

**Evaluation of the Wits Crisis Centre
Lay Counselling Training Course
Via Trainee Perceptions**

By V. Arumugam

Supervisor: Dr Potter

**A research report submitted to the Faculty of Arts, University of the
Witwatersrand, Johannesburg, for the degree of Master of Arts in Community-
Based Counselling
Johannesburg, 1998-9**

Declaration

I declare that this research report is my own work. It is submitted in fulfilment of the degree of Masters in Community-Based Counselling Psychology, at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any examination or at any other university.

Signed: Arumugan.....
V. Arumugan

Abstract

Keywords: Lay counsellors, training, and evaluation.

The training of lay counsellors is of great significance to the field of Counselling Psychology. Therefore, the Health Professions Council of South Africa (HPCSA) decided to allow for the registration of lay counsellor training courses. However, the criteria for registration need to be formulated. This study evaluated the Wits Crisis Centre's training course for volunteer counsellors, via illumination of the perceptions of the trainees and a measurement of their self-efficacy and personal relations before and after the training. The study included quantitative and qualitative methodology. Past trained counsellors and trainees were interviewed and then assessed on Self-Efficacy and Personal Relations before and after training. A Wilcoxon Matched-Pairs Signed-Rank Test did not detect significance in self-efficacy or personal relations scores after training. However, the interviews of the participants' perceptions of the course and its impact on them supported the hypotheses. Overall, perceptions were positive. Negative perceptions were highlighted, as this information could add to the knowledge base of the programme.

Acknowledgements

I am grateful to a number of people who supported me during the completion of this research. I cannot name all those who were involved, since it would cover a few pages. Also, to avoid mistakenly omitting anyone, I will try to refrain from this practise for all except one.

My sincere thanks goes to Dr Charles Potter: firstly, for accepting to be my supervisor, and secondly for his guidance during my research and the writing of this report.

Without the existence of the Wits Crisis Centre and its lay counsellor training course, this research would not have come about. So, to all staff and students; who are the soul of the Centre, and who so kindly participated in my research and assisted where they could: my appreciation is great.

Students and staff, from the following organisations:

Depression and Anxiety Support Group,

People Opposing Women Abuse (POWA) and the

Institute for Women's Development (NISAA),

participated in the pilot study. I would like to thank them all. Without their participation, this research would have been obstructed in its path.

My gratitude also goes out to the following people:

My MA colleagues and lecturers, my closest friends, and most of all,

my parents and the rest of my family. They supported and encouraged me, and cheered me up when I needed it.

I dedicate this report to my Dad, who urged my education, but passed on before seeing this completed.

I sincerely thank them all.

Table of Contents

| | |
|---|-----------|
| CHAPTER ONE: THE RESEARCH | 10 |
| 1.1 Introduction | 10 |
| 1.2 Aim | 10 |
| 1.3 Rationale | 10 |
| 1.4 Title | 11 |
| 1.5 The Wits Crisis Centre | 11 |
| 1.6 Research Questions | 16 |
| 1.7 Glossary (Key Concepts) | 17 |
| 1.8 Summary | 18 |
| CHAPTER TWO: LITERATURE REVIEW | 19 |
| 2.1 Introduction | 19 |
| 2.2 Principles and Values of Basic Counselling | 20 |
| 2.2.1 Pragmatism: | 21 |
| 2.2.2 Competence | 21 |
| 2.2.3 Respect | 21 |
| 2.2.4 Genuineness | 22 |
| 2.2.5 Client Self-Responsibility | 22 |
| 2.2.6 Ethics | 23 |
| 2.3 The Humanistic Model | 24 |
| 2.3.1 Principles of Humanistic Theory | 24 |
| 2.3.2 Distinction from Psychoanalysis | 25 |
| 2.3.3 Distinction from Behaviourism | 25 |
| 2.4 Client-Centred (Rogerian) Therapy | 26 |
| 2.5 Counselling Skills/Techniques and Therapeutic Qualities | 27 |
| 2.6 Lay Counsellor Selection and Training | 28 |
| 2.6.1 Development of Valid Selection Procedures | 28 |
| 2.7 Efficacy of Lay Counsellors | 29 |
| 2.7.1 What makes Paraprofessionals Effective? | 29 |
| 2.7.2 Communication and Training | 31 |
| 2.7.3 Problems in Training | 31 |

| | | |
|-------------|---|-----------|
| 2.7.4 | Areas of Concern in Lay Counselling | 32 |
| 2.7.5 | Is Traditional Education Necessary, for Counsellor Effectiveness? | 32 |
| 2.7.6 | Status, Class and Effectiveness | 34 |
| 2.8 | Self-Efficacy and Personal Relations | 34 |
| 2.8.1 | Self-Efficacy | 34 |
| 2.8.2 | Personal Relations | 35 |
| 2.9 | Crisis Counselling | 35 |
| 2.9.1 | Definition and Discussion of Field | 35 |
| 2.9.2 | The Wits Trauma Intervention Model | 36 |
| 2.10 | Summary | 37 |

CHAPTER THREE: METHODOLOGY AND RESEARCH DESIGN 38

| | | |
|------------|--|-----------|
| 3.1 | Evaluation Methodology | 38 |
| 3.1.1 | Evaluation Framework | 38 |
| 3.1.2 | Illuminative Evaluation | 39 |
| 3.1.3 | Decision-Making, Evaluation and Illumination | 41 |
| 3.2 | Research Design | 42 |
| 3.2.1 | Illuminative Evaluation Design for the Program | 43 |
| 3.2.2 | Sample | 45 |
| 3.2.3 | Data Collection | 46 |
| 3.3 | Measuring Instruments | 47 |
| 3.3.1 | Self-Efficacy Subscale of the Self-Efficacy Beliefs Scale: | 47 |
| 3.3.2 | The Personal, Home, Social and Formal Relations Questionnaire (PHSF) | 48 |
| 3.3.3 | Analysis of Questionnaires | 51 |
| 3.4 | Procedure | 51 |
| 3.4.1 | Instructional System | 52 |
| 3.4.2 | First Set of Interviews | 52 |
| 3.4.3 | First Administration of Questionnaires | 52 |
| 3.4.4 | Systematic Observation | 53 |
| 3.4.5 | Trainees' Course Evaluations | 53 |
| 3.4.6 | Second Administration of Questionnaires | 53 |
| 3.4.7 | Follow-up Interviews | 54 |
| 3.5 | Summary | 54 |

CHAPTER FOUR: RESULTS OF PILOT STUDY AND ANALYSIS OF THE LEARNING

| | |
|---------------|-----------|
| MILIEU | 55 |
|---------------|-----------|

| | | |
|--------------------------------|--|-----------|
| 4.1 | Introduction | 55 |
| 4.2 | Pilot Study of Self-Efficacy Scale | 55 |
| 4.3 | Analysis of the Learning Milieu | 57 |
| 4.4 | Summary | 60 |
| CHAPTER FIVE: RESULTS | | 60 |
| 5.1 | Introduction | 60 |
| 5.2 | Results of Quantitative Analysis | 60 |
| 5.2.1 | First Administration | 60 |
| 5.2.2 | Second Administration | 61 |
| 5.2.3 | Results of the Wilcoxon's Matched-Pairs Signed-Ranked Test | 62 |
| 5.3 | Results of Qualitative Analysis | 66 |
| 5.3.1 | Thematic Content Analysis of Interviews | 66 |
| 5.3.2 | Common Themes Found by all Raters/Categories: | 71 |
| 5.3.3 | Additional Themes Recognised | 75 |
| 5.4 | Follow-Up Interviews | 77 |
| 5.4.1 | The categories and trends present in the follow-up interviews were as follows: | 78 |
| 5.5 | Course Evaluation Questionnaires | 80 |
| 5.5.1 | Content | 80 |
| 5.5.2 | Process | 81 |
| 5.5.3 | Practical details | 81 |
| 5.6 | Summary | 82 |
| CHAPTER SIX: DISCUSSION | | 84 |
| 6.1 | Discussion of Quantitative Findings | 84 |
| 6.2 | Discussion of Qualitative Findings | 88 |
| 6.3 | Knowledge Claims | 94 |
| 6.4 | Limitations | 94 |
| 6.4.1 | Limitations of Case Study | 95 |
| 6.5 | Recommendations | 95 |
| 6.6 | Suggestions for the course | 95 |
| 6.7 | Ethical Considerations | 96 |

| | |
|-----------------------|-----------|
| 6.8 Conclusion | 96 |
|-----------------------|-----------|

| | |
|-----------------------------------|-----------|
| <i>TABLE OF REFERENCES</i> | 99 |
|-----------------------------------|-----------|

Appendix

| | |
|--|------------|
| Examples of two days of training | 106 |
| Day One of the Third Training Course (Tuesdays) | 106 |
| Day Two of the Second Training Course (Weekends) | 107 |
| Draft Course Outline: Wits Crisis Centre Training: Staff Programme | 109 |
| Day 1: Sat 28 th February: Introduction of Group and Course: POWA and SACDU | 109 |
| Day 2: Sunday 1 st March: Counselling Skills: Wits Psychology Department | 109 |
| Day 3 Saturday 7 th March: Gender Violence and Rape: POWA | 109 |
| Day 4: Sunday 15 th March Women Abuse: NISAA | 110 |
| Day 5: Sunday 22 nd March: Sexual Harassment: SHEP; WITS Issues: WITS legal Perspective | 110 |
| Pilot Study of Self-Efficacy Questionnaire | 111 |
| Normal distribution graphs of the descriptive statistics | 111 |
| Measuring Instruments | 112 |
| The Self Efficacy Scale | 112 |
| The PHSF | 112 |
| Course Evaluation Questionnaire | 112 |
| Wits Crisis Centre Biographical Questionnaire | 113 |
| Examples of Course Content Documents | 113 |

List of Tables

| | |
|---|----|
| <i>Table 1: Design</i> | 42 |
| <i>Table 2: Data Sources</i> | 44 |
| <i>Table 3: Sample Demographics</i> | 45 |
| <i>Table 4: Summary of Data Collection</i> | 46 |
| <i>Table 5: PHSF Reliability Scores (Fouche' and Grobbelaar, 1983)</i> | 48 |
| <i>Table 6: PHSF constructs</i> | 50 |
| <i>Table 7: Descriptive Statistics of Pilot Study</i> | 55 |
| <i>Table 8: Reliability and Item Analysis of Self Efficacy Scale</i> | 56 |
| <i>Table 9: Split Half Reliability of Self Efficacy Scale</i> | 56 |
| <i>Table 10: Reliability Analysis of the PHSF</i> | 57 |
| <i>Table 11: Descriptive statistics of first administration</i> | 60 |
| <i>Table 12: Descriptive statistics of second administration</i> | 61 |
| <i>Table 13: Summarised Wilcoxon Matched-Pairs Test: All (3) Groups</i> | 62 |
| <i>Table 14: Wilcoxon Matched-Pairs Test: Staff and Counsellors</i> | 63 |
| <i>Table 15: Wilcoxon Matched-Pairs Test: Staff only</i> | 63 |
| <i>Table 16: Wilcoxon Matched-Pairs Test: Counsellors only</i> | 64 |
| <i>Table 17: Wilcoxon Matched-Pairs Test: Trainees only</i> | 65 |
| <i>Table 18: Raters Themes from Interviews of counsellors, staff and trainees</i> | 67 |

CHAPTER ONE: THE RESEARCH

1.1 Introduction

Lay counsellors are important and a necessity in the South African context, since there are not enough professional psychologists to meet the needs of people who have suffered during the apartheid era or who have or are experiencing crisis in their lives. Middle and lower classes cannot afford the services of a professional psychologist. Thus the services of the lay counsellor are dearly needed. The training of lay counsellors then becomes an important task. This has to be done efficiently and effectively to enable the lay counsellor to assist people who come to see her or him. So the following questions need to be asked: Do trainees feel good about the training? Is there reasonable consensus about the course content boundaries? Are trainees satisfied that the paths and hurdles along the way are helping their progress (Dryden and Feltham, 1994)? Supervision is also an important part of counsellor training (Dryden and Thorne, 1991). Finally, the training needs to be efficient so that the counsellor and eventually the client both benefit from the training.

The research focuses on the counselling course offered by the Wits (University of the Witwatersrand) Crisis Centre (WCC). The WCC is a peer counselling centre, where trained, student volunteers counsel students who are experiencing specific crises in their lives. It is primarily a referral centre, which is situated on the first floor of the Students Union Building on the main (east) campus of the university.

1.2 Aim

This research project has aimed to evaluate the training of lay counsellors. To put this into operation, the training of lay counsellors at the WCC has been assessed, through the perceptions of lay counsellors in the peer-driven crisis centre.

1.3 Rationale

At the time of the study, the Interim South African Medical and Dental Council (SAMDC) (presently referred to as the Health Professions Council of South Africa-HPCSA) was considering to allow lay counsellor training courses to be made registerable. Thus it needed criteria for this, so that only "good-enough" courses would be registerable courses. This research would assist in this area so that

trainers or course developers, lay counsellors, and their clients would all benefit from the knowledge of what basic, good-enough (effective) counselling skills are and what the proposed content of a basic, good-enough (effective) counselling course is.

1.4 Title

Evaluation of the Wits Crisis Centre Lay Counselling Training Course, via Trainee Perceptions.

1.5 The Wits Crisis Centre

Members of various bodies, who were involved with the university, had met on different occasions to discuss prevalent issues on campus. These members initiated the idea of a peer-driven crisis, counselling centre. The members originated from bodies such as POWA, the Wits Gender Forum, Sexual Harassment Panel, and the Wits Career Development Unit (CDU). From their daily experiences with students on campus, these members realised that students needed a place or structure where they could go to receive support for any personal or social issues. These were identified as issues not solely academic or administratively related. Students needed a space where they could feel safe to speak about confidential matters, which eventually had an impact on their academic life. The various organisations on campus were fragmented. Different bodies dealt with different matters and this information was not clear to students, some students were not even aware that certain bodies/structures existed that could assist them with certain issues. For example, one of these structures was the Gender Forum, which dealt with issues related to gender and gender discrimination. (The above information and much of the information below was gained through various interviews with staff members at the centre and from trainees and past participants of the counselling course, unless otherwise referenced.)

At Wits, well-established bodies (e.g. the Faculty Departments and Financial Aid Office) dealt with academic and financial matters, but other issues (like personal issues hindering a student's studies, or a student being harassed on campus) were poorly dealt with, since there were no well-organised structures to deal with them. Psychologists were available at Campus Health, but this did not help in certain cases and especially when the Psychologists were fully booked with longer term clients. Most students living in campus residences are far away from home and do not know people whom they can trust and talk to. These concerns came to the attention of the various body members (mentioned in the

first paragraph). They met, discussed their concerns and their shared vision for a centre which could address the existing need.

After many negotiations with the relevant bureaucracy at the university, the Wits Crisis Centre was born on the 1st October 1997. The centre was a Student Representative Council (SRC) and Gender Forum initiative, established in collaboration with the Departments of Residence Life, Campus Health, Student Advice and Career Development (or Career Development Unit - CDU) the Health Sciences Faculty and People Opposing Woman Abuse (POWA). Its aim was to "address the issues of sexism, sexual harassment, gender-based violence, stress, suicide, and other campus related crises that affect students and staff" (Wits Crisis Centre, 1997). The members of the above bodies decided that the centre would be a peer-counselling centre, to facilitate students/staff to feel comfortable and understood. They decided to have an emphasis on gender-related issues in the training of counsellors for the centre, since they perceived a serious need in this area.

The vision statement provides a brief description of the aspirations of the centre's developers. "The Wits Crisis Centre is a peer counselling and advocacy service that seeks to become an excellent, recognised, professional, dynamic learning and teaching volunteer driven service provider which is fully supported both economically and politically by the university management and community. This should be a non-partisan and fully accessible 24 hour, 7 day a week service that provides students and staff with on-going personal development and growth. This will ensure the establishment of the centre as an internal and external resource within the Student Affairs Division" (Wits Crisis Centre, 1998, 1).

Observation and informal verbal communication between the researcher, students and staff working in the Crisis Centre yielded the following information. The process of setting up the centre was difficult, administratively and otherwise. At the time of writing this report, some of the objectives were still in the process of being realised. Student volunteers were recruited, selected and then trained as counsellors to staff the (primarily) referral centre.

The next step was that other students needed to be made aware of the existence of the centre. Therefore, in addition to counselling training, advocacy training was necessary and thus included. The advocacy training aimed to educate student-trainees (advocates) about various issues, including rape,

suicide and other issues prevalent on campus, and promote their ability to convey this information to other students. The advocates (as well as the counsellors) were informed about the statistics, of possible cases, which could be brought to the centre and about other relevant information (e.g. procedures to follow in certain cases or other helping organisations) which students needed to be made aware of. Basically, the advocates have the task of advertising the centre and promoting the education of students in gender-related fields. The main aim of counsellors at the centre was to support students, who approached the centre in time of need, educate them if necessary (e.g. on the procedures and legalities involved in certain cases) and then to refer them, if necessary.

The counselling training course, which counsellors completed, covered the following areas/topics:

- Basic counselling
- Rape
- Domestic violence
- Gender sensitivity
- Sexual harassment
- Suicide
- Stress
- Bereavement

Prior to the first training course, a thorough selection process was set up to select suitable candidates or trainees for the course. The trainers, who also participated in the Wits Crisis Centre selection process, described the process as a rigorous selection. For the first selection approximately one hundred applications were received. However, due to practicality and the intensity of the course, the trainers and the board members set a limitation of 15 trainees. They needed to select candidates who were most appropriate and they felt that smaller numbers would assist the trainers to provide appropriate facilitation for trainees during the course.

The process began with applicants completing a biographical questionnaire. All the board members (6) sat on the selection panel. They included a Clinical Psychologist, a director at the Career Development Unit, two Intern Psychologists from the SRC, a Psychologist with the Office of Residence Life and a Psychologist/Trainer from POWA. The biographical questionnaires/applications were divided amongst them. They examined each of these and then selected questionnaires, which

they considered, in terms of the categories: 'definitely not', 'maybe' and 'definitely yes'. This initial selection was based on a list of criteria, for example first year students were selected out automatically due to age (and due to first year students having the need to get oriented with student life and its inherent difficulties), students who had experienced recent trauma; within the last year of the application, were also automatically selected out. The members of the selection panel had to return with definite 'yes' and 'no' decisions and they had to supply motivations for these. The selected candidates and the 'maybe' (potential) candidates were then interviewed to gain further explanation or information and to assist the panel to make the final selection decision. The students selected were informed that they were trainees for the counselling course, or advocates for the advocacy part of the course.

A consultant from POWA (a Social Worker) with the assistance of a staff member of the CDU (a Psychologist) developed the course based on Humanistic principles, as well as trained the first group of students in (July-September) 1997. During interviews (conducted by the researcher) approximately one year after they completed the course, the (first group of) counsellors appraised it more positively than negatively. The negative aspect was that the seven weeks was too long, however this was also understood to be necessary due to the intensity of the training. Other difficulties were related to development staff (board members and Wits Crisis Centre staff) who were only introduced and became involved with the students after the training when the students already felt secure and trusted their trainers. The positive aspects included the friendship bonds, which were formed during the training, knowledge gained about topics discussed and also personal insight. The students felt that the training led to personal (and emotional) growth, it developed their ability to examine their feelings and ideas, and to be more open and accepting/non-judgmental. Students described the training as in-depth and emotionally exhaustive. They felt its effectiveness was linked to their close relationships formed with each other (they shared experiences and learned from each other) and with the trainers. Their perceptions of the trainers were positive. Although self-confidence levels were raised, students felt a bit apprehensive about their ability to counsel effectively after the training. However, they felt that their confidence increased gradually once they started counselling. In retrospect, they felt that with the application of their knowledge (at the centre and in their personal lives) their skills and their confidence grew.

During the interviews, the counsellors mentioned that other concerns were apparent as time moved on. The centre's development staff organised for students to receive group supervision and personal supervision from psychologists at Campus Health. However, personal supervision was not always possible since the psychologists were already overworked. In some cases the counsellors felt uncomfortable going to them because they knew them on more of a friendly basis (rather than just professionally). Support was another problem. At certain times, staff who were on duty and supposed to be available as support to the students, were not available because they had to attend meetings and complete their daily work tasks, unrelated to the centre. The difficulties involved in setting up any structure (e.g. administrative and opposition) were also present, and these exacerbated or even led to more difficulties.

In spite of problems, the centre advanced and assisted students in need. It was envisaged that more student volunteers would be recruited and trained. A second training course did not occur in 1997, since it was already late in the year and the Centre had to raise its own funds. A staff-training course was prepared for February 1998. Staff members from various departments applied and a selection process was undertaken to choose the trainees. The aim was to equip staff members with counselling skills and educate them in gender issues i.e. information about rape, sexual harassment, bereavement and other issues. The staff felt that they needed this, since at times they unexpectedly dealt with these crises in the past and they had to "feel their way through" since it was not part of their official job duties or training.

A third training session occurred in August-September 1998 for students who would become counsellors at the centre and replace counsellors who had left. A selection process occurred and 13 students were selected. The training was for students or peer-counsellors since the previous counsellors had decreased in number. Many had left the University, some moved on to a higher level of study and were finding it difficult to cope with that and counselling at the centre. Of the original 15 counsellors, 6 were still manning the centre, all with time constraints, at the time of the selection. The advocates were almost non-existent and the advertising of the centre was almost at a standstill. The evaluation was designed for the August-September 1998 counselling training course. The training course occurred over 60 hours. Due to its intensity, it was divided into one full (approximately 8hour) day a week, over approximately 7 days. A draft program, which is given to trainees before the

training, is provided in the appendices. Also appended is a description of a day each, of the second and third training courses.

The counsellors at the Crisis Centre were taught to contain the client in the safe space/environment of the centre, acknowledge and reflect the person's feelings, while being empathic. Contracting about the session and the parties (client, counsellor and counsellor's supervisor) was done before the session or before the client left and termination occurred when the client was either referred or if the client had dealt with all she or he needed to deal with. Clients were however, rarely seen for more than two sessions, after these they were appropriately referred (Wits Crisis Centre, 1998). The Crisis Centre applies theory from Egan and Carlhuff, Humanistic and Rogerian theory and Eagle's (1996, published in 1998) ideas on the Trauma Debriefing Model. These will be examined in the literature review. Examples of documents of the course content are supplied in the appendices.

1.6 Research Questions

The researcher set out to examine the composition of an effective basic lay counsellor training programme. This was done through examining the existing literature about humanistic principles and by evaluating trainee perceptions of one course (i.e. The Wits Crisis Centre's counselling course). Dryden and Feltham (1994, 43) postulate that "one can speak of the training alliance in the same terms as the therapeutic alliance". Thus, the training may be equated to treatment or counselling or a therapeutic intervention. Then, since treatment or counselling facilitates growth, this project makes the assumption that the training course will facilitate growth/development within the trainee counsellors. (The study focussed on two areas of development, that of self-efficacy and personal relations.) This argument then makes way for the following research questions:

1.6.1 Is a course based on Rogerian, humanistic principles, effective?

Ho: A course based on Rogerian, humanistic principles is not effective.

1.6.2 In the terms of an illuminative evaluation, how similar is the Instructional System to the Learning Milieu?

Ho: The Instructional System is not similar to the Learning Milieu.

1.6.3 Do the participants perceive the course as providing them with the skills they need to counsel effectively?

Ho: Participants do not perceive the course as providing them with the skills they need to counsel effectively. (Participants' skills remain the same.)

1.6.4 Do trainees' personal relations change while and after participating in the course? [Personal relations in terms of relations within the self, at home, socially and formally (Fouche' and Grobbelaar, 1983).]

Ho: Participants' personal relations remain the same during and after participating in the course.

1.6.5 Does the Crisis Centre's basic lay counselling training course instil a feeling of self-efficacy in the participants? [Perceived self-efficacy explicitly refers to one's competence to deal with challenging encounters (Schwarzer, 1998).]

Ho: The Crisis Centre's basic lay counselling training course does not instil a feeling of self-efficacy in the participants. (Participants' feelings of self-efficacy remain the same)

1.7 Glossary (Key Concepts)

Accurate Empathy: A mode of human contact/communication, 'being with', developing an understanding of the client and the client's personal world or internal frame of reference (Rogers, 1961, 1975).

Congruence/Genuineness: A set of attitudes and a set of counsellor behaviours in their interactions with clients, being themselves rather than putting on a role as counsellor, helping is part of the counsellor's lifestyle (Egan, 1990).

Containment: Facilitating calmness, 'holding' the client in an environment that puts the client at ease (Nelson-Jones, 1983).

Counselling: A combination of human relating as well as other helping skills (Nelson-Jones, 1983).

Humanism: Various theories and approaches of humanistic psychology exist. Humanistic psychologists argue that people need to be studied in relation to their interaction with others and with their environment. Rogers' Client-Centred therapy is a humanistic approach based on existential and experiential concepts (Corey, 1995).

Instructional System: This is the formalised plans and statements of the programme (Parlett and Hamilton, 1972).

Lay Counsellor: The counsellor is defined as a caring person with special skills (Nelson-Jones, 1983).

Learning Milieu: The social-psychological and material environment or context of the programme (Parlett and Hamilton, 1972).

Unconditional Positive Regard (Warmth): Suspending critical judgement of the client, accepting them as they are, caring for the client as a person with potentialities (Egan, 1990).

1.8 Summary

The research study examined the training of lay counsellors. To narrow the focus (from many training programmes and many counsellors); an evaluation of a specific case was performed. The case evaluated was the Wits Crisis Centre's basic lay counselling training course. The rationale of the study was to examine effective, basic, counselling skills and the content of an effective, basic counselling course. A brief outline of the development of the Wits Crisis Centre, the topics covered in the course and the trainee selection process is provided. The research questions and glossary then follows to complete Chapter One.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

It has been suggested that the number of professional counsellors or psychologists in South Africa are disproportionate to the need for counselling in South Africa (Turton, 1986, Weber, 1990). Both Schlebusch (1998, 270) and Pillay and Magwaza (1998, 252) describe the future "task and responsibility" of Psychologists in South Africa as "mammoth" in size. Access to these professionals is also a problem for some sectors of the population. Another aspect is finance; professionals are too costly for the larger sector of the population. Lay counsellors contribute to the solution of these concerns. However, professionals have voiced certain concerns about lay counsellors; including the fact that these helpers are called 'counsellors' without having the appropriate qualifications (Lindegger, 1998). Many professionals stress that lay persons should only be employed as aides and assistants to free the professional from clerical and menial duties (Carkhuff, 1968, Truax and Lister, 1970). Thus the debate concerning lay counsellors (paraprofessionals) and professionals is a relevant and prevalent issue.

The Interim South African Medical and Dental Council (SAMDC), Professional Board for Psychology and the Psychological Society of South Africa (PSYSSA) are currently in the process of attempting to make "The Future" of Psychology much clearer. They are also in the process of forging ties with the APA and BPA in order to keep abreast with psychological developments in the US and Britain (Psytalk, April 1998). Included in this, are attempts to clarify the boundaries and roles between the two categories, lay counsellors and professional counsellors. In their 5 February 1998 policy (memo) document: "Psychology and the Future" PSYSSA outlined the proposed levels of registration and explained where the lay counsellor is situated in the 'hierarchy'. A question arises about the training of lay counsellors: What should constitute the minimum training requirements for lay counsellors, or, What should a basic lay counselling training course consist of?

The ensuing literature review examines and outlines the existing research in the areas of counselling principles, lay counsellor selection and training, and the areas in which the Wits Crisis Centre specialises in; crisis counselling in terms of gender issues; i.e. sexual harassment, rape, etc. The

working definitions will now be discussed. A lay counsellor or paraprofessional is any person who volunteers to help in counselling and has undergone some basic counselling training via a recognised/authorised organisation like a non-profit or non-governmental organisation (formalised setting or structure - Weber, 1990, 31). Teare (1978) explains 'paraprofessional' as the person who has been trained but does not hold any formal qualifications as recognised by the traditional helping professions. Durlak (1979, 80) defines *professional* and *paraprofessional* helpers as "individuals who have received postbaccalaureate, formal clinical training in professional programmes of psychology, psychiatry, social work, and psychiatric nursing are considered to be professionals. Those who have not received this training are paraprofessionals". This research report views the counsellor as a caring person with special skills and counselling is viewed as a combination of human relating as well as other helping skills (Nelson-Jones, 1983).

Various terms are used like paraprofessional, lay counsellor, helper, volunteer therapist, volunteer counsellor or student counsellor. The terms, which are used in this research report, are 'counsellor', 'trainee counsellor' or just 'trainee'. The counsellor or trainee can be viewed as a person who offers his or her assistance (as a counsellor) to others and appearing to gain nothing in return. However, counsellors do gain in terms of growth in personal experience (Dryden and Thorne, 1991). Counselling is a "facilitative process in which the counsellor, working within the framework of a special helping relationship, uses specific skills to assist people to help themselves more effectively" (Gillis, 1992, 2).

2.2 Principles and Values of Basic Counselling

Rogers (e.g. 1951) placed much importance on the relationship between client and counsellor and emphasised the characteristics of (accurate) empathy, (non-possessive) warmth and genuineness for therapeutic effectiveness. He argued that the therapist needs to be able to provide or develop a "non-threatening, trusting, safe or secure atmosphere by his acceptance, non-possessive warmth, unconditional positive regard, or love" (Truax and Carkhuff, 1972, 25). Weber (1990, 37) continued further by arguing that lay people can be trained to offer or provide similar levels of "accurate empathy, non-possessive warmth and genuineness" in order to promote the above-mentioned atmosphere or a therapeutic environment.

In the following section, Egan's (1990) ideas were used widely, since the Crisis Centre's counselling course was based on much of his work. Outlined below are six principles, which Egan (1990) put forward as values in helping or counselling.

2.2.1 Pragmatism:

Egan (1990) postulated that helping needs to be useful and practical. The counsellor needs to focus on the client's agenda (not his own or any other), while also maintaining a focus on the client's everyday reality. The counsellor needs to be flexible and not stick to theory or formulas but allow the client to guide the process. The counsellor would find appropriate timepoints when he facilitates through situational leadership. Helpers can 'pitch' the helping process to the status of the client (Howard, Nance and Myers, 1987). The counsellor needs to encourage action by being active, for example, not only listening but also engaging in dialogue when it is appropriate. She or he needs only do what is necessary and not make it seem as if the helping relationship would solve everything. To conclude; the counselling profession as well the counsellor as individual, has limitations (Egan, 1990). There are actions that the client is responsible for, for example growing psychologically. Counsellors need to remember that coercion generates resistance, which needs to be avoided. However, if resistance is present it needs to be worked with, rather than broken down. During this process, the client learns and grows.

2.2.2 Competence

Egan suggests that counsellors need to practice to become good at helping. Learning and practice is continuous. Counsellors need to keep up to date with current knowledge. In the counselling relationship, they need to use modelling to demonstrate their competence to clients. For example, if a counsellor asks his or her client to be open the counsellor needs to be open. The counsellor needs to be assertive and use techniques which he or she has learnt (Corey and Corey, 1993) "Most clients are less fragile than helpers make them out to be" (Egan, 1990, 64). The counsellor needs to find competence in outcomes not just behaviour; while behaviour needs to be geared towards accomplishments, which then leads to competence. Counsellors need to be aware that some clients need to see rewards in order to gain courage from it (ibid, 64; Corey, 1996).

2.2.3 Respect

In the therapeutic relationship, Egan (1990, 65) argues that "respect is communicated principally by the ways in which helpers orient themselves toward and work with their clients". Counsellors should

not do harm; no matter what (this is related to ethics which is discussed later), "There is no place for the 'caring-incompetent' in the helping professions" (ibid, 65). The counsellor needs to treat the client non-judgementally as an individual who is responsible for and can make decisions for him/herself. The counsellor cares for the client as a person, without evaluating the client's thoughts, feelings or behaviours. Rogers (Rogers and Stevens, 1967) called this 'unconditional positive regard'. The counsellor needs to be 'for' and available to the client. This does not mean to take the client's side/agree about everything she or he does; it means being committed to the client and taking the client's interests seriously and includes challenging them when necessary. The counsellor needs to understand the client and show this to him/her. The client needs to be viewed as good and shown warmth. Warmth includes friendliness and understanding (Nelson-Jones, 1983). This is used to help clients through pain, while at the same time helping clients to realise their own strengths and resources Egan (1990).

2.2.4 Genuineness

Egan (1990) explains that being a counsellor does not mean putting on the role of counsellor with the client and taking it off afterwards. The *role* should thus not be emphasised. Effective counsellors are tactful, but spontaneous too. They do not have filters between their inner lives and those around them. However, this does not mean verbalising all thoughts to clients and negative feelings only need to be expressed if they hinder the counsellor's ability to move forward with the client (Egan, 1990). Counsellors need to avoid being defensive. They need to know their strengths and weaknesses and try to live mature, meaningful lives. Counsellors need to be consistent; and have the ability to identify discrepancies in themselves and deal with these (Corey and Corey, 1993). They need to be able to self-disclose when appropriate, and be open which includes having no hidden agendas. The counsellor needs to find out which behaviours help or work with certain clients and then become comfortable with them (Egan, 1990).

2.2.5 Client Self-Responsibility

Counsellors need to encourage their clients to rely on their own resources (Corey and Corey, 1993). People are "capable of making choices and, to some degree, controlling their destinies" (Egan, 1990, 72). It is part of counselling to help the client use, develop or explore self-responsibility, even though "social, political, economic and cultural forces" may limit it at times (ibid, 72). It is however up to the client as well; to accept self-responsibility. Clients cannot be forced or coerced into living effectively;

this is not ethical. Schmitt (1985) suggests that the counsellor find out where the client is in terms of assumed self-responsibility and then work further on it from there. Counsellors need to respect the client's right to determine their own fate. Respect (discussed above) is also linked to the next topic; ethics.

2.2.6 Ethics

Ethics are the standard, recognised principles or codes of practice; sometimes referred to as morals. Counsellors need to keep abreast of ethical developments. "The Ethics Committee of the American Psychological Association (1987) notes that the number of complaints against psychologists has risen 65% over the past few years" (Egan, 1990, 74). Sexual misconduct with clients is a well-known issue. Other examples of ethical issues include; confidentiality, client's rights, the rights of minors as well as the rights of counsellors. Counsellors need to guard against ethical dilemmas, even while they maintain legal, moral, ethical and caring behaviour (Corey, 1996). Counsellors need to keep in mind that the relationship with clients is for the client's benefit. The counsellor needs to above all do no harm, respect the client's autonomy, and be just, fair and faithful (Corey and Corey, 1993). Counsellors can deal with their own issues during their supervision or during their own therapy (Dryden and Thorne, 1991). Corey (1996) examines other areas where ethics pertains to counselling. These range from making ethical decisions, dual relationships, to therapist competence, education and training. The issue of counsellor competence and training is most relevant to this research; thus it will be discussed further.

Counsellors need to be able to recognise their personal and professional limitations. They need only utilise diagnostic and treatment procedures, which they have been trained in. They need only work with clients that they are qualified to work with. They need to be able to distinguish when to consult, confer and refer. They need to seek supervised training and be aware of developments in the field of counselling. It is an ethical and practical concern that counsellors have the facility of continuous consultation and supervision. This is necessary for the counsellors psychological health and thus also for the client. Only a 'healthy' counsellor can be of benefit or assistance to the client. An impaired counsellor may contribute to, rather than alleviate a client's suffering (Corey and Corey, 1993).

An effective counsellor knows that she or he is her or his instrument in counselling and thus needs to care for her or himself. The counsellor sets an example to the client of how to live up to one's

potential. Therefore the counsellor needs to be 'authentic' (Corey, 1996), 'genuine' (Rogers, 1957) and not play or hide behind a professional, stereotyped role because then the client may also hide behind a role. The counsellor needs to be a therapeutic person and clear about who she or he is. She or he needs to have explored their own issues before and be able to manage these, but still be open to growth, risks and be able to care for and be involved with the client in the counselling relationship.

2.3 The Humanistic Model

The theoretical framework of this study is based on the Rogerian-Humanistic Model, since this is the model used in the training course. Time and cost-effectiveness plays a role in choosing the most suitable model and this model is suitable in both aspects. The humanistic approach emphasises the *helping relationship* more than *techniques* as the catalyst that brings about client change (Corey and Corey, 1993).

2.3.1 Principles of Humanistic Theory

The central emphases of Humanistic Psychology (as explained by Shaffer, 1978) are now outlined, to give an overview of the theoretical component of the Wits Crisis Centre course. Thereafter, two contrasting approaches (Corey, 1986) are discussed in order to view the differences between the three and to support the use of the Rogerian method for a basic counselling course.

- Humanist theory advocates that the counsellor needs to be 'with' the client throughout the session, "a moment to moment phenomenology" without trying to change or explain what the client is experiencing/telling.
- The therapist is not considered as a better person who knows/understands the client better than the client himself.
- The counsellor holds a deep respect for the client's freedom to change or resist change.
- The counsellor does not make a diagnosis of the client's issue/problem or apply theoretical preconceptions before listening carefully. The person is regarded as unique and she or he needs to discover her/his own meaning or definition of well-being.
- The client and therapist are perceived as equals, the therapist is allowed to expose her or his own feelings and conflicts. Both client and counsellor is acknowledged to have feelings and conflicts.
- The therapist's fully accepting, caring stance toward the patient is seen as curative

(Shaffer, 1978, 63).

Two approaches in the field of psychotherapy that do not fall within the humanistic classification and against which humanistic approaches can be contrasted (e.g. Corey and Corey, 1993), are behaviour therapy and psychoanalysis. Keeping the above principles of humanistic theory in mind, a clear distinction is apparent in the following brief outline of psychoanalysis and behaviour therapy.

2.3.2 Distinction from Psychoanalysis

Psychoanalytic therapy facilitates regression to a point where the patient relives "those fantasies and frustrations that he originally experienced at the hands of his parents" (Shaffer, 1978, 67) in relation to the analyst. The relationship between patient and analyst is theoretically conceptualised as transference (the patient's neurotic response to the therapist) and countertransference (the therapist's neurotic response to the patient). This relationship is characterised by:

- anonymity and detachment of the analyst,
- the patient's use of free association (abandonment of logical and reality-oriented modes of communication),
- the frustration due to the content of the sessions bearing little overt relationship to the patient's current life problems and their amelioration,
- the use of a couch for a relaxed, passive position, faced away from the analyst.

(Shaffer, 1978; Corey and Corey, 1993)

2.3.3 Distinction from Behaviourism

The Behaviour therapist is concerned with the removal of symptoms or behaviour modification. Behaviour modification procedures include aversive conditioning and desensitisation. All behavioural techniques tend to reflect the following three principles (which contrasts with Psychoanalysis too):

- Psychotherapy should address the symptoms and complaints rather than to a reconstruction of the entire personality.
- Behaviour tends to reflect sets of responses that are situation specific. Thus behaviour therapy is oriented towards eliminating the patient's inappropriate response to a particular stimulus. This will be more effective and efficient than will (e.g. psychoanalytic) longer term therapies addressing themselves to the resolution of hypothetical internal states like "complexes" and "conflicts" that are of doubtful theoretical validity and that lack clear-cut empirical correlates.

- Therapy should concern itself with a patient's past only to the extent of investigating the stimulus history of a specific response.

(Shaffer, 1978, 64-5; Corey and Corey, 1993)

2.4 Client-Centred (Rogerian) Therapy

Rogerian therapy (which is based in humanism) has a great influence on the fields of counselling, psychotherapy, and education (Corey, 1996). In his theory, Rogers draws on a phenomenological analysis of the person's experience of himself and his world. Rogers avoids a conceptual structure that contains too many complex, hypothetical variables, that would make the theory cumbersome and overly abstract (Shaffer, 1978). Rogers' theory is very practical, since he uses a "common-sensical approach to the phenomenology of day-to-day existence", based on his clients' and his own life experience (ibid, 81). He emphasises the human inborn ability to grow and repair the self (Rogers and Stevens, 1967). Rogers avoids a preoccupation with theoretical constructs while counselling a client. He argues that the therapist needs to fully attend to the client as well as conceptualise the client's experience in concepts familiar to the client. However when the therapist connects the client's current feelings with hypothetical childhood events which the client is not even aware of at that time, he will not be able to move deeper into the client's world (frame of reference) or understand the client's experience as the client does (Rogers, 1970; Shaffer, 1978).

In therapy, the therapist needs to experience the client's world in the same way as the client does (Rogers, 1970). In order to do this, intellectual or theoretical knowledge is not enough, but warmth and emotional responsiveness would facilitate this process. The therapist needs to mirror the client (e.g. Ivey, 1999), rather than point out contradictions, disagree, or make suggestions (that the client responds defensively or exaggerates). An empathic, therapeutic environment allows the client to gain a deeper awareness of his perceptions of himself and life.

Rogers (1957) defined three essential characteristics of the helping relationship:

- *Congruence* refers to the therapist's ability to be himself, the therapist does not pretend to be what he does not feel he is. This includes being honest and sharing his own subjective feelings about the client during the session.
- *Empathy* involves grasping and staying in the client's frame of reference. Rogers (1980) refers to this as empathic listening. The therapist grasps and accepts the client's values and perceptions without imposing his own onto the client. The psychoanalytic therapist would conceptualise

certain material as "oral" and share his insight/perception with the client when he feels the client is ready for it. Client-centred therapy views the client as able to improve without being taught new values or a new framework for understanding his experiences. Rogers views empathy as a healing agent in itself. Rogers (1986b, 129) argues that empathy "is one of the most potent aspects of therapy, because it releases, it confirms... If a person is understood, he or she belongs". Thus, if the therapist is able to enter the client's world, understand his experience of the world and convey this understanding to the client, he has attained the skill of being empathic.

- *Positive regard* is an unconditional positive attitude toward the client, consisting of respecting the client as an individual and being non-possessive of the client. Rogers argues that "growth and change are more likely to occur the more that the counsellor is experiencing a warm, positive, acceptant attitude toward what is in the client" (Rogers and Stevens, 1967, 94).

2.5 Counselling Skills/Techniques and Therapeutic Qualities

Trainers and professional counsellors commonly accept that various skills assist the counsellor in his or her relationship with the client. Different theorists name the skills differently, but when explored these skills seem to have similar aspects. For example, Rogers (1957) uses the terms 'genuineness' or 'congruence' whereas Corey (1996) uses the term 'authenticity'. Both these terms seem to refer to being true to the self; congruence includes integrating the self and one's experiences. The first two skills this study discusses are that of observing and listening. Observing the client as well as listening to him/hcr is necessary in a face-to-face counselling session. The quality of listening is important in a therapeutic relationship. Good listening involves receiving and sending skills (Nelson-Jones, 1983). The counsellor needs to hear and show (via body language) that he is hearing and understanding the client. The counsellor uses active listening, which is different to social listening where both parties try very hard to be heard but do not always hear enough of what the other person is trying to communicate. This describes the difference between a therapeutic conversation (both gain) and a social conversation (possibility of neither gaining). This active listening which includes understanding in terms of the client's frame of reference is also called accurate empathy or empathic understanding (Corey, 1996).

Frame of reference refers to a person's personal/private world, reality or meaning (Nelson-Jones, 1983). To enable a therapeutic relationship, the counsellor needs to be able to understand where the client is coming from psychologically and also convey this to the client. Carkhuff (1969) explains it

by saying that the counsellor is 'together' with the client in his or her deepest moments and is absolutely 'tuned in' to his or her wavelength. To understand the client 'through his or her own eyes' on his or her terms refers to an "internal frame of reference" (Nelson-Jones, 1983, 18). When the counsellor uses the client's internal frame of reference, this allows the client to feel comfortable and safe.

When the client communicates verbally in terms of words and how these words are expressed (tone); she or he may also convey non-verbal messages including emotions via his or her body language. This may include facial expressions or movement of parts of their body, for example head or hands. The counsellor may only receive part of what the client is communicating when actively listening to him/her, but will be able to confirm or receive more information by observing as well. From this it is seen that the counsellor's body language and attitude is important too, since this will convey a message to the client as well (ibid, 19). This illustrates how different skills may be utilised together, to improve the quality of the relationship between client and counsellor; thus making it therapeutic in nature.

2.6 Lay Counsellor Selection and Training

The selection and training of lay counsellors is not without problems (Standish, 1998). There is no *one* general, recognised set of criteria for this. Many trainers use various approaches and also keep in mind the subject area; for example, training lay counsellors to counsel people with HIV or sexually harassed or abused women. Various theorists, including Rogers (1957), Corey (1996) and Ivey and Ivey (1999) argue that the skills of empathy, congruence, and unconditional positive regard are the necessary skills for counsellors to be effective, good-enough counsellors. Therefore, a good lay counselling course should facilitate using these skills, train counsellors in these skills and select trainees who have them or show the potential to acquire these skills.

2.6.1 Development of Valid Selection Procedures

Traditional selection procedures have examined intellect and have not been good enough in discriminating effective helpers or counsellors (Dryden and Feltham, 1994). Studies of the characteristics of helper trainees have indicated that these trainees possess more traditionally feminine response patterns; such as social service interests, a nurturing inclination, "restraint, friendliness,

deference, intraception, affiliation, and other more traditionally feminine personality dispositions and low scores on more aggressive, assertive, and achievement-oriented traits" (Carkhuff, 1969, 80).

"Under optimum conditions the most desirable approach to selecting a helper, whether professional or subprofessional, would be to cast the person in the helping role" (ibid, 138). "Studies of selection and training suggest, in general, that the helper trainee's original response dispositions become more intensified over time and with training" (ibid, 80). From this it can be concluded that studying helper characteristics would relate to functioning on indexes related to effectiveness in the helping role. Communication and discrimination are considered to be the most important goal of treatment (Carkhuff, 1968). Treatment aims to improve the functioning of the client in both sensitive discrimination of what is going on in his internal and external worlds as well as effective communication with himself and his world. Valid selection processes would then identify candidates with the ability or potential for therapeutic communication.

Other conditions of selection may relate to the purposes for the programme and employing helpers who are representative of the population which the trainee would be helping/counselling. If the option for intensive and personalised selection is not available, the standardised indices of communication and discrimination offer a reliable and valid means of estimating a prospective helper's level of functioning (Carkhuff, 1969).

2.7 Efficacy of Lay Counsellors

The debate about whether the effectiveness of professional and paraprofessional/non-professional mental health workers differ has been in existence for a long time and it may be so for some time more (e.g. Durlak, 1977). Prior to Durlak (1979), Poser (1966) undertook a study examining the effect of therapists' training on group therapeutic outcome, Truax (1963) and Rogers (1957) also looked at similar issues. These are discussed below.

2.7.1 What makes Paraprofessionals Effective?

Truax (1963, Poser, 1966, 283) illustrated that qualities such as "*accurate empathy* tend to improve the psychological functioning of schizophrenics, while therapists rated low in empathy actually impair the clinical status of their patients". Rogers (1957) argued that therapists do not need special professional educational knowledge to be effective; empathy is more important.

The reason for young or untraditionally trained therapists having good results with patients may be due to their immaturity as well as their lack of overintellectualising their emotions, as experienced professionals would do (Rosenbaum, 1966). Patients respond to young, vibrant people who are humane and extend warmth and compassion (ibid, 293). Age may also play a role in that patients may feel that they can be more open (more communicative and be more honest in explaining a problem) to the less experienced, younger people who appear (less rushed) to have the time to listen. Another reason may be as Lamb and Clack (1974) found that people identify more with their peers. Peers seem more credible and accessible. Berman and Norton (1985, 405) found that "therapists are more effective when treating patients closer to their own age". Thus it can be seen that both patients and therapists of similar age groups feel more comfortable with each other and as a result relate better.

Rosenbaum (1966), however, questioned whether compassion and humanness is psychotherapy (or constitutes the process of psychotherapy). One may argue that they *are* related. If psychotherapy serves to bring about positive/constructive change within the patient and if lay therapists achieve this while working with the patient, then the efforts of the lay therapist can be seen as therapeutic. The lay therapist's display of warmth and compassion during their treatment of patients, even though their methods are not as traditional training teaches, is still effective. This effectiveness should be acknowledged. Rosenbaum (1966) continued, that some people may be "helped" (aided, supported) just by meeting enthusiastic and compassionate people, while others who need (deep-seated) "change" will be referred to trained psychotherapists.

Poser (1966) showed that it might not be necessary to have traditional mental health training in order to promote therapeutic (behaviour) change in mental patients. Thus, it seems that as long as the counsellor has the basic skills of counselling such as empathy, warmth and congruence she or he can "contain" the client and perhaps allow them to accept themselves, learn about and utilise their strengths and at the same time concentrate (more on their strengths and) less on their weaknesses. Here supervision will also help in that the supervisor can assist the lay counsellor, if necessary or advise the counsellor to refer the client to a more appropriate resource, for example a counsellor who has been trained in that area (Dryden and Thorne, 1991). But before referral, the counsellor would contain or help the client heal a bit, even if this means just calming down, by using the qualities and skills that the counsellor has (i.e. accurate empathy, warmth, congruence, and containing/support).

The above illustrates the importance of training and the improvement of certain skills. Lay counsellor training is like experiencing group therapy. Dryden and Feltham (1994) have argued that the task of training resembles counselling. So the outcome of the training needs to also be a therapeutic growth experience. Thus the trainer needs to ensure that she or he creates and facilitates an effective working level of "emotional rapport, a shared vision of the ultimate purpose of training and reasonable agreement as to the necessary means of attaining the vision" (ibid, 43). This needs to be fostered and monitored during the training course; in order to promote good counsellors with the needed skills of communication, empathy, warmth and congruence.

2.7.2 Communication and Training

Professional training is geared towards the development of discriminators; that is, to discern the client's areas of functioning and dysfunctioning, and prescribe follow-up treatment (Carkhuff, 1968). Professional training improves student ability to discriminate between levels of functioning offered by other counsellors (Carkhuff, 1969). Their training does not seem to improve their communication skills, which seems to be a more needed skill to have (Egan, 1990). In contrast, lay programmes, which are more simple and homogenous in content coverage, as well as occurring over a shorter period of time, encourage a more communication based programme. They concentrate on promoting effective relations to patients and facilitating positive change. Lay programmes prepare people to help people, and professional programmes seem to fall short in this area (Carkhuff, 1968).

2.7.3 Problems in Training

Smith (1994, 173) has studied the "unconscious concerns of a group of university students on an intensive residential 1-year course in counselling". The findings support the idea that "there are unconscious preoccupations in all such training groups that inhibit the effectiveness of the course if not addressed" (ibid, 173). This then implies that courses which do not identify or address these concerns, are not effective and the counsellors may not be effective either.

Nicholas (1994) explored the issue of racism in higher education, as a central concern of counsellors in South Africa. The study focused on counselling within racially integrated universities in general and the problem of racism at South African universities. The results show that it would be necessary for counsellors to develop new expertise to deal with conflict due to racism on campus. "Counselling

centres will also have to reflect the diversity of the student population, which will require changed university employment policies" (ibid, 119).

2.7.4 Areas of Concern in Lay Counselling

The selection and recruitment of lay counsellors as well as the implementation of lay (training) programmes all have their own unique problems. These problems lie in finance, consultation (time and office space), and the definition of the roles of lay counsellors. There is also a problem in assessment, for example difficulties in assessing long-term effects or short-term programs (Carkhuff, 1968).

Another problem is that of burn-out experienced by counsellors. Jupp and Shaul (1991) examined the effects of work stress and sources of support on burn-out and the effect of duration of employment on both mentioned variables, on student counsellors. The study showed that students who experienced more life stress had significantly more general psychological-physical distress, than students who reported less life stress. Students with longer employment reported experiencing more support from various sources, including their counselling peers (ibid, 157). Jupp and Shaul (1991) also found that peer support was associated with less work stress and less burnout. This is a factor, which should be highlighted in training programmes, as a precaution against burnout.

2.7.5 Is Traditional Education Necessary, for Counsellor Effectiveness?

Berman and Norton (1985) concluded that professional training does not make a therapist more effective. They do negate evidence (e.g. in Hattie et al., 1984) that support paraprofessionals as being *more effective* than professionals. Their analyses reveal a similarity in effectiveness of the two groups. This finding was consistent even when different types of problems, treatments and outcome measures were analysed.

Carkhuff (1968) examined the differences in training and treatment programs and their outcomes for professional and lay counsellors. The findings show that lay persons are and can be trained (in relatively short periods of time) to be more facilitative in relation to constructive change in the client. Professional training however, (which occurs over a longer time) does not seem to provide the same

facilitative function. Lay trainees usually function and facilitate change in patients at levels as high or higher than professional trainees (Carkhuff and Anthony, 1979).

Few treatment programs have been systematically assessed to determine the program's effects. Poser (1966) and others, have supported the indications that lay persons can bring about significant constructive change in their clients. Carkhuff, (1968), Eysenk (1965), Levitt (1963), and Lewis (1965) found that constructive change occurred in both the experimental and control groups, of professional patients. Carkhuff (1968) offered a reason for this; that the control group patients could have gone to lay/non-professional helpers. It can be seen however that the effects of treatment given by professional trainees deserve more study. Poser (1966) and Rioch (1966) agreed that the patients of lay therapists show positive change. With or without training or supervision, selected lay persons have patients who demonstrate change as great or greater than the patients of professional practitioners (Carkhuff, 1968). Berman and Norton (1985, 404) argued that the effectiveness of professional and paraprofessionals differ according to the length of therapy. Their findings indicate that "professionals were somewhat more effective in studies using short treatments, and paraprofessionals were somewhat more effective in studies involving longer therapies". However, overall they argued that the two groups appeared *equal* in effectiveness.

Carkhuff (1968) made a disturbing suggestion that needs to be heeded. He suggested that professional/traditional training undermined that functioning which is related to facilitating constructive change in patients, which students have when they enter training. Professional programs do not address or train their students in that area of facilitative functioning which produces constructive change in patients. The professional focuses upon highly elaborate cognitive systems when treating patients. The professional's efforts are role-dominated and guided by theories and techniques which he can allocate blame to if failure results. The lay counsellor, in contrast, "has less expertise; he is more in contact with his uncertainty, less sure and less formulative, he has only himself (and, sometimes, his supervisor) to rely upon, and tries only to stay with and *be with* the client" (ibid, 121). The lay counsellor does not have to heed to role conflicts which hinder his "full and intense involvement and entry into the life activities of another person" (ibid, 121).

2.7.6 Status, Class and Effectiveness

Professionals are primarily from a different class from counsellors, especially in terms of their education (Lindegger, 1998). Professionals and counsellors view problems differently (Carkhuff, 1968). As well as having humanitarian motives to solve the problems of the mentally ill, professionals are also concerned about themselves, their security, and prestige (Rioch, 1966), status, position, money and also their own psychological difficulties. In contrast, lay counsellors are less intellectual and educated. The lay counsellor is motivated to help because he is in contact with the need for help, in himself and in others (Carkhuff, 1969). In examining the training of prospective professionals and paraprofessionals, Carkhuff (1968, 120) found that "the means and intentions of prospective lay helpers are more humble and direct, or honest, at the beginning of training than the means and intentions of prospective professional helpers".

2.8 Self-Efficacy and Personal Relations

2.8.1 Self-Efficacy

Schwarzer (1998) defines perceived self-efficacy as explicitly referring to one's competence to deal with challenging encounters. Kazdin (1978) examined the assessment task when self-efficacy is measured. He explains it as follows: individuals are asked "to state whether they expect they can perform various tasks and their degree of confidence in this self appraisal". Literature shows that individuals can predict their own performance rather well (e.g. Michel, 1968). Their "responses are assumed to reflect specific expectations for performance in the actual situation. This assumption is then 'tested' by looking at actual performance" (Kazdin, 1978, 181).

Beattie (1981) explored studies where performance-based techniques (participant modelling) was used and those where vicarious experience techniques (modelling alone) were used. Results showed that where participants mastered certain experiences, their estimations of personal efficacy were higher. Thus their self-esteem and self-efficacy would improve.

Bandura (1977, 191) has argued that "psychological procedures, whatever their form, alter the level and strength of self-efficacy" and that perceived self-efficacy has an effect on a person's determination and success in difficult situations/threats. Bandura found that performance-based procedures were most powerful in effecting psychological changes and "mastery experiences" lead to self-efficacy. He

argued that the best measure of behaviour is behaviour, not reports of it. However he does concede "under appropriate conditions, verbal indices provide a good measure of thought for examining the explanatory and predictive power of cognitive factors in psychological change" (Bandura and Adams, 1977, 306).

2.8.2 Personal Relations

Glasser, Sarri and Vinter (1974) studied individual change through small group relations. "Group development is defined as changes through time in the internal structures, processes, and culture of the group" (ibid, 72). Information regarding improvement/development in various areas of personal relations has been mentioned in the previous sections. Personal relations in this study include relations within the individual, amongst the trainee group, home relations, social and formal relations.

2.9 Crisis Counselling

2.9.1 Definition and Discussion of Field

Murgatroyd and Woolfe (1982) define crisis as the way people experience, think of and feel about certain events. Weber (1990) has argued that crisis intervention plays a role in the development of new (mental) health delivery systems and in trying to deal with the mismatch of need and service while establishing such a system. Crisis intervention is important in "dealing with mental and emotional difficulties as they occur; in dealing with potentially debilitating situations before they become chronic; and in preventing often 'ordinary' situations and crises from being 'labelled' and incorporated into the traditional mental health network or psychiatric system, with all the attendant problems that go with this" (ibid, 25). Crisis intervention is developing into a more preventative system involving preventative primary health focused delivery (Murgatroyd and Woolfe, 1982) thus broadening the scope of attempts in dealing with it.

The development of crisis centres and the utilisation of volunteers have led to mutual enhancement (Austin, 1978) especially in South Africa. When the political situation (e.g. government) changed in 1994, many South African citizens expected and experienced changes ("Post-Apartheid transformation process") in various areas of their lives (Pillay and Magwaza, 1998, p252). This led to people experiencing increased stress and crisis (e.g. rise in suicidal behaviour) (Schlebusch, 1998). This then led to the increase in the need for crisis centres and volunteers to staff them. Thus the roles and values of both are being increasingly recognised. McGee (1974, 112), argued that "The real

professional crisis worker has emerged in the form of the volunteer, whose availability has only begun to be tapped and whose devotion and dedication to the needs of fellow human beings are not constrained by time honoured roles and artificial status distinctions". Weber (1990) continued this argument and claimed that volunteers/paraprofessionals are not only used because they are readily available nor because of the shortfall of trained professionals, but because considerable evidence supports the belief of their effectiveness in the helping role.

The field of crisis intervention is increasingly making use of volunteers. This started in the sixties mostly in America with the "new careers" programmes (e.g. Austin 1978). Here indigenous lay people were taken from the community and trained to deliver direct services to their communities. These people were later called paraprofessionals and they set the debate in motion concerning the definitions/roles of professionals and non-professionals.

Volunteers are often the primary interveners in rape crisis services (like POWA, Pretoria Rape Crisis Service) in alcohol and drug abuse programmes (like Alcoholics Anonymous and Narcotics Anonymous) in counselling services (like Hospice, Lifeline) and child abuse services (Women against child abuse) etceteras. In South Africa most of the crisis centres are staffed by and could not operate without the use of volunteers (Weber, 1990). Waterson (1976) pointed out that professionals rarely accept the challenge of establishing and maintaining crisis centres so non-professionals have always taken on this responsibility. Therefore the "volunteer is thus a most significant factor in the development and existence of centres for dealing with persons in a crisis state. Had the non-professional not been able to effectively function as a counsellor, it is doubtful whether crisis centres would be in existence today - certainly in their present abundance" (Waterson, 1976, 37).

2.9.2 The Wits Trauma Intervention Model

The Crisis Centre training utilised the Wits Trauma Intervention Model (Eagle, 1998) when working with acute cases of rape or any incidents of severe crisis. The course incorporated this with the work of Egan and Carkhuff on counselling skills. The chief developer and trainer of the course, who had a background in gender issues, was based at 'People Opposing Women Abuse' (POWA) and thus included her experiential knowledge with the theoretical knowledge in the course. The trainer worked in collaboration with a Psychologist from the Wits CDU who had extensive experience in training. Also included in the course was content (provided by the university) about the legal system with

regard to rape, sexual harassment, policies held by Wits in these areas, and procedures students or staff need to follow in these events.

The components of the Wits Trauma Intervention Model are:

- **Telling/re-telling the story:** giving detailed description of the traumatic event in sequence, including the feelings involved, facts, cognitions and sensations; reliving it.
- **Normalising the symptoms:** these are discussed and empathised with, while educating the person on post-traumatic stress symptoms.
- **Addressing the self-blame or survivor-guilt (restoring self-respect):** here the person wishes to undo the event/trauma and provides the survivor with agency so that it does not occur in the future.
- **Encouraging mastery:** this involves "restoring the person to previous levels of functioning".
- **Facilitating creation of meaning:** is optional; this is not imposed on the client. The client may want/choose to find some meaning in the traumatic event. (Eagle, 1998, 4)

2.10 Summary

This chapter started off by looking at the principles and values of counselling. It then focussed on ethics, counsellor skills, selection and training, counsellor efficacy, Humanistic theory, Client-Centred, Rogerian therapy and finally examines Crisis Counselling and the Wits Trauma Intervention Model, since this is a model the trainers examined when developing the course.

The literature review outlines the qualities an effective counsellor needs. An effective counsellor needs the skills or qualities of empathy, congruence and unconditional positive regard. Although these are the terms which Rogers and other humanists use, terms used by other theorists are similar in meaning. From this it follows that a basic, lay counselling training course needs to include the facilitation or the acquisition of these skills. When selecting trainees, those who appear to have the potential for developing these skills would most likely be selected. The training would then elicit and improve on these skills.

The next chapter focuses on the evaluation framework, the design of the study, the methodology, the measuring instruments utilised, and finally the procedures which the study followed.

CHAPTER THREE: METHODOLOGY AND RESEARCH DESIGN

This chapter outlines the study by explaining the methodology, design, sample, instruments and procedures followed in the study.

3.1 *Evaluation Methodology*

3.1.1 Evaluation Framework

The methodology used to evaluate the counsellor training course under study here is an evaluation model developed by Malcolm Parlett and David Hamilton in 1972. It is termed "Illuminative Evaluation". This alternative type of evaluation arose amongst other interpretive approaches (e.g. Stake, 1972, Responsive Model), due to shortcomings, which became evident in the existing (traditional) evaluation models at the time. Traditional, positivistic evaluation methods tended to be too narrow in focus and inadequate to examine the development of programmes (Cronbach, 1963), expensive and cumbersome (Parlett and Hamilton, 1972). Thus, rather than measure and predict like the traditional methods, illuminative evaluation aims to describe and interpret, "understand and document an innovation - examining its background, its organisation, its practices, and its problems, in addition to its outcomes" (Parlett, 1974, 13). An illuminative evaluation model is appropriate in this research study, since the purpose of the evaluation is not just to measure certain variables, but to examine the context and development of the programme as well as unexpected outcomes, if any.

Traditional evaluation methods have been described as formal, positivistic, objective and rigid or disciplined (Guba and Lincoln, 1983). This type of evaluation seeks to isolate and control variables, use random selection and try to make the evaluation replicable. The evaluator is viewed as the expert professional who is not a part of the programme. The programme is an entity, which can be observed and manipulated objectively and in a controlled manner. The various stakeholders in the programme are seen as having the same objectives (Stake, 1983). Objective numerical data are sought, which can be statistically analysed. The effectiveness of an innovation is determined by its goals, how it is planned to attain these, the implementation of the plan and if the programme achieves its goals.

The problem with this type of evaluation is that goals cannot always be stated clearly or agreed upon by all the stakeholders involved. Goals are not easily measured and the actual implementation may

deviate from the (blueprint) plan due to extraneous conditions (e.g. Scriven, 1967, 1973, Stake, 1967). Traditional evaluation may even have a negative effect on the programme, because it discourages new developments and re-definition of goals or concepts while the evaluation is in process (Parlett and Hamilton, 1972). It can "become a dogma that stifles free inquiry" by dictating what to do (Parlett and Dearden, 1977, 3) and preventing "open-ended exploration" (Parlett, 1974, 16).

3.1.2 Illuminative Evaluation

Guba and Lincoln (1983) suggest that each method of evaluation has its place, but the traditional methods are not suitable to evaluate all programmes. When the wider context in which the programme functions needs to be considered, alternate approaches such as the illuminative approach, serve the purpose better (Parlett and Hamilton, 1972).

3.1.2.1 Aims of an Illuminative Evaluation (Parlett, 1974, 15)

- To study the innovatory project
- To see how it operates, how it is influenced
- To acknowledge its advantages and disadvantages
- To document how it feels to be a participant in the new project
- To highlight the significant features of the project, its problems and its critical processes.

3.1.2.2 Central Concepts

According to Parlett and Hamilton (1972), there are two concepts central to illuminative evaluation; the instructional system and the learning milieu (in terms of an educational or community programme, it could be the implementation program and the programme context). Both will now be discussed.

The Instructional System

This is the formalised plans and statements of the programme, for example documents which set out the assumptions and details the techniques and equipment used in the programme. The traditional evaluator uses this information in his evaluation, but in practice the objectives of a programme are usually re-ordered, re-defined or even abandoned or forgotten (Parlett and Hamilton, 1972). It is the context of the programme (which will be discussed next) which usually affects these goals or objectives.

The Learning Milieu

This is the social-psychological and material environment or context of the programme, where the interaction between the participants and stakeholders of the programme occurs. In an educational

programme, for example, the learning milieu depends on the interplay of a number of different factors. Thus it is important to acknowledge the diversity and complexity of the learning milieu before seriously studying an innovation. Unintended outcomes are likely to arise and affect the innovation; change its form and moderate its impact. The learning milieu is necessary to analyse "the interdependence of learning and teaching, and for relating the organisation and practices of instruction to the immediate and long term responses of students" (ibid, 90). In short, the context has a profound effect on the learning experience (Tisdell, 1996).

3.1.2.3 Methods

Illuminative evaluations are diverse and flexible (Parlett and Dearden, 1977). They are not used as a standard methodological package, but rather as a general research strategy. An illuminative evaluation "aims to be adaptable and eclectic" (Parlett and Hamilton, 1972, 92). The individual case determines the methods to be used; the best available techniques for that situation. An illuminative evaluation uses a triangulation approach (Denzin, 1978) which facilitates cross-checking of findings.

At the beginning of the evaluation, the evaluator/researcher familiarises him/herself with the daily life of the innovation/programme. His chief tasks include gaining as much 'experiential' information about the project as possible, its significant features, understand the relationships between beliefs and practices, between organisational patterns and responses of individuals. "Since illuminative evaluation concentrates on examining the innovation as an integral part of the learning milieu, there is a definite emphasis both on observation at the classroom level and on interviewing participating instructors and students" (Parlett and Hamilton, 1972, 92).

The evaluation can be seen to consist of three stages, which are functionally inter-related; the evaluator observes, inquires further, and then seeks to explain. During the evaluation, problem areas become clearer and re-defined and more attention is given to emerging, 'unique and unpredicted' issues. An information profile is assembled from data from four areas: observation, interviews, questionnaires and tests, documentary and background sources.

3.1.2.4 Problems in Illuminative Evaluation

While, the above appears logical, concerns have been expressed about the subjectivity of the illuminative approach and whether personal interpretation can be scientific (ibid, 96; Parlett, 1974).

However, the counter argument is that all theorising depends on interpretive human insight (e.g. Guba and Lincoln, 1983). Another concern refers to the scope of the evaluation. Case studies have a limitation in terms of replicability. However, larger/wider-scale illuminative evaluation can be carried out where the contexts or various learning milieus share similar characteristics (Stake, 1985).

3.1.3 Decision-Making, Evaluation and Illumination

The aim of an evaluation study is usually to contribute to decision-making (Stufflebeam, 1983). Decision-makers may include the project's participants, project sponsors, supervisory committee or interested outsiders in the process of decision-making. Illuminative evaluation focuses on information-gathering (Parlett and Hamilton, 1972) and is designed to contribute to, rather than replace the processes of decision-making. It is not judgmental, yet it does examine issues of merit and value (Parlett and Dearden, 1977). The evaluation report serves to "sharpen discussion, disentangle complexities, isolate the significant from the trivial, and raise the level of sophistication of the debate" (Parlett and Hamilton, 1972, 99). The focus is less on explanation and more on understanding through direct insight and experience. Thus the evaluator's data should reflect what occurs naturally in the programme (Potter, 1997). Although decision-making is not made easier, the contributions made are useful. Parlett and Dearden (1977, 154-5) mention certain kinds of distinctive contribution that an illuminative evaluation may be able to provide. It can provide "vicarious experience" to those who cannot experience the programme first hand. It can remind readers about known features of the programme, which have come to be taken for granted. It can "highlight critical features of a program" and "provide a forum for the consideration of individual or atypical opinions". It can "convey an overall perspective on the program", summarise and juxtapose differing views and it can confront dilemmas.

An illuminative evaluation is distinct from other evaluations based on management approaches, and also from participant approaches, because it seeks more to understand the broader context of the programme rather than focus on stakeholders' concerns or assist the stakeholders in decision-making (Parlett, 1974; Parlett and Dearden, 1977). It was chosen in this study so that the researcher could illuminate aspects of the course and make the Crisis Centre staff and administration aware of these aspects. The researcher was not in a capacity to make decisions about the centre or more specifically the counselling course, but only given permission to evaluate the course as part of the researcher's research study. The results obtained would be available to the Crisis Centre staff to be used, as they

found necessary. Thus a more decision-oriented, management-based evaluation approach (for example Stufflebeam's 1983 CIPP model) was less appropriate for this research study. Such an evaluation would have a narrow focus on the concerns of decision-makers (Parlett and Hamilton, 1972, 99). It would examine needs, objectives and outcomes and expect orderliness. It would be expensive, and unlikely to yield information on the process of the program's development (Cronbach, 1963).

3.2 Research Design

This is an exploratory research project. The design is a multi-method, ex post facto, repeated measurement evaluation design. The methods of data gathering utilised were background documents, observation, interviews and two questionnaires (relating to self-efficacy and personal relations) completed before and after the training.

The counselling course was evaluated via the perceptions of the participants of the course. These perceptions were gauged through interviews and their responses in the questionnaires. Thus the evaluation design included both qualitative and quantitative components. The qualitative side was designed to tap into the context of the programme. This was implemented via observation at the course and centre (WCC), interviews with participants of the course and centre staff and a (open-ended) course evaluation questionnaire. The quantitative data were collected via two questionnaires. In order to examine whether the course was effective, a single group pre-test post-test design (which is exploratory and pre-experimental in character) was used, to elicit whether the participants experienced a positive change after participating in the course.

Table 1: Design

| | Events conducted to analyse either Learning Milieu (LM) or Instructional System (IS) | |
|-----------------|---|----------|
| Before | (Jul-Sep 1997: First counselling training- students) Feb-Mar 1998: Researcher participated in and collected data about content, in second training course (Wits staff). | LM IS |
| Third | Information/documents from Centre staff and Course trainers | IS |
| Training | Observation of Centre, centre staff and counsellors | LM |
| | Interviews with nine (counsellors, staff, trainees) participants | LM |
| | Questionnaires administered to all participants (33) | LM |
| Period | (Third Training: Aug-Sep 1998) Observation of certain days of the seven weeks of training | LM |
| of | Noted verbal evaluations at end of specific days of training | LM |
| Training | Course Evaluation Questionnaires from trainees at end of course | LM |

| | | |
|----------|--|----|
| After | Observation at Centre | LM |
| Third | Data Collection: Questionnaires, Follow-up Interviews | LM |
| Training | Data Analysis- Statistical; Wilcoxon-Matched Pairs Sign Rank Test and Content Analysis | LM |

As the above table shows, the researcher/evaluator participated in the staff training course (staff from or linked to various departments at Wits), where approximately ten staff members were trained as counsellors. The researcher gathered information at this course and it allowed the researcher to compare the course content to the third counselling training course (since the trainers/developers stated that it was similar), where the researcher was an observer.

The design included three stages: pre-testing, training (treatment) and post-testing. The pre-test included interviewing 10 participants and administering two questionnaires to all participants in the sample. The training then occurred over the following seven weeks, during which evaluation questionnaires were completed and comments of the course were recorded. The researcher allowed time to pass (in which the trainees would counsel) before re-administering the questionnaires to all participants. (This process is explained in more detail in the section headed 'Procedure'.) The researcher "experienced" the context (learning milieu) through being constantly present at the centre, observing during the training and observing "normal" daily events at the centre where the counsellors counsel, as well as through the interviews. This allowed the researcher to describe and understand the context and to compare the achieved learning milieu to the instructional system (original plan).

3.2.1 Illuminative Evaluation Design for the Program

Designing an evaluation is a process, (Stufflebeam, 1983) which begins before the evaluation and continues throughout the evaluation. Thus, the design will be modified and adapted appropriately during the evaluation. This is consistent with Parlett and Hamilton's (1972) approach to evaluation. It also allows the evaluation to be responsive to the information needs of the relevant audiences. It allows for discussion with the client who then confirms the relevance of the design or modifies it. During this, the evaluator needs to be constantly aware of his or her own agenda for the evaluation study as well as those of the clients (Stufflebeam and Webster, 1983).

The triangulation approach is a method of using a variety (usually three or more types) of data sources to ensure a good data collection process and to allow for validation or cross-checking (Parlett and Hamilton, 1972). Triangulation is based on the assumption that all methodologies used by researchers

are essentially limited and subject to flaws in terms of validity (Cook and Campbell, 1979). Thus additional procedures and controls need to be used whenever possible. The evaluation programme for the counselling course is Formative¹, Interpretive², and Participatory³ in nature.

The developers of the counselling programme and the Wits Crisis Centre were in favour of the evaluation. The participants of the counselling course also favoured the evaluation. Thus input was gathered from both of these sources. As stated in the theoretical section of this paper, an illuminative evaluation focuses on gathering information rather than making decisions (Parlett and Hamilton, 1972). Below are the data sources used to answer the research questions.

Table 2: Data Sources

| Research Questions | Data Sources |
|--|---|
| 1. Is a course based on Rogerian, humanistic principles, effective? | Literature Review |
| 2. In the terms of an Illuminative evaluation, how similar is the Instructional System to the Learning Milieu? | Observation of context, Interviews with centre staff and participants, Documents of course and centre |
| 3. Do the participants perceive the course as providing them with the skills they need to counsel effectively? | Interviews, Information from Questionnaires: participants |
| 4. Do participants' personal relations change while and after participating in the course? | Personal, Home, Social and Formal Relations Questionnaire, Interviews: participants |
| 5. Does the Crisis Centre's basic lay counselling training course instil a feeling of self-efficacy in the participants? | Self-Efficacy Questionnaire, Interviews: participants |

Sparrow (1973) argued that an evaluation does not only measure the short term achievement of whether trainees will be effective in their role at the centre, as counsellors, but that the course will have an impact on their life in general (i.e., increased knowledge, skills and ability to relate to others in their daily lives as well as at the centre). The evaluation attempted to illuminate this, but also considered that change is not always immediate and observable (Murgatroyd, 1992). Sparrow (1973,

¹Formative Evaluation: The process of undertaking evaluation research aimed at ongoing program improvement (Potter, 1998).

²Interpretive Evaluation Approaches include the use of qualitative data, with an analysis including human interpretation / insight subjectivity and a focus on context (Parlett and Hamilton, 1972).

³Participatory Evaluation is best suited to formative evaluation projects that seek to understand innovations (programs) with the expressed intention of informing and improving their implementation (Cousins and Earl, 1995).

3) described the participant type of evaluation as answering "not whether a project attains its immediate objectives - as demonstrated, for example, in the achievement of children at the end of a course- but how far it has been concerned with more long-term aims, such as the children becoming better scientists, better mathematicians or better citizens than those working on more traditional lines". Thus the evaluation did not only highlight immediate or planned outcomes, but also the possible long term and unexpected outcomes (which were gauged from the interviews with the first group of counsellors trained in 1997).

3.2.2 Sample

At the start of the study, the Wits Crisis Centre had been in operation for one year, with only two groups (students and staff) trained and one more (student group) to be trained. All past participants of the Wits Crisis Centre Counsellor Training Course made up a sample of thirty-three. The sample in this study included all previously trained counsellors (group 1 in August 1997 and group 2 in February 1998), which could be contacted (20) and 13 recruited 'trainees'; participants of the then upcoming third course (August 1998). The trained counsellors fell into two categories. The first group (students) trained; were referred to in this paper as 'counsellors', since they were the current counsellors at the centre at the start of this research project. The second group (staff) trained; referred to as 'staff' since they consisted of staff members from various departments of the university. Except for one, the staff group did not counsel in the centre before or during the course of the research, although it was the aim of the centre to utilise this group when necessary. The staff members used the skills gained in the course, in their daily work when dealing with students and other staff. The members who participated in the third training course are referred to as 'trainees' or counsellor trainees, since they were being recruited to take on this role at the start of this research. The entire sample consisted of 26 females and 7 males. Their ages ranged from 19 to 47 years, with the majority lying in the age range of 20 to 25 years. All participants were students and staff from Wits.

Table 3: Sample Demographics

| Gender | | Age Range | Occupation | |
|--------|----|-----------|--|----|
| M | F | 19 - 47 | Psychology Students | 15 |
| 7 | 26 | | Social worker and Sociologist | 2 |
| | | | Others (incl. Staff) in various fields; e.g. Architect, BA, B Com, Field Worker, Bursary Assistant, Lecturer, Matron, Nurse (Wits Med. School) | 16 |

3.2.3 Data Collection

The process of data collection occurred over a three-stage period. The first group of counsellors received their training in 1997 so they counselled over the period beginning in October 1997 until August 1998 (excluding vacations). The second group (staff group) was trained between February and April 1998. (The researcher participated, and collected data about the content of the course.) The counsellor and staff groups were able to account for the training; that is state retrospectively, whether they experienced the training as effective or adequate and whether they felt equipped enough to deal with the people they saw in the centre or in the case of the staff group, the people they dealt with in their various jobs. (The researcher spoke to the trainers, centre (development) staff and collected documents about the centre and the course.)

Table 4: Summary of Data Collection

| Stage One | Stage Two | Stage Three |
|--|--|---|
| <i>Pre-Training:</i> Interviewed Trainers, Centre staff, Collected documents of course and centre. Interviewed 10 randomly selected members from all three groups, i.e. past students trained, staff trained and trainees selected for third training. | <i>During and Directly after seven weeks of Training:</i> Noted Verbal evaluations on specific days of the course, e.g. comments given at end of first day of training. Course evaluation questionnaires from trainee group after they completed the training. | <i>After Training:</i> After trainee group counselled, administered questionnaires to all three groups again. Follow-up interviews with available members of previously selected group of 10. |

The first stage involved interviewing five selected members of the group who had participated in the (previous two) training courses and 5 members from the group who had been recruited for the next training course. 'Random' selection, without replacement, was used to select the ten interviewees from the sample of thirty-three. The interviews occurred before the third training session (of the new group of counsellor trainees). Also before the training began, the trainees were asked to complete the Self-Efficacy Scale and the PHSF. This was a pre-test before a treatment in an ex post facto design.

Stage two began with the start of the training course, which occurred over a period of seven weeks. It was planned to have the trainees complete a course evaluation questionnaire (rating scale and open-ended questions) at the end of the training. However, the trainees completed course evaluation

questionnaires on various days during the training. The researcher also utilised verbal evaluations/comments of the course, which had been recorded at the end of certain days of the course. On completion of the course, the participants were then allowed (five weeks) to counsel students/clients who came to the Wits Crisis Centre.

Stage three occurred two to five weeks after the training. It involved post-training administering of the Self-Efficacy Scale and the PHSF. It was planned to administer the tests to all participants at the same time. This condition could not be controlled/maintained because the entire group could not make themselves available at the same time, thus the questionnaires could only be administered at the various times as when members of the group were available. Follow-up interviews were completed with the available six members of the randomly selected group of ten. The processes in each stage are explained in more detail in the section entitled 'Procedure'.

3.3 *Measuring Instruments*

The literature indicated a scarcity of scales that had been used with (trainee) counsellors (e.g. Weber, 1990). There was a lack of methods (in South Africa) for assessing self-efficacy in counsellors (ibid, 63). There were techniques to assess self-efficacy beliefs regarding snake phobics (Bandura, 1977a), academic environment and racial environments (Barling and Simon, 1980, Barling and Snipelisky, 1980). However, there were no appropriate self-efficacy scales available that were specifically applicable to counsellors and normed in South Africa. Due to this, the Subscale of the Self-Efficacy Beliefs Scale developed by Beattie (1981) for an industrial environment, and later modified by Becker (1992) for use in a study on the Self-Efficacy of insurance brokers, was utilised in the present research. The items were adapted for use with counsellors. The scale was then piloted. Seventy questionnaires were handed out to students at the University of the Witwatersrand as well as to counsellors at various organisations that offered counselling and trained their own counsellors.

3.3.1 Self-Efficacy Subscale of the Self-Efficacy Beliefs Scale:

This is a 24 item subscale which Bandura (1982, Bandura and Cervone, 1983) recommended could be adapted to relate more appropriately with the group to be tested. Thus, items could be modified for different settings or made relevant to different tasks. Kendal and Korgeski (1979) argued that it is necessary to construct new measures for each research situation. Thus when Becker (1992) used the scale with insurance broker consultants, the items were adapted to his sample. In order to be used in this research, it was adapted and then piloted in order to identify whether items modified to a

counselling setting would decrease the reliability scores previously obtained. This was not found and is detailed in the results of the pilot study in the next chapter.

Items were scored on a Likert type five-point scale, (while the second scale; the PHSF was scored on a four point Likert type scale). A five point rather than a seven-point scale was used to avoid confusion that could arise with too many options. Also other studies, for example Matell and Jacoby (1971), showed that reliability was independent of the number of scale points for Likert type items. The items were answered on a five-point scale existing of the following options:

| | | | | |
|-------------------------|--------------------|------|-------------------|------------------------|
| To a very little extent | To a little extent | Some | To a great extent | To a very great extent |
|-------------------------|--------------------|------|-------------------|------------------------|

Items were scored 1 for *To a very little extent* through to 5 for *To a very great extent*. Items 14-16 are reverse scored since these items are negative items (5 for *To a very little extent* through to 1 for *To a very great extent*). A member of the centre's development staff (professional psychologist) approved the instrument selection and design as in a participatory model (Cousins and Earl, 1995).

3.3.2 The Personal, Home, Social and Formal Relations Questionnaire (PHSF)

The Personal, Home, Social and Formal Relations Questionnaire was selected by the centre's staff member, based on her experience using it. This questionnaire was normed on college students in South Africa (Fouche' and Grobbelaar, 1983). The PHSF was utilised to test for a difference in Personal Relations in the counsellors, after the lay counsellor training course. It determines the degree of adjustment in the four mentioned areas, i.e. relations within the self, relations with family members (parents, siblings, spouse) in the home environment, relations with friends (or intimate relationships) or other people in the social environment, and relations with colleagues at work or school. It measures the development of healthy relations within the self and between the self and the environment.

3.3.2.1 Reliability of the PHSF

Reliability refers to the degree of accuracy and consistency with which a test measures. "The reliability of the PHSF was calculated according to the split half method" (Fouche' and Grobbelaar, 1983, 23).

Table 5: PHSF Reliability Scores (Fouche' and Grobbelaar, 1983)

| Component | Reliability |
|-----------|-------------|
|-----------|-------------|

| | M | F |
|------------------------|------|------|
| 1. Self-Confidence | 0.80 | 0.79 |
| 2. Self-Esteem | 0.75 | 0.74 |
| 3. Self-Control | 0.71 | 0.70 |
| 4. Nervousness | 0.74 | 0.74 |
| 5. Health | 0.80 | 0.85 |
| 6. Family Influences | 0.85 | 0.88 |
| 7. Personal Freedom | 0.87 | 0.89 |
| 8. Sociability - G | 0.88 | 0.89 |
| 9. Sociability - S | 0.91 | 0.89 |
| 10. Moral Sense | 0.79 | 0.77 |
| 11. Formal Relations | 0.83 | 0.80 |
| 12. Desirability Scale | 0.75 | 0.78 |

The reliability scores of the PHSF for males range from 0.71 to 0.91, while that of females' range from 0.70 to 0.89, which is satisfactory (Smit, 1991). 'Personal relations' refers to the intra personal relations, which are most important in adjustment. The table below contains a brief explanation of the 12 constructs/components (as defined in the PHSF manual, Fouche' and Grobbelaar, 1983) in order to interpret and understand what a score in each of the components refer to. These constructs were drawn from a previous questionnaire, the Adjustment Questionnaire (1951). The Adjustment Questionnaire had been developed by the Human Sciences Research Council to determine the level of personal and social adjustment, but later research showed that it needed to be revised to improve its usefulness as a measuring instrument. The PHSF was then compiled (ibid, 5). It was normed on college students. The norms are in terms of stanine scales with an average of 5 and a standard deviation of 1,96 (Smit, 1991).

A reliability analysis was performed on the first set of data collected from the sample that participated in the Crisis Centre's basic lay counselling training course.

Table 6: PHSF constructs

1. **Self-Confidence:** refers to the degree of confidence in ones ability to be successful.
2. **Self-Esteem:** inner appraisal of personality characteristics, abilities and defects.
3. **Self-Control:** indicates the degree to which one succeeds in controlling emotions in accordance to personal principles.
4. **Nervousness:** a high score in this component indicates an absence of nervousness, expressed by anxious, purposeless and repetitive behaviour.
5. **Health:** a high score in this component indicates an absence of preoccupation with the physical condition.
6. **Family Influences:** refers to the influence of factors such as position in the family, family togetherness, relationship between the parents, and socio-economic conditions.
7. **Personal Freedom:** refers to the degree to which one feels one is not restricted by his or her parents.
8. **Sociability - G:** assesses the need for and spontaneous participation in social group interaction compared to the degree a person is aversive to social group interaction.
9. **Sociability - S:** assesses the need for social interaction with a specific person of the opposite sex (item appears discriminatory or ignorant towards homosexual relationships)
10. **Moral Sense:** refers to the degree to which one feels that his or her behaviour corresponds to the accepted norms of society.
11. **Formal Relations:** assesses the degree to which a person at school, college, university, or in his or her occupation, is successful in his or her formal relations with fellow colleagues as well as with figures of authority.
12. **Desirability Scale:** "This is a validity scale indicating the honesty with which the person answered the questionnaire"
(Fouche' and Grobbelaar, 1983, 9)

3.3.2.2 Validity

The PHSF has a high degree of construct validity. Compared to the Adjustment Questionnaire (1951) it has a high degree of concept validity. The components of the PHSF also show a more clearly differentiated factor composition than the fields of the Adjustment Questionnaire (Fouche' and Grobbelaar, 1983).

In Fouche' and Grobbelaar's normative study, the PHSF was applied to two schools for behavioural deviates. The findings show that the PHSF discriminates relatively consistently between the norm group and the group of deviate boys and girls. The deviate group showed poorer scores overall. The means of the deviate groups on most of the components were significantly lower (1% level) than those of the norm group (ibid, 31).

Van Vuuren (1973) found the PHSF useful in a study of a group of students with career choice problems. The findings showed that students who were unsure about which career path to follow differed from students who were certain about their career choices in terms of the following constructs: Self Confidence, Self-Esteem, Self-Control, Family Influences, Personal Freedom, Sociability - G, Moral Sense, Formal Relations and the Desirability Scale.

3.3.3 Analysis of Questionnaires

Wilcoxon's Matched-Pairs Signed-Rank Test (abbreviated: Wilcoxon test) was used to determine whether there was a significant difference in the variance of personal relations scores before and after the training and in self-efficacy scores before and after the training. [It is a "nonparametric statistical test for ordinally scaled variables used with matched or correlated samples; more powerful than the sign test, since it utilises information concerning the magnitude of the differences between pairs of scores" (Runyon and Haber, 1984, 382).] The course evaluation questionnaires and the qualitative data from the interviews were analysed using thematic content analysis. This analysis for themes was used in addition to the quantitative findings.

3.4 Procedure

The study began with the researcher observing events and interaction at the Wits Crises Centre and with practical knowledge of having been a participant and an observer of the second (staff) training course. (Further information of the learning milieu was gained later; through observation of the third counselling training course.) The process continued as follows: first the adapted self-efficacy questionnaire had to be piloted, then the selected ten participants were interviewed. The researcher also interviewed the development staff (course leaders/trainers) who developed the course and examined documents about the developmental history of the centre and the course. This was done to gain information about the instructional system and was mentioned in the section entitled 'Wits Crisis Centre'. All participants completed the two questionnaires (first administration) before the training course started. The second administration (to staff and counsellor participants) started two weeks after the training course was completed. For trainees, it occurred after two "trainees" had counselled. This occurred during the final examination study period. Follow-up interviews with the randomly selected participants were undertaken once the examination period was over. A more detailed explanation of the procedure follows below according to specific topics.

3.4.1 Instructional System

A simple outline of the blueprint of the course is given here, but more has been mentioned previously in the section describing the Crisis Centre. The course was to be humanistic, teaching the Rogerian principles of congruence, empathy and unconditional positive regard. It was planned to follow Rogers' (1983) view that education that consisted of practical exercises was more effective. For this reason the course developers included a great extent of practical learning and developed the training course similar to Ivey and Ivey's (1999) training approach (see 4.3.). Egan and Carkhuff (and others included in this paper) have studied and written on Rogers' work. They have further explained some of his work as well as added to it. The course developers thus used much of Egan's and Carkhuff's work to develop the course. This information was taken from documents (Wits Crisis Centre, 1997/8) and interviews with the course developers.

3.4.2 First Set of Interviews

Time constraints prevented the researcher from interviewing all (33) participants. The development staff of the Wits Crisis Centre participated in (making) the selection. The selected five trainees and five trained counsellors were interviewed. The interview questions examined what the trainees expected from the course and how they felt it would benefit them. All participants, who had completed the training, were asked to answer similar questions retrospectively. They were asked about their perceptions of the course. Then all the participants (previously trained and new trainees) completed two questionnaires. The scheduling of the interviews started soon after the random selection of the sample from the three training groups; (counsellors, staff, trainees). One staff member had left on sabbatical. Thus nine interviews were completed over two weeks. The interviews were completed before the (third) training period started.

3.4.3 First Administration of Questionnaires

The ideal situation would have been to administer one large group-administration, where all participants; previous counsellors (first training group), staff (second training group) and trainees (third group; to be trained) would complete the questionnaires under the same conditions. In this way, the researcher could control for the effects of instrumentation (internal validity). This would have been done for both administrations; before and after the training. However, three smaller group administrations had to be scheduled to accommodate for the times that the participants were available. Six members of the sample could not make these, thus the researcher administered the questionnaire

individually to three at the times they were available. The other three could only be reached via postal services. The researcher sent written instructions to accompany the questionnaires. These were also returned via the postal service. 27 Questionnaires were completed and returned before the third training period started.

3.4.4 Systematic Observation

The aim of the observation was to study the learning milieu in order to analyse it against the instructional system (as illuminative evaluation theory requires). The researcher observed the interaction between members of the various groups; that is development/centre staff members, counsellors and trainees and how trainees reacted to each other, and to the trainers and vice-versa.

3.4.5 Trainees' Course Evaluations

Trainees develop perceptions about the course before they experience it and have certain perceptions about it, after they completed it (Dryden and Feltham, 1994). The next process involved the trainees completing course evaluation questionnaires. The aim of these were to assist the trainers, co-ordinators and relevant others (stakeholders) in finding out the counsellors perceptions of worth of the course. The trainees completed the same course evaluation questionnaire on various days of the course.

During the training, once these questionnaires were completed, the trainer left with them. After fruitless efforts to retrieve these questionnaires, the researcher decided to state it as a limitation. The research supervisor did not allow this and the time for completing the study was extended. The researcher was then able to retrieve and analyse the questionnaires. The course evaluation questionnaire is appended at the end of the report.

3.4.6 Second Administration of Questionnaires

The second administration was more difficult than the first. The members of the staff and counsellor groups were difficult to get together in order to administer the questionnaires in groups. Thus, half of the questionnaires were administered individually, some had to be sent out with written instructions and returned. The trainee group had by this time decreased from thirteen to eight due to drop-outs. It was an easier task to organise a group administration of the questionnaires to the trainee group, but not all of them had counselled at the same time. The researcher allowed for a period of five weeks

after the training, before administering the questionnaires to the trainees who had been on duty at the centre, to counsel clients.

Only four members of this group had counselled clients by this time. It had been planned to wait for the trainees to counsel before re-administering the questionnaires, but due to time constraints (1 academic year to complete the study) and the doubtful nature of the situation (it was not certain that all of the trainee counsellors would receive the chance to counsel before the end of the academic year, since few clients came in) the questionnaires were administered before the end of the final examinations and before students and staff left for their end-of-year vacations. Two of the trainees were in the middle of writing their final examinations, so the questionnaires were left (with instructions) for them to complete in their own time. These were all returned before the follow-up interviews were completed.

3.4.7 Follow-up Interviews

The counsellors and trainees had completed their final examinations. It was the end of the academic year and many of the students who stayed in the university residences left for home, while others were either working at part-time jobs or had left on vacation. The staff members were engaged in completing their duties for the end of the year. These conditions made setting appointments for the follow-up interviews difficult. The same group of randomly selected ten persons were the target for the follow-up interviews. Only six of the ten interviewees were available for the follow-up interviews. Two of these had to be conducted telephonically while the other four were conducted in person. Further explanation and results are given in Chapter five.

3.5 Summary

This chapter outlined the methodology, design, sample, instruments and procedure followed in the study. It moved from being brief to detailing the various processes in the section on procedure. The next chapter provides the results of the study.

CHAPTER FOUR: RESULTS OF PILOT STUDY AND ANALYSIS OF THE LEARNING MILIEU

4.1 Introduction

Chapter four serves as an intermediary chapter between the discussion of the design and the results of the study. This chapter includes the results of the pilot study of the Self-efficacy scale, the reliability of the PHSF in the current context and the analysis of the learning milieu.

4.2 Pilot Study of Self-Efficacy Scale

A professional psychologist, in conjunction with the researcher's supervisor, checked the adapted Self-Efficacy questionnaire before the researcher sought the pilot sample. The pilot sample comprised 32 participants ranging in age from 20 to 45. Participants were required to have either experienced a counsellor-training programme or be in training. The sample included: Wits university students; some who had completed counselling training and some who were in training, students who had been trained at organisations where they were counselling voluntarily, and staff at these organisations (NGO's). These included the Depression and Anxiety Support Group, People Opposing Women Abuse (POWA) and the Institute for Women's Development (NISAA). All participants completed the questionnaire voluntarily and anonymously. They did however have to complete a consent form, which included their demographic details. Participants completed the questionnaires individually and at their own pace and returned them when they were done. Thirty-two questionnaires out of seventy were returned. Of these, only 25 were valid in the reliability analysis, because 7 questionnaires had data missing.

Results of Pilot Study – Self Efficacy Scale

Table 7: Descriptive Statistics of Pilot Study

| N=32 (Occupations : Counsellors, Students, Psychologists, Social Workers) | | | | |
|---|-----|-----|----|---------|
| Age | | Sex | | |
| Min | Max | M | F | Unknown |
| 20 | 45 | 5 | 24 | 3 |

Thirty-two questionnaires were returned, participants ranged between twenty and forty-five years; five were male, twenty-four were female and three did not complete the sex item.

Reliability of Self Efficacy Scale - Pilot study

Table 8: Reliability and Item Analysis of Self Efficacy Scale

| Summary for scale: Mean=96.8800 Std.Dv.=7.72615 Valid N: 25 | | | | | |
|---|----------------|----------------|-----------------|---------------|-----------------|
| Cronbach alpha: .843558 Standardized alpha: .847796 Average inter-item corr.: .198587 | | | | | |
| Variable | Mean if delete | Var. if delete | Stdv. if delete | Item-Tot Corr | Alpha if delete |
| QUES1 | 92.92000 | 54.39360 | 7.375202 | .413020 | .838246 |
| QUES2 | 92.64000 | 50.55040 | 7.109880 | .685238 | .827125 |
| QUES3 | 93.16000 | 55.97440 | 7.481604 | .107759 | .847146 |
| QUES4 | 92.68000 | 54.21760 | 7.363260 | .332270 | .839918 |
| QUES5 | 92.76000 | 53.14240 | 7.289884 | .445403 | .836263 |
| QUES6 | 92.64000 | 54.47040 | 7.380406 | .288609 | .841302 |
| QUES7 | 93.24000 | 53.14240 | 7.289884 | .414151 | .837144 |
| QUES8 | 93.56000 | 54.48640 | 7.381490 | .236477 | .843572 |
| QUES9 | 93.32000 | 54.61760 | 7.390372 | .242140 | .843077 |
| QUES10 | 92.80000 | 52.08000 | 7.216648 | .607722 | .831353 |
| QUES11 | 93.04000 | 50.27840 | 7.090726 | .687560 | .826609 |
| QUES12 | 93.00000 | 48.40000 | 6.957011 | .639107 | .826134 |
| QUES13 | 92.96000 | 54.83840 | 7.405295 | .173652 | .846698 |
| QUES14 | 92.48000 | 51.04960 | 7.144900 | .401044 | .838631 |
| QUES15 | 92.80000 | 54.80000 | 7.402702 | .143282 | .849611 |
| QUES16 | 92.60000 | 53.52000 | 7.315736 | .280563 | .842740 |
| QUES17 | 92.88000 | 54.42560 | 7.377371 | .306714 | .840703 |
| QUES18 | 92.36000 | 50.47040 | 7.104252 | .638269 | .828171 |
| QUES19 | 93.00000 | 48.40000 | 6.957011 | .604184 | .827862 |
| QUES20 | 92.36000 | 52.87040 | 7.271204 | .576102 | .833288 |
| QUES21 | 93.00000 | 56.00000 | 7.483315 | .109109 | .846938 |
| QUES22 | 92.96000 | 52.27840 | 7.230381 | .457570 | .835365 |
| QUES23 | 92.52000 | 52.88960 | 7.272523 | .506641 | .834567 |
| QUES24 | 92.56000 | 54.40640 | 7.376070 | .323273 | .840201 |

Table 9: Split Half Reliability of Self Efficacy Scale

| Cronbach alpha, full scale: .84356 Standardized alpha: .84780 | | |
|---|------------------|------------------|
| Corr. 1st and 2nd half: .823196 Attenuation corrected: -- | | |
| Split-half reliability: .903025 Guttman split-half: .902948 | | |
| N=25 | Summary 1st Half | Summary 2nd Half |
| No.Items | 12 (Ques 1-12) | 12 (Quest 13-24) |

| | | |
|----------|----------|----------|
| Mean: | 46.80000 | 50.08000 |
| Sum: | 1170.000 | 1252.000 |
| Std.Dv. | 4.010403 | 4.081666 |
| Variance | 16.08333 | 16.66000 |
| Alpha | .7490532 | .6720507 |

The above tables show the reliability scores of the items in the Self-Efficacy scale i.e. how consistent or stable the observations are. The Cronbach Alpha of the Self-Efficacy scale was calculated as 0.84, while the alpha for the two halves was calculated as 0.75 and 0.67. According to Cronbach (1951), this alpha is appropriate or adequate for a research study.

Reliability Analysis of the PHSF

Table 10: Reliability Analysis of the PHSF

| | |
|---------------------------|-------------------------------------|
| No. of Items: 180 | No. of Cases with Missing Data: 10 |
| No. of Valid Cases: 29 | Missing Data were deleted: Casewise |
| Summary Statistics | Sum: 27087 |
| Mean: 934.03 | Variance: 1077865.67 |
| Std.Dv.: 3282.35 | Kurtosis: 28.99 |
| Skewness: 5.38 | Max: 18000 |
| Minimum: 255.00 | Cronbach alpha: 0.99 |

Table 10 supplies the reliability of the PHSF on 29 participants of basic lay counselling training course. The Cronbach alpha was calculated as 0.99. Again, according to Cronbach (1951), this alpha is adequate for a research study.

4.3 Analysis of the Learning Milieu

On participation in one training course and observation of another, the researcher learned that approximately 70% of the course consisted of practical learning. Rogers (1983) supports this method of learning. He argues that education is more effective when there is some form of participative learning. The trainers facilitated the learning of Rogerian humanistic counselling concepts through practical learning. Rather than abstract, theoretical studying, the concepts were applied, to assist the trainees in understanding them. The theory was related back to reality and much of it was related back to the trainees' personal experiences. This method of relating concepts to trainees' personal experiences, making them personally relevant, assisted in the learning process. This method; called experiential learning, has been widely researched (e.g. Burnard, 1991, Hobbs, 1992).

Hobbs (1992) describes experiential learning or participative learning as a process, which acknowledges and uses existing knowledge and competence of those being taught. Hobbs supports the use of experiential learning where the subject matter touches on peoples beliefs and attitudes, involves emotionally charged or value-laden material (as in the Crisis Centre course). Burnard (1991, 200) completed a study with psychiatric nurses (tutors and students). The participants described experiential learning as "fun, learning by doing, involved reflection, used to teach interpersonal skills and could enhance self awareness".

Practical exercises were based on each trainee's own experience and relevance drawn from there. This gave the trainees a sense of already owning what they learnt, just making more sense or giving more meaning or adding to their own thoughts, feelings and experiences. Half of the 70% included the role-playing of counselling/therapeutic cases. However, trainees still felt that more time could/should have been spent on this, since this seems to be the most important component of the training. It is the part which allows the trainees (and which the trainees felt allowed them) to experience the actual therapeutic situation from the aspect of being an observer, to being a counsellor and to being a client.

In the present study, the interaction between facilitators and trainees appeared to have an extensive influence in the training/learning process. This interaction was described as friendly, co-operative, patient, non-judgemental, accepting and warm; very positive. It acted as a catalyst to the trainees' learning and mastering process. The trainers used both modelling and participant modelling to assist in learning (Beattie, 1981) with positive results.

The researcher's participation and observations found that the aim of the basic counselling course was to teach the trainees micro counselling skills; such as attending (using all senses e.g. listening and watching body language), reflecting, paraphrasing and summarising, and questioning (Ivey and Ivey, 1999). Questioning was used carefully and when necessary since the centre was mainly a support and referral centre. Thus the skill of empathy was greatly focussed upon. The sequence of learning events in the course were as follows (similar to *Ivey and Ivey's, 1999* outline); warm-ups or ice-breakers were used to get the trainees in a calm, 'ready and eager to learn' mood. The facilitator then introduced and explained or described the specific skill to be acquired. Next, the facilitator and a volunteer from the trainees or another facilitator performed positive and negative demonstrations of the skill. The

trainees, in groups of three then enacted role-play practices of the specific skill. Each person in the group had to take turns role-playing a counsellor, a client and an observer to the client and counsellor interaction.

Facilitators would inconspicuously watch the role-plays. The following step was providing honest and constructive feedback, with questions and discussions. This came from the trainees (participants) and the trainers (facilitators). Then role-plays were completed again in groups of three, however this time using the feedback given previously. This was the process for teaching each skill, but as more skills were acquired, they were practised and role-played together as they would be utilised in counselling (instead of as separate non-linked skills). The facilitators included short "tea and biscuit" or refreshment (games) breaks when they received feedback from the trainees about the material being too much to take in at one time. The facilitators also contained or calmed the trainees at the end of each day, by moving away from intensive personal exercises to giving verbal feedback about the day, so that trainees could go home in a more calmer rather than emotionally strained way and facilitators could evaluate their facilitation.

In terms of an illuminative evaluation, the above observations made by the researcher need to be analysed against the instructional system. Much of the original plan was adhered to. The trainers based the course on Rogerian-Humanistic theory (as planned) and they kept the training as practical as possible. However more individual feedback needs to be provided (by increasing the number of facilitators or decreasing the participants). The time spent on practising final role-plays needs to be increased.

Stake (1983, 291) views the basic task of an evaluator as merely "to make a comprehensive statement of what the programme is observed to be, with useful references to the satisfaction and dissatisfaction that appropriately selected people feel toward it". This study tried to fulfil this task; it made certain observations of the course above and will follow on in the next chapter by making reference to the appropriate stakeholders' (participants of the course) comments and feelings about the course.

4.4 Summary

The results of the pilot study of the Self-efficacy questionnaire and the analysis of the learning milieu did not fit into the design or results chapter, thus the need for this short chapter in-between. The reliability of the PHSP in the current context was also included in this chapter.

CHAPTER FIVE: RESULTS

5.1 Introduction

The study collected and analysed quantitative data (questionnaires) and qualitative data (interviews and evaluation questionnaires). The results of the analysis of the quantitative data are provided first followed by the results of the qualitative data. The quantitative data was analysed using Wilcoxon's Sign Rank test, while the qualitative data was organised into themes using content analysis.

5.2 Results of Quantitative Analysis

Two questionnaires (the PHSP and Self-Efficacy questionnaire) were administered before and after the training course. The processes of data collection and analysis were restricted/inhibited at times due to the transience and non-compliance of certain members of the research group.

5.2.1 First Administration

Of the 32 questionnaires administered, 3 trainees dropped out, (1 questionnaire was not returned in the second administration, 1 questionnaire was answered and returned at the start of the second administration so that person could not complete the questionnaire during the second administration,) and 5 trainees had not answered some of the questions. Thus only 22 questionnaires were valid in the statistical analysis (Wilcoxon's test). In the descriptive statistics below (table 10), however, the valid sample was 23, since one questionnaire, which did not have a paired response in the second administration, was still included at that time.

Table 11: Descriptive statistics of first administration

| Descriptive Statistics (Stanine Normed Scores) Valid n=23 | | | | | |
|---|--------|---------|---------|----------|---------|
| | Mean | Minimum | Maximum | Std.dev. | Range |
| 1. S_CONF | 5.5217 | 1.00000 | 9.0000 | 2.17150 | 8.00000 |

| | | | | | |
|--------------|---------|----------|----------|----------|----------|
| 2. S_ESTEEM | 6.2609 | 1.00000 | 9.0000 | 2.07183 | 8.00000 |
| 3. S_CONT | 4.8696 | 3.00000 | 7.0000 | 1.42396 | 4.00000 |
| 4. NERVES | 5.4348 | 3.00000 | 8.0000 | 1.23679 | 5.00000 |
| 5. HEALTH | 3.8696 | 2.00000 | 6.0000 | 1.45553 | 4.00000 |
| 6. FAM_INFL | 2.8696 | 2.00000 | 4.0000 | .62554 | 2.00000 |
| 7. PERS_FRE | 3.9130 | 1.00000 | 9.0000 | 2.41045 | 8.00000 |
| 8. SOC_G | 5.3043 | 1.00000 | 9.0000 | 1.94082 | 8.00000 |
| 9. SOC_S | 3.1304 | 1.00000 | 7.0000 | 1.32474 | 6.00000 |
| 10. MORAL | 3.6087 | 1.00000 | 8.0000 | 1.87663 | 7.00000 |
| 11. FORM_REL | 4.1739 | 1.00000 | 7.0000 | 1.87452 | 6.00000 |
| 12. DESIRAB | 6.4348 | 4.00000 | 9.0000 | 1.47174 | 5.00000 |
| TOTAL | 55.3913 | 36.00000 | 68.0000 | 8.61679 | 32.00000 |
| SE1 | 95.7391 | 78.00000 | 129.0000 | 10.87624 | 51.00000 |

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale, SE1: Self-efficacy (first administration)

The table (10) above, shows the descriptive statistics for the 12 constructs of the (stanine normed scores of the) PHSF first, and then the descriptive statistics of the Self-Efficacy Questionnaires (SE1) below, in the same table.

5.2.2 Second Administration

The descriptive statistics of the second administration is given below (table 11). The "B_" at the beginning of the construct denotes the second administration of the PHSF questionnaire, while "SE2" was used to indicate the second administration of the Self-Efficacy questionnaire. The sample number decreased due to three drop-outs from the trainee course and some questionnaires were not returned. Non-paired responses (questionnaires) were removed and the valid sample dropped to 22.

Table 12: Descriptive statistics of second administration

| <i>Descriptive Statistics (Stanine Normed Scores) Valid n=22</i> | | | | | |
|--|-------------|------------|------------|-----------------|--------------|
| | <i>Mean</i> | <i>min</i> | <i>Max</i> | <i>Std.dev.</i> | <i>Range</i> |
| 1. B_S_CONF | 5.40909 | 2.00000 | 9.0000 | 2.062340 | 7.00000 |
| 2. B_S_ESTE | 6.36364 | 2.00000 | 9.0000 | 2.237036 | 7.00000 |
| 3. B_S_CONT | 4.63636 | 2.00000 | 7.0000 | 1.093071 | 5.00000 |
| 4. B_NERVES | 5.36364 | 4.00000 | 8.0000 | 1.176980 | 4.00000 |
| 5. B_HEALTH | 3.95455 | 2.00000 | 6.0000 | 1.326552 | 4.00000 |
| 6. B_FAM_IN | 2.81818 | 1.00000 | 4.0000 | .664499 | 3.00000 |
| 7. B_PERS_F | 3.81818 | 1.00000 | 8.0000 | 2.129976 | 7.00000 |
| 8. B_SOC_G | 5.13636 | 1.00000 | 9.0000 | 2.076982 | 8.00000 |
| 9. B_SOC_S | 3.09091 | 1.00000 | 6.0000 | 1.477098 | 5.00000 |

| | | | | | |
|--------------|----------|----------|----------|----------|----------|
| 10. B_MORAL | 3.59091 | 1.00000 | 6.0000 | 1.501082 | 5.00000 |
| 11. B_FORM_R | 4.54545 | 1.00000 | 8.0000 | 1.765470 | 7.00000 |
| 12. B_DESIRA | 6.90909 | 5.00000 | 9.0000 | 1.477098 | 4.00000 |
| B_TOTAL | 55.63636 | 38.00000 | 75.0000 | 9.921336 | 37.00000 |
| SE2 | 95.90909 | 79.00000 | 115.0000 | 9.831480 | 36.00000 |

Key: (B; 2nd administration) 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale, SE2: Self-efficacy (2nd administration)

A comparison of the raw scores, of the first and second administration, show that there were no big changes in the scores, except for the one in the staff group. In this case, the stanine norm score for formal relations increased from: 1 to 7. Some of the scores remained the same, some decreased, while others increased. The descriptive statistics show that the distribution became more even and centrally tended in the second administration. The mean tended to increase, while the standard deviation and variance tended to decrease. Normal distribution graphs of the descriptive statistics total scores are provided in the appendices.

5.2.3 Results of the Wilcoxon's Matched-Pairs Signed-Ranked Test

The Wilcoxon Matched-Pairs Signed-Rank Test was performed on the questionnaires' data. The tables, (12-16) which follow, illustrate the results when the Wilcoxon test was performed on the various groups.

Table 13: Summarised Wilcoxon Matched-Pairs Test: All (3) Groups

| | Valid N | T | Z | p-level |
|---------------------------|---------|------|-------|---------|
| 1. S_CONF and B_S_CONF | 22 | 68.0 | 0.000 | 1.000 |
| 2. S_ESTEM and B_S_ESTE | 22 | 33.5 | .839 | .402 |
| 3. S_CONT and B_C_CONT | 22 | 37.0 | .594 | .552 |
| 4. NERVES and B_NERVES | 22 | 77.5 | .348 | .728 |
| 5. HEALTH and B_HEALTH | 22 | 52.0 | .031 | .975 |
| 6. FAM_INFL and B_FAM_IN | 22 | 20.0 | .296 | .767 |
| 7. PERS_FRE and B_PERS_F | 22 | 58.0 | .114 | .910 |
| 8. SOC_G and B_SOC_G | 22 | 52.5 | 0.000 | 1.000 |
| 9. SOC_S and B_SOC_S | 22 | 70.5 | .284 | .776 |
| 10. MORAL and B_MORAL | 22 | 62.5 | .284 | .776 |
| 11. FORM_REL and B_FORM_R | 22 | 63.5 | .958 | .338 |
| 12. DESIRAB and B_DESIRA | 22 | 19.5 | 1.817 | .069 |

| | | | | |
|-------------------|----|-------|------|------|
| TOTAL and B_TOTAL | 22 | 105.5 | .348 | .728 |
| SE1 and SE2 | 22 | 101.0 | .149 | .881 |

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale, (B : 2nd administration) SE1and2: Self-efficacy (1st and 2nd administration)

Table 12 illustrates the results when the Wilcoxon test was performed on the entire valid sample (staff, counsellors and trainees). None of the comparisons were statistically significant.

Table 14: Wilcoxon Matched-Pairs Test: Staff and Counsellors

| | Valid N | T | Z | p-level |
|---------------------------|---------|-------|-------|---------|
| 1. S_CONF and B_S_CONF | 13 | 24.50 | .306 | .760 |
| 2. S_ESTBEM and B_S_ESTB | 13 | 15.50 | .350 | .726 |
| 3. S_CONT and B_S_CONT | 13 | 25.00 | .255 | .799 |
| 4. NERVES and B_NERVES | 13 | 19.00 | .866 | .386 |
| 5. HEALTH and B_HEALTH | 13 | 16.00 | .280 | .779 |
| 6. FAM_INFL and B_FAM_IN | 13 | 7.00 | .734 | .463 |
| 7. PERS_PRE and B_PERS_F | 13 | 30.00 | .267 | .790 |
| 8. SOC_G and B_SOC_G | 13 | 17.50 | .070 | .944 |
| 9. SOC_S and B_SOC_S | 13 | 10.50 | 1.050 | .294 |
| 10. MORAL and B_MORAL | 13 | 21.50 | .118 | .906 |
| 11. FORM_REL and B_FORM_R | 13 | 15.00 | 1.274 | .203 |
| 12. DESIRAB and B_DESIRA | 13 | 3.00 | 1.214 | .225 |
| TOTAL and B_TOTAL | 13 | 39.50 | .419 | .675 |
| SE1 and SE2 | 13 | 38.50 | .039 | .969 |

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale (B: 2nd administration), SE1and2: Self-efficacy (1st and 2nd administration)

Table 13 illustrates the results when the Wilcoxon test was performed on the past trained group (combined staff and counsellors); and still none of the comparisons were statistically significant.

Table 15: Wilcoxon Matched-Pairs Test: Staff only

| | Valid N | T | Z | p-level |
|--------------------------|---------|------|-------|---------|
| 1. S_CONF and B_S_CONF | 6 | 8.50 | .419 | .675 |
| 2. S_ESTBEM and B_S_ESTB | 6 | 1.50 | .802 | .423 |
| 3. S_CONT and B_S_CONT | 6 | 3.00 | 1.214 | .225 |

| | | | | |
|---------------------------|---|------|-------|-------|
| 4. NERVES and B_NERVES | 6 | 4.00 | .944 | .345 |
| 5. HEALTH and B_HEALTH | 6 | 1.50 | .802 | .423 |
| 6. FAM_INFL and B_FAM_IN | 6 | 0.00 | --- | --- |
| 7. PERS_FRE and B_PERS_F | 6 | 6.50 | .270 | .787 |
| 8. SOC_G and B_SOC_G | 6 | 7.50 | 0.000 | 1.000 |
| 9. SOC_S and B_SOC_S | 6 | 6.00 | .405 | .686 |
| 10. MORAL and B_MORAL | 6 | 5.00 | .674 | .500 |
| 11. FORM_REL and B_FORM_R | 6 | 0.00 | 2.023 | .043* |
| 12. DESIRAB and B_DESIRA | 6 | 0.00 | --- | --- |
| TOTAL and B_TOTAL | 6 | 6.50 | .839 | .402 |
| SE1 and SE2 | 6 | 7.00 | .734 | .463 |

*=Significant

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale (B_: 2nd administration), SE1 and 2: Self-efficacy (1st and 2nd administration)

Table 14 illustrates the results when the Wilcoxon test was performed on the staff group only. The staff and counsellor groups were trained during separate training courses at separate periods, thus the Wilcoxon test was applied to each separately to examine whether the test would yield different results. It did. The construct formal relations showed up significant; while the other constructs did not appear significant, in the staff group.

Table 16: Wilcoxon Matched-Pairs Test: Counsellors only

| | Valid N | T | Z | p-level |
|-----------------------|---------|-------|-------|---------|
| S_CONF and B_S_CONF | 7 | 2.00 | 1.095 | .273 |
| S_BSTEM and B_S_BSTE | 7 | 7.00 | .135 | .893 |
| S_CONT and B_S_CONT | 7 | 4.00 | .944 | .345 |
| NERVES and B_NERVES | 7 | 6.50 | .270 | .787 |
| HEALTH and B_HEALTH | 7 | 6.00 | .405 | .686 |
| FAM_INFL and B_FAM_IN | 7 | 2.50 | .913 | .361 |
| PERS_FRE and B_PERS_F | 7 | 10.00 | .105 | .917 |
| SOC_G and B_SOC_G | 7 | 3.00 | 0.000 | 1.000 |
| SOC_S and B_SOC_S | 7 | 0.00 | 1.604 | .109 |
| MORAL and B_MORAL | 7 | 3.50 | .548 | .584 |

| | | | | |
|-----------------------|---|-------|-------|------|
| FORM_REL and B_FORM_R | 7 | 5.00 | .674 | .500 |
| DESIRAB and B_DESIRA | 7 | 0.00 | 1.604 | .109 |
| TOTAL and B_TOTAL | 7 | 12.50 | .254 | .800 |
| SE1 and SE2 | 7 | 6.00 | .943 | .345 |

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale (B; 2nd administration), SE1 and 2: Self-efficacy (1st and 2nd administration)

Table 15 illustrates the results when the Wilcoxon test was performed on the counsellor group only. In contrast to the staff group, no significance was found in any of the constructs.

Table 17: Wilcoxon Matched-Pairs Test: Trainees only

| | Valid N | T | Z | p-level |
|------------------------|---------|-------|-------|---------|
| S_CONF and B_S_CONF | 9 | 9.00 | .314 | .753 |
| S_ESTEEEM and B_S_ESTE | 9 | 3.00 | 1.214 | .225 |
| S_CONT and B_S_CONT | 9 | 2.00 | .535 | .593 |
| NERVES and B_NERVES | 9 | 7.00 | 1.540 | .123 |
| HEALTH and B_HEALTH | 9 | 9.00 | .314 | .753 |
| FAM_INFL and B_FAM_IN | 9 | 2.00 | .535 | .593 |
| PERS_FRE and B_PERS_F | 9 | 4.00 | .365 | .715 |
| SOC_G and B_SOC_G | 9 | 10.00 | .105 | .917 |
| SOC_S and B_SOC_S | 9 | 18.00 | .533 | .594 |
| MORAL and B_MORAL | 9 | 10.50 | .592 | .554 |
| FORM_REL and B_FORM_R | 9 | 18.00 | 0.000 | 1.000 |
| DESIRAB and B_DESIRA | 9 | 8.00 | 1.400 | .1618 |
| TOTAL and B_TOTAL | 9 | 17.00 | .140 | .889 |
| SE1 and SE2 | 9 | 16.00 | .280 | .779 |

Key: 1.Self-confidence, 2.Self-esteem, 3.Self-control, 4.Nervousness, 5.Health, 6.Family influences, 7.Personal Freedom, 8.Sociability-G, 9.Sociability-S, 10.Moral sense, 11.Formal Relations, 12.Desirability scale (B; 2nd administration), SE1 and 2: Self-efficacy (1st and 2nd administration)

Table 16 illustrates the results when the Wilcoxon test was performed on the trainee group only. No significance was found. Closer examination/analysis of the quantitative (raw) data did not show a clear picture. It was found that 9 participants' scores increased slightly, 1 (staff) increased a lot, 6 decreased slightly, while 6 stayed the same.

Formal Relations was the only construct, which tended to show significance in the staff group only. However, the raw scores of Formal Relations, in the staff group, showed that only one member of the sample of 6 had a significantly increased score. Self-Efficacy and the 11 other constructs of the PHSF; Self-Confidence, Self-Esteem, Self-Control, Nervousness, Health, Family Influences, Personal Freedom, Sociability - G, Sociability - S, Moral Sense and Desirability did not appear significantly different in the second administration.

5.3 Results of Qualitative Analysis

The analysis of the interviews and the course evaluation questionnaires were completed in terms of noting patterns and organising/rating the data, into themes using content analysis. This was done by three raters (including the researcher) using a method similar to the model advocated by Miles and Huberman (1984, 216) The model is a method of identifying verifying and disconfirming evidence of patterns in the data.

5.3.1 Thematic Content Analysis of Interviews

Nine interviews were performed over a period of two weeks. The tenth interview could not be completed because the respondent had left on sabbatical. The interviews were completed before the (third) training period started. The researcher then transcribed the anonymous interviews and an individual (independent of the Crisis Centre) checked them prior to the content analysis.

Singleton, Straits and Straits (1993) define content analysis as a set of methods for analysing the symbolic content of any communication. Rosenthal and Rosnow (1991, 158) define it as "the classification of the parts of a text into content categories". The total content of the communication is reduced to a set of categories that represent some characteristic of research interest. The content analysis here is thus based on a method of extracting themes from the interviews.

Three raters (two development staff and the researcher) identified themes from the data. Osgood (1959) advocated the use of more than one rater when analysing or coding the interview data. Rosenthal and Rosnow (1991) argued that when choosing raters or "judges" their individual differences do not affect issues of "interjudge reliability". "We simply decide on the type of judges we want (college students, clinical psychologists, linguists, mothers, etc.) and then regard each observer

or judge within that sample as to some degree equivalent to, or interchangeable with, any other observer or judge within that sample" (ibid, 163). The effective reliability of the total set of judges/raters, using the Spearman-Brown formula:

$$R = \frac{n\bar{r}}{1 + (n-1)\bar{r}} = \frac{3(0.72)}{1 + (3-1)0.72}$$

(Rosenthal and Rosnow, 1991, 51) was calculated as 0.88. In the formula n refers to the number of raters, while \bar{r} refers to the mean correlation among the raters.

Interrater consistency is represented in terms of percentage agreement as an index of interrater reliability. The number of agreements A and the number of disagreements D (including omissions) in the themes/categories among the judges are counted, and the researcher then computes the percentage agreement (ibid, 54). The percentage agreement was calculated according to the equation given by Rosenthal and Rosnow (1991):

$$[A/(A + D)] \times 100 \text{ as } 72.3\% \text{ (Agreements; } A=68, \text{ Disagreements; } D=26).$$

However, as Rosenthal and Rosnow (1991) comment, these values need to be considered with caution. Even on its own, *percentage agreement* is a misleading index. It fails to differentiate between accuracy and variability (ibid, 54). Due to the study involving interviews and data in the form of words rather than numbers, which are subjectively analysed into themes and since there is no definite right or wrong answers, this calculation of effective reliability should be viewed as a subjective calculation. The raters categorised the content of the interviews into themes; thus there were no rating in terms of numerical values or counting of frequencies. The researcher then used the similarities and differences (omissions) in the raters' assessments and calculated the percentage agreement and disagreement. The percentage agreement value was substituted as the mean correlation amongst the judges in order to calculate the effective reliability of the raters.

Table 18: Raters Themes from Interviews of counsellors, staff and trainees

| Inter-view | Raters | | |
|------------|--|--|--|
| | A | B | C |
| I | Experiences not met? Experiential needed | Learning and enjoyable experience Expectations of | Previous impression vs. Fun during learning process Expected practical counsellor training 2X ⁴) Roles of students vs. staff not clarified |

⁴ 2X = theme is repeated, 3X = similar theme is mentioned three times.

| | | | |
|---|---|---|--|
| | <p>Follow-up training</p> <p>Good introduction to gender issues,</p> <p>Not enough counselling,</p> <p>Feedback</p> <p>Role clarification</p> <p>Selection query?</p> <p>Options for course improvement</p> | <p>practicalities</p> <p>Solid theoretical base</p> <p>Challenge, Competency</p> <p>Give feedback</p> <p>Follow-up sessions</p> <p>Practicality</p> <p>One on one interaction</p> <p>Size of group</p> <p>Could be more experiential</p> | <p>Good theoretical base, Good facilitators need more Challenge,</p> <p>Increased knowledge and critical ability</p> <p>Decrease theory, 2X) add practical</p> <p>2X) Need Individual / personal feedback</p> <p>Follow-up training needed</p> <p>Participants from various disciplines (incl. Psyc)</p> <p>Previous experience helped</p> <p>Xx⁵)Need more practical and feedback throughout</p> <p>Suggestion: Narrower selection or add facilitators.</p> |
| 2 | <p>Course beneficial</p> <p>Need to be utilised more once training complete,</p> <p>Continued development</p> | <p>Training intense, Limited time, Training as a counsellor (theoretical aspect; expectations)</p> <p>Course beneficial</p> <p>Xx)Supervision</p> <p>Xx)Follow-up do something with training after course</p> | <p>Intense training, Time limitation</p> <p>Concrete skills, basic counselling and extra info</p> <p>Unexpected benefit/outcome</p> <p>Increased confidence</p> <p>Used skills outside of counselling</p> <p>Need Supervision, and to be utilised more to develop skills and grow personally</p> <p>Theory good, need more practical training</p> |
| 3 | <p>Personal issues not addressed</p> <p>Fear</p> <p>Experiential good, but "bombarded" with info.</p> <p>Compact the course</p> <p>Able to apply across situations</p> <p>Relationships good</p> | <p>Expectations of skills training, concrete skills</p> <p>X2) Self-awareness; enhanced,</p> <p>2X) Competency</p> <p>Growth curve</p> <p>Time frame too long</p> <p>Intensity of course</p> <p>Follow-up training</p> <p>Need for follow-up contact with others involved in centre</p> | <p>Good experience, Wanted skills to help people</p> <p>2X)Work on personal issues</p> <p>"But" supervision/therapy</p> <p>Fear of being inadequate counsellor after training</p> <p>Counselling clients -learning experience; built confidence, Learnt more/better ways of interacting with others, Awareness of ignorance of gender violence,</p> <p>Practical skills and theory</p> <p>Felt bombarded with info, Compress course?</p> <p>Feeling of inadequacy tapered off, competence grew during period of counselling, Lacked confidence after period of not practising - during vacations</p> <p>Form friendship-bonds -Sense of belonging Need to maintain contact between counsellors (bonds)</p> |
| 4 | <p>Wanting to give/ contribute/ help</p> <p>Personal motive</p> | <p>Expectation of being able to contribute to something</p> <p>Expectation of being healed,</p> | <p>Doing course for emotional, personal reasons</p> <p>Need to contribute - course will help, volunteer; counsel</p> |

⁵Xx = theme which recurs, or underlying theme in that interview

| | | | |
|---|--|---|---|
| | Need to open up | 2X) Being able to help heal others, Expectation of personal growth, Provides different experience, Motivated by personal experience Vulnerability Experiential process | Complete healing; contribute to personal well being and Xx) help others Expect to 'reaffirm', improve confidence Applying, volunteering shows effort to overcome emotional experience Dealing with emotions, Taking responsibility 3X) Concerned with Gender issues; NB, enquired about statistics |
| 5 | Personal growth Networking Facilitator concern | Practicality - skills acquisition Valuable experience Personal growth Additional throw-backs, not related directly to course Making connections - group process Impact of trainers Centre helpful, but small Too few clients come | Emotions -pain- when first time not accepted on counsellor training Practical skills, enquired re course, Valuable learning experience, Personal growth Not enough clients- time wasted- frustration Group process, bonding Supportive group Last course different facilitators- previous ones good; ran course well together Positive and negative aspect of centre- valuable service; not enough exposure Need more advertising; more advocates |
| 6 | Understand people better Good idea ("Good course, good programme") | Want to help others Concrete skills Self-awareness Course expected to be useful, Self healing Course lead to many being helped Beneficial, skills learnt | Heard about Centre 3X) Skills, ability to understand people better, help others Broaden views, Applicable to life, generally Learn from others Helpful to service-users and volunteers who do course Fun - added benefit, Personally insightful Information from previous students who did course |
| 7 | Trainers are containing, Disjointed participation, Confidence questioned, No back-up, Self-reflective, self-analytical, Supervision better | Stereotyping? Vulnerability Supportive training group 3X) Follow-up process after training; lacking 2X) Self growth, insight 3X) Help others Competency Support staff Self-awareness | Less psych experience, did Archaeology Training course at HIV and AIDS organisation Identity of group- bonding valuable Exposure, vulnerable and good containment in group Facilitator support good Conflict and disjuncture: other development staff Expected self-growth, Skills to assist people and gained it, Felt adequate, but nervous 3X) Supervision; back-up at the centre, not good enough, Lacked self-confidence- |

| | | | |
|---|--|--|--|
| | managed, Counsellor / Advocate split | So few people accepted on course Advertising of centre Capacity problem | 2X) Personal supervision poorly organised Improved self-awareness and interaction; relations, dynamics with people Self-reflective, self-analytical, self-growth Personal issue re whether clients referred have their problems sorted out, not ethical to enquire Peer counsellor support: increase counsellors or no. of training sessions p/year Address group identity in terms of counsellor-advocate, Advocates need to promoting centre more |
| 8 | Equip me for Psychology | Glad to be on course Self growth Skills Helping others Long-term benefits- help others and self Making connections | "privileged" to be selected, Doubtful adequacy Skills- beneficial throughout life, helping skills Awareness, self-insight Benefit career, personal life, and interaction with people, "Ignorant" re counselling Excited after received info re course and bonds formed, Skills to Help, understand others and self |
| 9 | Psychology | Privileged to be on course Theory grounded in reality Family problems- personal healing, Help others | Not confident to be selected, Expecting to gain insight, Help career in psych May change personal attitudes and perceptions Improve interaction abilities and family relations Need for the centre, Good facility for students |

The researcher had also assessed the interviews for themes and added these to those identified by the two development staff raters. Table 17 above, shows these themes as each rater assessed them. The similarities and differences in categorisation can be seen in the table. The themes included descriptions of the experience (the majority were positive), the question of the role of students versus staff, the need for follow-up training, the need for further practical training, supervision and back-up support during counselling, the course's advantages in terms of career paths and relationships formed.

The difference between being a trainee, counsellor or staff member could also have affected how each of the interviewees answered a question in terms of their confidence and past experience. "Race", cultural background, home language, fluency in English, education etceteras could also have had an effect. Another major difference, which is seen clearly in the themes, is between the responses of those members in the sample who were not based in psychology and had very little exposure to it and

those who were well schooled in psychology. (For example those well schooled, experienced parts of the course as revision, whereas facilitators had to allow others time and further explanation to grasp certain concepts.) Responses were also dependent on pre- and post- training. The staff and counsellor groups responded retrospectively. They had completed the training and all members of the counsellor group had already counselled clients. The trainee group had undergone the selection and were waiting to start the training, when the interview data were collected. The themes extracted from this data are briefly explained below.

5.3.2 Common Themes Found by all Raters/Categories:

Tabulated in table 17 are all the themes as the three raters coded/elicited from the interviews. Although themes may be named differently, links between databits and connections between categories (Dey, 1993) exist and were made after closer scrutiny. The results of making (subjective) links and connections follow below. Differences or disagreement between ratings occur in the form of themes not referred to. When asked in separate feedback sessions about themes they had not mentioned, raters explained it as due to subjective feelings of less importance or that they may have overlooked it in their analysis and coding due to their time-limited schedules. They also mentioned that they did not feel it necessary to highlight themes too many times if it re-occurred numerous times (time constraints?) or if they were highlighted in other interviews already.

As can be seen in table 17, the first rater was very brief in comparison to the others. This rater did not highlight 'obvious' themes or issues. 'Obvious' in the sense that the rater felt (due to personal experience with students) that those 'obvious' issues were experienced by most if not all trainees undertaking a counselling course and counsellors who have completed a counselling course but are still inexperienced. These issues include for example (feelings of) competency-incompetence, adequacy and confidence. Inexperienced counsellors and trainees naturally tend to feel inadequate and a lack of confidence after their training.

Thus when calculating the effective reliability, the researcher tried as best as possible to take into consideration the raters' need to be brief, that is not to repeat themes and not always categorising the obvious. The elicited themes will now be mentioned.

Positive Experience:

Examples of adjectives used to describe the course or the group's experience thereof include: enjoyable, good, beneficial, fun learning experience. "It was good, I enjoyed it. It was a good experience" (I-3) "I did learn quite a bit" (I-1). "...people who went through the course, said it was valuable... I am looking forward to it" (I-5). The trainees had similar feelings in terms of their expectations of the course. This may be explained by Dryden and Feltham's conclusion that the initial conditions which trainees are exposed to, may permeate their impression of the course. These conditions "which constitute trainees' experiences and perceptions, individually and collectively, will dictate the overall levels of commitment, creativity, cohesion, enjoyment and support" Dryden and Feltham (1994, 113). This was evident in all three groups. The facilitators encouraged the development of interpersonal attitudes and enforced the group's norms (which were determined by the trainees themselves).

Personal Development/Growth:

In terms of this theme, the following phrases were used: self-awareness, self-reflective, self-analytical. Participants (e.g. I-2, I-3, I-7) felt that the course provided them with an ability to deal more effectively with personal problems. "I ... aware of who I am in terms of relations or when I have conversations with other people, and the dynamics at play" (I-7). Trainees mentioned development and growth as expectations while the counsellor and staff groups mentioned these as benefits from the course. "I wanted to grow, self-growth aspect was important and I think that has taken place" (I-7). Feelings of inadequacy and lack of confidence were expressed in all three groups, especially prior to counselling and after a period of not having counselled for a while. However, during periods of counselling or in-between counselling clients, the counsellors felt more confident of their skills and in themselves. "...once we got into the counselling I think we kinda learnt how to deal with it" (I-3), "The more you do counselling, the more you grow, the more you develop" (I-2).

Role-plays and the Practical Aspect of Training:

Counsellors (I-3, I-7) and staff (I-1, I-2) expressed the need for practising more, through role-plays. They felt that more time should have been allocated to "practicals", role-playing possible cases. One member emphasised this need even further, by stating that individuals should role-play each dimension; counsellor, client and observer and then receive feedback from fellow trainees if facilitators cannot give individual feedback to all trainees. Another (I-4) expressed that there was a

good introduction to gender issues, but more time was needed for counselling training. One participant felt that it was "not quite as practical as I had hoped"(I-1).

Concrete Skills:

Prior to the training, members from all three groups (I-1, I-2, I-5, I-8) expected to acquire counselling skills. "I think I expect kind of to gain more practical skills and go through role-plays" (I-5). "I was expecting counselling training... theoretical aspect... and probably the role-play type of the practice" (I-1). This could be said to be a practical or logical expectation. Participants of a counselling training course would logically expect to gain the specific/necessary skills related to counselling.

Supervision and Back-up Support:

Counsellors (I-3, I-7) felt that after the training, the back-up staff were not always available when counsellors needed assistance while with a client. Back-up staff were sometimes busy in meetings when counsellors were experiencing difficulties while counselling clients. As one participant explained "On two occasions... I needed supervisor backup. Um the person supervising that day wasn't accessible, and I freaked out..."(I-7). Supervision issues included personal and group supervision; which counsellors found inadequate. Close individual and group supervision of the trainees' first counselling work is important (Dryden and Feltham, 1994). Counsellors felt that the Wits Crisis Centre made provision for this when they started counselling, but it was later that supervision became problematic.

Additional (Unplanned/Unexpected) Benefits: Group Identity or Bonding

Counsellors (I-3, I-7) and a trainee (I-5) felt that the bonding and group identity which developed was unexpected and a great additional benefit. "Well I think the training was absolutely brilliant because of the, I mean not only what we learnt, but the relationships we formed...feeling of belonging" (I-3). Those who completed the training found that the close bonds formed during the training were sustained thereafter. Counsellors found that they supported each other after the training too. This group identity appears to have increased group self-esteem. "...the group process itself was very bonding...beneficial... became quite a supportive group" (I-5) Together and individually, the counsellors felt that they were helping others, "doing good" and doing it well. They also realised that their interpersonal relations (in general) with family members or friends improved due to using the skills learnt in the training.

Follow-up Training:

The counsellor and staff groups (e.g. I-1, I-2) felt that follow-up training was necessary to assist them in periods when they did not counsel, to exercise and improve on their counselling skills. "After the training, I think people who have been trained, should be used more and be under supervised type of condition, you know, to ensure that you; they develop these skills further and also ya, to ensure that they grow as counsellors " (I-2). This would also help them maintain their self-confidence and prevent increasing feelings of inadequacy after periods of not seeing clients. This is echoed by Dryden and Feltham (1994, 87) who emphasised the need for self-awareness work and a "purposeful personal development programme" which is congruent with the course rationale.

Impact of (Containing/Empathic) Trainers:

The attitude and personality of the trainers as perceived by the trainees included respect, caring and containment (e.g. I-1, I-5, I-8). The facilitation was divided between two trainers who facilitated jointly on the first and last days, but facilitated on alternate days during the sessions when speakers/facilitators from various organisations came in to deal with specific areas which the trainees could possibly counsel in. Members of the first two trained groups of the sample expressed feelings of attachment or bonding with the trainers. Relations with the trainers were always stated in a positive manner. "...the two people who ran the course last time...they did a very good job. They seemed to work well together and it was very well handled" (I-5). They claimed that this assisted in their learning process. "The other thing which I found really sort of good was the support that had been given by ..." (the facilitators/trainers) (I-7). Dryden and Feltham (1994) made a comment supporting the above-mentioned; that there is a constant interplay of individual and group processes between trainees and "tutors". They saw this also as a consequence of the core model of training. The "core model (which presumably resonates with and in some sense is an extension of the trainers' personalities and interests) also affects the course ethos" (ibid, 114). For example, training in rational emotive therapy may not involve pampering the trainees, whereas person-centred training will offer much supportive warmth.

However, members of the third training group (I-8, I-9) appeared indifferent to their trainers (researcher's observation). They did not account for their relationships with the trainers spontaneously, or claim that it assisted their learning. (The trainers/facilitators changed and the third

group trained thus has different facilitators to the first and second group trained. The content had been developed earlier, discussed and documents handed over to the new trainers/facilitators, and thus remained the same.)

Exposure and Vulnerability

Participants from all three groups (e.g. I-2, I-4, I-7) felt that they needed to "open up", tell others about themselves and allow others in or accept them, that is make themselves vulnerable in order to get the most benefit out of the course. These were some of the statements made about the course: "...it involves a lot of opening up" (I-4). "A lot of it was exposure and making yourself vulnerable and it was good dues (the researcher understands this as meaning 'a positive result') sort of being contained all the time within that group" (I-7). Davies and Terre Blanche (1997, 45) found that participants in their study experienced "a sense of relief that despite exposing painful feelings, one can say NO and that others can be trusted not to abuse one's vulnerability". "Being able to put painful and threatening things, such as the fear of loss and death, into words also seems to make a marked difference to trainees". During the training, counsellors felt less uncomfortable about having to expose themselves in the group because of the group identity, which had been formed. In retrospect, counsellors (I-3, I-7) described this experience of vulnerability in the "contained" group as having been "good" for their personal growth.

5.3.3 Additional Themes Recognised

These themes are placed separately because they have been categorised either by only one rater or because they were not found commonly in all or most of the interviews, but in only one or two.

Role clarification:

A member (I-1) of the staff group felt that the roles of the staff and counsellor groups was not clearly distinguished/identified "the role of as in the student versus lecturer was never fully clarified" (I-1).

Selection query:

A member of the staff group (I-1) suggested that a more refined/narrower selection could have decreased the group size and an implication of restricting the course to more suitable trainees; so that facilitators could give more personal attention and feedback to individual trainees. Another implication was that of restricting the trainee group in terms of disciplines. Most participants (I-2, I-3,

I-3, I-9) were linked to a "helping discipline", example psychology, medicine, or had some dealing with students in need of assistance (e.g. Financial Aid), but others originated from a variety of disciplines/departments including B Comm, Engineering, B Sc. and Archaeology (e.g. I-7).

Theory Grounded in Reality:

The trainers grounded the theory of the course in reality and in the trainee's personal experiences (researcher's participation and observation of the course (ref⁶: D-1)). Dryden and Feltham (1994) encouraged this; trainers need to allow trainees to use examples of their own personal concerns in skills training. However, trainers need to institute or facilitate respectful safety measures according to this. They suggested extended time or opportunities for "cooling off", and asked that trainers remember that "in instances of distress, trainees' well-being takes precedence over skills training" (ibid, 93). The counsellor and staff groups felt they learnt more because the training felt personalised and of more relevance to themselves.

On participant observation of the second and third training courses (ref: R-2, D-7) and from feedback from trainees during the third training (ref: D-7), the usefulness (positive results) of using personal concerns, but also the importance of safety measures was experienced. A secrets exercise was used to illustrate/demonstrate certain skills; listening, non-judgemental attitude, acceptance. The different trainers implemented the exercise differently and gained different results. The original trainers used the effect of a secret, keeping the trainees in suspense, but eventually allowing them to maintain their secret. The skills were learnt effectively. In contrast, the new trainer in the third training course asked trainees to make their secrets known to the group. This made the trainees feel extremely vulnerable, and uncontained (I-5). A trainee questioned the value of this exercise and expressed concern for the lack of safety measures. However "risky and hazardous to the trainees' well-being" (I-5), this exercise also had an effect. Its major effect was in terms of cohesiveness and support in the group of trainees.

Career, Decision-Making and Networking:

Three of the trainees (I-5, I-8, I-9) felt that the training was a way of meeting or getting to know people involved in counselling and in psychology. It will help "in terms of making friends and making connections" (I-5). Trainee perceptions also included that completing this course would equip them

⁶ ref: Reference to notes and page numbers.

for psychology. They felt that this was paving their way for or developing their career, improving their future opportunities in the field. "I think it will benefit me (a) in my career (b) in my personal, my personal life, um dealing with people everyday" (I-8). "I'm expecting that er it will sort of boost me with my studies, like. Because I'm doing psychology..." (I-9).

Administration

The centre was (helpful) helping people despite being small. In terms of the actual running of the centre, the counselling and those available "round the clock"; there were few people. Many of the development staff were from various departments at the university and had other full-time jobs. Clients did not come to the centre often enough. They were few and far in-between or many at certain times, for example before examinations. The centre needed to be promoted/advertised more. The methods of promoting it needed improvement. The advocates needed to be more active "I don't think that there is enough advertising of the service and I don't think that enough people know about the service and I think it is, I mean its still quite new..." (I-5).

Conflict and Disjuncture

Conflict came about due to counsellors not meeting certain development staff members during or before the training (I-7). It brought about a situation of working with staff which the counsellors were unfamiliar with and they had not expected this. There existed a bond between counsellors and trainers/facilitators. When "new" staff were introduced to the counsellors, they felt this "disjuncture" or lack of continuity. They felt they had to deal with, work with people whom they did not know and who did not know them: "Um something I found problematic was that um, ..." (names of development staff members) "came in at a later stage. And that sort of became like a disjuncture because we couldn't quite identify with them, because they weren't there from beginning to end of the process" (I-7).

5.4 Follow-Up Interviews

The first round of interviews occurred before the mid-year examinations and the third training course. Thus the new trainees interviewed could not provide any information about the theoretical component of the course. After the second administration of questionnaires the researcher completed follow-up interviews. These interviews focussed on the theoretical component of the course. In the literature review, a discussion about the (theoretical) content of an effective counselling course highlighted the

utilisation of the skills of empathy, congruency and unconditional positive regard, so these were focussed on in the interviews. The interviewees were asked to explain whether they felt that these areas (important to counsellor training) were taught, and if it was done well enough for them to feel that they understood and could practice these skills or qualities during a session with a client. This data was used in the comparison of the instructional system and learning milieu.

These interviews were more structured than the first set of interviews. The reason for this was mainly due to time constraints due to it being the end of the academic year. The staff members were engaged in completing their duties for the end of the year and students were leaving campus. These conditions limited the follow-up interviews. Only six of the selected sample members could participate; one person had dropped out of the training course, while others could not be reached, since they had already left for their vacations. The sample consisted of three males and three females, this may be further divided into 2 members from the staff group, 2 members from the counsellor group and 2 members from the third trainee group.

5.4.1 The categories and trends present in the follow-up interviews were as follows:

(Humanistic) Rogerian Client-Centred Therapy?

The name of the core model used in the training was unfamiliar to the interviewees (FI-2, FI = follow-up interview) when mentioned by the researcher at the start of the interviews. However, after explaining the core ideas of the model they realised they had completed this in the course, but the name of the model had not been mentioned. The researcher felt that this needed to be questioned, since knowing the name of the approach they were being taught would empower the counsellors.

Congruence

Interviewees (FI-1, FI-2, FI-5) stated that they found the concept 'congruence', difficult to understand both theoretically and in practice role-plays. This needs to be worked on, since it is an important aspect of counselling. In counselling clients after the training, counsellors felt that they were usually very aware of their own feelings of anxiety. Thus, they were unsure if they had really been congruent. However, as the anxiety subsided, they felt gradually better able to be with (as Rogers, 1957 explains) the client and also *be* (true to) themselves. They were not trying to play a role of being a good therapist (Corey, 1996).

Empathy

The concept of empathy was emphasised throughout the training. All the interviewees felt it was dealt with very well, and the aim was achieved; to make every trainee understand the concept both theoretically and have the ability to practice it. The distinction between empathy and sympathy was often referred to. All interviewees explained that the exercises and role-plays completed were exhaustive, effective and sufficient in terms of teaching this skill. Rogers (1957) felt that this was the most important element of therapy. He felt that empathy alone could facilitate healing in the client. Thus it was beneficial to all who participated in the course that this concept was dealt with thoroughly.

Unconditional Positive Regard

All interviewees gave examples to explain their understanding of this concept. They felt it was explained well enough to facilitate their understanding of the concept. They mentioned adjectives and other comparative words in their explanations. These included "being non-judgemental", accepting, and containing the client. However, some of the interviewees had difficulties, not with grasping the concept but actually, being true to themselves and practising the concept. They felt that they would rather refer certain clients; the example given was that of a rapist, if they could not accept and not be judgmental. Theory allows for this (e.g. Corey, 1996, Egan, 1990), as does the Wits Crisis Centre (Potter and Cawood, 1997).

Frame of Reference (Client's)

This phrase was not used in the training course, but after briefly explaining it to some, other were familiar with it, interviewees felt it linked up with other concepts mentioned. Interviewees (FI-1, FI-3, FI-6) felt it was important to understand and accept the client's world in order to understand the client's concern. One interviewee (FI-3) used culture as an example where this skill is necessary and to show their understanding of the concept.

Theory Biased Towards Trainees in the Field of Psychology

Trainees accepted onto the course came from a variety of backgrounds or disciplines, many had some experience of psychology, but a few had no background knowledge in psychology. One interviewee (FI-2) stressed the bias in this, but felt that the training course was basic enough for those who did not

have a psychology background to understand and learn the theoretical concepts and then be able to practice them. However, the course became too simplistic in certain areas for those with a psychological background.

Theory Vs Practical

Interviewees (FI-2, FI-3, FI-5, FI-6) felt that the theory was comprehensive and explained really well, but that it was the practicals which assisted them most in the training. They felt that since this was important for actually mastering the necessary skills, the practical aspect of the course should be expanded, and more time and should be added to the training for this. The method of conveying the theory in third training course was criticised and described as "dry" in comparison to first and second training courses. It was felt that it should have been related to personal discussions and practical exercises (as in Dryden and Feltham, 1994) more, rather than using the lecture method.

5.5 Course Evaluation Questionnaires

There were 29 course evaluation questionnaires; 9 from day 2 and 10 each from days 3 and 4. They were answered anonymously and voluntarily. On the first and last day of the training, the entire group gave only verbal feedback of the course at the end of the day. The researcher made notes of these while the trainees spoke. The researcher attended the course on days 1, 3, 5 and 7; the final day. On the last day, the researcher made notes of verbal evaluations of the course by speaking to the trainees individually and in small groups. This information complimented the course evaluation questionnaires. The course evaluation questionnaires consisted of items under three main headings/themes. The headings included 'content', 'process', and 'practical details'. The questionnaire included items which required "yes"/"no" responses, but provided space for elaboration and suggestions concerning the course and the entire process. The themes found in the responses will now follow, under the three main headings.

5.5.1 Content

There were two questions under the content heading, which asked whether the content was appropriate and if the information was relevant. Space was provided for both 'yes'/'no' answers and for further elaboration on these responses. Half of the responses were accompanied by elaboration, while the other half was not. They were answered only with 'yes'. Most trainees perceived the course

positively. They felt that the topics discussed were both relevant and appropriate. These are some of the trainees responses about the content were: "info good", "educative", gained "self-awareness, discipline, self-image". The course "has a lot to do with counselling, which is what it is supposed to be".

5.5.2 Process

There were three questions posed to gain information about the process of the training. The questions examined the trainees' perception of the pace at which the course was taught, if it was focussed and whether they were allowed to participate enough. All of the trainees, except one felt that the pace was manageable. One felt it was "fast but understandable and interesting" (Q-16, Q = questionnaire). All the trainees felt the course was focussed. One trainee (Q-17) felt that it was focussed in terms of his/her expectations, but "not what POWA promised to give". All the trainees were satisfied in terms of participation. They felt they were all allowed enough opportunity to participate. One response was "yes, too much" (Q-4). This could be the response of someone who felt uncomfortable with participating in a group context.

5.5.3 Practical details

The questions in the last section examined five areas. The first question looked at starting time. The course started at half-past eight on the first day, but trainees then negotiated for nine-o'clock every Tuesday morning. This response varied amongst the trainees. Some felt that the starting time was fair since it was "a normal time" (Q-3), "It gives us enough time for transport problems" (Q-9) (i.e. to sort out transport problems and get to the venue on time). Others felt it was unsatisfactory since, "Trainees are not punctual" (Q-11), or "It is too late" (Q-15), or "Time I think is too late. I think we should start at 8:30" (Q-26). The majority of trainees, however, were satisfied with starting at nine-o'clock. The second question concerned refreshment arrangements. Biscuits and tea/coffee was provided. Trainees were satisfied with these.

The third question about the training facility (venue) was answered positively by all, they found it satisfactory. The fourth item asked for comments about the trainer/facilitator. Trainees perceived the facilitator as a good one. She is "focused, practical, she allows participation" (Q-16, 8), "she makes you relaxed and also gives support" (Q-16), "she understands us very well" (Q-10), "she is loving, caring and accepting of us" (Q-18).

The last item asked the trainees if they had more suggestions. A suggestion, which was made a number of times was that trainees receive counselling. This was not explained further, but one trainee (Q-16) added that counselling should start before the trainees start the counselling course. Another (Q-18) suggestion was that a growth course be offered to trainees before the counselling course started. Another theme involved "community"; trainees wanted to be involved in the community and wanted the course to assist them to use their counselling skills in community settings (Q-4, 18). Some trainees (Q-2, 11) felt that the period, over which the course was given, should be extended so that they could learn more and to prevent each course day from ending as late as it did (i.e. 16h40).

These results (of the qualitative data) contradicted that of the quantitative data. The trainees' perceptions of the course was that it had improved aspects of their lives. The quantitative data did not show this. The lack of significance in the quantitative data was disappointing considering the evidence from the qualitative data that the participants had found the course beneficial. The small numbers of observations in the data set may be one of the reasons for this. Physical inspection of the data was ambiguous since some scores increased, some stayed the same, while a few even decreased after the course. Only one participant's scores increased greatly in the second administration. The lack of collaboration and consistency between the two sets of results, is a limitation of this research. It needs to be considered that there were various factors (such as the small sample size) which could have contributed to the lack of significance. These factors are discussed in the next chapter in which the results are discussed in relation to the hypotheses.

5.6 Summary

This chapter detailed the results of the quantitative analysis (descriptive statistics: first and second administrations of the questionnaires and the Wilcoxon tests). Then the results of the qualitative analysis were provided (thematic content analysis of interviews and course evaluation questionnaires). The results of the quantitative data contradicted that of the qualitative data. The trainees' perceptions of the course were that it had improved aspects of their lives. The quantitative data did not show this.

In an illuminative evaluation, the learning milieu (context of the programme) is compared against the instructional system (programme documents) to examine how similar they are. The analysis of the quantitative and qualitative data in this chapter provides information about the learning milieu so that

it can be compared to the data already mentioned about the instructional system, which were found in (planning) documents about the course and the centre.

CHAPTER SIX: DISCUSSION

This study set out to conduct an illuminative evaluation of a basic/lay counselling training course. It operationalised this aim by comparing the instructional system and learning milieu through examining the perceptions of counsellors who had undertaken the Wits Crisis Centre's Basic Counselling Training Course through qualitative and quantitative methods. On the quantitative side, it assessed self-efficacy and personal relations before and after the training course. The results of the Wilcoxon Matched-Pairs Signed-Rank test showed that only the construct Formal Relations showed a significant difference, in the staff group. In the counsellor and trainee groups, neither Self-Efficacy nor any of the 12 constructs of the PHSF showed any significant difference. Overall, the content analysis of the qualitative data (course evaluation questionnaires and interviews) showed positive results.

6.1 *Discussion of Quantitative Findings*

Only the construct formal relations showed significance in the Wilcoxon test on the staff group scores. This construct measures relations occurring in formal situations in the school, college, university or occupation. Thus with the staff group; it examines the degree to which the staff participants are successful in their formal relations with fellow colleagues, figures of authority and superiors in their work situation. The significance of the construct; formal relations, in the staff group suggests that their interaction with colleagues had improved. However, this may not be directly attributed to the course, since the staff group had already completed the course before the first administration of the questionnaire. On further examination of individual scores, it was found that only one of the six staff participants' scores had improved significantly. Thus although the Wilcoxon test shows significance for the whole staff group; it appears to be a questionable result.

No significance was found in the various other groups. What is the reason for this? One answer could be that there is no significance to be found in this specific sample, but this is not the only possible solution. There are a few other possibilities, which need to be explored, any of which, may be a potential reason, which could explain why the test could not find significance. These include the nature of the sample, the scales, the design and methodology or the power of the test (it may have not been powerful enough to detect significance), and lastly a look at what the theory says.

Sample

The sample was not a random selection from the entire population of participants who had completed the course and those selected to complete the third course. It was chosen according to accessibility. Some of the previously trained participants/counsellors had dropped-out and four participants dropped out of the trainee group. These participants left the centre due to various reasons and many could not be contacted. Some were no longer studying at the university, while others found that their course work prevented them from coping with counselling duties at the centre. This lack of randomisation and the drop-out rate could have biased the sample and had an effect on the results eventually obtained. The sample size would also have been greater if there were less/no drop-out rate. It has to be considered that the population size is not great. The Wits Crisis Centre had been in existence for just over a year and the course had only been offered three times. Thus this already affected the sample size, so random selection could not be considered and was not necessary.

Rosenthal and Rosnow (1991, 43) found (aspirin study) that sample size had "a great deal to do with whether or not we achieve an 'acceptable' level of statistical significance". Significant statistical tests do not necessarily imply large effects, nor do non-significant statistical tests imply small effects (ibid, 42). Thus the Wilcoxon test could not find significance, which could be due to the small sample size, it does not necessarily imply that the training course had no/small effect on self-efficacy or personal relations. Another factor which needs to be noted is that statistical power (which refers to the probability of rejecting the null hypothesis when it is false) is determined by three factors, one of which is the sample size (the others are the level of risk of drawing a spuriously positive conclusion or p-level, and the effect size; which refers to the strength/magnitude of the relationship in the population).

Scales

The appropriateness of the scales need to be questioned. Was the sample representative enough of the population of course participants when piloting the self-efficacy scale? More information about the pilot sample is provided in the appendices. Another question, which can be raised about both questionnaires, is whether they were sensitive enough to be used in this study. Were they sensitive enough to detect significantly small changes in self-efficacy and personal relations, which as Rosenthal and Rosnow (1991) argue; do not imply small effects?

Design/Methodology

The design of the study proved difficult, due to numerous factors; a major one being time constraints. Another factor was one, which was intrinsic to the sample; the sample tended to move around, thus making it difficult to reach all members of the sample at a specific time. Certain factors have already been mentioned in other sections of the paper, those that have not been mentioned or those that need more explanation shall now be explained. Inherent in the design is thus certain methods, which if done differently could have yielded more in-depth data. This may explain why no significant change in variance was found in self-efficacy and personal relations after the course.

Firstly, there was no control group. It would have been difficult to define and to find. Secondly, since the course was still relatively new, participant numbers were small; there were not a great number of people to participate in the main study or in the pilot study. These small numbers led to a weak test and thus the Wilcoxon could not find significance.

A measured interrupted time series design appears to be a better option. Data could have been collected directly before the training course, directly after its completion; before trainees started counselling and a third time after they counselled for the first time and lastly after they had been counselling for a while. The problems, which prevented such a design, are inherent in existing conditions at the Crisis Centre and as mentioned; time is also a major constraint (for the researcher, staff and counsellors at the centre). With the time available the interrupted time series design would have a problem of test-retest reliability.

If after the course, there had been an increase in self-efficacy and personal relations, then there would have been the possibility that this increase could have been due to natural changes and growth in the participants, and not necessarily because they participated in the course. The study could not control for all variables, it certainly could not control natural change and growth.

Theory

Truax and Carkhuff (1972 and Weber, 1990, 37) argued that lay people could be trained to offer or provide similar levels of "accurate empathy, non-possessive warmth and genuineness" as professional counsellors. But it is necessary for the counsellor to practice to become good at helping. Egan (1990) explained that learning and practice is continuous. Thus the lack of significant findings

could be attributed to the fact that the counsellors did not have a good chance to practice what they had learnt.

Dryden and Feltham (1994) saw the relationship between trainee and trainer as comparable to the relationship between client and counsellor, both have the element of being therapeutic. Thus counsellors would also be viewed as "capable of making choices and, to some degree, controlling their destinies" (Egan 1990, 72). It would thus be expected that it is part of the training to help the trainee use or develop or explore self-responsibility, even though "social, political, economic and cultural forces" may limit it at times (ibid, 72). It is however up to the trainee to accept self-responsibility; to "internalise" (learn and understand) what is taught in the training. Thus, the three major qualities which a counsellor needs to have of genuineness, empathy, and unconditional positive regard is taught, but it is the trainee's/counsellor's responsibility to make these qualities a part of their personality; natural reactions to their clients.

In terms of Bandura's (1977) theory of self-efficacy, "psychological procedures", in this case the counsellor training course, alter the level and strength of self-efficacy and perceived self-efficacy has an effect on a person's determination and success in difficult/threatening situations. Bandura stated that performance-based procedures appear to be most powerful in effecting psychological changes. He argued that "mastery experiences" (physical performance of the feared act/situation) enhanced self-efficacy. According to this, it should not be surprising that no significance was found, since the trainees/counsellors did not get the opportunity to counsel and thus did not put their skills to practice with clients. It also questions whether the role-plays completed during the training were sufficient. Due to time constraints, the researcher allowed for the time to pass, which was allocated as time in which counsellors would counsel before completing the questionnaire the second time (i.e. after the training), but could wait no longer when all the counsellors did not see clients. Very few clients made appointments during the period allocated. Only two out of the eight counsellors had counselled at the time of the second administration.

Bandura (1977) also stated that the best measure of behaviour *is* behaviour, not reports of it. Thus questioning this study's use of the Self-Efficacy questionnaire (but literature shows that individuals can predict their own performance rather well (e.g. Michel, 1968). However, Bandura and Adams (1977, 306) maintained that "under appropriate conditions, verbal indices provide a good measure of

thought for examining the explanatory and predictive power of cognitive factors in psychological change".

6.2 Discussion of Qualitative Findings

The first research question was whether a course based on Rogerian, Humanistic principles is beneficial/effective. This was positively supported through the existing literature (e.g. Shaffer, 1978, Truax and Carkhuff, 1972, Rogers, 1957, Egan, 1990), through the interviewed Crisis Centre counsellors' perceptions of their course and experientially through other existing (successful) training courses (e.g. Davies and Terre Blanche, 1997, who evaluated a bereavement counselling course also based on these principles). In developing his Client-Centred approach, Rogers avoided a complex, hypothetical conceptual structure that would be cumbersome and overly abstract to trainees being schooled in this model of counselling (Shaffer, 1978). His approach is easy for trainees to understand and has practical aspects which allow trainees to experience the training or learning process and make it more personal.

Rogers (1957) emphasised empathy as the most important of the three principles. With empathy alone, a counsellor would have the ability to 'ing about change in the client. Potter and Cawood (1997) contrasted the way in which Rogers ewed empathy; as almost spiritual (the counsellor will have this quality or ability as a natural part f him/her which just needs to be developed) with Truax and Carkhuff (1967) who perceived it to be a skill which can be learnt by the counsellor/trainee. However, they would all agree that empathy is developed "through consistently entering the frame of reference of the "other" in grappling to understand their world of experience" (Potter and Cawood, 1997, 15).

In the interviews with the counsellors, these principles (or qualities) of unconditional acceptance, genuineness and empathy were found to have been internalised well. The counsellors unconsciously practised unconditional acceptance amongst themselves. This was how one counsellor expressed it "we actually formed quite a bond between everyone and when you walked into the Crisis Centre you'd know, you just had this feeling of belonging" (I-3). Although it could be questioned whether this quality was displayed in their general behaviour or just amongst themselves, it should however be accepted that the training course was effective in conveying these principles to the counsellors.

The results of the quantitative procedures did not show significance, but the qualitative data supplied evidence to support the hypotheses. Interviews with the participants of the course showed the trainees' perceptions of the impact of the course on themselves personally, and on their lives in general. The following discussion will attempt to show this (although not supported quantitatively), in terms of the trainees' verbalised perceptions of the course, the second, third, fourth and fifth hypotheses are supported.

The second hypothesis is concerned about how similar the instructional system is to the learning milieu. In order to answer this question, the instructional system (development plans about the course) will briefly be stated. The course developers wanted to facilitate a basic counselling course based on the humanistic, Rogerian principles of empathy, congruence and unconditional positive regard. They also wanted the course to have a practical and experiential aspect to it, as Rogers and other theorists (e.g. Burnard, 1996) find that this adds to the effectiveness of the course. The developers wanted the participants to gain personal and life skills while gaining the skills necessary for counselling. Thus they wanted participants to gain from the course directly as well as indirectly. Some of the above had been achieved. However, according to the quantitative analysis, it is questionable whether personal and life skills were gained. Five out of the nine participants interviewed had indicated that they would have felt more confident if the practical aspect of the course (role-playing the counselling session) had been greater. Thus according to the qualitative analysis, the learning milieu does coincide closely with the instructional system.

The third hypothesis concerned the counsellors' perception of the course as providing them with the skills they needed to counsel effectively. Although most of the counsellors praised the course for its comprehensiveness and practical-concreteness, it is important not to ignore the feelings of uncertainty. It is natural for counsellors to doubt their abilities concerning newly learnt or under-practised skills (Dryden and Feltham, 1994). More about this is explained in the section a few paragraphs down, but in the next section, the counsellor's perceptions are examined.

➤ "... when we finished the course we were all feeling like we wanted more. More training um in terms of; because I mean we focussed a lot on, like gender issues. And, and then; we started getting stories about suicide and depression and the rest of it and we suddenly felt we only know

that much, but I mean honestly, whatever we learnt we could apply to whatever other situations" (I-3).

Y "once the course was finished we, we felt like we were able to do something but at the same time I think there was a lot of fear about doing the wrong thing. You just don't feel adequately prepared um because there's just so many issues that could possibly confront you. I mean a client could come in with so many different things and a slight panic I think in most of us we thought no what happens if this scenario come in I mean what are we going to do then, but er I think once we got into the counselling I think we kinda learnt how to how to deal with it" (I-3).

These statements show an uncertainty in their own ability, and before counselling; there was a lack of confidence in the content taught. But, the aim of this course was not to teach the counsellors everything and no specific course aims to do that. The content that had to be dealt with was specific; it was a basic counselling course (Wits Crisis Centre, 1997). The duties of counsellors at the Crisis Centre were specific. They needed to support and contain individuals in their times of crises and assist them with necessary information such as appropriate referral sources. Counsellors usually saw a single client only once, and a maximum of three times in unexpected circumstances. The course provided the skills necessary for this and more, but the fears of the counsellors could only be overcome when they faced it when they counselled and found that they did have the skills they needed. Counsellors, who had counselled, acknowledge this (and Bandura's theory of self-efficacy supports it too).

From an interview with one of the trainers of the course, it was found that in the trainer's experience with training counsellors, most of the students feared the first time that they would counsel and felt that they needed more training after the training course was over. However, this feeling soon passed after the first time they counselled. The trainer claimed that counsellors realise that they can use the skills that they learnt in almost all counselling situations and clients they encounter. They do have back-up support however, for situations they feel they cannot manage and they find that they learn more through all these situations.

The follow-up interviews supported the acquisition of the necessary skills (third hypothesis). The counsellors knew what the three main principles were and showed full understanding of what they meant; i.e. how to be empathic, congruent and accepting (or have unconditional positive regard) of a

client. The three main principles were part of the content of the course and the trainers facilitated and ensured the understanding of them and allowed for the provision of exercises which assisted trainees' to understand and internalise them well.

The last two hypotheses involved whether participants' personal relations and self-efficacy changed while and after participating in the course. When participants were interviewed they were not asked these questions directly. They were allowed to express their feelings of the course freely. A few questions were set just to get the participants to start talking and to elicit their perceptions of the course and its impact on them, if they were unsure of what to speak about.

The following are statements made by participants about the course and its impact on them:

- "it questioned my value system... and deepened my knowledge of issues and I learnt to question more deeply" (I-1)
- "we learnt about warmth and caring" (I-3, FI-6)
- Participants felt that they learnt basic counselling skills, "but there was also the extra issues... specific areas of counselling like rape counselling and then also the sexual harassment issues ... which was good" (I-2)
- "it did to a certain extent raise my confidence as a lay counsellor" (I-7)
- "the growth of lay counsellors it depends on the experience they get" (I-2)
- "I'm sure it added to my ability but...I'm doing other self-esteem work" (I-1)

The above statements are just some of the examples about the participants perceptions of the course. Although for most of the participants it was a major learning and growth process throughout, a few who were familiar with certain aspects and concepts or had a background in psychology saw those aspects of the course as revision (I-2, FI-6). The other parts, especially the practical aspect of counselling, like the role-plays; added to their experience. One participant (I-3) felt that the course needed to work on personal issues more, but then reconsidered and questioned whether that was the reason for the provision of supervision and personal therapy.

After the training, but before counselling, participants (I-3, I-7) voiced a fear of being inadequate, but this fear passed after having counselled a client and performing the feared action; experiencing the threatening situation. The counsellors (I-3, I-7) felt that the situation taught more; they learnt during

the session. They felt that they anxiously used the skills learnt in the training, in the first session, but then used that and the skills learnt in the real/fearful situation in their next sessions. "once we got into the counselling I think we kinda learnt how to deal with it" (I-3).

One participant (I-3) felt that the course made trainees aware of issues they were ignorant about before; example the statistics of gender violence. This was a female participant. A question arises as to whether being female and campaigning for female issues was an aspect of this ignorance. Going against the norm, alone, was difficult. Was it that the participant felt that she did not want to appear as an activist or radical, but rather wanted to blend in with those around her and be accepted by them? She changed her surroundings by applying for the course and then counselling at the centre. Working with others who *do* care about people and issues like gender violence makes it easier to care and fulfil wishes of wanting to help others; than standing alone and working against the norms and ignorance around oneself. This was what many of the trainees felt were part of their motivations to do the course.

Participants (I-3, I-5, I-7) acknowledged that the course highlighted the need to address personal issues and on completing the course, they used the skills in their personal lives and their relations with people in general. "I just felt better about my interactions with people in general, I felt I was better able to deal with..." situations which arose in her life (I-3). Another participant (I-2) related how she or he used the skills gained in the course to assist a friend who had just been through a personal crisis. "I think the training was absolutely brilliant because of the, I mean not only what we learnt, but the relationships we formed". These relationships are signs of growth in personal relations. The PHSF has a construct which tries to measure this growth; Sociability G - measures degree of social group interaction. However, it appears it was not sensitive enough to pick-up on this growth in the participants.

Counsellors (I-3, I-7) described the bonding and identity formation as "most valuable" for him/her. She or he considered the training course as assisting self-growth, and his ability to counsel, but she or he still felt nervous at times: "I think a lot of it was self-growth" "and being able to assist people, and being equipped to do that. And I think in certain regards the course has managed to do that. Like I have trained adequately enough to be able to counsel people, but I'm still very nervous about it".

"I think you always stress that you are going to screw things up or something might go wrong. So I think in that regard, the confidence I have is not, absolute, um I think it is very shaky" (I-7).

The course helped counsellors become "aware of who I am in terms of relations or when I have conversations with other people, and the dynamics at play. I think that has equipped me very in sort of a good or strong way. Because I can, I'm now more self-reflexive or self-analytical. Um, but I think it's achieved one of the aims that I wanted to. I wanted to grow, self-growth aspect was important and I think that has taken place" (I-7).

"Er the other thing about helping people, you know I think I haven't had as many cases, but um from the cases I've had like you know I can (pause) not necessarily, confidently, but I can see that um sort of progress was made, with that situation (pause) not necessarily resolved, but that something was gonna be done, hopefully" (I-7).

The course appeared to have been successful; in many aspects. However, it would also appear as if there were certain aspects mentioned above which the course failed in. Can the course improve the counsellors' confidence, decrease counsellor anxiety and provide more counselling experience? Anxiety is a normal experience (Kaplan and Saddock, 1998) and confidence cannot be handed over to counsellors; they receive support from their peers and supervisors. As those who had been counselled stated; they became more confident after counselling i.e. when they dealt with the feared situation (Bandura and Adams, 1977). Studies have shown that the counsellors' abilities improve consistently over time and with training (Carkhuff, 1969).

One aspect which all participants desperately wanted addressed, was "people who have been trained should be used more and be under supervised type of condition, you know, to ensure that you, they develop these skills further and also ya, to ensure that they grow as counselors, you know" (I-2). The centre needed to 'attract' more clients, the counsellors felt under-utilised and inadequate when they did not counsel for long stretches of time. Another issue, which arose, was that of supervision, practice or revision training and further training.

Davies and Terre Blanche (1997) found results similar to those found in this research in an evaluation of a bereavement counselling course. Davies and Terre Blanche (1997, 37) found that the perceptions

of volunteer counsellors, concerning counsellor training programmes, was that it was a "path to self-development and self-growth that their experiences in formal education and work has not provided for them".

Despite the lack of significant results in the quantitative data, the qualitative data showed that this course based in Rogerian²⁰. Humanistic principles emphasising empathy, congruence and acceptance, was effective and beneficial to the counsellors and eventually to the clients they saw. However, it needs to be considered that the qualitative data collected, came only from the selected members of the sample. Only nine members of the entire sample had been interviewed. Thus, it was only their perceptions, which were portrayed, in the qualitative data. It is possible that it is only due to chance that these perceptions were positive. This is problematic, since it needs to be realised that, had the entire sample been interviewed, the results of the qualitative data could have been different. Thus the results cannot be generalised to other population samples.

The course evaluation questionnaires from the trainees added to the qualitative data collected. The trainee's evaluations of the course overall were positive. The results of the analysis of the course evaluation questionnaires add to the information gained from the interviews and corroborate those results.

6.3 Knowledge Claims

On the basis of the quantitative analysis, it is not possible to state that the Humanistic/Rogerian method is beneficial in training courses, specifically the Wits Crisis Centre training course. However, the qualitative data contradicts this, and participants interviewed relate examples of ways in which the course has benefited and changed them. This study cannot however state that it is any better than a course based in any other method or on any other principles.

6.4 Limitations

This project has only examined one lay counsellor training course. Due to the fact that the centre is a new innovation, the sample numbers are small. Thus, the study lacks generalisability to other programs. Not all the members of the sample were interviewed, due to time constraints. However, those interviewed were selected from all three groups; staff, previous counsellors and trainees. Not all

the previous counsellors and staff members could be located in order to participate in the study. All questionnaires were not returned, thus reducing the valid sample number even further.

6.4.1 Limitations of Case Study

This research examines a specific case, thus a few of the advantages and disadvantages of this type of research study will briefly be discussed. Stake (1985) states that case studies have become more widely accepted as a research approach. Unlike in the 1970's descriptive material is now accepted as more than just example, but as a means of observation and analysis. A limiting factor (for science) of the case study is that it is expansionist rather than reductionist by nature. It produces knowledge and theory, which can only be replicated to a certain degree, thus generalisability is restricted. Another limitation is its interpretive and subjective nature. Its strength however lies in its social significance, but if it is not completed with scientific rigour and vigilance (Potter, 1991a) then its significance will be limited.

6.5 Recommendations

A recommendation for future research would be that the time period of the counsellor training course be extended, and that all members of the group be interviewed in order to gain all perceptions. An extended time frame would facilitate that all trainees have the opportunity to counsel before the second administration of the questionnaire. An extended period could also allow for the questionnaire to be administered immediately after the training and then again (third time) after they have counselled. The extended time would decrease concern about test-retest reliability, while gaining additional information about trainees perceptions of self-efficacy and personal relations at different periods in time (longitudinal study). With more time available, the researcher could design/develop more appropriate measurement tools, rather than be forced to use what exists at the start of the research. In terms of evaluation design, an ethnographic evaluation could be conducted. This would allow for all participants to be interviewed. Cross validation of data should also be considered in future research designs.

6.6 Suggestions for the course

The course may not be intense enough for certain participants; i.e. those with a background in Psychology. The time spent on the theoretical component could be shortened, but backed up with more practical exercises. A narrower selection could assist in preparing the intensity of the course and fewer trainees could be selected, or more facilitators could be present in order to have more individual

feedback and training. In terms of theory, it should be considered to make trainees aware of the counselling model according to which the course is taught as this could empower them when they decide to do advanced counselling courses. Certain aspects of the theory needs to be concentrated upon. For example, counsellors felt that they needed more theory and practice in order to understand the concept of congruence.

6.7 Ethical Considerations

All information is confidential. In terms of the interview data; no names are reported and the questionnaires are anonymous.

6.8 Conclusion

The aim of this study was to explore what an effective counsellor training course should consist of. In order to answer this question, a specific (case) training course was observed; the Wits Crisis Centre's Basic Counselling Course. Thus, the study is very specific in answering the question; in that it only answers the question in terms of this specific case and may not apply to other cases (Generalisability may be questioned). The question is answered in terms of comparing the learning milieu to the instructional system as required in an illuminative evaluation.

The study examined both qualitative and quantitative data to explore the learning milieu and course and centre documents to explore the instructional system. Although the methodologies are different, qualitative and quantitative data can be used to compliment each other and be used for cross validation. Qualitative data can be used to add depth to quantitative data. Potter (1998, 11) has explained the value of interpretive, qualitative evaluation designs/data: "While quantitative and measurement-based data can be valuable in providing focused indicators of involvement and learning, qualitative data and personal accounts provide breadth of interpretation and scope for self evaluation".

The underlying research question asked what constituted an effective, basic, lay counsellor training course. To answer this question, four sub questions were asked and then attempts were made to answer them via a study of the Wits Crisis Centre's Basic Counselling training course. The data were collected from a sample chosen from participants involved in the centre. The quantitative data collected were in the form of two questionnaires (Self-Efficacy Questionnaire and Personal, Home, Social and Formal Relations Questionnaire) while the qualitative data were in the form of interviews

and course evaluation questionnaires. Systematic observation was also used; the researcher observed parts of the trainee course and participated in the previous (staff) course. The design was based on a method of triangulation of data.

In terms of personal relations and self-efficacy, the quantitative part of the study found that none of the comparisons in these areas (except for Formal relations in the staff group) was significant. There were, however, certain flaws in executing the design. These flaws included the (small) size of the sample, the transience of the sample, the drop-out rate; although small, and the problem with the returning of questionnaires and non-compliance.

The qualitative part of the study however, came up with data which allows for the conclusion that the course did add to change and growth in the individuals' lives; including self-efficacy and personal growth. Here Bandura's theory appears to be supported, since the study appears to show that it is not just the training itself that improves self-efficacy, but mastery experiences too. When examining the qualitative data, it needs to be taken into consideration that all participants were not interviewed. Only a selected sample was interviewed. Thus the results gained from these interviews may be problematic, since these could be attributed to chance, that only those participants interviewed may have found the course beneficial. Observation of and interaction with, trainees and counsellors at the centre however, did not corroborate this possibility. Interaction with all participants came up with mainly positive perceptions of participation in the course and feelings of it being beneficial. The course evaluation questionnaires confirmed this.

An illuminative evaluation design appeared relevant to this programme, since it was necessary to consider and examine in depth, the context in which the programme occurs. As Tyler (1983, 1989) explains; evaluation is used to understand and improve the educational programme. The evaluation needs to identify and appraise environmental factors that influence learning, the planned curriculum, and the activities of teachers. The data from the interviews echo this statement. The environment, or atmosphere, the course content and the attitudes of the facilitators played a major role in the trainees' learning process. These factors have to be acknowledged, highlighted and appraised when evaluating the course. Therefore, it can be concluded that the environment has had an impact on the participants' process of gaining knowledge, skills and experience during the Wits Crisis Centre's Basic Counselling Training Course.

The researcher has acknowledged Stake's view of the task of the evaluator. Stake (1983, 291) views the basic task of an evaluator as merely "to make a comprehensive statement of what the program is observed to be, with useful references to the satisfaction and dissatisfaction that appropriately selected people feel toward it". This research has attempted to fulfil this task.

TABLE OF REFERENCES

- Austin, M. J. (1978). *Professionals and Paraprofessionals*. New York: Human Sciences Press.
- Bandura, A. (1977a). Self-Efficacy: Toward a Unifying Theory of Behavioural Change. *Psychological Review*, 84(2), 191-215.
- Bandura, A. (1982). Self Efficacy Mechanism in Human Agency. *American Psychologist*, 37, 122-147.
- Bandura, A and Adams, N. E. (1977). Analysis of Self-Efficacy Theory of Behavioural Change. *Psychological Review*, 84, 191-215.
- Bandura, A and Cervone, D. (1983). Self Evaluative and Self Efficacy Mechanisms Governing the Motivational Effects of Goal Systems. *Journal of Personality and Social Psychology*, 45, 1017-1028.
- Beattie, R. (1981). *Self-Efficacy Beliefs as Determinants of Motivation and Performance: An Industrial Environment*. University of the Witwatersrand: Unpublished Dissertation.
- Becker, D. B. (1992). *The Relationships between Self-Efficacy, Effective Leadership/Supervision and Work Performance*. University of the Witwatersrand: Unpublished Masters Dissertation.
- Berman, J. S. and Norton, N. C. (1985). Does Professional training make a Therapist more Effective? *Psychological Bulletin*, 98(2), 401-407.
- Burnard, P (1991). *Experiential Learning in Action*. England: Avebury.
- Carkhuff, R. R. (1968). Differential Functioning of Lay and Professional Helpers. *Journal of Counselling Psychology*, 15(2), 117-126.
- Carkhuff, R. R. (1969). *Helping and Human Relations: A Primer for Lay and Professional Helpers; Selection and Training*. New York: Holt, Rinehart and Winston, Inc.
- Carkhuff, R. R. and Anthony, W. A. (1979) *The Skills of Helping*. Amherst: Human Research Development.
- Cook, T. D. and Campbell, D. T. (1979). *Quasi-Experimentation: Design and Analysis Issues for Field Settings*. Boston: Houghton-Mifflin.
- Corey, G. (1986). *Theory and Practice of Counselling and Psychotherapy (3rd Ed)*. Pacific-Grove, California: Brooks/Cole.
- Corey, G. (1995). *Group Counselling (4th Ed)*. Pacific-Grove, California: Brooks/Cole.
- Corey, G. (1996). *Theory and Practice of Counselling and Psychotherapy (5th Ed)*. Pacific-Grove, California: Brooks/Cole.

- Corey, M. S. and Corey, G. (1993). *Becoming a Helper (2nd Ed)*. California: Brookes/Cole.
- Cousins, J. B. and Earl, L. (Eds.) (1995). The Case for Participatory Evaluation: Theory Research, Practice. *Participatory Evaluation in Education*. London: Falmer Press.
- Cronbach, L. J. (1951). Coefficient Alpha and the Internal Consistency of Tests. *Psychometrika*, 16, 297-334.
- Cronbach, L. J. (1963). Course Improvement Through Evaluation *Teachers College Record*, 64, 672-683.
- Davies, S. and Terre Blanche, M. (1997). Training to Care: An Evaluation of a Bereavement Counselling Course. *Journal of Educational Evaluation* 5, 37-48.
- Denzin, N. K. (1978). *Sociological Methods: A Sourcebook*. New York: McGraw-Hill.
- Dey, I. (1993). *Qualitative Data Analysis*. London: Routledge.
- Dryden, W. and Feltham, C. (1994). *Developing Counsellor Training*. London: Sage.
- Dryden, W. and Thorne, B. (1991). *Training and Supervision for Counselling in Action*. London: Sage.
- Durlak, J. A. (1979). Comparative Effectiveness of Paraprofessional and Professional Helpers. *Psychological Bulletin*, 86(1), 80-92.
- Eagle, G. T. (1998). *An Integrative model for Brief Term Intervention in the Treatment of Psychological Trauma*. University of the Witwatersrand: accepted for publication in the *International Journal of Psychotherapy*.
- Egan, G. (1990). *The Skilled Helper: A Systematic Approach to Helping (4th Ed)*. Pacific-Grove, California: Brooks/Cole.
- Fouche, F. A and Grobbelaar, E. (1983). *The Personal, Home, Social, Formal Relations Questionnaire Manual*. Johannesburg: HSRC.
- Gillis, L. (1992). *Human Behaviour in Illness: Psychology and Interpersonal Relationships*. 3rd Ed. London: Faber and Faber.
- Glasser, P. H, Sarri, R. C. and Vinter, R. D. (1974). *Individual Change Through Small Groups*. New York: The Free Press.
- Guba, Y. S. and Lincoln, Y. S. (1983). Epistemological and Methodological Bases of Natural Enquiry. In G. F. Madaus, M. Scriven and D. L. Stufflebeam (Eds). *Evaluation Models*. Boston: Kluwer Nijhoff.
- Hobbs, T. (1992). *Experiential Training: Practical Guidelines*. London: Tavistock/Routledge.

- Howard, G. S, Nance, D. W, and Meyers, P. (1987). *Adaptive Counselling and Therapy: A Systematic Approach to Selecting Effective Treatments*. San Francisco: Jossey Bass.
- Ivey, A. E. and Ivey, M. B. (1999). *Intentional Interviewing and Counselling: facilitating client development in a Multicultural Society*. Pacific-Grove, California: Brooks/Cole.
- Jupp, J. and Shaul, V. (1991). Burn-out in Student Counsellors. *Counselling Psychology Quarterly*, 4(2-3), 157-167.
- Kazdin, A. E. (1978). Conceptual and Assessment Issues Raised by Self-Efficacy Theory. *Advances in Behaviour Research and Therapy*, 1, 177-185.
- Kaplan, H. I. and Saddock, B. J. (1998). *Synopsis of Psychiatry*. (8th Ed). Maryland, USA: Williams and Wilkins.
- Lamb, D. H and Clack, R. J. (1974). Paraprofessional versus Professional Approaches to Orientation and Subsequent Counseling Contacts. *Journal of Consulting Psychology*, 21(1), 61-65.
- Lindegger, G. (1998). Non psychologists, Counsellors/Psychotherapists: Finding a Place in Relation to Psychologists. In L. Schiebusch (Ed) *South Africa Beyond Transition: Psychological Well Being*. Pretoria: Third Annual Congress of The Psychological Society of South Africa, 161-162.
- Matell, M. S. and Jacoby, J. (1971). Is there an Optimal Number of Alternatives for Likert Scale Items? Study 1: Reliability and Validity. *Educational and Psychological Measurement*, 31, 657-674.
- McGee, R. K. (1974). *Crisis Intervention in the Community*. Baltimore: University Park Press.
- Miles, M. B and Huberman, A. M. (1984). *Qualitative Data Analysis: A Sourcebook of New Methods*. California: Sage Publications.
- Morrissette, P (1996). Recurring Critical Issues of Student Counsellors. *Canadian Journal of Counselling*, 30(1), 31-41.
- Murgatroyd, S. (1992). Evaluating Change and Development Through Workshops. In T Hobbs: *Experiential Training: Practical Guidelines*. London: Tavistock/Routledge.
- Murgatroyd, S. and Woolfe, R. (1982). *Coping with Crisis*. London: British Library Cataloguing.
- Nelson-Jones, R. (1983). *Practical Counselling and Helping Skills (3rd Ed)*. London: Cassel.
- Nicholas, L. (1994). Racism in Higher Education in South Africa: Challenge to Student Counsellors. *British Journal of Guidance and Counselling*, 22(1), 119-125.
- Osgood, C. E. (1959). The Representational Model and Relevant Research Methods. In I. D S. Pool. *Trends in Content Analysis*. Urbana: University of Illinois Press.

- Parlett, M. (1974). The New Evaluation. In *Trends in Education*, 34, 13-18. Reprinted in McCormick, R and James W, (Eds) (1982). *Calling Education to Account*. London: Heinemann.
- Parlett, M and Dearden, G. (1977). *Introduction to Illuminative Evaluation: Studies in Higher Education*. California: Pacific Sounding Press.
- Parlett, M and Hamilton, D. (1972). Evaluation as Illumination. *Curriculum Evaluation Today*. Chapter 5, 83-101.
- Pillay, B. J and Magwaza, A. S. (1998). Psychological Disorders in Victims of Human Rights Violations: A Study of Witnesses Presenting at the Truth and Reconciliation Commission (TRC). In L. Schlebusch (Ed) *South Africa Beyond Transition: Psychological Well Being*. Pretoria: (Third Annual Congress of) The Psychological Society of South Africa, 252-254 .
- Poser, E. G. (1966). The Effect of Therapist's Training on Group Therapeutic Outcome. *Journal of Consulting Psychology*, 30(4), 283-289.
- Potter, C. S. (1990). *What is Evaluation?* University of the Witwatersrand: Centre for Continuing Education.
- Potter, C. S. (1991) (a). *An Analytical Case Study of a Pre-University Project*. University of the Witwatersrand: Doctoral Thesis.
- Potter, C. S. (1991) (b). Evaluation in Education: Issues and Models. In P. Irvin and B. Janse van Rensburg (Eds) *Evaluation in Environmental Education* Grahamstown: Rhodes University and South African Environmental Education Association, 6-29.
- Potter, C. S. (1997). *Worksheet for Honours Course in Research, Design and Analysis*. University of the Witwatersrand: Unpublished.
- Potter, C. S. (1998). *Evaluation, Knowledge and Human Interests*. Paper compiled for Journal of Research and Evaluation (University of the Witwatersrand: ASEESA).
- Potter, A. and Cawood, L. (1997). *Counselling: Core Concepts, Qualities, Skills and Principles: A Working Paper*. Johannesburg: POWA.
- PSYSSA, (1998). *Psytalk*. Johannesburg: B & T Publishers.
- PSYSSA, (1998). *Psychology and the Future*. Johannesburg: Unpublished.
- Rioch, M. J. (1966). Changing Concepts in the Training of Therapists. *Journal of Consulting Psychology*, 30(4), 290-292.
- Rogers, C. R. (1957). The necessary and Sufficient Conditions of Therapeutic Personality Change. *Journal of Consulting Psychology*, 21, 95-103.

- Rogers, C. and Stevens, B. (1967). *Person to Person: The problem of being human*. Laffayette, California: Real People Press.
- Rogers, C. R. (1970). *Carl Rogers on Encounter Groups*. New York: Harper and Row.
- Rogers, C. R. (1980). *A Way of Being*. Boston: Houghton-Mifflin.
- Rogers, C. R. (1986b). Rogers, Kohut and Erickson. *Person-Centred Review*, 2, 125-140.
- Rosenbaum, M. (1966). Some Comments on the Use of Untrained Therapists. *Journal of Consulting Psychology*, 30(4), 292-294.
- Rosenthal, R and Rosnow, R. (1991). *Essentials of Behavioural Research: Methods and Data Analysis*. 2nd Ed. New York: McGraw-Hill, Inc.
- Runyon, R. P. and Haber, A. (1984). *Fundamentals of Behavioural Statistics*. 5th Ed. California: Addison-Wesley Publishing Company.
- Scj Jebusch, L. (1998). Recent Advances in Stress Research and Implications for Health and Well-being. In L. Schlebusch (Ed) *South Africa Beyond Transition: Psychological Well Being*. Pretoria: Third Annual Congress of The Psychological Society of South Africa, 265-280.
- Schmitt, J. P. (1985). Client-assumed Responsibility: A Basis for Contingent and Non-Contingent Therapeutic Responding. *Professional Psychology Research: and Practice*, 16. 286-295.
- Schwarzer, R. (1998). *General Perceived Self-Efficacy in 14 Cultures*. Berlin: Freie Universitat. World Wide Web <http://www.yorku.ca/academics/schwarze/selfscal.htm>.
- Scriven, M. (1967). *The Methodology of Evaluation*. Chicago: Rand McNally.
- Shaffer, J. P (1978). *Humanistic Psychology*. New Jersey: Prentice-Hall.
- Singleton, R. A, Straits, B. C. and Straits, M. (1993). *Approaches to Social Research*. (2nd Ed) New York: Oxford University Press.
- Smit, G. J. (1991). *Psigometrika: Aspekte van Toets Gebriuk*. Pretoria: HAUM.
- Smith, B. (1994). Training Student Counsellors: The Hidden Agenda. *Group Analysis*, 27(2), 173-181.
- South African Medical and Dental Council (1998) *Psychology and the Future*. Pretoria: SAMDC Section Professional Boards.
- Sparrow, F. H. (1973). The Role of the Evaluator. In F. H. Sparrow, *Schools Council Research Studies. Evaluation in Curriculum Development: 12 Case Studies*. London: McMillan.
- Stake, R. E. (1967). The Countenance of Educational Evaluation. *Teachers College Record*, 68, 523-540.

- Stake, R. E. (1983). Program Evaluation, Particularly Responsive Evaluation. In G. E. Madaus, M. Scriven, and D. L. Stufflebeam, (Eds) *Evaluation Models: Viewpoints on Educational and Human Sciences Evaluation*. Boston: Kluwer-Nijhoff.
- Stake, R. E. (1985). Case Study. In J. Nisbet, J. Megarry and S. Nisbet, (Eds), *Research, Policy and Practice*. New York: Nichols. World Yearbook of Education.
- Standish, K. F. (1998). Reflections Upon the Use of Recovering Addicts as Lay Counsellors in the Treatment of Addictions at Houghton House: The Minnesota Model in Action. In L. Schlebusch (Ed) *South Africa Beyond Transition: Psychological Well Being*. Pretoria: Proceedings of the Third Annual Congress of The Psychological Society of South Africa.
- Stufflebeam, D. L. and Webster, W. J. (1983). An Analysis of Alternative Approaches to Evaluation, In Madaus, G. E, Scriven, M, and Stufflebeam, D. L. (Eds) *Evaluation Models: Viewpoints on Educational and Human Sciences Evaluation*. Boston: Kluwer-Nijhoff.
- Stufflebeam, D. L. (1983). The CIPP Model for Program Evaluation. In G. E. Madaus, M Scriven, and D. L. Stufflebeam. (Eds) *Evaluation Models: Viewpoints on Educational and Human Sciences Evaluation*. Boston: Kluwer-Nijhoff.
- Tear, R. J. (1978). Paraprofessional Utilisation Issues. In M. Austin, *Professionals and Paraprofessionals*. New York: Human Sciences Press.
- Tisdell, E. (1996). Using Life Experience to Teach Feminist Theory. In D. Boud and N. Miller: *Working with Experience: Animated Learning*. London: Routledge.
- Truax, C. B. and Carkhuff, R. R. (1972). *Toward Effective Counselling and Psychotherapy: Training and Practice*. New York: Aldine Publishing Company.
- Truax, C. B. and Lister, J. L. (1970). Effectiveness of Counsellors and Counsellor Aides. *Journal of Counselling Psychology*, 17(4), 331-334.
- Turton, R. W. (1986). Bourgeois Counseling and Working Class Clients: Some Problems and Political Implications. *Psychology in Society*. 6, 85-100.
- Tyler, R. W. (1989). Educational Evaluation: *Classic Works of Ralph Tyler*. G. F. Madaus and D. L. Stufflebeam (Eds). Boston: Kluwer Academic.
- Van Vuuren, D. P. (1973). 'n *Psigodiagnostiese Studie van 'n Groep Leerlinge met Beroepskeuseprobleme*. Pretoria, UNISA: Unpublished MA Dissertation.
- Waterson, W. A. (1976). *Crisis Intervention*. University of Pretoria: Unpublished Dissertation.
- Weber, V. C. (1990). *Volunteer Counsellors: Prediction of Performance in a Community-Based Crisis Centre*. Johannesburg, University of the Witwatersrand: Unpublished Dissertation.

- Wilkinson, M. (1997). **Trauma and Post-traumatic Stress as an important issue for Health Psychologists in South Africa.** Wits: Health Psychology.
- Wits Crisis Centre, (1997). *Draft: University Of the Witwatersrand Crisis Centre (11 November 1997).* University of the Witwatersrand: Unpublished.
- Wits Crisis Centre, (1998). *Policies and Procedures Manual. A Working Document.* University of the Witwatersrand: Unpublished.

APPENDICES

Examples of two days of training

Day One of the Third Training Course (Tuesdays)

The training occurred in a venue, close to the Crisis Centre Office, which was large enough for the group to sit in a semi-circle or to break up into groups and work as separate groups in the room without disturbing each other. The day started off (at nine-o'clock) with introductions and a welcome from the Crisis Centre Co-ordinator and the new trainer. This continued into a more practical exercise where trainees broke up into four groups. The groups were formed in terms of trainees whose birthdays occurred within the same season. The exercise then involved each group brainstorming their expectations of the course while also working on getting to know more about each other (where they were from and what they did; student career). Each group received a full-scrap sheet of newsprint and coloured pens to do the exercise as creatively as they could and then present it to the other groups. For example, their headings on the sheet relating to their expectations were in the form of drawings of an ear and an eye, with their expectations written in-between.

The next exercise was also a continuation of getting to know each person in the group. The game involved each group member choosing an animal/object that they felt symbolises themselves and then explain their choice to the rest of the group. (This game was repeated at the end of the training to examine the trainees' perception of whether they felt they had changed since the beginning of the course and how.)

After all trainees had their turn at describing themselves symbolically as animals, two discussions followed. The first included the course outline which was planned to be flexible and a negotiation of the times which would be set for starting the course in the mornings, lunch and ending in the afternoon of each training day. The second discussion concerned the norms, which the group felt would be appropriate for themselves for the duration of the training.

The norms were decided upon after much debate and then another exercise was started. The aim was to examine the trainees' motivations for doing the course. The trainer drew four tanks on the flip chart each one representing a topic, which the group had to fill. The tanks represented love, acceptance, recognition and security. The trainees' motivations were placed into the relevant tanks and discussed. When this exercise ended it was time to break for lunch. Some trainees stood outside, had lunch, chatted and learnt more about each other while others went to get lunch.

After approximately an hour lunch break, the trainer and trainees came back ready to proceed. In order to illustrate an exercise on sensitisation, the trainer selected trainees to take other trainees' bags and hold it with them, then asked the 'victims' how they felt when their belongings were taken and how they would feel if their personal belongings were exposed to people they did not know. The practical exercise proved a proved to provoke the idea about sensitivity very well. This lead into the secrets exercise. Every trainee was asked to tell the group something about themselves that they may not have shared (or would not share) with any or many people. This was a very sensitive exercise and it left many of the trainees feeling exposed and uncontained, but it brought the group much closer to each other. They all shared one of

each other's secrets and they all knew that much more about each other. Next a discussion about the values and principles of the counselling relationship was held. Themes included confidentiality, empathy, unconditional positive regard and acceptance or being non-judgemental.

The day ended with a much needed relaxation exercise and then a short verbal evaluation of the day. Most trainers felt that the day went well, but that it had been exhausting.

Day Two of the Second Training Course (Weekends)

The venue for the staff (second training) was an academic training centre on campus. The training occurred on alternating Saturdays and Sundays, except for the first two days, which took place in the same weekend. The content of the first day was the same as above (the third training); introductions, expectations, group norms setting and a (less threatening than the third training,) secret exercise (since the suspense of having to tell was used). The second day began with a brief evaluation of the first and the group's feelings towards having to come in a second day on one weekend. (There were mixed feelings of resentment; of having to attend training when the weekend was meant to be a rest after a long week of work and feelings of eagerness of wanting to complete the training.)

The facilitator was present, but a guest speaker, a counselling psychology lecturer was invited to present and facilitate discussions on counselling. He started off with an exploration of the trainees' motivations to help, combined with a discussion about the need for helpers to care for themselves too and to recognise their limitations, for example to curb burnout. He illustrated the need for the counsellor to have adequate support and guidance. A counsellor's support system could include co-workers, supervisors and debriefing sessions.

Interaction between trainees was facilitated and trainees whispered amongst themselves comparing the difference in styles, which the 'permanent' facilitators/trainers had to that of the day's guest lecturer.

The following discussions the definition of helping and the helping relationship. In comparison to the previous day, the material was conveyed theoretically, with less 'fun' and linking back to the trainee's personal experiences, in-between. This made the trainees restless. They however went along with the guest speaker-presenter. The basic counselling skills were discussed and the trainees were told that after lunch they would be practising these skills and thus gaining more applied insight into the concepts being discussed theoretically and written-up upon the flip chart. Reflecting on and evaluating how the counsellor feels about what she or he is doing and exploring his or her strengths helps the counsellor. This discussion was followed by a thorough discussion of empathy before lunch.

During lunch, much of the interaction involved improving upon the bonds, which started forming from the first day. All the trainees interacted positively towards each other, although some acquaintances strengthened well into friendships while others remained at trainee colleagues, every trainee participated and "gave of himself" as well as received from the rest of the group. The interaction allowed the training to appear even more worthwhile. This interaction also facilitated growth and learning from the practical exercises, since trainees felt they could share their personal feelings and experiences without fear of being judged or mocked at.

After lunch, the trainees discussed their comparison of styles with the guest speaker and the facilitator/trainer. It was decided to make the discussions more practically based, for example to use more practical exercises to make theory understood. The various counselling skills were then discussed, such as attentive/active listening, and observing conversation. An exercise which was given was that of splitting into groups of three; one person had a chance to tell a story (for two minutes) while another listened and the last one observed the two, also listening. The listener then had to retell the story in his own words trying to be as encompassing as possible, the observer had the responsibility to judge whether the first person was heard correctly/understood. The aim of this exercise is obvious. The trainees learnt the importance of listening without interrupting, listening carefully in order to remember and understand (or to ask later if something was not understood) and observing expressions of feelings related to aspects of the conversation.

After the exercises feedback was given in the big group. The group then had tea and those who needed to, discussed this further. After tea, the topics involved problem solving and limit setting. Problem solving included accepting the client's voiced concern as their problem rather than seeking 'underlying' problems and understanding what the problem means to the client. Limit setting included the legal and ethical issues involved in counselling. Trainees were allowed to explore various case scenarios, which could pose ethical or legal dilemmas. They asked many questions and the training was ended off with a suggestion for "homework" to think of more situations and to explore possible solutions, which could then be debated on another day. Before departing an evaluation of the day was given by each of the trainees as well as the facilitators.

Draft Course Outline: Wits Crisis Centre Training: Staff Programme

Day 1: Sat 28th February: Introduction of Group and Course; POWA and SACDU

| | |
|---------------|--------------------------------------|
| 09h00 - 09h30 | Welcome, name-tags, settle in |
| 09h30 - 10h00 | 1 st level Introduction |
| 10h00 - 10h10 | Ball name game |
| 10h10 - 11h10 | 2 nd level Introduction |
| 11h10 - 11h30 | Tea break |
| 11h30 - 12h00 | Expectations and Course outline |
| 12h00 - 12h30 | Group norms |
| 12h30 - 13h15 | Lunch |
| 13h15 - 14h00 | Secrets exercise |
| 14h00 - 14h30 | Ethics and principles of counselling |
| 14h30 - 15h15 | Motivations |
| 15h15 - 15h30 | Tea break |
| 15h30 - 16h30 | Introduction to counselling |
| 16h30 - 17h00 | Evaluation |

*Items in italics refer to both advocates and counsellors

Day 2: Sunday 1st March: Counselling Skills: Wits Psychology Department

| | |
|---------------|--------------------------------|
| 09h00 - 09h30 | Go around and recap |
| 09h30 - 10h45 | Attentive and Active listening |
| 10h45 - 11h00 | Tea break |
| 11h00 - 12h30 | Reflective listening |
| 12h30 - 13h15 | Lunch |
| 13h15 - 14h30 | Exploratory listening |
| 14h30 - 15h00 | Summarising |
| 15h00 - 15h15 | Tea break |
| 15h15 - 16h00 | Problem solving |
| 16h00 - 16h45 | Limit setting |
| 16h45 - 17h00 | Evaluation |

Day 3 Saturday 7th March: Gender Violence and Rape: POWA

| | |
|---------------|---|
| 09h00 - 09h30 | Welcome and name-tags (<i>Advocates 1st Day</i>) |
| 09h30 - 10h00 | <i>Introductions</i> |
| 10h00 - 10h30 | <i>Expectations and Course outline</i> |
| 10h30 - 10h45 | <i>Group norms</i> |

| | |
|---------------|---|
| 10h45 - 11h00 | Tea break |
| 11h00 - 11h15 | Gender violence: Statistics and trends |
| 11h15 - 11h45 | Why gender violence |
| 11h45 - 12h15 | Gender exercise |
| 12h15 - 12h45 | Defining 'rape' |
| 12h45 - 13h30 | Lunch |
| 13h30 - 14h30 | Myths and misconceptions about rape |
| 14h30 - 14h45 | Evaluation with big group |
| 14h45 - 15h30 | Introduction to trauma and Rape Trauma Syndrome |
| 15h30 - 15h45 | Tea break |
| 15h45 - 16h30 | Trauma debriefing model |
| 16h30 - 17h00 | Evaluation |

Day 4: Sunday 15th March Women Abuse: NISAA

09h00 - 17h00

- Sensitisation to victimisation
- Battery: Types and definitions
- Battery: Myths and misconceptions
- Cycle of Violence
- Survival strategies and characteristics of abused women
- Practical and legal options
- Empowering abused women
- Role-plays

Day 5: Sunday 22nd March: Sexual Harassment: SHEP: WITS Issues: WITS legal Perspective

09h00 - 09h30 Go around and recap

09h30 - 12h00 Role-plays

12h00 - 12h45 Lunch

12h45 - 14h45 Sexual harassment

14h45 - 15h00 Tea break

15h00 - 16h30 WITS legal Perspective

16h30 - 17h00 Course evaluation and planning for follow-up training

{The times in this draft changed during the specific days to suit practicality. It does not show the exercises and games which were used as ice-breakers, or inbetween as breaks when trainees became tired or overloaded with information.}

Pilot Study of Self-Efficacy Questionnaire

Characteristics of Sample: Frequencies

AGE: Age

| Age | Count | Cumulative |
|---------|-------|------------|
| 20.0000 | 2 | 2 |
| 21.0000 | 1 | 3 |
| 22.0000 | 6 | 9 |
| 23.0000 | 3 | 12 |
| 24.0000 | 3 | 15 |
| 25.0000 | 4 | 19 |
| 26.0000 | 1 | 20 |
| 30.0000 | 1 | 21 |
| 31.0000 | 3 | 24 |
| 32.0000 | 1 | 25 |
| 36.0000 | 1 | 26 |
| 37.0000 | 1 | 27 |
| 39.0000 | 1 | 28 |
| 40.0000 | 1 | 29 |
| 45.0000 | 1 | 30 |
| Miss | 0 | 30 |

Frequency of Occupations: Psych=1, SocialWk=2, Pharm=3, Psychiatry=4, Counselor=5, Other=6

| Occ | Count | Cumul. Count |
|---------|-------|--------------|
| 1.00000 | 18 | 18 |
| 2.00000 | 4 | 22 |
| 3.00000 | 1 | 23 |
| 4.00000 | 1 | 24 |
| 5.00000 | 1 | 25 |
| 6.00000 | 2 | 27 |
| Missing | 3 | 30 |

Normal distribution graphs of the descriptive statistics

(Next page)

Measuring instruments

The Self Efficacy Scale

The PHSE

Course Evaluation Questionnaire

Wits Crisis Centre Biographical Questionnaire

and

Examples of Course Content Documents

Author: Arumugam, V.

Name of thesis: Evaluation of the Wits Crisis Centre lay counselling training course via trainee perceptions.

PUBLISHER:

University of the Witwatersrand, Johannesburg

©2015

LEGALNOTICES:

Copyright Notice: All materials on the University of the Witwatersrand, Johannesburg Library website are protected by South African copyright law and may not be distributed, transmitted, displayed or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

The University of the Witwatersrand, Johannesburg, is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the Library website.