PEER COUNSELING

Introduction

Paul J. Osisek

On the average American university campus, it has been estimated that 10% of the student body requires some form of mental health service. (Joint Commission on Mental Health; Knitzer, 1982.) Of the total need for these services, the Joint Commission report indicates that 80% represent problems due to surface conflicts or faulty life experiences. Of the remaining 20%, 15% are considered moderately incapacitating while the other 5% are severely incapacitating. In response to these needs, college and university personnel have devised strategies for treatment.

Those chronic conflicts which are moderately and severely incapacitating are, of course, referred to the professional psychologists and counselors employed at the Student Counseling Center. For the vast majority of students, however, whose problems are acute and situational, an approach called Peer Counseling has been shown to be an effective method of intervention. Simply stated, Peer Counseling is peers helping their peers to help themselves.

In this article, I would like to describe the recruitment, training, and utilization of students as peer counselors which occurred at one college in western Massachusetts. It is hoped that this writing may serve as an impetus for discussion, and ultimately as a guide for implementation.

The Recruitment Process

In order to recruit participants for this program, public announcements were placed on bulletin boards, in the school.
the school newspaper and aired on the school radio station. Those who wished to learn more about Peer Counseling were invited to attend an introductory meeting. Approximately 120 students responded. During this informational meeting, we explained the concept of Peer Counseling and the requirements for participation, we outlined the content of the Training Program, we shared our expectations and we answered any questions that were asked.

There were three main requirements for participation: (1) involvement in a screening interview; (2) completion of the Training Program; and (3) a time commitment of one full academic year to the program.

During the screening interview, each student met with a three-member panel of staff counselors and answered open-ended questions such as: "Why do you want to become involved?" "What do you expect to gain from your participation?" "How much time can you contribute?" "Do you understand the demands which will be made upon you?" "How are your academic grades; can you afford this additional time requirement?" "What other activities are you involved in?" In addition, we asked each student about previous training or experience in a counseling setting, and finally, we asked each to assess him/herself.

From this interview we were able to get a feeling for the type and quality of the students. In general, most were mature upperclassmen (junior and senior year) who understood the purpose and direction of the program. Of the initial 120 who attended the first meeting, eighty (80) students actually were interviewed. Although we did not discourage anyone from participating in the program, we knew from past experience that the demands of the training would continue to reduce the number of students who would finally serve as peer counselors.
The second requirement for participation concerned the time commitment that each student was expected to make. We did not feel that a commitment of one semester was sufficient. Rather, we required that participation continue for the entire academic year. This period was required so that we could insure continuity of service without being burdened by a need to repeat the Training Program in mid-year.

The Training Program

Figure 1 represents the actual content of the Training Program, as well as the length of time required to present each topic. The training methods included lecture, discussion and role-playing. In addition, there were many printed hand-outs, two films and one prerecorded cassette tape. Questions and discussions were encouraged, and the students wrote notes at their discretion. Attendance was recorded prior to the beginning of each topic presentation.

For each topic, specialists in their respective field were invited to present the lectures. For example, a licensed clinical psychologist presented the topic "The Counseling Process." Ex-substance abusers and members of Alcoholics Anonymous presented the topic "Drug and Alcohol Abuse," etc. As this program was a relatively novel approach, the guest lecturers volunteered their time and knowledge. However, when subsequent training programs were presented, remuneration was offered. We suggest that the sponsoring agency of a Peer Counseling program should be prepared to make this expenditure.

The Training Program was presented on Tuesday and Thursday evening of each week for a five-week period. The final meeting, or Marathon Session, was held on a

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PEER COUNSELING TRAINING PROGRAM

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<td>a) Pharmacological Effects</td>
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FIGURE 1

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SUICIDE
a) Intervention
b) Postvention
c) Role playing

COMMUNITY RESOURCES
a) Support Systems

BUSINESS ISSUES
a) Scheduling
b) Report Writing
c) Back-Up

MARATHON SESSION
a) Role playing
b) Relaxation; deep breathing
c) Affirmation exercises
d) Group growth exercises

3 Hours Saturday night integrate all received during the weekend, we did and re-played comfortable approach to these final well-functional morning hour the group de by open communication

Peer Counseling

As mental health professionals, we do about the clients' process. The helper (Holdworth, 1965) to understand what is expected

FIGURE 1 CONT.
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Saturday night. The purpose of this session was to integrate all of the information and skills training received during the previous weeks. Simulated conflicts were presented and each student demonstrated his/her approach to intervention. As each role-playing situation ended, we discussed the approach, offered suggestions and re-played the situation until the student felt comfortable with his/her performance. In addition, group growth exercises were conducted with the expectation that these final sixty-five students would develop into a well-functioning group of peer counselors. In the early morning hours of Sunday, when the Marathon Session ended, the group demonstrated a sense of cohesion, evidenced by open communication, de-centralized leadership and purposeful direction.

Peer Counseling

As mentioned earlier, counseling is helping people explore their own problems so that they can decide what to do about them (Hopson 1977). Peer Counseling is nothing less. The only difference that exists is that a peer, rather than a professional, serves to facilitate the process. Truax and Carkhuff (1967) have been researching the counseling process, and their findings suggest that the quality of the relationship between the counselor and the client is more important than the type of specific counseling philosophy adhered to by the counselor. Similarly, there was evidence to support the suggestion that helpers are more effective when working with clients who hold values and experiences similar to their own (Holdworth, 1962). Thus, a peer is in an optimal position to understand, empathize, accept and assist another peer who is experiencing a situational or developmental crisis.
The counseling experience is not a mysterious event that occurs between two people. Rather, the counseling relationship is closely akin to any relationship between a friend or a family member. The relationship develops when the helper has and conveys respect for the other person and attempts to understand him from his particular point of view. It is important that the peer counselor remain impartial and non-judgemental, yet, at the same time, open and genuine himself. Within this atmosphere, the client will be able to talk about his conflict, explore his feelings and evaluate the options for resolution.

The peer counselor enters the helping relationship with the same set of "tools" as are used by a professional. At times, the helper's behavior covers a combination of: listening and helping to explore a conflict, conveying warmth, clarifying issues and asking open-ended questions, balancing support and confrontation, encouraging the client to focus on one problem at a time, and offering strategies which help to clarify objectives and action plans. Since most situational crises are acute, the peer counselor seeks to keep the time reference in the here and now.

At other times, the peer counselor may be a teacher, providing information which will help improve the client's situation. For example, s/he may provide information about the proper use of a contraceptive device, or direct the client to an agency which provides legal information, etc.

Yet again, the peer counselor may take direct action. S/he may provide a meal, lend money or provide emergency medical treatment to one who has overdosed on drugs while they await the arrival of an ambulance.

Utilization

The Peer Counseling Center operates from noon until noon on weekdays, from 6:00 p.m. to 6:00 p.m. on one from 6:00 p.m. to 6:00 a.m., and a night shift. Using this schedule, counselors work in shifts as to times better to attend night time counseling.

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The peer counselor chooses the "tool" which best fits the situation. Most often, however, the peer counselor acts as an impartial listener. It is not surprising to discover that on a large academic campus, too few students have a true friend with whom they can talk when they are experiencing a conflict. It is not presumptuous to assume that this phenomenon is universal, shared by many college students in any country. The need for peer counseling thus becomes well established.

Utilization

The Peer Counseling office was available for service from noon until midnight on a daily basis. The shift from noon to 6:00 p.m. was labeled the "day" shift, while the one from 6:00 p.m. until midnight was called the "evening" shift. Using a computer printout, the sixty-five peer counselors were assigned to the "day" shift in such a manner as to avoid interruption of their daily class attendance. The "evening" shift hours, of course, were much easier to schedule because very few peer counselors had night classes. Three peer counselors were assigned to each shift on Monday, Tuesday and Wednesday. For the remainder of the week, however, each shift was staffed by five counselors. This increase was made in anticipation of a greater demand for service during this "peak" time, and, in fact, more students used the service on Friday, Saturday and Sunday.

An unused classroom was converted into the Peer Counseling Office and was renovated to include two smaller individual counseling offices, a telephone room, a waiting room and a storage area. A small library of books and pamphlets for distribution was also part of the waiting room. Furniture, consisting of used desks, chairs,
tables, bookshelves and comfortable lounge chairs, was donated by the school administration.

Public notices announcing the availability of the Peer Counseling service were again placed throughout the campus, in the college newspaper and aired on the college radio station.

The users of the service had a choice between face-to-face counseling or anonymous counseling. If they chose the former, they could come directly to the office and speak with a peer counselor. If they chose the latter, they could call by telephone. The telephone room was equipped with a three-line system which allowed the students to use the campus telephone and accept three calls at once. In addition, an outside line telephone was donated and installed by the Western Mass. Telephone Company. Liaison was established with the emergency room personnel at the local general hospital so that medical back-up would be available as needed.

A record of each contact made with the peer Counseling service was recorded and kept in a locked file cabinet. These records were reviewed on a monthly basis by all the peer counselors and the Consultant. The purpose for the monthly consultations was to keep all peer counselors up to date on the types of conflicts being encountered and to share intervention strategies. This "in service" training was found to be a valuable addition to the Training Program. Figure 2 depicts a copy of the form used to report each contact.

**Response To The Service**

Utilization of the service by the student body increased as each month passed. In general, most recipients...
of service needed an objective, unbiased listener with whom they could discuss a situational conflict. The type of conflict was as varied as the number of individuals, but, in summary, the conflicts were grouped into one of five categories. Interpersonal relationship problems were the most common, and most were precipitated by the loss of a boyfriend or girlfriend. Conversely, other students were seeking a relationship and were questioning their own confidence or ability to form a mutually satisfying one. Conflicts concerning the future were the next most frequent category. Students felt that the content of their academic preparation was not relevant to their future direction. Many feared they would not be able to find a professional position upon graduation, or they feared the keen competition for those few positions which were available. Abuse of a substance, either drugs, alcohol or food, constituted the next category. Initially used as a recreational activity, the substance was being used with greater frequency and in the absence of the social connotation which had originally attracted the user. For some, substance abuse had become incapacitating to the extent that participation in a treatment program was required. Conflicts concerning sexuality made up the next type of category. Contraception, pre-marital sexual activity, same sex lover conflicts, contraction and treatment of venereal disease were all grouped together. Those conflicts which required immediate emergency medical attention were grouped into the final category. Suicide attempts and drug overdoses were encountered and appropriate intervention was provided. In these cases, especially, referral was made to the Student Counseling Center after the crisis was over.
Summary

This article describes the recruitment, training and utilization of students as peer counselors. It suggests an approach which can be used to meet the mental health needs of students experiencing situational crises, and presents some of the types of conflicts encountered during an academic year. It demonstrates that peer counseling is an effective method of intervention which is not limited to professional time schedules and which is economical to implement.

References:


HOPSON, B. (1977)
Techniques and Methods of Counseling. London; Bedford Square Press.

ROGERS, C.R. (1958)

TRUAX. C.B. and CARKHUFF, R.R. (1967)
Toward Effective Counselling and Psychotherapy: Training and Practice. Chicago, Ill.; Aldine
FIGURE 2 PEER COUNSELING SERVICE

REPORT OF INVOLVEMENT

Name of Counselor ________________________________

Name of Service User ________________________________

Time ________________       Date ________________

Reason for Contact:

Actions Taken:

Follow-up Required, if any:

If contact was made by telephone, indicate the type of call:

Type 1 called for information
Type 2 called to discuss a conflict
Type 3 call requiring emergency intervention
Type 4 prank call

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