

THE EFFECTS OF COMMUNICATION SKILL TRAINING
ON ADULT UNIVERSITY STUDENT PEER COUNSELLORS

A Thesis

Presented to

the Faculty of Graduate Studies and Research
the University of Manitoba

In Partial Fulfillment
of the Requirements for the Degree
Master of Education

by

Leslie Kepron

December 1987



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LESLIE KEPRON

A thesis submitted to the Faculty of Graduate Studies of
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This project is dedicated to my husband Wayne
and our three children
Laurie, Scott, and Craig.

My sincere thanks for the anchor of your love and humor.

I am grateful to you all for the freedom
you have given me, "to be."

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N.B. The pagination of this thesis is incorrect as follows:

pages 46, 53, 59, 65, 71, 77, and 82 are excluded.

No part of the text is missing as a result.

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ABSTRACT

The purpose of this study was to investigate the effects of teaching communication skills to adult students who were preparing to work as peer counsellors at the University of Winnipeg. Individuals' positive mental health and their levels of communication skills were the two variables examined.

A sample of seven university students, five females and two males, aged 21 to 38, were selected from among volunteers for the intensive training program. The subjects participated as a group in a communication skills training program which was delivered over a nine-week period.

Two primary instruments were used to assess change through treatment. Shostrom's (1963) Personal Orientation Inventory (POI), served as a measure of positive mental health, while Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale was a measure of communication skills. In addition, the Demographic Survey and the Self-Report Survey of Communication Skills, designed for this study by the researcher, were used.

The case-study method of reporting and examining the data on each subject was used in analysis of results. The majority of individuals' scores on measures of positive mental health and of communication skills levels changed in a positive direction following treatment. The results were interpreted as supporting the research questions.

Conclusions and implications: 1) about personal growth through communication skills training, 2) about issues in peer counselling, and 3) about further research that would deepen our understanding in this important counselling area were presented.

CHAPTER I

INTRODUCTION TO THE STUDY

Adult students are entering university in increasing numbers and are a significant percentage of the student population. As the adult makes the necessary adjustments to being a university student, s/he may experience a number of special needs and concerns, particularly initially.

Recently, peer counselling programs have been developed and implemented as ways to meet the increasing need for support and information services for students at some universities and colleges. Peer counsellors have acted as academic advisors, tutors, and counsellors. It is thought that adults who were trained in communication skills and who counselled within their natural social network would provide additional support services for fellow adult students as they tried to cope with their changing roles and changing goals. In addition, it is thought that, as the peer counsellor progresses through the intensive training program, they would become counsellors for each other, and they would experience improved interpersonal relationships and personal growth. Therefore, as a result of training, there may be potential benefits for both the university support services and for the individual adult student peer counsellor.

Many previous research studies of diverse populations have reported that participation in group training programs that focussed on personal growth, human relationship training, and communication skills resulted in personal growth and improved communication skills for the individuals who took part in the group training process. The purpose of this study was to study the effects of communication skills training on adult student volunteer peer counsellors.

Background to the Study

This section describes adult student populations and their specific needs and concerns. It includes information on the extent of peer counselling programs on university and college campuses. The peer counselling rationale, the roles peer counsellors have successfully performed, and the training programs provided for peer counsellors is presented.

Adult Students on the University Campus

Adults and particularly women are returning to the universities in increasing numbers and there is no indication that this trend is over. They may enrol as part-time or as full-time students. They study in undergraduate and graduate programs.

Mature Students, adults who have not completed high school, are a significant percentage of university populations. A survey of services for mature students at 24 Canadian Universities (University of Manitoba, Student Counselling Services, 1986) revealed that, in 1985, full and part-time mature students at the University of Manitoba made up 13.2% of new

registrations, at the University of Winnipeg 14%, and at Brandon University 20%. In the fall of 1986, the University of Winnipeg's Records Department indicated that, at its university, 407 first-time mature students and 245 returning mature students had registered.

Banmen (1986) described the motivations of adults for returning to school as developing out of six concerns. These are:

1. social relationships - improved relations with others;
2. external relationships - pressure to participate in educational activities;
3. social services - altruistic concern for others;
4. career change, professional advancement;
5. stimulation/escape from boredom;
6. cognitive interests/knowledge for its own sake (p. 45).

Similar listings of motivations were reported by Elliott (1986), Hulland (1978), and Mohsenin (1980).

Many adults enter universities with specific problems (Banmen, 1986; Murgtroyd, 1980; Waters, Fink, Goodman & Parker, 1976). For instance, they may experience self-doubts, lack of self-confidence, role conflicts, or time limitations. Their study skills may be inadequate for success in university courses, or they may lack financial support. Adult students often underestimate their abilities or set unrealistic academic goals. They do, however, come with a commitment which is admirable, considering the many obstacles that adults would have to overcome and the many adjustments they would have to make in their personal lives.

As Garland (1983) reported and the researcher's personal experience supports, many adult students feel "lonely" and "isolated," out-of-step

with the majority of students on campus. Also, they feel that they are not recognized as seriously committed students by faculty, staff, and other students. They often turn to other adult students for reassurance, support, and encouragement in order to adjust to a university environment.

It is presumed that a number of trained peer counsellors would be a worthwhile support service for adult students new to a campus. It is expected that these counsellors, working within their natural social network would help to enhance adult students' university experience.

Peer Counselling

During the last two decades, peer counselling programs have been developing at universities and colleges across North America. To assess the extent and diversity of these programs, surveys have recently been conducted in Canada and the United States. Salovey and D'Andrea (1984) randomly selected 200 college and university counselling centers and mailed them questionnaires inquiring about their peer counselling programs. One hundred and fifty six of the counselling centers responded, and, of those, 78% indicated active peer counselling programs on the campus. In Canada, Kingsland and Carr (1986) surveyed 80 colleges and universities. Sixty-two counselling centers replied, and 52% of those reported awareness of or involvement in peer counselling programs.

Peer Counselling Rationale

Presently, the number of professional counsellors who are employed is limited because of university budget practices. This occurs at a time

when students' needs are becoming more extensive. Students' tensions are related to a number of new factors, such as the unemployment figures of university graduates, high G.P.A. required for entrance into graduate studies and professional schools, new life styles, social relationship preferences, and an inadequate educational background to meet the expectations of university education.

A close working relationship between Student Counselling Centers and the Peer Counselling Program can increase the professionals' awareness of students' needs. As well, peer counsellors will have access to current information on programs and services offered by the Counselling Center and other university departments. The peer counsellors can then relay this information to a greater number of adult students. In addition, this working relationship will encourage referrals from peer counsellors to the counselling service and from the counselling service to peer counsellors, depending on the specific needs and concerns expressed by students. This should result in an improved and extended delivery of services for students.

Adult students are often capable of solving their own problems and concerns, if given the time and opportunity to explore their ideas and options with someone else. In times of need students often seek out and prefer help from other students (peers), friends, and family. It seems that adult students seek out peers for help because of accessibility; of anticipation of being accepted and understood; or of similarities of age, developmental tasks, environmental stresses, and life situations (Woudenberg & Payne, 1978; Scott & Warner, 1974; Pyle & Snyder, 1976).

It is presumed and often suggested in the literature that adult students

(peers) who are genuine in their desire to help can be encouraging and supportive to students seeking to explore their options and to make their own choices. It is assumed that an adult student peer counsellor's helping skills can be enhanced through a communication skill training program. Also, it is assumed that adult student peer counsellors whose communication skills are higher as a result of training will prove to be more empathic than lower skilled counsellors (Carr, 1980; 1983).

Peer Counsellor Roles

Peer counsellors have successfully performed many roles in colleges and universities. Salovey and D'Andrea (1984) found the highest percentage of peer counsellors' roles to be residence hall advising/counselling, academic tutoring, academic problem solving, and providing services for minority students and women. However, the lowest percentage of peer counsellors was available for helping those involved in life-long learning (returning adult students). Similarly a survey of services to mature students at 24 Canadian universities revealed that peer counselling specifically provided for mature students was non-existent (University of Manitoba, Student Counselling Services, 1986). Therefore, trained adult peer counsellors on a university campus would extend peer counsellors previous roles into a new and important area.

Peer Counsellor Training

The literature suggests that training can improve an individual's interpersonal skills and ability to respond empathically. However, surveys conducted by Salovey and D'Andrea (1984) and Kingsland and Carr (1986)

indicated that between 37% and 50% of the peer counsellors had received less than 10 hours of training. When training was provided, the most common training models used were Ivey's (1983) microcounselling/basic attending skills model, and in Canada, Carr's (1980) Peer Counsellor Starter Kit.

The Purpose of the Study

The purpose of this study was to investigate the effects of communication skill training on adult student peer counsellors. The peer counsellors participated in an intensive nine-week training program. The program was based on a modified Carr (1980) model, which was improved by the addition of aspects of Ivey's (1983) microcounselling/basic attending skills model. The two components drawn from Carr (1980) were the structure and organization of training sessions with emphasis on empathic listening. The three aspects drawn from Ivey's (1983) model were the structured learning of single skills, role play topics, and the triad role play format.

Research Questions

The two questions that directed this investigation were as follows: Do adult student peer counsellors' scores on pre- and post-measures of positive mental health move in positive directions as a result of training in communication skills? And, do adult student peer counsellors' scores

on pre- and post-measures of communication skills increase as a result of the intensive training program?

Definitions

For the purpose of this study, the following definitions are specified.

Adult Student

1. Individuals classified by the University as Mature Students, have not completed the usual entry requirements of Grade 12 but are eligible for admission because they have reached the age of 21 and have met at least one of the University of Winnipeg's following conditions:
 - (i) have graduated from high school but lack the specific subject requirements for Regular Status;
 - (ii) have passed at least three 300-courses, or equivalent, within the last three years if you have not graduated from high school;
 - (iii) have qualified for Junior Matriculation standing prior to 1964;
 - (iv) have completed the equivalent of at least one semester of work with a minimum C average at another post-secondary institution such as a technical college, Bible school or Bible college;
 - (v) have completed a certificate/diploma program of not less than approximately one semester's work offered by a continuing education department;
 - (vi) have achieved at least a C grade on every course attempted

on Mature Status at another university;

(vii) present results of the General Education Development Tests.

2. Individuals classified by the University as Regular or Special Students, who are enrolled at the university and have university entrance requirements but have experienced a break in their learning process. They have returned to the university to complete or enhance their education after a period of 3 to 30 years and are over 21 years of age.

Adult Student Peer Counsellors

Adult students who successfully completed two or more courses at the university, who volunteered, and who were selected by the two trainers to be peer counsellors.

Trainers

The researcher and a psychology professor at the University of Winnipeg conducted the communication skills training program for the peer counsellors.

Counselling

A facilitative interaction between two people, one of whom has the intention of supporting and encouraging fellow students who seek counselling.

Empathic Understanding

The ability to convey to a fellow student that the peer counsellor understands the feelings and experiences that the helpee is expressing, as measured by Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale.

Positive Mental Health

The ability to make positive adjustments to a rapidly changing world through openness, flexibility, living in the present and according to one's own personal code, and maintaining rewarding interpersonal relationships, as measured by Shostrom's (1963) Personal Orientation Inventory (POI).

Treatment

An intensive nine-week training program in communication skills using a didactic-experiential learning model.

Limitations of the Study

The subjects in this study were chosen from among adult university students who had volunteered to participate in this peer counsellor training program. Adult students often live complex lives which include many and varied roles and responsibilities not common among younger populations. These factors may effect an individual's pattern of results. The results generated from this study should be confined to that population.

The second chapter, which follows, contains a review of the literature related to this research. The third chapter describes the methods used to investigate the research questions. The fourth chapter presents the data collected using the case-study method of reporting. The final, fifth chapter includes a summary of the study, and the conclusions, the implications, and suggestions for further research that were reached as a result of the study.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter reviews the literature describing adult students on the university campus, their needs and concerns, peer counselling programs, as well as personal growth and changes in communication skills level as a result of participation in group training programs. Previous research would seem to indicate that changes will occur on measures of positive mental health and communication skills as a result of adult student peer counsellors' participation in communication skills training programs.

Adult University Students

The literature reviewed on adult students returning to university environments indicates that adult students have distinctive needs and concerns, some of which might partially be met by trained peer counsellors.

For instance, Hlland (1978), chairperson of the Presidential Advisory on part-time study at Guelph University, suggested that adults are not just returning in order to make up for lost opportunities. They also come to university for interest, stimulation, fulfillment, job security, career change, or to meet increasing job requirements. As well, changes in work patterns, social structures, and attitudes have made part-time

attendance more feasible. Similarly, Mohsenin (1980) in her address to a peer sponsored conference stated that, in reference to women: "One consequence of cultural, social, technological changes within society has been an influx of adult women in colleges" (p. 193). She suggested that adult women come back to college to prepare for employment, to fulfill a desire for educational achievement, or to promote personal growth through education.

A number of specific needs and concerns of adult students have been identified by Banmen (1986), Goldberg (1980), Mohsenin (1980), Warchal & Southern (1986), and Waters et al. (1976). Coming back to school may involve such things as overcoming self-doubts, underestimation of abilities, unrealistically high expectations, feelings of low self-esteem, guilt for neglecting the role of spouse and parent, reluctance to ask for help, and lack of awareness of support services. In addition, adults may be uncertain about future goals, lack life coping skills, lack study skills, and experience financial difficulties. They may feel time-pressured in terms of their many responsibilities and are sensitive to the passage of time, a feeling that this is their last chance to achieve goals. On the other hand, adult students also have strengths. As Elliott (1986) pointed out, they may have the advantages of more maturity, life experiences, work experiences, achievements, and accumulated knowledge.

Adult students' particular needs, concerns, and strengths all have implications for counselling (Breen, 1970; Goldberg, 1980; Warchal & Southern, 1986). These researchers emphasized that it is important for counsellors to recognize adult students' past and present life experiences and to use those experiences in assisting students' adjustment to the

academic environment. As counsellors become aware of adult students' sensitivities to time factors, they may deliver specific, practical, and short term counselling in informal and unstructured settings. In addition, Hlland (1978), Mohsenin (1980), Murgtroyd (1980), and Waters et al. (1976) all emphasized the importance of providing support and reassurance for adult students as they struggle with important decisions about education and the effects education may have on their lives.

Peers may be of particular value to adult students because they may have experienced similar feelings, concerns, and difficulties in their own adjustments to university. From this base of personal experience, they may feel an instant rapport with adult students and provide the particular support, encouragement, and practical information that the new adult student needs. Also, because the peer moves in the students' social and academic environments, they may appear to be more approachable and more available when needy adult students want to talk.

Peer Counselling Programs

The nature and extent of peer counselling programs have increased significantly over the last two decades. There is some evidence that peer counsellors can be an effective way of helping people at all ages and stages of their development. The literature indicated some of the unique and diverse ways in which peer counsellors have extended and enhanced the more formal counselling services that have long existed in universities.

At American University, the extensive programs that are staffed

by peer counsellors were described by Leventhal, Berman, McCarthy, and Wasserman (1976). Peer counsellors acted as academic aids; pre-withdrawal counsellors; companions to students who needed specific help in social, study, or assertiveness skills; operated the "Hotline", a telephone crisis and information service; assisted in the "Technique of Learning" course; and as small-group facilitators with students before they entered university. The two unique characteristics of this program were its "location within regular university courses for credit and its dependency on students for leadership in training and leadership roles" (p. 504).

At a small university in Australia, peer counsellors assisted other students with academic difficulties, loneliness, friendlessness, and other personal difficulties. They also led small discussion groups, acted as referral agents, and made informal contacts with officials of the university (Dawson, 1973).

A paraprofessional program at the University of South Florida illustrated both its extent and effectiveness on a large university campus (Allen, 1974). Their six programs, staffed entirely by 22 paid and 80 volunteer students, provided for drug abuse and crisis intervention, behavior modification managers, counselling center assistants, black peer managers, career managers, and veterans affairs managers. Paraprofessionals were also involved as helpline operators and as residence hall staff. In addition, Allen estimated that these paraprofessional programs doubled or tripled the counselling center's effectiveness as indicated by the number of contacts with clients who would normally not be walk-ins or referrals.

Further evidence of the increase in support services was provided by

France (1984) who trained career peer counsellors in communication skills and in information on career programs for senior secondary school students. Counsellors were placed in the career resource library, assisted students with the CHOICES computer program, and were responsible for co-leading a career planning group. According to France, there was an increase in the number of students using these career guidance programs and resources.

Brandenburg (1976) lends additional support to the argument that peer counsellors can provide extended services. Eighteen peer counsellors in a college medical center were trained in sex-related concerns. Their goals were to provide counselling, referral, information, and educational services with regards to sex-related concerns of college students. Intensive training required a commitment to participate for three academic terms, giving six hours of time per week. The program, stressing both cognitive and affective growth of counsellors, was didactic-experiential in design. During training, counsellors visited and researched 111 referral agencies, saw a total of 82 students on an individual basis, and sponsored seven workshops which 500 students attended.

Campbell and Chenoweth (1981) described the development and implementation of peer counsellors for older adults and the number of individuals served as a result of the project:

The peer support system operating from a geriatric clinic, involved older people in the provision of improved mental health services, including education service identification. It consisted of (a) recruiting and training 48 peer counsellors, and (b) conducting monthly health education workshops The project served 2,500

people over a two year period in a health care clinic, low income nutritional site, rural community, and a nursing home (p. 619).

A study measuring the effectiveness of student-to-student counsellors was conducted by Brown, Wehe, and Zunker (1971). Counsellors were trained to provide an academic-adjustment support program to college freshmen who were identified as potential drop-outs. The experimental group of students ($N = 111$) who experienced the academic-adjustment program were found to score significantly higher than had an equal number of students who acted as the control group. The four criteria measures were Survey of Study Habits and Attitudes, Effective Study Test, Study Skills Survey, and first semester grade averages.

Also, the experimental group completed the Counselling Evaluation Questionnaire and responses were positive. Counselees perceived the strongest component of the program to be the student-to-student approach. The authors concluded that student-to-student academic counselling for freshmen students was both productive and practical.

Similar findings were reported by Rabiechi and Braberck (1985). In written evaluations of the peer advisement groups by 146 freshmen who participated, 92% reported that the peer advisors had helped them to adjust to campus life. Ninety-one percent felt that the program had reduced their need for formal counselling and was most helpful with social and adjustment issues.

Many authors (Allen, 1974; Barrett & Giroux, 1984; Carr, 1980; Kingsland & Carr, 1986; Wou denberg & Payne, 1978) reported that students who had received peer counsellor training saw this experience as preparation

for future career goals or aspirations, and/or as an evaluation of their personal suitability for a career in a helping profession. Fritzs' (1984) four-year follow-up study of 88 former participants in a peer advisement program found that an overwhelming proportion, 68%, were now in either physiological or psychological health-related careers. The results of this study suggested that, for some students, their peer counselling training was a means of reinforcing a previously determined career choice. For others, it provided a curriculum experience that was usually reserved for graduate school. For still others, it provided an opportunity to acquire specific interpersonal and communication skills which were applicable in professions of medicine, law, and business.

The literature reviewed on peer counselling leads this researcher to believe that a training program for adult peer counsellors on a university campus would result, not only in the extension and enhancement of existing support services to adult students, but as well it would provide the counsellors with an opportunity to improve their communication skills and test out their tentative career choices. It is anticipated that, in this study, a majority of the volunteers will be considering future careers in the helping professions.

Personal Growth

Personal growth/increased positive mental health is one of the benefits that can occur for individuals as a result of participating in a group training program. This has been measured using a variety of instruments. For

example, one of the goals of Brandenburg's (1976) peer counsellor training program at a commuter college Medical Service Center was to provide an experience that would facilitate participants' personal, interpersonal, and educational growth. The method used for assessment was anonymous course evaluations. The results were that peer counsellors experienced educational and personal growth, increased self-confidence, insights, comfort in interpersonal relationships, sensitivity to others, and overall maturity. These gains in personal growth reported by the counsellors were confirmed by the researchers' observations who supervised the peer counsellor training. Carr (1986) also used participants' written evaluations to assess individuals' perceived learnings following a peer counsellor training program for trainers. The most frequent response to the question, "What had they learned from the training?" was personal confidence in skills and abilities. The participants also frequently mentioned increased self-awareness of strengths and weaknesses.

Perhaps a decrease in the number of reported personal problems can be regarded as an increase in positive mental health. For instance, an investigation was conducted at the University of Cincinnati by Woudenberg and Payne (1978). A treatment group ($n = 17$) of volunteer undergraduates participated in a 24-hour peer counsellor training program based on didactic-experiential learning model. The control group ($n = 23$) received no training. In a comparison of pre- and post-treatment scores on the Mooney Problem Check List the treatment group reported significantly fewer problems in five categories: health and physical development, social-psychological relations, home and family, curriculum and teaching, and courtship, sex,

and marriage. The control group reported a significant increase in vocational and educational problems. The authors concluded that the reduction in reported personal problems by the experimental group resulted from improvement in their interpersonal skills through participation in the training program.

The Personality Orientation Inventory (POI) has been used to measure positive mental health in numerous research projects. Individual or group mean scores on the 12 scales are plotted on profiles. An increase on some or all of the 12 scale scores following a training program or group experience indicates improved mental health. This reflects personal growth for that person or group. Shostrom (1966) in a review of 12 studies reported increased scores on scales following participation of subjects in sensitivity groups, encounter groups, or in human relationship training. Summarizing the results, six studies or more recorded increased scores following treatment on 7 POI scales: inner directed, spontaneity, acceptance of aggression, capacity for intimate contact, existentiality, feeling reactivity, and self-acceptance. Five studies or less recorded increased scores following treatment on 5 POI scales: self-actualizing value, self-regard, time competence, synergy, and nature of man.

Foulds (1970, 1971) used the POI as a measure of positive mental health and reported significant increased scores on some of the POI scales following a training program or group experience. In one study (1970) a group of 20 undergraduates described as relatively healthy, college students, participated in a nine-week, 4-hours per week, semi-structured personal

growth group which emphasized exploration and expression of feelings concerning self and others. An equal number of subjects, matched for sex, age, and pre-test scores on the inner directed and time competence scales of the POI, acted as a nontreatment control group.

In comparisons of pre- and post-test group mean scores for the experimental group, a significant increase was reported for the following 8 POI scales: inner directed, existentiality, feeling reactivity, spontaneity, self-acceptance, synergy, acceptance of aggression, and capacity for intimate contact. The control group mean scores showed no significant increases (Foulds, 1970).

Guinan and Foulds (1970) reported that following a 30-hour marathon group experience for an experimental group of 10 relatively healthy college students, their post-training scores on all 12 POI scales had moved in a positive direction.

Similar findings were reported by Mazer and Engle (1971). The POI was used to measure personal growth in secondary school counsellors. The experimental group ($n = 22$) was selected to participate in a 32-week Masters degree program at the Guidance Institute of Western Michigan. The training program emphasized field experiences, practice, and group process; the components were structured to encourage personal growth and the development of counselling skills. The control group was students ($n = 20$) enrolled in the regular counsellor education program.

The POI was administered pre- and post-training to the experimental and control groups concurrently. Significant increases post-training were reported for the experimental group mean scores on the following 8 scales:

inner directed, existentiality, feeling reactivity, spontaneity, self-acceptance, acceptance of aggression, and capacity for intimate contact. Although the control group also made substantial gains, the magnitude was less than that for the experimental group.

Thirty-six undergraduate students were volunteer subjects in McWilliam's (1979) project. There were three experimental conditions: group I ($n = 17$), peer counselling group experience; group II ($n = 10$), professional individual counselling; and group III ($n = 9$), no counselling. The POI was used as a measure of positive mental health and the groups were not significantly different in pre-test POI scores. Post-treatment, group mean scores showed a positive change for group I in comparison to group III on feeling reactivity, self-regard, nature of man and acceptance of aggression. McWilliams concluded that a peer counselling program which focused on communication skills resulted in students who were more responsible and committed to being counsellors for each other, and, in addition, was facilitative for individuals' personal growth.

In rural Manitoba High Schools, Banmen and Capelle (1971) used the POI as a measure of personal growth in a sample of 32 educators who had volunteered for three and a half days of human relationship training. Using a pre- and post-test design, post-training group mean scores increased over pre-training group mean scores for the following scales: inner-directed, existentiality, feeling reactivity, self-acceptance, acceptance of aggression, and capacity for intimate contact. In a three month follow-up, the positive gains were maintained on the same six scales.

Communication Skills

Communication skills have been investigated using different instruments and designs. For instance, Sussman (1973) studied students in a desegregated junior high school who volunteered for a 16-hour peer counsellor training program. The control group was non-volunteers from the same student population. Based on measures on Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale, Sussman concluded that the experimental group was significantly more facilitative after training than was the control group.

Newton (1974) divided 32 residence hall paraprofessionals into a treatment group ($n = 16$) and a control group ($n = 16$). Following 12 hours of systematic communication skills training, group mean scores of empathic understanding, respect, and communication accuracy using Carkhuff's (1969) 5-point rating scales were significantly increased for the treatment group compared to the control group.

A sample of college students who volunteered for a Commuter Peer Counsellor Project was investigated by West and Ray (1977). "Helping" and "training" were the two independent variables. Helping consisted of an introductory interview with freshmen commuting students, while training was an integrated microcounselling and human relations skill program. Results supported the idea that brief training can increase the communication skills of paraprofessionals.

Cooker and Cherchia's (1976) investigation of a peer group facilitators' program yielded similar results. Sixty high school students were randomly

assigned to a treatment group ($\underline{n} = 40$) and a control group ($\underline{n} = 20$). The 8-hour training program on human relations skills utilized didactic presentations, role playing, and modeling. Pre- and post-test written responses to client statements and audio taped interviews were rated using Carkhuff's (1969) Communication Index (CI). For both written responses and audio taped interviews, group mean scores were significantly different between the two groups. The experimental group functioned at a higher post-treatment level than the control group.

Woudenberg and Payne (1978) investigated peer counsellor training and its effect on personal problems and levels of empathy. The treatment group was undergraduate volunteers and the control group was introductory psychology students. After 24 hours of training, the treatment group scored significantly higher on Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale, than before training. The control group pre- and post-training scores of empathic understanding did not show a similar increase. In this instance the results suggested that peer counsellor training improved participants' empathic understanding.

A group of older adults ($\underline{n} = 11$) volunteered for a peer counsellor training program (Becker and Zarit, 1978). Their acquisition of counselling skills was measured by Truax's scales (1961) for accurate empathy, non-possessive warmth, and genuineness. The 15-hour training program was modeled on Carkhuff's (1969) curriculum for lay counsellors with the addition of discussion on the process of aging and a weekly sensitivity training session. Pre- and post-treatment written responses to a video tape of client statements of the experimental group were compared to

those of a control group ($n = 6$). The experimental group's mean scores on empathy and warmth were significantly higher after training than those of the control group.

A group of 18 secondary school students were the subjects in a study evaluating a communication skills training program based on Carr and Saunders' (1980) Peer Counselling Starter Kit. Following training the experimental group ($n = 10$) made significantly fewer errors in their choices of empathic responses to 10 client problem statements than did the control group ($n = 9$). Three months later there was no significant loss of skills for the trained subjects. In addition, video tapes assessed by trainers and trainees showed evidence of a significant increase on the dimensions of attending skills, paraphrasing, reflection of feeling, summarizing, and effective questioning (McIntyre, Thomas & Borgen, 1982).

Haase and DiMattia (1970) studied the acquisition by support personnel of three behavioral skills following a brief counsellor training program. Sixteen paraprofessionals were trained at three 4-hour workshops in human relations and communication skills using the microcounselling paradigm. Following training, participants showed an increase in their scores on measures of attending behaviors, expression of feelings, and reflection of feeling compared to their pre-treatment scores.

A study conducted by Avery (1978) reported a significant increase in empathic understanding after a communication skill training program for paraprofessional helpers. Thirty-five undergraduate students who applied to be residence hall counsellors were divided into an experimental group ($n = 20$) and a control group ($n = 15$). The treatment was 20

hours of training over nine weeks, focusing on communication skills. The dependent variable was empathy as measured by Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. While pre-test group mean scores showed no significant differences between the experimental and the control groups, post-test scores showed a significant difference in favor of the experimental group. A six month follow-up on the experimental group showed no significant change from their post-training mean score.

France (1984) evaluated communication skills pre- and post-treatment using Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. The sample was three male and three female residents in a nursing home. The treatment was peer counselling training. Expert judges rated audio tape recorded interviews. The client was a trained role player. Post-training ratings indicated that there had been significant improvement in trainees' use of empathy. In addition, self-reports indicated that participants benefitted in improved self-understanding, increased self-satisfaction and well being, and learned a great deal about others.

The literature seems to indicate that adults who are a now significant percentage of university student populations may experience a number of specific needs and concerns. They would seem to benefit from support and encouragement as they struggle with necessary adjustments to university life. Trained adult peer counsellors, who counsel within students' natural social networks, could help meet some of the special needs and concerns of this large student population.

In summary, researchers' findings seem to suggest that individuals

who participate in sensitivity groups, human relationship training, and peer counselling do in fact experience personal growth. The POI has frequently been used in research to measure pre- and post-treatment changes in positive mental health following therapy or training. In addition the Empathic Understanding in Interpersonal Processes scale has been used to measure pre- and post-treatment change in communication skills level.

The purpose of this project, then, was to investigate whether adult student peer counsellors would change in both positive mental health and communication skills level following an intensive communication skills training program. Will the students in this study experience gains that are similar to those of previous students, as reported by previous researchers? The methods used in answering this question are reported in the next chapter.

CHAPTER III

METHOD AND PROCEDURES

The sample, the treatment, the instruments used in gathering the data, the collection of the data, and the analysis of data are described in this chapter.

Description of the Sample

All seven subjects in this study of the effects of communication skills training were adult students, 21 years of age or older, who had successfully completed two courses and were presently enrolled at the University of Winnipeg. The university, centrally located in Winnipeg, draws students from all areas of the city. It is an undergraduate university that grants the Bachelor of Arts, Bachelor of Science, and Bachelor of Education degrees. The total university population is approximately 8000 students of which, in 1986, 14% (Student Counselling Services, University of Manitoba, 1986) of the new registrations were full or part-time mature students.

Adult students at the University of Winnipeg range in age from 21 to 61. A high percentage are between 30 and 45 years old and

approximately 66% of the adult student population are women. A majority are registered in an Arts program while significantly fewer enrol in an Education or Science program (Kepron, 1985).

The sample included adult students, of both Mature and Regular Student Status. Mature students are individuals who have not completed the university entrance requirements of Grade 12 but who are eligible for admission because they have reached the age of 21 and meet one of the university's seven criteria for entrance. They are called mature students and have been admitted on Mature Student Status. Mature students obtain regular student status after completion of 1.5 or more courses with a grade point total of 5.0.

In addition to mature students, adults who have completed high school or more, but have experienced a break of 3 to 30 years in their learning process and are 21 years of age or older, are represented in this sample. They have returned to the university to complete or enhance their education. In this sample of seven adult students then, two were mature students, two were regular status, three were originally mature status and had achieved regular student status at the time of training.

As the result of an advertising campaign, seven subjects were chosen as participants for the peer counsellor training program. Two were male and five were female volunteer applicants. Each had a personal interview. The interview focused on the peer counsellor's expectations of training, on why they applied for the program, and on what they hoped to gain as a result of participating in the program. All the applicants were considered likely to benefit from training.

Treatment

The seven adults who were subjects in this study participated in an intensive nine-week training program which focused on communication skills. The program was a combination of Carr's (1980) model and Ivey's (1983) microcounselling/basic attending skills model. Carr and Ivey based their training models on the belief that communication skills associated with human relationships can be taught to paraprofessionals and that, with relatively brief training, participants can learn these skills and perform at adequate levels of competence in informal interpersonal relationships and in various roles as paraprofessionals. Both experts emphasized the didactic-experiential approach to training.

For Carr, communication skills are the core for the beginning peer counsellor. In conjunction with Saunders, Carr developed the Peer Counselling Starter Kit (1980). This program has a number of training sessions whose structure and organization facilitate participants' learning of the specific communication skills. In this training program for adult student peer counsellors, the following components were drawn from Carr's model (1980). They included the structure and organization of the training sessions and the session topics of getting acquainted, verbal and non-verbal attending, decision-making/problem-solving techniques and ethical implications for peer counsellors.

The training program was improved by the aspects drawn from Ivey's (1983) microcounselling/basic attending model. Ivey has developed a structured framework for teaching those skills of communication

that were identified through research and experience as important to interpersonal relationships. Those sessions outlined by Ivey on attending behaviors, open and closed questions, the use of encouragers, summarizing, and paraphrasing were included. A number of Ivey's role-play topics and the triad role-play format were considered to be applicable to this training program for adult student peer counsellors.

The program that was delivered, then, emphasized communication skills, empathic understanding and reflection of feelings. It was taught by two people, the researcher and a fellow trainer. Two adult students worked as personal assistants throughout the program. They were people who were training to be future peer counsellor trainers and were selected because of their interest and commitment to the peer counselling program, and their desire to improve their communication skills. They were involved in the two-hour weekly planning and organizational meetings. They assisted the trainers with advertising, recruitment of volunteers, and through role-playing and observing during the training sessions.

The goal of training was to increase participants' abilities to be empathic in their interactions as peer counsellors. The program included the following sequence of topics: getting acquainted, attending behaviors (eye contact, verbal tracking, body posture), open and closed questions, encouragers, summarizing, paraphrasing, reflection of feelings, decision-making/problem solving, and developing a code of ethics for peer counsellors. Didactic presentation, modelling, triad role-play, feedback from trainers and fellow trainees, and homework assignments were the methods used for teaching and learning the skills. The nine training sessions were

two and a half hours long and were conducted in a classroom at the university which accommodated the group comfortably.

The following format was used in each training session. The sessions began with a relaxation exercise and followed with reviews of the previous session and the homework assignment. Each day a new communication skill or topic was introduced and described by one of the trainers. This was followed by a 5-minute role-play in which, first, that skill was used poorly, and, secondly, it was used well. The participants then discussed as a group what they observed in the trainer's two role-plays. After this discussion, the largest percentage of time was allotted to the participants' correct practice of the new skill. In each session, participants role-played a peer counsellor, an adult student client, and an observer of that practicing counsellor, who reported back to the other two what s/he had witnessed about the counselling session. Also, feedback from trainees and trainers occurred after each role-play. After the training sessions each day, peer counsellors were encouraged to practice this new skill as well as previously learned skills in their daily interactions with friends and family. They were to observe and learn from these interactions. They shared the results of these experiences with fellow counsellors at future training sessions. The final training session concluded with a group sharing and discussion of participants' total experiences in the program.

The Data Collected

The data collected in this study included student responses to a Demographic Survey prior to treatment, pre- and post-treatment scores on Shostrom's (1963) Personal Orientation Inventory, pre- and post-treatment scores on audio tapes independently rated for skill level according to Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale, and scores on the Self-Report Survey of Communication Skills after each training session.

The Demographic Survey

A questionnaire designed by the researcher was administered to all participants in the study prior to treatment (see Appendix A). The questionnaire consisted of five main sections. The first section included student status, age, sex, marital status, and number of dependents. The second section included work experience and career goals. The third section described educational background while the fourth looked at present university programs and experiences. The fifth section related to personal experience in giving and receiving help with university related concerns.

The Personal Orientation Inventory (POI)

The POI, a measure of positive mental health was administered to all subjects pre- and post-treatment. The Edits Manual for the Personal Orientation Inventory (1974) describes the POI as a measure of self-actualization. Other terms the author, Shostrom, uses synonymously with self-actualization are personal adjustment, fully functioning, and positive

mental health. The development of the POI was a significant step away from measuring individuals' pathology and deficits towards measuring individuals' level of positive mental health. It has an adequate degree of reliability by the test-retest method (Goldman & Olczak, 1975; Ilardi & May, 1968; Klavetter & Mogar, 1967) and validity by the known group method (Fox, Knapp, & Michael, 1968; Shostrom, 1964; and Shostrom & Knapp, 1966). It is highly resistant to faking (Anderson, Sisan, & Wester, 1986) and is psychometrically adequate (Goldman, Olczak, 1975). Critical reviews of the POI point out the small number of items used to determine a score, item overlap for some of the scales, and the statistical interdependence between some scales (Bloxom, 1972; Coan, 1972; Goldman & Olczak, 1975).

The POI consists of 150 items that comprise two choice comparative value and behavior judgements. There are two general scales and 10 minor scales which are summarized below.

- Time Competence (Tc) measures the degree to which one is present oriented, therefore able to live more fully in the here and now.
- Inner Directed (I) measures the degree to which one is guided by internal motivations rather than by external influences.
- Self-Actualizing Value (SAV) measures affirmation of a primary value of self-actualizing people, the ability to live in terms of their wants, likes, dislikes, and values.
- Existentiality (Ex) measures one's ability to flexibly apply the values and principles in his life.
- Feeling Reactivity (Fr) measures sensitivity of one's

- responsiveness to his own needs and feelings.
- Spontaneity (S) measures one's freedom to react spontaneously, to be oneself.
 - Self-Regard (Sr) measures affirmation of self, of one's own worth or strength.
 - Self-Acceptance (Sa) measures affirmation or acceptance of oneself in spite of weaknesses or deficiencies.
 - Nature of Man (Nc) measures degree of a person's constructive view of the nature of man.
 - Synergy (Sy) measures the ability to see opposites of life as meaningfully related.
 - Acceptance of Aggressive (A) measures ability to accept one's natural anger and aggression as opposed to denying such feelings.
 - Capacity for Intimate Contact (C) measures ability to develop meaningful relationships with other human beings, unencumbered by expectations and obligations.

The POI has been used extensively in research to measure diverse subject patterns of change as a result of therapy and/or training (Knapp, 1971). Increased scores on some or all the 12 scales indicate changed positive mental health/personal growth.

Independently Rated Audio Tape Scores

Adult students' level of communication skills were assessed before and after treatment. Assessments were made on each of the participants' communication of empathic understanding. Audio tapes were independently

scored using Carkhuff's (1969) 5-point scale that he labelled Empathic Understanding in Interpersonal Processes. This scale has been used extensively in research to measure change in communication skills following group training programs which focus on human relations and communication skills. A revision of an earlier scale, Carkhuff's scale represents a significant attempt to reduce ambiguity and increase reliability.

Reliabilities derived from inter-rater comparisons of r .85 - .88 have been reported by Carkhuff, Kratochvil & Friel (1968) for the scale.

Scores on Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale range from 1 to 5. Each numerical value includes a description and examples of counsellor behaviors which indicate they are responding in the interaction at that level. A score equal to 3 is described by Carkhuff as being minimally facilitative in an interaction; the counsellors' responses are virtually interchangeable in affect and meaning with the client's expressions. A score of 1 or 2 indicates a counsellor's response distracted significantly (score = 1) or somewhat (score = 2), from the client's expression of feelings and experiences. A score of 4 or 5 indicates a counsellor's responses added noticeably (score = 4), or significantly (score = 5), to the feeling and meaning expressed by the client.

The seven students pre- and post-treatment audio tapes were independently judged and assigned scores according to Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. The peer counsellors were randomly assigned to one of three coached clients. Acting as the counsellor, the students were instructed to be as helpful

as possible, in their natural way, during a 15-minute conversation with the client. The coached client presented the same problem to all counsellors. The prepared vignette described a situation commonly encountered by adult students as they adjust to university.

Two objective female raters were selected to score the audio tapes. They were both pre-Masters students in Educational Psychology, General Counselling stream. They had completed a practicum course and had some counselling experience. They had no prior knowledge of the research project.

The training of raters, carried out by the researcher, occurred at the university. It was ten hours long distributed over a one week period.

The initial two hours included a discussion of the definition of empathy and Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. Beginning with level 3, the raters each role-played numerous counsellor responses which reflected a level 3 response according to Carkhuff's scale. Following each role play the raters discussed whether they felt it should be scored a 3. Repeating the identical format, raters then role played responses they felt would be less than 3, and then responses greater than 3. In addition they listened to taped segments which included one client statement and one counsellor response, which they rated independently. When they disagreed they discussed their score giving observations and then they were asked to reach a consensus. The raters were then asked to rate at home, four client-counsellor-client interactions, on three practise tapes provided by the researcher.

At the next two-hour training session, one of the raters played

the segment while the other rater listened. When she had decided on a score, the raters shared their scores and discussed together their justification for the score. If there was disagreement, they were asked to reach a consensus. In all such instances they reached agreement. The raters were asked to rate at home, three 4-minute segments on the practise tapes.

The procedure at the next two-hour-session was identical to the prior meeting. In this instance, the researcher recorded their scores on the six practise segments before the two raters discussed their ratings. At home, before the next session, they were asked to rate two additional 4-minute segments each. During the final training session, their independent scores of these four segments were recorded by the researcher, before they discussed their ratings and reached a consensus. Interrater reliability using Pearson's r was $r^2 = .85$ calculated on the scores of 10 practise segments.

Each rater was given a master tape. This included the randomized 14, 4-minute segment from the 7- to 11-minute section of the 15-minute peer counsellor/coached client interaction. They were instructed to rate these segments using Carkhuff's scale. The raters were asked to do this privately and without interruption at home. They returned a week later to check for agreement. Calculated interrater reliability using Pearson's r was $r^2 = .64$. Where there was disagreement they reached a consensus following discussion between the two raters.

The Self-Report Survey of Communication Skills

This survey includes the communication skills emphasized by Carr

and Ivey as important in human relations training (see Appendix B). Developed by the researcher, the survey allowed participants to individually evaluate their confidence and competence in the use of the following nine skills: ability to listen empathically, observation of non-verbal behaviors, supportive of others, paraphrasing, asking open-ended questions, ability to reflect feelings, observation of verbal behaviors, ability to summarize, use of encouragers. Scores on each communication skill surveyed range from 1 to 5. A score = 1 indicated the participant felt s/he needed more work on the communication skill. A score = 2 indicated s/he felt fairly good about their ability to use the skill, a score = 3, good and a score = 4, very good, while a score = 5 indicated the participant felt excellent about his/her confidence and competence in using the communication skill assessed.

Collection of the Data

The Demographic Survey was distributed to the subjects as a group by the researcher at an orientation meeting prior to treatment. Completion of the survey took about 15 minutes. Questions about the meanings of survey items were answered by the researcher at that time.

Personal Growth

The Personal Orientation Inventory was administered to the subjects as a group by the researcher and instructions as outlined in the manual for group administration of the POI were strictly adhered to. The POI testing occurred at the orientation meeting prior to treatment and again,

post-treatment at the final training session. The average time required to complete the POI was 30 minutes. There were no questions asked at the pre- and post-treatment administrations.

Communication Skills

Audio tapes of peer counsellors' conversations with the coached clients were completed pre- and post-treatment at scheduled appointment times in a private office at the university. Each client had a cassette recorder, audio tapes, and a timer. The clients returned the tapes after testing to the researcher.

The Self-Report Survey of Communication Skills was completed at the end of each of the nine training sessions. The survey took about five minutes to complete and was collected by the researcher.

Analyses of Data

The primary analyses of change because of treatment or training were done by means of detailed case studies of each of the seven participants. This method was chosen because it provided for descriptions of each individual's unique positive mental health/personal growth and his/her communication skill levels of functioning prior to, during, and after the training sessions.

Each case study included information about individual students' university status, age, sex, marital status, and number of dependents. In addition it described the students' work experiences, career goals, educational backgrounds, university programs, and experiences in giving

and receiving help with university related concerns were described.

Each of the subject's pre- and post-treatment profiles of POI scale scores were compared to the adult standard profile and college freshman norms in order to make judgments about positive mental health.

Individuals' pre- and post-treatment scores on audio tapes, independently scored for level of empathic understanding, were examined for change in communication skill. Also included in each case study were patterns of scores across the training sessions on the nine communication skills assessed by means of the Self-Report Survey of Communication Skills.

The following chapter is a presentation of the seven case studies.

CHAPTER IV

RESULTS

The results of this study investigating the effects of teaching communication skills to seven adult university students are reported below.

Case reports of each of the seven subjects were prepared. From the Demographic Survey, their student status, age, sex, marital status, number of dependents, work experience, career goals, educational backgrounds, university programs, and personal experiences in giving and receiving help were reported. Pre- and post-treatment data were collected on the POI, a measure of positive mental health. Levels of communication skills were measured by pre- and post-treatment audio tapes rated by two trained independent judges for level of empathic understanding and by the Self-Report Survey of Communication Skills during the treatment. In addition, relevant information from the subjects' applications to the peer counselling program (see Appendix C), comments on midpoint evaluations (see Appendix D), and evaluations at the conclusion of treatment (see Appendix E) were included. For each case report, the subject was given a fictitious name. Identifying information was deleted to assure anonymity.

Case Studies

Marlene, Case #1

In the selection interview for the peer counselling program, Marlene appeared to be a self-confident, intelligent woman. She was relaxed and soft spoken. Generally these characteristics were confirmed during the training program. The one area in which she expressed self-doubt was in her ability to use the communication skills competently and to be an effective peer counsellor. However, other participants and the researcher observed her to be more competent than she realized. She listened attentively, was caring and sensitive, and displayed a refreshing subtle sense of humor in her interactions with others.

Marlene reported that she was a 38-year-old widowed woman with no dependents who stated she "probably wouldn't be here (at university) if I was still married." She completed grade 12 equivalency and some non-credit courses before being admitted to the university as a mature student. She had achieved regular student status. Marlene completed 1.5 credits while continuing to work before registering as a full-time student and she reported that her educational background helped prepare her for success at university course work. She was enrolled in a B.A. degree program, Honours Psychology.

Although Marlene did not work for pay during the regular school term, Marlene's past work experience revealed to her that she could not achieve her personal career goals without a university degree. However, from her working she realized she was capable and could accomplish the things she set out to do.

Marlene's career goal was to be a clinical psychologist. A "lack of money" may prevent her from achieving that goal. The training program was perceived by her as an opportunity to "begin learning the skills necessary" for her future job. The peer counselling training confirmed for her that "I do want to counsel at some level and the positive feedback that I received made me confident that I will be able to achieve this."

Helping Experiences and Attitudes

Marlene had complete awareness of the support services offered by the university and had used several of the academic services. She sought and received help from younger, adult students, and professors with regard to course content, styles of teaching, writing essays, and library reference. As well she helped other students with similar concerns. She shared her personal issues with close friends. The one area in which she wanted help was in developing self-motivation skills.

Marlene had received professional counselling to work through the deaths of immediate family members and her spouse. As a result of those painful experiences she stated, ". . . perhaps I might understand more about dealing with grief," and she felt comfortable sharing those experiences with the other peer counsellors. For her, the most important components of helping were "to convey that we truly understand, to be non-judgmental . . . feelings are important."

Personal Growth

POI. All subjects' pre- and post-treatment scores and the difference between those scores on each of the 12 POI scales are presented in Table 1 on page 44.

Table 1

Pre- and Post-Treatment and Difference Scores for All Subjects on 12 POI Scales

Case #		POI Scales											
		Tc	I	SAV	Ex	Fr	S	Sr	Sa	Nc	Sy	A	C
1	Pre	18	103	24	26	18	15	16	18	12	8	20	23
	Post	19	101	24	25	19	14	15	16	11	6	17	22
	Diff	+1	-2	0	-1	+1	-1	-1	-2	-1	-2	-3	-1
2	Pre	15	79	16	25	15	13	11	16	13	5	17	21
	Post	22	98	22	27	17	12	13	17	14	8	21	22
	Diff	+7	+19	+6	+2	+2	-1	+2	+1	+1	+3	+4	+1
3	Pre	19	93	24	24	14	11	14	19	12	8	14	18
	Post	17	102	25	28	16	14	15	20	12	8	16	24
	Diff	-2	+9	+1	+4	+2	+3	+1	+1	0	0	+2	+6
4	Pre	15	89	21	25	20	13	11	10	12	8	19	25
	Post	18	95	22	26	20	13	14	18	10	7	19	24
	Diff	+3	+6	+1	+1	0	0	+3	+8	-2	-1	0	-1
5	Pre	12	74	20	15	15	12	10	15	10	8	15	15
	Post	15	78	19	19	10	10	14	16	11	7	15	17
	Diff	+3	+4	-1	+4	-5	-2	+4	+1	+1	-1	0	+2
6	Pre	15	68	16	18	16	9	9	9	11	4	12	15
	Post	13	64	16	18	13	9	5	13	10	4	9	14
	Diff	-2	-4	0	0	-3	0	-4	+4	-1	0	-3	-1
7	Pre	16	100	23	23	20	12	14	18	14	7	21	23
	Post	20	106	23	27	19	13	16	21	11	8	20	23
	Diff	+4	+6	0	+4	-1	+1	+2	+3	-3	+1	-1	0

Marlene is Case #1 in that table. Marlene's post-treatment scores increased on two scales: time competence and feeling reactivity. Her scores remained the same on one scale, self-actualizing value. Her scores decreased on nine scales: inner directed, existentiality, spontaneity, self-acceptance, self-regard, nature of man, synergy, acceptance of aggression, and capacity for intimate contact.

Marlene's

pre- and post-treatment scores on most scales were above the adult standard norms. On the post-scores, nine scales were scored higher than the adult standard norm, Tc, I, SAV, Ex, Fr, S, Sr, A and C. The results seemed to describe a woman who was independent, well adjusted, competent, and developing her potential, even before treatment. Some relative decrease on post-treatment scores on a number of scales can probably be attributed to an increased awareness and healthy criticism of self. She seemed to be sensitive to her own and others' needs and feelings. Post-treatment scores below the adult standard norm on Sa, Nc and Sy appeared to suggest that, while recognizing and appreciating her personal strengths, Marlene seemed to be less accepting of her weaknesses. It appeared that she had not worked through to the same degree her view of humankind, nor accepted the meaning of the dichotomies in life such as masculinity-femininity, selfishness, and unselfishness.

Marlene's responses on the treatment evaluations seemed to indicate personal growth. As a result of participation in the group she made new close friends with group members, and increased her appreciation of other friends. She attributed these changes to "a reaffirmation of the knowledge

that all people are uncertain about some things . . . we all have doubts about ourselves. I feel better about myself."

Communication Skills

Audio Tape Scores. Marlene's pre- and post-treatment scores on audio tapes rated by two trained independent judges for level of empathic understanding decreased by 1.0 (Table 2, Case #1). Her pre-treatment

Table 2

Pre- and Post-Treatment and Difference Scores For All Subjects on Independently Rated Audio Tapes

Case #	Score		
	Pre-Test	Post-Test	Difference
1	2.0	1.0	-1.0
2	1.0	2.0	+1.0
3	1.0	2.0	+1.0
4	1.0	2.0	+1.0
5	1.0	1.0	0
6	1.0	3.0	+2.0
7	1.0	3.0	+2.0

Note. Maximum score = 5

score of 2.0, the highest of all subjects, appeared to indicate here 'responses distracted somewhat from the helpee's expressions of feelings and

experiences.' Her decreased post-treatment score of 1.0 appeared to indicate her 'responses significantly distracted from the helpee's expressions of feelings and experiences.'

Marlene's ability to convey empathic understanding in a helping situation as judged by raters seemed to have decreased following treatment. This may have resulted from self-doubts and concentration in using the communication skills. She stated, "My experiences in helping are somewhat confusing. The switch from being advice-giver to a listener has affected all my personal relationships . . . and changed the give-take balance. I'm not quite sure I have found the new balance."

Self-Report Survey of Communication Skills. Marlene's self-report scores after each training session in the use of the nine communication skills surveyed appear in Table 3. As revealed in Table 3, Marlene did not respond in two instances to two different communication skills. Initially, Marlene generally rated herself as "fairly good" to "good" on most communication skills. After training sessions 2 and 3, it appeared Marlene's increased awareness of the specific communication skills tended to lower some scores, possibly reflecting a lack of confidence and competence in the use of some skills. Toward the end of the training sessions, scores tended to reflect increased competence. In session eight, Marlene judged all nine skills as "good" and "very good." Overall, Marlene reported improvement in all of the assessed communication skills from sessions 1 and 2 to 8 and 9.

In summary, Marlene's scores on the POI were generally high on both the pre- and post-treatment results. Rather than facilitating personal

Table 3

Marlene's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	3	2	1	4	3	4	4	4	4
Observation of non-verbal behaviors	1	2	2	3	3	2	3	3	2
Supportive of others	-	3	4	4	4	4	4	4	3
Paraphrasing	4	3	3	5	3	3	4	4	3
Asking open-ended questions	2	4	3	2	2	2	3	3	2
Ability to reflect Feelings	3	3	-	3	2	3	4	4	3
Observation of verbal behaviors	3	3	2	2	3	2	2	3	3
Ability to summarize	2	4	3	4	3	3	3	4	4
Use of encouragers	3	3	3	3	4	4	3	3	4

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent
 - = no data

growth, it appeared that the treatment basically confirmed for Marlene her beliefs and feelings about herself and others. Her communication skills as measured by the scores on independently rated audio tapes decreased, and on the Self-Report Survey of Communication Skills, her scores tended to show improvement. Overall, the training programme appeared to disrupt her prior communication pattern and she experienced some difficulty in integrating and consolidating new skills into her personal style of relating to others. With more practice and experience, it might be expected that higher skill level will become a natural part of Marlene's communication.

Tony, Case #2

Tony was a warm, gentle, happy young man, who was somewhat shy and uncertain when he first met people. He was very self-conscious about what he perceived to be a communication deficit. One of his reasons for participating in the peer counselling program was to improve his communication skills and, thus, to gain confidence in his ability to converse with people. During the training Tony was an active participant. He asked for clarification and worked hard at the acquisition of and the understanding of new communication skills. Tony was comfortable, easy to be with, caring, and sensitive in his interactions with others.

Tony indicated that he was a 26-year-old young man, married with no dependents. He completed grade 11 commercial and a technical certificate before entering university as a mature student. He was a full-time student enrolled in a B.A. degree program, with a major in sociology.

While at university Tony worked between 16 and 40 hours per week as a truck driver, volunteered in the Mature Student Centre, and acted as a director on a community residence committee. He said that his knowledge of community operations and his communication skills improved because of his volunteer experience.

Tony had no specific career goal but was "determined not to drive a truck all his life." At the end of treatment he stated, "I have a better perspective of one of the possible desired options."

Helping Experiences and Attitudes

Tony was aware of all student support services at the university and used the academic supports, personal counselling, and mature student advisor services. Other students sought his help with university related concerns and students helped him deal with stress and study problems. His wife and peers were supportive and helped him with his concerns and adjustments to the university. Tony felt that the most important component of helping was the ability to listen and to have personally experienced another person's problem. He hoped that as a peer counsellor he could help alleviate some of the concerns and problems of other mature students. For Tony, "helping is part of one's responsibility as a member of society."

After training, Tony realized that he enjoyed counselling and that people "need to acknowledge and listen to the good things and bad things that are happening to them so they can understand the situation for themselves." His ability to listen and attend to the whole person improved and gave him confidence in his communications with people.

Personal Growth

POI. Tony's pre- and post-treatment scores and the difference between those scores on each of the 12 POI scales are presented in Table 1. He is Case #2 in that table. Tony's post-treatment scores increased on 11 scales: time competence, inner directed, self-actualizing value, existentiality, feeling reactivity, self-regard, self-acceptance, nature of man, synergy, acceptance of aggression, and capacity for intimate contact. His single lower post-test score was on spontaneity.

Tony's

post-treatment scores on 11 scales were above the adult standard norms. The results showed high and increased scores on Tc, I, SAV, Ex, Nc, Sy, A, and C, and suggested that Tony had made gains in positive mental health/personal growth. As a result of treatment he appeared to be much more present oriented, independent, holding values similar to those of self-actualizing people, and flexible in the application of those values.

Tony appeared to see man as basically good and developed an appreciation of the opposites of life as being meaningfully related. He accepted feelings of aggression and anger and was very sensitive to interpersonal relationships; they were especially important to him. Scores that reflected his sensitivity and expression of his own needs, feelings, and self-worth were slightly lower than his other scores.

Communication Skills

Audio Tape Scores. Tony's pre- and post-treatment scores on audio

tapes rated by two trained independent judges for level of empathic understanding increased by 1.0 (Table 2, Case #2). His pre-treatment score of 1.0 appeared to indicate that his 'responses distracted significantly from the helpee's expressions of feelings and experiences.' His increased post-treatment score of 2.0 appeared to indicate that his 'responses distracted somewhat from the helpee's expressions of feelings and experiences.' Tony's ability to convey empathic understanding in a helping situation was judged to have improved after treatment.

Self-Report Survey of Communication Skills. Tony's self-report scores after each training session on the nine communication skills assessed appear in Table 4. As is revealed in Table 4, Tony attended 7 of 9 communication skill training sessions. In the beginning training sessions Tony rated himself as "needing work" to "good" on the nine skills. The middle sessions were generally rated as "good." At the end of training Tony rated himself as "good" and "very good" on all nine communication skills.

According to Tony's self-report scores his confidence and competence in using the nine communication skills assessed appeared to improve after treatment. He stated, "I have grown in my ability to communicate with people. It has given me confidence in conversations . . . a better understanding of what communication is."

Overall, the treatment appeared to allow Tony the opportunity to explore and assess his values and behaviors. The increased scores on 11 of the POI scales appeared to indicate increased positive mental health/personal growth. His communication skills as measured by scores on independently rated audio tapes increased, and his scores on the Self-Report Survey of

Table 4

Tony's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	-	2	3	2	3	3	-	3	3
Observation of non-verbal behaviors	-	2	2	1	3	3	-	3	4
Supportive of others	-	1	2	2	3	3	-	3	4
Paraphrasing	-	2	2	1	3	3	-	3	3
Asking open-ended questions	-	1	3	2	2	3	-	4	3
Ability to reflect feelings	-	1	3	3	3	3	-	4	3
Observation of verbal behaviors	-	2	3	2	3	3	-	3	4
Ability to summarize	-	2	2	2	3	3	-	3	3
Use of encouragers	-	1	2	2	2	3	-	3	3

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent
 - = no data

Communication Skills improved during treatment.

Dorothy, Case #3

Dorothy was a very mature, articulate, self-confident woman. Her responses in the interview and in the training were always quietly spoken and carefully worded. In all parts of her life, education, career and social activities, she preferred structure, organization, and setting goals. She perceived the peer counselling program to be an opportunity to assess her suitability for a future career of counselling in the schools.

Dorothy indicated that she was a 34-year-old separated woman with no dependents. She said that going back to school was probably easier because she now had only herself to answer to.

She completed grade 12, university entrance, and earned secretarial and conversational French certificates. Her past education and training were viewed as beneficial in her university work. She was enrolled as a full-time student, regular status, in a B.A. degree program, with a major in French. She hoped to be accepted into the B.Ed. program.

Dorothy realized through her past work that she did not want to pursue a career as a secretary. However, her secretarial skills were very useful in taking notes, doing essays, and in keeping her extremely well organized.

Dorothy's career goal was to become a teacher and later a counsellor. Although she did not anticipate any factor as interfering with the accomplishment of her goals, financial concerns may lengthen the time frame required to complete the process.

Helping Experiences and Attitudes

Dorothy was aware of most of the support services at the university and used the counselling services. Other students sought her help in understanding assignments and evaluating test results. A friend at the university was most helpful to her in her initial orientation to university. She discussed concerns about course work with the instructor; for career and financial information, she approached the counselling services.

From Dorothy's perspective, the most important component of helping was being there and truly listening. A counsellor should "consider the problem and give a well thought-out answer, not a solution, that hopefully points the person in the right direction."

When relating to others Dorothy was calm, serene, and attentive. She listened and tried to truly understand what the other person was saying and feeling. She recognized and acknowledged her frustration in not being able to provide advice and solutions. She would have preferred more structure and goal setting.

Personal Growth

POI. Dorothy's pre- and post-treatment scores and the difference between those scores on each of the 12 POI scales are presented in Table 1. She is Case #3 in that table. Dorothy's post-treatment scores increased on nine scales: inner directed, self-actualizing value, existentiality, feeling reactivity, spontaneity, self-regard, self-acceptance, acceptance of aggression, and capacity for intimate contact. Her scores remained the same on two scales: nature of man and synergy. Her score decreased on one scale: time competence.

Dorothy's

post-treatment scores on nine scales were above the adult standard norms. The results, high and increased scores on seven scales, I, SAV, Ex, S, Sr, Sa, and C, seemed to show that Dorothy changed in positive mental health/personal growth. She appeared to be very independent, holding values similar to those of self-actualizing people and flexible in the application of those values. She felt good about herself, accepting herself in spite of her weaknesses. Close interpersonal relationships became very important to her. Her relatively lower but increased scores on Fr and A suggested she was less aware of these needs and feelings and had about as much difficulty accepting feelings of anger and aggression as other adults.

On the treatment evaluations Dorothy stated, "I feel I am a bit more tolerant of things that annoy me, and more accepting of others. Also it has given me alternate ways of perceiving situations."

Communication Skills

Audio Tape Scores. Dorothy's pre- and post-treatment scores on audio tapes rated by two independent judges for level of empathic understanding increased by 1.0 (Table 2, Case #3). Her pre-treatment score of 1.0 appeared to indicate that her 'responses distracted significantly from the helpee's expressions of feelings and experiences.' Her increased post-treatment score of 2.0 appeared to indicate that her 'responses distracted somewhat from the helpee's expressions of feelings and experiences.' Dorothy's ability to convey empathic understanding in a helping situation as judged by raters seemed to have improved after treatment.

Table 5

Dorothy's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	2	3	-	3	3	3	4	4	4
Observation of non-verbal behaviors	1	1	-	1	2	2	2	3	3
Supportive of others	2	3	-	3	3	3	3	4	4
Paraphrasing	3	2	-	2	3	3	3	4	4
Asking open-ended questions	1	2	-	2	3	3	3	4	4
Ability to reflect feelings	2	1	-	3	3	3	4	4	4
Observation of verbal behaviors	3	1	-	2	2	3	4	3	3
Ability to summarize	3	3	-	3	3	3	3	3	4
Use of encouragers	1	3	-	3	2	3	3	3	4

Note. 1 - needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent
 - = no data

Self-Report of Communication Skills. Dorothy's self-report scores after each training session in the use of the nine communication skills assessed appear in Table 5. As revealed in Table 5, Dorothy attended 8 of 9 training sessions. Initially, she rated herself as "needing work" to "good" on the nine skills. The middle sessions were generally rated as "good." At the end of training Dorothy rated herself "good" and "very good" on all nine communication skills.

Dorothy's confidence and competence in using the communication skills assessed appeared to improve during treatment according to her self-report scores.

In a summary sense, Dorothy's increased scores on the POI indicated changed positive mental health/personal growth. Her comments on the treatment evaluations indicated she became more flexible and more accepting of others following treatment. Her communication skills as measured by the scores on independently rated audio tapes and the Self-Report Survey of Communication Skills appeared to improve. This improvement was also reflected in her statement, "I always wished I was a better listener--I think I am now."

Sharon, Case #4

Sharon was a quiet-spoken, unassuming person. During training, she began to recognize and acknowledge her inner strengths and potential, the sensitivity and caring she conveyed in her interactions with others. "It's like it (peer counselling) has shown me what I knew about myself but

couldn't bring to the surface."

Sharon stated that she would have come out of her shell much earlier if she had experienced peer counselling when she first came to university. Sharon reported that she had felt very isolated and lonely when she first came to university and that she could help other adult students through that initial period of adjustment. In the selection interview she was concerned and nervous about the role-playing component of training. However, this decreased through the training experience.

The Demographic Survey revealed that Sharon was a 36-year-old divorced mom with two dependent teenage children. Sharon also wrote that the previous year had been particularly emotionally, physically, and mentally draining. Personal problems interfered with her performance and concentration at university. Financial strain caused additional stress.

Sharon completed grade 12 commercial and two years C.G.A. before being admitted to the university as a mature student. She had achieved regular student status. She felt that she had inadequate study skills. She was enrolled as a full-time student in a B.A. degree program, majoring in sociology and psychology.

During the past school year, Sharon worked part-time as a waitress to help supplement her income. The time commitment forced her to concentrate her time and energies more efficiently and as a result she usually completed her work on time. Her future career goal was uncertain and following training Sharon stated, "I feel now I would not enter counselling as a full-time profession, although I want more training in counselling skills."

At university, Sharon pushed herself forward because she had no desire to be a waitress or to "punch numbers into a computer for the rest of her life." Health, money, or continued personal problems could prevent Sharon from completing university.

Helping Experiences and Attitudes

Sharon had complete awareness of the support services offered by the university and used the academic, personal counselling, and health services. Students sought her help concerning course selection, professors, baby-sitting, and financial assistance. For Sharon, her peers had been the most helpful in giving her the information and the encouragement she needed to continue.

In the peer counselling program application Sharon stated she believed her non-judgmental attitude, openness, and willingness to listen drew people to her. "Most of the people that I know seem to phone me when they need someone to talk to. I feel good about helping others, it gives me a feeling I am not alone in some of my problems." It was important to Sharon that a counsellor be a good listener and be non-judgmental--"someone who doesn't afflict helplessness and powerlessness on one."

The training program gave Sharon increased confidence in her interpersonal skills: "(It has) given me the ability to recognize my potential as a counsellor." The close friendships she made, the opportunity to share problems with equals and be accepted, and the further training were very important to Sharon.

Personal Growth

POI. Sharon's pre- and post-treatment scores, and the difference between those scores on each of the 12 POI scales are presented in Table 1. She is Case #4 in that table. Sharon's post-treatment scores increased on six scales: time competence, inner directed, self-actualizing values, existentiality, self-regard, and self-acceptance. Her scores remained the same on three scales: feeling reactivity, spontaneity, and acceptance of aggression. Her scores decreased on three scales: nature of man, synergy, and capacity for intimate contact.

Sharon's

post-treatment scores on 10 scales were above the adult standard norms. The results, high scores on Fr, A, and C, and increased scores on Tc, Sr, and Sa, seemed to indicate that Sharon changed in positive mental health/personal growth. She became more present-oriented, living in the here and now, and more independent and self-confident than she was before treatment. She appeared to be particularly sensitive to her own and others' feelings. However, her low scores on Nc and Sy seemed to indicate that she was confused and uncertain about her view of humankind and about the opposites in life, such as work and play, selfishness and unselfishness, masculine and feminine, as being meaningfully related.

Communication Skills

Audio Tape Scores. Sharon's pre- and post-treatment scores on audio tapes rated by two trained independent judges for level of empathic understanding increased by 1.0 (Table 2, Case #4). Her pre-treatment score of 1.0 appeared to indicate her responses significantly distracted

from the helpee's expressions of feelings and experiences.' Her increased post-treatment score of 2.0 suggested that her 'responses somewhat distracted from the helpee's expressions of feelings and experiences.' Her ability to convey empathic understanding in a helping situation as judged by raters appeared to have improved following treatment.

Self-Report Survey of Communication Skills. Sharon's self-report scores after each training session in the use of the nine communication skills assessed appear in Table 6. As revealed in Table 6, when the nine training sessions are grouped as initial, middle and concluding sessions, the following pattern was observed. Initially, Sharon rated herself at three levels: "fairly good", "good", and "very good", with a tendency to perceive herself as quite able in the use of communication skills surveyed.

Practice and training, however, seemed to heighten awareness to the point that in session five, Sharon reported that she "needed work" on one skill and in session six thought she was "excellent" on another skill (highest rating). In the last three sessions Sharon rated herself as more competent and confident in the use of the assessed skills. In session nine, Sharon did not respond to three skills, possibly because she recognized that she did not employ them in that session. However, the other 6 skills were rated "very good." The results seemed to suggest that Sharon was fairly confident and competent in the use of the nine communication skills assessed at the beginning of treatment. During treatment, according to her self-report scores, her confidence and competence varied and then appeared to improve at the completion of treatment.

Generally, it appeared that Sharon experienced personal growth as

Table 6

Sharon's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	3	2	4	4	4	5	4	4	4
Observation of non-verbal behaviors	3	3	3	2	4	4	3	4	4
Supportive of others	3	3	4	3	2	4	4	3	4
Paraphrasing	4	3	2	3	1	4	3	2	-
Asking open-ended questions	4	4	4	4	2	4	4	3	-
Ability to reflect feelings	4	3	3	3	4	3	2	3	4
Observation of verbal behaviors	4	3	2	3	3	4	4	4	4
Ability to summarize	4	3	2	3	2	3	3	3	4
Use of encouragers	2	2	3	2	3	3	3	3	-

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent
 - = no data

indicated by her increased scores on the POI and by her comments on the treatment evaluations which suggested increased self-confidence and new close friendships following treatment. Her communication skills, as measured by scores on independently rated audio tapes, also increased. Her scores on the Self-Report Communication Skills were in the mid-range at the beginning of treatment and had improved slightly by the end of the treatment.

Doug, Case #5

On first meeting Doug, one sensed that he was a serious, intense young man and this was confirmed following treatment. He was controlled and gave the impression that he knew the answers to most questions. Doug had a sincere desire to help those people who were lonely. During the training he was conscientious, committed, and worked hard at learning the communication skills. However, he also expressed the concern that his strongly held personal values and quick judgments of people might interfere with his being a good peer counsellor.

Doug had completed grade 12 general, had trained on the job as a laboratory technician, and had worked in this capacity for three years. However, the lab technician job was no longer challenging and he had no intention of returning to that type of work. Doug was a full-time mature student in a B.A. degree program and following treatment changed his major from history to psychology. From his university experiences and the training program, Doug learned that one truth, one right and wrong for everybody, was an unacceptable ideal: "I have become more accepting

of those people whom I would have earlier rejected because of judgments I placed on them I have become more accepting of my own deviations from the norm ."

Doug stated that he wanted to be a counsellor but was concerned that limitations in his personal abilities might prevent him from reaching that goal. He also expressed concern about whether there would be jobs available to him upon the completion of his education.

Helping Experiences and Attitudes

Doug was aware of the support services available to students at the university and participated in a study skills seminar. Other students sought his help with university related concerns and specifically his mother, also a student, constantly turned to him for advice and support. A close friend of Doug's, a fourth-year student, was his basic support system and helped him with writing, motivation, and course content. Financially, things were a bit tight for Doug and he wanted assistance in that area.

Doug reported that he and his friends had relationships that allowed them to share and talk about their personal problems and concerns. From those experiences he recognized that it was important to listen and to communicate feelings.

The training program provided an opportunity for Doug to relate to others in an even more meaningful way, a chance for him to identify and define his problems. "The new close friendships and meaningful discussions were very important to me, a refreshing change from the cold world outside." Doug described himself as being so sensitive to other people's pain that he

became emotionally involved and lost his objectivity and ability to be helpful in the interaction.

Personal Growth

POI. Doug's pre- and post-treatment scores, and the difference between those scores on each of the 12 POI scales, were presented in Table 1. He is Case #5 in that table. Doug's post-treatment scores increased on seven scales: time competence, inner directed, existentiality, self-regard, self-acceptance, nature of man, and capacity for intimate contact. His score remained the same on one scale, acceptance of aggression. His scores decreased on four scales: self-actualizing value, feeling reactivity, spontaneity, and synergy.

Doug's

post-treatment scores on 11 scales were slightly below the adult standard norms and more closely matched scores of entering college freshmen. The results, a high score on Sr and increased scores on Tc, I, Ex, Sr, Sa, Nc, and C, seemed to indicate that Doug changed in positive mental health/personal growth following treatment. He became more present-oriented, more independent, and more flexible in his application of values. He felt more accepting of himself and more open to forming close, meaningful relationships. His low, decreased scores on Fr and S appeared to suggest he was less aware of his own needs and feelings and was reluctant to express them.

Communication Skills

Audio Tape Scores. Doug's pre- and post-treatment scores on audio

tapes rated by two trained independent judges for level of empathic understanding remained the same: 1.0 (see Table 2, Case #5). His scores appeared to suggest his 'responses significantly distracted from the helpee's expressions of feelings and content.' Although his ability to convey empathic understanding in a helping situation did not appear to have improved following treatment, it may be that Doug reverted to his old pattern of giving advice and solutions in the helping situation in the final rater-evaluation session.

Self-Report Survey of Communication Skills. Doug's self-report scores after each training session on the nine communication skills assessed appear in Table 7. As revealed in Table 7, in the beginning training sessions, Doug's scores, rating his ability in using the nine communication skills, varied from "needing work" to "very good." The middle sessions were generally rated as "good." At the end of training Doug rated himself as "good" and "very good" on the nine communication skills.

Doug's confidence and competence in using the communication skills appeared to improve during treatment according to his self-report scores. This was also reflected in his statement, "I know when and how to use each of the communication skills. . . and notice my mistakes and can correct them."

Overall, Doug appeared to be beginning to question, examine, and confront his values and behaviors. As he naturally matures and has more life experiences one expects he will become more accepting of himself and others. This could result in increased scores on the POI which would approach the adult standard norms. His communication skills level as measured on audio tapes independently rated for empathic understanding

Table 7

Doug's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	1	4	2	4	3	3	4	4	4
Observation of non-verbal behaviors	3	1	2	3	4	3	3	3	3
Supportive of others	2	4	1	4	3	3	3	2	4
Paraphrasing	2	2	3	3	3	2	3	3	3
Asking open-ended questions	3	2	1	3	3	3	4	3	4
Ability to reflect feelings	1	2	3	3	2	3	3	3	4
Observation of verbal behaviors	3	1	2	3	3	3	3	3	3
Ability to summarize	2	3	3	2	3	3	3	2	3
Use of encouragers	3	1	1	2	2	4	3	3	3

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent

remained unchanged. His scores on the Self-Report Survey of Communication Skills, however, improved during the treatment.

Isobel, Case #6

In the selection interview for the peer counselling program, Isobel was very nervous, defensive, and spoke in an abrupt, hesitant manner. She continued to present herself in that way throughout the treatment, seemed reluctant to self-disclose, and had little eye contact except during the role-plays. She kept herself separate from other group members and didn't attend further peer counselling meetings at the completion of training. However, in role-playing, she was very attentive, and used good listening skills.

Isobel stated that she was very lonely, isolated, and experienced difficulties upon her first enrollment at university. She believed that "being a peer counsellor would enable her to make a worthwhile contribution through helping other adult students adjust to a new environment."

Isobel stated that she was a 33-year-old woman living common-law with no dependents. Her husband's financial and emotional support allowed her to attend university without undue burdens. Isobel had completed grade 10, the G.E.D., and secretarial courses before being admitted to the university as a mature student. She achieved regular student status. She felt her educational background did not give her the necessary academic skills for university and she has struggled with the course work. She was enrolled in a B.A. degree program, major in psychology, but was uncertain whether she would continue at the university.

As a result of the training Isobel found that she "really enjoys listening to people's concerns." This resulted in her tentatively considering a career in a helping profession.

Helping Experiences and Attitudes

Isobel was aware of most of the support services offered by the university and used their academic support services. She stated that most of her concerns were academically related, including difficulty in writing and understanding assignments. She sought help with these concerns from other students in her class.

The characteristics she looked for in a helper were kindness, understanding, a willingness to listen, and an ability to be reasonable. She recognized, as a result of treatment, that "although the urge to advise and offer solutions was strong, the realization that they (the helpee) must answer their own concerns must be stronger; others need to be heard and understood."

Personal Growth

POI. Isobel's pre- and post-treatment scores and the difference between those scores on each of the 12 POI scales are presented in Table 1. She is Case #6 in that table. Isobel's post-treatment score increased on one scale: self-acceptance. Her scores remained the same on four scales: self-actualizing value, existentiality, spontaneity, and synergy. Her scores decreased on seven scales: time competence, inner directed, feeling reactivity, self-regard, nature of man, acceptance of aggression, and capacity for intimate contact.

Isobel's

post-treatment scores on the 12 scales were below the adult standard norms. The results, low and decreased scores on Tc, I, SAV, Ex, Fr, S, Sr, Nc, Sy, A, and C seemed to indicate that in all areas of positive mental health assessed by the POI she was not functioning confidently or competently, or developing her potential. Following treatment most of her scores changed in a negative direction. Her one increased score on self-acceptance seemed to suggest she was somewhat more accepting of herself in spite of her weaknesses.

In contrast to the POI results, Isobel's self-reports on the treatment evaluations seemed to indicate personal growth. She stated, "I am a little more self-assured and courageous in dealing with others; in relationships. . . a bit more understanding and less judgmental. Helping and talking to others has helped my self-confidence."

Communication Skills

Audio Tape Scores. Isobel's pre- and post-treatment scores on audio tapes rated by two trained independent judges for level of empathic understanding increased by 2.0 (Table 2, Case #6). Her pre-treatment score of 1.0 appeared to indicate her 'responses significantly distracted from the helpee's expressions of feelings and experiences.' Her increased post-treatment score of 3.0, an increase of 2 points, appeared to suggest that her 'responses were virtually interchangeable with the helpee's expressions of feelings and experiences.' Her ability to convey empathic understanding in a helping situation as judged by raters appeared to improve after treatment.

Table 8

Isobel's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	2	-	3	3	3	4	3	-	4
Observation of non-verbal behaviors	1	-	3	3	3	3	3	-	3
Supportive of others	3	3	3	3	3	3	4	-	4
Paraphrasing	2	4	2	2	3	3	3	-	3
Asking open-ended questions	3	3	2	3	3	3	3	-	4
Ability to reflect feelings	2	3	2	3	3	3	3	-	3
Observation of verbal behaviors	3	3	3	3	3	3	3	-	3
Ability to summarize	1	-	2	3	3	3	3	-	3
Use of encouragers	3	3	2	3	3	4	4	-	4

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent
 - = no data

Self-Report Survey of Communication Skills. Isobel's self-report scores after each training session on the nine communication skills assessed appear in Table 8. As revealed in Table 8, Isobel attended 8 of 9 training sessions and did not respond to three communication skills after session two. In the beginning training sessions Isobel's scores, rating her ability in using the nine skills, varied from "needing work" to "very good." The middle sessions were generally rated as "good." At the end of training Isobel rated herself as "good" and "very good" on all nine communication skills. Isobel's competence and confidence in using the nine communication skills assessed appeared to improve during treatment according to her self-report scores.

In summary, Isobel's pre- and post-treatment POI scores were low, indicating relatively poor mental health compared to the adult standard scores. However, the post-test increased score on self-acceptance seemed to indicate change in that one dimension. The change is increased self-confidence was confirmed by her personal comments on the treatment evaluations. Generally post-treatment scores on this POI seemed to indicate a lack of personal growth.

However, her communication skills as measured by scores on audio tapes independently rated for empathic understanding increased. She was one subject in this study who recorded a two point improvement on the post-treatment score. In addition, her scores on the Self-Report Survey of Communication Skills improved during treatment.

Vivian, Case #7

Vivian was a straightforward, outgoing, enthusiastic individual. She was committed to the success of the peer counselling program and volunteered to organize continued meetings for the group of peer counsellors. During the treatment she was an active participant, committed to learning new skills, and seemed honest and open in giving and receiving feedback.

Vivian stated that she was a 34-year-old widowed woman with no dependents. Living alone, she has more time to commit to her studies. She completed grade 12 at the Adult Education Centre and was admitted as a regular status, full-time student. She was in a B.A. degree program with a major in justice and law.

Past work experiences of coordinating half-way houses and visiting correctional institutions clarified for Vivian the need for further education to achieve her goal of working in the helping profession as a probation officer. She was committed and determined to achieve that goal. The treatment provided her with an opportunity to learn skills applicable to her future career.

Helping Experiences and Attitudes

Vivian had awareness of the support services at the university and used the academic supports and personal and financial counselling services. Students sought her help concerning course selection and financial assistance, and one adult student helped her with specific university issues. During the past year Vivian saw a professional counsellor for personal issues and participated in an Assertiveness Training program to become less aggressive.

As a result of her own experience in receiving counselling, Vivian perceived the important characteristics in a counselling relationship to be honesty, trust, openness, assurance of confidentiality, and a non-judgmental attitude. For her, helping friends and acquaintances in crises involved listening and pointing out all the options, while not accepting responsibility for a person's choices. Following treatment her relationships with friends and family were more relaxed and she had an increased awareness of and sensitivity to others' feelings. "My actions and reactions are more fine-tuned and there seems to be fewer misunderstandings." Her increased self-confidence resulted in her volunteering for Crisis Intervention Training at Klinik.

Personal Growth

POI. Vivian's pre- and post-treatment scores and the difference between those scores on each of the 12 POI scales are presented in Table 1. She is Case #7 in that table. Her post-treatment scores increased on seven scales: time competence, inner directed, existentiality, spontaneity, self-regard, self-acceptance, and synergy. Her scores remained the same on two scales: self-actualizing value and capacity for intimate contact. Her scores decreased on three scales: feeling reactivity, nature of man, and acceptance of aggression.

Vivian's

post-treatment scores on 11 scales were above the adult standard norms. The results, high scores on SAV, Fr, A, and C and high and increased scores on Tc, I, Ex, Sr, and Sa, seemed to indicate that Vivian changed in positive mental health/personal growth. She became much more present-oriented, living in the here and now, had much higher self-

worth and accepted herself in spite of her weaknesses. Her decreased score on Nc suggested she was uncertain as to whether she saw man as essentially good or essentially evil. The profile seemed to describe a woman who was competent and confident, living her life happily and up to her potential. She appeared to be very sensitive to her own and other peoples' needs and feelings and had numerous important close personal friendships.

Communication Skills

Audio Tape Scores. Vivian's pre- and post-treatment scores on audio tapes rated by two trained independent judges for level of empathic understanding increased by 2.0 (Table 2, Case #7). Her pre-treatment score of 1.0 appeared to indicate her 'responses significantly distracted from the helpee's expressions of feeling and experiences.' Her increased post-treatment score of 3.0 suggested that her 'responses were virtually interchangeable with the helpee's expressions of feeling and experiences.' Her ability to convey empathic understanding in a helping situation as judged by raters appeared to improve following treatment, and she stated, "I have grown in listening and in not giving direct advice and solutions."

Self-Report Survey of Communication Skills. Vivian's self-report scores after each training session in the use of the nine communication skills assessed appear in Table 9. As is revealed in Table 9, in the beginning training sessions Vivian's scores, rating her ability in using the nine skills varied from "needing work" to "very good." A similar pattern was revealed during the middle sessions. At the end of training Vivian rated herself "very good" on seven communication skills, while one skill

Table 9

Vivian's Scores on the Self-Report Survey of Communication Skills

Communication Skill	Training Session								
	1	2	3	4	5	6	7	8	9
Ability to listen empathically	3	3	3	2	4	4	3	4	4
Observation of non-verbal behaviors	3	3	1	3	3	3	3	3	3
Supportive of others	4	3	3	3	3	3	3	4	4
Paraphrasing	2	2	3	2	3	2	3	4	4
Asking open-ended questions	1	2	1	2	1	1	2	3	4
Ability to reflect feelings	4	2	2	3	2	1	3	4	5
Observation of verbal behaviors	3	3	3	3	3	3	3	3	4
Ability to summarize	3	2	3	1	3	3	3	4	4
Use of encouragers	1	1	2	1	1	3	2	3	4

Note. 1 = needs work
 2 = fairly good
 3 = good
 4 = very good
 5 = excellent

was rated "good", and, one skill, "excellent."

Vivian's confidence and competence in using the nine communication skills assessed appeared to improve during treatment according to her self-report scores. She stated, "the knowledge of these communication skills has helped me on a daily basis."

In summary, Vivian's increased post-treatment POI scores indicated changed positive mental health/personal growth following treatment. This was confirmed by her comments on the treatment evaluations. Her increased self-confidence has resulted in her involvement in further counselling training. Vivian's communication skills, as measured by scores on audio tapes independently rated for empathic understanding, increased by two stages to be finally assessed as 3.0. Her scores on the Self-Report Survey of Communication Skills increased gradually during the treatment.

Summary of Results

In this study seven subjects participated in an intensive training program for adult student peer counsellors. The Demographic Survey revealed that five of the subjects were female, between the ages of 33 and 38; the two male subjects were 21 and 26 years of age. Three of the female subjects were admitted to the university on mature student status and had achieved regular student status. Two of the female subjects had the entrance requirements on admission to be regular student status. The two male subjects were on mature student status at the university.

All the subjects were registered in a B.A. degree program: two were majoring in psychology, two in sociology, one a double major in sociology

and psychology, one in history, and one in French. Following treatment, the history major changed to a major in psychology and the French major had applied to the B.Ed. program.

During the university school year, two of the subjects were working part-time to supplement their incomes. For six of the subjects past work experiences were not personally fulfilling and that was one factor which encouraged them to return to university. The students stated they needed further education to be qualified to do the types of jobs that were more interesting: jobs that offered them more challenge and opportunity.

Four of the subjects indicated that they perceived the training program as an opportunity to begin acquiring skills for a future career in counselling or as an opportunity to evaluate their suitability for a career in the helping professions. These results are similar to those previously reported by Allen (1974); Barrett and Giroux (1984); Carr (1980); Fritz (1984); Kingsland and Carr (1986); Woudenburg and Payne (1978). One subject was committed to improving his communication skills, and the two remaining subjects were interested in helping other adult students with the initial adjustment to university.

The subjects' comments on the treatment evaluations lend further support to findings described by Brandenburg (1976), Carr (1986), and France (1984). Generally the subjects in this study stated that the program was instrumental in increasing their self-confidence and awareness of personal strengths. They felt they were more sensitive to others and that their interpersonal relationships had improved.

In summary, the POI, a measure of positive mental health that yields

scores on 12 scales, for this project yielded increased post-treatment scores on some or all of the 12 scales and seemed to indicate changed positive mental health/personal growth. A summary of POI pre- and post-treatment and the difference between those scores for all seven subjects was presented in Table 1 on page 44.

As shown in Table 1, all subjects' post-treatment scores increased on at least one scale and five subjects' scores increased on six or more POI scales. There were, however, individual differences in the number of scales on which subjects recorded increased post-treatment scores. One subject, Case #2, increased post-treatment scores on 11 scales, while Case #6 had an increased post-treatment score on only one POI scale.

As shown in Figure 1 on page 88, six subjects' post-treatment scores increased on the POI scale, self-acceptance, and five subjects' post-treatment scores increased on four POI scales: time competence, inner directed, existentiality, and self-regard. Generally, the largest increases occurred on the inner directed scale.

Providing the individuals in this study with the opportunity to explore their personal concerns and issues in a supportive peer environment appeared to result in increased self-acceptance. As the individuals became aware that their peers also have concerns and issues, it seemed they became more accepting of themselves and others. As the individuals experienced acceptance for who they are, in spite of personal strengths and weaknesses, the results suggested that they lived their lives more according to internal motivations.

Four subjects' post-treatment scores decreased on the POI scale,

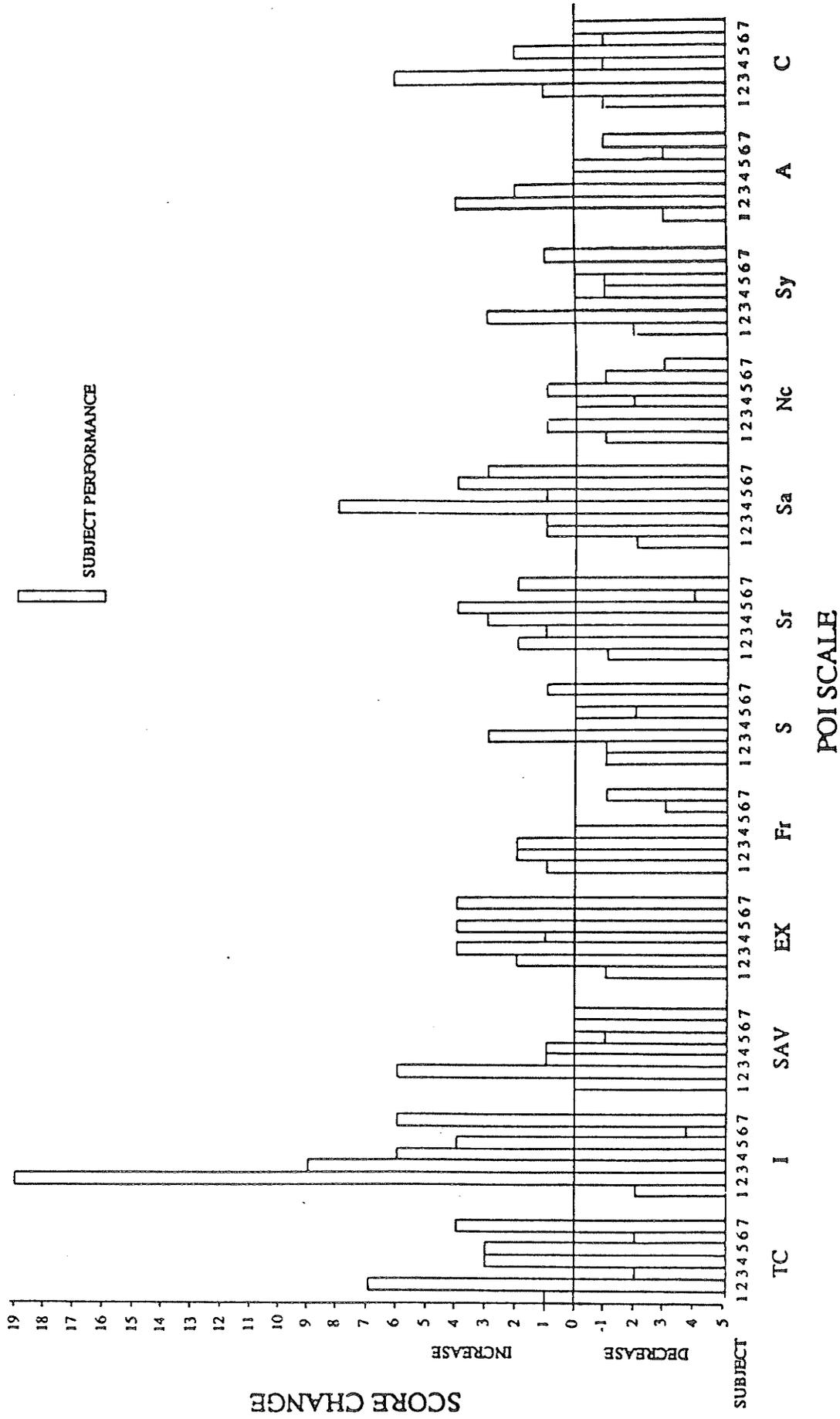


Figure 1. Difference between pre- and post-treatment scores for all subjects on 12 POI scales.

nature of man and three subjects' post-treatment scores decreased on five POI scales: feeling reactivity, spontaneity, synergy, acceptance of aggression, and capacity for intimate contact.

The results appeared to indicate that, for some subjects in this study, in some areas measured by the POI the training failed to facilitate personal growth. The individuals' awareness and understanding of personal behaviors and values had, perhaps, not been fully explored or integrated and therefore not reflected on this post-treatment score. The suggested role-play topics in treatment were related to personal concerns in relationships, education, living arrangements, work and careers. Other topics which allowed for exploration of different concerns and issues may have resulted in a different pattern of post-treatment changes.

Overall, individual differences were recorded pre- and post-treatment on the 12 POI scales. The degree of change experienced by subjects, in this study, varied following the intensive treatment.

The POI results for the five subjects in this study are similar to the results of group mean pre- and post-treatment score increases reported by Banmen and Capelle (1971); Foulds (1970; 1971); Guinan and Foulds (1970); Knapp (1971); Mazer and Engle (1971); and McWilliams (1979). In contrast, one subject's post-treatment scores were very low and had changed in a negative direction. For another subject, the majority of pre- and post-treatment scores were high and recorded little change following treatment.

These results appeared to support the first research question for the majority of subjects: participants in a communication skills training program for adult student peer counsellors had experienced changed positive mental

health/personal growth following treatment.

Two instruments were used to assess communication skills level. Firstly, audio tapes were rated by two trained independent judges using Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. The pattern of results of pre- and post-treatment scores was the same as the pattern for POI scores. As shown in Table 2, page 47, three subjects' scores increased by 1.0 and two subjects' scores increased by 2.0, on a 5-point scale. However, one subject's scores showed no change and another subject's score decreased by 1.0. These results generally supported the gains on group mean scores as reported by Avery (1978); France (1984); Newton (1974); Sussman (1973); and Woudenberg and Payne (1978).

Secondly, communication skills levels were assessed using the Self-Report Survey of Communication Skills. Each subjects' scores indicated their confidence and competence in the use of the nine communication skills included on the survey after each training session.

All seven subjects' scores showed a gradual increase during treatment. This indicated they perceived their ability in using the nine skills assessed to have improved. Before treatment the skills were rated as "needing work", "fairly good", and "good." At the completion of treatment most skills were rated "good" or better; the majority were rated "very good."

The results from these two instruments measuring communication skills level appeared to support the second research question. For the majority of subjects, participation in the adult student peer counsellor training program resulted in improved scores on measures of communication skills following treatment.

The following chapter includes a summary, the conclusions, the implications, and the suggested further research that were drawn as a result of the study.

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

This final chapter of the study contains a summary in which the research questions, methodology, results, and limitations of the study are discussed. The conclusions that seem warranted about this study were drawn. Finally, some implications for personal growth, peer counselling, and further research were suggested.

Summary

The purpose of this study was to investigate effects of teaching communication skills to adult student volunteer peer counsellors. The research questions considered important to this project were: Firstly, do individuals experience increased positive mental health/personal growth as a result of participating in a peer counselling group? Secondly, do individuals' communication skills improve following training programs that identify and teach skills thought to be important in interpersonal relationships? A review of the literature presented evidence and cited studies that suggested individuals would experience personal growth and improved communication skills as a result of participation in an intensive group training program.

The subjects were seven adult university students who volunteered and were selected for a 20-hour communication skills program. Following training, their intention was to act as peer counsellors within their natural social network at the University of Winnipeg.

A single subject, pre-post experimental design was implemented to assess individuals' changes through treatment. Data was collected prior to treatment on a Demographic Survey which consisted of student status, age, sex, marital status, number of dependents, work experience, career goals, educational background and university program, and personal experiences in giving and receiving help.

Pre- and post-treatment data was collected on the POI, a measure of positive mental health. Increased scores on some or all of the 12 POI scales indicated changed positive mental health/personal growth.

Communication skills level was assessed pre- and post-treatment on audio tapes rated by two trained independent judges for level of empathic understanding. Subjects also completed the Self-Report Survey of Communication Skills after each of the nine training sessions. The score indicated their perceived level of competence and confidence in using the nine communication skills included on the survey.

The treatment was a nine week, 20-hour communication skills training program. The skills were taught using a didactic-experiential learning model.

Descriptions and analyses of the data for each subject were done through the case-study method. It was found that subjects varied as to the number of POI scales on which they had recorded increased post-treatment scores. The magnitude of increase in the scores also varied between subjects. Five subjects' scores increased on six or more of the 12 POI scales. Each of the 12

POI scales had increased scores for two or more subjects. The self-acceptance scale scores had increased post-treatment for six of the seven subjects. The majority of subjects in this study appeared to have experienced changed positive mental health following treatment as measured by scores on the POI.

Audio tapes were rated by two trained independent judges for level of empathic understanding. Scores were assigned using Carkhuff's (1969) Empathic Understanding in Interpersonal Processes scale. Five subjects' scores increased, one subject's score remained the same and one subject's score decreased.

In addition, subjects' scores on the Self-Report Survey of Communication Skills improved during treatment. The subjects indicated they had developed more confidence and competence in using the nine communication skills assessed. For the majority of subjects then, their communication skills level increased during and following the intensive treatment on the instruments used to measure communication skills in this study.

This data was supported by subjects' comments on the treatment evaluations. Subjects generally indicated they felt more self-confident and more self-accepting. Also, they indicated their improved communication skills had resulted in improved interpersonal relationships with friends and family.

A limitation of the study was that the results were obtained from only a small sample of volunteers who were adult students at a small undergraduate university. Results could only be compared to other populations participating in similarly designed training programs.

Subjects may have changed in ways not measured by this study. Also, factors not controlled for by this study may have contributed to the changes recorded by the subjects.

Conclusions

The following conclusions seem warranted by the results of this study:

1. Adult students are interested and willing to volunteer their time to act as peer counsellors within their natural social network and to act as counsellors for each other.
2. Adult undergraduate students are willing to improve their communication skills and to work hard at accomplishing that goal.
3. Adult students apply their improved communication skills to all their social interactions which resulted in improved interpersonal relationships.
4. The process involved in learning communication skills facilitated meaningful discussions in the group and the development of close friendships.
5. The adult students gained in self-confidence.
6. The adult students developed a greater understanding and acceptance of their own and others strengths and weaknesses.
7. A larger group of 12 to 15 subjects would have provided wider personal experiences and therefore more opportunities for each individual's learning.
8. Two compatible trainers enhanced the program through rotation of presentations, a sharing of responsibilities and increased opportunity for involvement with and observation of participants' progress.
9. Teaching communication skills to a group of adult students clarified and confirmed for the researcher, communication skills and personal qualities important in interpersonal relationships. Also, developing and facilitating an environment where individuals had the opportunity to change, grow, and learn new skills was a positive experience for the researcher.

Implications

The implications of the study reside in three areas: 1) personal development, 2) peer counselling, and 3) further research. This study has found evidence that, given the opportunity, adult students are interested in acting as peer counsellors for each other and within their natural social network. This has the potential of extending and enhancing the existing university support services. The adult students are also willing to commit the time necessary to improve their communication skills through a group training program. All subjects perceived the training to be a beneficial, positive experience. The individuals felt better about themselves and others and about their relationships with friends, families, and acquaintances following treatment. This lends support to the concept of 'training as treatment' discussed by both Carr (1980) and Carkhuff (1971).

Too often in our technological world we have lost sight of the individual person. We have lost the caring, sensitivity and close friendships which are crucial to a person's positive personal development. Small groups focusing on communication skills can provide an avenue for these qualities to surface and to be shared with others.

One can conceive that similar peer counselling training could be effective with other special interest groups on university campuses and technical colleges. The communication skills training program could be incorporated into school family life programs or developed into an undergraduate level half credit course with minor modifications.

At the present time the program is being considered for a group of

life threatened patients. As well, a second program will be offered at the University of Winnipeg next year.

It is suggested that further research focus on:

1. A follow-up study could assess the same subjects after further training and supervision of peer counselling to investigate whether post-treatment gains are maintained and/or increased.
2. A follow-up study of people who had received help from the peer counsellors could assess the peer counsellors' level of helpfulness.
3. A further study could examine the number of contacts and the nature of problems brought to peer counsellors. This would add to the literature the effect that peer counselling has on enhancement and extension of existing formal counselling and other student support services at the university.
4. A longitudinal study could investigate whether involvement in peer counselling had any effect on the future educational paths, the career choices, and the job opportunities of the seven undergraduate students who were subjects in this study.
5. This study could be replicated with other participants in future peer counselling training programs and a comparison made with the results reported in this study.
6. The results of this study could be compared to the results of a larger subject group.
7. Participants in future peer counselling training programs could be described on other variables not assessed in this study.

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Appendix A
Demographic Survey

The following information is Confidential and will be used for Research.

Name: _____ Student No. _____

Student Status on Admission to University Mature _____ Regular _____

Present Student Status Mature _____ Regular _____

Age: _____ Sex: Male _____ Female _____

What is your marital status? Single _____ Married _____

Common Law _____ Separated _____ Divorced _____ Widowed _____

How has your marital status affected your university work?

Number of dependents: _____ Ages: _____

How have your dependents affected your university work?

Paid work while at university: Job title: _____

_____ Hours per week: _____

How does your paid work affect your university work? _____

Volunteer work while at university: Type: _____

_____ Hours per week: _____

How does your volunteer work affect your university work? _____

What skills or attitudes have you learned from your paid or volunteer work that relate to:

a) the selection of your career goals? _____

b) the accomplishment of your career goals? _____

Educational Background

a) High School grade level _____

Type of Program _____

b) Additional non university training/courses _____

c) University _____

How has your educational background affected your university work?

Which courses did you register for in September 1986?

What is your present major area of study? _____

What is your career goal? _____

What might prevent you from reaching your career goal? _____

The University offers several services for adult students. Please indicate your awareness of and/or use of the following services.

	<u>Awareness</u>	<u>Use</u>
Study Skills Seminar	_____	_____
Reading Program	_____	_____
Writing Skills Program	_____	_____
Tutoring	_____	_____
Financial Advising	_____	_____
Personal Counselling	_____	_____
Mature Student Advisor	_____	_____
Faculty Advisor	_____	_____
Consulting with Faculty	_____	_____
Information Series	_____	_____
Nurse/Health Service	_____	_____
Career Resource Centre	_____	_____
Library Tour	_____	_____
Reference Library assistance	_____	_____

What has been your involvement in University Clubs?

How have other students sought your help on University related concerns?

Give specific examples: _____

Describe how other students have helped you with University related concerns.

What sort of help could you use that you have not yet received from the above?

Who has been most helpful to you with your University related concerns?

Who would you seek help from for specific concerns? Give specific examples.

Appendix B

Self-Report Survey of Communication Skills

Confidential for Research Purposes

Training Session
(please circle)

1 2 3 4 5 6 7 8 9

Please rate yourself on each of the following skills on a scale of 1-5 in terms of how you feel today.

1 = needs work
2 = fairly good
3 = good
4 = very good
5 = excellent

Circle:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Ability to listen empathically | 1 | 2 | 3 | 4 | 5 |
| 2. Observation of non-verbal behaviors | 1 | 2 | 3 | 4 | 5 |
| 3. Supportive of others | 1 | 2 | 3 | 4 | 5 |
| 4. Paraphrasing | 1 | 2 | 3 | 4 | 5 |
| 5. Asking open-ended questions | 1 | 2 | 3 | 4 | 5 |
| 6. Ability to reflect feeling | 1 | 2 | 3 | 4 | 5 |
| 7. Observation of verbal behaviors | 1 | 2 | 3 | 4 | 5 |
| 8. Ability to summarize | 1 | 2 | 3 | 4 | 5 |
| 9. Use of encouragers | 1 | 2 | 3 | 4 | 5 |

Appendix C

Application for Mature Students Peer Counselling Program

Name _____ Telephone _____

Address _____ Postal Code _____

Year of Study _____ Age _____ Male or Female (please circle)

Original Status upon entry to University: Mature Regular Special
(please circle)

Time available for training: _____

Instructions: Please answer on the reverse side or on a separate sheet of paper. If a separate sheet is used, be sure to put your name at the top and secure it to the application form.

1. What do you believe are some of the main problems faced by the students entering the university under the mature student status?
2. Can you tell me about an experience you have had helping others?
3. What did you do that was helpful?
4. How did you feel about helping another person?
5. Do you know what it is like to have a problem like that faced by the mature students?
6. What do you do when you have a problem?
7. What personal qualities do you look for in someone you turn to for counselling?
8. What do you like to do in your spare time?
9. We are looking for people who are really interested in learning how to help others. How interested are you in the peer counselling program? How much time do you have to donate to this program?
10. Are you willing, if accepted, to commit yourself to attending the ten week, two hour a week, training program and to work as a volunteer counsellor for peer mature students under the supervision of an authorized person for a period of 26 weeks, approximately, for two hours a week?

Please feel free to include any information about yourself that you feel would be of importance to this program.

Appendix D

February 1987

Midpoint Evaluation

1. What you have learned about yourself?
2. What you have learned about relating with other people?
3. What you liked the most about the training program so far?
4. What you liked the least about the training program so far?
5. Which format(s) of learning skills have you found most helpful?

The description/lecture

The trainers' role play

Role playing

the counsellor

the observer

the client

Appendix E**Peer Counselling Training Evaluation**

Name: _____

March 7th, 1987

1. Please comment on ways which you have personally grown as a result of this program.
2. Describe what has facilitated this personal growth.
3. Please comment on how your relationships with friends, family and acquaintances have changed as a result of this program.
4. Describe what has facilitated this change in your relationships.
5. Do you feel competent in the use of the communication skills covered in the training?
6. Would you feel comfortable acting as a peer counsellor at this point? Please comment.
7. Overall, has the program been a positive/negative/neutral experience for you? Please comment.
8. Has the program resulted in any change in your career goals/aspirations?
9. Has the program confirmed your career goal?
10. What changes or recommendations would you make for a future Peer Counsellor Training Program?