

REPORT OF A COUNSELLING INTERNSHIP AT THE  
SHEA HEIGHTS COMMUNITY HEALTH CENTRE AND  
ST. JOHN BOSCO SCHOOL, INCLUDING AN EVALUATION  
OF A COMMUNITY BASED PEER COUNSELLING PROGRAM

CENTRE FOR NEWFOUNDLAND STUDIES

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THOMAS GEORGE









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**BY**

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**A report submitted to the School of Graduate  
Studies in partial fulfillment of the  
requirements for the degree of  
Master of Educational Psychology**

**Faculty of Education  
Memorial University of Newfoundland**

**July 1992**

**St. John's**

**Newfoundland**



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ISBN 0-315-82627-4

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## **ABSTRACT**

This report describes an internship completed at St. John Bosco School and The Shea Heights Community Health Centre, St. John's, Newfoundland, during the period April 12, 1992 to July 17, 1992. This report also details an evaluative study which the intern conducted during the internship period.

Chapter I outlines the internship proposal, which includes the rationale for the internship, a description of the setting, as well as internship goals and objectives. Chapter II provides a description of activities engaged in as part of the internship experience. Chapter III gives a comprehensive report of the evaluative study entitled The Evaluation of a Peer Counselling Program. This study demonstrated that the peer counselling program used by the intern was successful in positively affecting the self-esteem of participants aged 16-17, who took part in the study, as measured by the Coopersmith Self-Esteem Inventory. Chapter IV concludes the report with general observations and recommendations.

Key words; peer counselling, self-esteem, counselling internship.

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## **CHAPTER I**

### **INTERNSHIP PROPOSAL**

#### **Rationale**

Candidates for the Masters of Education degree in Educational Psychology offered by the Faculty of Education, Memorial University of Newfoundland, have the option of completing either a thesis or an internship. The internship is a thirteen week continuous placement in an actual work environment chosen to promote the professional development of the graduate student intern, in a particular area of his/her interest. In addition to the wide range of professional activities in which graduate student interns are typically expected to engage, they are also required to conduct, during the internship period, a research study deemed appropriate to such a field placement. This study must be integrated into the internship experience and provide the graduate student intern with an added opportunity for growth. It is important to note that this internship option can only be exercised following successful completion of all course requirements including 180 hours of supervised practicum.

The basic rationale underlying the internship provision is that academic training is best enhanced if it can be applied to practical situations under supervised conditions. It is the view of this graduate student intern that in a counsellor training program, the prospective counsellor should have the opportunity to evaluate and apply concepts as well as gain understanding and skills

in circumstances comparable to those in which he/she will work as a counsellor. As the graduate student intern learns, through practice, the real meaning of guidance and counselling begins to unfold.

This internship was chosen for the following reasons:

1. The internship allowed for the opportunity and the time to develop a more comprehensive view of guidance and counselling in a setting which offers a variety of counselling experiences.
2. The internship provided opportunities to receive direct professional supervision in both individual and group counselling and in many other professional activities, such as working with other institutions, developing consultation skills, and carrying out psychological assessments; all of which are associated with an active school counselling role as well as the role of a counsellor in a community centre. Thus, the graduate student intern had an added opportunity to assess and improve counselling skills.
3. The internship provided an opportunity to observe other professionals in circumstances comparable to those in which the graduate student intern is likely to work in the future. Thus, the intern had an opportunity to discuss, as well as evaluate, the most appropriate way of approaching many different circumstances.

4. Much of the graduate student intern's practical experience has been as a teacher. This internship allowed for an exposure to a much broader perspective of working with young adults.
5. The internship provided an opportunity to learn about community resources and to gather practical, first-hand knowledge, of the support systems available in the community.
6. The internship provided an opportunity to undertake an applied research project. This project allowed the graduate student intern with extra insight into an area of definite interest.

### **The Setting**

#### **The Shea Heights Community Health Centre and St. John Bosco School**

Shea Heights is a unique community nestled in the Southside Hills overlooking the city of St. John's, Newfoundland. The community came under the jurisdiction of the city of St. John's in 1986. While being part of the larger urban area of St. John's, the community of Shea Heights, has basically maintained its own separate identity both geographically as well as socially. It can probably be said that Shea Heights has many of the social activities, and community attributes as any outport community in Newfoundland.

From Shea Height's earliest history, it has been associated with the stigmatism that it was less than a desirable place to live. The early inhabitants were people who chose to live on "The Hill" because of very limited economic resources which forced them to settle outside of St. John's. This attitude, unfortunately, still haunts the community to this day.

The nucleus of the community has evolved around St. John Bosco Parish and School. A modern school facility has been built in Shea Heights which boasts a student population of 540 and a teaching staff of 40 teachers (both full and part-time). This school is operated by the Roman Catholic School Board for St. John's, Newfoundland. This facility encompasses grades from kindergarten to grade 12. This means that the young people of the Shea Heights area are very much prone to be segregated from other young people in the St. John's area. They often grow up, are educated, and become socialized all within their own community. This has become a benefit, as well as an obstacle to their future development. It is when the young people of Shea Heights have to leave their familiar environment and venture into other areas for training and education that they seem to be faced with a great dilemma.

As previously noted, the stigmatism associated with living in Shea Heights still exists today. The Shea Heights Community Health Centre Board has been working within the community to dispel this stigmatism. The Board has targeted the young people as the avenue in which to address this problem. By keeping the

young people in school and building their self-esteem, so they will not be at a social and educational disadvantage, they hope they can rise above the image that has overshadowed them for so many years.

The fact that the community of Shea Heights has a high incidence of school dropouts also coincides with the fact that they have a high unemployment rate as well as other significant disadvantages (see Table 1). The figures astricked seem to be quite alarming to the intern. The community seems to be caught in a vicious circle of low education which exhibits itself as high unemployment due to lack of employable skills. This is compounded by the fact that the general economy of Newfoundland, as a whole, is somewhat dismal, even at the best of times. In order to address this problem, the Shea Heights Community Health Centre Board has established a Youth Association. The overriding mandate of the Youth Association, which is still in its infancy stage, is to work closely with the community of Shea Heights and its young people to motivate them to stay in school.

Table 1

## Statistics Comparing St.John's and Shea Heights

	Shea Heights	St.John's
Population	2301	161901
Average Household Size	3.9	3.3
Average Number of Children Per Household	1.9	1.6
*Percent of People with Less than grade 9	34.6%	15%
Percent of People without Secondary Cert.	37.5%	28.5%
% Attended University and Received Degree	2%	10.4%
% Attended University Without Degree	4.3%	13.6%
*Unemployment Rate Among Males	24.8%	15.0%
*Unemployment Rate Among Females	34.2%	15.7%
*Unemployment Rate-Both Sexes Aged 15-24	42.6%	24.9%
*Unemployment Rate-Both Sexes Aged 25+	22.2%	12.2%
*Average Income of Males	\$13453	\$21612
*Average Income of Females	\$9695	\$12325
Median Income of Males	\$12402	\$17875
Median Income of Females	\$7779	\$9553
*Average Family Income	\$22944	\$36849
*Median Family Income	\$19949	\$32917
*Percentage of Low Income Families	44.6%	16.7%
% of Low Income Unattached Individuals	41.0%	43.4%
Percentage of Single Parent Families	17.8%	13.5%

Source: Statistics Canada Report, 1986)

It has become apparent that the critical period of time for many young people of school leaving age is over the summer holiday period when the School is closed and many of the resources they have come to depend upon are not available to them. Peer pressure can very easily come into play over this time. As well, the

lure of finding a job and having extra spending money, many times lure young people away from the community in the hopes of finding a solution to their problems. But with the low education levels of those who leave, their problems can become compounded.

### **Suitability of Internship Placement**

I believe that Shea Heights was the ideal setting for this graduate student to complete the requirements for a Masters Degree in Educational Psychology. The setting provided the intern with an excellent supervised opportunity to enhance his counselling skills. It also allowed the intern to delve into other areas of interest as well as those in which the intern had limited prior knowledge. This included working with adult populations in a community centre setting. The internship allowed an excellent opportunity to develop skills in that area.

The time working in Shea Heights exposed the intern to a broader multi-disciplinary approach than he would likely have seen in a school setting alone, or in other communities. The Shea Heights Community Health Centre and St. John Bosco School have a very close and unique arrangement. They work together whenever possible and combine efforts to reach as many individuals in the Shea Heights area as they can. This intern believes that he has gained knowledge and skills which can be readily transferred to the role of school counsellor in a community with similar economic, social, and educational challenges. Finally,



this intern has gained valuable exposure to a variety of agencies that provides services to adolescents and adults alike. This is of tremendous benefit for future work as a school counsellor.

Although this internship was designed to primarily enhance the professional competency of the intern, the intern also believes that he had something to offer the setting as well. The intern delivered services to a group of clients and hopefully, because of his prior training, had something of value to contribute to the setting during the internship there.

#### **Duration of Internship**

The internship commenced on April 20, 1992 and continued for thirteen weeks, ending on July 17, 1992. The Shea Heights Community Health Centre is opened from 9:00 am to 5:00 pm, and the School from 9:00 am to 3:30 pm, from Monday to Friday. The intern could be found at the Centre or School during these times with the exception of time taken to pursue such approved internship activities as visiting other agencies, doing research, or attending workshops or inservice.

#### **Supervision**

Since the internship was completed both at St. John Bosco School as well as at the Community Health Centre, the intern had more than one supervisor. At the

School, the on-site supervision was conducted by Mr. Peter Andrews M.Ed. and Ms. Glenda Riteff M.Ed.. Mr. Andrews is the school's Guidance Counsellor and Ms. Riteff is the school's Educational Therapist. After consulting with the Newfoundland and Labrador Department of Education Guidelines for the Development and Delivery of Guidance Services (1988), it can be noticed that the main difference between Mr. Andrews' and Ms. Riteff's job descriptions lie in the number of students they are responsible for and the length of time treatment of these students usually take. Mr. Andrews is responsible for the guidance services for the entire student body, whereas Ms. Riteff is responsible for a smaller number of severely dysfunctional students (18 at present) all of whom demand a large portion of her time. On-site supervision at the Health Centre was conducted by Ms. Elaine Stanley B.S.W.. Ms. Stanley is the Centre's social worker. The university supervisor was Dr. Glenn Sheppard B(Ed); M(Ed); C.A.G.S.; Ed.D..

Supervision was an ongoing process. The intern met with all three on-site supervisors every Wednesday from 9:00-11:00 am. At this time the intern's work was discussed and suggestions made to assist growth and development. Regular meetings were also held with the university supervisor to discuss the intern's progress in the setting, to critique counselling performance, and to discuss any concerns that the intern may have been experiencing. At approximately midpoint through the internship, all supervisors met with the intern to assess the intern's progress to date. The intern would like to state that he believes that the high

quality of supervision received during the internship will add to his professionalism as a counsellor in the future.

### **Internship Goals and Objectives**

The main goal for the internship was to gain additional practical experience which would further enhance the professional growth and development of the intern. The following are a list of specific objectives that were identified to meet this goal.

- 1. to continue to develop and improve individual counselling skills and to further develop knowledge of counselling theories and techniques as previously begun in such courses as Counselling Psychology: Theory and Practice (G6150) and Practicum in Guidance (G6300).**

This was accomplished through (a) active participation in individual counselling sessions with a large number of clients; (b) critically reviewing and analyzing each counselling session, both individually as well as with on-site supervisors; (c) observing my on-site supervisors engaged in individual counselling sessions; (d) weekly supervision meetings with university supervisor to process intern's concerns stemming from individual counselling sessions; and (e)

extensive reading in the area of individual counselling theories and techniques (see Appendix A).

**2. to continue to develop and improve group counselling skills and processes as previously begun in the course Processes and Procedures in Group Counselling (G6200).**

This was achieved through (a) developing, implementing, and evaluating a Social Skills Training Group which was offered for children in grades 4 - 6 who needed assistance in the acquisition of social skills;

(b) organizing and implementing a Peer Counsellor Training Group which consisted of individuals from the school community and the community at large; (c) observing other professionals in my setting engaging in the group counselling process; (d) reading in the area of group counselling (see Appendix A); (e) discussing current readings and practice with my supervisors; and (f) participating in a Sexuality Workshop held at St. John Bosco School, May 20-21 for grades 9 and 11.

**3. to gain knowledge concerning the functioning of other city agencies which offer services to youth and adults.**

This was accomplished through (a) visiting ten agencies in the St. John's area and meeting contact people at each site; (b) compiling a file on each agency which will be used by the intern for future reference; (c) discussing with supervisors the knowledge gained from the visitations.

**4. to further develop consultation skills.**

This was accomplished through (a) private meetings with parents in which their child(ren)'s academic and social development was discussed; (b) meetings with teachers, both individually and in small groups, to discuss the students in their classes; (c) participating in the case conferences with the doctors at the Shea Heights Community Health Centre every Thursday from 12:00 - 1:00 pm.; (d) meetings with officials from the Roman Catholic School Board Office to discuss the psychological assessments of two clients; (e) discussions with school administrators in which recommendations for students were made; (f) active participation in Program Planning Team meetings which involved teachers, administrators, parents, doctors, and clients alike; and (g) constant networking with other colleagues and consultation with supervisors to discuss experiences.

**5. to continue to develop an understanding and philosophy of the therapeutic use of Peer Counselling.**

This was accomplished through (a) organizing, implementing, and evaluating a community based peer counsellor training program; (b) analyzing my experiences associated with leading the peer counsellor training program; (c) analyzing data collected from the participants of the peer counsellor training program; and (d) discussions with supervisors and colleagues as to the processes and outcomes of such a community based peer counsellor training program.

**6. to gain competence in carrying out a comprehensive psychological assessment which includes (a) collection of all relevant information from multiple sources, (b) selection of assessment instruments, (c) comprehensive testing, (d) analysis of data, and (e) translation of findings into suggestions for remediations.**

This was accomplished through (a) carrying out full psychological assessments on 6 youths; (b) discussing each case with on-site supervisors preceding, during, and following each assessment; (c) presenting each of these cases to the appropriate authorities; and (d) reading in the area of psychological assessment (see Appendix A).

**7. in general, to gain a higher level of professional competence and development.**

This was accomplished through (a) meeting on a regular basis with on-site supervisors, university supervisor, and co-workers to discuss my caseload; (b) reading as widely as possible in the area of guidance and counselling (see Appendix A); (c) attending workshops that are of interest and importance to guidance and counselling; (d) visiting ten agencies that offer services to adults and/or youth, in the city of St. John's and compose a file for each; (e) gathering resources that will benefit my professional competency for the upcoming year (see Appendix B).

**Summary**

In Chapter 1 a sound rationale for participating in an internship has been presented. The intern outlines his specific reasons for choosing an internship and presents them in point form. The setting of the internship, the Shea Heights Community Health Centre and St. John Bosco School, were described in narrative form and the community of Shea Heights was compared to its larger neighbour, St. John's, in Table 1. The suitability of this specific internship placement was then addressed with the intern presenting argument that the Shea Heights internship was indeed a suitable placement. The duration of the internship and the

supervision received while participating in the internship were discussed. The intern had three on-site supervisors and one university supervisor, all of which supplied excellent supervision and feedback to the intern. The last section of Chapter 1 described the goals and objectives that the intern had developed for himself and his argument as to how these goals and objectives were achieved.



## CHAPTER II

### DESCRIPTION OF ACTIVITIES

This section of the Report describes the activities in which the intern engaged during the internship experience. A detailed account of all major professional activities engaged in during the internship is given in Table 2.

**Table 2**  
**Hours Allocated to Internship Activities**

Components	Number of Hours
Individual Counselling	65
Group Counselling	40
Peer Counselling	18
Career Counselling and Career Development	29
Visiting City Agencies	25
Testing	30
Individual Program Planning Team Meetings	15
Sexuality Workshop	16
Alcohol Drug Dependency Commission Workshop	8
Youth Outreach Mobile Unit	8
Supervision	39
Research	70
Total hours allocated to these activities	363

### Areas of Concentration

During the internship at the Shea Heights Community Health Centre and St. John Bosco School, the intern concentrated efforts upon areas of endeavour

which he believed would enhance his counselling skills. Each of these areas provided the intern with experience and exposure that facilitated his future growth as a guidance counsellor. They provided him with a greater awareness of the delivery of counselling services in a school, as well as a non-school, setting.

### **Individual Counselling**

It is this intern's belief that experience and ability in the area of individual counselling is of vital importance to the adequate functioning as a counsellor. Certainly, this is one area in which a lot of time as a counsellor will be spent. Therefore, participating in supervised, as well as unsupervised, individual counselling, served to improve the intern's skills and subsequently made him a better counsellor. This intern contends that the setting which he chose for an internship afforded him the chance to interact with many individuals, both students and non-students, with various presenting problems. This, he believes, has widened his experiences and honed his counselling skills.

During the first eight weeks of the internship, a large amount of time was spent at St. John Bosco School. Here, the intern spent a great deal of time involved in individual counselling. For this eight week period, the intern worked with eight full-time student clients and two full-time adult clients. During the last five weeks of the internship, with the time being spent at the Community Centre, the intern worked with three full-time adult clients.

The intern made individual counselling available to the student body at St. John Bosco as well as the general population in the Shea Heights area. For each client, an intake assessment form was completed and records of each session were kept. The various supervisors had opportunity to observe counselling sessions at random intervals and to be available for consultation after each.

It was the intern's plan that students identified as "at risk" in St. John Bosco School would continue to avail of the counselling services over the summer months, when usually they would have very limited support. Some student clients did indeed continue to avail of counselling services at the Shea Heights Community Health Centre, even after the school year had officially ended. This was an extremely important point for the intern, since he saw this experience as having a very positive impact on his clients.

### **Group Counselling**

There were a number of groups that would have been possible for the intern to organize and lead while at the internship site. One that this intern believed would be an excellent group for this setting is a Social Skills Training Group. This group experience was offered to students in grades 4 - 6 who had experienced difficulty relating to others in their age range, as well as to the adults in their lives. It is believed offering participation in a group is an excellent way of reaching as many people in the target population as possible. It is a very

efficient way of offering counselling services both to school aged as well as to adult clients.

The intern also offered a Peer Counsellor Training Group for individuals within the Shea Heights community. This is outlined below.

Other activities in which the intern participated of a group nature were career guidance activities. These included such activities as organizing a CHOICES group and working with students in the Career Centre. CHOICES, a Computerized Heuristic Occupational Information Career Exploration System, is in use in virtually all Newfoundland high schools, and is designed to assist students in their selection of possible career options for the future. Individuals can use the CHOICES computer on their own or in a group setting, but after they complete their program they usually find that consultation with a counsellor proves helpful.

### **Peer Counselling**

This is an area that is of particular interest for the intern. The intern sees peer counselling as a very useful intervention or service that can be of tremendous value in a community, as well as in a school setting. Neither the School nor the Centre have any type of formal peer support team in place at present. Thus, the intern planned to promote, after formal training in the area of peer helping, some

of the participants might actually become involved in some type of formal peer support.

The intern certainly had as a goal, to train a group of individuals from the Shea Heights community in the skills necessary to become active peer counsellors. The intern also planned on utilizing the work put into the peer counselling program as part of the Research Component of the internship. The intern's plan was to measure the participants' self-esteem before they engage in the peer counselling program as well as at the end of the training period. The peer counsellor training group met for training in three hour blocks, once a week, for a period of six weeks. A comprehensive description will follow in Chapter III and Appendix E.

### **Career Counselling and Career Development**

As part of the internship at the School and the Centre, the intern became involved in career guidance with individuals who sought out advice in that area, as well as offering that advice in areas where he thought it was needed. As mentioned in the introduction to this Report, Shea Heights is certainly a unique town with many problems in the area of employment and other career functions. As part of the intern's work in St. John Bosco School and the Shea Heights Community Health Centre, he became involved in career guidance with an emphasis being placed on helping individuals discover within themselves the

strengths and the marketable skills they possess.

At times this was accomplished through working with just one client at a time. At other times, it was accomplished through a concentrated effort aimed at a small group, usually a classroom of students in the school.

The individual clients were at times self referred and would ask for assistance to determine some of their career options. Other times they were clients that still had a significant number of questions left unanswered after a group discussion. At these times, when questions were pertaining only to that individual asking the question, it was felt that an individual session would be more appropriate. During these individual sessions information was given concerning post-secondary programs and schools, as well as specific information regarding how to go about pursuing a certain career option.

During the internship an opportunity to work with the grade eleven and twelve students using the CHOICES program proved very beneficial in that it provided the intern with many opportunities to interact with and discuss the career plans of these individuals. It was found that a Cognitive approach worked very well with these clients. They had strengths and talents within themselves that they did not readily recognize. Assisting these clients in recognizing and utilizing their own abilities was the cornerstone to success in the career counselling and development section of the internship.

### City Agencies

The intern believes that in order to be an effective helper he must be aware of the various agencies which offer community based resources to both clients and counsellors. This may be very important for a school counsellor, who has to refer students at times for help that they cannot receive at the school level. It could also serve as a source of continuing education for the counsellor. By utilizing a network of contacts, the counsellor may be able to keep abreast of new developments in the field of guidance.

The strategy used was to set aside an afternoon each week when the intern would be able to visit the various agencies in and around St. John's and observe how they operate. Clients were not seen at any of these agencies. In fact, the meetings were used strictly to gain an exposure to the services provided at each of the organizations. The agencies which the intern visited were:

Dr. Charles A. Janeway Child Health Centre, Adolescent Health Counselling Service, Dr. Thomas Anderson Centre, Memorial University of Newfoundland Counselling Centre, Waterford Hospital, Family Life Bureau, Elizabeth House, Child Protection Services Unit, and the Canadian Mental Health Association. For an indepth description of all agencies visited during the internship experience refer to Appendix C.

The time spent at these agencies afforded the intern with valuable insight into the other services available to clients. It also allowed for improved knowledge of

the referral process in place at each institution. By having some prior knowledge of the institution, it will be undoubtedly easier to initiate contact with the institution at a later date, when intervention on a client's behalf may be necessary.

### Testing

The intern spent a concentrated period of time enhancing his competency in the administration, scoring, and interpretation of psychological and educational tests. During the internship, he completed full psychological and educational write-ups on six clients. The recommendation for each of these cases were presented to the appropriate authorities within the educational system.

Present at the various meetings were Mr. Brian Shortall, Superintendent of Education, Roman Catholic School Board, St. John's; Ms. Anna Kelly, Special Services Coordinator, Roman Catholic School Board, St. John's; Mr. Len White, Principal, St. John Bosco School, Roman Catholic School Board, St. John's; Mr. Gerry Hall, Vice Principal, St. John Bosco School, Roman Catholic School Board, St. John's; Ms. Elaine Stanley, Social Worker, Shea Heights Health Centre; Ms. Glenda Riteff, Educational Therapist, St. John Bosco; Mr. Peter Andrews, Guidance Counsellor, St. John Bosco; and the various teachers and parents appropriate for the client in question.



### **Sexuality Workshop**

On May 20-21 the intern assisted in the organization and implementation of a two day sexuality workshop at St. John Bosco School. Presenters at the workshop included social workers, a public health nurse, a doctor, and a counsellor from Planned Parenthood. The workshop was directed at grades 9 and 11 students and dealt with topics such as, decision making, physiology, sexually transmitted diseases, contraception, and date rape.

Participation in this workshop provided the intern with the added opportunity to increase his professional contacts, to observe different health professionals at work, and to experience organizing such an event within the school. This experience also aided the intern in gathering information on the topic of sexuality, which will assist him in his future work with youth.

### **Alcohol Drug Dependency Commission Workshop**

Participation in the inservice entitled, Youth and Addictions: A One Day Consultative Workshop, held on May 26, was considered by this intern as an extremely valuable experience.

The group that sponsored the event, the Alcohol Drug and Dependency Commission (ADDC), was established in June, 1982 as an agency of the Government of Newfoundland and Labrador. The Commission is responsible for coordinating a variety of programs and services designed to reduce alcohol and

other drug problems in the province. Through its regional offices, the ADDC offers educational and training programs which meet the special needs of various groups such as teachers, health care and social service professionals, parents, and community groups.

One such special training group was the one in which this intern had the privilege of participating. Some of the components of the day's session were identification of high risk youth, effective methods of intervention with youth, high risk youth and family, and effective prevention strategies with youth.

The inservice certainly provided the catalyst for this intern to continue to gather information in this area. No doubt, it is an area that will constitute an integral part of his future work as a counsellor.

### **Youth Outreach Mobile Unit**

On June 24 this intern enjoyed the opportunity of visiting with the workers on the Youth Outreach Mobile Unit, and participating in one of their nightly rides into one of St. John's disadvantaged neighbourhoods.

The Youth Outreach Program is an intervention program dedicated to working with youth. The youth outreach unit is a project of the Brother T.I. Murphy Learning Resources Centre (St. John's, Newfoundland) and the Canada/Newfoundland Youth Strategy. The program provides crisis intervention, referrals, assistance, support, and peer counselling to help youth interact more

effectively within their environment. Three field workers offer services to hard-to-reach youth in their own neighbourhoods through street work and a youth outreach mobile unit.

Through participation in this experience the intern believes that he has gained a new appreciation for counsellors working on the streets. Their energy, motivation, and work ethics certainly left their mark on this intern. The intern also believes that his professional skills were enhanced through this experience, giving him more skill to use as a professional school counsellor.

### **Reading**

The intern read as widely as possible during the internship experience. This was an ongoing activity which usually surrounded topics in which the intern sensed he needed more insight. The intern is aware that through reading and practice, he will continue to grow as a counsellor. For a complete list of books and articles read throughout the internship, refer to Appendix A.

### **Conclusion**

This Chapter has analyzed the professional activities in which this intern participated during his internship experience. The intern thinks that he has achieved all objectives set for himself in order to meet the overriding goal of enhancing his professional growth and development as a counsellor.

Through his work in this excellent internship setting, and through the quality of supervision he received from Dr. Glenn Sheppard, Mr. Peter Andrews, Ms. Glenda Riteff, and Ms. Elaine Stanley, the intern believes that he has gained a broad range of experiences and knowledge. Through this knowledge and experience, the intern has become more aware of his own counselling skills. He has become more prepared to take on the challenges associated with embarking on a career as a professional counsellor. This is just the beginning!

**CHAPTER III**  
**THE EVALUATION OF A**  
**COMMUNITY BASED PEER COUNSELLING PROGRAM**

**Introduction**

The following are a list of activities which this intern has actively sought and had the opportunity to engage in, before deciding on the specific research component of his internship:

1. participated in and completed a peer counselling training institute offered in St. John's in October of 1991 by Len Hynes and Joan O'Reilly, both of whom are practising school counsellors within the St. John's Roman Catholic School system, St. John's, Newfoundland;
2. completed a pre-practicum and practicum where the intern was actively engaged in the training of peer counsellors at the high school level. Total hours of pre-practicum and practicum work was approximately 250;
3. completed a pre-practicum and practicum where this intern was actively engaged in observing as well as supervising young adults engaged in the practice of peer help-intended services;
4. conducted a review of the literature on peer counselling;

1989; 1991; Martin, Martin, & Barrett, 1987; Myrick & Erney, 1978; 1979; Jorgenson, 1983; Tindall & Gray, 1985; Varenhorst, 1982; 1983; 1988). In fact, Carr (1986) has reported a 1000% increase in the number of peer counselling programs over the years 1978 - 1986. These researchers and advocates contend that the growth of these peer counselling programs is a needed and welcomed addition to the helping process.

Downe, Altmann, and Nysetvold (1986) contend that peer counselling has emerged as a strategy that is rapidly gaining popularity and can be helpful for students in improving their attitudes about school and community. According to Tindall and Gray (1985), with an increased positive attitude, it is hoped that individuals will receive better grades in school and learn more appropriate communication skills to use in their everyday lives as they interact with others. As Byers-Lang (1984) suggests, a peer counselling group can provide a forum for individuals to interact with others, to compare techniques for managing common difficulties, and to provide support for personal growth. Byers-Lang states that the relationship developed in peer support, individually as well as groups, parallel the workings of an extended family. This family feeling, Byers-Lang contends, should give rise to a better sense of belonging and improved feelings of self-worth.

As early as 1969, Zaccaria put forward a list of eleven specific assumptions regarding the use of peer counselling. They are as follows:

5. held discussions with several practising counsellors who have organized and lead peer counselling training programs;
6. held numerous discussions with university supervisor, Dr. Glenn Sheppard.

### **Statement of Purpose**

The intern proposed to organize, implement, and evaluate a peer counselling training program in the community of Shea Heights. This training was conducted over a six week period and the evaluation was designed to measure the following research question:

1. Will participation in a community based peer counselling training program have on the self-esteem of participants?
2. What are the benefits of participation in a community based peer counselling training program as reported by the participants?

### **Rationale**

According to Poisson and Russel (1990), over the past several years, the number of peer counselling programs has been growing explosively. Peer counsellors have been touching the lives of a wide range of people, from students in grade school, to the elderly populations (Cole, 1985; 1987; de Rosenroll 1988;

1. Peers model each other's behavior and establish norms and standards that can have positive effects among peers.
2. Students can provide more effective models than adults.
3. Peers may have a greater capacity for empathy towards one another than professionals do.
4. Peers are closer to each other than they are to counsellors.
5. Peers can bridge the gap between professionals and students by minimizing the stigma attached to seeing a professional counsellor.
6. Students provide informal counselling to other students, and they can become more effective through proper training.
7. Peers can be trained to use a number of basic guidance/counselling skills.
8. There are not sufficient numbers of trained professionals to deal with the individual problems of all students.
9. Professionals can expand their counselling influences and effectiveness by using peers.
10. Some students are interested in their own personal development and can benefit through training as peer counsellors.
11. Peer counselling can enhance the personal growth of both peer helpers and peer helpees. (p.213).

It is these last two assumptions which this study will attempt to address.

Roser and Engels (1983) state that one of the advantages of using nonprofessional peer counsellors to deliver mental health services, is the benefits received by the helpers themselves. Gatz, Hileman, and Amoral (1984) also contend that working as a paraprofessional is said to provide a meaningful experience to the person in that role. That is, working as a paraprofessional can confer status and satisfaction and has a beneficial effect on the self-esteem and personal growth of the helper. Gatz et al. (1984) further suggest that improving the self-esteem and giving other psychological benefits to the helper is the single most salient characteristic of paraprofessional programs for older adults. They further state, that ideally, they



would like to have every elderly person who is able engaged in some form of helping relationship with another adult. This assumption about the personal benefits of being a peer helper, is shared by most of the advocates of peer helping programs (Benard, 1990; Byrd, 1984; Carty, 1988; 1989; Haber, 1982; Henriksen, 1991; Hoffman, 1990; Kirkpatrick & Patchner, 1987; Petty & Cusack, 1989; Lieberman, 1989). Byers-Lang (1984) also contend that participation in peer counselling should give rise to a better sense of belonging and improved feelings of self-worth to those individuals engaged in such a program.

This evaluation of peer counselling was designed primarily to assess the benefits of peer counsellor training to the individuals participating in a community based peer counselling training program. As well as being of professional interest to this intern, who will likely organize and implement peer counsellor training programs in the future, the findings of this evaluation should also be of value to others who work in the area of training peer counsellors to assist with the development of their programs. The information gained in this study has assisted the intern in evaluating his beliefs regarding the assumed benefits of peer counselling.

### **Research Questions**

1. What effect does participation in a community based peer counselling training program have on the self-esteem of participants?
2. What are the benefits of participation in a community based peer counselling training program as reported by the participants?

### **Review of the Literature**

Carr (1983) has defined peer counselling as a system where people who share similar characteristics, experiences, or concerns help each other. Parr and Jevne (1989), state that "peer counsellors are recognized as natural helpers and in many instances are already fulfilling a facilitative role" (p.4). Parr and Jevne suggest that peer counsellors are often the people to whom others turn because they are naturally empathic, active, nonjudgemental listeners. Carr (1983) further defines peer counsellors as volunteers from a peer group whose natural skills have been enhanced through training to provide listening, support, and other forms of practical assistance to their peers. Carr contends that these peer counsellors can help their peers make decisions and solve problems effectively as well as acting as role models to younger peers.

Petty and Cusack (1989) state that

traditionally, peer counseling programs have developed within the social context of health care and/or as pilot projects conducted by educational institutions (p.49).

The instructional purpose of any peer counselling program is to educate individuals by modelling and teaching them communication and coping skills (Carr, de Rosenroll, & Saunders, 1990; Carr & Saunders, 1980; Garner, Martin, & Martin 1989; Petty & Cusack 1989). These researchers state that peer counselling training also provides a setting for individuals to practice the new skills learned as well as receive direct feedback from others, in a non-threatening climate. Hynes and O'Reilly (1991) and Morey (1989) suggest that the purpose of peer counselling is to provide groups of individuals with training to develop communication and interpersonal skills that would enable them to become peer helpers and to assist in the delivery of services to other individuals. In essence, this means individuals helping individuals.

### **Uses of Peer Counselling**

Peer Counselling has been used for a variety of purposes and in many different settings, such as the following:

### Peer Counselling and Suicide

Durkheim (1897) called suicide the ultimate act of defiance. He said it reflects the hopelessness of trapped and imprisoned souls and is an unwillingness to continue suffering. Durkheim called it a burlesque of life and the mockery of death. According to Martin, Martin, and Barrett (1987), suicide in high schools is not uncommon, and in fact, is increasing regularly. Martin, et al. (1987) cite Hipple and Cimolic as stating that suicide is the second most frequent cause of death in adolescents, second only to accidents which cannot be prevented.

Morrison (1987) contends that school counsellors and mental health centre staff believe that young people do not turn to adults for help if they are contemplating suicide, but turn to other young people. Morrison states that it has been shown that the vast majority of young people talk about their problems with friends, not adults, and thus the first signs of suicide would be reported by adolescents to other adolescents. Wellman and Wellman (1986) also contend this to be true. They state that "many young people admit their suicidal ideation to someone before they actually commit suicide. Most often, that someone is a peer. It seems as if suicidal individuals, by talking with a peer, make a plea for help before attempting suicide. If an appropriate response is not forthcoming from the peer, the suicidal person may feel that the peer is indifferent, and then go ahead with the suicide plan" (p.360). Wellman and Wellman further state that "it is essential that peers give appropriate response to a suicidal individual....Peers must

know that when a person threatens suicide the intent is usually serious, and they must be willing to offer emotional support and refer the suicidal person to a competent professional" (p.361). Morrison argues that this finding underscores the demand to educate young people to refer their friends to an adult for help if they feel their friends are in danger. Morrison suggests that a peer counselling program may be a beneficial way of doing this.

Martin et al. (1987) also state that many suicides can be prevented with effective intervention. They state their belief that fellow students can be effective in both recognizing and helping classmates who are contemplating suicide. They contend that when choosing peer counsellors for their program, they choose very serious candidates. Candidates are nominated for the position by either teachers, past peer counsellors, or the school counsellor. Martin et al. further state that the focus of their peer counselling program is one of education and prevention. They contend that because of the almost daily contact with students, peer counsellors are in a unique position to differentiate and diagnose potential suicidal students. Martin et al. insist that the essence of their program is to help students sharpen their diagnostic skills in order to effectively refer and talk to students.

Martin et al. (1987) clearly state

it is our belief that peer counselors are in a unique position to help students through the utilization of peer relations. Ethically, it is important that these helpers recognize their limitations and refer to appropriate personnel when appropriate.....however, it is extremely important to recognize that many adolescents are experiencing

severe difficulties and increasingly view suicide as an acceptable solution. Typically, these students have avoided counselling professionals. We hope that peer counselling may be helpful in facing a most difficult crisis (p.217).

Lafromboise and Bigfoot (1988) also address the issue of adolescent suicide. They use a combination of ongoing cognitive restructuring, social skills training, and peer counselling training activities to build group cohesiveness and assist adolescents with suicidal ideations to change the way they perceive life. Lafromboise and Bigfoot also contend that their use of peer counselling is one of front line intervention as well as a positive means of referral. By using active peer counsellors in their group meetings with adolescents who have contemplated suicide, they have reported being able to effect change in the suicidal ideations of these individuals.

#### Peer Counselling in Schools

Carr (1983) has identified six distinct ways in which students are helping each other. They are: counsellor aids, tutors, positive peer culture leaders, clients, activity helpers, and as peer counsellors. As peer counsellors, Carr contends that the students require considerable training, with an emphasis placed on extending counselling assistance to the entire school population. Carr further contends that there is usually a focus on a variety of problems such as delinquency, drug and alcohol abuse, teenage pregnancy, and career development.

Canning (1983) informs us that peer counselling has been implemented in the schools in a variety of forms. Peer counsellors have assumed roles as peer tutors, special friends, group leaders, and guidance assistants. According to Guttman (1987) adolescent peer counsellors have been effective as study skill tutors, information counsellors, counsellors, and social support and outreach workers. Guttman (1985) further insists that peer counsellors were perceived by other adolescents participants as effective group leaders.

McDowell's (1983) study found that adolescents perceived inexperienced peer helpers as less effective than trained peer helpers. But as pointed out by Guttman (1987), McDowell's research was an analogue study in which adolescents had to project themselves into the school context. In contrast to this, Guttman's (1987) study is an evaluation study of an actual peer counselling program. Guttman (1987) states

in a natural setting, adolescents are most likely to be friends with peer counsellors. Hence, it is highly probable that critical factors relating to group counselling formation such as trust, concern, commitment, and attractiveness emanate from origins of friendship as well as the level of training and expertise of peer counsellors (p.56).

Toseland, Rossiter, Peak, and Hill (1990) addressed this issue as well. They compared peer led groups and professionally led groups. The authors stated that "the results of this research study suggest that peers are as effective as professionals in many settings" (p.281). Toseland et al. stated the reason for this:

the therapeutic bond is enhanced among group members because all share a common concern and can readily understand the nature of the problems experienced by their fellow group members; a mutual support network is formed that operates outside of group meetings; members learn from each other by sharing coping strategies and information about resources that is based on life experiences (p.282).

Carr (1981) asserts that group activities form one major part of a peer counsellor's assignment. He suggests that peer counsellors can effectively participate in informal or rap groups, or structured topics groups dealing with issues such as divorce, loss, drugs, etc... Fundamental to this, he stresses the importance of recruitment, appropriate selection procedures, and training courses in developing adolescent peer counsellors. Guttman (1987) also stresses the significance of selection factors as well as training factors in determining peer counsellor effectiveness. Guttman provides this for selection criterion, "adolescents who are motivated to help others, who have good communication and interpersonal skills appear to interact effectively in group counselling activities...." (p.57).

In Thomas, Wilson, and Deanes' (1984) study in which older children were trained to help younger children in primary school learn such things as their telephone number, name, address, alphabet, and colors, it is noted that all involved benefited from the interaction.

The older kids were delighted that kindergarten students looked up to them; this made them feel especially good. Fourthgraders thought that the experience helped them relate more positively to



their own young siblings. Slower fourthgraders learned that they could teach others even though they were not the best students in their class. But best of all, the activity seemed to bring the teachers and students from both grade levels together (p.302).

Huey (1985) stated that "the use of peer counsellors in a structured, systematic, group orientation program facilitates the delivery of vital school-related information" (p.7). Huey further contends that his peer counselling program has met its overriding goal, that is, to create the best possible climate for new students, to reduce their fears and apprehensions, and to enhance their opportunities for a successful high school experience.

Garner et al. (1989) also addresses the issue of who benefits from adolescent peer counselling groups. He states that preliminary research has shown that both grade point averages and behavioral classroom ratings have improved for the peer leaders as well as the group participants. "Feedback from students, faculty members, and administrative personnel indicated they were pleased with the (peer counselling) program and impressed with the positive changes demonstrated by the students" (p.75).

#### Peer Counselling and Post Secondary

According to Salovey and D'Andrea (1984) the average university campus has over 100 active peer counsellors and over 25% of the students body used the services that the peer counsellors provided. Salovey and D'Andrea contend that,

at the university level, the functions of peer counsellors are diverse, ranging from crisis intervention to assertiveness training with residence hall counsellors and academic tutors being the most common.

Jewell and Lubin's (1988) study addressed the issue of using telephone calls to give support to nontraditional female students re-entering college. Although there were no significance in the number that stayed in college as opposed to the control group...."the called group, however, stated that their perceptions of counselling services had significantly improved" (p.922). The called group, according to Jewell and Lubin, also reported feeling more positive about their use of the college's services.

Kendig (1985) reports that although fraternity and sorority members who are experiencing problems will turn to a trusted and respected peer in their house for assistance, he contends that the peer counsellors in their college do not simply wait for people to come to them. They take an active interest in all the individuals in their house. Kendig argues that along with helping others, the active peer counsellors report that they have experienced "significant personal growth with an increase in self-confidence, patience, objectivity, self-awareness, sensitivity, and improved problem-solving and confrontation skills" (p.552).

### Peer Counselling and the Elderly

For years, the elderly have been typically seen as needy but reluctant in relation to the mental health system (Gatz, et al. 1984). The use of nonprofessional peer counsellors to deliver mental health services to the aged populations has some definite advantages. Roser and Engels (1983) state three such advantages:

1. The expansion of services to neglected sectors of the population.
2. The possible enhancement of therapeutic effectiveness, owing to the indigenous counsellors' first-hand familiarity with their clients' life situations.
3. The benefits received by the helpers themselves from engaging in socially esteemed activities (p.159).

Gatz, et al. (1984) contend that working as a paraprofessional is said to provide a meaningful experience to the person in that role. That is, working as a paraprofessional can confer status and satisfaction and has a beneficial effect on the self-esteem and personal growth of the helper. Gatz et al. also contend that older adults usually have ample time and experience to dedicate to other adults. They further suggest that improving the self-esteem and giving other psychological benefits to the helper is the single most salient characteristic of paraprofessional programs for older adults. "For the aged, working as a paraprofessional tends to be seen as a preventative mental health program for the helper" (p.349). The authors state, that ideally, they would like to have every elderly person who is able, engaged in some form of helping relationship with another adult; the benefits

for all involved would be great.

Byers-Lang's (1984) study addressed the issue of using blind elderly peer counsellors to work with other blind individuals who needed help. She contends that it is not unusual for elderly persons, and especially blind elderly persons, to have a storehouse of negative misleading concepts about what they are capable of doing. This author further states that peer counsellors can provide a role model, assisting elderly blind clients in rebuilding a network of contacts linking them back into the community at large. It has been suggested (Byers-Lang, 1984; Kirkpatrick & Patchner, 1987) that to actively resume independent functioning, clients need to be aware of their emotions and potential physical and financial capabilities. The peer counsellor is one link in helping clients orientate themselves to potential possibilities. Byers-Lang proposes that peer helpers, under the supervision and guidance of staff, provide valuable interaction, energy, and enormous amounts of time. She compares the amount of time that peer helpers have as opposed to the time that the professional has available. They found that compared with the professional, the peer worker has more time to spend with a client either individually or at a group meeting.

Byrd (1984) states that in training to become peer counsellors, the elderly adult, as do others, goes through the process of self-examination and self-disclosure, which are necessary concepts of virtually all peer counselling training programs. Byrd maintains that this self-disclosure and self-examination leads to

increased levels of self-confidence and life satisfaction in the peer counsellor themselves. This kind of development, Byrd suggests, is of great benefit to the older adult helper as well as aiding in the development of the counselling skills.

Byers-Lang (1984) suggests that the concept behind using peer counsellors with the aged population has come from the tradition of utilizing persons who have experienced a particular situation as a means of providing psychological support for group members and their families. Byrd (1984) also deals with the concept behind peer counselling. He states that the

concept behind peer counselling training (with the elderly) is to give brief, intensive instruction in basic counselling skills, which, when coupled with the students' life experiences, will produce a person who can effectively help others to deal with problems common to their peer group (p.370).

Byrd (1984) suggests that the purpose of any peer counselling course, then, may be characterized as an attempt to develop a nonjudgemental and systematic technique that the counsellors may use to deliver their insights and understanding to their clients. He also states that the intensive nature of the peer counselling training course, which requires the student to examine past sources of stress in their lives, results in the students gaining both a new appreciation of how these stressful events have affected their lives as well as a new sense of self-confidence in their abilities to overcome their abilities. Thus, it appears that while the peer counsellor is learning how to aid others, the peer counsellor also learns how to help themselves deal with their own life resolution as well.

Haber (1982) has suggested that although older persons prefer informal environments, they can also develop very effective skills in training settings. "Moreover, they find such service rewarding and they experience increased feelings of personal worth and higher self-esteem" (p.252). Petty and Cusack (1989) also second this view. They state that the trained peer counsellor showed significance increase in helping skills and the ability to compensate for sensory losses. Petty and Cusack as well as Kirkpatrick and Patchner (1987) further contend that informal evaluation procedures suggest additional benefits of the peer counselling program to clients, participants, and the professionals in the community.

### **Theoretical Orientation of Peer Counselling Programs**

There is a core curriculum used with virtually all peer counselling programs. Core curricula typically involve training sessions in listening, attending, empathy, values clarification, and decision making skills (Butt & Clark, 1991; Hynes & O'Reilly, 1991; Gougeon, 1989; Tindall, 1989; Carr & Saunders, 1980). Carr (1983) states that

the purpose of training is to create a developmental pyramid; that is, the training influences the development of a group of peer counsellors who, in turn, influence the development of the people in their own social network. The ultimate goal is to promote the development of all the students in the school... (p.29).

The theory which seems to underlie the peer counselling training models as well as the help intended behaviors that the trained peer counsellors engage in after training, has its roots in the humanistic perspective. This theoretical perspective, as articulated by Carl Rogers (1902-1987), describes the constructive directions taken by clients in counselling as they become freer to engage in self-exploration and self-understanding because of the facilitative condition produced by the counsellor. This person-centered view has implications for the helping relationship. Rogers, as cited in Corey and Corey (1989), trust individuals to discover what is right for themselves, and trusted in their capacity to direct their own life. He described the helper as a facilitator. Corey and Corey (1989) state that from the person-centered perspective, the helper's function is to create a climate in which the individuals being helped will feel free to openly examine all of their feelings, thoughts, and behaviors. They contend that it is not the helper's job to do the choosing for the client but, rather, to encourage the client to assume the responsibility and joy that comes with choosing for oneself.

The role of the person-centered helper, according to Corey (1991) is rooted in their ways of being and attitudes, not in techniques designed to get the client to do something. Corey contends that basically, facilitators use themselves as an instrument of change. When they encounter the client on a person-to-person level, their role is to be without roles. "Their function is to establish a therapeutic climate that helps the client grow" (p.210). Corey further states that "the person-

centered therapist thus creates a helping relationship in which clients experience the necessary freedom to explore areas of their life that are now either denied to awareness or distorted" (p.210).

As mentioned earlier, one of the key components of a peer counselling programs is the topic of empathy. Belkin (1988) suggests that three of the most important qualities that Rogers considered essential for the client-centered helper were genuineness, empathy, and unconditional positive regard. Belkin stated

in short, we can say that the client-centered counsellor acts as an empathic ear and an invisible guiding hand. Client-centered counsellors, through their listening, empathize along with their client's feelings and experiences. Their communications to the client act as a catalyst for growth.... (p.215).

Egan (1990) also deals with empathy as "a way of being" (p.123). He states that empathic understanding is at the very cornerstone of the helping process. He further contends that a helper cannot communicate an understanding of a client's world without getting in contact with that world. "Empathy, in this sense, is primarily a mode of human contact" (p.123).

The skilled helper developmental model, as proposed by Egan, has also been crucial in the training and further work of peer counsellors. His three stage model, which includes identifying clients' problems, helping clients create goals, and encouraging clients to take action, focus on the person as a helper. A central premise of this approach is that the helping relationship for the counsellor (or peer counsellor) is not a mechanical process, but a deeply personal human endeavour.



### **Conclusion**

The use of peer helping as a means of offering psychological support to others is gaining popularity in many settings. Its use in the school system, in the post secondary system, with the elderly, and with those contemplating suicide, has been explored thoroughly in this literature review. The rationale behind the use of peer counselling has been developed to focus on the benefits of the peer helping process, not only to those receiving the peer support, but also to those giving the peer support. The benefits to those involved in giving peer support has been suggested to positively assist with a person's self-confidence, self-awareness, and self-esteem.

### **Methodology**

This study was conducted at the Shea Heights Community Health Centre with 12 individuals from the community of Shea Heights who agreed to participate in the study. Those who participated in the study were asked to complete two measures, as outlined in the Instruments Section. One instrument was completed, both before and after they engaged in the peer counsellor training and the second after the training had been completed. These two measures were used to evaluate the benefits of peer counsellor training.

### **Participants**

A literature review suggested many ways of recruiting participants (Allcorn, 1988; Brown, 1974; Campbell, 1983; Canniff, 1983; Carkhuff, 1969; Carr, 1981; Frank, Ferdinand, & Bailey, 1975; Frenza, 1985; Hoffman, 1976; McCann, 1975; Sciacca, 1987; Shulman, 1988; Sparks & Hudson, 1984). Residence and/or workers in the Shea Heights area were recruited using self-nominations. According to Sciacca (1987) this is as good as any other way. He states that selection could utilize volunteer interest in the peer counselling program. The residents and workers of Shea Heights were informed as to the nature of the study and asked if they were willing to participate in this community based peer counselling training program. Before the program began they were asked to commit themselves to the entire duration of the program (see Contract in Appendix D). They were also asked to complete two different instruments, each designed to measure one of the research questions previously cited. As can be observed in Table 3, there were mostly female participants in the study and there were seven students and only five non-students.

**Table 3****Description of Participants by Age, Gender, and Student/Non-Student Status**

Age	Gender	Student/Non-Student
16	Female	Student
16	Female	Student
17	Female	Student
17	Male	Student
17	Female	Student
17	Female	Student
17	Female	Student
29	Female	Non-Student
34	Female	Non-Student
36	Female	Non-Student
39	Female	Non-Student
42	Female	Non-Student

**The Peer Counselling Program**

The intern coordinated and conducted the peer counselling training program for a total of six weeks during the thirteen week internship. Each training session was three hours in duration and was held in a board room located in the basement of St. John Bosco school.

The peer counselling program which was used for this research was the Peer Counselling Training Manual developed by Len Hynes and Joan O'Reilly (1991). The program covers areas such as group building, attending, listening,

responding, assertiveness, values clarification, and decision making/problem solving. The intern had been previously trained in the use of this program in October 1991, and had used this program between the months of October, 1991 and April, 1992. This program is well designed and the taxonomy of skills taught is very much in line with the skills taught in other programs. See Appendix E for an outline of the peer counsellor training program used.

Attendance in the peer counsellor training sessions was very good. In fact, 100% attendance was obtained at two training sessions. Of the other four sessions, two had two participants absent (83% attendance) and two had only one participant absent (92% attendance). Because of the positive attendance record shown by the participants, it was not necessary to deviate from the training program's lesson plans and motivational challenges did not present themselves.

### **Instruments**

The Coopersmith Self-Esteem Inventory - Adult Form (SEI), (see Appendix D) was the instrument used to measure change in the level of self-esteem in the participants. According to Coopersmith (1990) the SEI is designed to measure evaluative attitudes towards the self in social, academic, family, and personal areas of experience. The Adult Form of the SEI can be used with individuals aged sixteen and above. It consists of twenty-five items adapted from the School

Short Form. Coopersmith (1990) states "the correlation of total scores on the School Short Form and the Adult Form exceeds .80 for three samples of high school and college students (N=647)" (p.2).

According to Mitchell (1985) the SEI measures "the evaluation a person makes and customarily maintains with regard to himself or herself" (p.396). Mitchell (1985) further contends that the SEI is among the most widely and best known of the various self-esteem measures. The theoretical rationale and purpose of using the SEI are based on sound reasoning and are logically presented (Mitchell, 1985). Mitchell states, "the Coopersmith Inventories have much to recommend them as measures of self-esteem. They are among the best known and most widely used of the various self-esteem measures. They are brief and easily scored. They are reliable and stable, and there exists an impressive amount of information bearing on their construct validity" (p.396). Mitchell continues to state that "in sum, we find the Coopersmith self-esteem measures to possess enough reliability and validity to recommend their use in research" (p.397).

There have been many uses of the SEI. These include individual assessment, instructional planning, clinical and research studies, and program evaluation. According to Coopersmith (1990) "the SEI can be used on a pre/post basis to judge the effectiveness of self-esteem programs" (p.2). Mitchell (1985) states that average scores on the SEI typically fall in the 70 - 80 range and that the SEI has adequate internal consistency and overall temporal stability.

A separate form requesting personal information on each participant was used (see Appendix D). This form was used to determine the benefits in participating in peer counselling training as reported by the participants.

### **Research Design**

The research design used in this study was the One-Group Pretest-Posttest Design. It involved three steps: first, the administration of a pretest measuring the dependent variable (level of self-esteem in participants); second, the application of the treatment (the Peer Counselling Training Manual); and finally, the administration of a posttest measuring the dependent variable again.

As Campbell and Stanley (1963), pointed out, the One-Group Pretest-Posttest design might not effectively control for threats to internal validity. However, the intern used this method since he believed it would be the most appropriate for this situation. Other research designs (pretest-posttest control-group design, pretest-posttest control-group design with matching, and posttest-only control-group design) had to be ruled out since the intern had access to a very limited number of participants, had to follow strict time limits, did not have access to a second trainer, and did not have access to a second training program. As noted by Borg and Gall (1989) "the one-group pretest-posttest design is especially appropriate when you are attempting to change a behavior pattern or internal process that is

very stable" (p.672). It was thought that self-esteem is such a behavior pattern or internal process.

### **Procedure**

The following were the steps in the establishment of the peer counsellor training program. Before the start of the peer counsellor training program, it was deemed necessary to advertise the program in and around the Shea Heights area. This exposure took the form of advertising in the Shea Heights Newsletter; advertising in the three stores in the Shea Heights Area, as well as in the Shea Heights Post Office; advertising in St.John Bosco School; and advertising in the Shea Heights Community Health Centre. The purpose of this advertising was to make the entire population of Shea Heights aware that a peer counsellor training program would be available to those interested in participating in the program (see Appendix D for sample advertisement). The intern also approached those individuals whom were recommended by others as possible candidates for the peer counselling program.

Once individuals had ample time to respond to the call for participants, it was then necessary to interview candidates and select those who would participate in the program. Informing participants as to the nature of the study as well as conducting the training sessions followed. Participants were made aware that it would be necessary to complete the two measures previously mentioned. These

were completed prior to the first training session and after the last training session. They were also asked that they complete the entire peer counsellor training course. An independent marker was then hired to score results on the above mentioned measures.

To ensure the confidentiality of each participant, informed consent was gathered from the community, the school, the participants, and if the participants were below legal age, from the parent/guardian's of these children. A copy of the Ethical Guidelines for Research Including Human Subjects was included with each Consent Form (see Appendix D). The participants were made fully aware that their participation was strictly voluntary and could have been withdrawn at any time.

### **Analysis and Results**

The purpose of this study was to organize, implement, and evaluate a peer counsellor training program in the community of Shea Heights. The intern was interested in addressing the following questions:

1. What effect does participation in a community based peer counselling training program have on the self-esteem of participants?
2. What are the benefits of participation in a community based peer counselling training program as reported by the participants?



### Statistical Analysis

Table 4 presents the age and score summaries of the pre and post-test scores of all participants in the training group. One participant's score did not change at all and one showed a drop in score. However, most (10 out of 12) showed an increase in score.

**Table 4**

**Age and Scores on the Coopersmith Self-Esteem Inventory for Pre and Post-test Measures**

Age	Pre-test	Post-test
16	44	64
16	64	76
17	68	80
17	48	60
17	60	76
17	64	88
17	52	64
29	52	52
34	64	84
36	56	64
39	52	56
42	64	60

As can be seen in Table 4, there were two different groups of individuals who participated in this study. The groups consisted of seven 16/17 year olds, and five individuals who were age 29+. The peer counsellor training group consisted of

**Table 6****Summaries of Post-Test Scores for Full Group and Two Age Groups**

Group	Mean	S.D.	N
Full Group	68.67	11.67	12
Age 16-17	72.57	10.18	7
Age 29+	63.20	12.46	5

The difference in means as presented in Table 5 was subjected to a t-test analysis (see Table 7). Table 7 presents the results of an independent t-test for age based on post-test scores on the Coopersmith Self-Esteem Inventory. Using a 2-tail test of probability the pooled variance estimate for those two sets of scores is not significant. Significance would be measure in a 2-tail probability score of less than .05. The pooled variance estimate is not significant. There was not a significant difference in post-test scores of self-esteem of either of the groups of participants.

these different aged individuals because the intern was working at two distinct sites; one dealing mostly with youth and the other dealing with adults. These sites, however, had a high degree of overlap since they serve the same community. Since there were two distinct groups, it was decided to examine the changes, both within the total group and in each of the two age groups.

Table 5 presents a summary of the pre-test scores for each of three groups identified for analysis. No significant difference in the mean pre-test score of the groups were obtained.

**Table 5**

**Summaries of Pre-Test Scores for Full Group and Two Age Groups**

Group	Mean	S.D.	N
Full Group	57.33	7.69	12
Age 16-17	57.14	9.15	7
Age 29+	57.60	6.07	5

Table 6 presents a summary of the post-test scores for the three groups in the analysis.

**Table 7**

**t-test of Post-Test Scores on the Coopersmith Self-Esteem Inventory for Two Age Groups (16-17, 29+)**

t-Value	Degrees of Freedom	2-tail Probability
1.44	10	.182

Table 8 presents a summary of the differences in pre-test to post-test scores for the three groups in the analysis. As can be observed from examining Table 8, a substantial difference in means occur.

**Table 8**

**Summaries of Differences in Pre-Test to Post-Test Scores for the Full Group and Two Age Groups**

Group	Mean	S.D.	N
Full Group	11.33	8.33	12
Age 16-17	15.43	4.86	7
Age 29+	5.60	9.21	5

Table 9 depicts a paired samples t-test where there is no age distinction assumed between the different age groups. That is, between those 16-17 years old and those 29+. In Table 9, the pooled variance estimate is significant. Significance was measured in a 2-tail probability test of less than .05. Its score is .001. It was concluded that there was a significant positive change in the levels of self-esteem of the participants, as measured by the Coopersmith Self-Esteem Inventory, during the period of the peer counsellor training.

**Table 9**

**Differences in Self-Esteem Scores Between Pre and Post-Test for Participants in Peer Counsellor Training Program**

t-Value	Degrees of Freedom	2-Tail Probability
-4.71	11	.001

To determine whether the mean difference was significant for the three groups shown in Table 8, a t-test analysis was conducted for the two age groups on pre and post test differences on the Coopersmith Self-Esteem Inventory (see Table 10). Using a 2-tail test of probability the pooled variance estimate for these two sets of scores is significant. Significance would be measured in a 2-tail probability score of less than .05. The pooled variance estimate is significant. Its

score is .038. It is concluded that the younger group had significantly higher positive changes in self-esteem scores over the training period than did the group of participants aged 29 and above.

**Table 10**

**t-test of Pre and Post-Test Score Differences on the Coopersmith Self-Esteem Inventory for Two Age Groups (16-17, 29+)**

t-Value	Degrees of Freedom	2-Tail Probability
2.42	10	.036

A t-test of dependent variables, paired samples t-test, (Tables 11-12) were also carried out in an attempt to analyze where the overall increase in self-esteem levels of participants originated.

Table 11 presents a t-test of Dependent Variables for the participants aged 29+ using the difference between their pre and post test scores on the Coopersmith Self-Esteem Inventory. Using a 2-tail test of probability it is concluded the pooled variance estimate for these two sets of scores is not significant. It shows a 2-tail probability score of .245. A 2-tail probability score of less than .05 would be needed in order to show a level of significant increase. The group of participants aged 29+ did not show a significant increase in their levels of self-esteem as measured on the SEI.

**Table 11**

**t-test of Dependent Variables for Pre and Post-Test Differences for the 29+ Group on the Coopersmith Self-Esteem Inventory**

t-Value	Degrees of Freedom	2-Tail Probability
-1.38	4	.245

Table 12 presents the results of a t-test of Dependent Variables for the participants aged 16-17 using the differences between their pre and post-test scores on the Coopersmith Self-Esteem Inventory. Using a 2-tail test of probability it is evident that the pooled variance estimate for these two sets of scores is significant. The 2-tail probability score for that group yielded a score of .001. Certainly this score is extremely significant and demonstrates a significance in self-esteem during the period of training as measured during the pre and post testing. This group, the 16-17 year old group, had significant increases in their level of self-esteem as measured on the SEI, whereas the group aged 29+ did not.

**Table 12**

**t-test of Dependent Variables for Pre and Post-Test Differences for the 16-17 Year Old Group on the Coopersmith Self-Esteem Inventory**

t-Value	Degrees of Freedom	2-Tail Probability
-8.40	6	.001

The overall conclusion drawn from this statistical analysis is that there was a significant increase in levels of self-esteem, as measured by the Coopersmith Self-Esteem Inventory, for the participants in the age group 16 to 17, but no change in the measured levels of self-esteem for the five participants in the age group 29+.

It would seem likely that participation in the peer counsellor training program offered by the intern in the community of Shea Heights, has made a positive contribution to the increase in self-esteem for the participants aged 16-17, as reported on the SEI.

The participants came from a wide background, economically, educationally, and socially. One common experience they all shared over the six weeks when the peer counsellor training program was ongoing, was participation in said program.

It is unknown as to why the peer training appears to have had a positive effect on self-esteem levels for the younger participants but not for those 29 years and



older. Since peer training programs, including the one used in this study, are designed primarily for use with adolescents in public school, it may have been experienced as more relevant for the younger participants. It may be that self-esteem is more stable and established by the fourth decade of development and therefore more resistant to change or that the changes are less likely to be detected by measures such as the Coopersmith Self-Esteem Inventor

### Discussion

I have entered into this study to analysis my two research questions:

1. What effect does participation in a community based peer counselling training program have on the self-esteem of participants?
2. What are the benefits of participation in a community based peer counselling training program as reported by the participants?

The results of this study are inconclusive as to wheather or not participation in this community based peer counselling training program had any effect on the self-esteem of non-student participants over the usual secondary school age. This would suggest that either the self-esteem of these older particiants were more resistant to change or that the peer counselling training program used in this study did not address the issues that this older population needed, to affect a change in their level of self-esteem.

More importantly, it does show that participation did have a positive effect on the self-esteem of the school-aged participants who were involved in the study. This would suggest that the program and/or the method of instruction was successful in raising the self-esteem of the school-aged participants and might be successful again in the future, even with a different group of the same aged individuals. Consequently, if your goal was to raise the self-esteem of a group of school-aged students, then you may be able to say, with a fair bit of certainty, that by involving the students in question in a peer counselling training program like the one in this study, then you may be able to raise their level of self-esteem.

All participants in the Peer Counsellor Training program were asked to complete a short survey which required them to think about the processes they engaged in during the training and to identify the outcomes of training for them. It was decided that the best way to report on these findings was to restate each question from the Assessment Form and then discuss participants reaction to it.

Question #1: What did you like the best with regards to the training sessions?

All participants reported that the part of the training sessions they liked the best was the "group work". For example one participant reported that he/she "found the group work to be of personal benefit". Another reported that this was the best part of his/her training because "it gave me a chance to share parts of myself that I have not shared before". Still another stated that "I found the work

we did in our small groups really good. It provided me with the closeness I needed to really grow".

Question #2: What do you feel you have learned from the training sessions?

In their responses to this question, the participants touched on the specific skills which were taught in the group training sessions. Common responses were "I have learned to become a better listener", "I have learned to show empathy", "I now know I can be assertive", and "I feel I can really be there for my friends". One participant also reported that he/she has internalized the skills learned and is now able to apply these skills to his/her own relationships. "I find myself using many of my new skills when I am dealing with people in my own family ... I feel I get along better with them now".

Question #3: What did you like least from the training sessions?

Before answering this question some participants inquired if it was necessary to answer all questions. The intern's response was that they were to answer all questions as best they could and to do so in an honest and open way. Honesty and openness was stressed since the intern wanted to ensure that he would receive the participants true feelings about the training sessions.

With this information given to them most participants wrote that there was not anything specific that they did not like about the training sessions. Of the four

participants who did write an answer to this question, all had a common theme. They all found the didactic part of the training to be the least interesting. One participant wrote "while the portions of the sessions which required you (Mr. George) to simply tell us information were certainly necessary, they were the least interesting parts to me". Another participant wrote "I didn't really like the lectures. They were done well, but they reminded me of school". Still another participant commented "if I had to say the part I liked least it would be the lecture part of each session. It seemed that in these parts I didn't have to do any work". The final participant stated "in school all we ever do is listen to lectures. After doing so much interesting group work I know that I like it better then lectures. It gives me more things to do and I find I learn alot".

Question #4: Would you recommend this type of training to others?

All 12 participants stated that they would recommend this type of training to others. From their responses, participants showed that they thought the Peer Counselling Program was very beneficial both to them personally as well as being beneficial to the community at large. One participant stated that he/she thought: "...it (the program) helped me overcome some of my own fears". Another participant wrote about the benefit to the community; "I think every Community Centre should have someone like you (Mr. George) who can give people the chance to learn skills to help others".

Question #5: How has this training program prepared you to interact with others in a helping role?

All participants responded with a statement that demonstrated that the program did indeed help prepare them for a role as a helper. Many participants responded with specific skills learned. Responses included; "...it has made me a better listener", "I feel I am better able to offer advice to others in a non-judgemental way", "the Peer Counselling Program has made it possible for me to label feelings when I am talking to people. I have seen the need for this and have seen the impact it makes", and "...it has certainly made me more competent at asking questions". One participant certainly summed up the training for them "I have used the skills I learned from this training many times. I see a change in myself when I am dealing with others. I know that I am better prepared to talk to others about personal things. The training has made me a better person".

Question #6: How has this training program made you feel about yourself?

The responses to this question would imply that this peer counsellor training program did cause people to examine how they felt about themselves and in some cases caused them to show a change in certain areas. One respondent stated "I have become more aware of my own shortcomings. I also know that I can change these for the better if I work at them". Another participant wrote "The peer counsellor training program has allowed me to feel better about myself. I know

that I am capable of helping others".

Simply coming to the training sessions themselves seem to have a certain effect on some participants. One person wrote "I feel better about myself now. Even when I come into our classroom I get the feeling that I have more confidence in myself then I had before". Another respondent stated "I feel I got a lot out of our training sessions. The skills I learned in the training sessions have prepared me to interact better with others and the training sessions themselves have given me the confidence I needed to be able to do just that".

## CHAPTER IV

### SUMMARY AND RECOMMENDATIONS

The internship undertaken at St. John Bosco School and The Shea Heights Community Health Centre has been most beneficial to the intern's professional growth and development. The intern engaged in many professional activities which enabled him to further enhance and build on the skills previously learned in the courses he undertook for the master's program in educational psychology. These activities included: (a) the individual counselling of clients; (b) using group processes with clients; (c) gaining knowledge concerning many city agencies; (d) developing consultation skills; (e) developing an understanding and philosophy of the therapeutic use of peer counselling; (f) gaining competence in the carrying out of psychological assessments; and (g) regular weekly supervision and evaluation by four supervisors - three field supervisors, Mr. Peter Andrews, Ms. Glenda Riteff, and Ms. Elaine Stanley, and one university supervisor, Dr. Glenn Sheppard.

The intern believes that he was extremely lucky to find an internship placement which offered so much to him. It allowed him the opportunity to evaluate and apply concepts as well as gain understanding and skills in circumstances comparable to those in which he will be working as a guidance counsellor. After completion of the internship the intern feels he has a much keener sense of professional identity.

### **Recommendations**

The intern deems it appropriate to make some recommendations for others who might consider an internship option for the master's of educational psychology degree. The intern recommends:

- (1) that all students take advantage of the further practical knowledge that the internship option offers;
- (2) that the internship option be extended from thirteen to twenty weeks - the experience gained is invaluable;
- (3) that all students, even those who do not choose the internship option, try to develop a comprehensive network of contacts for professional advice and assistance in the future;
- (4) and that the generation of hypothesis based on the speculations presented in this study would make for worthwhile future study.

### **Limitations of Study**

The following are the limitations which I have identified for this study:

- i) The study does not ascertain the exact cause for the increase in self-esteem, as measured with the Coopersmith Self-Esteem Inventory, for the school-aged participants.



- ii) The study does not ascertain the exact cause for the lack of change in self-esteem, as measured with the Coopersmith Self-Esteem Inventory, for the older than school-aged participants.
- iii) The study does not address the question of why does self-esteem appear to be more resilient to change for older individuals than for younger ones.
- iv) The study does not ascertain the appropriateness of this peer counselling training program for this particular group of participants.
- v) The study does not provide conclusive evidence that a heterogeneous age grouping of peer counsellor trainees will necessarily be successful.
- vi) The study does not address any of the specific teaching issues (i.e., is the instructor using the appropriate teaching methods - Andogogy vs Pedagogy).

I believe that all of these limitations can be used in the future to help guide others who may engage in similar studies!

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## Appendix A

### List of Readings

### Reading List

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**Appendix B**  
**List of Resources Collected**

### Videos

AIDS and youth: A document for parents. (1990). Health and Welfare Canada.

AIDS: What everyone needs to know.

Assertiveness. (1991). Sunburst.

Building self confidence. (1989). Sunburst.

Choose: Grades 5-6. Canadian Association of Chiefs of Police 1989.

Drugs don't stand a chance against these guys! Cartoon all stars to the rescue.  
Buena Vista Home Video, Burbank, California, 91521.

Effective study strategies. (1990). Academic Resources Corporation. Action, Mass.

Growing up series: Head full of questions. (1989). Sunburst.

Growing up Series: Changes. (1989). Sunburst.

Growing up series: Especially you. (1989). Sunburst.

It did happen here: Coping with Suicide. (1989). Guidance Associates.

Mr. Finleys pharmacy: Grades 2-4. Canadian Association of Chiefs of Police 1989.

No fault kids. (1990). J. Weston Walch, Publishers, Portland, Maine.

Open flame: Grades 7,8,9. Canadian Association of Chiefs of Police 1989.

Playing for keeps. (1988). National Film Board of Canada.

Right riders. Canadian Association of Chiefs of Police 1989.

Stay alert, stay safe. Canadian Association of Chiefs of Police.

Teen suicide: Who, why, and how you can prevent it. (1989). Guidance Associates.

You make it work. Rising Tide Theatre.

Youth and drugs: An educational package for professionals. Unit 1: Adolescent Development. Addiction Research Foundation and Health and Welfare Canada.

Youth and drugs: An educational package for professionals. Unit 2: Drugs and their use. Addiction Research Foundation and Health and Welfare Canada.



### Books and Kits

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Phillips, L. and Ringrose, P. (1990). Ask me no questions. Prentice-Hall Canada Inc. Scarborough, Ontario.

Phillips, L. and Ringrose, P. (1990). Ask me no questions: A teacher's guide. Prentice-Hall Canada Inc. Scarborough, Ontario.

Sexual abuse information series. Sexual abuse counselling: A guide for children and parents. National Clearing House on Family Violence. Vancouver, B.C.

Sexual abuse information series. Sexual abuse: What happened when you tell. National Clearing House on Family Violence. Vancouver, B.C.

Sexual abuse information series. When children act out sexually: A guide for parents and teachers. National Clearing House on Family Violence. Vancouver, B.C.

Sexual abuse information series. When boys have been sexually abused: A guide for young boys. National Clearing House on Family Violence. Vancouver, B.C.

Sexual abuse information series. When teenage boys have been sexually abused: A guide for teenagers. National Clearing House on Family Violence. Vancouver, B.C.

Spirn, M. and Stark, R. (1988). What would you do? Educational Impressions.

Start smart: A guide to sexuality. (1990). Berlex Canada Inc. Lachine, Quebec.

Straight facts about drugs and drug abuse. (1990). Health and Welfare Canada.

Strople, M. and Koss, D. (1986). Turning in to health: Alcohol and other drug decisions. Alcoholism Foundation of Manitoba.

The warmup manual. (1990). Nell Warren Associates Inc.

Understanding depression and suicide: Student booklet. (1991). Department of Education. Government of Newfoundland and Labrador.

- Walker, H., McConnell, S., Holmes, D., Todis, B., Walker, J., and Golden, N. (1988). The walker social skills curriculum: The accepts program. Services for Professional Educators. Austin, Texas.
- Wakshan, S. and Messmer, C. (1979). Social skills training: A manual for teaching assertive behaviors to children and adolescents. Enrichment Press. Portland, Maine.
- Working together kit for dual career families. (1989). Learning Resources Distribution Centre. Edmonton, Alberta.
- Youth and Drugs: An educational package for professionals. "Assessment". (1991). Addiction Research Foundation and Health and Welfare Canada.
- Youth and Drugs: An educational package for professionals. "Drugs and Their Use". (1991). Addiction Research Foundation and Health and Welfare Canada.
- Youth and Drugs: An educational package for professionals. "Identification". (1991). Addiction Research Foundation and Health and Welfare Canada.
- Youth and Drugs: An educational package for professionals. "Intervention and Treatment". (1991). Addiction Research Foundation and Health and Welfare Canada.
- Youth and Drugs: An educational package for professionals. "Trainer's Guide". (1991). Addiction Research Foundation and Health and Welfare Canada.

**Appendix C**  
**A Description of Agencies Visited**

Dr. Charles A. Janeway Child Health Centre:

The Janeway Hospital is a paediatric health care centre located in St. John's, Newfoundland. The centre provides specialized medical care for children up to age 16 who reside anywhere in the province of Newfoundland and Labrador. The Janeway provides emergency and follow-up care in most fields of medicine, as well as support to patients and families. Besides the emergency room and medical service, the centre also provides services in their Child Development Programme, Department of Psychiatry, and Department of Social Work.

Adolescent Health Counselling Service:

The Adolescent Health Counselling Service is a free standing satellite of the Janeway Child Health Centre in St. John's, Newfoundland. Since its opening in March, 1984, it has provided services to over 1400 adolescents and their families. The Service is staffed by a multi-disciplinary group of health professionals including paediatricians, educational psychologists, psychiatric nurses, and social workers.

Dr. Thomas Anderson Centre:

The Dr. Thomas Anderson Centre opened in 1988 and is a specialized unit providing a comprehensive package of services which relate to the assessment and treatment of all types of childhood mental health or psychiatric problems. It is a regional unit serving St. John's, Mount Pearl, and the Avalon Peninsula, with responsibility for the Bonavista and Burin Peninsulas as well. The centre accepts referrals from government and community agencies as well as from individuals.

Memorial University of Newfoundland Counselling Centre:

The MUN Counselling Centre, a unit of the Division of Student Affairs, provides a range of services and educational supports to students, faculty and staff of Memorial University. The centre has seven full-time counsellors who offer learning enhancement programs, assistance with career planning, and individual and group counselling related to personal concerns.

Waterford Hospital:

The Waterford Hospital is Newfoundland's only psychiatric hospital. It has 449 beds and provides a range of services to individuals with psychological problems or illnesses. These include long-term residential care, out-patient facilities, and a community residential care program for ex-patients.

#### Family Life Bureau:

The Family Life Bureau is operated by the Roman Catholic Church. The purpose of the Bureau is to support family life through counselling and education. Besides individual and group counselling, some of the other special programs offered were of interest to this intern. These programs included marriage preparation, national marriage encounter, special parenting programs, pre-natal classes for single woman, and a special parish outreach designed to identify those who could benefit from counselling.

#### Elizabeth House:

Elizabeth House provides residential care to single, pregnant teenagers. The House can accommodate 5 young woman at a time and accepts rape and incest victims. Elizabeth House is staffed continuously but operates by a volunteer Board of Directors. Residents of Elizabeth are able to stay until delivery. During their stay these young woman receive supervised care and supportive counselling from trained volunteers. Professional counselling is provided through an arrangement with the Family Life Bureau or through referral to other community services. Costs are based on ability to pay, but do not exceed \$20.00 per day.

#### Emmanuel House:

Owned and operated by the United Church of Canada, Emmanuel House has a staff of 17 and provides housing and support to adults with emotional and family problems. Emmanuel House can accommodate up to 14 individuals. Emmanuel House runs a cooperative apartment project that helps residents obtain long-term housing. Both group and individual counselling are available to residents. The focus of counselling is on helping individuals learn more effective coping mechanisms for dealing with problems in their lives. The program has a built-in life skills component. Social workers also provide follow-up counselling for ex-residents.

Child Protection Services Unit:

The Child Protection Unit was established by the Department of Social Services to respond to incidents of child abuse or neglect in the St. John's Region. The unit's staff handles all referrals or reports of child abuse and neglect for the three St. John's district offices, as well as the planning and delivery of treatment services to victims and their families. The first level of service includes an assessment or investigation to find out if abuse or neglect has occurred. Once an assessment has been completed, the Unit staff decide on a treatment strategy. If the child is in danger, treatment could include removing a child from a family. It could also involve individual, family, or marital counselling, learning parenting skills, or being referred to other programs. The Unit also provides day care and home-maker services, supervises visits between children and parents and helps victims and families prepare for court trials.

Canadian Mental Health Association:

The Canadian Mental Health Association is a national organization dedicated to promoting mental health and fostering the development of supports for those affected by mental health difficulties or mental illness. The Association sponsors community support services, carries out research and social advocacy work, and promotes mental health through education and awareness programs. The Newfoundland Division of The Canadian Mental Health Association was established in 1964. The Association offers many services to the public, including being an information and referral service, a speakers bureau, and a resource library with print and video material on mental health subjects. There is no charge for borrowing materials.

**Appendix D**  
**Forms Used in Peer Counselling Program**



## PEER COUNSELLING

### Application Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

AGE: \_\_\_\_\_

Please identify previous helping experiences (i.e., volunteer work, etc...)

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What are your reasons for wanting to participate in this Peer Counselling Training Program?

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Will you be able to attend all training sessions from May until July, for 1, three hours session per week \_\_\_\_\_ Yes, \_\_\_\_\_ No; or for 2 one-and-a-half hour sessions, twice a week \_\_\_\_\_ Yes, \_\_\_\_\_ No.

Thank You for your application. We will be in contact with you soon.

## PEER COUNSELLING

### Interview Form

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

1. What makes you interested in participating in this Peer Counselling Program?
2. What does Peer Counselling mean to you?
3. How do you think your friends would describe you?  
(i.e., As someone who \_\_\_\_\_.)
4. What area do you feel you will have to work on in order to become an effective Peer Helper?
5. What group learning experiences have you been involved in before?
6. How would your participation in this program interfere with your other life commitments?
7. What are the questions that you would like answered?
8. Are you will to commit yourself to attend all training sessions?

## **PEER HELPING PROGRAM**

**If you are a person who:**

- \* Is community minded**
- \* Likes dealing with others**
- \* Finds yourself helping others or just talking to them about their problems or concerns.**
- \* would like to learn some new skills that would let you interact more easily with others.**

**Then the PEER HELPING PROGRAM**  
**may be for you!**

**The Peer Helping Program is a training program that will meet once a week for seven weeks from May 20 - July 1.**

**For further information please call:**

**Tom George - St.John Bosco - 753-8850/8855**  
**Peter Andrews - St.John Bosco - 753-8850/8855**  
**Glenda Riteff - St.John Bosco - 753-8850/8855**  
**Elaine Stanley - Community Centre - 754-2530**

**Please apply early. The deadline is May 7th.**

## PEER COUNSELLING ASSESSMENT FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. What did you like the best with regards to the training sessions?

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2. What do you feel you have learned from the training sessions? Be specific!

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3. What did you like least from the training sessions? Be specific!

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4. Would you recommend this type of training to others? Why or why not?

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5. How has this training program prepared you to interact with others in a helping role?

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6. How has this training program made you feel about yourself? Be specific!

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## ADULT CONSENT FORM

Dear Resident of Shea Heights;

My name is Tom George and I am a Graduate Student in the Department of Educational Psychology at Memorial University. I will be organizing, implementing, and evaluating a Peer Counsellor Training Program at St. John Bosco School during June and July, 1992. I am requesting your participation in this study. This training program is designed to enhance the skills you already possess in regards to helping others.

Your participation will consist of attending and participating in seven training sessions, to be held in the evening. You will be asked to complete a brief questionnaire before and after the training program. Also, after the final training session, you will be asked to complete a questionnaire describing how you found the Peer Counselling Training Program. These tests/questionnaires will be scored by another graduate student, other than myself, from Memorial University. This person will adhere to all rules governing confidentiality. You are being asked to participate in these training sessions. You should be informed, however, that you can stop and leave the training sessions any time you wish. Informed consent will be needed from you before the training sessions begin. It has been my experience that people usually enjoy such activities.

All information gathered in this study is strictly confidential and at no time will individuals be identified in the report on this study. Participation is voluntary and you may withdraw at any time.

If you are in agreement with participating in this study please sign below and return one copy to me. The other is for you. If you have any questions or concerns please do not hesitate to contact me at St. John Bosco between 8:30 am - 4:30 pm, Monday to Friday.

Sincerely,

Tom George

I, \_\_\_\_\_ (a resident of Shea Heights) hereby consent to take part in this study. I understand that participation is entirely voluntary and that I can withdraw my support at any time. All information is strictly confidential and no individual will be identified in the report.

\_\_\_\_\_  
Date

## PARENTAL CONSENT FORM

Dear Parent or Guardian;

My name is Tom George and I am a Graduate Student in the Department of Educational Psychology at Memorial University. I will be organizing, implementing, and evaluating a Peer Counsellor Training Program at St. John Bosco School during June and July, 1992. I am requesting your permission for your son/daughter to take part in this study. This program is designed to enhance the natural style of helping which your son/daughter already uses in his/her interactions with his/her peers.

Your son's/daughter's participation will consist of attending and participating in seven training sessions, to be held after normal school hours. A short written test will be administered to each participant before the training begins as well as after the final training session has finished. Also, after the final training session, each participant will be asked to complete a questionnaire describing how they found the Peer Counselling Training Program. These tests/questionnaires will be scored by another graduate student, other than myself, from Memorial University. This person will adhere to all rules governing confidentiality. Your son/daughter will be asked to participate and it will be made very clear that he/she can stop and leave the group at any time that he/she wishes. It has been my experience in the past that individuals usually enjoy participation in such activities.

All information gathered in this study is strictly confidential and at no time will individuals be identified in the report. Participation is voluntary and you may withdraw your son/daughter at any time.

If you are in agreement with having your son/daughter participate in this study please sign below and return one copy to St. John Bosco School. The other is for you. If you have any questions or concerns please do not hesitate to contact me at St. John Bosco School (753-8850) between 8:30 am - 4:30 pm, Monday to Friday. Please return this consent form as soon as possible.

Sincerely,

Tom George

I, \_\_\_\_\_ (parent/guardian) hereby give permission for my son/daughter, \_\_\_\_\_, to take part in this study. I understand that participation is entirely voluntary and that my son/daughter and/or I can withdraw permission at any time. All information is strictly confidential and no individual will be identified in the report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Son's/Daughter's Signature

## COMMUNITY CONSENT FORM

Dr. Sherry Bethoon  
Coordinator - Shea Heights Health Board

Dear Dr. Bethoon;

My name is Tom George and I am a Graduate Student in the Department of Educational Psychology at Memorial University. I will be organizing, implementing, and evaluating a Peer Counsellor Training Program at St. John Bosco School during June and July, 1992. I am requesting your approval for residents of Shea Heights to take part in this study.

The resident's participation will consist of attending and participating in seven training sessions, to be held in the evening. A short written test will be administered to each participant before the training begins as well as after the final training session has finished. Also, after the final training session, each participant will be asked to complete a questionnaire describing how they found the Peer Counselling Training Program. These tests/questionnaires will be scored by another graduate student, other than myself, from Memorial University. This person will adhere to all rules governing confidentiality. The residents of Shea Heights will be asked to participate and it will be made very clear that they can stop and leave the training sessions at any time that they wish. Informed consent will be received from all involved in the training sessions. As well, parental consent will be received for any participant under the legal age. It has been my experience that people usually enjoy such activities.

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in determining what effect does participation in a community based peer counselling training program have on the self-esteem of participants. I am also interested in the benefits of participation in a community based Peer Counselling training program as reported by the participants. Participation is voluntary and you may withdraw your community support at any time.

If you are in agreement with having your community participate in this study please sign below and return one copy to me. The other is for you. If you have any questions or concerns please do not hesitate to contact me at St. John Bosco between 8:30 am - 4:30 pm, Monday to Friday.

Sincerely,

Tom George

I, \_\_\_\_\_ (Coordinator - Shea Heights Community Health Board) hereby give approval for residents of Shea Heights to take part in a study to determine the effects participation in a community based peer counselling training program has on the self-esteem of participants. I understand that participation is entirely voluntary and that the community, school, parents, and/or the youth can withdraw permission at any time. All information is strictly confidential and no individual will be identified.

Date \_\_\_\_\_

Dr. Sherry Bethoon



## SCHOOL CONSENT FORM

Mr. Len White  
Principal St. John Bosco

Dear Mr. White

My name is Tom George and I am a Graduate Student in the Department of Educational Psychology at Memorial University. I will be organizing, implementing, and evaluating a Peer Counsellor Training Program at St. John Bosco School during June and July, 1992. I am requesting your permission for students in St. John Bosco to take part in this study.

The student's participation will consist of attending and participating in seven training sessions, to be held after normal school hours. A short written test will be administered to each student before the training begins as well as after the final training session has finished. Also, after the final training session, each student will be asked to complete a questionnaire describing how they found the Peer Counselling Training Program. These tests/questionnaires will be scored by another graduate student, other than myself, from Memorial University. This person will adhere to all rules governing confidentiality. The student will be asked to participate and it will be made very clear that he/she can stop and leave the group at any time that he/she wishes. Parental consent will also be received before any student is allowed to participate. It has been my experience in the past that students usually enjoy participation in such activities.

All information gathered in this study is strictly confidential and at no time will individuals be identified. I am interested in determining what effect does participation in a community based peer counselling training program have on the self-esteem of participants. I am also interested in the benefits of participation in a community based Peer Counselling training program as reported by the participants. Participation is voluntary and you may withdraw your school support at any time.

If you are in agreement with having your school participate in this study please sign below and return one copy to me. The other is for you. If you have any questions or concerns please do not hesitate to contact me at St. John Bosco between 8:30 am - 4:30 pm, Monday to Friday.

Sincerely,

Tom George

I, \_\_\_\_\_ (principal, St. John Bosco) hereby give permission for students at St. John Bosco School to take part in a study to determine the effects participation in a community based peer counselling training program has on the self-esteem of participants. I understand that participation is entirely voluntary and that the school, parents, and/or the students can withdraw permission at any time. All information is strictly confidential and no individual will be identified.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mr. Len White - Principal

**Ethical Guidelines Research Involving Human Subjects**

**(Personal Communication from Dr. George Hickman)**

## Ethical Guidelines for Research Involving Human Subjects

### Informed Consent

Informed consent by all subjects is required before research can be undertaken. There are four elements necessary for consent to be free and informed: disclosure of information; comprehension of information; competency to consent; and voluntarism of consent.

Written consent is normally required. Any setting aside of this requirement must be justified.

### Elements of Consent Form

The following information should be included in the consent form, not necessarily in the same order. It should be written in a simple direct style using terms and language which can be understood by the prospective subject. This information should be discussed with the subject as well whenever possible. A copy of this information should be left with the subject.

1. Identities of the researcher(s), faculty advisor and the university.
2. A statement of the general purpose of the study.
3. A description of the procedure(s) involving the subject including their purpose, nature, frequency, and duration.
4. A comprehensive description of any physical risks such as side effects, discomforts and inconveniences, and psychological risks or discomforts which might result from participation.
5. A description of any recording devices to be used.
6. A statement of confidentiality.
7. A statement of whether or not the findings will be available to the subjects.
8. Details of any scheme of remuneration.
9. Any explicit statement that participation is completely voluntary and that the subject has the right to withdraw from the study at any time and/or refrain from answering whatever questions he or she prefers to omit.

10. A statement informing subjects that the study has been approved by the Faculty of Education Ethics Committee.
11. A concluding statement in the first person summarizing the information the subject has received, the consent given and incorporating the subject's signature and date.
12. If a guardian is consenting for a minor, then the minor should be named and the guardian's capacity given. Assent of the minor should also be sought, and this should be included in the consent form.
13. If a substitute discussor-maker is giving consent for a subject incapable of consent, the consent should be drafted to indicate the relationship to the subject and the rationale for giving consent. Assent of the subject should also be sought, and this should be indicated in the consent form.
14. If an institution (e.g., school, business, residence) is involved, signed consent must be obtained from the institution and this should be indicated in the subject consent form.

#### Deception of Subjects

Where it is necessary to withhold or to misrepresent significant facts in informing subjects, such deception must be expressly justified by the researcher in the protocol. In particular, the protocol must demonstrate:

1. that the deception is indispensable to the effectiveness of the project.
2. that reasonable alternative investigative methods are unsatisfactory.
3. that the deception will not invalidate the informed consent of the subjects.
4. that subjects will be fully informed of all elements of the programme which were withheld or misrepresented to them, by a member of the research project in person, as soon as possible after subject participation in the project has been completed.
5. that subjects, upon being informed of the true purpose of the research study, have the right to withdraw their representation in the research data.

Please note that no protocol should be submitted where deception disguises dignity and/or well being

## Privacy of Subjects

1. The subjects must be assured that their anonymity will be protected and that all records of their participation in a research project will be kept confidential.
2. The researcher must account for differing sensibilities among subject groups in the matter of invasion of privacy especially if the subject group is a particularly vulnerable one, or of a background radically different from that of the researcher.
3. If institutional records are to be used the researcher must consider the potential invasion of the privacy of the individuals whose records are to be used, and the advisability of obtaining consent from those individuals as well as from institutional authorities.
4. Consideration must be taken of the privacy of third parties where the subjects will be asked to disclose information or opinions about such third parties.
5. In laboratory settings, concealed recording devices such as one-way mirrors, concealed cameras, and concealed microphones may not be used unless the subject (or their legal guardians) have been informed in advance that such devices may be used and that they may be among the subjects so observed. The subjects (or their legal guardians) must have agreed to participate in the research with this understanding.
6. Methods of recording behavior which produce a permanent record of any kind which inherently reveals individuals' identity (e.g., TV/video camera, tape recording) may not be used unless the subjects (or legal guardians) are informed in advance that such methods may be used and that they may be among the subjects so recorded. Where subjects have been so recorded they must be given the opportunity to call for erasure of such recordings when their participation is complete. Such recordings may not be disclosed to persons other than the immediate researcher(s) without the expressed consent of the subjects (or legal guardians) nor may such recordings or derivatives (e.g., photographs) be included in a manuscript submitted for publication without the expressed consent of the subjects (or their legal guardians).
7. The unobtrusive observation of behavior in clearly public places should not ordinarily be regarded as a violation of privacy. However, when such observations produce a permanent record of a kind which inherently reveals an individuals' identity, then such recordings may not be disclosed to persons other than the immediate researchers without the expressed consent of the subjects (or legal guardians) nor may such recordings or derivatives be included in a manuscript submitted for publication without the expressed consent of the subjects (or their legal guardians).

### Anonymity of Subjects and Confidentiality of Data

1. Except where the subjects or the legal guardians have expressly consented otherwise in writing, the subjects' anonymity will be strictly protected and all data collected will remain absolutely confidential. Where the subjects have given written consent, information may be disclosed only within the strict limits of the terms of the consent.
2. The responsibility is on the researcher to describe positive measures to be taken to preserve the anonymity of the research subjects, both in the published results of the project, and in the records retained by the researcher.
3. Where confidential data will be stored for possible re-use, the method of recording and storing the data must be strictly designed to confer anonymity of the subjects.
4. All research assistants and persons having access to confidential data must be briefed by the researcher on the duty to observe the rules of anonymity and confidentiality.

## References

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- Medical Research Council of Canada. (1987). Guidelines on research involving human subjects. Ottawa: Ministry of Supply and Services.
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**APPENDIX E**  
**Skills Taught in Peer Counsellor Training Program**



The following is an outline of the skills taught to the participants. They are being presented in the same order as they were used in the training of the individuals involved in the peer counsellor training:

### Attending Skills

(1) Physical Attending

S - Squareness of Body

O - Openness

L - Leaning

E - Eye Contact

R - Relax

(2) Verbal Attending

Being able to stay with the topic. Not leading into another topic until the client is ready.

(3) Psychological Attending

Paying attention to non-verbal behavior and being able to interpret that behavior.

### Listening Skills

- \* Active listening is not just listening for words.
- \* Active listening is not just listening for information.
- \* Active listening is not possible in every situation.
  
- \* Active listening is being able to use your posture, movements, tone of voice, and all other signals to communicate three important messages:

(1) that you recognize and value the speaker as a unique and important person,

(2) that you are fully there and glad to be there. Your own ego, values, or other distractions are not getting in the way,

(3) that you accept the speaker unconditionally. You do not evaluate what the speaker says. You simply let the speaker know that any feelings that he/she may have are legitimate.

## Responding Skills

Communication is a complicated process that involves interaction between the speaker and the listener. Responding refers to a process in which we communicate to another person that we care, that we understand, and that we would like to help.

## Empathy Skills

These skills come into play both as part of listening as well as responding to other individuals' situations.

### How to listen with empathy

- \* Use good attending skills
- \* Listen to what the person is saying and how he/she is saying it
- \* Watch for non-verbal clues
- \* Remember the content of what is said
- \* Reply!!
- \* Keep listening.

### Some guidelines for empathic responding

- \* Give undivided attention.
- \* Let the client set the pace.
- \* Don't feel you have to solve the problem.
- \* Respond to all you hear and nothing more.
- \* Be honest.
- \* Keep focus on listening.

## Assertiveness Skills

Acting assertively means being able to stand up for your rights and express what you believe, feel, and want in a direct, honest, and appropriate way that respects the rights of other people.

### Assertive behavior is characterized by

- \* Good eye contact.
- \* Calm appearance.
- \* Body language consistent with speech.
- \* Using "I" statements.
- \* Expressing feelings and beliefs honestly and directly.
- \* Using a strong firm voice.
- \* Offering alternatives.

Assertive people believe that they are worthwhile and have certain rights while acknowledging the worth and rights of others.

### Values Clarification

Values refer to those ideas, objects, and persons that we consider to be important or worthwhile. Values indicate to us what is desirable or undesirable and therefore define the parameters of our behavior.

#### Three types of values

- \* Physical
- \* Intellectual
- \* Emotional







