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ABSTRACT

Six graduate students responsible for the creation of a peer-counseling walk-in clinic discuss the training techniques used for peer counselors at UCLA. A psychology course featuring didactic and informational lectures, small laboratory sessions, and personal growth groups was instrumental in generating three basic attributes in the peer counselors: warmth, empathy, and genuineness. Training labs sensitized students to six interpersonal response modes: questions, advisement, silence, interpretation, self disclosure, and reflection of feelings. The presentation includes: (1) a discussion of the model used to train peer counselors; (2) an assessment of the program and of the change in students' counseling skills; (3) a summary of the program and of future plans; and (4) a suggestion that task teams constitute an alternative in graduate education on both a departmental and interdepartmental level. (Author/LAA)

FORMING THE GROUP

Toke Hoppenbrouwers

I'll give you a short introduction and a little bit of history which should set the scene for the subsequent talks.

During the academic year 1970-71, an attempt was made to set up a peer-counseling walk-in clinic for the students at UCLA, to be staffed by students. Because of our experience in the free clinic and the crisis intervention clinic, Maria, John and I were asked to train some student volunteers. That same year the Student Legislative Council applied for and was awarded a federal grant under the Drug Abuse Education Act. The Student Legislative Council established an Office of Drug Education (ODE) on campus. One of the projects of the latter was to provide support for the training of peer counselors for the two existing peer counseling facilities: the walk-in clinic (DAF) and helpline, a telephone service. At the end of that academic year I was asked by ODE to plan and coordinate a course in psychology which would provide training to become peer counselors. My first task consisted of getting a teaching team together. I had only a faint notion of how the course should be, yet it guided me somewhat in the choice of training team members. One criterion was familiarity with, or willingness to utilize Goodman's GAIT, as a teaching device. Sue will tell you more about this instrument. Availability of time was a natural selection criterion, graduate status another one, but ultimately enthusiasm for teaching such a course and projected ability to function as a member of a growing team were the most decisive factors.

We taught the course during the fall and the student response was enthusiastic. We did recommend some students for counselors. In the meantime we were struck by the poor response from the student community at large to the walk-in clinic. An undergraduate student, Linda Levinson, and myself decided

to poll a sample of undergraduates. We wanted to get an estimate of the prevalence of certain problems, the degree to which students talked about their problems and with whom they talked. The data are incompletely analyzed; however, one finding stood out: students overwhelmingly choose to talk about their problems with their friends. This finding reinforced our idea to shift the emphasis of the course and to make it available to anybody interested regardless of whether they wanted to become counselors.

In conclusion I want to make three points upon which my fellow members will elaborate:

1. We soon found out it was an exciting task; the team represented many skills so that we could teach each other. Among us were different therapy orientations, experience with different problem areas and different interests.
2. Besides being apparently an interesting course for undergraduates, the course was also a very educational and interesting experience for us. We got our feet wet in program planning which is ordinarily not a part of graduate education.
3. Although the teaching team was chosen carefully, once together, we could not take its good functioning for granted. The team met at regular times, it generated its own rules and frequent group process evaluation was required for adequate functioning.

THE EXPERIMENTAL COURSE: PRINCIPLES OF THE COUNSELING RELATIONSHIP

Aaron Hass

The structure of the course was conceived of by a group of graduate students, at the University of California at Los Angeles, and an extensive syllabus was written by this same group. The course was originally designed as a didactic and practical course in peer counseling. The initial lecture in the course cites the pessimistic findings of Eysenck concerning the effectiveness of psychotherapy. Immediately following this, however, the students are introduced to the re-interpretation of Eysenck's findings by Rogers. By explaining Roger's position, concerning the necessary conditions for constructive personality change, as well as, that taken by Carkhuff and Berenson, the rationale for the use of paraprofessional peers in counseling roles is delineated. The emphasis is placed on the attributes and level of functioning (i.e., Carkhuff and Berenson's model) of an effective counselor, rather than a lengthy traditional training program.

The course was separated into three sections: (1) Lectures were mainly didactic and informational, with demonstrations where applicable (e.g., suicide counseling). Lectures covered some general topics such as problems in the counseling situation (e.g., manipulation, dependency, counter-transference). However, most of the lectures focused on specific areas such as drugs, suicide, crisis intervention, sex and gender identity problems, legal and ethical issues of nonprofessional counseling, etc.

(2) Small laboratory sections (eight students) were included so that the individual student would have the opportunity to experience and analyze the process of intense one-to-one interpersonal interactions. Throughout the labs, the emphasis was on the didactic as well as experiential learning of facilitative interaction principles and techniques (within a basic Rogerian

model). The content of the interactions came from role plays, as well as, personally relevant material. The beginning labs were focused on general principles applicable to counseling, as well as, interactions with friends, parents, etc. However, as the course progressed, the laboratories would deal with special techniques which were applicable to the specific topics which were covered that week in lecture (e.g., suicide counseling, drug counseling).

(3) The third part of the course involved the students participating in personal growth groups. If indeed, the attributes or personality characteristics of a counselor were the crucial variables in the counseling situation, then the opportunity for the paraprofessional to have a growthful experience might have a positive effect on his counseling abilities. In addition, the growth group gave the paraprofessional an opportunity to more fully experience the role of the client.

Although the course began as a program in peer counseling skills, the emphasis of the graduate students who were teaching the course quickly shifted to one of the teaching of interpersonal skills across a wide variety of situations (parent-adolescent, friend-friend, etc.). In addition, since the course was originally taught, the training curriculum has been used in a variety of settings (e.g., VA Hospital, Drug Abuse Center) with a wide variety of paraprofessional populations (student nurses, ex-addict drug counselors).

THE MODEL WE USED TO TRAIN PEER COUNSELORS

Susan Price

In the process of developing our program, we began with the basic assumption that an effective counselor possesses three basic attributes: warmth, empathy, and genuineness. We wanted to generate a program which would develop these characteristics in paraprofessional counselors. In addition, we wanted to teach specific skills that would be understandable and useful to a wide spectrum of counselors - from college undergraduates to ex-heroin users. We found a model developed by Dr. Goodman at UCLA to be most appropriate for our purposes. In his model, Dr. Goodman suggests that all counselors use six basic interpersonal response modes: questions, advisement, silence, interpretation, self disclosure, and reflection of feeling. One of the main goals of our training labs were to sensitize the trainees to the function of these six response modes and to increase their ability to use them effectively.

We begin our training sequence with a group exercise developed by Dr. Goodman,The Group Assessment of Interpersonal Traits, or GAIT. In the GAIT exercise each participant is asked to disclose a personal problem while another person acts as his counselor. After 5 minutes, we stop the dyad and ask the counselor to give a 30-second summary of the process that occured between the discloser and the counselor. Then the counselor takes the role of discloser and another member takes the role of the counselor for 5 minutes, and so on until each member has had an opportunity to experience the role of counselor and counselee. At the end of the exercise the trainees rate themselves and each other on scales which measure such variables as warmth, openness, and understanding. We like to begin with this exercise because it gives the trainees an opportunity to get to know each other on a more intimate basis and it gives us, as trainers, a chance to assess the level of skills already present in the trainees at the beginning of the training sequence.

In the GAIT exercise, almost without fail, we find that beginning counselors tend to ask a lot of questions, especially Why questions like "Why do you think you feel that way?" and give a lot of advice that tends to dismiss the problem, such as "I can understand how you feel but everyone feels that way sometimes so I wouldn't worry about it anymore." Beginning counselors seldom use silence, self disclosure, or reflection of feeling.

Since questions and advisement are readily available in the trainee's repertoire we begin with these two response modes. As trainers, we generate a group of exercises to heighten the trainee's awareness of the use and misuse of questions and advice. For example, for five minutes we ask the trainees to ask each other only yes/no-questions. Then for five minutes we have them ask only open ended questions and then compare how it felt to give and get the two different kinds of questions. In keeping with our conceptual - experiential training model, we try to set up exercises such as this one described here in which the trainees generate the conceptual material for themselves from their own experiences.

Over the next few sessions we introduce the trainees to the less familiar response modes such as self disclosure and reflection. Reflection is one of the most difficult modes to teach so we rely very heavily on modeling. We may ask one trainee to play the client and then for 10 minutes the trainer models the use of reflection. We find the use of modeling by the trainer to be a very effective training procedure.

After the trainees have mastered the six basic response modes we use the remaining time to cast the use of the response modes into the various counseling models in which the trainees might be working - such as crisis intervention, suicide prevention, drug counseling, etc. For example, during the suicide prevention lab we teach the trainees to ask very essential questions such as, "Are you thinking about killing yourself?" "Do you have a

specific plan?" "Have you ever tried this before?" etc.

At the end of 10 weeks, our goal is to decrease the use of advice and questions - especially why questions, and to increase the use of silence, self disclosure, and reflection. We have some data which suggests we have been successful in achieving our goals. (See John Simpson's paper on our research techniques and findings).

In conclusion, we're excited about what we've done so far. We've generated a program which teaches specific therapeutic skills which are useful to a wide spectrum of paraprofessional counselors in a variety of treatment settings, and we've been able to obtain some data that suggests that we've been successful in achieving some of the specific goals we set out for ourselves. In the future we hope to bring together our techniques and experiences over the past year in a training manual which would include our model, as well as alternative training models, which might be used to train effective paraprofessional counselors.

ASSESSING OUR PROGRAM AND CHANGES ON THE STUDENTS' COUNSELING SKILLS

John H. Simpson

Throughout the development of our program, we have felt the need for assessing the effectiveness of our course and the training that goes into it. We have attempted to develop some valid and reliable techniques and devices suited to this task.

Assessment of the fall course was somewhat rudimentary. Students were administered an attitude questionnaire that tapped their feelings about the content and structure of the class and about the perceived changes in their interpersonal relationships. This questionnaire produced very valuable feedback on the adequacy of the course and caused us to institute several changes. In addition, students reported that they felt some improvement in the quality of their interpersonal relationships with friends and family. However gratifying these results were, they are merely suggestive since there were no control groups or comparisons for these data.

The Group Assessment of Interpersonal Traits (GAIT), described above, was administered both before and after the course. No doubt much valuable information is available in these protocols, but they have not been scored due to a lack of reliable raters.

Since the GAIT was designed primarily as a selection device and data on its utility as a pre-post measure is still being compiled and analyzed, we decided to retain it as one assessment device, but to try to find or develop some others. A measure of modeling in the therapeutic situation, developed by Dee Shepherd and Barbara Henker at UCLA seemed like a good possibility. This technique involves showing subjects a videotaped therapeutic interaction as a modeling stimulus. It is followed by a second tape

that presents 20 short sections of therapeutic interactions with pauses between them. At each pause, the subject is asked to respond as he would if he were the counselor in the situation. For half of the stops, the subjects were given five options from which to choose. The first four were possible therapeutic responses and the fifth stated "Instead of the above I would" and space was left for him to write in a response. For each of the remaining half of the stops, the subject was given a small sheet of paper headed by the phrase "If I were the counselor in this situation, I would". Responses to both the multiple choice and the open-ended parts of this measure were scored in terms of response modes mentioned above in connection with the training lab part of the course.

In addition to these two measures, a questionnaire was drawn up with forms corresponding to the GAIT and Videotape (VT) measures that ascertained demographic data, ratings of the subject's desire to be a therapist and his perceived therapeutic ability, and six-point semantic differential scales describing himself, other people around him and the task he had just performed.

We attempted to run two separate experiments in this class. The first would use the GAIT as a pretest and the VT measure as a post-test. Half of the class was assigned to this experiment. The remainder were administered the VT first and the GAIT as a post-test. An attempt was made to recruit a control sample from students on the waiting list for the class. Unfortunately, only 13 subjects volunteered for the pretest and only 9 returned for the post-test. They were all used in the GAIT pre -- VT post experiment. In addition to the small size of the control group, it was not equivalent to the experimental group on several pretest measures. Since it does not serve as an adequate control, data from this group are not reported.

Fortunately, dividing the class into two experiments allowed us to make some comparisons, since the pretest for each half can be compared to the post-test of the other half. These cannot be called control groups in the true experimental sense, but they do put some limits on unbridled speculation from our data.

From the GAIT rating sheets, ratings of self, average rating by others and rating by trainer were obtained for each subject on each of 9 variables. There was only one significant result in 27 possible comparisons: those who took the GAIT as a post-test see themselves as warmer than those who took it as a pretest. Fortunately, they report themselves as warmer on the questionnaire given following the GAIT as well. They also see the task as less warm, less educational, and less interesting.

The various VT measures yielded more interesting results. On the questionnaire, subjects taking the VT as a post-test saw themselves as less relaxed, friendly and open. Perhaps this was due to the imminent presence of finals, and perhaps the fact that mechanical problems prolonged the experimental session for an extra hour. In addition they saw others as less warm and they saw the task as easier, less pleasant and less interesting than those taking it as a pretest.

On the multiple choice part of the VT responses Chi-square tests compering pre-post condition and response categories showed trends on four responses and significant effect on one response toward greater modeling and greater use of the independent choice. Our students seem to have learned to emulate appropriate therapist models.

Thanks to Barbara Henker who spent many hours on the beach blindly rating protocols we were able to do some content analysis of the open-ended responses on the VT measure. Compared to pretested subjects, post-tested subjects showed a greater number of modeled responses, from an average of 0.7 per subject to

an average of 2.29 ($p<.01$). These results are comparable to those given by students trained to staff UCLA's Direct Assistance Facility ($\bar{X} = 2.08$) and to first year graduate students in clinical psychology ($\bar{X} = 2.43$). In looking at the non-modeled responses, post-test subjects show a significant increase in facilitative reflection from 4% to 14% ($p<.01$) and a similar increase in total reflections from 9% to 17% ($p<.01$). They did not show any increase in echoic reflections. While they did not decrease in the total number of questions asked, they did increase the number of questions relating to current feelings from 1% to 4% ($p<.02$). Finally, these students decreased the amount of advice they gave from 16% of their responses to 8% ($p<.02$). We were very enthusiastic with these results since they were all in accord with the philosophy of counseling that we were attempting to teach. We are encouraged by them to continue in our attempts at training competent paraprofessional counselors.

In the future we hope to refine the VT measure and to explore the possibilities of developing predictive statements from GAIT protocols. Hopefully we will be able to obtain some adequate control groups to ascertain more carefully the effect of this course. In addition we would like to attempt some follow-up of students who have participated in this course to see if they continue in counseling and if they are effective counselors.

SUMMING UP AND FUTURE PLANS

Charles Hanson

Having trained over 150 undergraduate students and other non-professionals the question arose as to how and where we, or they, could find an agency on campus or in the larger communities of Los Angeles to utilize their acquired abilities. The problem of planning and developing programs that utilize non-pro counselors is realistically evident and no small endeavor. To be sure, we believe there is considerable personal benefit that people receive in completing our training program as seen in the enthusiasm and reports we have received, but initiating a person into an actual counseling situation is the actual end point of what we are intending to do. To meet this need, we have planned to expand our program over this year to include a supervised practicum experience in counseling. How to accomplish this poses a task that we would like to undertake.

Additionally, our present work in a larger scale training program has raised similar needs and problems. This program is designed to train professional and non-professional people to begin the planning and development of programs to meet the needs presented in drug abuse and related health problems. These people come from various levels and agencies in their communities, i.e., military organizations, college campuses, urban and rural community centers. Training in interpersonal counseling skills is but one aspect of this program. A greater need for these groups is in facilitating their actual planning work.

In order to meet the needs that these two related programs present, we have entered into the area of task team development. The task team is a group of individuals drawn together for the purpose of accomplishing some task. Basically, there are two main dimensions to task team development work; (1) Team functioning -

where emphasis is on moving the trainees beyond personal self interest to a group orientation, with effective teamwork characterized by exchange, interaction and collaborative activities; and (2) Team process - where emphasis is on assessing the process or manner in which tasks were performed. Team functioning focuses on the effectiveness of the team in solving the problems which initially brought the group together. Team process emphasizes the interpersonal relationships among the team members and the process by which the team diagnoses, understands and improves on its own functioning. An effective team is able to shift between these two activities as the need arises.

Task team development has initially been the domain of the business schools on ours and other campuses, but we see this work as a crucial skill for the community psychologist attempting to devise such health programs for various communities or in other ways attempting to intervene at the broader and potentially more effective level of social systems. The problems of working constructively on a task provide a rich; soil for the clinical knowledge and research expertise of this psychologist. We view this as a new and emerging role in community psychology.

We have learned much from our own experience as a task team that we have been able to apply to this work. We began with the task of devising an experiential training course for undergrads and with success broadened our efforts to include various other tasks. When information or resources were lacking within our group for the work that needed to be done, we attempted to incorporate the skills we saw as necessary or we went outside our group to elicit support and further aid. When interpersonal difficulties presented communication barriers to the task of our group, we dealt with these - often over several grueling and intense sessions. I think we were all afforded a very unique learning experience in this manner.

We were not told what to do or how to do it, but had to struggle with these issues. At the core, this has been a truly experiential learning process and one which has given us a type of learning that is unparalleled in our graduate careers, growing from and utilizing our most personal motivation and interest.

TASK TEAM DEVELOPMENT AS AN ALTERNATIVE IN GRADUATE EDUCATION

Maria Nemeth

This symposium has touched upon some of the programs our group developed and implemented this year. In most instances, we seemed to have functioned fairly efficiently and have learned to draw upon each other's special skills as they are needed. The group context has also furnished each individual with enough peer support to undertake projects that might overwhelm individual graduate students. In short, the experience has been quite valuable to us all, and we feel it should be extended to more graduate students as an integral part of their training. The reasons for this are outlined below.

It seems evident that a current trend in the mental health field is towards group problem-solving activity. Specifically, task forces are being formed to deal with problems such as those in mental health delivery services, substance abuse, and public education.

Similarly, many psychologists are joining together to form group practices as an alternative to the more traditional mode of individual private practice. There are two important benefits that accrue with the task force or group practice approach. That is, instead of experiencing the isolation and stagnation that often accompanies individual practice or consultation, group members are usually in a position to capitalize upon each others' ideas and experiences in an exciting and creative manner. A second benefit is the monetary security that comes from pooling resources in order that each group member might receive a steady income.

It is suggested here that graduate education should address itself to this trend towards teamwork by providing graduate students with the skills necessary for successful task team development. This team training might be conducted at both departmental and interdepartmental levels. For instance, within the

psychology department, graduate students would form into task teams to study processes of problem identification, programmed solution, and communication impedance, as they apply to any given task, such as the development and implementation of a community mental health center. Students might then gain some expertise in process observation and facilitation for this type of specialized group format.

We also propose that interdepartmental task teams be formed at the graduate level. These teams would be comprised of students from such disciplines as medicine, social work, psychology, education, nursing and law. They would be formed to tackle problems related to community health care services. These problems might in reality be imbedded within public or private sectors, and team members would learn to work with members from other fields (a skill of crucial importance as mental and physical health care become more specialized and interdependent). Within the Los Angeles area, some efforts are currently being made at writing a grant proposal that stresses the concept of interdependent task teams using students from both USC and UCLA. However, it is our contention here that graduate students across the country should not wait for their own institutions to develop these programs. We suggest that graduates form these groups themselves. For instance, students could hold interdepartmental meetings in which those interested might form into teams to do preliminary research assessing the specific needs of either their own or outside institutions. Then they might propose ways of meeting their needs, with the possibility of applying for funding from some federal or private agency. In our special case there was a need for a peer counseling training program, it was funded at UCLA, and we were on our way to forming and implementing other similar programs.

Our task team has also served the function of providing us with peer support during a time of relatively acute identity crisis that accompanies the transition in status from "graduate student" to "professional."

Graduate students are relatively unsocialized as professionals. We often lack the necessary confidence to present ourselves as the capable individuals we are. Peer support is crucial at this time of identity crisis. The task group, in light of this, might be seen as somewhat of a halfway house whose function it is to habilitate graduate students into the culture of professionals. Our group definitely served the purpose of easing this transition into the "outside world," and we seemed to have emerged from graduate school with a modicum of anxiety. Once again, this opportunity should be afforded to all graduate students.