

Chapter 2

PEER COUNSELLING / PEER HELPING IN PERSPECTIVE

***“I don’t know what your destiny will be, but one thing I do know:
the only ones among you who will be really happy
are those who have sought and found how to serve”***

*Albert Schweitzer (1875 - 1965)
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INTRODUCTION

According to Morrill et al. (1987, p. 33) current times are “... complex” and demand a lot from students. Students need to make a number of choices such as, whether to experiment with drugs or not. They also need to cope with a multiplicity of other challenges, such as family or financial problems. These decisions and other problems that need to be managed, can all negatively influence students’ abilities to cope. Many students enter higher education while struggling with a variety of problems which can prevent them from participating fully at such institutions (Motsabi, 1999). Institutions of higher learning, on the other hand, need to cope with diverse student populations in terms of “... age, gender, experience, motivation for study and the times of study, either part time or full time” (Motsabi, 1999, p. 1). As the needs of students continue to grow and these students contact counsellors for assistance, existing counselling services are placed under increased pressure. To address this problem, other methods of assisting students are used. One method which is often applied is peer counselling / helping (Morrill et al., 1987).

The peer counselling movement has been described by a number of researchers as a phenomenon to be taken note of. Downe et al. (1986, p. 355) described peer counselling as an “[e]merging strategy” which, according to Lawson (1989, p. 52) is “... gaining momentum

rather than being a ‘flash in the pan’”. De Rosenroll (1989, p. 75) stated that this movement “... has grown from the grassroots, not the ivory tower”.

According to Carr (cited in de Rosenroll & Dey, 1990) peer counselling programmes in Canada have increased from only 10 programmes in 1979 to more than 1 000 in 1986, most of which were implemented in schools. At the beginning of the 1990's, this number had risen to more than 3 400 programmes (Carr, 1993). This phenomenal growth has been described by Carroll and King (1985, p. 1) as “[a] [q]uiet revolution” which has become “... a product of our times”.

Varenhorst, described by de Rosenroll as an expert who has consulted most of the literature on peer counselling, stated that “[p]eer counseling, as a recognised counseling intervention, has a brief past, an active current existence, and a potentially strong future if supported by adequate research” (de Rosenroll, 1989, p. 75).

An important issue that needed to be addressed in Canada focussed on the term used for the work conducted by peers. Carr (1993, p. 17) stated that more than thirty different terms, ranging from peer helpers / counsellors to peer support workers or peer facilitators were used. According to Carr (1993) it seemed, however, as if consensus was reached with the use of the term “peer helper” (p. 18).

A variety of terms have also been found in the literature consulted for this study. The majority of researchers used either the term peer helper/helping or peer counsellor/counselling. These two terms will therefore be used interchangeably in this study.

HISTORICAL OVERVIEW

Paraprofessional Developments: 1960 - 1969

According to Varenhorst (1984) very little, if any, reference to peer counselling would be found in publications on counselling psychology printed in the beginning of the 1960's. One of the earliest investigations into peer helping in educational institutions was conducted in 1963 by Zunker and Brown (Lawson, 1989). Varenhorst (1984) is of the opinion that initial peer counselling activities began with the development of the paraprofessional movement in the mid sixties, and emphasised that peer counselling established its identity only towards 1969.

McWilliams and Finkel; Sobey; and Steisel (cited in Varenhorst, 1984, p. 718) described this paraprofessional movement as a "... revolution in the mental health field". This revolution commenced in 1961 with the *Action for Mental Health* report published by the Joint Commission on Mental Illness and Mental Health. The report emphasised the imbalance between the increasing need for mental health services and the availability of trained practitioners (Steisel, cited in Varenhorst, 1984). Rioch et al. (cited in Varenhorst, 1984) were the first researchers to indicate the potential to resolve this discrepancy by using "... the services of paraprofessionals as mental health workers" (p. 718).

By the mid-1960's, most of the helping settings in America such as educational institutions, rehabilitation and employment centres experienced a shortage of "... counselors and personnel workers" (Varenhorst, 1984, p. 718). Despite various interventions by national and federal legislation (such as the National Defence Education Act; the Vocational Rehabilitation Act and its amendments; the Elementary and Secondary Education Act; and the Community Mental Health Centres Act) aimed at authorising the increase of personnel for the helping services, the growing need for help could not be met. This led to a shift in focus to the "... subprofessional aide" (Varenhorst, 1984, p. 718).

In 1969 Vriend (cited in Varenhorst, 1984, p. 716) published the findings of her study which focussed on the impact of high school students who assisted "... low-achieving peers in counselling groups". Mattson (cited in Varenhorst, 1984) published the findings of this research in the 1970 ERIC/CAPSCapsule. The article evaluated original peer counselling programmes and, according to Varenhorst (1984), contained the "... first published bibliography on peer counseling" (p. 716).

Morey, Miller, Rosén and Fulton (1993) stated that many peer counselling programmes, which focussed mainly on academic skills, were established on college campuses since the late 1960's. The focus of these programmes gradually shifted towards empowering peer counsellors to assist fellow students to find solutions to personal problems. According to Morey et al. (1993) individual peer counselling was also extended to high schools during this period. The aim was to provide peer counselling to students "... who could not be reached through existing services" (p. 293).

The work of Truax and Carkhuff which was published in 1965 (cited in Varenhorst, 1984, p. 718) claimed that lay mental health trainees "... functioned at levels essentially as high or higher than those of professional trainees". Carkhuff (cited in McIntyre, Thomas & Borgen, 1982) also stated that a short period of training was required to empower paraprofessionals to render a service on a "... minimally facilitative level of helping" (p. 29). This clearly emphasised the potential for paraprofessional service delivery.

The growing interest in and utilization of paraprofessionals started to increase gradually but was met with mixed reactions from professional counsellors. These reactions ranged from positive acceptance of paraprofessionals to serious concerns about the utilisation of these helpers. Some professionals felt that selected paraprofessionals made significant contributions and emphasised the "... unique advantages of using them in almost all aspects of the counseling process" (Brown, cited in D'Andrea, 1987, p. 41). Others noted with concern, the practical problems relating to certification and the "... legal dangers of lowering

professional standards” (p. 41) by using paraprofessionals. Other concerns focussed on whether such paraprofessionals, with limited training and undefined tasks which often overlapped with those of the professional counsellor, would be able to effectively meet the needs of students (Brown, cited in D’Andrea, 1987; Carson, cited in Varenhorst, 1984; McCollum, cited in Osborn & Cassidy, 2001; Varenhorst, 1984). Several suggested that paraprofessionals should “... be restricted to routine duties which would free professionals from clerical and other menial tasks” (Brown, cited in D’Andrea, 1987, p. 41).

The continuing debate amongst those in the counselling and psychology fields encouraged professional organisations to produce policy statements on the use of paraprofessionals. According to Varenhorst (1984) the initial policies of the American Personnel and Guidance Association (APGA) in 1967 and the American Rehabilitation Counseling Association in 1968 were very cautious. These policies suggested that paraprofessionals be restricted to administrative support activities related to collating career information, administering standardised tests as well as performing other basic tasks of the student counsellor. Both these professional organisations cautioned members against the use of paraprofessionals in any capacity which “... would replace the professional counselor in the counseling role itself” (p. 719).

At the same time the American Psychological Association urged their members to remain receptive to the idea of using paraprofessionals and to allow research findings to indicate the way forward (Hoch, Ross & Winder, cited in Varenhorst, 1984). As research findings started pointing towards the positive use of paraprofessionals, the APGA changed its initial opinion to one that was more open towards the role of paraprofessionals. According to D’Andrea (1987, p. 39) this development led to the “... systematic research history” in the psychological literature on the use of paraprofessionals in counselling.

Peer Counselling Developments: 1970 - 1979

According to Varenhorst (1984, p. 728) much of the research conducted during this period focussed on the "... potential of the 'student-helping-student' concept". During this time the term paraprofessional was also gradually replaced by the term peer counsellor (D'Andrea, 1987).

Varenhorst (1984) researched many of the peer counselling programmes developed during the 1970's and identified a number of limitations, namely that:

- the programmes consisted of a variety of designs which were applied in different settings and with different age groups
- many programmes lacked a sound theoretical foundation and were based on "hunches" (p. 723) and intuition
- a variety of training models were experimented with, and
- evaluations were mostly subjective and research findings tended to be descriptive.

Despite these limitations Varenhorst (1984) stated that these programmes collectively contributed to the formation of a theoretical foundation on which future programmes were based.

Significant peer counselling programmes were developed during this period by Vriend in 1969 and by Varenhorst in 1972. Both these programmes were considered as "... revolutionary" as they indicated that adolescents could act in counselling roles and that they could be a "... substantial human service resource" (Varenhorst, 1984, p. 723). This resource had the potential to extend the reach of professional counsellors in many ways.

Carkhuff and Truax (Brown, cited in D'Andrea, 1987) also supported the use of paraprofessionals and advocated this development by stating the following, namely that:

- the effective functioning as a therapist did not depend on an extensive professional

training process

- therapeutic skills can be developed over a short period of time by individuals with “... characteristics such as non-possessive warmth, interpersonal sensitivity, empathic understanding and overt genuineness” (p. 42)
- paraprofessionals with limited training can, over a short period of time, effectively facilitate positive change in clients.

Despite the initial resistance to the use of paraprofessionals, more and more student volunteers were being used by counselling services as “... aides and support personnel” (Varenhorst, 1984, p. 720). This led to investigations into specific issues such as the kind of training, the duration and intensity thereof, the roles and functions as well as the effective use of paraprofessionals in specific settings and with specific target groups.

Hamburg and Varenhorst continued to build on the knowledge of previous researchers such as Vriend (cited in Varenhorst, 1984) and developed a programme in Palo Alto, California where adolescents were used to help peers deal with social and developmental problems. A number of aspects of this programme were remarkable, namely, that an appropriate training model was implemented; on-going supervision was conducted; relevant counselling tasks were performed and that these tasks complemented the services rendered by counselling staff. Downe et al. (1986, p. 356) labelled Varenhorst and a number of co-researchers as “[i]nventive, insightful risk takers” who initiated the peer counselling approach and proved its validity in both elementary and secondary schools.

Delworth, Moore, Millick and Leone (cited in Varenhorst, 1984) also made a significant contribution with the development of “... a sequential training program” (p. 720). Delworth et al. furthermore, investigated the benefits that paraprofessionals felt that they gained from participation in such programmes.

During the same period, Lippitt and Lippitt (cited in Varenhorst, 1984) predicted that teachers

would no longer be the primary resources for learning but that they would in future coordinate and facilitate the use of others as resources for learning. Ivey (cited in Varenhorst, 1984) echoed this view and predicted that professional psychologists would in future, focus more on empowering others via the psycho-educational model - thus teaching other non-professionals what they know.

Where necessary, individual counseling interventions will be initiated, but more often systematic and planned interventions to facilitate change and growth in both the person and the environment may be expected (Ivey, cited in Varenhorst, 1984, p. 721).

Peer Counselling Developments: 1980 onwards

During this period Carr made significant contributions to the peer help movement (Carr, 1986):

- In 1981 and 1983 he published the *Theory and Practice of Peer Counselling*.
- In 1984 the document *Peer Career Counsellors: A conceptual and practical guide* was published which outlined the training requirements to enable students to render a service as peer career counsellors.
- He developed a training curriculum aimed at the training of trainers.
- In 1987 he established the Peer Counselling Project at the University of Victoria to promote the development and growth of peer counselling in Canada.

These developments led to a phenomenal growth in peer helping programmes in countries such as Canada (Carr, 1993). In 1981 only a small number of programmes existed in Canada but this number increased to over 3, 400 programmes by the beginning of the nineties. Peer counselling programmes have been established in almost "... every city and geographic region in Canada" (p. 15). Peer helping programmes have also been used effectively in elementary and secondary schools, and approximately 60% of all colleges and universities have

implemented such programmes.

To contribute to the creation and further development of peer help programmes Carr (1981; 1988) identified nine foundation areas on which peer helping is based namely that:

- **students rely on friends as sources of help** when experiencing any problems or concerns. A small number of students will consult counsellors as a first choice for help. Friends, as a primary source of help, are consulted for assistance with personal issues and career planning.
- **effective helping skills can be acquired** by a variety of individuals such as lay persons, paraprofessionals, high school students, and elementary school students.
- **the major concern of young people is loneliness and/or friendships.** Friendship can not only be the greatest source of pleasure but also a major source of frustration and pain for students. According to Carr (1981) students learn unique things from peers which are different from those learnt from parents or teachers.
- **students in schools can be utilized for “... primary prevention”** (Albee & Joffee, cited in Carr, 1981, p. 3) **and the “... application of preventative counselling”** (Carr, cited in Carr, 1981, p. 3). The aims of such support structures are (1) to increase students’ resilience against negative influences by empowering them with problem-solving skills, and (2) to use the trained peers to create a caring environment in which students can function effectively.
- **specific developmental needs exist amongst students and these can successfully be met by peers.** According to Carr (1981, p. 3) students have specific developmental needs such as for “... competency ..., [social] intelligence ..., responsible role-taking ... and self-esteem”. Students approach peers who accept and understand them, and have experienced similar needs.
- **regular interactions with other students shape self-perception.** Individual differences do exist amongst peers and by relating to each other, the self- perception and identity is formed.

- **peers tutoring peers are helpful for both the helper and the helpee** and may be even more effective than teacher tutoring. Price (cited in Carr, 1981) found that students in the higher grades are less teacher motivated and that unmotivated students, who have learning problems, are more peer orientated.
- **the increase in self-help or mutual aid groups act as sources of support.** The needs of students are often not met by existing counselling services and they often rely on self-help groups, run by peers, for problem-solving and support.
- **the need exists to increase community resources and to supplement counselling services.** Student needs are increasing faster than the availability of professional help. Peer counsellors are therefore trained to extend the counselling services and to act as sources of referral to professional help.

These nine foundation areas, as defined by Carr (1981) clearly explained the origins of peer counselling and contributed to a greater understanding of the foundations of this movement.

THEORETICAL ROOTS

According to Varenhorst (1984, p. 723) the theoretical roots of peer counselling are not based on a formal theory but rather "... a theoretical position advocated by certain professionals to promote a method for enhancing psychosocial development". This position developed in America in the 1970's as a result of a growing dissatisfaction amongst the public with the developments in education at that time. According to Eckerson (cited in Varenhorst, 1984, p. 723) the 1970 White House Conference on Children recommended that education be redesigned "... to achieve individualized, humanized, child centered learning".

This led to counselling psychologists proposing new roles and functions for counsellors which deviated dramatically from the conventional roles (Varenhorst, 1984). The suggestions were: (1) that the focus of psychological services should shift to a preventative rather than a crisis-centred focus; (2) that the role of practitioners must be defined in broader terms to include not

only counselling but also those of "... teacher, curriculum developer and consultant" (Mosher & Sprinthall, cited in Varenhorst, 1989, p. 723); and (3) that the school environment, as a client, should be assisted to "... provide sound and positive human development" (p. 724). The consolidation of all these ideas culminated in what Mosher and Sprinthall termed "... deliberate psychological education" (p. 724). The basis of this educational perspective rested on "[t]he primary theories of human development, social learning, and moral and cognitive learning" (Varenhorst, 1984, p. 724).

Varenhorst (1984) emphasised that Ivey; Alschuler; Weinstein; and Mosher and Sprinthall were the main proponents of psychological education. According to Varenhorst (1984), Ivey and Alschuler stated that the extent of the psycho-social problems demanded that the conventional forms of helping be transformed to such a degree that the effectiveness of the helping is increased. Ivey and Alschuler furthermore emphasised that the new concept of psychological education should be established by making use of paraprofessionals. They believed that the utilisation of these helpers would require professionals to assume their new roles - thus putting the new concept into practice (Ivey & Alschuler, cited in Varenhorst, 1984). Ivey and Alschuler (1973, pp. 591 - 592) explained as follows:

It is self-condemnation to argue that counselors comprise only a small percentage of those who could rectify the situation, because it is we who have created an artificially scarce helping resource by legally restricting "help" to a specific role and by not teaching our colleagues, administrators, teachers, parents and children the fundamentals of helping others. Then we make it doubly difficult for ourselves by waiting passively for symptom-clients to bring problems to us instead of our actively intervening at an early stage in schools, communities, or agencies and offering programs designed to promote psycho-social health directly.

The implication of these new directives for peer counselling is that the counsellor should move

out of the office and take on additional roles such as educator-trainer, supervisor-trainer and teacher of helping skills (Varenhorst, 1984).

Ivey and Alschuler (1973, p. 592) continued to advocate the redefining of the counsellor's role to include "... that of psychological educator who actively intervenes in the life of institutions and teaches healthy life skills to others". According to Ivey and Alschuler (1973, p. 592) the "... meta goal of psychological education is to increase individuals' intentionality". Intentionality, according to Ivey; and Ivey and Rollin (cited in Ivey & Alschuler, 1973) is a "... general competence" where people have the potential to develop a number of alternatives for achieving specific goals. Intentionality prevents individuals from getting "stuck" (p. 592) by focussing on only one solution to a problem. Problems are therefore approached from a variety of viewpoints and the consequences of each course of action is thoroughly considered.

Carr (cited in de Rosenroll & Dey, 1990, p. 305) supported this point of view that peer counselling training is a psycho-educational process but added that its "... techniques and processes differ significantly from both traditional teaching and counselling". In a survey conducted by Salovey and D' Andrea (1984) it was found that peer counsellor training models varied widely and that there was no agreement on which specific training model, procedure or use of training personnel was acceptable to train peer counsellors. More than half of the respondents in this research used an eclectic model for training (or no specific model at all), while the remaining respondents used either *Ivey's Microcounseling Techniques and Basic Attending Skills*; the Rogerian training programmes or the systems developed by Egan.

The study that Keller (1999) conducted echoed these findings. Keller (1999) explored four counselling theories namely the Adlerian counselling; Rational-emotive therapy; Reality therapy and Person-centered counselling with regard to the training of peer counsellors. She concluded that the person-centred counselling approach was particularly suitable for the training of peer counsellors, as the individual growth and problem-solving skills of clients are facilitated by the peer counsellor's personal attitudes and communication skills and not by "...

sophisticated therapeutic skills” (p.16).

APPLICATION IN DIVERSE CONTEXTS AND WITH DIVERSE ISSUES

According to de Rosenroll (1986b) individuals do not need a university degree or a number of qualifications to listen, support and empathise with others. Helping amongst individuals takes place on a daily basis and these helping skills can be improved with limited training, supervision and support.

Keller (1999) echoed this and stated that peer support is often experienced as being just as effective as professional help. The reasons for this is that (1) the peer counsellor and the clients that they serve, are similar in terms of age, attitudes and values. Clients therefore feel that the peer counsellor respects and understands them; (2) the process of helping is conducted in a less formal context and information is presented in a less intimidating manner (de Jager, 1995; Keller 1999); and (3) the support encourages the client to assume responsibility for his/her life, thus facilitating the development of personal self-help strategies (Scheepers cited in Keller, 1999).

Peer counselling is therefore not "... a new phenomenon" (de Rosenroll, 1986b, p. 4) but merely "... a new type of help delivery system" (Carr, 1986, p. 35) and can be applied in various contexts.

Application at different educational levels

Peer counselling can be used at different educational levels and a number of sources supporting this statement have been found in the literature consulted for this study:

Table 2: Peer counselling applications at different levels of education

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|---------------------------|--|
| Elementary schools | Altmann, Nysetvold and Downe, 1986; Campbell, 1983; Johnson, Johnson, Dudley and Magnuson, 1995; Scarborough, 1997 |
|---------------------------|--|

| | |
|----------------------------------|---|
| Middle schools | Bowman, 1986; Foster and Tindall, 1992; Foster-Harrison, 1995; Henriksen, 1991; Sprinthall, Hall and Gerler, 1992; Tobias and Myrick, 1999 |
| Secondary or high schools | Blain and Brusko, 1985; Corn and Moore, 1992; Diver-Stamnes, 1991; Gougeon, 1989; Kuner, 1981; Lynn, 1986; McIntyre, 1982; Morey et al., 1993; Robinson, Morrow, Kigin and Lindeman, 1991; Wassef, Mason, Collins, VanHaalen and Ingham, 1998 |
| Community colleges | D'Andrea, 1987; Hatcher and Litzenberger, 1994; Hills, Johnson, Michalenko and Docherty, 1989; Holly, 1987 |
| Universities | Altmann et al., 1986; D'Andrea, 1987; Edwards and Roelofse, 1994; McCarthy, Wasserman and Ferree, 1975; Nelson and Fonzi, 1995; Salovey and D'Andrea, 1984. |

Nassar and Collins-Eaglin (1994) stated that the increased use of peer counsellors at higher education level is part of a broad movement towards preventative counselling, and not aimed at dealing with mental health concerns.

D'Andrea (1987) compiled a number of generalisations with regard to what is important for the development of successful programmes at higher education level. Programmes that work best:

- function "... relatively autonomously of university administration" (p. 51).
- use peer counsellors to provide listening and problem-solving skills to those students approaching them for help.
- have a clearly defined role and population to serve.
- ensure "... continuity of program, policies and practices" (p. 52).
- make provision for a variety of peer counsellors from different educational levels and in different study fields.
- provide opportunities for outreach activities for the peer counsellors.
- provide networking opportunities with other peer counselling groups in terms of training, consultation, fundraising or cross-referrals.
- make use of counselling and mental health staff as trainers, facilitators and consultants.

Application in different international locations

Peer counselling is a world wide phenomenon which is applied internationally in a variety of settings. A number of locations where such programmes have successfully been implemented, were found in the literature consulted for this study namely Canada (Carr, 1993; Kingsland & Carr, 1986; Lawson, 1989); Saudi Arabia (Abu-Rasain & Williams, 1999); and South Africa (de Jager, 1997 and 1998; Keller, 1999; Letsebe, 1984; Majozi, 1994; Motsabi, 1999 and 2000). References to peer counselling programmes across the United States of America were also found in many of the sources consulted.

Keller (1999) listed a number of other sources (Rainer, 1989; Scheepers, 1997; Smit & Botha, 1997) where peer counselling programmes are run at South African university and Technikon campuses. The peer counselling programmes at these campuses do not supercede or replace the professional counselling services available to students but rather augment and expand the functions to meet the students' needs.

Application in specific social contexts or pertaining to specific issues

A large number of sources have been found indicating a variety of contexts or issues where peer help programmes have successfully been used to address these concerns. This section, therefore, provides a comprehensive overview of the areas of application of peer counselling:

Table 3: Application in specific contexts or pertaining to specific issues

| Social contexts or issues | Literature sources |
|---|---|
| Academic advising; tutoring; academic failure; retention of high-risk students and learning disability assistance | Carr, 1988; D'Andrea, 1987; Downe et al., 1986; Lawson, 1989; Morey, Miller, Fulton, Rosén and Daly, 1989; Salovey and D'Andrea, 1984 |

| | |
|--|--|
| Admissions and exit counselling; freshmen orientation, adjustment and academic support; dissemination of information; transferring students; life long learning counselling of returning students; residence hall counselling and advising | Carr, 1988; D'Andrea, 1987; Downe et al., 1986; Lawson, 1989; Morey et al., 1993; Nassar and Collins-Eaglin, 1994; Russel and Thompson, 1987; Salovey and D' Andrea, 1984; Yaccarino, 1995 |
| Alcohol, tobacco and other drug or substance dependencies | Black, Tobler and Sciacca, 1998; Carr, 1993; D'Andrea, 1987; Miller, Stout and Sheppard, 2000; Prince, 1995; Salovey and D' Andrea, 1984; Yaccarino, 1995 |
| Anti-bullying campaigns | Price and Jones, 2001 |
| Assertiveness training; self-esteem and shyness | Downe et al., 1986; Lawson, 1989 |
| Behavioural problems and delinquency | Altmann et al., 1986; Beitel, 1997; DuPaul, McGoey and Yugar, 1997; Tobias and Myrick, 1999; Wassef, Ingham, Collins and Mason, 1995 |
| Bereavement and widowhood | Lawson, 1989; Romaniuk, Priddy and Romanuik, cited in Carr, 1981 |
| Career guidance and assistance | Carr, 1981 and 1988; D'Andrea, 1987; France and McDowell, 1982; Keune and Gelauff-Hanzon, 2001; Lawson, 1989; Rogan and Held, 1999; Salovey and D' Andrea, 1984 |
| Child and adolescent suicide and crisis intervention | D'Andrea, 1987; Lawson, 1989; Lewis and Lewis, 1996; Salovey and D' Andrea, 1984 |
| Community development | Lawson, 1989 |
| Conflict mediation | Thompson, cited in Keller, 1999 |
| Contraception, birth control, pregnancy and abortion counselling; prenatal peer support | Carr, 1993; D'Andrea, 1987; Lapierre, Perreault and Goulet, cited in Keller, 1999; Nassar and Collins-Eaglin, 1994; Salovey and D' Andrea, 1984 |
| Disability counselling and assistance | Carr, 1993; Giangreco, Edelman, Broer, 2001; Lawson, 1989; Salovey and D' Andrea, 1984 |
| Disease management for cancer, diabetes, chronic pain | Carr, 1993; Pistrang, Solomons and Barker, 1999 |
| Eating disorder counselling | Carr, 1993; Salovey and D' Andrea, 1984 |
| Economic realities such as displaced workers, unemployment, career ladder progression | Carr, 1993 |

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| Ethnic, race relations and minority student counselling | D'Andrea, 1987; Downe et al.,1986 |
| Family divorce | Sprinthall, Hall and Gerler, 1992 |
| Financial aid | Lawson, 1989; Salovey and D' Andrea, 1984 |
| Friendship and loneliness | Carr and Saunders, cited in Carr, 1981; Carr, 1981 |
| Gay and lesbian counselling | D'Andrea, 1987; Salovey and D' Andrea, 1984 |
| Gifted student support | Carr, 1988 |
| Health promotion and wellness | D'Andrea, 1987; Meyer, Nicholson, Danish, Fries and Polk 2000; Salovey and D' Andrea, 1984 |
| HIV/Aids counselling and sexually transmitted diseases | Carr, 1993; Cox, 1999; Salovey and D' Andrea, 1984 |
| Legal counselling | Salovey and D' Andrea, 1984 |
| Mental and general health promotion and preventative health care | Garcia, Metha, Perfect and McWhirter, 1997; Golden, 1991; Lawson, 1989; Keller, 1999; Meyer et al., 2000; Schondel, Boehm, Rose and Marlowe, 1995; Turner, 1999; Walsh, Johnson and Doughtie, 1996; White, 1994 |
| Rape and abused women counselling | D'Andrea, 1987; Salovey and D' Andrea, 1984 |
| Religious counselling | Salovey and D' Andrea, 1984 |
| Stress management and reduction | Lawson, 1989; Walley, cited in Carr, 1981 |
| Support for the elderly | Burke and Hayes, cited in Keller, 1999 |
| Telephone counselling | Dolan, 1995; Lawson, 1989 |
| Township youth clubs | Letsebe, 1984 |
| Women's studies | Bowen, McEachern, Pearn and Kerr, 1985; D'Andrea, 1987; Salovey and D' Andrea, 1984; Lawson, 1989 |

As previously mentioned, peer counselling programmes can be used in many contexts, focussing on specific issues and at different educational levels. However, since this study focusses on peer helping at higher education level, this particular context becomes the focus.

REASONS FOR IMPLEMENTING PEER COUNSELLING PROGRAMMES

According to a number of researchers, peer counselling programmes are implemented for the following reasons namely to:

- **train selected students in helping skills** to informally support their peers; and to provide a helping service to fellow students, especially if such services or professional counsellors are not available on campus, or not being used by the students.
- establish a **pro-active, preventative guidance and counselling service** where less serious issues can be addressed before resulting in a crisis or, alternatively, be referred to other sources of help.
- **add value to an institution** by augmenting and extending existing counselling services especially where the number of professional counsellors are limited and student needs are ever increasing.
- **create a positive and supportive community** where peer helpers care for the well-being of others and can make referrals to appropriate sources of help.
- build capacity and provide an **outreach approach to counselling** thus reaching more students in a shorter period of time.
- **promote the personal development of the peer helpers themselves** in terms of their personal, emotional and career development.
- act as **positive role models** for other students (de Jager, 1995; de Rosenroll, 1989; de Rosenroll & Dey, 1990; Gougeon, 1989; Henriksen, 1991; Lawson, 1989; Morrill et al., 1987; Varenhorst, 1984).

CONCLUSION

Over the last forty years peer counselling has been established and has attained its own identity. Peer counselling started in the late sixties with the development of the paraprofessional movement, which was described as a revolution in the mental health field. The impetus for this revolution was based on the growing imbalance between the increasing need for counselling and the availability of trained professionals. Although this development was initially met with mixed reactions from professional counsellors, many became more open towards the role that paraprofessionals could play.

The developments during the 1970's focussed mostly on the 'student-helping-student' concept (Varenhorst, 1984) and there has been a change in the term describing the services rendered by paraprofessionals. The evolution according to D'Andrea (1987, p. 43) has been from "indigenous paraprofessional" to "paraprofessional" to "peer counsellor". Carr (1993) is, however, of the opinion that there is still not consensus on the term used to describe the functions that such peer counsellors fulfil.

Although many peer help programmes were established since the 1970's, these programmes had limitations in terms of the programme design and management. Despite this, these programmes contributed to the formation of a theoretical model for peer counselling. These developments collectively contributed to the phenomenal growth in peer helping programmes to such an extent that such programmes exist in many cities and countries and can be, and have been, applied successfully in diverse contexts such as in different educational levels, international locations, diverse social contexts and with diverse issues.