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EVERYONE HAS A UNIQUE STORY
A toolkit for facilitating peer support groups on grief and loss

ABSTRACT

This thesis is a product-oriented work project, carried out in collaboration with The Finnish Mental Health Association Mieli, the largest non-Governmental organisation in Finland that works in the sector of Mental Health. The aim was to produce a peer support toolkit intended to serve as a guideline for peer support group facilitators. The contents of the toolkit can aid in the organization and facilitation of peer support groups concerning all areas of grief and loss, implemented in the English language for people with a migrant background.

The project was planned and carried out according to the working life partner requirements and the toolkit was concluded, corresponding to the target group needs. The process of the project was successfully executed by following the phases of project management.

The outcome of this thesis is a 80 pages toolkit containing easy to follow information, recommendations and guidelines for facilitating a peer support group for bereavement. In addition, it includes 10 sessions with designed activities and tips for facilitation.

It can be concluded that the finalized product according to the evaluation of our working life partner organization, can be a useful tool to be implemented with people experiencing grief and who would prefer the English language as a way to express themselves freely. By participating in a support group using an inclusive language such as English, people can open up and share their stories and problems with others who have similar experiences of grief and loss, leading to a journey of healing their broken heart.

Keywords: Grief, Loss, Grief and Migration, Grief and Culture, Peer Support, Peer support group facilitator and grief, Peer Support groups in Finland

CONTENTS

1 INTRODUCTION

Loss, change, and death are all universal human experiences, and each one of us might already have an experience or will become intimately acquainted with the grieving process at many points throughout our lives. Loss and grief can be the result of death of a loved one, loss of an ideal, loss of an object, loss of a body part or even losses associated with migration such as the loss of identity. (Wright, 2007.)

People who go through grief and loss usually require a different approach of assistance, as one of the most important aspects of grief that differentiates it from other issues, is that grief itself, as a process and a feeling, is an adaptive response and not a form of pathology. Grieving is a normal reaction to loss, and the process one follows to overcome it or recover from it vary significantly from an addiction or an illness. (Harris & Winokuer, 2016.)

We chose peer support group as a method of aiding with bereavement in this case. Peer support programs come in many different forms, but the general principle is the inclusion of people with similar backgrounds and experiences, sharing and providing emotional, social or practical support to each other. (Solomon, 2004.) A core belief of the peer support approach is that due to shared experiences and life circumstances, it is rather easier for peers to form connections of trust and enhanced support with those in need (Castellano, 2012).

Today the number of migrants has increased, and it seems that it will rise also in the future. Most countries are and will continue to be affected by migration. Most important global issues such as poverty, human rights violation and development are seen to be linked with migration. (Koser, 2007.) The growing sum of migrants has posed a challenge for mental health services. There is an apparent lack in services arranged in English designed to aid in the mental health of migrants. Moreover, the population in Finland was 5,543,659 at the end of July 2021, which means that during January-July 2021 the population saw a rise in inhabitants by

9,866 people and this due to migration from other countries to Finland. (Official Statistics of Finland, 2021.)

Currently in Finland, many support groups and services have been organized for migrants by different Non-Governmental Organizations (NGO's), but very little attention has been paid to their mental health. Therefore, our interest was to create a peer support group toolkit for facilitators, that is focused on migrants who have experienced loss and are struggling with feelings of grief. The sessions planned in the toolkit are aimed to help, guide and inform our target group during their participation.

Our thesis is a project, in collaboration with Mieli, the largest non-government organisation in Finland that works in the sector of mental health, and they operate in Uusimaa region. The outcome of the thesis is a toolkit, which focuses on the mental health of English-speaking migrants who are going through the experience of a loss. An excerpt of the toolkit can be found in the Appendix 3.

2 BACKGROUND OF THE THESIS

In this chapter we refer to the background of this thesis and its objectives that resulted in the current product we have created. The working life partner organization is also presented, outlining its work in the Finnish society. Furthermore, we discuss the need exhibited to us to create a toolkit in English language to support their workers to organize and facilitate grief support groups that will meet the needs of their clients. In addition, a connection with the legislation associated with the rights of people with a migrant background in Finland is examined.

2.1 Aim of the thesis

The aim of this thesis was to create a toolkit for facilitating a peer support group for people who have experienced a loss and are going through grief. The toolkit is for English speaking migrants in Finland and can be used to support the organization to implement the activity with their service users.

The goal is that with the help of the toolkit and the implementation of the group, the participants will be encouraged to move forward in their healing journey and learn how to cope with their feelings. By following the sessions provided by this toolkit, we are hoping that the participants find comfort within themselves and others, while focusing on recovery. Although grief is normal and natural, and clearly the most powerful of all emotions, it is also the most neglected and misunderstood experience, often by both the grievers and those around them. (James & Friedman, 2017.)

This toolkit is intended for all areas of loss and grief, it does not deal solely with loss through death. Even though loss through death is seen as the most significant loss, it is important to highlight that the sessions are aimed to help come to terms with other losses as well.

2.2 Mieli – The Finnish Mental Health Association

The working life partner for our thesis is Mieli - The Finnish Mental Health Association. Mieli is a Non-Governmental Organization, founded in 1897 and it promotes interaction between individuals and communities, while activating people to work for the welfare of their own communities. In addition, it emphasizes everyone's right to mental health. It encourages inclusion, community, and activism in society and a culture of caring. Mieli highlights its most important concepts, human rights and social justice while aiming to support mental health and wellbeing. The national membership of Mieli consists of 50 local mental health clubs and 33 national organizations. Mieli's crisis center network includes 22 crisis centers operating in different parts of Finland. Operations are supported by, among other things, Veikkaus' funds, donations and fundraising. The organization employs about 140 people and includes 4,000 volunteers and partners. (Mieli, 2021.)

As described in Mieli's action plan for 2019, the organization designates the resource focus as the foundation for its activities, in addition to strengthening the factors protecting mental health and reducing risk factors. The Civic Activities Unites develops, organizes, and support effective, valuable, and goal-oriented co-operation between staff members and volunteers. Mieli's work is mostly divided into mental health promotion and crisis support. Mieli coordinates the national crisis telephone service, providing online crisis assistance as well as face-to-face crisis aid nationwide. Moreover, Mieli also coordinates Victim Support Finland, a nationwide service provided in collaboration by five organisations and the church, and participates in coordinating the Sekasin Kollektiivi, which provides help to adolescents. (Mieli, 2021.) The goal of the Mental Health Promotion Unit is to promote people's mental health throughout life and to prevent mental health disorders. The unit provides expert services, participates in advocacy work, and develops and shares good practices for the use of the organizational field and society.

Mieli actively promotes mental health and operates through various development projects that aim to support families and children, the promotion of good mental health in schools and workplaces, in the living environments of the elderly and support the mental health of migrants. In addition, it is a large educational organization. The organization trains citizens as well as professionals, sells journals as well as guidebooks and they produce brochures and promotional material.

The interest, participation, and expectation that Mieli has placed in being an active participant in this thesis project arises from the role and influence that the organization has in the area of mental health in Finland. The majority of the services so far are offered to its clients, in the local language. However, crisis counselling is offered in Finnish, English, Swedish, German, and with interpreters. In addition, there is crisis helpline answering in Arabic, English, Finnish, and Swedish language. As a result of the increase of migrant residents in Finland, the organization foresees the need to create more programs and services available in a more adaptive language such as English. This way, the organization can include more services regarding mental health for people with a migrant background.

2.3 Legislation

One of the most important legislations in Finland is The Act on the Promotion of Immigrant Integration (A 1386/2010). The purpose of this act is to provide an integral support to people with migrant background who have moved to Finland. This act was created to assist in the integration process, ensure the necessary services and support are given to migrants in order to be a part of the Finnish society. In addition, this law seeks to promote gender equality and non-discriminative practices for a positive interaction of different groups within society. This law applies to people with immigrant background who have a valid residence permit in accordance with the Aliens Act. (A 301/2004.)

Regarding the rights of the patient, in Finland these are protected by several laws, of which the main one is the Act on the Status and rights of the Patients (A 785/1992). This act dictates the rights of the patient to: receive accurate information, to self-determination and record keeping of any documentation related to care and treatment. In addition, this Act stipulates the right of the patient to receive quality health and medical care independent of their mother tongue, their individual needs and their cultural background. This act should be considered in case the patient does not speak Finnish or Swedish and interpretation should be provided to the patient, ensuring equal treatment of everyone in the health care system.

Subsequently, these laws are also designated to support people with a migrant background residing in Finland. This translates to the fact that migrants have the right to receive equal services that help their integration and well-being without being discriminated against, which also includes their mental health.

In regards of the mental health of migrants, the Finnish Institute for Health and Welfare (2021). states that it should be taken into account that identifying and diagnosing the symptoms associated with mental health problems may have difficulties due to different variables. Those variables include migrants not being able to express themselves fully in the Finnish language, the different cultural backgrounds and customs that each person is accustomed to and how these are interpreted according to different cultures' perspectives. Furthermore, it should be considered that the symptoms associated with the mental health of migrants may be associated with different events that may have been triggered by their migration, and to which have not been given the necessary importance until now.

Consequently, in accordance with these laws, the language barriers should be taken into account when creating activities and programs in languages other than Finnish and Swedish. Ergo, English is usually a language spoken by the majority of people with a migrant background, and it can be widely used in order to ensure access to all the services available for the improvement of their mental health. The objective of this toolkit is focused precisely on that, to give better access to those who prefer the English language to express themselves in order to talk

about what is affecting them. This is one step forward in integrating more activities for English speaking residents of Finland, thus with the use of tools like this toolkit one can contribute to help and improve the migrant's integration and quality of life.

3 KEY CONCEPT OF THE THESIS

This chapter focuses on the definition of the different key concepts such as grief, loss and the prevalent feelings manifested by it. In accordance with our organization's needs, we will be including information about migration and grief as well. Lastly, the main purpose of the toolkit is the facilitation of a peer support group, thus we will expand on the further concepts of peer support groups, the role of a peer support group facilitator and the connection between peer support groups and grief.

3.1 Grief

Grief is defined in many ways, yet simply stated, grief is the normal reaction to loss. However, the word "normal" enunciates an almost defined expectation of what ''normal'' grief is like and that is far from the truth. Grief is undoubtedly a universal experience that is shared by all human beings, but the actual grief response varies amongst each individual, likewise the reaction of grief is exclusive to each person. There are a multifarious number of factors, such as personality traits and past experiences akin to stressors, the nature of the actual loss along with the social expectations that all affect the grieving process and reaction of an individual. (Harris & Winokuer 2016, p.26.)

Mourning is commonly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on. While grief is characterized by what you feel on the inside, mourning is defined as the outlet of grief. As observed by Wolfelt (2004), mourning is grief inside out. It is the way you show your grief and it can be expressed in various ways such as crying, journaling, creating a photo display of what you are missing, usually a loved one. As grieving is natural, so is mourning, ultimately leading to a step towards hope and healing. Lastly, it is vital to mention that as much as grief is a normal reaction, sometimes grief can cause severe manifestations of it such as extreme immobilization, feelings of sadness that appear

disruptive over a long period of time, psychotic ideation and/or other symptoms that perdure despite the passing of time. In that case, it can be presumed that an individual's reaction has caused a breakdown in their psychological functioning and such a pathological state corresponds to what we now call complicated grief. (Horwitz & Wakefield, 2012.)

3.2 Loss

According to the definition of Harris and Winokuer (2016, p.26), loss is the real or perceived lack of something that is considered significant to someone. The loss may or may not be due to death, although it is usual for people to take someone's death as the most significant of losses (Wright 2007, p.7). Commonly, with the experience of loss it is difficult to return to different aspects of daily life that used to be enjoyed, appreciated and valued.

Therefore, when people lose something significant of great value or with a special meaning, through loss, separation, death or dying, they must adapt and the universal response to this is grief. Subsequently, the person experiencing the loss encounters a period of intense grief and great sorrow, with symptoms varying from sadness and loneliness. This is defined as bereavement (Cherry, 2021), and it is important to mention that each experience is personal and individual.

Wright (2007, p.2) identified several types of losses, such as: the more traumatic losses, when someone losses a person where there was an important relationship and the loss of a beloved pet. In addition to that, the loss of an important object, where the author emphasizes that objects can be replaced while the associated feelings cannot, since the person experiences the loss of a house or by moving or migrating to another place. Furthermore, another important addition is the loss of a part of the body, a loss which is rarely understood. Lastly, losses due life changes during human development and its different milestones, such as a woman not able to be a mother, or loss of strength or mobility in the elderly.

In relation to the way of coping with losses, according to Wright (2007), previous experiences of loss could reinforce coping skills in individuals, however, the meaning of this varies from person to person or in other words, what a loss means for one, can be different for another. In addition, several aspects must be considered in the individual to corroborate whether they have the necessary resources to face the losses and if they do so in a positive or negative way. This means that a loss can directly affect the physical and emotional well-being of someone, or lead someone to misuse alcohol or drugs or into any maladaptive behaviour. It can also lead to sleep deprivation, detachment from reality or dissociation, among others that are not considered as a normal grieving process. It is also important to consider other attitudes that influence how to face a loss or death depending on the family, cultural, ethnic and / or religious background.

3.3 Grief and migration

According to preliminary data from Official Statistics Finland (2021), the population in Finland was 5,543,659 at the end of July, thus during January-July 2021 has increased by 9,866 people and this increment is due to migration from other countries to Finland.

The migration experience is a stressful event both in the lives of the people who experience it and the changes that occur in the hosting environment (Casado et al., 2010). As defined by Bhugra and Becker (2005), migration is the process of going from one country, region or particular place of residence to another in order to settle semi-permanently or permanently with an indefinite period of duration. The people who migrate do so individually or in masses and the reasons vary from economic, educational, work, family reunification and or for political reasons.

As mentioned by Bhugra and Becker (2005), migration has helped increase cultural diversity in developed countries, however migrants experience different kind of stresses associated with migration that can affect their mental health and well-being, such as loss of their own cultural norms, religious customs, reduced social support, etc. Making the adjustments to be part of the new culture within the host

country, can often lead them to experience changes in the concept of identity and own self, affecting their mental health.

According to Bhugra (2003), it is likely that a certain degree of biological or psychological vulnerability, combined with social vulnerability after migration, may lead to a sense of distress. Cultural identity changes may lead to culture shock. Culture shock and sense of real or perceived loss of family, family history, geography, social environment, may contribute to feelings of grief, and cultural distance may contribute to a sense of alienation and isolation, thereby leading also to feelings of sadness and grief. It is possible that cognitive schema of migrants may differ depending upon their social and cultural backgrounds.

As stated by Casado et al. (2010) mental health and psychological change within immigrant populations are mostly due to changes that must be made to deal with the process that immigration entails, such as premigration, migration, and post-migration. This means that migrants must adapt to the place that is receiving them, and it is of the utmost importance that the new environment helps them in this transition. Since migration entails various forms of loss, both tangible or material items including the loss of loved ones and intangibles or symbolics such as language, attitudes and values of their own culture and support network. Therefore, it is imperative that professionals in the field of social work can recognize the losses associated with migration and can understand people living this experience of grief associated with migration in order to address and alleviate emotional anguish in people with migrant background.

3.4 Grief and culture

According to Walter (2010) all societies including families are divided into different groups, and each group has their own culture, that is, they have a particular way of doing certain things in addition to the rules by which they are governed. Grief does not stand apart, therefore people from those groups are expected to abide by those rules in order to grieve in that specific way. The author observes

that each culture shapes the individuals who are part of it, however these individuals are not determined by it, since what that culture dictates can be resisted by the individual. The author also observes that religion is cultural, however religion is not culture, hence there is interaction between the two. Religion is part of the culture but does not determine the cultural norms of grief.

To understand grief within a cultural context, we must bear in mind that many of the people who experience grief do so after losing a loved one, however the way they express their grief varies according to their cultural background. That background usually combines beliefs, values, traditions and rituals where the latter is the customized way of expressing the pain used by each particular culture (ASCO, 2018). Consequently, the rituals celebrated around death are usually customized specifically to each culture and these offer different ways of expressing and being able to process the pain of loss. In addition, the support of the community is essential, since by following these customs, they give a sense of normality when accompanying the bereaved before and after the loss.

Cultural bereavement in relation to people with a migrant background, is defined as an experience of personal or group uprooting, due to loss of social structure, cultural values and loss of identity. These people generally have trouble going about their daily life, as they constantly recall and remember their past feeling guilt and pain. (Giannopoulou et al., 2018.)

Therefore, it is imperative that cultural issues in grief are recognized, and the workers in the social area have cultural competence to be able to understand their clients. Things such as the importance of cultures and religious differences related to different types of losses, the different traditions and rituals associated with culture are all things that should be considered when talking about cultural competence (Calvary Health Care, 2012). This in order can offer a broad and empathetic vision of cultural diversity in grief to achieve a deep knowledge of the background of each group and individual client. Even though people have the same cultural background, not all share the same values, lifestyle, education and ways of dealing with loss. It should be noted that there is no correct way to grieve, and that each person experiences their loss in the way they feel and know

regardless of their cultural background. What is normal for some may be strange for another. (Giannopoulou et al., 2018.)

3.5 Peer support

Peer support has been in the picture for many years, and was initially conducted in the 18th century, in France. Jean Baptiste Pussin, the governor of Bicetre Hospital in Paris, hired as employees' patients that had recovered from mental illness. Others eventually followed his steps and more groups emerged over time. Nowadays, peer support group is facilitated for a variety of mental and physical illnesses, addictions and much more.

As stated by Repper & Carter (2011) at its core, the peer support 'approach' assumes that people who have similar experiences can better relate and can consequently offer more authentic empathy and validation. Peer support is generally described as promoting a wellness model that focuses on strengths and recovery: the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals. Mead et al. (2001, p.135) offers a short and all-encompassing definition of peer support as, "a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful". In addition to that, according to Woodhouse (2013), peer support can have multiple benefits, not only for the recipient and the giver of support, but also for organizations and systems within which the peer support is delivered.

Peer support has been proven over the years to be beneficial for a variety of purposes. As offered by Davidson et al. (2012) peer support can increase hope, control and ability to effect changes in life, decreases levels of depression and distressing and unusual experiences of reality, increases self-care, sense of community belonging and satisfaction among various life domains. In addition, according to Funk and Drew-Bold (2017), support groups have several benefits, which include sharing and expressing emotions in a safe environment, sharing experiences, and learning from the experiences of others helping each other find

solutions. Moreover, it is important to highlight a remark made by Yalom, where the author describes that peer support groups contain multiples similar features to group psychotherapy such as: altruism, cohesiveness, universality, imitative behaviour, instillation of hope, and catharsis (Yalom & Leszcz, 2005).

3.6 Peer support group facilitator and grief

As offered by the International Association of Peer Supporters (2017), originally, peer supporters are people with a personal experience of recovery from mental health, substance use, or trauma conditions who often obtain specialized training and supervision to guide and support others who are experiencing similar issues, aiming helping them towards a general increased wellness. In other cases, peer supporters are professionals specialized to peer support by trainings. It is important to highlight that the actual term ''peer supporter'' is an umbrella term for a variety of titles and you might see other terms such as peer advocate, peer counsellor, peer support group leader, peer wellness coach, recovery coach, recovery support specialist, and many more. The majority of those terms, refer to what we will call as a peer support facilitator in this thesis and toolkit.

The group meetings are almost always organized and implemented by the facilitator(s). According to Mental Health America (2016) group facilitators work to ensure and promote the progress and the processes that help the group meet its goals while monitoring that the structure, norms, and culture in the group environment are amicable to the accomplishment of the established goals. This includes taking appropriate action in response to the status of the group and its members. Facilitators also stimulate discussions designed to support and encourage progress for the group as a whole and for each member as an individual. Their main function is to foster communication among the group and to model effective interaction that members can emulate. Facilitators also provide an example of how to share in the group, by using examples or sharing their own experiences. More examples of skills for peer support group facilitators will be found in the toolkit.

Furthermore, facilitating a peer support group for bereavement is somewhat similar to any kind of peer support group, but requires some other certain skills that we will discuss below. According to Wolfelt (2004), there has been a growing realization amongst people who have experienced a loss, that peer support groups are a beneficial way to help people in grief. They offer a safe space for people to mourn, and they also aid people to reconcile their losses in a way that allows them to move forward and find a new meaning in life and living.

Support groups have been proven to help people by introducing them to others who share similar experiences, thoughts and emotions, that in itself helps to counter the feelings of isolation participants might experience. Moreover, people who grief are often in need of emotional, physical and spiritual support, which is something a peer support group can easily offer, in a non-judgmental environment (Wolfelt, 2004).

Allowing members to examine their own feelings about grief can help them being compassionate to themselves but also to one another. Experiencing a loss can be a traumatic experience for many, which leads to questions about life and death. Sharing an environment with people who share similar thoughts can be cathartic and aid people in finding a new way of life in a very dissimilar world. Ultimately, feeling understood and heard brings down barriers between people who grief and the world outside. That process is essential to being compassionate with oneself as a person in grief. (Wolfelt, 2004.)

Wolfelt (2004) also highlights that being a facilitator for a grief support group requires certain skills. Communication is a vital skill in order to be accommodative to people's needs. As specified by Wolfelt, empathy is the most pivotal skill to have. Empathy, simply put, ''is the ability to comprehend another's experience and then communicate that perception back to the person''. It is crucial for the leader to communicate that they are listening to the participants, and although they cannot experience their experience, they can create a mental image of the situation. At length, empathy is communicated both verbally and nonverbally by understanding the person at the emotional level.

Respect is another essential skill. Respect translates to someone's ability to transmit their notion that everyone has the inherent capability and right to choose and make decisions. It instructs a non-possessive caring for and affirmation of another person and respecting who and what they are. Remembering what the person has said, demonstrating sensitivity and courtesy, and showing respect for the person's feelings and beliefs are the essences of communicating respect. Lastly, warmth and caring can establish a sense of personal closeness with group members. These skills are especially significant in the beginning of the group, Wolfelt suggests. Warmth can be conveyed nonverbally, and it is often associated with facial expressions, posture and other nonverbal cues (Wolfelt,2004.)

3.7 Peer support groups and migrants in Finland

Since our thesis is taking place in Finland, it is important to conclude an examination of peer support groups in the Finnish context. There are several organizations that conduct peer support group trainings for facilitators currently in Finland. However, the biggest organization is Pakolaisapu, in English, the Finnish Refugee Council. The same organization also trained us in order to be certified peer support group facilitators.

The Finnish Refugee Council (Suomen Pakolaisapu, 2021) is Finland's biggest expert organization specializing in the issues of displacement and migration. They work with individuals, families and communities in terms of integration and aim to support community relations. They started to develop peer support activities in order to endow integration back in 2001 and have continued to develop their services ever since by supporting organizations and peer supporters nationwide. In addition, they provide trainings especially for organizations about starting and developing peer support activities that promote mainly integration. For peer supporters, they offer training that develops their skills and other support services. According to P. Komulainen (personal communication, September 30, 2021) who is the Peer Support Program Officer in the organization, his estimation is that there are approximately 100 peer support groups organized yearly, specifically for immigrants. It is important to note, that groups have seen an increase in

the recent years since many organizations have been founded that are working immigrants and they have participated in peer support activities. Regarding a more recent and specific number on the number of peer supporters they have trained, P. Komulainen stated that between 2017 and 2021, the Finnish Refugee Council has trained 291 peer supports, but the number has decreased severely since autumn 2017, when they created specific criteria that correspond to candidates for training and started interviewing the applicants, increasing the process time. He added that altogether, they have trained 800 peer supports, since the inception of the trainings in 2009.

Out of the 800 peer support group facilitators, a significant amount are foreigners, which begs the question, do foreigner peer support group facilitators find employment easily. P. Komulainen revealed that the prospect of getting hired as a peer supporter has increased remarkably after they launched their peer supporter bank named Veto. Furthermore, organizations looking for a peer supporter can make direct job offers for suitable peer supporters with the help of the bank very easily. He also mentioned that he is certain that more and more organizations will want to join the bank they use which will ensure more group hosting and counselling jobs. Additionally, some peer supporter jobs are available even on mol.fi the TE-office's web service (TE-Palvelut, 2021) and especially some immigrant associations have peer supporters working on a monthly salary.

The Finnish Refugee Council is not the only organization that is associated with peer support groups. There are many other associations who organize peer support groups, especially in the topic of integration (regarding migrants) and in general for topics such as illnesses, well-being, addictions, challenging life situations and family life. During our research about peer support groups in Finland we came across a few organizations that seem to organize peer groups in English. For example, Nicehearts (2021) is an organization that creates activities for girls and women of different ages and backgrounds and offers many peer support activities such as the ones found in their project called ''Neighborhood Mothers''. They use a different method while doing and organizing peer support and their approach is centered around the idea of ''for us, by us''.

In addition, Mieli (n.d), as mentioned before, offers several services such as peer support in the topics of mental health and mental wellbeing, crisis and grief. Several other Finnish organizations offer peer support groups towards immigrants such as Luckan (2021) and Moniheli (2021) and they are centered around integration. Regarding our own theme, organizations such as Nuoret Lesket (2021), Young Widows and Widowers in English, offer peer support groups about people who have lost their spouses. Moreover, an organization called Käpy (2021) works with families who have lost a child and provide information regarding grief, additional services but also host peer support groups from time to time.

Many organizations offer material and information regarding grief in the English language, but it seems that the groups that are organized are scarce and limited. Therefore, we believe that an initiative like ours to create a product like our toolkit might benefit not only Mieli or us as future peer supporters, but other organizations as well.

4 PRODUCT DESIGN

A project follows the project life cycle with the four phases of initiation, planning, execution and closure (Basu 2012, p.9). The outcome of this thesis is a product, and within the organisations, products also go through the process of managing a project having a clear start and end. For a project to be successful there must be an understanding of the political context, the key stakeholders must be defined, there should be a clear purpose of the project, a defined timeline, consider the risks and the resources available. (Spolander & Martin, 2012, pp.15-19.) For this the questions what, why, where, who and when will be answered, explained in the following subchapter.

4.1 The five W's

In the planning stage of a project, the answers to what, why, who, where and when should be answered as a defining of the goals of the project and everything that involves the process for a clear understanding of the purpose behind (Spolander & Martin 2012, pp.93-95). See Table 1.

TABLE 1. The five W's of the project

WHAT	Create a toolkit that acts as a guide for facilitators. The toolkit is aimed for people who have experienced loss and grief.
WHY	The specific idea was conceptualized along with working life partner and their needs. Mieli Ry does not yet have a toolkit that deals with different types of losses and is intended for migrants.
WHO	Konstantina and Sandra, as Diak students in collaboration with Mieli Ry.
WHERE	The toolkit will be developed and implemented in Finland.
WHEN	The toolkit will be developed during 2021 delivered by Autumn 2021.

During our analysis, we had to consider whether we would create just the toolkit or go through with facilitating the peer support group. Taking into consideration the timeline, we decided we would create just the toolkit. The idea of the specific theme came upon discussion with our working life partner supervisor during our second meeting, when we assessed the needs of the organization. The location of the toolkit took place in Helsinki, Finland and the toolkit's development begun in 2021, around the springtime and was concluded by autumn 2021, in November.

4.2 Target group and stakeholders

This toolkit is designed for people, organizations and public services who work in the field of mental health or work with migrants. The toolkit is targeted at people who have experienced (and/or are experiencing) a major loss in their lives. In addition, the intention of the sessions written in the toolkit is to support people going through loss, understand their emotions and experiences while learning how to heal and move pass their loss and possible trauma while participating in a peer support group. In addition, the toolkit is also intended for our own usage upon our facilitation of the groups in the future.

As mental health services are used less by migrants than the locals, activities to promote and inform about mental health can reach people who cannot understand or speak the local language (Finnish institute for health and welfare, 2021; Kieseppä et al., 2019). Therefore, they must be available and accessible in order to benefit their mental health and well-being (Finnish institute for health and welfare, 2021). According to Mieli, about 35-37% of the clients who can be benefited from this toolkit, are SOS-Crisis Center clients and they do not speak Finnish, or they don't speak the language with a proficiency, so they would rather participate in a peer support group implemented in English.

Our supervisor from Mieli has informed us that themes such as grief, loss, anxiety due to those abovementioned feelings, are all feelings noticed by their clients. However, there hasn't been peer support group for English speaking clients about those specific topics.

As mentioned above, the target group are people with immigrant background, and the sessions are being planned in a way that they incorporate the feelings of loss and grief caused by migration, including other types of losses. Moving and living in a new country often comes with an introduction to a new culture, thus making it difficult to adapt, especially without a proper network for support. As suggested by our working life partner, the activities in the toolkit offered can also aid with that.

According to our working life partner, the participants that enter their programs of peer support do not have to have any kind of diagnosis, nor do they ask for one. The need is assessed through an interview before the start of participation. In addition, in situations of acute crisis and when the worker notices that a person might not benefit from a support group, they suggest individual crisis help counseling. Furthermore, Mieli can suggest the assistance of public health. Likewise, Mieli is also in collaboration with the public health care by informing them of peer support groups they organize and in turn the public health care can suggest the groups to their service users. Lastly, Mieli also co-operates with other NGO's and there is a possibility to organize groups with another partner organization. More information on the new peer support groups they offer can be found on their website.

4.3 Need assessment

In project management and implementation, facilitating a needs assessment is vital since this can address the organization's needs and if the project is aligned with it. In order to recognize the need, a discussion with the organization should take place and the need must become evident out of an existing problem, demand or with information about research and existing data. Consequently, the

needs should be detailed alongside the importance of the need to take action and implement the project. (Martin, 2002). In addition to that, it can act as a systematic process within a project that aids to examine how much of a distance the current conditions the project is in, in comparison with the goals.

Our needs assessment was concluded with our working life partner by contacting two starting meetings in order to assess the specific needs of the organization. As mentioned above, our working life partner supervisor suggested the topic of grief that deals with different types of losses, apart from the death of a loved one. Our meetings were arranged in Microsoft Teams and through email. We also implemented a SWOT analysis with the help of our working life partner and the 5 Why's type of analysis, the latter's description can be found in subchapter 4.1, while the SWOT analysis can be found in the description of the risk analysis in subchapter 4.4.

Regarding the basis on which the organization indicates the need and benefits of this product for its clients, it is based on the fact that Mieli has clients that could benefit from the use of the toolkit. According to our working life partner supervisor (S.Purhonen, personal communication, October 14, 2021), approximately 35% of the clients at SOS-Crisis Center have an immigration background and one of the most common reasons to seek crisis counselling is separation, divorce, the loss of a close person, death of a loved one, also the immigration crisis combined with the sorrow of losing family members or friends while relocating to another country. All of these are related to the feelings of grief and loss.

In the case of forced migration, which purports to be forced to move from the country of origin due to war, internal conflict in the country of origin, or personal experiences of persecution, where the issue of loss comes together in many levels, such as losing the home country with unknow possibilities of being able to return; lose part of the family cultural structures, friends, and relatives who have been left behind. These are some of the main issues to be processed during the migration process and which can last for several years. If people with these experiences had the support of their peers and the possibility to share their feelings

and experiences with others going through something similar, it could be significantly useful to process these losses experienced with migration.

Taking into account the vast experience that Mieli has in organizing peer support groups and in cooperation with other NGOs, it is feasible to organize such support groups where the toolkit could be used. Our supervisor has informed us that they can use this tool in Mieli/ SOS-Crisis Center or organize the group with the cooperation of other NGOs, or, for instance, organizations coordinating and offering a group under the supervision of Mieli professionals.

4.4 Risk analysis

According to Dobson (2015, pp.96-97), we cannot control everything in a project, since there are a variety of factors that we do not know until some time has passed within the project, and this is called a risk. Risk is defined as an indeterminate and uncertain event which if it occurs, could affect the objectives, giving positive or negative results in the project.

Risk is a term that generally describes something that may or may not happen in the future and when doing risk management, we are anticipating certain risky events that may appear. Carrying out a risk analysis is necessary since this way it is possible to identify and visualize the possible risks and their severity in order to make an assessment to reduce or avoid the impact they may have on the project. (Dobson 2015, pp.101-120; Lock 2007, pp.99-100.)

To address the probabilities of these risks and the impact they may have on the project and on its users, it is necessary to foresee risk strategies (Spolander & Martin 2012, p.48). The purpose of those risk strategies is to agree on the acceptable risks, since it is imperative to avoid putting at risk both the organization and its users. For that reason, seeking balance and visualizing each important issue that may arise should be taken into consideration. Possible risks can be following the ethical and moral principles of both the organization and government

laws, as well as rights of users and their needs to decide which are the levels of risks acceptable or not within the project.

For the risk analysis of this product, SWOT analysis has been used as tool in order to define and focus on the internal (strengths, weaknesses) and external (opportunities and threats) factor within the project and to be able to design together the strategies to work in the key areas that are required for a successful outcome (Posner & Applegarth 2019, p.14). As stated by authors (Spolander & Martin 2012, pp.36-37), the focus of the SWOT is to analyze and identify with the stakeholder, the strengths, weaknesses, opportunities, and threats that could arise in the project, in order to minimize the weaknesses and threats properly and on time. The SWOT Analysis of this project can be seen in Figure 2 where the factors for the success of the project are listed, as well as the possible difficulties that must be addressed in conjunction with our working life partner.

STRENGTHS

- Knowledge about values of Mieli
- Understanding needs of the organization to facilitate about grief
- Understanding legislation and research about the topic
- Motivation
- Having a toolkit for English speaking clients..

WEAKNESSES

- Lack of knowledge how to implement the sessions
- Motivation
- Lack of knowledge from the facilitator
- How to get participants to the group as a group setting can be something new and unknown.

OPPORTUNITIES

- Low cost
- Raise awareness on the topic
- Encouraging the counsellors or voluntary workers to work with groups in English.
- Great way to continue processing the grief after individual crisis counselling
- Possibility to offer both, individual and group counselling

THREATS

- Limited time
- Product not adequate for the target group
- Sensitive topic
- Material might not be understandable
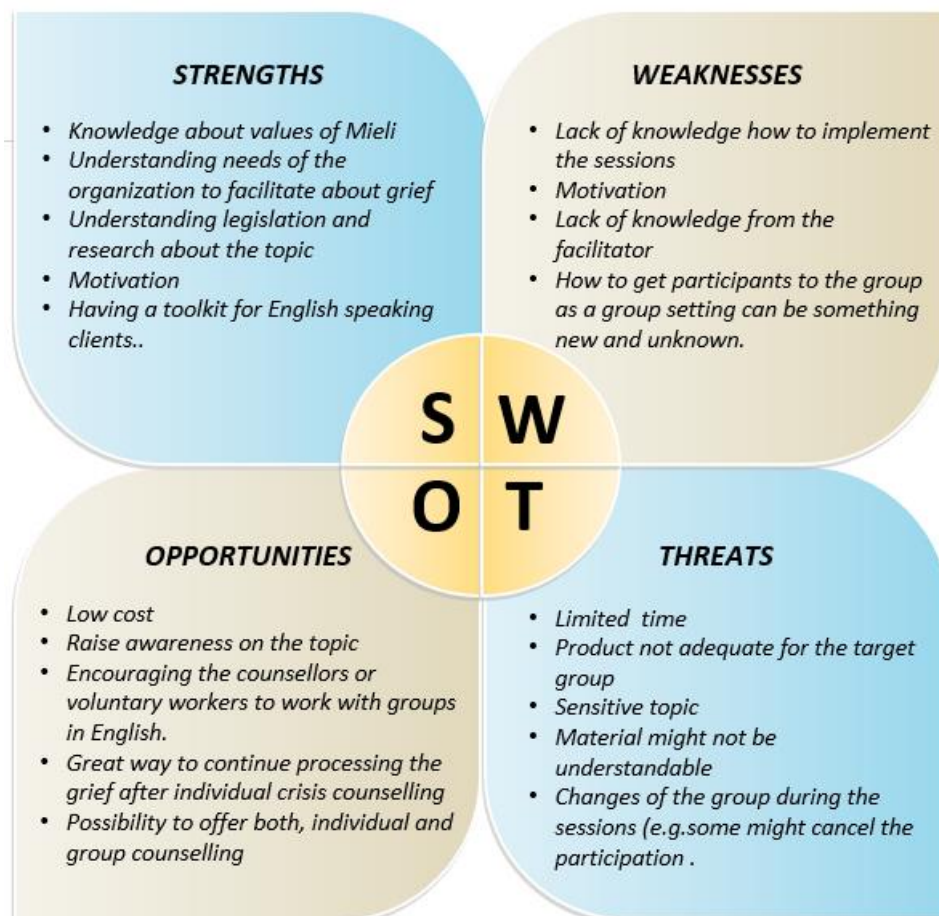- Changes of the group during the sessions (e.g.some might cancel the participation .

FIGURE 2. SWOT Analysis

Initially, we identified and outlined the Strengths, Weaknesses, opportunities and threats in the project, then we presented it to our working life partner supervisor to analyze and complete it together in order to minimize any issues properly and on time.

We identified as strengths the values, knowledge and expertise of Mieli regarding mental health, the motivation of the organization to understand the need to have an English-language toolkit to facilitate grief support groups among customers in need of it, as language is also recognized in the legislation as a right of the target group. The opportunities to raise awareness on the topic of grief as it is an un-recognizable subject in society. It also gives the opportunity to encourage coun-sellors, facilitator and voluntary workers to work with group using the English lan-guage, taking also into account that organizing peer supports are low cost. More-over, it gives the opportunity to participants to continue processing the grief in crisis counselling either individually or in groups.

As weaknesses we identified the lack of knowledge and motivation from the fa-cilitators in how to implement the sessions about grief, as the topic is sensitive and can be challenging for people to open up within a group, along with this, difficulties may arise in recruiting participants. The threats could manifest as the topic is too sensitive that the product might not be adequate for the target group. In addition, the material might not be understandable, both for facilitators and participants, as well as the limited time per session can pose a challenge. Changes in the group during the sessions such as participants cancelling their participation. In addition, the number of sessions and the length of time allocated to each session can be a threat to the success of the group facilitation.

By considering all the aforementioned points in SWOT analysis, reviewing them as necessary, the organization will have a valuable tool to facilitate groups in English with people from different migratory backgrounds. The toolkit contains substantial strengths and opportunities that will be beneficial to consider as sup-port when it is necessary to make reviews of the weaknesses and threats that could arise, without affecting the toolkit and thus be prepared to find feasible so-lutions on time.

5 IMPLEMENTATION OF THE PROCESS

The majority of the projects implemented are temporary, with clear beginnings and endings, following a natural process. This process can be clearly portrayed in terms of the five stages of planning a project, such as Project Initiation, Planning, Execution, Monitoring and Control, and Closing. These process groups are mainly created to start from the beginning and reach the end, they also contain information regarding project monitoring and identifying control issues that may require regulation or modification, as one moves further with the project (Dobson 2015, pp.7-10). Thereupon, the Monitoring and Control of the Project was done throughout the creation of the toolkit.

All the planning steps have been decided with the guidance, help and feedback from our working life partner supervisor to set the grounds for the project. We have used the SWOT analysis tool in order to define and focus on the strengths, weaknesses, opportunities and threats in the project described in subchapter 4.4, with the aim of designing together the strategies to work in the key areas that are required for a successful outcome (Posner & Applegarth 2019, p.14). In the following sub-chapters, the process of creating the toolkit will be described where the project Initiation, Planning and Execution will be detailed. Project Closing is described in conjunction with the Evaluation in chapter 7.

5.1 Initiation

According to Dobson (2015, pp.7-9) to start a project, there must be a need, and this need is a gap that can be closed in various ways and can also be done with the leadership of a person with authority to be able to direct from the basics to shape the project. In addition, it must be considered that each project has a purpose, and this is not only temporary or unique, regardless of the time it takes to carry it out, if it is successful or meets the requirements or not. Therefore, it is important that in the initiation process, the stakeholder and the person in charge of the project are defined. Other things to be examined are the possibility of a

cost, the time required, and it is particularly important to make an appropriate analysis of the assumptions and limitations associated with the project. Once the above is done and the parties have reached an agreement on the roles and objectives to be fulfilled, the initiation of the project is formally closed with a document that authorizes the start of the project.

The original idea for our project came as we were researching mental health services directed to non-Finnish speaking citizens in Finland. During that, we found a lack of available services towards mental health directed to migrants. As mentioned before, during research regarding peer support groups facilitated in Finland, we noticed an apparent lack of groups facilitated in English. Therefore, after a course we had with representatives from Mieli, we decided to learn more about facilitating a peer support group. This took place in March 2020 and at that point, we discussed about creating a peer support group for improving the mental health of students. Unfortunately, during that month the situation with the pandemic took place thus our plans were completely halted. During Autumn 2020, we resumed our discussion about peer support, and we decided to do the thesis process together.

In order to acquire deep knowledge and skills, we took part in a training for peer Support Group facilitator held by The Finnish Refugee Council and did our own research in the topic of peer support. In the process of trying to define a working life partner, we contacted Mieli, and they suggested contacting S. Purhonen who is part of Mieli's Crisis Unit Team, and who is also doing client work, therefore more beneficial for our thesis idea as she has more experience on the subject we were interested in pursuing. A meeting was scheduled to see the possibility of cooperation in the realization of the thesis project and her disposition and availability to partner with us as our project supervisor.

During the first meeting, we made a mutual introduction and presented the thesis idea, to which S. Purhonen showed interest in our idea and agreed to be our supervisor. Within the thesis, she is referred to as working life partner supervisor. During the meeting our supervisor suggested the topic of grief and loss as they

are in need of a toolkit with those topics, specially aimed at people with a migrant background.

Before beginning the planning phase, we had our second meeting with our working life partner supervisor, during which we discussed what we had in mind in the context of the sessions and the topics and what kind of format the toolkit would have. After that, we continued with the next phase of planning.

5.2 Planning

The process of project planning intends to examine timing and schedules, deadlines along with team roles and responsibilities. In this phase, it is also important to create a project plan if needed, conduct risk assessment and lastly create a communication plan. (Project Planning Phase of Project Management | Adobe Workfront, n.d.)

During this phase, a third meeting was scheduled with the working life partner supervisor, to jointly plan the project in more detail and outline what must be included in the toolkit. We gathered material about grief, loss, anxiety, how to cope with those experiences and emotions. We also gathered material about peer support groups and specifically about peer support groups and grief.

During this phase, we created a draft of a timetable depicted in Table 3 that will be found below in subchapter 5.3 Execution and Timetable. Once the topic had been established, the draft of the timetable had been created, we continued by creating a simple draft of the outlook the toolkit would have and decided that we would need to spend around three to four days a week focusing for at least four hours on the thesis process and the toolkit. After that, we took around 3 weeks to study the material well and then we had another official meeting to start writing the toolkit, the process will be examined below in the next subchapter 5.3 Execution and timetable. Ultimately, the planning phase in our process consisted mostly of meetings between the two of us, to arrange the materials needed and agree upon the outline of toolkit.

At that phase, we also had to decide upon the methods of communication and documentation we could utilize. Communication is a vital part of project management and implementation. Our communication with our supervisors has been through emails and online meetings so far.

All documentation has been done electronically, through OneDrive and Outlook, in a shared folder between us, Konstantina and Sandra, and only we have access to it. The documents that needed to be shared with the supervisors, both from Diak and the working life parner organization, have been shared with them through email. The final product in this case, the toolkit, was sent to the work life partner for approval once it was ready. The thesis on the other hand, was approved by the thesis supervisors in Diak.

Formal documents have been sent to the working life partners and have been signed already. Those documents include: thesis agreements, work-life cooperation and agreement.

All members involved in the product development have been updated and informed during the whole process. The chosen method of communication used is email and the meetings have been completed in online platforms, mostly due to Covid-19 restrictions and the ease that online communication can offer.

5.3 Execution and timetable

This phase begun during the summertime of 2021 when we had several meetings, either online or in person, where we wrote together several parts of the toolkit and also focused on writing the manuscript. During August 2021 and the beginning of September we also met multiple times and worked on the manuscript as we needed to write about product design and decide upon evaluation method with our working life partner supervisor. It was agreed to send the toolkit to the working life partner supervisor once it was ready for reviewal, and then

scheduled a meeting to make the final evaluation and receive comments from the parties.

During the phase of execution, we decided upon the general division of labor and used an online work document that was constantly updated. As mentioned in the subchapter 3.2, after studying the material for around 3 weeks, we met in order to initiate the writing of the toolkit. In that meeting, we decided upon the final themes of the sessions, the specific literature we needed to read, and we also decided on some activities that we would include in each session. We continued with further research on needed topics and completed the majority of the toolkit that covers general information such as the introduction, how to use the toolkit and who is intended for, information on peer support and facilitation. A few sessions were also written during summer of 2021 and the rest have been written in October 2021.

In August 2021 we also sent a short draft to our working life partner supervisor, and she said that she did not expect the amount of work we have carried out and the toolkit was complex, therefore ''excellent'' in her opinion. She also asked us to present the toolkit after it is concluded to her co-workers, to which we gladly accepted.

Regarding the timetable, a successful project will have the following characteristics: It has been completed on time and achieved all its goals but also has stayed within the budget mentioned in the beginning. Concerning the completion of this project, a budget was not needed. Moreover, it has met the basis of the demanded criteria and quality specifications. In addition to that, it has also met all stakeholders' expectations. (Spolander, 2012.)

This thesis was done in pairs, where the tasks were divided equally, and the entries were reviewed together to achieve a positive result, where in addition the timetable and task was updated accordingly, and the detail is shown below in Table 3.

The review of the preliminary thesis was conducted in October and submitted on October 25th, 2021. Our goal was to edit and deliver the final thesis for our subsequent publication and graduation in autumn 2021.

TABLE 3. Chronological project timetable

Workplan and division of labour			
Month/ Phase	Date	Task	Person(s)
Initiation	10-11. 10.2020	Training for Peer Support Group Facilitator with The Finnish Refugee Council	Konstantina, Sandra and Pakolaisapu
	4.5.2021	Initial meeting with WLP - Mutual Introduction - Presenting the thesis idea	Konstantina, Sandra and Mieli
	8.6.2021	Cooperation and Thesis Agreement with WLP (signed form)	Konstantina, Sandra and Mieli
Planning	25.5.2021	2nd meeting with WLP -Identified and agreed the topic of the thesis -outlined toolkit content	Konstantina, Sandra and Mieli
	July-August 2021	Research to gather the references for the project. Read and study the material (books and academic articles)	Konstantina and Sandra
		Toolkit creation started by creating a draft	Konstantina and Sandra
Execution	20.8.2021	3rd meeting with WLP -presenting the 1st toolkit draft to Mieli. -presented initial Swot analysis	Konstantina, Sandra and Mieli
	20.8.2021	1st Toolkit draft sent to life working partners supervisor for reviewal/feedback	Konstantina and Sandra
	24.8. 2021	Received Feedback from Mieli: -toolkit 1st draft feedback from Mieli. -Swot analysis list reviewed and completed by Mieli	Mieli
Project Close (Evaluation)	17.11.2021	Toolkit Evaluation meeting	Konstantina, Sandra and Mieli

5.4 Toolkit: Grief, everyone has a unique story

The idea for our theme, which is a toolkit for people that have experienced loss, came after a meeting we had with our work life partner, and we instantly became interested. The toolkit contains information on peer support groups and its bene-fits, facilitation and co-facilitation of peer support groups and contains examples and tips on peer support group facilitators' skills.

The toolkit contains 10 sessions with different themes in each one. Each session consists of discussion of the theme, objectives and goals but also activities for the participants. The themes explore loss, grief, anxiety, stress, coping mecha-nisms, understanding one's feelings and possible symptoms of depression.

Moreover, it is important to consider the ethical guidelines while using the toolkit. The ethics described in chapter 6 of this thesis was used for the creation of the toolkit. These ethical guidelines are of great importance for the implementation and facilitation of support groups, which must be carefully followed by facilitators. Therefore, within the toolkit emphasis is placed on the confidentiality issues and code of ethics.

Regarding the code of ethics, the facilitators need to consider that within the group it is difficult to make rules easily, thereby a list of some rules that could be used by the facilitators as an example to guide the group in the construction of its own ethical code can be as follows: a) Confidentiality: Maintain absolute confi-dentiality within the group and what is discussed and shared with its members; b)Understand and recognize that emotions, feelings and thoughts are individual, so they should not be limited to true or wrong; c)Acceptance: accept another as such without judging, leaving aside all kinds of analysis and criticism; d) Having the right to share their experience or not within the group should not be an obli-gation and the members should understand and support until the person feels ready to open up; e) Empathy: have empathy with the members when they share part of their experience; f) Boundaries: Be aware of respecting the limits within the group, also promoting the independence of each member; g) Unique

individuality: appreciating and respecting each member of the group for who they are and their beliefs, sharing what they have in common and what makes them different without comparing the grief experiences; h) Time to express: Respect the agreed time to share, so that all participants will have the same amount of time without being interrupted. However, be flexible in the event that a participant in crisis needs a little more time to share. A short description of the sessions included in the toolkit is given below in Table 4.

TABLE 4. Toolkit sessions

Session 1:	Introduction
• The Welcoming Session • Create the group rules	

Session 2:	Grief, loss
• Talk about grief and loss • In this session, we will introduce and discuss the five stages of grief	

Session 3:	Storyline graph: The beginning
• This session is about all the various feelings people who are grieving might experience and these feelings can be all over the map. For instance, some people feel angry, some feel numb, some feel relieved. Typically, most people feel a combination of feelings, and most importantly, these feelings vary from day to day and week to week.	

Session 4:	Exploring your feelings of grief and loss
• This session is about all the various feelings people who are grieving might experience and these feelings can be all over the map. For instance, some people feel angry, some feel numb, some feel relieved. Typically, most people feel a combination of feelings, and most importantly, these feelings vary from day to day and week to week.	

Session 5:	Dealing with difficult feelings: Anxiety and stress
• In this session, the aim is to talk about feelings of anxiety and stress that grief causes, and the activities included are aimed to ease those emotions and support the participants by giving appropriate tips and ways to deal with those emotions.	

Session 6:	Coping mechanisms
• This session will include more information about copying mechanisms and discuss also the negative copying mechanisms that might emerge through the journey of healing.	

Session 7:	Reminiscence and memories
• Participants are suggested to bring a linking object from home that reminds them of their loss. The object can be anything such as a song, a poem, a certain smell, clothes, trinkets, blankets, or whatever is meaningful for them. The purpose is to explain what the object is and what it symbolizes	

Session 8:	Completion of the storyline graph
• Final discussion about the storyline graph in the form of reflection. Discussion about the letter written in the 3d session.	

Session 9:	Future and closing
• The aim of this session is to discuss the letter to the future self. Furthermore, if there is time the participants can all set goals for the future and discuss them together in a circle	

Session 10:	Get together
• Additional meeting: The facilitators can organize an additional and last meeting where the group has a get together. Possible activities include: picnic (this depends on the weather/season), restaurant, coffee shop, theater or the cinema.	

6 PROJECT ETHICS

The ethical principles that will be followed by the facilitators of this toolkit as a professional action guide, are based on the ethical guide provided by the Finnish Refugee Council, the social work ethics, and the ethical guidelines from our working life partner organization.

The ethical recommendations from the Social and Health Care Field (ETENE 2012, pp.5-7), were followed carefully as it includes important points that social service workers and facilitators of the toolkit should follow as basic rules of respecting the dignity and individual rights of their clients. The fact that clients have the right to make their own decisions regarding their lives and well-being should be respected, in addition the clients must always consent to any action that requires their participation or services, ensuring equal and fair treatment.

During the time of writing the peer support activities within the toolkit, it became evident that it contains ethical challenges, and it was key to foresee them, as it should be by all the facilitators when planning and carrying them out. Attention should be paid to privacy and confidentiality issues, setting and maintaining boundaries, dual relationships and informed consent among others. Thus, it is important that the supervisors and facilitators of the group have a clear basis for these ethical challenges and considerations on how to handle any situation accordingly. Facilitators have access to an array of sensitive and private information from the participants, hence the social workers or the qualified supervisors must ensure that the facilitators of this toolkits understand the clients' rights of privacy and confidentiality (Reamer, 2015).

According to Cowie and Wallace (2000, pp.125-126) one important ethical issue that needs to be considered is how to recognize and to address appropriately boundaries within the peer support group participants. The facilitator(s) of this toolkit must understand the roles given in the groups and be able to understand the difference between helping relations and friendship relationships in order to have a clear and respectful interaction and avoid misunderstandings.

Bowles (2006, p.155) defines confidentiality as the duty of the social worker not to disclose information obtained from clients under a professional relationship, and this information should not be used in another context nor for another purpose unless it is legally required.

The commitment of professional confidentiality during the implementation of the group discussions should not be disseminated unless it incurs a risk for the individual or others, for which the organization must be notified. In more serious cases where there is suspicion of violence against a minor, another official entity must be notified (Finnish Refugee Council, 2020).

Regarding confidentiality within a grief peer support, James and Friedman (2017, p.71) state that when participating as a member in a grief support group, it is of utmost importance to maintain absolute confidentiality within the group. It is important to remember that whatever is discussed and shared with its members, individual and painful events or experiences are being shared (WHO 2017, pp.15-16), and this in turn means that you are creating a bond of trust. On this account, it is important to keep what has been shared in a session only between facilitator(s) and participants and do not give names or personal data of the other members with people outside the support group, as they may expose or identify any of its members.

According to the World Health Organization (2017, pp.14-15), "code of ethics" is the set of rules that will operate within the meetings, and these must be created in conjunction with the members of the support group. By being creators of these rules, participants will know the limits and boundaries and what they expect from the group, thus they can feel safe and welcomed within the sessions, in order to address the confidentiality among the group members from their own perspective.

7 EVALUATION

Project evaluation and project management are interrelated. Evaluation as a process can assist in completing a project successfully, suggest ways of improvement but also present evidence of successes or failures. In addition, project evaluation is an accountability function. During the process of evaluation, one has the ability to examine and observe the process while attesting to the appropriate procedures that are needed in order to conclude the project on time. Moreover, the outcomes and objectives can be identified and measured, making sure that the project has reached them effectively. All these actions facilitate the capability of the organization to report, answer all inquiries and be accountable for its plans. (Zarinpoush, 2006.)

7.1 Chosen evaluation method

Since we will not implement the actual peer support group, our evaluation is directed to the project as a whole. We decided to use the formative evaluation, which is an ongoing process and commences from early in a project. It determines the nature and progress of the project, what kind of needs the project can address and fulfil, and the general implementation process. This method can also identify major gaps in the project's content and operational aspects and suggest ways of improvement. (Zarinpoush, 2006.)

We used this method by conducting a risk analysis, using SWOT, which can be found in chapter 3.4, Risk analysis. Furthermore, we also concluded a needs assessment with our working life partner organization. During that, we agreed on the subject of the thesis, which concluded to what we have now. Initially, several thoughts and discussions took place regarding the specific aspects of the toolkit, but the most important aspects of grief that we realized needed to be included in the toolkit, were loss, grief, anxiety and stress and ways to cope with these emotions.

7.2 Evaluation of the toolkit

During early autumn 2021, a draft of the toolkit was sent to our supervisor, in order to ensure that we were acting according to plan and the themes in the toolkit we were exploring fulfilled the needs of the working life partner organization. As mentioned before, it was successfully accepted. The final evaluation was concluded in November 2021, during the meeting we held with the supervisor, in order to fully evaluate the contents of the toolkit, as directed to the content of the toolkit and its benefits, according to her professional view.

For the toolkit evaluation we have used an evaluation method called the summative method. Through this method, we have conducted an overall assessment of how effective the project was and what it has achieved. For the summative evaluation to be successful, the goals and objectives for the project have to be clear from the start, which was accomplished by using the SWOT analysis in the beginning of toolkit's initiation and conducting it with our working life partner.

The evaluation was completed with a questionnaire that can be found in Appendix 1. Our supervisor, regarding the usefulness of the sessions provided in the toolkit informed us that in her opinion, the sessions could support people who have experienced grief and loss, understand these feelings. In addition, the peer support group could easily provide them with a safe space to explore their own emotions and experiences deeper, while getting support from the group and facilitators. As reported by our working life supervisor, the activities included in the toolkit seem to be effectively designed to reach the objectives and goals of the group, but more accurate evaluation of that cannot be given during the publication of this thesis but only after the implementation of the group.

Concerning the information and guidelines provided for the facilitators within the toolkit, the supervisor agreed that they were indeed enough, easy to comprehend and follow. In addition, our supervisor added that the information in general is essential for the future facilitation of the group.

Regarding the success of the toolkit upon facilitation, we are unable to evaluate it, as by the time of the publication of the thesis, the toolkit has not been facilitated. The product needs to be implemented and used by Mieli with the recommended target group, to evaluate the sessions and their success for their clients. Apropos, the working life partner organization will conduct that evaluation in the future. In respect of the long-term impact of the toolkit and its influence, it is unfortunately impossible to currently evaluate.

On the topic of the usefulness of the toolkit in the regarding topics of grief and loss for the selected target group, our supervisor informed us that since in her experience in crisis counseling grief and loss are the most referred topics, the topic of our toolkit is essential. Grief and loss are two intertwined topics that not only are needed during the time of the pandemic, but they are also vast and encompassing various life experiences. In addition, our supervisor verified during our meeting that the fact that the toolkit is designed for people with a migrant background and is in English language, qualifies it as an important tool that can be used to contribute to their services that are mostly in Finnish.

In conclusion, the whole process of the project also ran smoothly according to our supervisor, as she told us that it has been a pleasure to collaborate with us. Everything from the initiation to the execution and the conclusion of the project has been clear, communication has been frequent and effective. Moreover, our supervisor added that we have been creative with the toolkit, flexible and very responsible. We feel that the overall evaluation concludes the project successfully.

8 CONCLUSION AND RECOMMENDATIONS

In this chapter, we will describe conclusions, professional development and further recommendations associated with the project.

8.1 Conclusion

At the beginning of writing this thesis and the subsequent creation of the toolkit, an extensive research and literature review was carried out for suitable material that would combine peer support groups for people experiencing grief and loss. In addition, we learned about the need to include migration and make the connection with the grieving process. These topics and keywords were brought together in conjunction with the working life partner, as they are recurrent issues raised by their clients with a migrant background. Therefore, the information collected provides the basis to justify the need to have a toolkit in the English language that covers the subject of coping with grief, since it's a need that should be seen by all those who work in the field of social services, especially in the multicultural area.

In order to achieve the objectives and to able to comply with the delivery of the toolkit according to the requirements of the organization, we can say that it was done successfully, since the steps described in the chapter of implementation of the process were set and followed. Despite other challenges we faced, we can emphasize that teamwork between the parties was one of the main advantages to achieve the objectives in the required timeframe and in the completion of the product, since we always had the support and guidance by our supervisors, and which is reflected and described in the chapter 7 about evaluation.

Moreover, a quick search about peer groups in Finland, and specifically the capital region will show that the peer support groups available in the English language are mostly related to integration but there are only a few organizations committed to offering a variety of topics. Whereupon we observe that

unfortunately, the topics of disability, addictions, mental health or difficult life situations are lacking and are also very rarely organized by the city of Helsinki as well, even though the demand appears to exist. Statistics show that in 2020, the number of migrants in Finland was 444.031, which makes at least 7,3 % of the population. From that number, it appears that 367.417 of them have been born in another country and a high percentage as 355.365 do not have as native language Finnish, Swedish or Sami. This clearly states that a need for more services available in the English language is evident. (Statistic Finland, 2020.)

8.2 Professional development

Thinking back to the whole process that used to be nothing but a faint idea in our minds a year ago, we both agree that this thesis has been a great learning opportunity for us. We have expanded our knowledge upon the subjects greatly by the research we have contacted in our chosen themes of grief and loss but also grew as future professionals by getting a deeper insight by our supervisors and all the research we concluded. The challenges we overcame during the thesis process led to a learning experience that will prove to be beneficial in our future studies. In addition, through the process of thesis writing, we learned how to be more flexible with the required deadlines but also enhance our time management skills. This was also a great experience in learning more about the process of project management, which is a competence that will prove to be beneficial in the future.

Regarding the challenges, when both of us decided on the first topic, it was a peer support group for people with depression or symptoms of depression. We did extensive research on methods used by cognitive behavioural therapy and peer support group and continued with research for the key words regarding depression, and migration and depression. Ultimately, since we had to change our topic, the keywords research for the new topic ended up taking the most time which made us re-evaluate the time frame we were working in. In further discussions, we realized that in order to not delay our graduation, we had to be careful with time management and work during the summertime on the creation of the

toolkit. However, we both enjoyed the process since we have a deep passion for the field of mental health and peer support and that challenge only serves as a positive learning experience.

Since we had done extensive research for our original topic, although we were highly interested in working with the topic of grief, we did experience a period where our motivation was low. In the sixth semester, where we should have advanced the most with our manuscript, was loaded with heavy courses that delayed the process. Furthermore, the anxiety caused by the current Covid-19 situation and the uncertainty over the fact that we might not be able to find a suitable working life partner, hindered our progress as well.

Furthermore, the realization that due to Covid-19 restrictions and the lack of time, we would not be able to facilitate the peer support group ourselves, diminished our motivation to continue at some point. In the end, our eagerness to continue and learn more on this topic, accompanied with the motivation from our working life partner supervisor made us aware of how appreciated our efforts would be.

Lastly, another thing to take into consideration, is that topics sensitive as such, can bear heavy on people, as we all have experienced loss in one way or another. Going through the toolkit sessions and writing the content and activities by attainting more knowledge on the subject has benefited us greatly to make advances and strengthen our skills on our professional development. We learned more about cultural competence and sensitivity, an essential competence when working in the field of social services. Furthermore, since both of us are highly invested in the field of peer support, the creation of the toolkit definitely serves as a great first experience on the actual conception of a toolkit and we hope to write more in the future. Finally, yet importantly, we gathered a lot of material on the subject of facilitating a peer support group which added in the knowledge we already had from our qualification as peer support facilitators. Although it proved to be somewhat challenging regarding the subject, it turned out to be a learning experiences on how to focus on our joint goal and move past the challenges posed to us.

8.3 Recommendations

After consideration regarding recommendations, we would like to add that due to the sensitivity of the subject, the facilitators and the practitioners associated with this project should have some kind of experience and knowledge of the topic. It is usually the case that experts by experience, whether that is trained professionals or not, facilitate peer supports groups and a topic as delicate as loss, we believe requires someone with experience. If not first-hand experience, research on the topic is highly recommended. It is vital to know about grief and loss, how diversely they can manifest upon someone's life and the different impact they impose upon people.

In addition to that, cultural sensitivity is also advised. More information on that can be found in the toolkit, under the specific skills a facilitator needs to work in bereavement groups. In the matter of co-facilitation, one of the facilitators could be a migrant. It is important to note that sometimes it can be difficult to bond with members of the target group, and this can take time as life experiences may differ. Assessing the needs and working with migrants might prove to be complicated, as language barriers can impede good communication and expression of feelings. In this case, it is recommended that the facilitators have certain knowledge of cultural competence and cultural sensitivity (Finnish institute for Health and welfare, 2021).

In addition, it may also be even more beneficial if one of the facilitators has a background of migration, because in that case, they may be able to comprehend with more certainty and demonstrate honest understanding about the experiences of the participants (Finnish Refugee council, 2020) Ultimately, such co-facilitation may result in more appropriate support when working with multicultural bereaved clients. (Calvary Health Care 2012, pp.2-3.)

Moreover, another recommendation we would like to include is that facilitators should be considerate of the group logistics. This means that the size of the group, the location and the cost of the meetings are all important decisions that need to be discussed before the implementation. Preferably, peer support

groups, especially closed ones, have a maximum of 10 people. Facilitators should excogitate how large the group should be, before initiating the recruitment period. Commonly, it is best to have a group that is large enough to function well even when some of the members are absent, but small enough for all the members to feel comfortable. As a rule, 5 to 15 people is a good number; anything larger too easily becomes unmanageable and impersonal.

Throughout the process of this thesis, we have understood and learned that many of the people with migrant background and who have experienced a loss, often do not have the necessary support to be able to move forward with their grieving process. This may be due to cultural reasons, they do not seek help because they do not speak nor understand the local language, or they do not know that they have the right to seek for specific help and guidance. On the other hand, it is due to the fact that there are no instances or the necessary information easily accessible regarding grief and loss in the different organizations or social services directed for this group or/target group.

That is why we believe that the information contained in this thesis is a way of developing the importance of the issue of grief due to any type of loss, to be able to solve and cover a need that until now has not been given the necessary importance and attention.

We also believe that the problems associated with grief and loss that service users may present and that require support, can be resolved if organizations working cohesively with professionals trained in the area of social service and mental health are able to deliver appropriate and necessary information and support.

Ergo, we suggest that organizations associated with the social and mental health area and other services in charge of promoting these in favour of people with a migrant background, to carry out more studies on the subject of grief and migration in Finland. Additionally, more resources can be invested in the promotion and creation of activities and material to include people who need support in the face of a loss in an inclusive language.

We think that by listening to the needs of people with a migrant background is a starting point to fill up the gap and create more activities so that organizations can be more inclusive and successfully adapt to a more multicultural approach. In the words of James and Friedman, (2017) *The key to recovery from grief is action, no time!*

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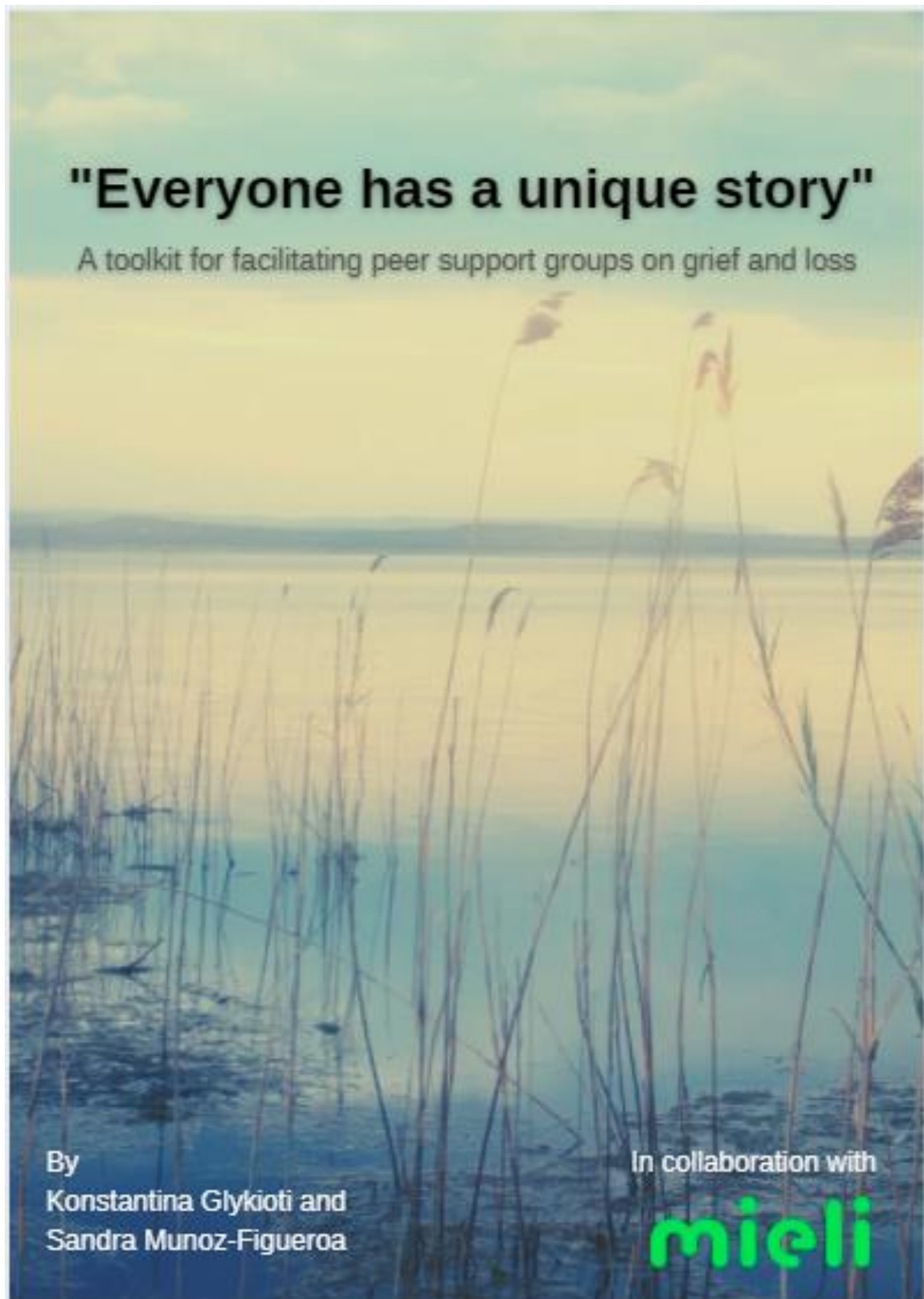
APPENDIX 1: Evaluation questions

1. What is the perspective of the supervisor on the usefulness of the toolkit in the regarding topics of grief and loss for their service users with a migrant background?

2. Did the process of the project run smoothly according to their perspective? If there was an issue, what could have been done differently to make the process more effective?

3. Are the activities included in the toolkit sufficient for the service users?

4. Are the activities included in the toolkit effectively designed to reach the objectives?

5. Is the information and guidelines provided within the toolkit easy to understand and follow?

6. What is the general feedback of the stakeholders regarding the sessions planned?

7. What is the general feedback of the stakeholders regarding this toolkit?

8. From your perspective when supervising our work, what do you think about our development from the first and last toolkit draft that sent?

APPENDIX 2: Thesis stages

	Date	task	whom
Thesis Stages	Nov.2020	Agreement between the students to write the thesis together	Konstantina and Sandra
	Dec.2020	Thesis idea paper	
	03.2.2021	Thesis Proposal Presentation	
	Summer and Autumn 2021	Studying material and creating the toolkit	
	15.9.2021	Thesis -Manuscript Presentation -manuscript accepted on 07.10.2021	
	25.10.2021	Preliminary Thesis Submission	
	8.11.2021	Preliminary Thesis Presentation	
	11.11.2021	Maturity Test	
	22.11.2021	Final Thesis submission	
	20.12.2021	Graduation	

APPENDIX 3. Toolkit excerpt: Everyone has a unique story

Contents

3 ABOUT THIS TOOLKIT

The goal is that with the help of the toolkit and the implementation of the group, the participants will be encouraged to move forward in their healing journey and learn how to cope with their feelings. By following the sessions provided by this toolkit, we are hoping that the participants find comfort within themselves and others, while focusing on recovery. While grief is normal and natural, and clearly the most powerful of all emotions, it is also the most neglected and misunderstood experience, often by both the grievers and those around them. (James & Friedman, 2017). This toolkit is intended for all areas of loss and grief, it does not deal solely with loss through death. This toolkit is focused totally on recovery from emotional pain caused by death, divorce, migration and other losses.

For all the participants struggling with unresolved grief issues, we hope the actions outlined in this toolkit will ease the pain caused by loss. We also know that recovery is not an easy journey, you may be afraid to begin, or you might get afraid along the way. Remember that healing is a process that takes time and patience so be kind to yourselves.

In the words of James & Friedman (2017, p.1), "regardless of the cause of your broken heart, you and only you know how you feel and most likely, it isn't good. We are not going to tell you how you feel. You already know. And we will not tell you, "We know how you feel," because we don't. Neither does anyone else. At best, we remember how we felt when our losses occurred."

3.3 How to use this toolkit

The toolkit is designed to aid facilitators regardless of their experience level. It contains information on the many benefits of peer support, how to set up and run a peer support group, location and the frequency of the meetings, objectives of the group and the sessions with possible activities. In addition to that, it explores matters of confidentiality, ethics and establishing group rules. The themes will explore loss, grief, anxiety, stress, copying mechanisms, understanding one's feelings.

In the words of Wolfelt (2004, p.7), ''the quality and quantity of understanding support you get during your work of mourning will have a major influence on your capacity to heal. You cannot—nor should you try to—do this alone. Drawing on the experiences and encouragement of friends and fellow grievers is not a weakness but a healthy human need''. Peer support groups are an effective way to help people who are grieving, find inner peace and go through the healing process. They offer a safe, nonjudgmental, place to support people with their mourning, give them a place to express their feelings openly, amongst others who are experiencing a similar situation. It gives the participants a chance to reconcile their losses, understand what can hold them back and eventually hopefully accept their loss. In addition to this, it can aid people make peace with their current lives and find comfort in it.

The main objectives of support groups for people who have experienced a loss are:
- Introduce the participants to others who are going through similar experiences.
- Provide emotional, physical, and spiritual support in a safe, nonjudgmental environment.
- Familiarize participants with the concept and meaning of grief while helping them understand what they are feeling, what happens after a loss, and the process of mourning.
- Allow participants to explore and express their thoughts, feelings and emotions about grief with each other. Sometimes this may help them feel compassionate towards themselves and others too.
- Decrease the feelings of isolation that are almost always present in times of grief.
- Help them learn new ways of coping with their everyday life and problems.

6 Setting up a peer support group for people who have experienced grief

This toolkit contains 10 planned sessions, each one is assigned a different theme. The themes were designed in accordance with the needs of the target group. There are several points that should be taken in accordance when organizing a peer support group, thus it is important to plan in advance and consider some of the following suggestions:

- **Goals and Objectives:**

First, it's important to distinguish what you would like to accomplish with the group and set the objectives and goals. After you have set up the goals and objectives, confirm those with the group participants.

- **Group Format:**

After that, it is vital to decide upon the group format. In this case, the peer support group will be closed, which means that it will exist for only a limited time period and the participants will enter and exit the group at the same time.

The other type of group is called open-ended, with no defining ending. People can come and go, and the themes are not always fixed, as they usually are with closed peer support groups. A closed peer support group can offer a greater sense of safety to members as there are no new people appearing in each session. Thus, the participants might feel more comfortable in sharing their stories and they can also create bonds with each other. It is advised that the type of membership should be clear from the beginning and the participants should be informed that they should participate in all the sessions, if possible. Each format has different pros and cons, and the choice generally relies on the participants and their needs.

- **Group Logistics:**

Moreover, another thing to consider is the logistics of the group. This means that the size of the group, the location and the cost of the meetings are all important decisions that need to be discussed before the implementation. Consider how large you want the

support group to be before you start recruiting. Generally, it's best to have a group that's large enough to function well even when some of the members are absent, but small enough for all the members to feel comfortable. As a rule, 5 to 15 people is usually a suitable number; anything larger too easily becomes unmanageable and impersonal. (Hampton, n.d.)

6.1.1 Hints and tips of facilitation

According to the recommendations made by Funk and Drew-Bold (2017), it is important that the facilitator is prepared for certain events that may occur during the meetings. Therefore, some tips and hints upon facilitation are listed below:

- Pay attention to members as they talk about their personal experiences
- Be non-judgmental and mindful of the process
- Facilitate discussion and allowing everyone to speak who wishes to
- Ensure people are adhering to the agenda and keeping to time
- Share tasks with the other facilitator (in case there is one)
- Encourage a sense of security within the group
- Know your own limitations and boundaries
- Seek feedback from the group
- Manage conflict in an impartial way
- Make sure members feel supported
- Know when to advise group members for additional support
- Summarize key issues and decisions that are made during the meeting
- Provide information on other potentially useful support services available outside of the group

6.2 Co-facilitation

The co-facilitation model (Neimeyer 2016, pp.303-305) is beneficial for working with people experiencing grief. Both participants and facilitators can find the necessary support before and / or after a difficult session, as co-facilitation may contribute to a reduction of risks associated with loss trauma, creating support and opportunities for personal growth.

By using the co-facilitation model, facilitators have the advantage of visualizing the room and its participants more effectively, thus capturing their verbal, non-verbal messages and other details that in a singular way would be less likely to perceive. Therefore, by having 2 facilitators with different backgrounds, styles and personalities leading the group, it will help facilitation, commitment and cohesion with the group members.

Neimeyer (2016, pp.303-305) indicates that co-facilitation favors the tasks necessary for the group to function productively and efficiently. Consequently, and for the group to be able to maintain itself and last over time, the facilitators must know how to handle and face different situations, such as reviewing possible participants, guiding new participants, coordinating the opening and closing of meetings, being able to handle a crisis, an emergency or risk situation. By having a pair of facilitators in charge of these tasks, it will help to avoid exhaustion and fatigue between them, in order to continue meeting the needs of the group by supporting each other. In addition, this will help introduce a model to the participants, where communication, resilience, acceptance, different coping styles and the use of different tools, can ultimately aid them in their healing process.

According to the Finnish Refugee Council (2020, p.34), co-facilitating is a help for the instructors to have support among themselves and to complement each other in the sessions, making the group less vulnerable. Facilitators have the opportunity to discuss and plan together what they will do in the sessions and arrange in case one of them cannot attend the meeting.

In order to prepare sessions with a partner, the following should be considered:

- Get to know the co-facilitator and the strengths of each one.
- Communication is important, thus the way each one works must be discussed.
- Rules between the co-facilitators should be created from the beginning.
- Facilitators should be able to share responsibilities equitably between each other, considering the active participation of both in all phases of the organization of the sessions.

It should be noted that it can sometimes be difficult to reach out and bond with members of the target group, and this can take time as life experiences may differ. Therefore, assessing the needs of migrants can be complex, as language barriers can impede good

communication and expression of feelings, leading participants to think that their shared stories and experiences within the group are not relevant or as true importance to the facilitator. In this case, it is recommended that the facilitators have certain knowledge of cultural competence and cultural sensitivity (Finnish institute for Health and welfare, 2021) and have developed some skills in how to use those in this matter. It can also be beneficial if one of the facilitators has a migratory background, as they may be able to comprehend with more certainty and demonstrate understanding about the experiences of the participants (Finnish Refugee council, 2020) and thereupon while being co-facilitating to be capable to give appropriate support when working with their multicultural bereaved clients (Calvary Health Care 2012, pp.2-3)

7 Facilitating the peer support group

The basis to facilitate a support group and consequently support group meetings arrangements, both the facilitator(s) and the participants should be considered important. Therefore, at the beginning of each session, it is recommended that the facilitator activate the conversation by inviting the participants to share their experiences avoiding the question-answer-teaching dialogue, in order to make the participants feel relaxed and accepted in the group.

While having an active discussion within the group, the participants who in turn, are experiencing different phases in their personal grieving process, will benefit from hearing the stories, experiences and progress of the other participants, reinforcing the group dynamics in how they interact with each other, supporting and motivating individuals to express their opinions freely and without being judged, always remembering that each one has a unique story.(Finnish Refugee Council 2020, pp.21-25).

In terms of facilitating a grief support group, the facilitator (s) should consider following some important principles stated by Worden (2018, pp. 93-107) to be able to guide and help the individual who is grieving to cope with the loss and to heal or improve their life situation over time, those principles are as follows:

Principle 1: Help to actualize the loss
Principle 2: Help to Identify and experience feelings
Principle 3: Assist living with the loss
Principle 4: Help find meaning in the loss
Principle 5: Help to find ways to remember the loss
Principle 6: Provide time to grieve
Principle 7: Interpret "normal" behavior
Principle 8: Allow for individual differences
Principle 9: Examine defenses and coping styles
Principle 10: Identify Pathology and Refer

8 SESSIONS

"Grief, everyone has a unique story".
A peer support group for people who have experienced loss

8.1 Session 1 Introduction

Theme:
Introduction - The Welcoming Session

Objectives:

The objective of this session is mostly to introduce the group and its purpose. The group should get to know each other, and you can use an icebreaker to start with. In addition, participants can discuss their needs and wishes for the group. Group rules are to be established in the first session as well. You can talk about grief and loss briefly as session 2 will cover the themes in depth. (You can refer to chapter 4 where there is theory behind grief and loss).

Icebreaker: An icebreaker activity can serve as an easy way for the participants and the facilitators to get to know each other a little but also hopefully help the participants feel comfortable with each other from the beginning. Below we have included a few options. It is suggested that since this is the first meeting, and the members might feel overwhelmed or shy, the facilitators can take the main role and start with the icebreaker themselves. If the facilitators choose to introduce another icebreaker, consider using something that will help the members participate at their own speed and time. After the first icebreaker, if the facilitators see that the members are more talkative, you can also do an activity such as have the participants talk with the person next to them why they decided to join the group or another relevant question. Additionally, the facilitators should act as active observers from the beginning and screen the participants' willingness to join the icebreakers or activities that are given in the sessions.

Suggestion for the facilitators:
It is common that many groups start with relaxation exercises or breathing exercises. If the facilitators wish, they can start with something like that. A suggestion for a 3-minute meditation exercise:

https://www.youtube.com/watch?v=4Bs0qUB3BHQ

Icebreaker 1: Starting from the facilitators, everyone can start by introducing themselves with their name and name 3 random facts about them.

Icebreaker 2: Facilitators will need cards for this activity. It could be a type of oracle deck or positive affirmations cards. The facilitators can lay the cards on the floor or on a table and then the participants can choose one that they are close with. It could be either from the imagery or the affirmation/text on the card. Afterwards everyone, including the facilitators, can say why they chose the specific card they are holding.

Activities:

After that, it is suggested that the group rules are established and written somewhere that they are visible for all the participants (example: a whiteboard) so they can be reminded of them easily. Rules such as confidentiality, diversity, trust, mutual respect, acceptance of different views, individuality, active or silent participation and transparency should be mentioned in the rules. It is vital that rules are created in such a way that the group is a safe space for everyone and confidential is used.

The second subject to discuss is the importance of commitment. Things to discuss about commitment: commitment to oneself to work on their healing, commitment to the rules of the group and commitment to the group as a whole. Lastly, we recommend urging the participants to make a commitment to respect individuality and uniqueness of each participant, as showing emotions and feelings the way, they see fit.

Suggestion: This can be done in the form of an exercise. For example: The participants are asked to each share what is important in their opinion for the group to be a safe space, what kind of rules they would set and why. After that, the participants can each discuss their goals, wishes and what they expect from the peer support group and the facilitators can note them down. This will help in the last session, when the participants can evaluate their healing progress within their group.

<u>Notes</u>: In the first session, facilitators are recommended to let the participants know that showing emotion, crying and letting their feelings out is normal and welcomed. Participants should feel from the beginning that this is a safe space for them. This can be mentioned whenever you feel that it is needed. We recommend providing tissues.

<u>Tips to the facilitator:</u>

It is important to provide the participants with the schedule of the group meetings and your own professional contact information in case the participants need to communicate with you.

Closing: In the end of the meeting, please reserve some time to do a mood tour. Everyone can share their thoughts and mood about the group session. In addition, you can summarize how the session went and what themes you covered.

You can let the participants know about the next session and its contents.

''Rather than treating grief as a disease, what we will focus on essentially, is the recovery process. In the next session, we will create a relationship graph in order to discover and complete (in the process), what was left emotionally unfinished with someone or something that is gone.'' (James & Friedman, 2015)

8.3 Session 3 Storyline graph - beginning

Theme: Grief is one of the most conflicting emotions that is triggered by an end to or change in a familiar pattern of behavior. Thus, any changes in places, events or relationships to people can cause grief. Think about how many types of losses are covered by this definition. Take for example moving. When we move, every single familiar pattern that we know of might change. We notice changes in where we work, where we live, our own house and also who we usually meet. Other examples of losses are financial changes, loss of a limb or eyesight, major changes in bodily functions and even heart attacks and strokes, since they affect how we exercise and what we eat. In addition, divorces for example can affect anyone close to it – parent, child, sibling or others. Another important thing to remember is childhood issues of abuse whether it is physical, emotional or sexual. Such mistreatment can greatly affect individuals and their thought pattern.

In fact, many life experiences fit this definition of grief as almost anything that can affect someone negatively can translate into a grieving experience. Generally speaking, if you think something was a loss, put it on your graph. You can't really make a mistake in this exercise. (James & Friedman, 2017 pp.97- 98)

Objective: The primary purpose of this exercise is to create a detailed examination of the loss events in your life and to identify the patterns that have resulted from them. There are several other reasons for making a storyline graph. One is to bring everything up to the surface where we can look at it. Buried or forgotten losses can extend the pain and frustration associated with unresolved grief. Another is to practice being totally truthful. We can often be dishonest without ever lying. That is, we omit things and thereby create an inaccurate picture. An additional benefit of using this exercise is observing which short-term relievers we have relied upon after losses. It is important during this exercise to write about each loss, what kind of feelings the participants experienced. This will be used in the following sessions. Additionally, the participants can focus on incomplete losses and throughout this journey they can try to make amends for them.

We're all going to have other losses during our lives, and we don't want to fall into the same old traps. There is a saying that says: "*If you want to avoid bear traps, it's a good idea to know what they look like.*" In order to do a Storyline Graph, it's a good idea to know what it looks like. (James & Friedman, 2017)

Tips for the facilitators:
If you feel comfortable, you can create your own storyline before starting this activity with the participants. In this way, you can share your storyline as an example to the participants. If you don't wish to create your own storyline, feel free to use the example shown below or create a new one with a fictional character.
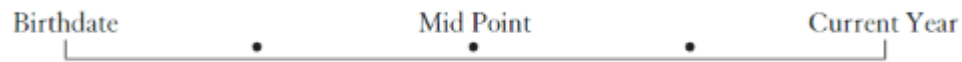
Activities:
Example
Name: Micky Rouse.   Born: January 15, 1990 (age 31)

1998 (age 8)	2002 (age 12)	2004 (age 14)	2005 (age 15)	2006 (age 16)	2012 (age 22)	2019 (age 29)	2020 (age 30)		
Change school	Parents' divorce	Moving to another city	Lost a beloved pet	Loss of his grandmother	Break up	Death of his father	Migration		

An example for the participants:

Birthdate	Mid Point	Current Year

Homework to be delivered at session 8. Letter Writing

Aim: This exercise can aid participants to become familiar and understand their feelings of grief and loss better but make it easier for them to think about it. As homework, participants are asked to write a letter to the group about their grief. They can describe how loss has changed their life, what grief is like for them and what effect both loss and grief have on their life. The letter can be read out loud in session 8, where the story graph will be concluded.

Closing: In the end of the meeting, please reserve some time to do a mood tour. Everyone can share their thoughts and mood about the group session. In addition, you can summarize how the session went and what themes you covered.

You can let the participants know about the next session and its contents.