



S2S   
Student2Student



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# S2S Peer Support Training

Welcome to Peer Support  
training for 24/25!

Day 1

# Remember to sign in!





# FIRE SAFETY





# The thumbs up strategy





# Agenda

- Understanding the Peer Support role
- Introduction of core conditions
- Interrogating unconditional positive regard
- Stigma reduction
- Confirmation bias
- The real challenge of diversity and inclusion
- Practical application of today's skills





# Agenda

## TUESDAY

Exploration skills  
Authentic approach  
Introduction to empathy

## WEDNESDAY

The power of vulnerability  
Identifying personal triggers  
Case protocol  
A&E accompaniment  
Limits of confidentiality

## THURSDAY

Debrief and Supervision  
Responding to suicidality  
Step by step casework


## FRIDAY

Consent & Disclosure  
Healthy boundaries  
Making referrals  
Self-care





# SPACE GUIDELINES: A COMPARISON

Safe Space Guidelines 	Brave Space Guidelines 	Accountable Space Guidelines 
Impossible for organizations to anticipate participants' evolving triggers.	<b>An unbalanced onus of bravery of marginalized communities</b> to maintain bravery while sharing lived experiences to ensure allies can grow and learn from it.	Places an equal amount of onus for all to behave equitably and inclusively <b>to foster a deeper understanding of diverse lived experiences in REAL-TIME.</b>
Impossible to guarantee complete safety since <b>we cannot control people's behaviours or actions</b> to embed DE&I principles in their actions during and after the conversation.	<b>Negates the daily bravery marginalized communities need to display to navigate workplaces and society.</b> Also, it does not lighten marginalized communities' "burden of bravery."	Creates a <b>REAL-TIME opportunity for EVERYONE</b> in the discussion to challenge the conditions that are oppressing marginalized communities by demonstrating accountable and equitable behaviours and actions.
It does not allow allies and non-marginalized people to <b>show allyship in action by following a set of guidelines to support accountable conversations</b> that foster inclusion and equity.	It does not allow allies and non-marginalized people to <b>show allyship in action by following a set of guidelines to support accountable conversations</b> that foster inclusion and equity.	<b>Intent and impact</b> are rooted within accountability to promote actions, thoughts, and behaviours that are equitable and inclusive of marginalized communities.



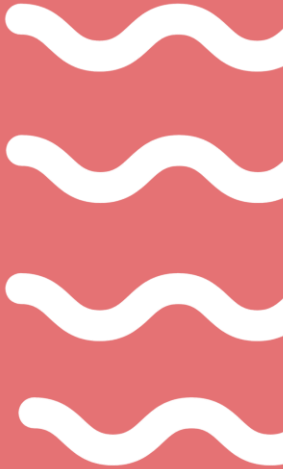
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- Phones/tech away
- Be present for each other





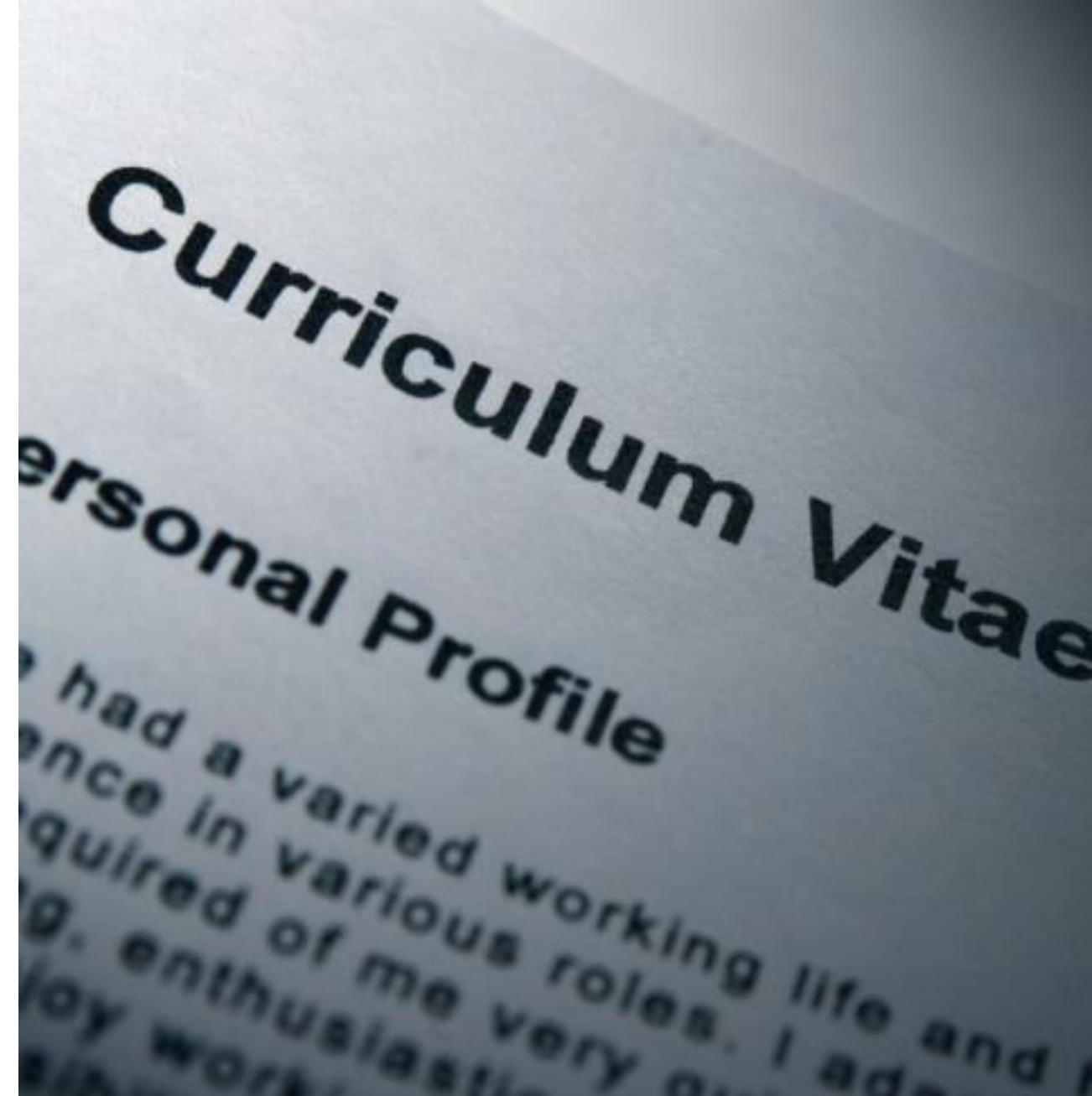
# Time for an icebreaker!

- **Name**
  - **Pronoun (he/she/they etc.)**
  - **Your role**
  - **Anything you're happy to share that people might not know about you straight away?**
  - **One of your life goals**
  - **One of your pet hates**
- 



# Life Skills

- Sense of constructive activity in your community
- Communication skills
- Organisation and time management
- Interpersonal skills
- Concrete examples for CVS and references
- Skills to bring to your personal life
- Personal development



# What is Peer Support

- Sharing related values, experiences or lifestyles
- Interpersonal helping behaviours
- One-to-one, group work, discussion, tutoring

## If students did talk about their problems, they were:

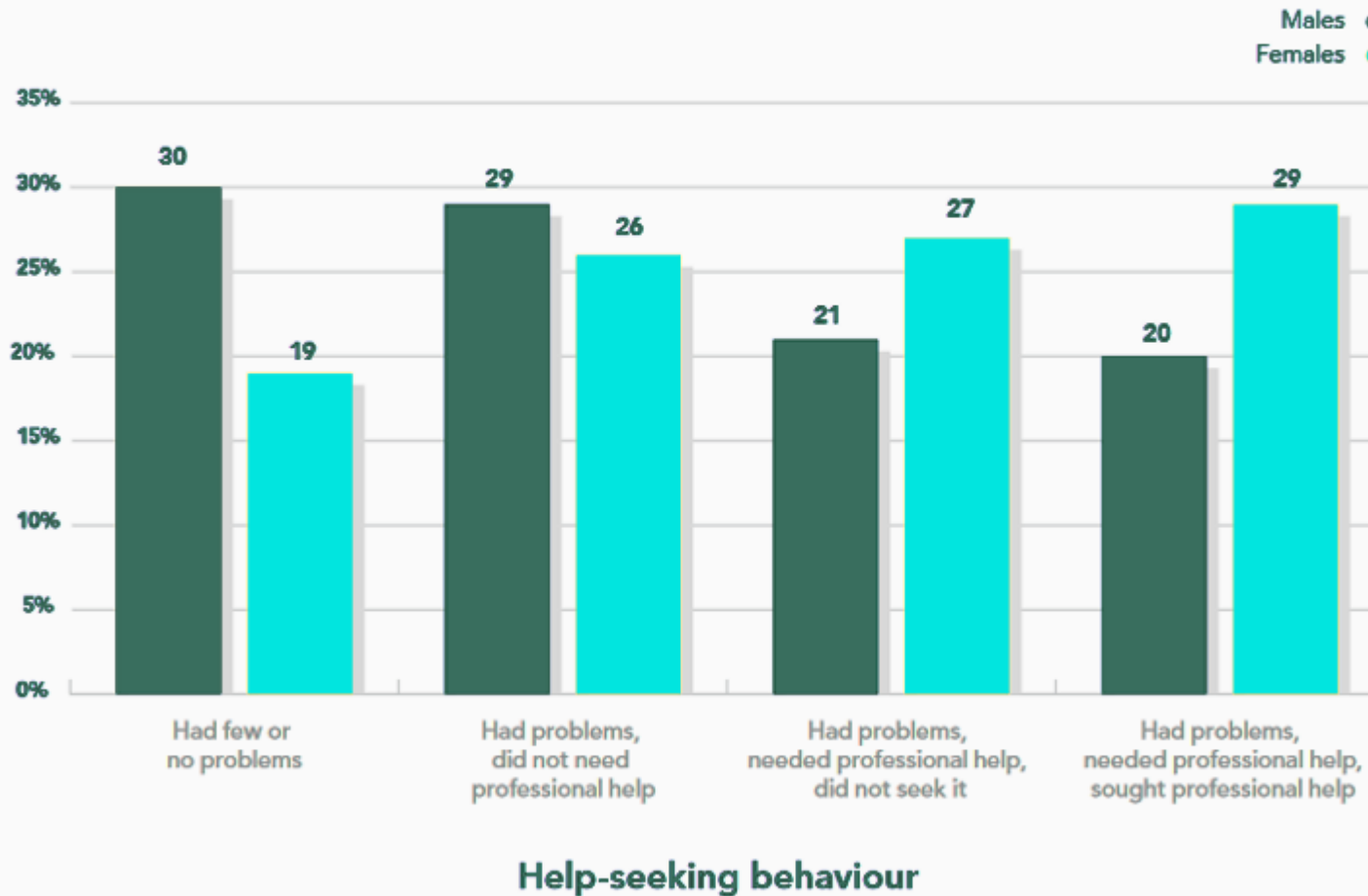
- More likely to talk to their family 42% (MWS 2 v 33% MWS 1)
- Less likely to talk to their friends 42% (MWS 2 v 50% MWS 1)
- More likely to approach a psychologist/counsellor/therapist 30% (MWS 2 v 24% MWS 1)



# The Research

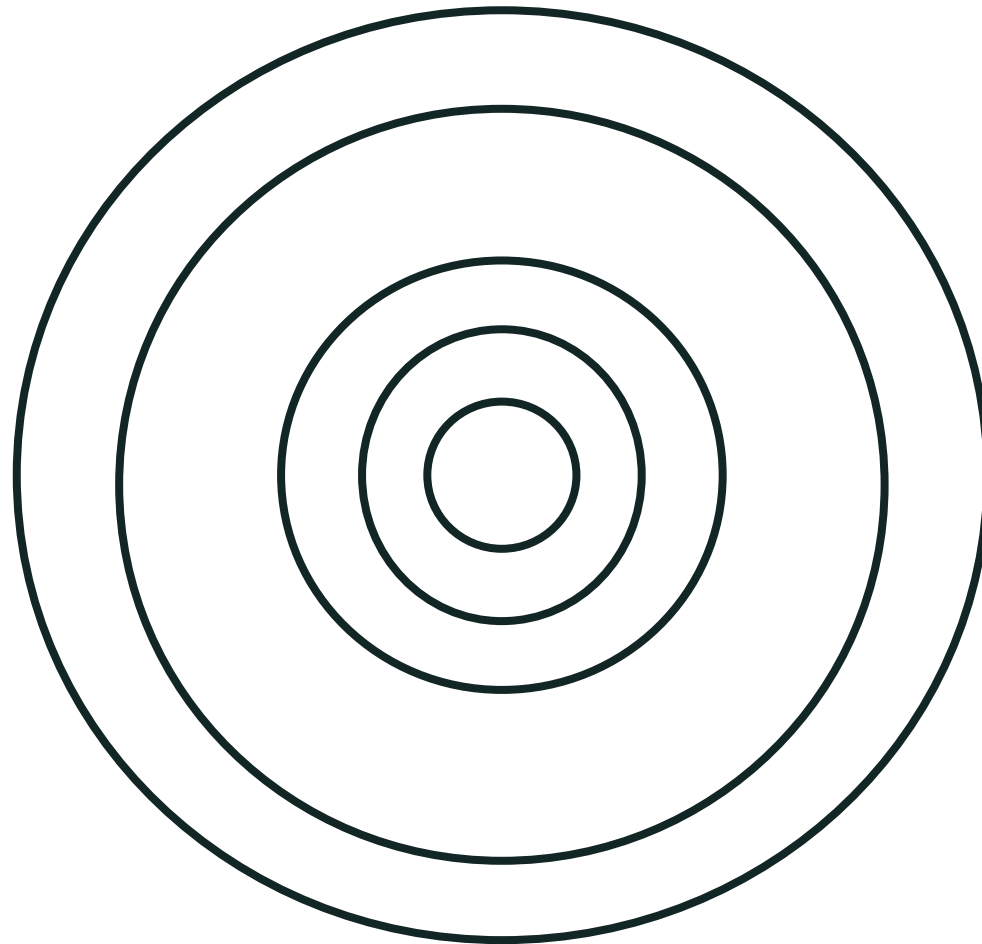
Figure 5.13.

## Help-seeking by gender



Less than 1% of respondents identified as non-binary/ other/ prefer not to say

# Who is in your circle?

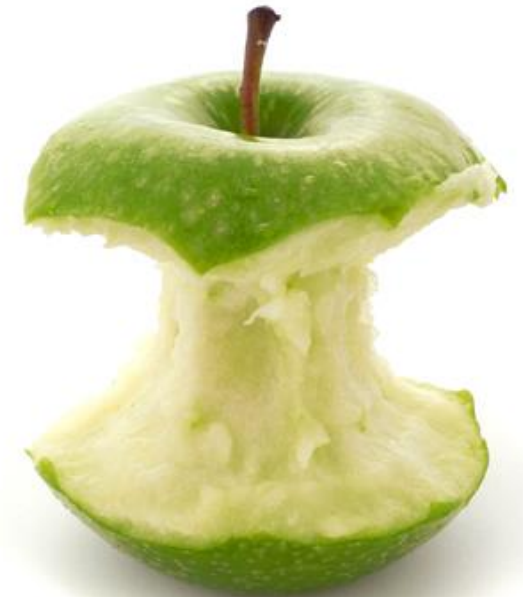




# 3 Core Conditions

## Acceptance – Unconditional Positive Regard

- Accepting someone for who they are and what they are
- Respecting individual beliefs
- Valuing the person and their views
- Being non-judgemental
- Not glossing over difference



# 3 Core Conditions

## Genuineness – Authenticity

- Willing to be your full self
- Accepting of your own strengths and weaknesses
- Truthful, whilst still upholding the non-judgemental space
- Acknowledging your own vulnerabilities
- Sincere
- Open and clear





# 3 Core Conditions

## Empathy

- Trying to understand what is really going on for a person
- Asking relevant questions
- Finding authentic connection
- Staying person-centred
- Refraining from assumptions/judgements



# Are you biased?



Me: I'm not judgemental  
Also me:









1. We label human difference



2. We stereotype the differences



3. We separate those labelled from "us"



4. We create hierarchies

Phelan, Jo C., Bruce G. Link, and John F. Dovidio. 2008. "Stigma and Prejudice: One Animal or Two?" *Social Science & Medicine*, 67: 358–67. doi: 10.1016/j.socscimed.2008.03.022



# 5 steps to stigma reduction

- **Perspective**
  - Instead of “what’s wrong with...” try “How are you”  
Think about how they experience something
  - And don’t forget “what’s right with...”
- **Choose words carefully**
  - Intent doesn’t negate impact
- **People-first language**
  - “Have”, not “is”
  - Be led by them
- **Continuous learning**
- **Compassion and dignity**
  - Be an ally

<https://health.choc.org/5-practical-ways-to-help-reduce-stigma-around-mental-illness/>





# Difference of opinion









# Diversity and Inclusion

**AWARENESS** – acknowledge your limitations, but focus on your strengths

**ACCEPTANCE** – you can't see a person if you try to overlook their differences

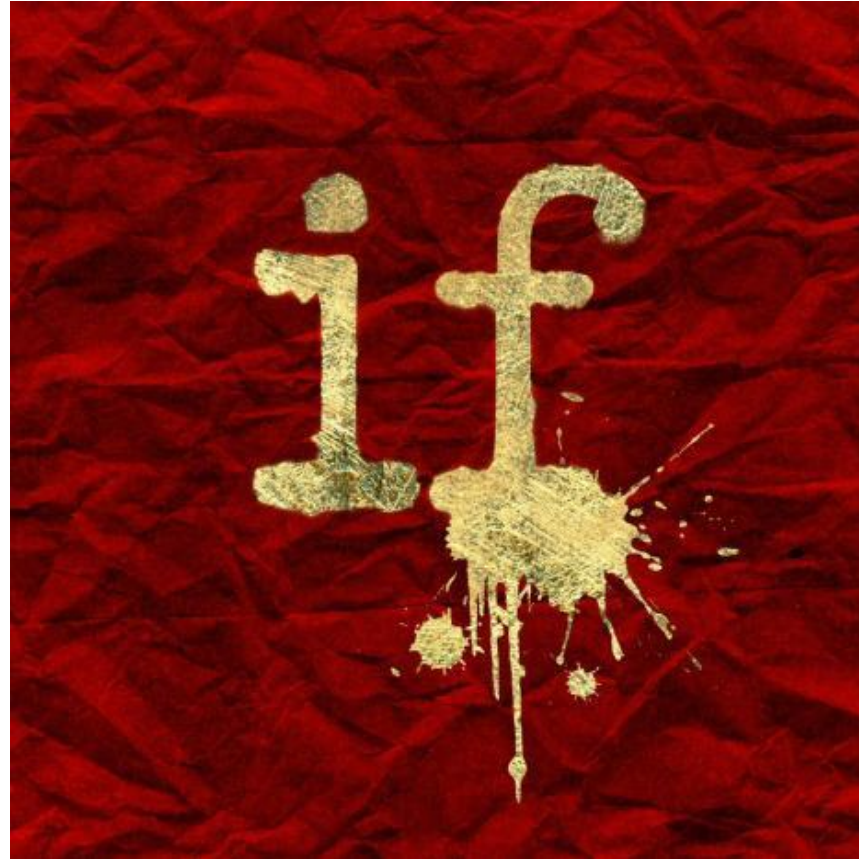
**DETERMINATION** – bias takes time and practice to recognise and to address. You will make mistakes.

**CONCENTRATION** – focus on what is being said in the moment. Listen actively.

**HARMONY** – When the 4 tips above come together you can approach anyone calmly with compassion, and they will feel it!



# What would you do if...









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Day 2



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- Hands up when conversation active
- Phones/tech away
- Be present for each other

# The thumbs up strategy





# Agenda

- Basic listening skills
- Asking questions
- Reflection, paraphrasing, summarising, clarifying and encouraging
- Pitfalls of active listening techniques
- How not to give advice
- The power of owning our feelings and reactions
- The value of silence
- Interrogating verbal messages
- Non-verbal messages
- Introducing the empathic approach
- Role plays





# hypothetically

[,hʌɪpə'θetɪkli] **adverb**

a word put in front of a question so that one doesn't end up in trouble if the answer is not what one hopes it to be.



## Listening tips

- Body language
- Eye contact
- Distractions
- Time

# Body Language







## Listening tips

- Judgemental
- Directive
- Problem solving
- Sympathy vs Empathy

## Active listening

- Open question?
- Closed question?
- Hypothetical question?
- Leading question?
- Judgemental question?
- Inappropriate question?



## Reflecting back

Mirroring a word or statement

“You’re an alien...”

“You’re from  
another planet...”

## Paraphrasing...

Putting a thought into your own words

## Summarising...

Putting all the pieces together

“So you’re worried  
about money, study  
and your visa...”



# Clarifying...

Checking your understanding

“So you’ve been here for the last 8 months, but this is your second time here?”

“I’d really like to hear more about where you’re from...”

# Encouraging...

Acknowledging an interesting point/statement or demonstrating interest

# Pitfalls

Parroting  
Omitting  
Over analysing  
Over expansion  
Exaggerating  
Underscoring  
Rushing  
Lagging



# How not to give advice...

Ask them how they feel about the situation. “Would you say..?” “Does it feel as though..?”

Hypothetical questions. “What do you think would happen if..?” “How do you think you would feel about..?”



Try not to be solution led – don't think about the question, think about why the person is asking

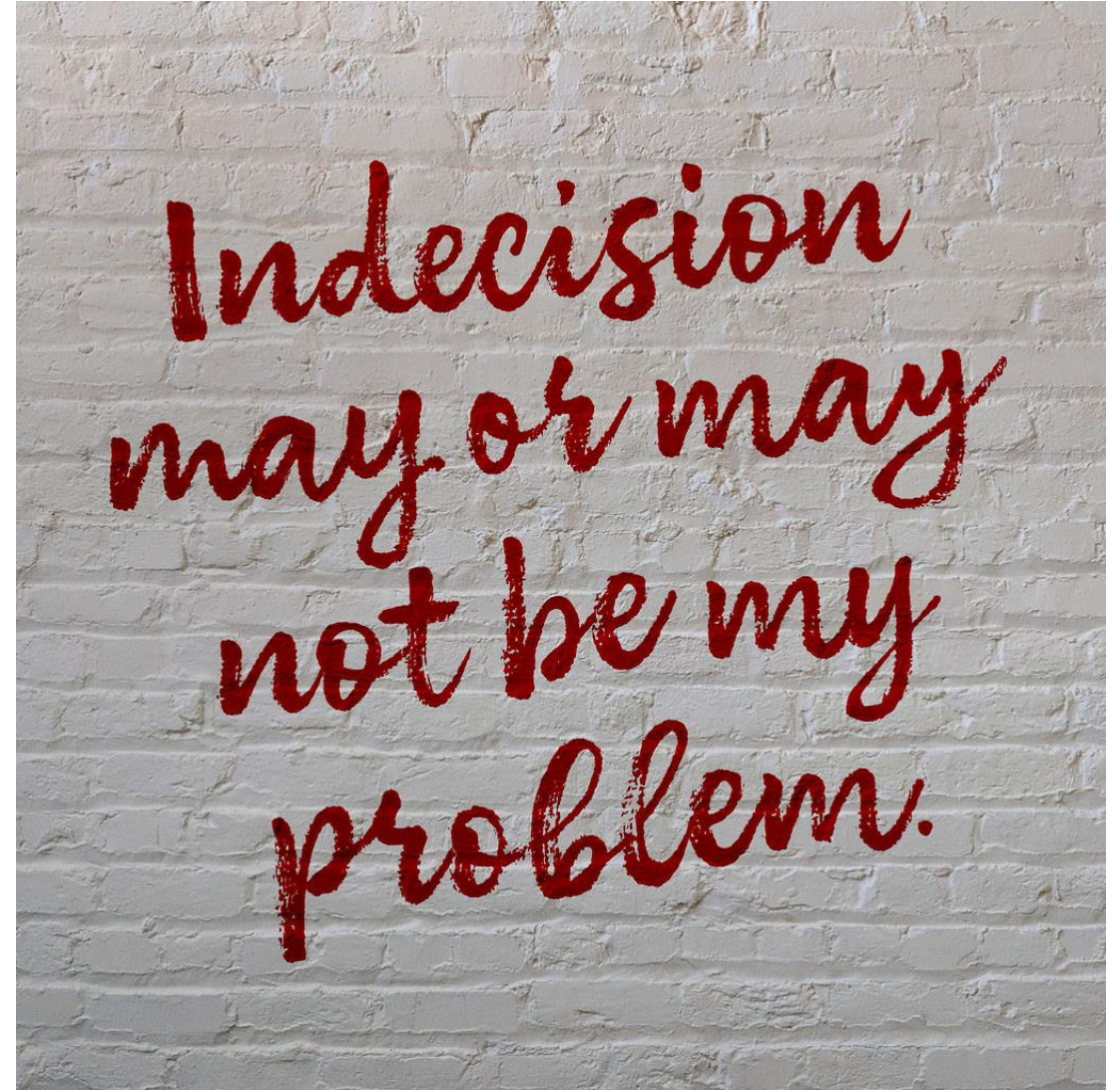
Reflect back, paraphrase, summarise... help the person to clarify what they have told you



# Not my problem!

1. What is the real challenge here for you?
2. What have you tried already?
3. If you could try anything to solve this, what would you try?
4. And what else? (Repeat two or three times, as needed, to surface additional ideas.)
5. Which of these options interests you most?
6. What might stand in the way of this idea, and what could be done about that?
7. What is one step you could take to begin acting on this, right away?

<https://www.psychologytoday.com/us/blog/the-questionologist/202103/how-guide-people-without-giving-advice>



# “I” Statements

Own personal statements about feelings, beliefs or behaviour

Most effective in conjunction with paraphrasing or summarising

In the right circumstances it can help to form a bond

Can also be useful in addressing sensitive issues or resolving conflict







# Silence



# Verbal Messages

## Experiences

– what has happened to them

## Behaviour / action

– what they choose to do or not do

## Feelings

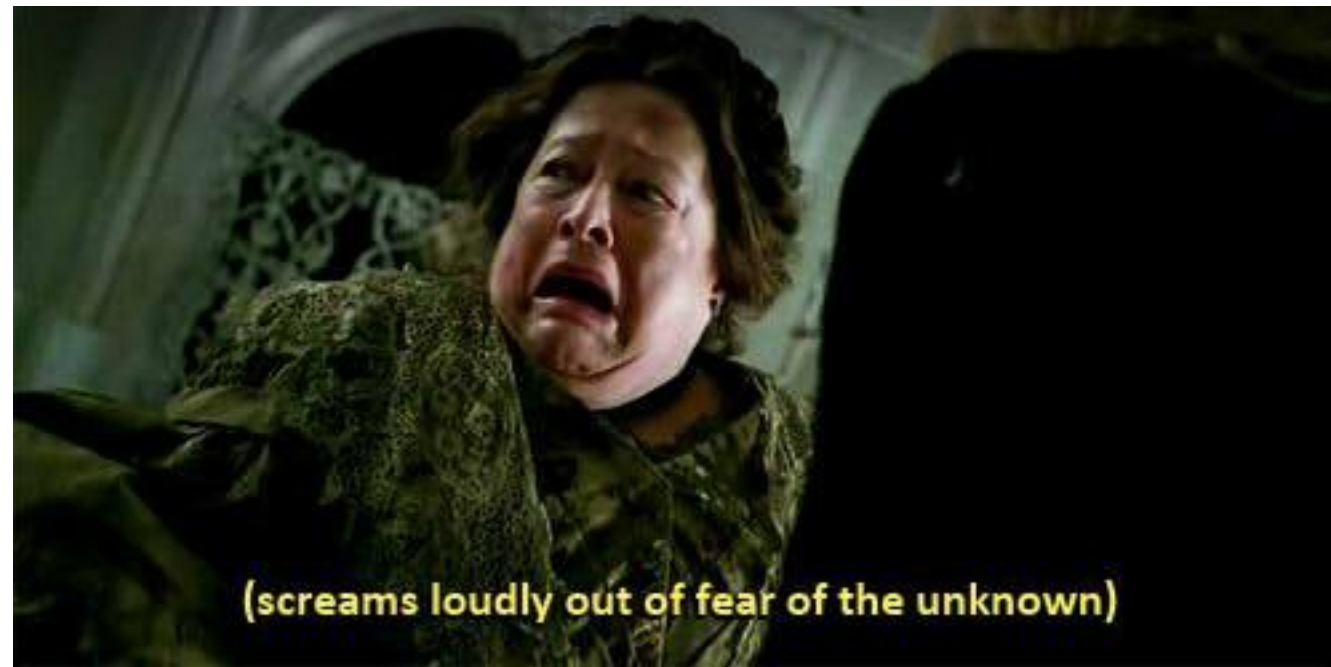
– what are the emotions that arise



# Verbal Messages

What do we know?

What don't we know?





# Non-Verbal Messages

**Body behaviour**, such as posture, body movements, gestures

**Facial expressions**, such as smiles, frowns, raised eyebrows, twisted lips, grimaces

**Voice-related behaviour**, such as tone of voice, pitch, voice level, intensity

# Non-Verbal Messages

**Observable autonomic physiological responses**, such as quickened breathing, blushing, paleness, pupil dilation, tearfulness

**Physical characteristics**, such as fitness, height, weight, complexion

**General appearance**, such as grooming and dress

RSA



# Shorts



# The goldfish factor









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# The thumbs up strategy





# Agenda

- Vulnerability
- Employing empathy
- Understanding our triggers
- Casework protocols
- Managing no shows
- Curbing over-dependence
- A&E accompaniment
- Critical protocols
- Children First
- Limits of confidentiality
- Role plays









# What is Empathy?

Walking in someone else's shoes

Not how you would experience a situation:  
how they experience a situation





# The Empathic Approach

Giving a person the space and time to express how they feel

Using **active listening** to encourage a person to express themselves

Clearing your mind of assumptions, personal emotions and prejudices

Reflect on what they say, and check your perceptions

Encourage exploration – use your distance from the situation described to offer paths and possibilities that they may not have seen

## What Empathy is Not

It is not counselling.

It's not about changing a person.

It's not about offering advice.

It's not sympathy

It's not about being right all the time.

It is all about **possibility**

# Trigger in a box

Think about the things that have had an impact on you. What might be difficult to hear someone else talking about?

Write a brief description of your trigger – keep it anonymous.

Everybody puts their trigger into a box

Pick out a trigger, and think about what it would feel like to be the person whose trigger this is

**If this were me, I think I would feel...**

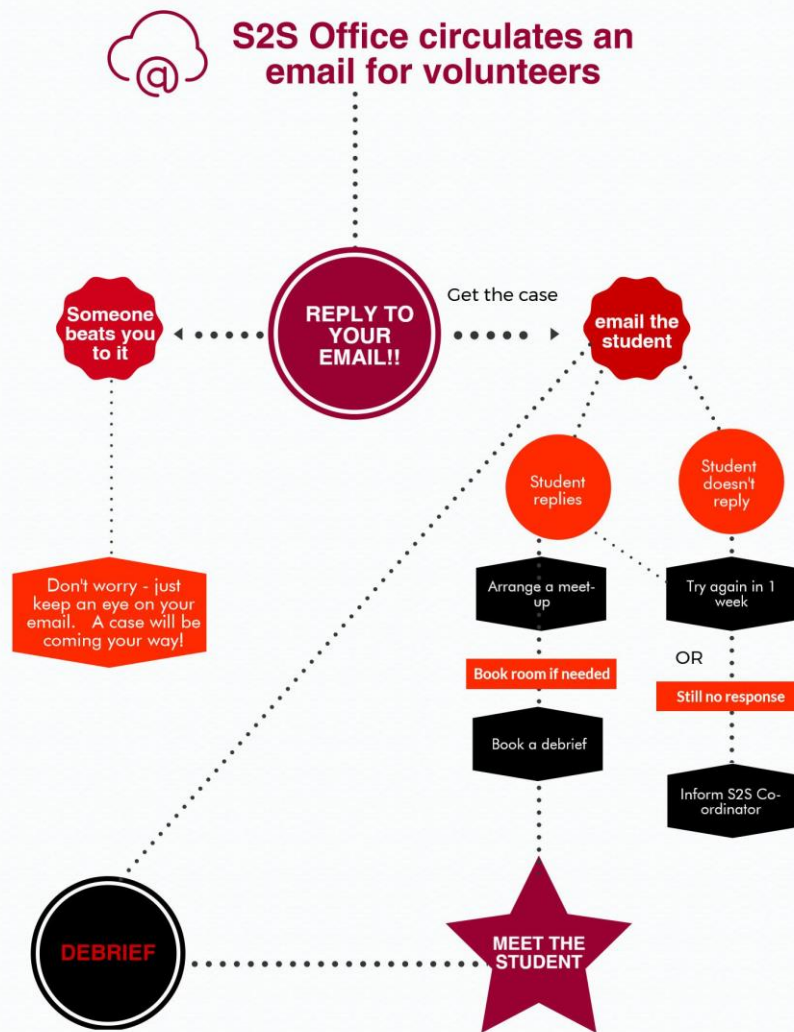


# Protocol



# Peer Support Cases

Step by step guide



# Managing a no show

Notify the S2S Office

Name any concerns

Follow-up email

If your case ends let the S2S office know





# Curbing Over-dependency

Always have some place to be after your first meet-up; preferably a check in with S2S so they don't/can't keep walking with you!

Remember to use your wrap-up skills!

Keep a professional relationship – no phone numbers or social media!

Follow-up emails should not be immediate – remember that you might be creating expectation

Discuss any concerns you have about their dependency with S2S staff



# A&E



# Critical Protocols

- GDPR
- Child/vulnerable adult
- Safety first!





<https://www.tusla.ie/children-first/children-first-e-learning-programme/>

# Confidentiality









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Day 4

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# The thumbs up strategy





# Agenda

- Debrief and Supervision
- Responding to suicidality
- Step-by-step casework examples



# I bet you didn't know...



# Debrief

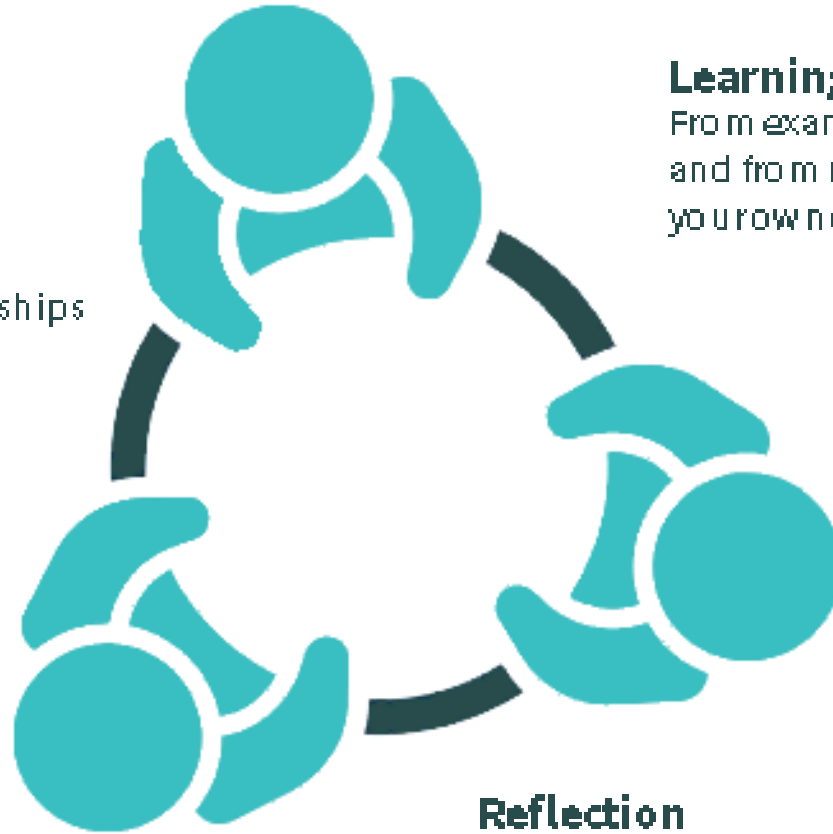




# Supervision

## Connection

Maintaining the relationships built during training. Getting to know other volunteers better



## Learning

From examples others are bringing up, and from responses to and suggestions for your own case work

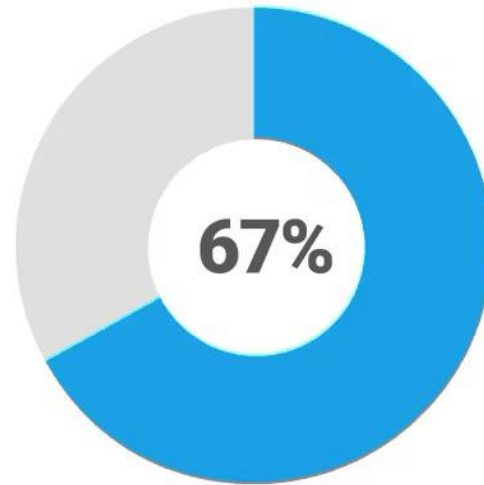
## Reflection

Time to think about whether you're responding to/feeling the same way about casework. What are the similarities and differences between you and other volunteers in terms of your approach?

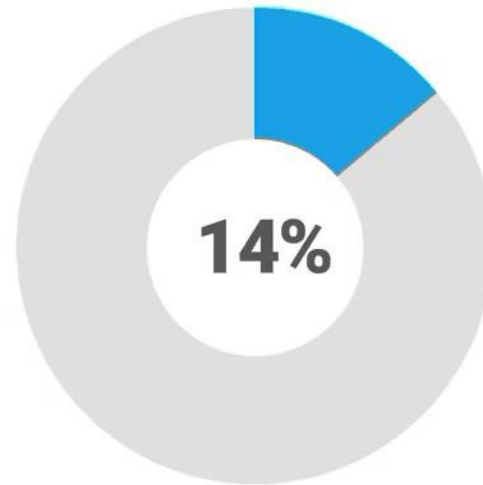
# Suicide Awareness

## Healthy Ireland Survey 2022

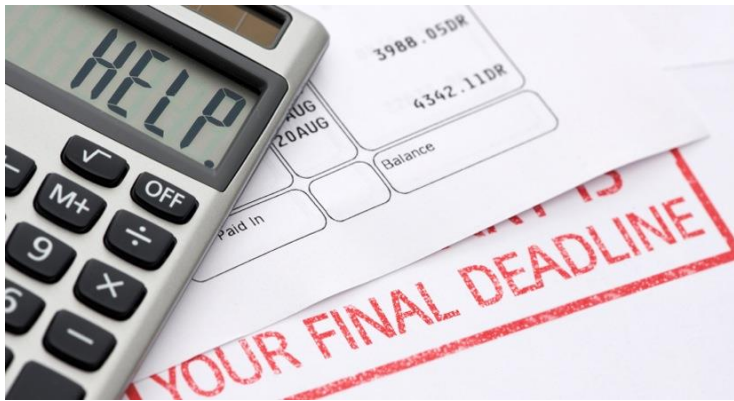
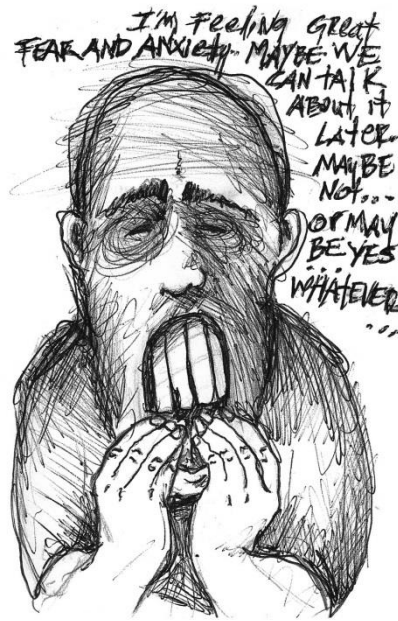
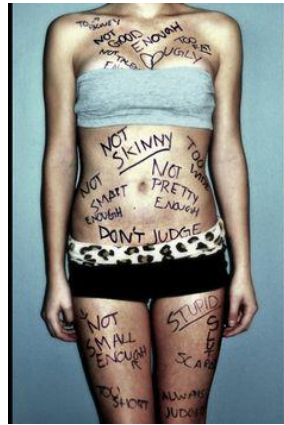
### Suicide awareness



Know someone who has died by suicide



Know someone close to them who has died in this way



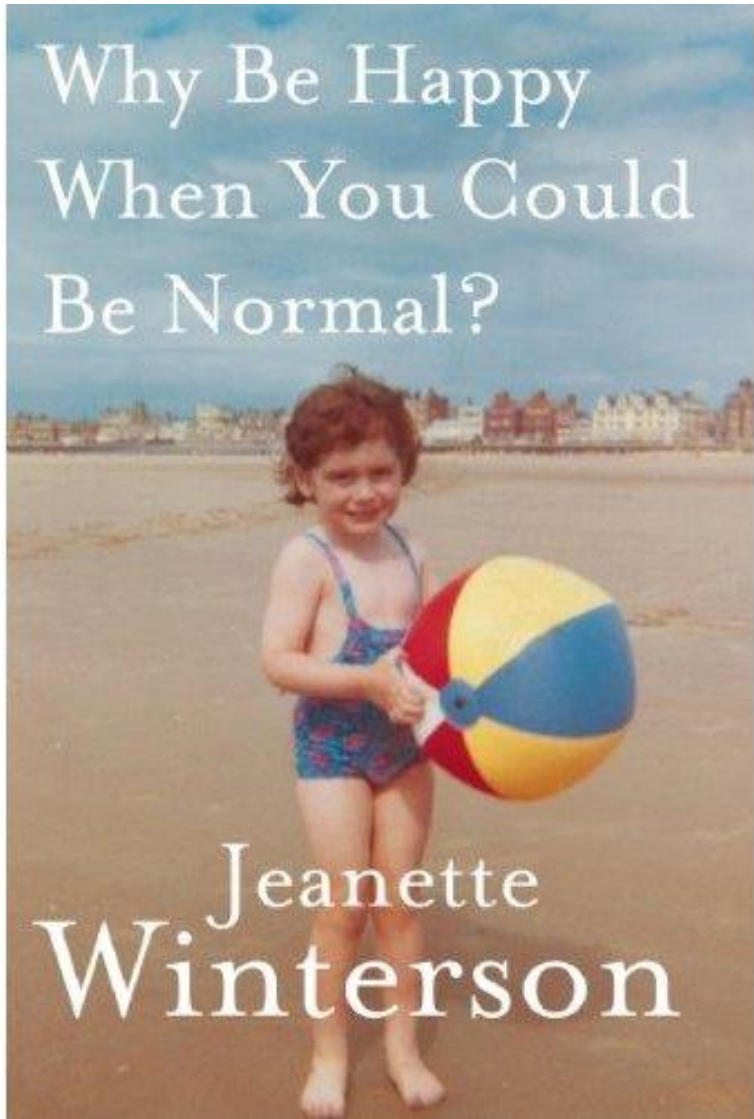


# Why do people contemplate suicide?

May relate to experience of a number of unique and personal losses impacting on their health and normal coping mechanisms.

Not a simplistic response to an event - multifaceted, complex.

Those bereaved by suicide find it difficult not to have a clear explanation/rationale, and struggle not to hold responsibility.



Happiness – from “gehapp” or “happ”

The ability to handle and process what happens to us

Our capacity to manage our “happenstance”

*“There's the hap- the fate, the draw that is yours, and it isn't fixed, but changing the course of the stream, or dealing new cards, whatever metaphor you want to use- that's going to take a lot of energy. There are times when it will go so wrong that you will barely be alive, and times when you realize that being barely alive, on your own terms, is better than living a bloated half-life on someone else's terms.”*

# The challenge of understanding

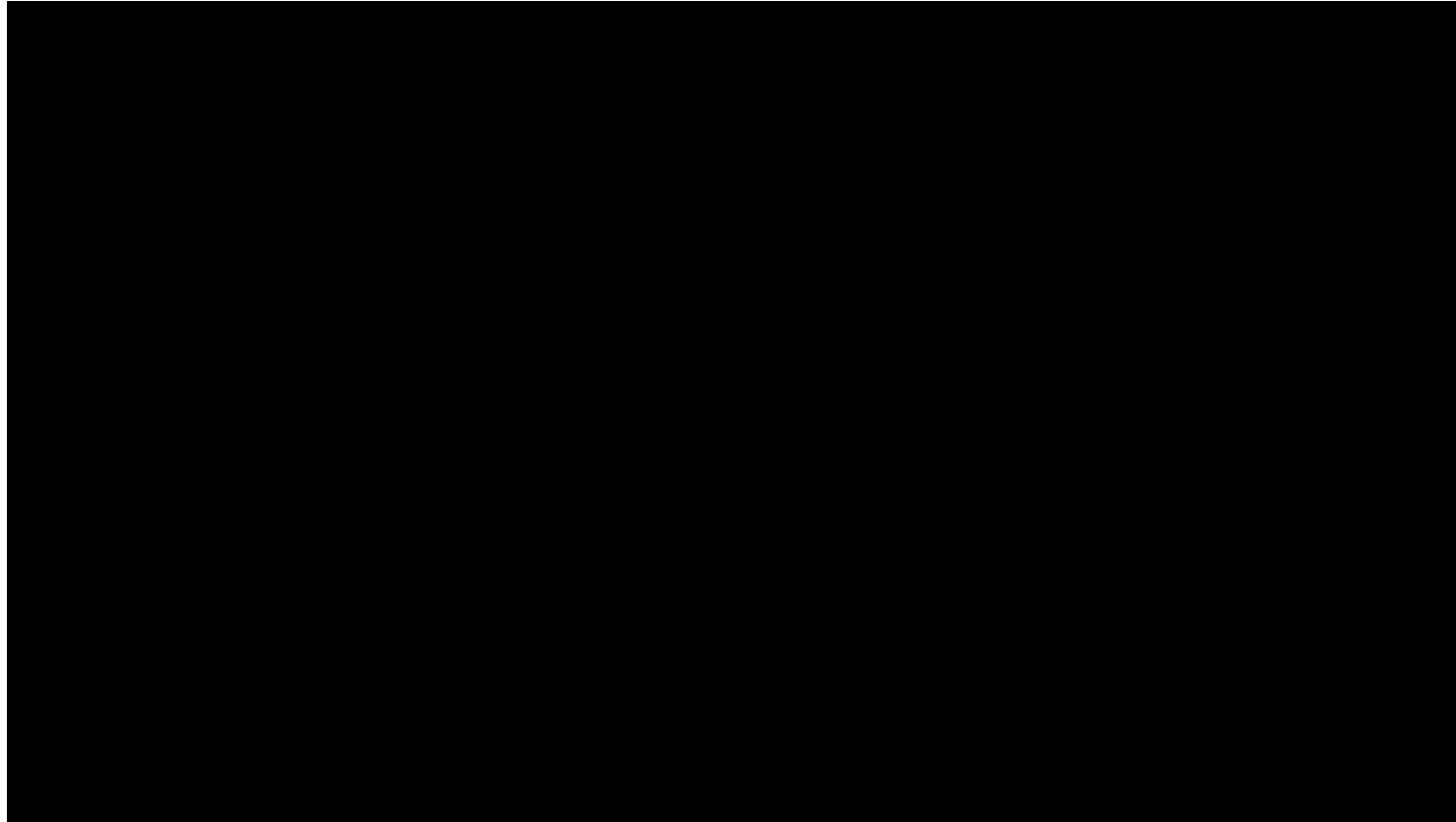
Suicide may be the experience of psychological pain termed 'psychache' (Dr Edwin Shneidman 1996)

*Psychache is the hurt, anguish or ache, that takes hold in the mind... suicide happens when the psychache is deemed unbearable and death is actively sought to stop the unceasing flow of painful consciousness.... **only a small minority of cases of excessive psychological pain result in suicide, but every case stems from excessive psychache***





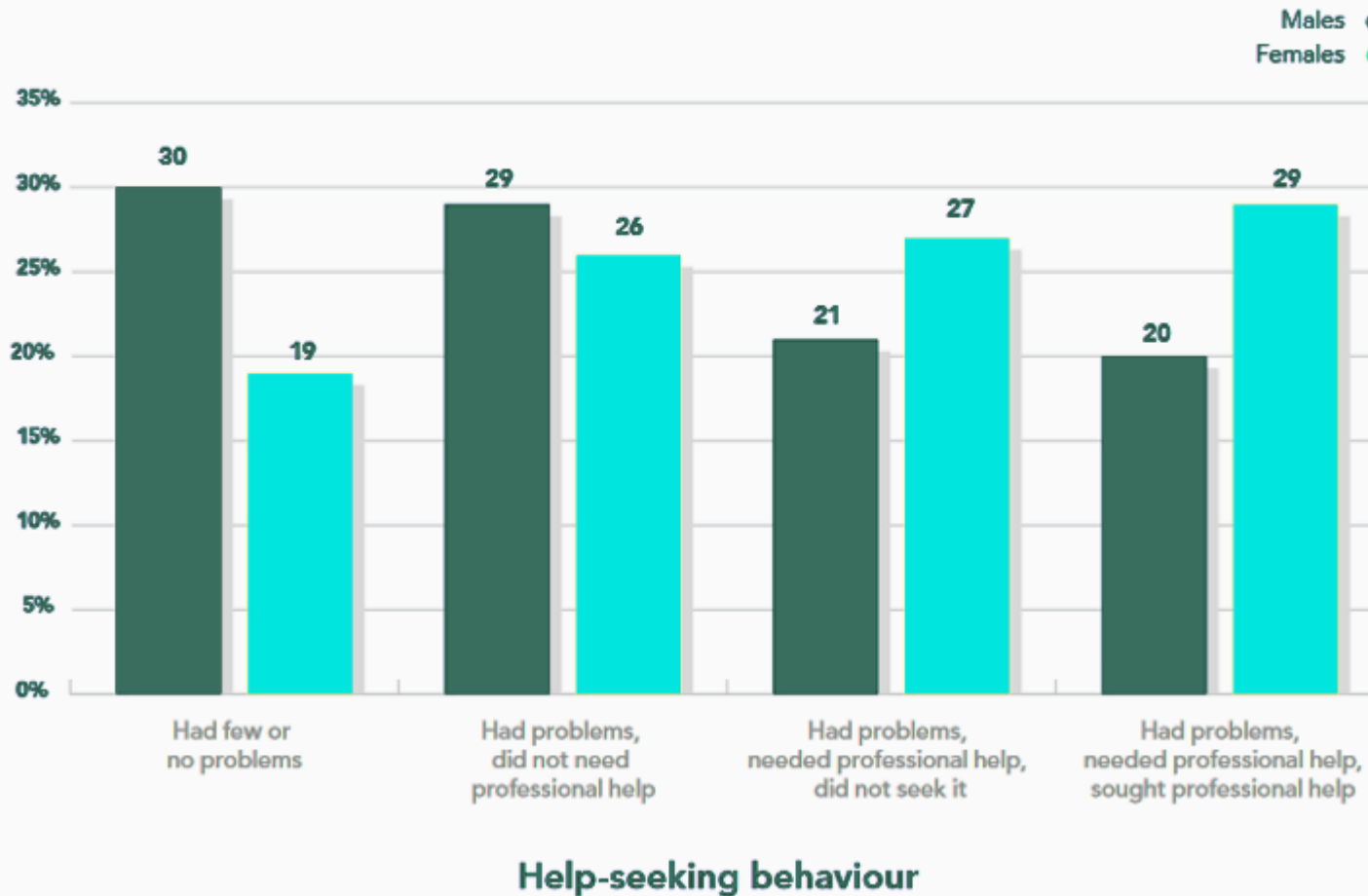
# Naming, not shaming



# The Research

Figure 5.13.

## Help-seeking by gender



Less than 1% of respondents identified as non-binary/ other/ prefer not to say

# Suicidal thoughts

Can be transient, common and they can pass

Throwaway remarks can be scary

If it's a "cry for help" then help is needed

Suicidality can be passive, active, fleeting, frequent

Noticeable changes can be indicators





# Common indicators

People may show suicidal feelings through:

- Being withdrawn and unable to relate
- Expressing a sense of isolation and aloneness
- Expressing feelings of failure, hopelessness or low self esteem
- Dwelling on problems
- Struggling to generate options
- Expressing a lack of a philosophy of life
- Lacking a vision of a future for themselves
- Tidying up affairs
- Talking of methods of suicide
- Expressing beliefs others would be “better off without them”
- By verbalising /indicating intent to self harm

# Increased Risk Factors for suicidal behaviors

- History of depression
- Past medical history of suicidal behavior or self harm
- Painful /disabling physical illness
- Alcohol/drug abuse /dependence/ misuse
- Current or anticipated change in health/social/financial circumstances
- History of impulsivity
- Recent loss or break up in relationship

*YOU MAY NOT NECESSARILY KNOW THIS*

# Myths about suicide

Suicidal people are  
intent on dying

After a crisis,  
improvement means  
the risk is over

Suicide always  
happens without  
warning

Suicidal behaviour  
is a sign of  
mental illness

People who talk  
about  
it don't do it

You are a suicidal  
type or not



# ALERT

**Ask** how they are feeling?

**Listen:** be respectful and non-judgemental

**Empathise:** Show you are trying to understand

**Reassure:** these feelings are awful but they will pass. You are not the only person who feels this way.

**Try** to be practical, who can they contact? What can you do to help?

# Building Trust

- I'm glad you have told me how you feel
- Can we think about who else you can trust and talk to?
- How would you feel if we did this?
- How can I help you with this?

# Know your brief and your limits...

Awareness of what you are ABLE to do

Reach out, support, give information

Don't criticise their actions

It is o.k. to tell them you are upset and worried and want them to seek help.

Watch for your gut feeling and take care of yourself

Seek supervision if worried /consult in person or by phone

**If worried someone is at risk don't leave them alone**

# Exercise

Break into groups of 3

1 supporter 1 acting the case

1 observer helping out at stuck points

Explore, empathise, encourage – help them make an appointment



# Doing our best

Sometimes, despite our best efforts, we cannot help someone

We can only acknowledge, support and encourage in the best way we know

Listen to reasons for dying  
Listen to reasons for living

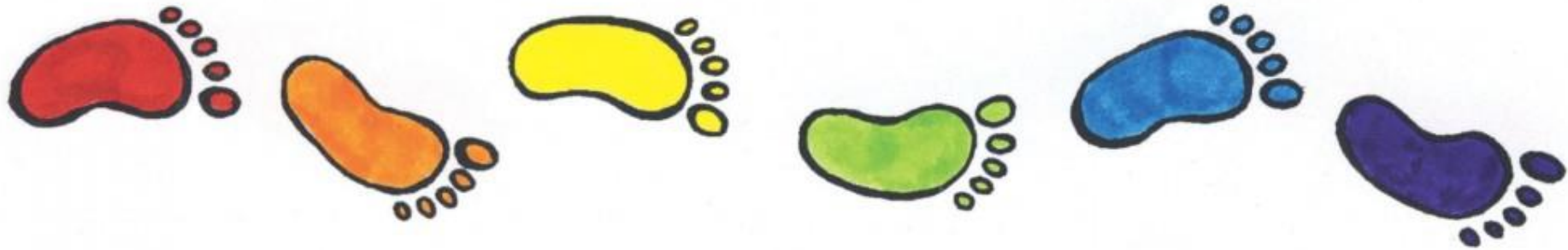
If something happens it is not 'our fault'



EXPECTO PATRONUM



# Case Management Step by step











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Day 5

# For this to be an accountable space...



# The thumbs up strategy





# Agenda

- Consent & Disclosure
- Healthy boundaries
- Managing sticky situations
- Making referrals
- Self-care practices
- Wrap-up



# Make a web



# Boundaries

I'm here to support anyone who wants assistance

If a student has a problem, I should be able to help

I should not discuss anything a student tells me with anyone else





# Sticky situations





# Boundaries

- You are also students, protect your personal time
- You are not here to do work for your students
- Meet them 9-4 and choose a public place, or use House 47
- Don't take issues home with you! Debrief!
- Confidentiality to the 'service'.
- If you develop feelings, please reconsider!
- Refer if necessary.
- The S2S team are always here to help.

# Referral

Difference between a referral and a signpost

## When:

- It's not appropriate for you to be involved
- The issues are too close to your own personal experience
- You feel out of your depth
- Professional support/care is required

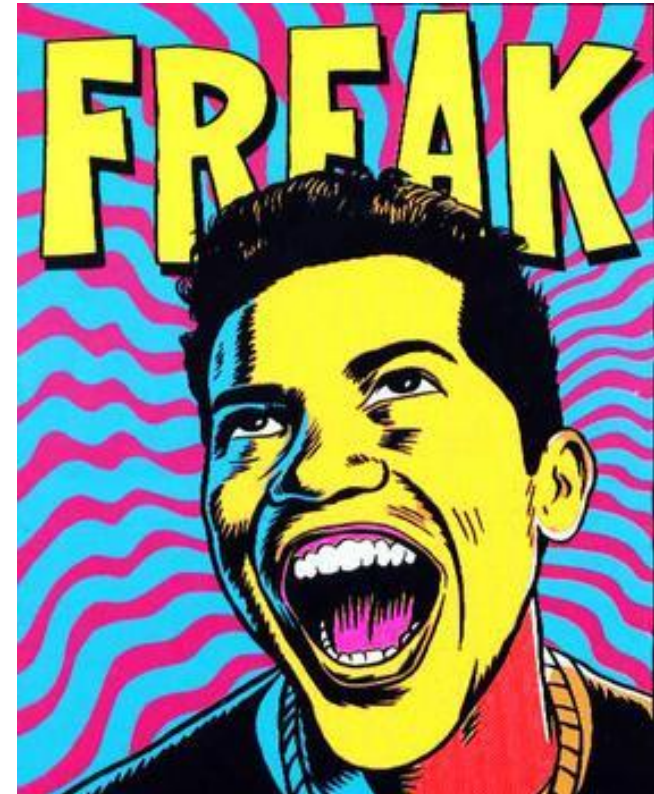
**IF IN DOUBT, REFER!**



# How to phrase a referral

What do we mean by “sensitive referral”?

- Keep calm!
- Explain why you’re referring – be honest
- If possible, let them know that you’re still there to help as well, you’re just suggesting additional support



Choose your words carefully. Use phrases like:

“You might find it helpful to...”

“You might like to talk with...”

“Would you consider talking with...”

“I think it might be useful for you to...”

“How would you feel about talking to...”

“What do you think might happen if you spoke to...”

**Do not say:** “You need to see...” or “You must talk...”

Know your limitations and do not get out of your depth.

Remember, ultimately, it is another person’s problem - not yours. Do not feel overwhelmed or guilty if you cannot help.



# Tips for referring a reluctant peer

- Explore reluctance
- Dispel the myths
- Make two or more suggestions
- Encourage a 2<sup>nd</sup> opinion
- Have the information to hand
- Make the appointment with them
- Be honest about why, let them decide who
- You can drag a horse to water...
- Get support for yourself!



# Looking after yourself

Without volunteers there is no S2S – you are more important than anything else  
Who's there to support you? You can't go home and talk about the students you've supported

How can you switch off?

What can you do if it gets to be too much?



# Stress testing...

<https://www.bemindfulonline.com/test-your-stress>

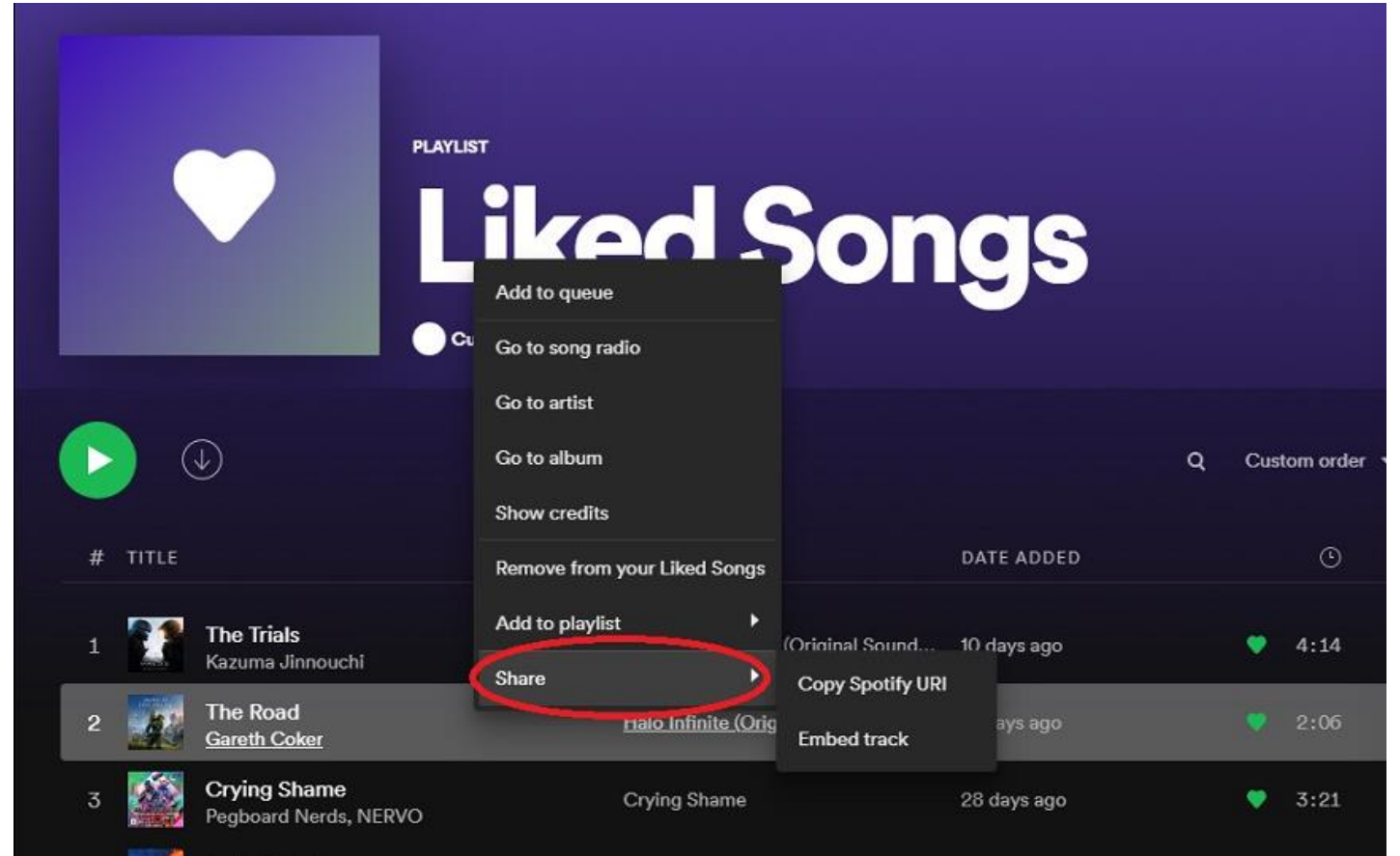


# “Me” time





# What gets your heart?



# Relax



