order to maximize the benefit of collaboration and inter-county cooperation.

**Program flexibility is essential.** Flexibility needs to be a core feature of all Dwyer programs. Many traditional and/or institutional programs serving veterans are perceived as over-regulated and rigid by those veterans using them. A large factor in the success of the Dwyer program has been its ability to offer an ***alternative***, particularly for veterans who are reluctant to engage with other programs. The Dwyer programs must be able to switch strategies, adapt to feedback, and change direction whenever necessary. The most successful Dwyer counties have built such flexibility into their regular practice, continually reviewing program effectiveness and modifying

services as a result. Outreach is a particular area in which flexibility is key. Flexibility should not come at the expense of structure and organization but should be incorporated into a thoughtful and comprehensive program planning strategy.

**Program services can also be “virtual”.** One of the key lessons of the last two years for the Dwyer programs has been the need to adjust program services for the COVID-19 pandemic. Lockdowns and other safety precautions challenged each program to think about its services for veterans in different ways. Most programs were able to pivot quickly and offer a range of remotely delivered support services. These services used technologies such as email, text, telephone, FaceTime, and Zoom to help build community amongst veterans even when physical in-person contact was not possible. The lasting impact of this experience suggests that Dwyer programs should continue to use a wide variety of technological means to engage veterans. Remotely delivered supports can be equally valid and helpful to veterans as those delivered in person. Dwyer programs located in rural areas should especially consider diversifying the use of technology and virtual supports for veterans. Dwyer programs are further encouraged, if feasible, to establish a physical location where veterans can come in and gain access in a confidential setting to a computer with broadband internet. Such a resource will provide valuable service to veterans lacking internet access and will allow them to meet virtually with a peer mentor or engage in other important activities such as accessing benefit information or setting up appointments.

**Organizational collaboration is a key best practice.** Dwyer programs are best positioned to successfully operate in their own communities when they have strong partnerships with external organizations. The best programs are open to collaboration and partnership, rather than seeing other organizations that serve veterans in a competitive light. Organizational partners can be traditional (e.g., other veteran-serving agencies) or non-traditional (e.g., YMCA/YMHA/YWCA/etc., gyms, restaurants, libraries, college campuses, arts studios, etc.). The key is for Dwyer programs to seek partnerships that yield creative projects and ways to better integrate veterans into the local community. Strong organizational collaborations serve to increase overall resources available to veterans in a community. A side benefit is also that such partnerships increase the visibility of the Dwyer program and can serve to educate the general public about the value of veterans in their community.

**Social comradery/teamwork/unit cohesion are central concepts.** Veterans using Dwyer services often are often seeking meaningful ways to re-create the social comradery and unit cohesion that they experienced while serving in the military. Many veterans participating in Dwyer program have reported feeling they lack the same *connection, meaning and purpose* when

they return to civilian life. Without these phenomena, veterans often experience social isolation, substance abuse, and mental health problems. The Dwyer programs offer them a chance to re-create the group cohesion and social bonds found in the military. To be surrounded by others who understand one's own experience is a central benefit of peer support and the goal of the Dwyer programs. These are concepts of central importance to veterans and can be directly tied to prevention of isolation and suicide. Dwyer programs should continually strive to build comradery and unit cohesion, making them a core centerpiece of their strategic plans. The development of comradery and team cohesion among veterans is a valuable tool to combat the social isolation many veterans experience after military service.

At the same time, Dwyer programs should be sensitive to the potential needs of veterans who may not have had positive experiences in military service. For instance, some veterans may have experienced military sexual trauma, race-based discrimination, or bias based on sexual orientation. It is critically important the Dwyer programs provide a safe, welcoming and supportive environment for such veterans, even if those individuals choose not to participate in large group activities or seek social comradery. Dwyer programs should strive to provide individualized, tailored services to a range of veterans who may seek different experiences and supports based on their own set of needs.

**Programs must balance veteran and mental health perspectives.** The Dwyer programs operate in a very unique intersection between veteran/military issues and mental health issues. Although it is possible to integrate the two, the primary lens through which one views the work will have an impact on the veterans served. A program that primarily uses a veteran-focused framework may neglect important mental health components, while a program operating primarily from a mental health framework will run the risk of becoming too clinical/professionalized/treatment-focused in nature and ignore those needs related to veteran and military culture. An appropriate balance between the two extremes is difficult to find and should be a goal of the programs. As with outreach, Dwyer programs should engage in continuous self-review to make sure it is operating from a balanced perspective.

**Dwyer programs should only offer non-clinical supports.** One of the unique and most powerful elements of the peer support approach for veterans as used in the Dwyer programs is that veterans help other veterans in organic, natural, and non-clinical ways. Veterans working as peer mentors for Dwyer should not be trained in clinical interventions, but instead function in a supportive role through the lens of their own lived experience as veterans. This organic, natural approach is extremely valuable to veterans who are reluctant to seek out care of any sort, particularly from mental health providers. Using a non-clinical approach should still be an intentional process for the peer mentors but avoid the use of clinical language and concepts.

Instead, it is closer in spirit to friendship, with special emphasis on mutuality, understanding, and emotional support.

The fact that Dwyer Programs are non-clinical in nature does not mean that Dwyer Programs should avoid relationships with trusted, locally based clinical care providers. On the contrary, these relationships are important to form and sustain. Dwyer staff should be supported in the process of referring veterans to more formalized levels of care when needed. Such referrals are best done within the context of trusted peer support relationships. Training in the use of an empirically-supported crisis intervention and suicide prevention protocols, such as those identified in the “training” section of this guide, is highly valuable for Dyer program staff. Such methods use non-clinical, conversational techniques to identify individuals who are at risk of suicide or self-harm and connect them, when indicated, with clinical mental health care.

**Dwyer program services should be trauma-informed, although not trauma-focused.** The lasting impact of trauma experienced during military service is significant and should not be ignored in the veteran population. The sources of trauma can take many forms including physical injury, life-threatening events, sexual assault, moral injury, and witnessing death. Some veterans are exposed to multiple traumas in the military. Exposure to trauma can lead to post-traumatic stress (PTS) or other mental health symptoms if not addressed. Veterans are often reluctant to discuss traumatic events at first, and thus many who experience post-traumatic stress leave it unaddressed for long periods of time. Dwyer programs need to be **sensitive** to the realities of trauma and its effects for veterans in the community, in all aspects of program design and delivery. Although it is critical that program services are *non-clinical*, all Dwyer staff should be keenly aware of the possibility that veterans engaging with the program may be deeply impacted by trauma and its after-effects. It is important that program services should be *trauma-informed*, rather than *trauma-focused*. Placing too much direct emphasis on trauma may prevent veterans from engaging with the program and lead to the perception that it involves clinical treatment. Finally, Dwyer program staff should be knowledgeable about local treatment resources available for veterans and develop referral capacity so that veterans in need of clinical services related to trauma can be supported throughout the referral process.

**Programs should be knowledgeable about veteran suicide and able to broach the subject with participants.** As with trauma, Dwyer program staff should be knowledgeable and aware that suicide and self-harm are significant risks for veterans. Dwyer staff should be trained and supported in suicide risk awareness (e.g., using the C-SSRS, SAVE, and SafeTALK approaches described in the training section above) as it relates to veterans. Most importantly, peer mentors need to be willing to discuss it in clear, direct terms with veterans. The Dwyer programs directly address suicide prevention by working to engage veterans in a positive,

supportive community that reduces social isolation, perhaps the most pressing factor leading to veteran suicide. As with trauma, programs should strive for awareness and sensitivity to veteran suicide while not making it an explicit clinical focus of its services. As described above, Dwyer programs should also draw on their organizational partnerships with local and/or other providers to facilitate effective referrals when indicated. In addition to local organizations, the New York State Office of Mental Health and the New York Division of Veterans Services, and the US Department of Veterans Affairs all have excellent resources related to suicide prevention that can be extremely valuable to Dwyer programs. Finally, the New York State Dwyer Coalition offers Dwyer programs an opportunity to learn more about crisis response and suicide prevention strategies from each other.

**Programs should encourage and support personnel who need to temporarily or permanently step aside from their Dwyer work for their own mental health and well-being.** Veterans serving as program directors, peer mentors, and other Dwyer personnel are not immune from the same mental health challenges Dwyer participants face. A veteran's work with another veteran can prove to be unintentionally "triggering" for the veteran mentor, as hearing stories, seeing pictures, reading journal entries, etc. about another veteran's military experiences may remind them of their own traumatic in-service experiences. Dwyer programs are therefore strongly encouraged to establish strong clinical mental health relationships not only for program participants but also for program staff and volunteers. Dwyer personnel (whether paid or volunteer) should be told regularly that there is no shame in stepping aside temporarily, or even permanently, if they find themselves in a place of mental health distress. No Dwyer personnel should ever feel that it is a sign of "weakness" or "giving up" to seek and receive mental health services and supports. Given the potentially re-traumatizing nature of the services that Dwyer peer mentors and other leaders perform when working with Dwyer participants, this message needs to be consistently reinforced to ensure that Dwyer personnel never feel that they would be letting the program down if they step aside to attend to their own mental health needs.

**Social activities hosted by Dwyer are beneficial and an important program feature.** To the casual observer a social activity such as bowling, attending movies, fishing, or hiking may not seem like an *intervention* for veterans in need of support. Yet these activities are opportunities for veterans to expand their networks, be around other veterans, feel connected to a cohesive group, and be understood by those around them. Social activities are a time where veterans can feel comfortable being themselves around others like them. Friendships and peer support relationships are developed during these outings, drawing veterans out of physical and social isolation. Hosting social activities has become a core component for Dwyer programs and a key place where veterans build community with each other. Implemented properly, they can help achieve numerous program goals and objectives.

**Unique, creative and non-traditional programming is the most effective.** Veterans using Dwyer services resoundingly say they do not want to be viewed as a “client” seeking a “program” in order to receive “services”. Rather they simply want to connect with other veterans and be around people who understand their situation. In doing so, they become engaged, build friendships, expand social networks, and experience improvements in their quality of life. Even for those who have struggled with mental health issues, trauma, and substance abuse, the non-clinical avenues of supporting veterans seem to be the most fruitful in terms of outcome. Dwyer programs should work to emphasize non-traditional and creative ways to engage veterans without focusing on traditional program/administrative requirements. Creative and innovative program offerings (e.g., outdoor social activities, community volunteer projects, art-based activities) can attract a wide variety of veterans to the program. These types of interventions encourage organic peer support that is not solely focused on mental health issues or challenges, while also helping address the stigma many veterans experience. An awareness that Dwyer interventions should be seen as non-traditional is essential to program success.

**Programs should consider including family support components.** Originally conceived as a program solely for veterans, it became clear in the early stages of implementation that inclusion of family members and loved ones in recruitment and engagement efforts is not only beneficial to veterans, but also crucial to overall program success. While family-focused service components may not be targeted directly toward veterans, they tend to increase veteran recruitment. Veterans who socially isolate and are most in need of peer support are often not ready to engage in program services themselves. A family element can serve as a less stigmatizing entry point into a program. Family components within Dwyer-funded programs also help build community and strengthen the overall level of support available to veterans in a county. There is not one model for a family component, and programs should be encouraged to experiment with the development of services designed for children, caregivers, spouses, etc. All of these services ultimately help veterans through indirect and creative ways that are neglected in traditional sources of care and support.

**Programs should emphasize ways for veterans to provide service, help other veterans, and engage in volunteerism.** Veterans often relate to the notion of **providing service** to others before thinking about oneself. Emphasis is placed during military training on the importance of helping others, working together collaboratively, looking out for fellow soldiers, and working for the common good. Many veterans continue to work in helping capacities (e.g., as police officers, firefighters, EMTs, mentors for youths, community-based organization leaders, etc.) after the military, and volunteer to help after disasters. The notion of

*“service beyond self”* should be incorporated into the work that Dwyer programs do. Dwyer participants consistently report that they love to engage in project-based group volunteer activities in the community. These opportunities resonate with the desire veterans have to give back to the community and lend increased importance to the veterans’ lives. Engaging in service activities can add a sense of purpose and mission that is often lacking for them in the civilian world. Viewing oneself as a helper with valuable contributions to make can be a life-changing experience for veterans who engage in peer support. Like social activities, volunteerism can also serve multiple purposes including outreach, engagement, retention, publicity, community education, and more. Perhaps most importantly, group volunteer projects can recreate the social cohesion and feel of a military unit that veterans experienced while in the military. Finally, some veterans may prefer to engage in volunteerism though the provision of individual peer support services, so programs should strive to offer a range of volunteer opportunities.

**Dwyer programs have a role to play in educating others about military culture.** A recurring theme found in all Dwyer programs and counties to date is that military and civilian cultures are distinct and separate. The gap between the two cultures may appear subtle to the outsider, but particularly for those veterans struggling to successfully reintegrate, it is both wide and powerful. Dwyer programs can provide a successful military-civilian bridge through public education efforts. Many if not most of the challenges experienced by veterans are directly related to this cultural divide and its impacts. Its depth cannot be overstated for veterans who crave understanding, meaning, purpose, and hope in a culture that often lacks empathy and true concern for their experience. To truly provide a web of support around veterans in need, and to prevent the social isolation which has been linked to negative outcomes, communities play a vital role in bridging the divide between military and civilian culture. Dwyer programs are in a unique position to aid in this process through public education efforts. Public education also serves to empower veterans through providing opportunities to use their own expertise and experiential wisdom to improve the community at large. Public education efforts should not be viewed as ancillary or extra components, but rather should be a central activity leading to program success and community improvement.

**Programs should seek regular feedback from participants and staff.** Accountability is a central concept for veterans, and the experiences of service recipients should be used in quality improvement efforts. There is no greater resource during this process than the wisdom of those administering and receiving services. Providing feedback allows veterans to contribute back to their own programs and offers empowerment opportunities. From a program planning and administration perspective, the ability to gather and absorb regular feedback, and to adjust services accordingly, is critical to program accountability and ultimately success serving veterans. Dwyer programs are encouraged to develop strategies for obtaining regular feedback from



participants and program personnel (whether paid or volunteer). Such feedback can be highly useful after major events, when new program components are added, and/or simply at regular calendar intervals.

#### **(4) VETERAN-SPECIFIC LESSONS LEARNED**

**Transition out of the military is an inherently complex process, impacting every area of veterans' lives.** Veterans participating in Dwyer programs have shared with great awareness how difficult and painful the experience reintegrating into civilian life has been. Most indicate that the military did not prepare them well for what would follow after military service. The transition from being a service member to life as a veteran is multifaceted and fraught with challenge. The inherent lack of structure in civilian life, potential for perceived lack of purpose and meaning, and confusion about roles can negatively impact veterans. Relationships in the military are based on loyalty, hierarchy, logic, mission, responsibility, and a common purpose, while civilian relationships (personal, family, work, etc.) have different focal points that can be difficult to adapt to for veterans. Unemployment or underemployment are also additional factors contributing to the challenge of reintegration for veterans. Finally, veterans described how struggles with reintegration were compounded by the lack of social membership and cohesion they had experienced in military service. Another challenge for which many veterans have not felt prepared for adequately by the military is navigating the complex system of federal benefits for which they and their families may be eligible. This dense and complex system may prove frustrating and degrading for veterans and their families to navigate, potentially causing or worsening mental health challenges. All of the challenges veterans face with reintegration are complex and fluid, dependent on situation and context. ***Dwyer programs should design program services and supports in a way that is highly sensitive to such reintegration and transition challenges.***

**Identity is a core and often overlooked concept for veterans.** Personal identity and its shifting nature is a recurring theme in the experience of veterans. In the military, service members are defined by their military identities. Once they leave the military, that aspect (which for some may have been the most important part) of their identity is suddenly gone. They describe feeling adrift and not having a clear sense who they are and what their purpose is. The identity of being a “veteran” is not immediately comfortable for all, and the resulting dissonance can be devastating to self-esteem. Depression, isolation, and substance misuse are common responses, particularly when post-traumatic stress and moral or physical injuries are thrown into the mix. *Mission, purpose, and identity* are closely interwoven concepts for veterans in very complex ways. The Dwyer programs have a distinct opportunity to reach people and help them through difficult identity transitions that can be transformative and lifesaving. ***Programs should***

***build in non-clinical opportunities to help veterans think about their own identities in support of personal growth and success.***

**Veterans feel misunderstood by civilians.** Above almost all other sentiments, veterans report that they feel misunderstood by civilians and family members alike, particularly upon return from military deployment. The experience seems to be so unique and life-altering that only someone else who has gone through a similar experience can truly understand the impact. Although it is easy to observe that veterans are misunderstood, the imperative is for Dwyer staff to be continually sensitive to this phenomenon. ***Dwyer programs should work towards creating program services, activities and community events that can bridge this understanding gap and ultimately help communities better understand and appreciate veterans.***

**Veterans use a variety of coping strategies to process their military experiences and handle challenges.** Veterans engage in coping behaviors that are a direct response to challenges they face during reintegration. Some of these behaviors represent healthy and adaptive coping strategies (holistic treatments, meditation, animal-assisted therapy, artistic endeavors, public speaking, counseling/therapy), while others can be problematic and maladaptive (substance use, compartmentalization, avoidance, anger, isolation, risk-taking). The maladaptive coping behaviors are often used to avoid processing negative experiences or difficult interactions with others. The adaptive behaviors appear to be used frequently to process trauma, experiences or stress. When maladaptive and unhealthy coping strategies are used, it is important that Dwyer programs not pathologize or label veterans, but instead support them in change and growth efforts. ***Dwyer programs should be aware of common coping strategies for veterans and build this knowledge into program services and activities.***

**Veterans face significant mental health and substance abuse challenges in the community.** Veterans may experience a range of mental health challenges and/or substance abuse issues after leaving the military. Mental health symptoms can include sleep disturbance, depressive symptoms, anxiety, hypervigilance, mania, hallucinations, rumination, flashbacks, irritation/anger, sadness, guilt, and terror. Such symptoms should be considered a normative response to the more difficult aspects of military experience, and *not necessarily considered mental impairment*. Particularly when coupled with the experience of stigma related to help-seeking and/or negative interactions with professional providers, mental health needs among veterans often go unmet. Help-seeking is seen by many veterans as an admission of weakness and viewed as implicitly discouraged in military culture. The unmet mental health need among veterans is further exacerbated by relationship difficulties, feeling misunderstood by others, lack of needed resources, substance abuse, and social isolation. Even if severe symptoms are seen,

Dwyer staff/peer mentors should strive to not pathologize and label/diagnose symptoms. Dwyer programs have had great success developing organizational relationships with mental health providers, substance abuse programs and crisis services for referral purposes when necessary. ***Dwyer programs should be prepared to support veterans through various mental health and substance abuse challenges in non-clinical ways that emphasize peer support. Programs should also build organizational relationships with external service providers that will facilitate referrals, when necessary, while also remaining cautious and careful about focusing too heavily on mental health.***

### **Peer support is a powerful and vital source of strength and healing for veterans.**

Drawing on the strong connective bonds that exist between veterans, peer support is a critically important resource for individuals coping with the reintegration process. Veterans describe feeling understood and supported by other veterans in ways that are not possible with civilians, even loved ones. The concept of feeling understood is of utmost importance to veterans, for whom misunderstanding and alienation are linked to social isolation and negative health outcomes. Peer support offers connection, bonding, trust, loyalty, social membership, wisdom and experience to veterans who may not otherwise have access to these valuable resources. The peer support relationship differs from traditional helping relationships in its true mutuality. Providing help to others like themselves can also become a “mission” for veterans in the community, providing empowerment and a renewed sense of purpose and meaning.

**Distrust of professional service providers can be a barrier to Dwyer program entry.** Some veterans describe a high degree of distrust when it comes to health care and helping professionals in general. This is particularly true with civilian providers but can also apply when receiving care from other veterans. Dwyer program participants explain that issues of trust and understanding are paramount, and that the experience of stigma is a strong factor keeping them away from traditional providers. Earning the trust of veterans, some of whom may be cautious or hesitant to engage, must be a program priority at all times. ***Dwyer programs should create supports, activities, and services which build trust and account for the reluctance to engage that many veterans may exhibit at first.***

### **Stigma can prevent veterans from getting needed services and supportive care.**

The experience of learning to become strong and appear without weakness during military training has a powerful impact on veterans. Help-seeking is equated with weakness and vulnerability, both of which are seen as liabilities in the military. After military service, many veterans find that patterns of masking need and hiding vulnerabilities have become ingrained into their behavior. They acknowledge that admitting the need for help is very difficult, and many

will not do so until a crisis point is reached. These factors and others lead to an increased experience of stigma in the civilian world. ***All Dwyer program services should be informed by a continual awareness of stigma and its impact on veterans.***