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Critical Care Congress Update: The session, THRIVE: Bringing Meeting and Life Back to Survivors of Critical Illness, will address this research. The session will be held on Monday, February 18, from 9:45 a.m. - 10:45 a.m. in Room 33 at the San Diego Convention Center. A full PDF of this article is available at sccm.org/pressroom.

Models of Peer Support to Remediate Post-Intensive Care Syndrome

SCCM's THRIVE Peer Support Collaborative evaluates peer support groups to address this emerging syndrome

February 13, 2019 -- When patients see television commercials for medications, they hear a long list of potential side effects. If they take the advertised medication, they might not experience any of those side effects but at least they have been warned.

But when it comes to a stay in the intensive care unit (ICU), patients often do not understand the side effects—depression, confusion, and isolation, to name a few. The list of all that can happen from post-intensive care syndrome is long, and it can be hard for patients to manage individually. Various peer support initiatives have been implemented to help patients recover after critical illness, but there is little readily available information about which types of peer support are offered at institutions around the world.

The Society of Critical Care Medicine's international THRIVE Peer Support Collaborative was developed to change that. The collaborative was initiated to foster innovation and improve patient outcomes. It comprises a group of international clinicians who come together to look at how to move ICU recovery forward. A team of these clinicians analyzed 17 sites within the collaborative between October 2016 and July 2017, and they identified six general models of peer support. It was the first systematic approach to identifying and learning from existing peer support models.

The [THRIVE](#) International Peer Support Collaborative recently conducted a study evaluating different models of peer support conducted at 17 collaborative sites. The results are available in the January 2019 *Critical Care Medicine* article "[Models of Peer Support to Remediate Post-Intensive Care Syndrome](#)."

"A lot of ICU survivors don't quite understand post-intensive care syndrome, so we're trying to educate the general population," said Joanne McPeake, PhD, MSc, BN, who led the THRIVE Peer Support Collaborative's research. "A lot of people don't know there is a hangover effect. Peer support gets people to share their experiences, and the idea of social isolation disappears.

What they're feeling is part of the recovery trajectory, and they want the validation that it's OK to not feel great."

Each of the six models of peer support that Dr. McPeake and her colleagues identified provides that validation. Here is a look at each of these models.

- **Community-Based Model**
Meetings are led by former patients and/or staff members and are held in a variety of environments, from coffeehouses and churches to hospitals. Patients and caregivers attend. There is no minimum or maximum time frame for how long attendees can participate.
- **Psychologist-Led Outpatient Model**
What makes this model unique is that it focuses on psychological principles that drive the goal of sharing and normalizing experiences. A process focus is used in this model.
- **Model Based in ICU Follow-Up Clinics**
Waiting areas in post-ICU clinics provide a more informal setting for patients and caregivers to meet. This model allows for intentional yet unstructured peer support. More experienced patients and caregivers attend to share their perspectives and offer informal support and advice.
- **Online Model**
A dedicated website or forum brings with it a variety of opportunities for decisions, from whether hospitals or patients operate the site to whether the forum will offer real-time conversation or staggered, back-and-forth dialogue.
- **Group-Based Model in ICU**
This structured model is geared primarily toward caregivers and is formally organized by ICU staff.
- **Peer Mentor Model**
The goal of this model is to connect patients further along in their recovery with more recent ICU survivors to talk about their experiences.

In researching the different models, Dr. McPeake found five common barriers: recruiting participants, staff training, sustainability, risk management, and how to measure success. She also found that the best advice for someone who wants to launch a peer support group is to just keep going. This advice is based on her own experience at the University of Glasgow in Scotland, where she invited patients to come and learn about peer support groups only to find few or no attendees at the initial sessions.

"Keep going and keep learning from the patients who do come," Dr. McPeake said. Despite the challenges, Dr. McPeake was impressed by the dedication shown at each site. "We're in this innovation stage, and what's exciting about all of the sites is they all have potential," Dr. McPeake said. "It can be tough to start with and tough from a logistics point of view, but lots of small steps will get you further along, and quicker than you think."

About the Society of Critical Care Medicine

The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The Society offers a variety of activities that ensure excellence in patient care, education, research, and advocacy. SCCM's mission is to secure the highest quality of care for all critically ill and injured patients. Visit sccm.org for more information. Follow [@SCCM](https://twitter.com/SCCM) or visit us on [Facebook](https://www.facebook.com/SCCM).

Learn more about the THRIVE initiative at sccm.org/THRIVE.