Effectiveness of LifeRAFT undergraduate helping skills training model

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LifeRAFT, a helping skills training model for undergraduate paraprofessionals, addresses training needs for applied psychology skills for undergraduate psychology majors. LifeRAFT draws from three empirically supported psychotherapy treatments to introduce counselling theory and encourage helping skill progression. Trainees learn practical helping strategies appropriate for paraprofessional use that are drawn from cognitive, behavioural, and emotion-focused therapies and are taught to work interactively with thoughts, actions, and feelings to promote client exploration and transformation. In a study of LifeRAFT's training effectiveness, 18 undergraduate students received LifeRAFT training. Training effectiveness was explored pre- and post-training using client, counsellor, and observer rating forms. Results suggest that LifeRAFT is an effective method for training undergraduates in helping skills.

UNDERGRADUATES NEED effective training in helping skills but few scientifically based, paraprofessional-level training models are available. Goal Four of the American Psychological Association (APA, 2013) Guidelines for the Undergraduate Psychology Major sets the expectation that undergraduates be trained not only to understand but also apply psychological principles. This guideline requires that undergraduates develop knowledge as well as active skill building, which can be far more beneficial to students than passive learning alone (Lave & Wegner, 1991). This goal includes a wide variety of applied competencies commonly addressed in undergraduate psychology courses such as writing and presentation skills (Goals 4.1 and 4.2; APA, 2007). Also stipulated in Goal 4.3 is the ability to 'interact effectively with others' using skills such as listening, attending to and interpreting nonverbal cues, asking questions, and making interpretations (APA, 2007). These interaction skills are often referred to as helping skills (Ivey et al., 2016). Helping skills represent a common area of applied psychology that teaches students basic techniques of how to listen and talk to a person in distress (Hill, 2014).

Although several training models promote more advanced counselling skill building at the graduate level (e.g. Harris et al., 2014), few methods are ethically appropriate for the undergraduate level (Ivey et al., 2016) and even fewer integrate theoretical and empirically based intervention (Hill, 2014). Training models that appropriately address basic microskills for undergraduates are included in books such as *Essentials of Intentional Interviewing* (Ivey et al., 2016), *Helping Skills* (Hill, 2014), and *The Skilled Helper* (Egan, 2014). These books are generally targeted to novice professional clinicians, although they note that the microskills training is also appropriate for paraprofessional helpers. Intended as a basic introduction aimed at clinical professionals, these models lack specific training for how paraprofessionals can systematically and appropriately apply these skills to promote change. Furthermore, these models provide a helpful introduction to microskills; however, observers have noted that they do not go far enough for what helpers need to enact lasting change (Ridley et al., 2011). With training models currently available as a foundation, additional training is needed for ethical and effective helping.

When interventions are introduced specifically for an audience of undergraduate students, they are most often restricted to theoretical information about counselling

models without a skills-based component in a 'Theories of Counselling' course. Course syllabi with theoretical counselling instructions are available from the Society for the Teaching of Psychology (STP, 2007). As a result, students who pursue paraprofessional helping fields – more than two thirds of psychology undergraduates in both the United States and the United Kingdom – enter into their fields with little preparation (Ball, 2016; Myers & Dewall, 2015). Recent observers have noted that an approach integrating a broader model of competence with skills-based training is needed (Ridley et al., 2011), and APA guidelines (2007) necessitate that training begins at the undergraduate level. In direct response to the requirements set forth by APA's Goal Four and the paucity of models available, Campbell (2013) created an undergraduate helping skills training model: Relief Through Actions, Feelings, and Thoughts (LifeRAFT).

LifeRAFT principles

LifeRAFT is a new method to train undergraduates in theoretically and empirically derived applied psychology skills. LifeRAFT provides instruction on how to apply counselling theories and techniques in an introductory format that is appropriate for undergraduate students' level of training and skill. This model was adapted from a graduate-level model called Key Strategies Training for Individual Psychotherapy (KST-IP; Harris et al., 2014) in order to teach helping skills appropriate for paraprofessionals with bachelor's degrees. LifeRAFT offers several unique training benefits including ethical appropriateness for nonprofessional helping, a multitheoretical basis, evidence-based techniques, and instruction beyond microskills training.

Ethical appropriateness

LifeRAFT introduces undergraduate students to methods of brief helping that are suitable to their level of training. Bachelor's level psychology students often enter helping fields such as guidance counselling, case management, human resources, and a wide range of other helping professions after graduation; however, they are provided little preparation in practical strategies (Myers & Dewall, 2015). LifeRAFT provides training in practical strategies that are appropriate for non-clinicians and teaches students appropriate ethical boundaries between professional and paraprofessional helping. In accordance with Ivey's microskills approach (Ivey et al., 2016), the LifeRAFT model asserts that paraprofessional helping includes skills involved in gathering information, basic problem solving, and situational advice giving. Students are taught to refer clients to counselling for ongoing problems and more intensive/personal work. Thus, LifeRAFT instructs students in practical strategies as well as ethical paraprofessional practice.

Multitheoretical

LifeRAFT guides undergraduates in how to support someone in distress by choosing to focus either on the person's actions, feelings, or thoughts. In doing so, students gain an experiential understanding of three distinct counselling theories, which are presented as a guiding philosophy for each area of focus. The *action* focal area is intended to introduce behavioural therapy and is based on Behavioural Activation Therapy (Martell et al., 2010), the *feelings* focal area draws from Emotion-Focused Therapy (Greenberg, 2002; Greenberg & Watson, 2005), and the *thoughts* focal area introduces Cognitive Therapy (Beck, 2011). Students are taught to work interactively with actions, feelings, and thoughts to promote client exploration and transformation.

Evidence based

LifeRAFT demonstrates to undergraduates the importance of evidence-based practice, which has been identified as a vital consideration for counselling technique (APA, 2007). The model draws from three empirically supported psychotherapy treatments, and the effectiveness of the LifeRAFT model

itself continues to be studied in order to further emphasise the importance of empirically supported practice.

Beyond microskills

Helping skills training typically begins with microskills training, which introduces trainees to singular helper responses such as open questions, paraphrasing, and giving advice. Although microskills are effective for teaching helpers what to say, researchers have noted that more training is needed to guide them in when and how to use microskills (Ridley et al., 2011). LifeRAFT fills that need as a follow-up to basic microskills training by providing a structured method for using the microskills. LifeRAFT employs a *ramp up* approach where trainees are instructed to use nondirective, active listening skills first and progress as needed to influencing microskills throughout a helping interaction.

LifeRAFT model

LifeRAFT involves four primary stages: (a) join, (b) refer, (c) survey, and (d) transform (see Figure 1). These stages are adaptations from the graduate-level training model, Key Strategies Training for Individual Psychotherapy (KST-IP; Harris et al., 2014). Although LifeRAFT follows a somewhat similar progression to KST-IP, alterations reflect adaptations more appropriate for a paraprofessional audience. For example, the KST-IP stages were simplified and condensed to remove more advanced psychotherapy interventions; LifeRAFT also includes information for the unique needs of undergraduates, such as referring a client to a professional. The following stages and progression of LifeRAFT described in this section are similar to KST-IP but distinctive for undergraduate-specific helping skills training.

Stage 1: Join

Following microskills training (Ivey et al., 2016), trainees are taught to begin a helping session by joining with the client through active listening. Beginning only with the microskills of attending, paraphrasing, and reflection of feeling, trainees' primary focus is to communicate to the client that they hear what he or she is saying, that they clearly see his or her point of view, and they understand his or her world as the client experiences it. The trainee learns to help clients feel comfortable while inviting them to talk about their distress in more detail.

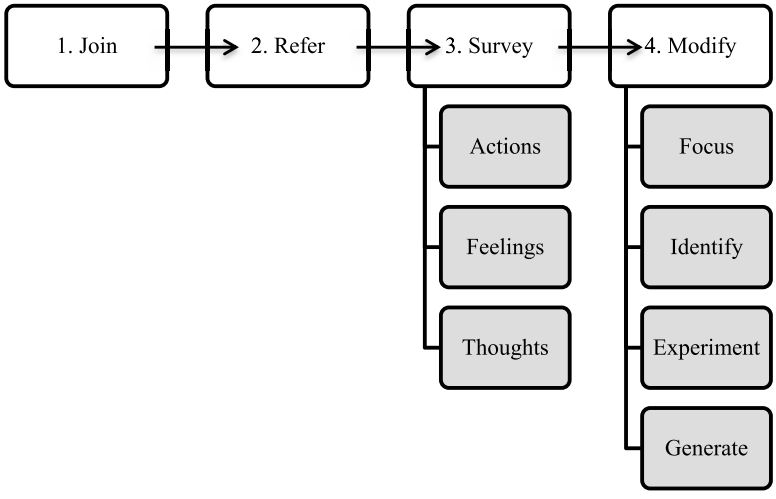

Figure 1: LifeRAFT Model Components.

Stage 2: Refer

The second stage involves consideration for referral to a professional. Trainees are instructed to use open and closed questions to ascertain whether the distress is appropriate for the trainees' level of helping skills competence, a scope which includes nonlethal, immediate concerns that benefit from general support. Issues that benefit from professional monitoring and treatment should be referred; these include threat of harm to self or others, abuse, substance use, and mental illness. Trainees are taught how to remain calm, to use microskills to identify an appropriate professional, and to facilitate connecting the client with that professional when needed.

Stage 3: Survey

The third stage of LifeRAFT is surveying for actions, feelings, and thoughts. Utilizing the microskills of active listening and questions, trainees are taught to identify the client's primary concern and the interplay of behaviours, emotions, and cognitions with the presenting problem. Only one area is chosen as the area of focus due to the ease and simplicity of focusing on one facet as well as the justification from underlying theories. Each of the included theories asserts that the presenting issue can be addressed by focusing on one facet of the presenting issue: the behavioural, cognitive, or emotional component. The expectation is that improvements in one area will lead to resolution in the other two areas. For example, engaging in more functional thinking is expected to result in more adaptive feelings and effective actions. Based on the client's ability, comfort, and interest in discussing each area and the trainee's discernment of the appropriate course, the trainee chooses a focal area – actions, feelings, or thoughts – to pursue a resolution to the concern.

Actions

The action focal area is based on Behavioural Activation Therapy (Martell et al., 2010). An actions approach uses behavioural skills to identify effective actions and reward progress. Trainees are taught to address actions with their clients when the concern they present involves stopping unwanted behaviours, meeting needs, and attaining goals.

Feelings

The feelings focal area draws from Emotion-Focused Therapy (Greenberg, 2002; Greenberg & Watson, 2005). It uses emotion-based skills to explore and express adaptive emotions. Trainees are instructed to address feelings with their clients when the concerns involve emotional catharsis and expression, emotional congruence, and regulating or expanding the range and intensity of emotional expression.

Thoughts

The thoughts focal area is based on Cognitive Therapy (Beck, 2011). It employs cognitive skills to detect errors in thinking and form more accurate thoughts. Trainees are instructed to address thoughts with their clients when their concerns involve developing rational beliefs based on objective evidence and motivated thinking that serves a useful function.

Stage 4: Transform

The fourth step is transformation through the previously chosen focal area of actions, feelings, or thoughts. Within the chosen area, the trainee works with the client through four strategies, also called intervention processes (see Table 1). The four strategies are similar to each focal area and follow the same sequence.

Focusing

The first strategy involves focusing. Using the microskills *ramp up* approach, trainees have used attending, paraphrasing, reflection of feeling, and questions up to this point in the helping interaction and now add focusing to encourage clients to talk specifically about how the chosen focal area impacts their concern. For example, a client

Table 1: LifeRAFT transformation phase.

Intervention processes	Actions strategies	Feelings strategies	Thoughts strategies
Focus	A-1. Focus on actions and their impact	F-1. Focus on feelings and their impact	T-1. Focus on thoughts and their impact
Identify	A-2. Identify ineffective actions	F-2. Identify maladaptive feelings	T-2. Identify dysfunctional thoughts
Experiment	A-3. Experiment with ineffective vs. effective actions	F-3. Experiment with maladaptive vs. adaptive feelings	T-3. Experiment with dysfunctional vs. functional thoughts
Generate	A-4. Generate effective actions	F-4. Generate adaptive feelings	T-4. Generate functional thoughts

may talk about an argument with his or her roommate. Applying an actions approach, a trainee might ask his or her client to discuss what actions he or she has taken since the argument. Using a feelings approach, a trainee might instead ask the client how he or she feels about the argument.

Identify

The second strategy involves identifying problems in the given focal area that are holding the client back from resolving the presenting issue. Depending on the chosen focal area, this may be conceptualised as ineffective actions, maladaptive feelings, or dysfunctional thoughts. Using the microskills *ramp up* approach, trainees are instructed to add psychoeducation and logical consequences to help guide the client in identifying his or her stuck points. For instance, a client might identify that ineffective actions such as avoidance and gossip are worsening the situation after an argument with a roommate.

Experiment

The third strategy involves experimenting with problematic versus nonproblematic actions, feelings, and thoughts. Trainees add the use of more microskills, including feedback and confrontation, to guide clients in a pro/con-style evaluation of problematic choices as opposed to nonproblematic choices. In the example of roommate conflict using an actions approach, this would involve guiding the client in thinking through the ineffective results of actions, such as avoidance and gossip, and the effective results of other actions such as apologising and resolving the dispute.

Generate

The fourth and final strategy involves generating a helpful and healthy resolution. Trainees add the use of remaining microskills, including interpretation and directives, to motivate their clients toward a new perspective and a healthier direction in an effort to resolve the presenting issue. This most notably involves plans to engage in nonproblematic choices identified previously, including effective actions, adaptive feelings, and functional thoughts. With the actions approach example for roommate conflict, the trainee might guide the client in viewing his or her ongoing distress as a sign that he or she needs to discontinue avoidance and self-shaming behaviours and to make plans to approach his or her roommate in an attempt to move toward reconciliation.

Hypotheses

This study examined the effectiveness of the LifeRAFT model as a supplement to the microskills training approach (Ivey et al., 2016) for training undergraduate students in supportive counselling skills. We sought to answer the question, is the LifeRAFT supportive counselling model an effective training method for undergraduate helpers?

Using a pre-post design, we hypothesised that LifeRAFT training would demonstrate significant improvements in helping-skills effectiveness compared to no training and microskills training from the perspective of the counsellor trainee, the client, and a trained observer. Thus, we developed three hypotheses:

1. Clients will report higher effectiveness ratings for LifeRAFT role-playing scenarios, more than those for untrained and microskills-trained scenarios.
2. Counsellors will report the highest levels of effectiveness for LifeRAFT-trained helping scenarios.
3. Trained LifeRAFT observers will report the highest levels of effectiveness for LifeRAFT-trained helping scenarios.

Method

Participants

LifeRAFT was created to be accessible to paraprofessionals and intended specifically for U.S. undergraduate psychology students. As such, a convenience sample of 18 senior-level psychology students was used for the study. Participants self-enrolled in an upper-division undergraduate psychology elective course at a small Christian liberal arts university in the Northwest. Participants included 16 female and two male college students, ranging in age from 20 to 23, with a mean age of 21.4 (SD = 0.68).

Procedure

Data were collected throughout an upper-division undergraduate psychology elective course. The first half of the 15-week class was devoted to microskills training, and the second half was for LifeRAFT training. During both sections of the class, students learned skills and practiced them in role-playing activities during class and conducted additional role-playing practice outside of class. Role-plays ranged from 10 to 30 min in length. One student was designated the 'counsellor' and the other the 'client'; the client discussed a real or factitious issue that was causing them distress and that was appropriate for the counsellor's level of training. The counsellor attempted to address the client's distress by applying the skills and methods learned in class.

Research participants were the designated helpers in the role-playing scenarios. They conducted three videotaped role-playing sessions throughout the course: (a) a natural skills interview at the beginning of the course prior to any training, (b) a microskills interview after microskills training but before LifeRAFT training, and (c) a LifeRAFT interview at the end of the course and after LifeRAFT training. After each of the three role-playing sessions, the counsellor completed the Counsellor Rating Form and the client completed the Client Rating Form, as described in Materials below. A third-person trained in LifeRAFT completed the LifeRAFT Observer Rating Form for each videotaped role-playing session.

Materials

Client Rating Form

The Client Rating Form represented the client's perception of the effectiveness of the helping session. This construct was assessed using the Client Feedback Form (CFF; Ivey et al., 2016). The CFF was created to use with Ivey and colleagues' (2016) microskills training from *Essentials of Intentional Interviewing*. The CFF consists of eight items, such as 'the session helped you understand the issue, opportunity, or problem more fully' and '…you felt heard'. Each item used a 7-point response scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). An overall client-rating score was calculated as an average of the eight item responses. Higher scores indicated greater client perceptions of session effectiveness and lower scores indicated lesser session effectiveness. Reliability and validity information for the CFF is not yet available.

Counsellor Rating Form

The Counsellor Rating Form represented the counsellor's perception of his or her

effectiveness at using microskills in the helping session. This construct was assessed using an adapted version of the Microskills Interview Analysis Form (MIAF; Ivey et al., 2016). The MIAF was created to use with Ivey and colleagues' (2016) microskills training from *Essentials of Intentional Interviewing*. The adapted MIAF lists 16 microskills: encouraging, paraphrasing, summarisation, reflecting feelings, open questions, closed questions, confrontations, reflecting meaning, interpretation, reframing, self-disclosure, feedback, logical consequences, information, psychoeducation, and directives. Counsellors were instructed to watch their videotaped role-playing sessions and rate their effectiveness using each microskill. Each microskill was measured using a 7-point response scale ranging from 1 (*poor*) to 7 (*excellent*). An effectiveness rating was not given for unutilised microskills. An overall counsellor rating score was calculated as an average of the effectiveness scores of the 16 item responses; any missing scores were removed. Higher scores indicated greater counsellor perceptions of session effectiveness and lower scores indicated lesser session effectiveness. Reliability and validity information for the adapted version of the Counsellor Rating Form is not yet available.

Observer Rating Form

The Observer Rating Form represented a trained third-person observer's perceptions of the effectiveness of the helping session. Observers included the instructor and two students previously trained in the LifeRAFT model. The three observers reached a consensus for each helping session's score. The instructor was not a blind observer; however, the two students were blind to the client's level of training. This construct was assessed using the LifeRAFT Observer Rating Form (LORF; Campbell, 2012). The LORF consists of four items; each item represents one of the four LifeRAFT transformation strategies: focusing, identifying, experimenting, and generating. A trained observer, who was not aware of the counsellors' level of training, was instructed to watch the counsellors' videotaped role-playing session and to rate their effectiveness using each LifeRAFT strategy. Each strategy used a 7-point response scale ranging from 1 (*poor*) to 7 (*excellent*). An effectiveness rating was not given for unutilised strategies. An overall observer rating score was calculated as an average of the effectiveness scores of the four item responses; any missing scores were removed. Higher scores indicated greater observer perceptions of session effectiveness and lower scores indicated lesser session effectiveness. The LORF revealed high inter-rater reliability (ICC = 0.83) for the role-playing helping sessions (Gary et al., 2014). The LORF has a low number of items and has not been subject to validation studies; therefore, validity information is not available.

Results

Effectiveness ratings were compiled for the client, counsellor, and observer for role-playing scenario conditions after the counsellor received no training, microskills training, and LifeRAFT training. The means and standard deviations for the client, counsellor, and observer ratings are presented in Table 2. Mean client effectiveness ratings ranged from 5.25 to 6.09 on a possible 1–7 scale, indicating that clients generally agreed that all role-playing scenarios were effective. Mean counsellor effectiveness ratings ranged from 3.26 to 5.15 on a possible 1–7 scale, indicating that counsellors scored all role-playing scenarios as slightly less than satisfactory to more than satisfactory. Mean observer effectiveness ratings ranged from 1.19 to 4.44 on a possible 1–7 scale, indicating that observers scored all role-playing scenarios as poor to slightly more than satisfactory.

We analysed our hypotheses using one-way repeated measures analyses of variance (ANOVA). The first hypothesis stated that clients would report higher effectiveness ratings for LifeRAFT-trained role-playing scenarios, higher than the untrained and

Table 2: Means and standard deviations for effectiveness ratings.

Effectiveness rating	*M*	SD
Client		
No training	5.25	0.89
Microskills training	5.90	0.55
LifeRAFT training	6.09	0.66
Counsellor		
No training	3.26	1.10
Microskills training	4.63	0.78
LifeRAFT training	5.15	0.77
Observer		
No training	1.19	0.82
Microskills training	1.48	0.46
LifeRAFT training	4.44	1.35

microskills-trained scenarios. We conducted a one-way within-subjects ANOVA with the factor being the level of training (no training, microskills training, or LifeRAFT training) and the dependent variable being client effectiveness rating. The results for the ANOVA revealed a significant training effect, indicating that client ratings did vary according to the counsellor's level of training, $F(2, 34) = 6.87$, $p = 0.003$, $\eta_p^2 = 0.288$. Post hoc tests using the Bonferroni correction revealed that no training received the lowest client ratings ($M = 5.25$, SD = 0.89), followed by microskills training ($M = 5.90$, SD = 0.55), and LifeRAFT training received the highest client ratings ($M = 6.09$, SD = 0.66). All three training levels showed a statistically significant difference ($p < 0.01$).

Our second hypothesis stated that counsellors would report the highest levels of effectiveness for LifeRAFT-trained helping scenarios. We conducted a one-way within-subjects ANOVA with the factor being the level of training and the dependent variable being counsellor effectiveness rating. The results for the ANOVA revealed a significant training effect, indicating that counsellor effectiveness ratings did vary according to the counsellor's level of training, $F(2, 36) = 42.56$, $p < 0.01$, $\eta^2 = 0.703$. Post hoc tests using the Bonferroni correction revealed that no training received the lowest counsellor ratings ($M = 3.26$, SD = 1.01), followed by microskills training ($M = 4.63$, SD = 0.78), and LifeRAFT training received the highest counsellor ratings ($M = 5.15$, SD = 0.77), and all three training levels showed a statistically significant difference ($p < 0.01$).

The third and final hypothesis stated that trained LifeRAFT observers would report the highest levels of effectiveness for LifeRAFT-trained helping scenarios. A one-way within-subjects ANOVA was conducted with the factor being the level of training and the dependent variable being observer effectiveness rating. The results for the ANOVA revealed a significant training effect, indicating that observer ratings did vary according to the counsellor's level of training, $F(2, 30) = 65.55$, $p < 0.01$, $\eta^2 = 0.814$. Post hoc tests using the Bonferroni correction revealed no statistically significant differences between observer ratings for no training ($M = 1.19$, SD = 0.82) and microskills training ($M = 1.48$, SD = 0.46; $p = 0.58$); however, LifeRAFT training was higher than both ($M = 1.48$, SD = 1.35), which was a statistically significant difference ($p < 0.01$).

Discussion

The purpose of this study was to examine the effectiveness of the LifeRAFT model for training undergraduate students in supportive counselling skills. All three of the study's hypotheses were supported: Clients, counsellor trainees, and third-person observers all gave significantly higher effectiveness ratings for LifeRAFT, higher than for untrained and microskills-trained helping scenarios. These findings suggest that the LifeRAFT supportive counselling model is an effective method for training paraprofessionals in helping skills.

In addition to demonstrating effectiveness, findings for the third hypothesis revealed that observers reported significantly

higher effectiveness ratings for LifeRAFT helping role plays but reported no difference between untrained and microskills role plays. These findings further suggest that LifeRAFT is a useful supplement beyond the traditional microskills training approach.

Study findings were further reinforced by narrative reflections by the course instructor and students about the value of the training as part of the Helping Skills undergraduate course. The instructor noted that as a result of LifeRAFT training, students seemed to develop a richer understanding of counselling process and theory through a skills-based approach. It also seemed to inform their future career goals of pursuing the helping field in paraprofessional interactions or as a professional career. Comments from students highlighted additional gains, such as increasing interpersonal and communication skills: 'What I learned in the classroom was applicable to everyday life'; 'It has changed the way I approach situations around me and has made me a better person'. Students also appeared to gain an appreciation for the counselling field, such as demonstrated by the comment, 'This class solidified and gave me confidence in my ability to become a school counsellor'. Lastly, LifeRAFT training and the Helping Skills course may have also helped students gain empathy for those in distress, as evidenced by the comment, 'I love people more because of what I learned. I walked away from this class feeling as though I have truly had an education of mind and heart'. Future research should continue to explore the many benefits of incorporating LifeRAFT training in undergraduate courses.

The results of this study demonstrate promise that LifeRAFT can uniquely fulfill the need in undergraduate psychology education for scientifically based paraprofessional-level training models. This study demonstrates that LifeRAFT is an empirically validated helping skills training model. It addresses Goal 4 of the APA Guidelines for the Undergraduate Psychology Major (APA, 2007), which requires that undergraduates develop knowledge as well as active skill building in helping skills (Lave & Wegner, 1991). LifeRAFT is also the first model of its kind that was created exclusively for undergraduate use and that integrates multitheoretical perspectives, utilises evidence-based techniques, and instructs beyond microskill training. LifeRAFT has a great deal to offer undergraduate psychology education.

Limitations

This study offers preliminary support for the use of LifeRAFT for training undergraduates in helping skills; however, the current study had limitations that need to be addressed. As an initial trial of the LifeRAFT model, the current study lacked rigorous research standards appropriate for randomised controlled trials typically used to substantiate the effectiveness of psychological interventions (Lachin, 1988). The sample size was very small and not representative with only 18 participants, only two of which were men. The sample consisted of only one sequence of the program with one professor at one university and represented a highly homogeneous sample of all Caucasian, senior-level students. The narrow range of participants limits the generalisability of the results.

Another limitation of the study concerns the psychometric properties of the effectiveness measures. Because the client, counsellor, and observer rating forms were not subject to rigorous validation studies, their reliability and validity remains in question. The Observer Rating Form in particular is brief, consisting of only four items, resulting in further uncertainty about its validity. Without this data, it is difficult to ensure that the findings actually represent robust and consistent confirmation of the LifeRAFT model's effectiveness.

Future directions

The LifeRAFT training model would benefit from continued research and use. The current study represented an initial trial of the model that yielded promising results; however, continued studies that comply with rigorous randomised controlled trial procedures are

needed (Lachin, 1988). Future studies should utilize measures with demonstrated reliability and validity or should examine the psychometric properties of existing measures to support that they are reliable and valid measures of effectiveness. Replication of this study with different populations and more participants would also be beneficial to increase the generalisability of the results. A larger sample size would also increase possibilities for more complex statistical analyses. This study required multiple one-way ANOVAs to investigate changes in client, counsellor, and observer ratings. With a larger sample size, a 3 × 3 factorial ANOVA design would become possible with the independent variables being perspective (client, counsellor, or observer) and training level (untrained, microskills, and LifeRAFT) and the dependent variable being the effectiveness rating. Research questions could be expanded to include potential interactions between independent variables, which might shed light on useful nuances not yet understood.

LifeRAFT is new helping skills training model that shows promising initial results. Future practice and research with this model is critical to provide students with the highest level of helping skills training our growing field has to offer.

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