ASSESSING THE IMPACT OF A SENIORS' PEER COUNSELING PROGRAM

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An important goal of any adult education program is to enable adults to take a more active role in developing their social, political, and economic futures. Seniors' peer counseling is an informal support service that uses the senior population as lay counselors to their more needy peers. The purpose of this paper will be to outline some of the unique features of the social context and the training program of the seniors' peer counseling program at Century House in New Westminster, British Columbia. Eighteen seniors completed an 18-month training program. This particular model was designed not only to train counseling skills but to assist participants in taking a more active role in developing and maintaining the program. Results from a quasiexperimental design showed significant increase in helping skills and in the ability to compensate for sensory losses; informal evaluative procedures suggested additional benefits of the program to clients, participants, and professionals in the community. Documentation of the development of control and responsibility suggests that the program was effective in enabling seniors to play a more active part in defining the network of community support.

As our population ages, attention is increasingly being focused on the use of informal supports to alleviate the strain on formal support services for the elderly. The growth in seniors' peer counseling programs reflects this trend. While the peer counseling concept was developed extensively in the 1970s (Bolton & Dignum-Scott, 1979), the more recent crisis in spiraling health care costs and the emphasis on self-care (Epp, 1986) has fostered renewed interest in peer counseling in the 1980s.

Traditionally, peer counseling programs have developed within the social context of health care and/or as pilot projects conducted by educational institutions (e.g., Bolton & Dignum-Scott, 1979; Campbell & Chenoweth, 1981; France, 1984; Ho et al., 1987; Johnson, Buckley, & Kleinbau, 1979). Although training content for senior counselors has been well documented (e.g., Alpaugh & Haney, 1983; Ministry of Health, 1986; Waters, Fink, & White, 1976, 1976a), training strategies and principles have been given less attention in the literature. With respect to program evaluation, the tendency has been to focus on assessment of

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counselor training benefits (e.g., Campbell & Chenoweth, 1981; Byrd, 1984; France, 1984; Waters, Fink, & White, 1976, 1976a).

This paper outlines some of the unique features of the social context, training program, and evaluation of the seniors' peer counseling program at Century House in New Westminster, British Columbia. The program at Century House was sponsored by a community-based seniors' recreation center. Training strategies that facilitate learning for older adults are highlighted. The multifaceted evaluation described in this paper suggests benefits of the program to clients, participants, professionals, and the community.

SOCIAL CONTEXT

This program developed as a response to a perceived gap in support services for the senior community. The director of Century House recognized that many of the senior members needed more emotional support than either staff or members could provide. While geriatric mental health services existed in the community, the mandate was chronic/acute mental illness and there was neither personnel nor time to deal with less severe distress. Recognizing the gap in service and the unmet needs of members, the director pressed for a program of peer support. A small group of active seniors were engaged, a New Horizons' Board was formed (see Novak, 1987, for an outline of New Horizons' programs and policies) and a grant obtained for peer counseling training. Twenty-six trainees were accepted in October of 1985; 18 seniors completed the 18-month training program in April of 1987.

TRAINING

Training content has been outlined in a number of handbooks (e.g., Alpaugh & Haney, 1983; Ministry of Health, 1986; Johnson et al., 1979; Waters et al., 1976b); and training for this project follows most closely the basic model outlined by the Ministry of Health (1986). The first 10 weeks concentrated on active listening skills, following which trainees were involved in a supervised practicum with ongoing inservice education relating to the aged (e.g., common sensory loss, bereavement, relocation, and community resources for seniors). A particular emphasis was placed on training strategies incorporating principles of adult education to facilitate learning for older trainees.

Creating a Climate for Learning

In creating a climate for learning, emphasis was on physical comfort, emotional support, and the learner's self-concept. It is particularly important to provide a comfortable environment for older learners (Lums-

den, 1985). Attention was given to adequate lighting and space, and trainees were encouraged to move about during sessions if they became uncomfortable.

With respect to emotional support, Brundage and McKeracher (1980) suggest that the most effective environment promotes trusting relationships and provides support and safety for testing new behaviors. From the outset of the program, the trainer worked to build a supportive climate by modeling interpersonal skills that promoted caring, openness, and respect. With the learning climate supportive and free from intimidation, trainees seemed to be less cautious and more willing to engage in active learning.

Another important factor related to the climate for learning is the perception the older adult has of himself or herself as a learner. If the trainee has a self-perception of incompetence to learn, performance suffers. Negative thinking about "ability to learn" needs to be addressed and cognitive restructuring is often necessary before initiating training.

Adapting Content

For adults, learning is greater if the material to be learned is personally relevant and meaningful (Bock, 1979). The portion of the peer counseling training program providing information on aging was particularly relevant to the trainees as many of them had personal concerns about the aging process. Learning the skills that would enable them to become effective peer counselors was also relevant to personal need. Many of the trainees had initially expressed a desire to be more useful in their lives. Becoming new counselors provided them with the opportunity to fulfill this need and, through the training, grow in the direction of their own idealized concept of self, rather than simply meet learning objectives set for them (Brundage & McKeracher, 1980). Trainees also learned skills (e.g., relaxation, assertiveness, problem solving) that enhanced their ability to deal more effectively with their own life situations.

It is also important to relate content to past experience.

> The past experience of adult learners must be acknowledged as an active component in learning, respected as a potential resource for learning, and accepted as a valid representation of the learner's experience. (Brundage & McKeracher, 1980, p. 35)

In teaching helping skills, it was important first to acknowledge natural abilities gained from a lifetime experience of helping, confirming such skills as friendliness, warmth, and genuineness before proceeding to supplement or ask for new learning.

Having established a sense of trust and acknowledgement of existing

skills, the trainees were ready to move into areas that had to be unlearned.

> Many older trainees have preconceived notions of the nature of their helping relationship which can be very much at odds with the client-centred approach offered by the training. Until these old ideas are set aside, the trainees will have a very difficult time applying new concepts. (Waters et al., 1976a)

The habit of giving advice prematurely proved to be most difficult to unlearn. Experiencing the negative consequences of these old habits through a series of repetitive role plays seemed to be the most effective way to begin the process of unlearning.

Pacing is another important consideration. Older learners generally need more time to learn and need learning to be scheduled at their own pace (Bock, 1979). Unlike most other peer counseling training models, the content in this program was not scheduled into specific sessions. Trainees moved through the material at their own pace, with the majority of trainees attaining a level of expertise before moving into the next phase. This was particularly important in regard to the skill of paraphrasing where there was great variation in individual learning. Older learners are not a homogeneous group and individual learning pace must be given special consideration.

Active Learning

Bock (1979) suggests that active learning is more effective than passive learning for adults. Older learners are no exception. The format of the training content focused mainly on interactive and experiential learning (e.g., discussion, guided imagery, and role play). Each session began with didactive material to highlight the theory or rationale. The skill to be learned was modeled or demonstrated by the trainer and then the trainees practiced the skill repetitively, a process outlined by the Ministry of Health (1986). Trainees were introduced through role play in a simplistic form and, as confidence was gained, the degree of complexity was graduated. A sense of fun prevailed in the training sessions which seemed to add significantly to trainee motivation to learn.

Continuing Education

In a study by Kaye, Stuen, and Monk (1985), it was found that leadership skills initially acquired by older adults are not necessarily maintained over time. With reference to the Wallingford Wellness Program and the Boise Growing Younger Program, Gutman (1986) highlights the need for intermittent educational intervention to sustain the effects of health promotion programs. In response to the need for continuing edu-

cation in this peer counselor program, ongoing inservice training was incorporated following the conclusion of the formal part of the training. This provided the counselors with an opportunity to review and retool around topics selected by the group.

EVALUATION

Traditionally, evaluation of peer counselor programs has tended to focus on assessment of counselor training benefits (e.g., Byrd, 1984; Campbell & Chenoweth, 1981; France, 1984). The evaluation procedures for this study follow Kirkpatrick's (1967) model. He proposed a four-level adult program evaluation process that includes (1) reaction of participants, (2) learning that has occurred, (3) transference to real-life settings, and (4) broad impact on the community. Figure 1 shows Kirkpatrick's four-level model with corresponding procedures used at Century House.

Reaction of Participants

The trainer, evaluator, and director collaborated on the development of a self-report questionnaire that the counselors completed during the first week following "graduation." Counselors were asked to reflect on (1) expectations of the program, (2) benefits received, (3) changes in personal lifestyle, and (4) what they had enjoyed most.

Results

While 18 counselors completed the program, only 17 questionnaires were available for analysis. Although one might expect the social aspects of the program to be most salient (particularly at a seniors' recreation complex), those who enrolled in the peer counseling program were motivated to become more helpful to others (8), to increase their understanding/empathy (6), and to learn new skill and knowledge (5).

The benefits they felt they received were improvement of listening skills (9) and general improved communication. Out of the 17 counselors, 11 said that they enjoyed the learning experience most. There were additional personal benefits that were not anticipated such as increased confidence in abilities, increased tolerance of others, increased ability to make changes in their own lives, and a new focus for time and energies. This was evidence of personal growth such as Byrd documented (1981) that goes beyond the development of counseling skill.

Learning That Has Occurred

As was reported above, the counselor self-report data provided informal information on learning that had occurred. It was also considered impor-

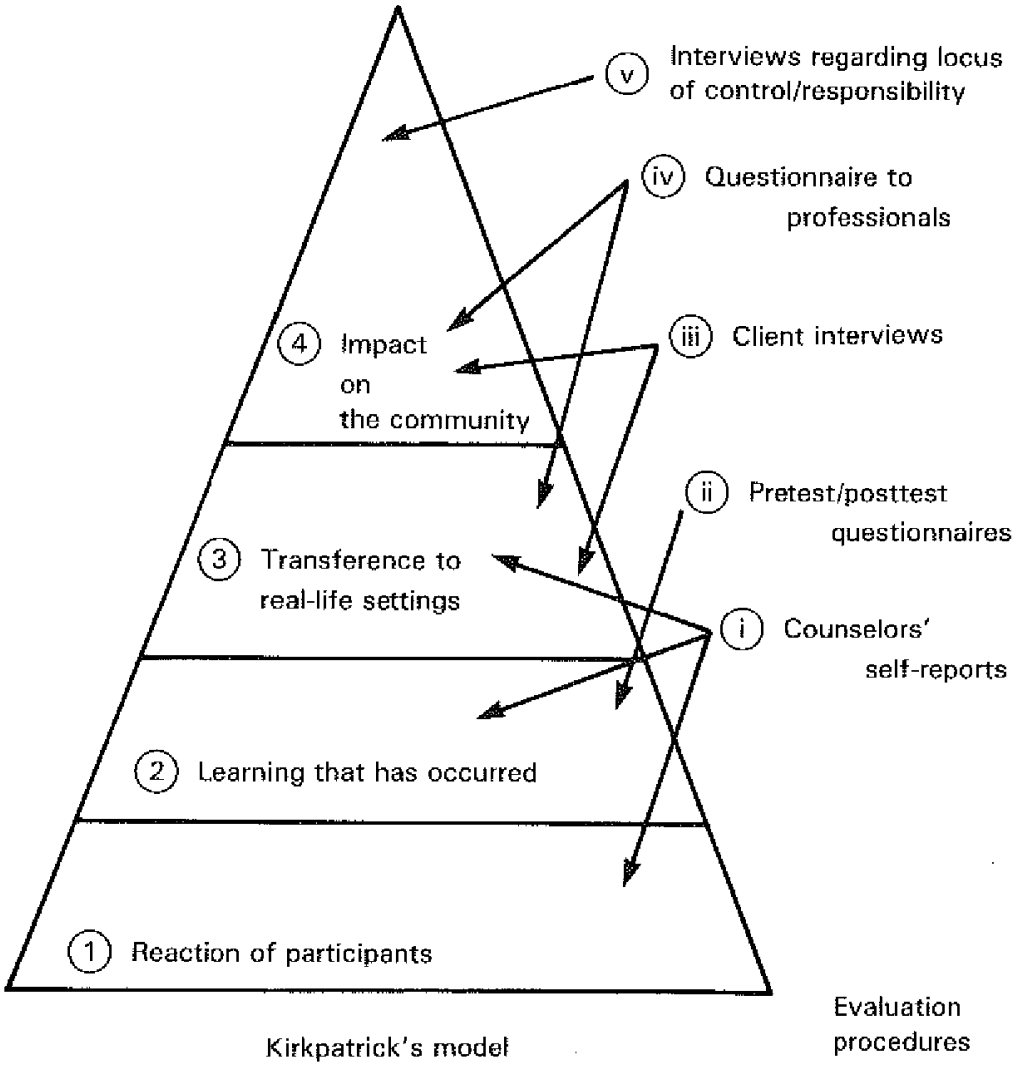

FIGURE 1 Kirkpatrick's four-level program evaluation model and the procedures used at Century House.

tant to attempt a more objective assessment of the effectiveness of the training in developing counseling skills.

A quasiexperimental design was used to assess four counselor attributes/skills considered to be of central importance. A questionnaire was administered to the training group and a control group at the beginning and immediately following the 18-month training program. The questionnaire included a section designed to yield sociodemographic data (age, sex, marital status, etc.), two attribute assessment sections (knowledge and attitude), and two skill assessment sections. The attribute and skill assessment sections included the following scales taken from the manual prepared by Waters and colleagues (1976b): (a) knowledge of aging, (b) helping skills, (c) knowledge of sensory loss and the ability to plan compensations, and (d) an attitude scale.

A: Knowledge of Aging Scale (Your A.Q. Quotient)

This measure was used to assess knowledge the trainee had of the aging process. The format and some of the 16 items are based on the Facts on Aging Quiz developed by Palmore (1977). The format is True or False. Test-retest reliability is reported at 0.91.

B: Exercises in Helping

This measure is used to assess the knowledge and application of empathic responses (and avoidance of advice giving) in helping situations. It consists of 30 items and counselors are asked to select from a list of 5 possible responses to hypothetical questions from clients.

C: Sensory Loss Episode

This measure assesses knowledge of the sensory losses accompanying aging and the ability to plan compensations for them. Subjects are given a description to read of an episode called "Grandma's party" and are asked to suggest how the experience could be improved based on their knowledge of common sensory losses associated with old age.

D: Opinions about People

This measure is designed to assess evidence of seven attitudes toward aging:

- realistic toughness (verging on cynicism) toward aging
- denial of the effects of aging
- anxiety about aging
- social distance from the old
- family responsibility toward aged parents
- public responsibility for the rights and well being of the aged versus unconcern for the aged as a group
- unfavorable stereotypes of the old (as inferior) versus acceptance of the old as equals

The questionnaire was administered to 18 peer counselor trainees and 17 controls, all members of a seniors' recreation center in New Westminster, B.C. Originally, 27 seniors signed up for the peer counselor training program, with 32.1% dropping out over an 18-month period. Reasons for leaving the program were depression (4), health (3), marriage (1), and not suited (1). Additionally, one subject was lost because the pretest questionnaire was not completed.

The control group (C) was engaged informally by the director of the center, who randomly approached members and asked if they would participate. Both groups were active participants in programs at the center with the treatment group attending a 50-week peer counselor

training program (attendance ranged from 28 to 50 sessions with an average attendance rate of 40/50 sessions). Table 1 shows a similar profile for the two groups with respect to age, marital status, and educational and vocational history, with a difference noted in living arrangements.

Results

Data from the experimental procedures showed minimal increase for the T group over the 18-month period in knowledge of aging. (The control group was inadvertently given an "alternate" quiz at the 18-month

TABLE 1 Sociodemographic Characteristics of Subjects in the Treatment (T) and Control (C) Groups

	Group	
Characteristics	T	C
Age		
Range	63–73	63–76
Mean	68	69.5
Marital status		
Single	3	3
Married	5	3
Widowed	8	8
Divorced	1	3
Education		
University	2	1
Vocational training	6	3
High school graduate	5	7
Grade 11	1	3
Grade 10	2	2
Less than grade 9	1	1
Vocation		
Professional	1	1
Paraprofessional	7	6
Blue collar	8	9
Housewife	1	1
Living		
Alone[a]	9	16
With spouse	5	1
With friend	1	0
With relative	2	0

[a]A difference is noted in living arrangements with more of the control groups living alone.

TABLE 2 Mean Pretest and Posttest Scores on Three Measures of Counseling Skill for Treatment (T) and Control (C) Groups

Dependent measures (counseling skills)	Pretest	Posttest
A (knowledge about aging)		
T	10.2	11.9
C	10.2	NA[a]
B (helping)		
T	18.5	25.1*
C	17.9	17.4
C (understanding losses)		
T	2.2	4.5*
C	2.8	2.4

[a]Error in test administration, therefore comparison impossible.

*Represents significant ($p < .05$) increase in score.

follow-up and therefore comparison with the pretest was impossible.) The T group showed a marked increase in helping skill (mean difference scores were found to be significantly different—$t = 4.71$, critical $t = 2.04$ at $p < .05$) and a greater than 100% increase in skill in compensating for sensory losses (mean differences scores proved to be significantly different—$t = 3.87$, critical $t = 2.04$ at $p < .05$). Table 2 shows a comparison of mean scores for subjects in the treatment and control groups.

From the rather complex analysis of attitude scores some trends were noted in both groups over the 18-month period. The treatment group showed reduced denial of the effects of aging and reduced anxiety about aging, while the control group showed an increase in anxiety about aging. The T group showed increased sense of family responsibility and reduced public responsibility for the elderly and both groups showed increased social distance and increase in stereotypes about aging. Table 3 shows the direction of change for individual scores for subjects in both groups.

Transference to Real-Life Settings

The third level of Kirkpatrick's model moves beyond skill acquisition to provide evidence of practical application. While our experimental design demonstrated that the program was effective in training counselors, of what value is it unless there is some documentation that the skill was

TABLE 3 Direction of Change in Attitude Scores for Subjects in the Treatment (T) and Control (C) Groups

	Change		
Attitude	+	−	0
Cynicism regarding aging (low score)			
T	8	9	0
C	9	8	0
Denial of effects of aging (low)			
T	8	4	5
C	7	8	2
Anxiety about aging (low)			
T	10	7	0
C	6	10	1
Social distance (low)			
T	6	11	0
C	5	11	1
Family responsibility for aged (low)			
T	5	12	0
C	9	7	1
Public responsibility for well-being of aged (low)			
T	11	6	0
C	7	10	0
Unfavorable stereotypes (low)			
T	4	11	2
C	5	11	1

effectively used in the community? Some informal evidence of transfer was found in the counselor self-report questionnaires; for example, counselors testified that their family relationships had improved and they were better listeners in personal and social situations.

Further information about transfer was solicited through client interviews and a questionnaire to professionals in the community.

Client Interviews

An interview questionnaire (prepared by the counselors in collaboration with the trainer) was designed to get feedback from clients about the benefits of the program and how it might be improved. Counselors were instructed to interview two clients with whom they had established a longte m relationship during the course of the training program. During these informal interviews, clients were asked (1) how they felt when first interviewed, (2) what they expected to get from the service, (3)

how they had benefited, (4) if they would use the service again, (5) if they would recommend it to others, and (6) what they liked most.

Results A total of 16 client interview questionnaires (of a possible 34) were completed and returned during the two months immediately following the termination of training. Clients who were interviewed were hopeful about the service, expected to benefit from having someone listen to them (7), and expected relief from emotional distress (3). Benefits noted were social (4), increased self-confidence, and ability to make decisions (2). All 16 clients had confidence in their counselors, would use the service again, and would refer it to others.

Questionnaire to Professionals in the Community

The trainer, director of the center, and evaluator collaborated on the development of this questionnaire which was designed to provide information about perceived benefits to the community and to elicit suggestions about how the program might be improved. The questionnaire was sent to professionals in community agencies (e.g., Longterm Care Program, Mental Health, Seniors' Bureau, and Public Health) who had made referrals to the peer counseling program. They were asked to identify (1) benefits of the program and (2) concerns they had about the program.

Results Questionnaires were returned by 12 out of a possible 16 professionals—4 of whom had made over 10 referrals to the program. Generally, these individuals were supportive of the program, found the service accessible, and had few reservations or concerns. They seemed to feel that the program bridged a gap (4) and provided a valuable service of support (3) to isolated seniors (4), clarified needs (3), and acted as a link (2) to agencies and programs in the community. While some voiced reservations (3) that counselors might take on too much, one professional found "eager committed counselors worked well within perceived limitations," while another said, "This is a quality organization and I feel confident in referring clients, knowing they will receive professional services."

Impact on the Community

The highest level of Kirkpatrick's model, impact on the community, represents the broadest of the program objectives and may be the most difficult to measure. The ultimate goal in adult program development and certainly in the development of community support programs for seniors is to empower them to take a more active role in direction and management of these programs.

To ascertain the degree to which a measure of control and responsibil-

ity for the program had been transferred to the senior counselors, interviews were held in the week following termination of the program with the trainer/coordinator and the chairman of the board. A list of service and maintenance tasks were delineated and the chairman and trainer were asked to comment on responsibilities in each of these areas at the beginning and the end of the training period.

Results

When the training program began in September of 1985, the control of program initiatives was shared by the director and the board. The professional trainer/coordinator who was hired was given total control of the training program, with a list of topics to be covered.

Following the termination of training, responsibility for the ongoing maintenance of the program was shared, with the counselors themselves taking an increasingly active role. Counselors were apprehensive during the transition from a training to a service-dominated program. They were more comfortable taking direction than being in charge. However, this was short lived and they were soon comfortable making decisions on their own with minimal professional support.

Table 4 suggests the shift in control of maintenance tasks from the professionals to counselors.

SUMMARY AND CONCLUSIONS

Like France's (1984) program in James Bay, the peer counseling program in New Westminster succeeded in developing helping behaviors. In addition, trainees showed an increase in their understanding of sensory losses and the ability to plan compensations for them. Subjective reports of counselors supported the experimental assessment and added a further dimension. As in Byrd's (1984) study, trainees reported unanticipated dimensions of personal growth.

One such added dimension indicated in the self-report data from this study was the finding that 11/17 counselors mentioned learning as what they enjoyed most about the program. If we consider that these are adults for whom education has not been a lifelong involvement (only five graduated from high school and one had only completed grade 7), this becomes an even more interesting finding. Since the average increase in scores on the knowledge scale (see Table 2) was minimal, we may conclude that it was not the learning of new facts about aging that "turned them on" but rather the learning of communication and social skills that were useful in their personal lives and increased their ability to be helpful and supportive to their needy peers.

Attitude change was not an explicit program objective but was of

TABLE 4 Locus of Control of Responsibility for Maintenance Tasks during the Early Training-Dominated Phase and the Service-Dominated Phase after Training

	Locus of control	
Maintenance tasks	Training phase	Service phase
Fund raising	Board/director	Director/peer counselors
Publicity	Board/director/ trainer	Consultant[a]/peer counselors
Intake	Trainer	Peer counselors
Client records	Trainer	Peer counselors
Feedback/liaison with professionals	Trainer	Peer counselors
Ongoing training	Trainer	Counsultant[a]/peer counselors

[a]The role of the professional changed in the service phase from trainer to consultant.

peripheral interest. Results from this study suggest the training may have reduced anxiety about aging and denial of aging. Both groups, however, appeared to increase aging stereotypes and social distance from the elderly during the 18-month period—findings that are difficult to explain. For the purposes of peer counseling, it was necessary to identify a client group that was less healthy and perhaps more stereotypically *old*, and this may explain the increase in stereotypes and social distance in the case of the treatment group.

A comparison of the locus of control and responsibility for the program at the beginning and following the termination of training showed a dramatic shift from control by professionals to control by counselors in all aspects of program maintenance. It also highlighted the obvious advantages to the program resulting from its location in a seniors' recreation center, a location that Krout (1986) suggests is the ideal environment for future health and social services. These advantages include

1. The existence of a social network with many positive models of healthy aging to which clients may be integrated when appropriate;
2. A large social network which serves as a natural pool for clients and counselors;
3. The opportunity to utilize resources at the center (e.g., advertising, space, and equipment);

4. A comfortable, familiar environment which makes it easier for clients to access the service; and
5. A larger membership that can assist with funding objectives.

At the end of the training program, funds were donated by a local business in the community to cover program maintenance costs for a three-year period. Ultimately, this represents the strongest form of recognition of the value of the program to the community.

IMPLICATIONS FOR FUTURE RESEARCH

While formal assessment of skill development is necessary initially to assess a new training model, subjective self-report procedures using content analysis protocols may be more appropriate than quasiexperimental procedures for adult program evaluation. Furthermore, subjective reports, while considered "soft" data and therefore only "of interest" became "hard" data when there is intersubjective agreement that they correspond to observed behavior (Ericsson & Simon, 1984). In addition, subjective reports often go beyond objective assessment to include benefits not anticipated by either learners or teachers, yielding information not accessed by objective assessment procedures.

The value of educational opportunities for the elderly has been highlighted by this program. The central role of adult education as outlined by Plecas and Sork (1986) is the development of theory and practice for facilitating adult learning in a variety of social and institutional contexts in order to help adults take a more active role in creating their own social, political, and economic futures. A central theme in education for the older adult outlined by Brockett (1987) is the notion of education as a means of enhancing the quality of life: He suggests that adult education could promote self-direction in learning as a strategy for increasing independence and life satisfaction. While Lumsden (1985) suggests that there is no clear guide to effective teaching methods for working with older adults, the use of active, experiential learning was believed to have contributed to the effectiveness of this training program. Clearly, there is a need for more research in effective teaching methods for working with the older learner.

The growth of community peer counseling programs is an opportunity for adult educators, in addition to developing counseling skills, to make a significant impact on the learning lives of older adults. More research is needed that will have direct implications for effective teaching practice, in particular strategies to assist those who have not benefited from traditional education as well as those who are traditional in their approach to learning, to become more self-directed in learning what they

need to know to take an active role in determining their social, economic, and political futures. Those training as peer counselors would be able to take a more active role in program planning and social policy both for themselves and on behalf of the more dependent peers whom they may represent.

This paper has outlined the social context, the training program, and the evaluation of a senior peer counseling program. Results suggest the broad impact of this program on the community of New Westminster. There are multiple returns that go beyond the development of counseling skills to include the nurturing of personal responsibility for well-being in both clients and counselors, the development of the volunteer senior community as an integral part of the continuum of care, and the weaving and strengthening of the formal and informal community network of support for the 20% of the population in New Westminster who are over 65.

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