

Comparison of Two Approaches to Training Peer-Facilitators

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Peer-facilitators were trained through either a skills practice approach or an experiential approach. Students in both training groups showed positive gains in (a) self-perceptions of ability, (b) acceptance of the target client group, and (c) feelings of group cohesiveness. There were no significant differences in training outcomes for the two groups.

It is believed that peers consistently rely on one another for support (Morey, Miller, Fulton, Rosen, & Daly, 1989; Thompson, 1986). Most school peer-facilitator programs are based on the premise that peer facilitators can expand existing guidance and counseling programs by: (a) becoming a readily available resource for students (Fink, Grandjean, Martin, & Bertolini, 1978; Lynn, 1986; Thompson, 1986), (b) offering psychological education to students (Cooke & Cherchia, 1976; Gray & Tindall, 1974), and/or (c) helping to accomplish philosophical goals of the school (Lynn, 1986). Lynn (1986) believes that students themselves are schools' most ignored resource, and peer facilitators have helped students become more successful without great costs or restructuring of schools (Bowermaster, 1978; Fogarty & Wang, 1982).

Several authors (Mann, 1986; Pittman, 1986; Rumberger, 1987; Svec, 1986, 1987; Turkel & Abramson, 1986) have suggested personal advocacy for at-risk students. Duckenfield, Hamby, and Smink (1990), in a study conducted by the National Dropout Prevention Center, cited tutoring/mentoring as a powerful strategy for dropout prevention. At-risk students seem to benefit from the personal contact offered by tutors/mentors.

Peer facilitators have been employed in schools to serve one or more of several functions: (a) as peer tutors, mainly attending to students' cognitive needs (e.g., Fogarty & Wang, 1982); (b) as peer counselors, mainly attending to students' affective needs (e.g., Morey et al., 1989); or (c) as mentors or models for other students (e.g., Turkel & Abramson, 1986). The purpose of the peer facilitator pro-

gram involved in this study is to help at-risk students meet their cognitive and affective needs. Peer-facilitators serve in counselor, tutor, and mentor roles. The focus of this study was on the training of peer-facilitators in building relationships with at-risk students and preparing trainees for helping at-risk students meet their affective needs.

Background and Significance

Peer-Facilitators

Although the use of peer-facilitators has a long and diverse history, its recent gains in popularity are probably due to shifts in educational perspective: (a) Students are expected and encouraged to take a more active role in learning, and (b) closer attention is paid to individual differences and learning modalities (Fogarty & Wang, 1982). Cohen, Kulik, and Kulik (1982), through a meta-analysis of peer-tutoring outcomes, examined the effects of tutoring on tutees and tutors. Achievement, attitudes toward subject matter, and self-concept outcomes were analyzed. The 65 studies selected for the meta-analysis revealed clear gains in achievement, especially for the tutees. Attitudes of tutors and tutees toward subject matter were more positive in tutoring groups than in control groups, and students involved in tutoring showed small gains in self-concept. Structured programs produced larger gains than unstructured programs. Furthermore, programs that required tutor training generally produced higher achievement.

In examining the effectiveness of peer counseling in a

large high school, Fink et al. (1978) found that student clients' evaluations of peer counselors were positive. Peer counselors were perceived as being effective with personal as well as academic concerns. Faculty also reported positive results with regard to student clients' general adjustment to school. Morey et al. (1989) studied high school students' responses to counseling sessions with peer counselors. They found that a majority of students expressed general satisfaction with peer counselors, but many student clients perceived peer counselors as not helpful with respect to specific concerns (e.g., alcohol and other drug problems, family problems, being new at school, etc.).

Peer Facilitator Training

High school students trained in facilitative skills appear to communicate at higher levels in helping situations than untrained students (Cooker & Cherchia, 1976; Gray & Tindall, 1974). Thompson (1986) found increases in self-concept and openness after peer facilitator training; however, no control group was employed in this study.

In a review of peer-counselor research issues, De Rosenroll (1989) indicated that peer-counseling programs have become more numerous in North America, although research on peer-counseling has not been forthcoming. Additionally, De Rosenroll (1989) identified several research issues within three main peer-counseling areas: (a) pre-training, (b) training, and (c) post-training. Pre-training issues involve the purposes of peer-facilitator programs and the selection of trainees. Training issues include the training process and training content, and post-training issues are related to the implementation and operation of programs. With regard to training research issues, studies that examine the comparative effectiveness of training techniques were recommended. Other authors (Cooker & Cherchia, 1976; Morey et al., 1989) pointed out a need for research on peer facilitator training.

Commercially available peer-facilitator training manuals, as well as research literature on training, reflect a variety of training techniques and activities. However, training manuals generally utilize one of two approaches toward the initial phases of training. Many manuals adhere to a task-oriented or skills-attainment-based approach (e.g., Tindall, 1989; Tindall & Gray, 1985); whereas other manuals emphasize an experiential or self-evaluative approach (e.g., Foster, 1983; Painter, 1989). Although each of the two training methods may involve both the acquisition of skills and here and now experiences, the focus of the skills-based approach is direct practice of skills, whereas the focus of the experiential approach is experience and awareness of self and others. The goal of both approaches is the same-- that is, increased efficacy of peer-facilitator trainees.

In training junior high school age peer-counselors, Garner, Martin, and Martin (1989) emphasized experiential elements of training by suggesting that training exercises should actively involve trainees, and role playing employed should focus on perceptions, reactions, and issues generated during training. In training high school age peer-counselors, Morey et al. (1989) stressed training in active listening skills.

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Lynn (1986) also placed the training emphasis on the practice of specific counseling skills, whereas Gougeon (1989) emphasized the need for experiential activities in training peer counselors. Skill-building exercises as well as experiential activities were employed by De Rosenroll and Dey (1990).

In the current study, both skill-building and experiential activities were used. The purpose of the study was to examine the effectiveness of skill-acquisition-focused peer-facilitator training as compared to experiential, self-perception-focused training. Skill-acquisition-focused training involved the direct practice of basic counseling skills (e.g., attending, listening, empathy), whereas experiential-focused training involved activities which caused trainees to experience feelings and thinking associated with behaviors (e.g., attending, listening, empathy). Effects of training were measured in terms of: (a) peer-facilitator-related self-perceptions, (b) willingness of trainees to work with at-risk students of divergent race and problematic etiology (e.g., behavior problems, low motivation), and (c) peer-facilitator group cohesion.

Methods

Participants

Twenty-four peer-facilitator trainees were selected from two small high schools in a rural section of the Southeastern United States on the basis of counselor, teacher, and administrator evaluations for the initial training. Only one of the selected trainees did not attend the training.

Seventeen of the 23 trainees were African-American, and six were white. Eighteen were female, and five were male. Trainees were randomly assigned to one of two groups, and treatments were randomly assigned to groups. The groups of 11 and 12 members were roughly equal with respect to race, grade level, gender, and school affiliation (roughly equal numbers of students in each group from each of the two schools).

The two group leaders administering the training were experienced in peer-facilitator training and were counselors from the two schools. Counselors alternated between the treatment groups to dilute any personal effect they might have had on treatment outcomes.

Treatments

Training occurred in a resort setting during a summer weekend before the beginning of the school year. Actual training time totaled 11 hours for both groups. Goals were to promote positive trainee self-perceptions, to increase trainee acceptance of at-risk students, and to develop cohesion within the peer-facilitator group. It was assumed that more positive self-perceptions, increased acceptance, and enhanced group cohesion would positively affect peer-facilitator functioning.

Group 1 was trained by use of the skills-acquisition approach and Group 2 was trained by use of the experiential-training approach. For the first 15 minutes of group sessions

both groups participated in icebreaker activities in the form of go-arounds. The separate group treatments were then initiated.

Group 1 was introduced to facilitative skills in sequential order common to peer-facilitator training manuals. Attending behavior, listening skills, reflection of content, communication stoppers, identification of feelings, and empathy skills were covered in the training. The need for each skill was explained by the group leader. The skill was then modeled for the group by the counselor and/or by trainee volunteers. Trainees then formed triads and assumed a role as either counselor, client, or rater. After triad members had a turn at each role, feedback was provided by triad members, the group as a whole, and the group leader.

Group 2 members were introduced to facilitative skills through experiential activities. For example, attending behavior was explored through an activity in which pairs of group members experienced nonattending behavior. Trainee A related a personal concern to Trainee B, while Trainee B displayed disregard for Trainee A's concern. Roles were then reversed. Group members formed new pairs and repeated the exercise by using attending behavior instead of nonattending behavior. Discussion of feelings and perceptions generated by the activity followed. Other facilitative concepts were explored in a similar manner. The basic difference between the two group treatments was that Group 1 members were led in direct practice of skills; whereas Group 2 members were led, through experiential activities, to focus on their own feelings and perceptions regarding helping others.

Measures

The Peer Helper Questionnaire (PHQ) was developed to assess outcomes in the specific areas targeted by the training. The three sections of the PHQ were designed to measure (a) self-perceptions related to helping, (b) the level of acceptance that trainees feel toward the at-risk population, and (c) the degree of closeness that trainees feel among one another. The questionnaire was administered to both groups immediately prior to training and immediately after training.

Downe, Altmann, and Nysetvold (1986) have suggested that peer facilitators' self-perceptions of ability should be evaluated. For this study, peer facilitator self-perceptions were assessed by means of a Likert-type scale in which trainees responded to 16 statements. Trainees indicated their level of agreement (*strongly agree, agree, undecided, disagree, strongly disagree*) with statements concerning self-perceptions of ability as a peer-facilitator, expectations of success, and self-perceptions of personal gain associated with training and the peer facilitator program. Possible scores ranged from 16 to 80, with higher scores indicating more positive perceptions. A test-retest reliability coefficient of .72 was obtained when a group of prior trainees were tested at a three-week interval.

In interviews with students who have dropped out of school (Pitman, 1986; Rumberger, 1987; Tidwell, 1988), reasons most often given for leaving school early were concerned with students' personal relationships with their schools. A goal of the peer facilitator program is to improve

the student/school relationship by helping at-risk students feel that they belong, and a goal of peer-facilitator training was to increase trainees' level of acceptance of at-risk students.

The acceptance section of the PHQ was designed to assess the degree of comfort that trainees would feel in working with students of divergent race and problematic etiology. Trainees were asked to indicate the level of agreement with statements such as: *If I had the proper skills, I would be comfortable working with students who often get into trouble at school*. Trainees responded to 12 similar statements on the Likert-type scale. Factors (e.g., aggressiveness, isolation, deviant behavior) compiled by Trusty and Dooley-Dickey (1991), used to identify at-risk students in this particular school district, were incorporated into the statements. Possible scores ranged from 12 to 60. The test-retest reliability coefficient for this section of the questionnaire was .82.

Cohesion is a sense of we-ness or closeness that fosters support within groups (Vander Kolk, 1985), and support within the peer-facilitator group is salient to the peer-facilitator process (Painter, 1989). This section of the PHQ assessed the degree of closeness that each trainee felt toward each other trainee (in both groups) and the two counselors. Each trainee placed other trainees and counselors in one of four ranked categories, ranging from *very close* to *do not know*. Cohesion scores were derived by multiplying frequencies in the *very close* category by 3, multiplying frequencies in the *fairly close* category by 2, and multiplying frequencies in the *not close* category by 1. Frequencies in the *do not know* category were not included in the cohesion score. The range of possible scores was 0 to 75.

Results

Cell means and standard deviations for each of the three dependent variables are presented in Table 1. A repeated measures 2 x 2 analysis of variance design was used for each of the three dependent variables to determine if any significant differences existed in any of the independent variables. Because of the small sample size in this study, univariate tests of significance were chosen over multivariate tests in order to increase the power of the statistical tests.

Self-perception scores were significantly higher on the posttest than on the pretest for both experimental groups, $F(1,21) = 8.82, p = .007$. Group 1 and Group 2 did not differ in self-perceptions, $F(1,21) = .02, p = .879$; and the interaction of the pretest to posttest variable and the group variable (Group 1, Group 2) had no significant effect on peer facilitator self-perception scores, $F(1,21) = 1.84, p = .189$. Groups 1 and 2 differed less than one point on the pretest. The experiential group (Group 2) scored higher on the posttest, but the difference was not significant.

Regarding acceptance scores, trainees from both groups scored significantly higher on the posttest than on the pretest, $F(1,21) = 4.33, p = .050$. There was no significant difference between groups, $F(1,21) = .43, p = .517$; and the

Table 1
Cell Means and Standard Deviations for Peer Helper Self-Perceptions, Acceptance of At-Risk Students,
and Group Cohesion

Measure	N	Pretest		Posttest	
		M	SD	M	SD
Self-Perceptions					
Group 1	12	65.17	6.03	66.25	5.21
Group 2	11	64.64	6.01	67.55	7.30
Acceptance					
Group 1	12	45.50	5.16	46.25	5.99
Group 2	11	45.91	4.35	48.64	6.15
Group Cohesion					
Group 1	12	33.08	13.24	47.17	9.51
Group 2	11	32.82	10.32	49.55	10.13

Note. Group 1 was the skills group, and Group 2 was the experiential group.

interaction between pretest to posttest and group was not significant, $F(1,21) = 1.40, p = .250$. Pretest scores for Group 1 and Group 2 differed less than one point. Again, Group 2 scored higher on the posttest than Group 1, but the difference was not significant.

The data measuring group cohesion were not of interval scale strength, but because there is no nonparametric counterpart for repeated measures analysis of variance, a repeated measures ANOVA was used with these data also. Other assumptions of repeated measures ANOVA were tenable.

As might be expected, trainees felt significantly closer to one another after the training as opposed to before the training, $F(1,21) = 36.24, p < .0005$. Groups did not, however, differ in cohesion, $F(1,21) = .08, p = .782$; and there was no significant interaction, $F(1,21) = .27, p = .611$.

Discussion and Implications

Results from the three statistical tests were very similar. Both groups showed significant progress toward the goals of the training, but there were no significant differences between groups. These findings suggest, at least in initial phases of training, that counselors may be able to tailor training to their own personal styles and to the objectives of their programs without sacrificing trainee self-confidence, acceptance, or group cohesion. An appropriate mix of skills practice and experiential activities presented in a logical sequence could be the most effective training strategy. Adherence to either the skills-based approach or the experiential approach seems to produce similar outcomes. It is not known, however, which specific activities in each group

produced which outcomes. Also, there are several internal and external validity considerations related to this study.

Trainees were instructed during both administrations of the Peer Helper Questionnaire to answer as they truly felt and not to answer as they thought their counselors wanted them to answer. But trainees, in order to please the counselors, could have biased their responses.

The fact that the training was conducted in a resort setting could cloud the generalizability of the findings, especially with respect to group cohesion. The trainees interacted with one another during training, meals, and recreational time; therefore, time not in training might have had as much of an effect on group cohesion as time spent in training. The reciprocal effects of group cohesion, acceptance of others, and peer-facilitator self-perceptions may be an explanation for the similarity of findings among the three dependent variables. Examination of correlations between self-perception scores, acceptance scores, and cohesion scores supports this contention. Trainees' scores on the posttests correlated more highly than trainees' scores on pretests. In other words, after training, trainees who indicated more positive self-perceptions also indicated increased acceptance and increased feelings of closeness to the group.

Although various peer-facilitator programs differ in function, scope, and purpose, beginning peer-facilitator trainees generally share many basic qualities. They are motivated to help other students, are successful in interpersonal relationships, and are cooperative. Self-selection into peer-facilitator programs seems to foster homogeneity, and this particular sample appeared to be like other beginning trainees encountered by the counselors. Therefore, generali-

zations concerning initial phases of training may be appropriate. Generalizations across personological variables such as age group or level of psychological functioning, however, may not be appropriate. Bowman (1986) emphasized the importance of age appropriateness in peer-facilitator training.

Studies of peer-facilitator training that employ larger samples and experimental control are needed in order for counselors to better prepare students to help other students. Such experiments could have the statistical power needed to detect differences in training method outcomes. The development of valid outcome measures specific to peer facilitators and peer-facilitator performance is needed to help answer the array of questions concerning these programs.

Despite limitations, there are implications from this study. Peer-facilitator trainees appear to benefit from structured group interaction planned by experienced counselors. Even when the training format is polarized exclusively into skills practice and experiential conditions, qualities desirable in peer-facilitators are enhanced. The development of these qualities seems to be reciprocal in nature. It appears that counselors can effectively adapt particular training programs to personal training style and specific peer-facilitator program objectives by carefully selecting activities from either skills-based or experiential training approaches.

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