Social Support, Peer Counselling and The Community Counsellor

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Abstract

This article describes a community peer counselling program for adolescents, and an outcome research study that examined the same program. A group of adolescents who had received peer counselling was compared to two control groups in order to examine the impact of the peer counselling program on stress and social support. A-File and SSI instruments were administered. Analysis of variance and the Scheffé test of statistical analysis found significant differences between the counselled group means and both control group means on the social support scales. Posttests were given to the same subjects five months later. The paired t-test of statistical analysis found a significant difference between the pretest and posttest means in the counselled group on measures of stress, and decreases in one control group on measures of social support. Peer counselling seemed to have a positive effect on the promotion of healthy development in the young people experiencing the peer counselling program.

Résumé

Cet article décrit un programme de counseling par les pairs pour adolescents, et les résultats d'une recherche qui a examiné le même programme. Un groupe d'adolescents qui avaient reçu le programme de counseling par les pairs a été comparé à deux groupes contrôles qui n'avaient pas reçu le programme dans le but d'examiner l'impact du programme de counseling par les pairs sur le stress et le support social. Les instruments A-File et le SSI ont été administrés. Une analyse de variance et le test d'analyse statistique de Scheffé présentent des différences significatives entre la moyenne du groupe conseillé et la moyenne des deux groupes contrôles à l'échelles du support social. Des post-tests ont été passés au même sujets cinq mois plus tard. L'analyse statistique en paire du t-test démontre une différence significative entre les moyennes du prétest et du post-test dans le groupe conseillé sur la mesure du stress, et une baisse d'un groupe contrôle sur les mesures du support social. Le conseling par les pairs semble avoir un bon effet sur la promotion d'un développement sain chez les jeunes qui expérimentent le programme de counseling par les pairs.

The concept of social support has become increasingly important in recent years (West & Altman, 1987) as social institutions that have traditionally provided for human intimacy find themselves in crisis (Yalom, 1985). The relationship between social support, physical health, and psychological wellbeing has been supported in the literature (Cobb, 1976; Berkman & Syme, 1979; Lin, Ensel, Simeone, & Kuo, 1979) and empirical studies have demonstrated that social support is related to the prevention of psychiatric disturbance (Costello, 1982; Miller & Ingham, 1976; Roy, 1978; Slater & Depue, 1981). In an attempt to provide the social support and human contact necessary for healthy development self-help groups are proliferating (Lieberman & Borman, 1979).

As self-help groups start up and decentralization of health care continues, counsellors are finding themselves less involved in direct services such as one-to-one counselling which focuses on a specific

problem, and increasingly involved with indirect activities. These indirect services include program planning, implementation, evaluation, consultation, training and supervision of other workers, and administration (Lewis & Lewis, 1977). The author of this article has been involved in providing indirect services in an adolescent peer counselling program for fourteen years. Adolescent peer counselling seems to be an effective counselling intervention. The author's experience has been consistent with Carr's (1984) position that peer leaders with specific training and continued supervision by counsellors can have a positive effect on healthy development. This article describes The House of Shalom Youth Centre, a peer counselling program, and summarizes a research study that compared young people who experienced the counselling program to young people who did not.

SHALOM: A DEVELOPMENTAL GROUP MODEL FOR YOUNG ADULTS

The House of Shalom Youth Centre, a peer counselling program, began in 1970 in Amherstburg, a suburban community in southwestern Ontario. A group of 15 adolescents met with a local psychologist and theologian to discuss the needs of the young people in the community. Graduating eighth grade students who showed outstanding leadership qualities were invited to form the first Grade Nine Group and to be the first peer leaders with the program. Thereafter, a new Grade Nine Group was formed yearly, with previous groups progressing through a series of grade-related steps in the program. At present there are five peer counselling groups; Grades 9, 10, 11, 12, and the Senior Group.

The House of Shalom counselling program uses a variety of approaches. These include unstructured drop-in time for arts and crafts; games or simple interaction; and planned social activities, such as dances and coffee houses. There are also weekly three-hour meetings that use music, discussion, audiovisuals, role-playing and other exercises to promote self-awareness, competence, communication, and positive attitudes and feelings in developmental topic areas. In addition, members participate in a group weekend program similar to the regular meetings in format and content, but with increased opportunity for continuity and depth. The weekend is intended to reinforce the individual personality and heighten the sense of community.

The program provides both peer and adult leadership. Ideally, leaders remain with the same group as it evolves through the program. Peer leaders are members of the Grade 12 and Senior Groups who demonstrate leadership qualities. The Senior Group formed in 1975 now includes university students, young working people and married couples. It provides on-going support and continued counsellor education and development for people interested in remaining in the program as leaders.

There are 200 young members in the peer counselling program. Each person pays a yearly fee of $10.00. The program is funded by the United Way of Windsor-Essex County, Ontario. There are five full-time and nine part-time staff. Twenty-three volunteers under age 25 contribute time as peer leaders, and 20 volunteer adult leaders are drawn from the community. The program is non-denominational and open to every young person in the community. It is not a treatment centre for those with abnormal behaviour problems, although individual counselling is available if necessary. The goal is not remediation but health promotion (Carty, 1983, 1987).

HYPOTHESES

There were two hypotheses behind the study of the peer counselling progam. The first hypothesis was that adolescents who experience long-term peer counselling will have a different stress pattern than adolescents who do not experience long-term peer counselling. The second hypothesis was that adolescents who experience long-term peer counselling will have greater social support than adolescents who do not experience such a program.

METHODOLOGY

In September 1986, 340 adolescents were administered self-report instruments, measuring stress and social support. One hundred and two subjects belonged to the House of Shalom counselling program (Experimental Group). One hundred and thirty-four subjects from the high-school in the same suburban community as the counselling program volunteered to participate as a control group (Control Group #1). One hundred and two subjects from a different community which was similar in size and demographics volunteered to participate as a second control group (Congrol Group #2). The Experimental Group and both Control Groups were comprized of Grade 9, 10, 11 and 12 students. The Grade 9 Experimental Group was a pretreatment group, since members in the Grade 9 Group were just beginning their counselling experience. Members in the other groups had experienced variable program exposure. The Grade 10 group had a new membership of 6 (21%), the Grade 11 group had a new membership of 5 (19%) and the Grade 12 group had a new membership of 1 (5%). Nine subjects involved in other counselling or psychotherapeutic programs were excluded from the study. There were 131 males and 209 females in the study population. Most of the population was Caucasian (93%), and most lived in a traditional style family. One hundred and fifty-seven (46%) of the fathers were professional 177 (52%) were non-professional and four (1%) were homemakers. Control Group #1 (C#1), Control Group #2 (C#2), and the Experimental Group (E) pretest demographic variables were analyzed using

the chi-square test of association. There were no significant differences among the three groups on the following descriptive variables: sex, race, maternal marital status, paternal marital status, maternal education, paternal education, maternal occupation, paternal occupation, number of children, birth order, and average grade. There was a significant difference between the three groups on the descriptive value of religion. There were 88 (26%) Protestants, 199 (58%) Catholics, and 17 (5%) Jews. Twenty-one subjects (6%) identified their religion as other, while 15 (4%) identified their religion as none. The Experimental Group had 85 (83.3%) Catholics, Control Group #1 had 76 Catholics (57.7%), and Control Group #2 had 38 (36.5%) Catholics.

The pretest data were analyzed by group and grade using one-way analysis of variance and Scheffé. The purpose of this analysis was to demonstrate long-term changes in the E group over a four-year grade span (Grades 9 through 12), compared to C#1 and C#2. Five months after the pretests, posttests were administered to 213 of the same subjects still available and willing to participate. The chi-square test of association of the demographic variables produced a pattern similar to that for the pretest data analysis except that there was a significant difference among the three groups on the sex variable. There were 79 (37%) males and 134 (63%) females. C#1 had 24 (27%) males and 64 (73%) females, C#2 had 25 (40%) males and 37 (60%) females, and the E had 30 (48%) males and 33 (52%) females. The paired t-test analysis was used to analyze the changes between the pretest and the posttest scores in each of the three groups. The purpose of this analysis was to demonstrate the short-term changes in the E group and both C groups over a four-year grade span.

Research Instruments

A-FILE (McCubbin, Patterson, Bauman, & Harris, 1981), a research instrument developed for adolescents 12 through 18 years, was used to operationally define stress. A-FILE has 50 items, the sum of which produces a Total Recent Life Changes score measuring developmental and situational change occurring within the adolescent's family. The internal reliability (Cronbach's alpha) for the Total Recent Life Changes scale reported by McCubbin & Patterson (1981) is alpha = .69 and the test-retest relability is r = .82. Concurrent validity for A-FILE was supported by correlating the A-FILE scale with the use of cigarettes and alcohol, and with the Health Locus of Control scale developed by Wallston, Wallston, and De Vellu (McCubbin & Patterson, 1981). Cronbach's analysis of this study pretest A-FILE data ($N = 340$) resulted in an alpha = .69.

The SSI (McCubbin, Paterson, Rossman, & Cooke, 1982), a 66 item research instrument developed to measure social support in new parents

was used to gauge social support. The SSI measures nine sources of social support and five kinds of social support. The summation of each of the sources and the kinds scales results in the same total scores, since the same test items are repeated in different combinations to measure sources and kinds of social support. Reliability of the SSI was established through test-retest (r = .81), and the split-half technique to compute the coefficient of equivalence (r = .72). Validity support was established by the following procedure: first, there was a systematic review of the literature; second, concurrence was established between the transcriptions of ethnographic interviews of 22 persons with the literature review; third, two family life educators blindly matched the 22 interview responses with the SSI responses (r = .80). Cooke, Rossman, McCubbin, & Patterson (1982) stated that the SSI could measure social support in other contexts and roles. The scales that referred to spouse, children and other were not included in this study. Cronbach's analysis of this study pretest SSI data (N = 340) resulted in an alpha = .76 on the Total Sources of Support scale, and an alpha = .93 on the Total Kinds of Support scale.

RESULTS

Hypothesis 1

The first hypothesis was supported by the A-FILE data analysis. Adolescents who experience long-term peer counselling will have a different stress pattern than adolescents who do not experience a long-term peer counselling program.

Pretest Analysis of A-FILE

Analysis of variance and Scheffé of the Total Recent Life Changes scale resulted in no significant differences among the three Grade 9 Groups.

TABLE 1
A-FILE: Stress Patterns ANOVA and the Scheffé Test

Scale	C#1 N	C#2 N	E N	C#1 Mean	C#2 Mean	E Mean	C#1 S.D.	C#2 S.D.	E S.D.	df	F
Total Recent Life Changes											
Grade 9	26	19	27	8.31	5.84	7.33	4.37	3.45	4.56	2, 71	1.87
Grade 10	45	30	29	8.78	7.80	9.07	5.43	4.16	5.77	2, 103	0.50
Grade 11	44	24	26	10.23	7.42	11.31	5.40	5.16	6.14	2, 93	3.29*
Grade 12	19	31	20	9.79	8.87	8.80	5.08	5.19	5.62	2, 69	0.22
Total	134	104	102	9.31	7.67	9.13	5.18	4.67	5.65	2, 339	3.29*

NOTE: *Significant at the 0.05 level; Scheffé not significant; E Experimental Group C#1 Control Group #1; C#2 Control Group #2.

The Grade 9 E mean (M = 7.33) represented a pretreatment mean and was not significantly different than the C#1 mean (M = 8.31) or the C#2 mean (M = 5.84). Analysis of variance and Scheffé resulted in a significant difference among the total grades group means on the Total Recent Life Changes scale; the C#1 mean was 9.31, the C#2 mean was 7.67 and the E mean was 9.13; but Scheffé did not identify a significantly different group (see Table 1).

Pretest, Posttest Analysis of A-FILE

Paired t-test analysis resulted in no significant difference on the Total Recent Life Changes scale between the Grade 9 E pretest mean (M = 6.46) and the posttest mean (M = 6.38). There was a significant difference on the same scale between the Grade 12 E pretest mean (M = 8.93) and the posttest mean (M = 6.29), and a significant difference between the total grades E pretest mean (M = 9.03) and the posttest mean (M = 8.17), t (62) = 2.06, p<.05. The only significant difference on the same scale between pretest and posttest means in the Control Groups was the difference between the Grade 10 C#1 pretest mean (M = 9.35) and the posttest mean (M = 8.43). There was no significant difference on the Total Recent Life Changes scale for the total grades between the C#1 pretest mean (M = 9.24) and the posttest mean (M = 8.89), or between the total grades C#2 pretet mean (M = 7.37) and the posttest mean (M = 6.98) (see Table 2).

Hypothesis 2

The second hypothesis of the study was supported by the data analysis of the SSI and accepted. Adolescents who experience long-term peer counselling will have greater social support than adolescents who do not experience long-term peer counselling.

Pretest Analysis of the SSI

Analysis of variance and Scheffé of the Total Sources and Kinds of Support scales of the SSI resulted in no significant difference among the Grade 9 E mean (M = 31.04), the Grade 9 C#1 mean (M = 24.23), and the Grade 9 C#2 mean (M = 22.79).

The Grade 10 E mean for Total Sources and Kinds of Support (M = 36.45) was significantly greater than the Grade 10 C#1 mean (M = 28.02), but not significantly different than the Grade 10 C#2 mean (M = 32.50). The Grade 12 E mean for Total Sources and Kinds of Support (M = 45.25) was significantly greater than the Grade 12 mean for the C#1 group (M = 30.74), and the Grade 12 C#2 mean (M = 26.90). The total grades E mean for Total Sources and Kinds of Support was significantly greater (M = 36.10) than the C#1 mean (M = 27.76), and the C#2 mean (M = 27.30) (see Table 3).

TABLE 2
A-FILE Student-t Analysis
Experimental Group

Scale	Pre-Test		Post-test		
	Mean	S.D.	Mean	S.D.	t
Total Recent Life Changes					
Grade 9 (N = 13)	6.46	3.33	6.38	5.63	0.08
Grade 10 (N = 20)	8.10	5.39	7.70	5.01	0.53
Grade 11 (N = 16)	12.37	7.04	11.87	5.92	0.58
Grade 12 (N = 14)	8.93	5.24	6.29	4.70	4.06**
Total (N = 63)	9.03	5.77	8.17	5.66	2.06*

Control Group #1

Scale	Pre-Test		Post-Test		
	Mean	S.D.	Mean	S.D.	t
Total Recent Life Changes					
Grade 9 (N = 20)	8.50	4.51	8.95	2.86	-0.59
Grade 10 (N = 37)	9.35	5.80	8.43	4.99	2.05*
Grade 11 (N = 22)	9.59	4.90	9.54	5.47	0.05
Grade 12 (N = 9)	9.56	5.27	9.00	4.44	0.40
Total (N = 88)	9.24	5.19	8.89	4.62	0.99

Control Group #2

Scale	Pre-Test		Post-Test		
	Mean	S.D.	Mean	S.D.	t
Total Recent Life Changes					
Grade 9 (N = 13)	5.92	3.40	4.69	3.17	1.72
Grade 10 (N = 20)	6.85	3.30	5.90	4.30	0.89
Grade 11 (N = 9)	7.56	5.46	7.89	3.98	-0.33
Grade 12 (N = 20)	8.75	5.92	9.15	5.21	-0.39
Total (N = 62)	7.37	4.65	6.98	4.63	0.75

* Significant at the 0.05 level.
** Significant at the 0.01 level.

Pretest, Posttest Analysis of SSI

Paired t-test analysis of the SSI data resulted in no significant changes between the total grades E pretest mean (M = 39.3) and the E posttest mean (M = 40.30) or between the total grades C#2 pretest mean (M = 26.21) and the C#2 posttest mean (M = 27.23). There was a significant difference between the total grades C#1 pretest mean (M = 27.51) and the posttest mean (M = 21.41) (see Table 4).

DISCUSSION

The results of this study suggest that peer counselling programs have a positive effect on adolescent stress and social support, and this effect occurs over the long-term. Adolescents in the peer counselling program had different stress patterns and greater social support than adolescents not in the peer counselling program, and these differences occurred over the long-term, as measured by the A-FILE and the SSI.

The decrease on the Total Sources and Kinds of Support scale of the SSI between the total grades C#1 pretest mean (M = 27.51) and the posttest mean (M = 21.41) could be related to the suicide of a male in the C#1 group, two months before the the posttest. This explanation seems possible since the Grade 10 C#1 pretest mean (M = 29.46) was significantly greater than the posttest mean (M = 21.62) and the Grade 11 C#1 pretest mean (M = 26.77) was also significantly greater than the posttest mean (M = 18.95) (see Table 4).

There are some important limitations of this study. The E group was self-selected and both C#1 and C#2 subjects were volunteers. Self-

TABLE 3
SSI Social Support Inventory Analysis of Variance & Scheffé Test

Sources and Kinds of Support	C#1 N	C#2 N	E N	C#1 Mean	C#2 Mean	E Mean	C#1 S.D.	C#2 S.D.	E S.D.	df	F
Total Sources and Kinds of Support											
Grade 9	26	19	27	24.23	22.79	31.04‡	10.44	14.57	13.41	2, 71	2.92
Grade 10	45	30	29	28.02‡	32.50	36.45‡	13.47	12.71	13.91	2, 103	3.58 *
Grade 11	44	24	26	28.29	27.00	33.92	10.83	10.26	16.08	2, 93	2.36
Grade 12	19	31	20	30.74	26.90	45.45§	10.13	11.27	15.26	2, 69	14.12 †
Total	134	104	102	27.76	27.30	36.10§	11.67	12.43	15.24	2, 339	14.50 †

* Significant at the 0.05 level.
† Significant at the 0.001 level.
‡ A pair of Groups significantly different from each other (Scheffé test).
§ A Group significantly different from the other two Groups (Scheffé test).
   E Experimental Group; C#1 Control Group #1; C#2 Control Group #2.

TABLE 4
SSI Social Support Inventory Student-t Test Analysis
Experimental Group

Sources and Kinds	Pre-Test		Post-Test		
of Support	Mean	S.D.	Mean	S.D.	t
Total Sources and					
Kinds of Support					
Grade 9 (N = 13)	35.23	14.22	36.38	11.93	−0.40
Grade 10 (N = 20)	39.35	14.43	38.35	18.09	0.36
Grade 11 (N = 16)	37.44	16.89	40.06	20.70	−0.82
Grade 12 (N = 14)	45.21	15.69	47.00	14.72	−0.36
Total (N = 63)	39.32	15.36	40.30	17.07	−0.58

Control Group #1

Sources and Kinds	Pre-Test		Post-Test		
of Support	Mean	S.D.	Mean	S.D.	t
Total Sources and					
Kinds of Support					
Grade 9 (N = 20)	23.55	10.12	21.30	7.41	1.71
Grade 10 (N = 37)	29.46	13.88	21.62	11.82	3.93***
Grade 11 (N = 22)	26.77	10.83	18.95	9.96	3.54**
Grade 12 (N = 9)	30.11	9.57	26.78	13.01	0.73
Total (N = 88)	27.51	12.04	21.41	10.67	5.27***

Control Group #2

Sources and Kinds	Pre-Test		Post-Test		
of Support	Mean	S.D.	Mean	S.D.	t
Total Sources and					
Kinds of Support					
Grade 9 (N = 13)	20.77	13.62	24.31	14.45	−1.97
Grade 10 (N = 20)	31.35	12.36	30.25	13.35	0.35
Grade 11 (N = 9)	24.44	5.20	18.11	6.60	1.72
Grade 12 (N = 20)	26.75	13.18	30.20	12.63	−1.20
Total (N = 62)	26.21	12.65	27.23	13.11	−0.70

** Significant at the 0.01 level.
*** Significant at the 0.001 level.

selection of subjects creates control problems related to internal validity. In spite of this limitation many researchers emphasize the importance of researching community groups already in existence (Lieberman & Bond, 1978; Goldman, 1978; Gelso, 1979). Random assignment of the E was not possible and the author's attempt to randomly assign the C subjects was unsuccessful. The author attempted to provide some control by comparing the demographic characteristics of the groups, and by comparing the Grade 9 E, a pretreatment group, to the two Grade 9 Cs. This study examined an entire treatment package (the peer counselling program) and this resulted in global knowledge. It is not possible to identify exactly which interventions were effective. These limitations and the added concern that data were gathered in only two southwestern communities in Ontario make generalization of results tentative. In many respects, however, the study population was representative of high school students in southwestern Ontario and this study has produced useful data. Gelso (1979) states that this type of field research is important and the global knowledge generated is important for both theory and practice.

The role of the Canadian counsellor in community program planning, implementation, evaluation and consultation will continue to grow in the future. Innovative programs and evaluation methodologies will be needed. Future research focused on program development and measurements will be required in order to increase knowledge based on empirical measurement. This study has made a beginning contribution to this knowledge.

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