



Objective:

Peer counseling movement begun in the 1970s in U.S.. Other countries followed. Since the 1990s scientific investigation of the effect of peer counseling on the helpers themselves is published.

Peer counseling is assumed to have great importance in prevention of psychosocial risks including suicide. Peer helpers seem to have better knowledge of the specific situation of the youth in question. And peer counseling should cause a threshold facilitation to gain professional assistance.

On a second level peer helpers seem to help themselves. The changes in peer counselors seem to be greater than those of supported patients. (Schwartz et Sendor 1999) Most of these effects are ascribed to the training of helpers preceding peer counseling. High school peer helpers improved by training positive attitudes toward suicide intervention (Stuart et al. 2003) and demonstrated a higher level of self-appraisal. (Steinbauer 1998) Helping students are significantly more likely to select helping professions and significantly more likely to indicate higher self-esteem. (Moore 1994)

None of these studies addresses peer counseling by internet or the impact of counseling on the emotional state of the helper. Most of the studies stressed the effect of peer counseling training on the counselors. Therefore our survey directed its attention on emotional changes during one year of internet peer counseling by youths and young adults.

We presumed counseling peers putting counselors under great emotional stress and reduction of stress and anxiety by peer counseling becoming routine.

Results:

20 of 21 youth counselors continued counseling after 15 months. One 17 years old girl finished early. The girl who finished showed extreme scores in MBDF (percentile range 1% - 92%).

18 female and 2 male peer counselors continued. Therefore no sex differences could be analyzed.

Another young woman (18 years - counselor D) searched for psychiatric advice because of depressive mood and problems concerning the family continual since several years. She communicated no difficulties by counseling but missing integration in peer group. She demonstrated the maximal increase of ADS-score of all counselors (ADS percentile range increasing from 44% to 73% and 64% after 15 months - Counselor D in graph: course of ADS-scores).

One young man exceeded ADS deceit test critical limit after 15 months. His test was eliminated.

Conclusions:

Peer counselors showed a quite normal profile of depression (ADS = 50%) and anxiety (STAI X2 = 52%) and normal ranges in psychic state at the beginning of their work. After one year of peer counseling depression decreased (ADS = 31%). Peer counselors showed a significant (p=0,001) reduced level of depression in ADS-scale during one year of counseling. Score in ADS deceit test also decreased. This points to the decrease of depression not only as a better social adjustment. Psychic state showed a slight progression in vigilance (more alertness) and agitation (more peace of mind) during 15 months of counseling but no consistent changes were found in mood or during the sessions.

Only one peer finished premature (unknown reason). One peer took psychiatric help because of familial and peer problems since a long time. She continued counseling.

This points to more positive effects than risks in peer counseling for the counselors. Peer counseling brings no disturbing stress for the counselors but develops their emotional state.

High correlations were found between Depression and vigilance and between state anxiety and mood and agitation. This points to the character of by ADS recorded depression and by STAI recorded state anxiety. It correlates to psychoanalytic theories of sleepiness as a (defense-) manifestation of depression and anxiety as a stressing form of inner disturbance. Remarkable is a high correlation between depression and trait anxiety, perhaps not clear differentiated constructs. Limitations of the study are the self-rating character of the scores. In a second group verification of results will be done.

Method:

In March 2002 21 youths in the age of 16–18 years began peer counseling in a new project named "www.youth-life-line.de". They give answers by internet chat over 2 hours one to three times a week. At the beginning of their work they were trained over half a year by experienced counselors of "Arbeitskreis Leben" including a visit in the department of child and adolescent psychiatry. Peer counseling is supervised by the same experienced counselors. The whole project is monitored by pedagogic and psychiatric accompanying research and by guidance of a child and adolescent psychiatrist. All the youths were offered consultations by the same psychiatrist if necessary.

The project "www.youth-life-line.de" was intensive accepted by peers and all trained peers were intensively involved in supervised chat-counseling.

For their own protection they were tested by questionnaire interview accompanying their work. Four questionnaires were presented 3 to 28 times from March 2003 until July 2004. In June – July 2004 age was 17 – 20 years.

Depression was tested by ADS (Allgemeine Depressions Skala = common depression scale, Hautzinger et Bailler 1992), the German version of the "Center for Epidemiological Studies Depression Scale" (CES-D), a standardized 20 items self-assessment questionnaire which was presented at the beginning of counseling, after 15 months and one week later for confirmation of effects.

Anxiety was tested by STAI (State-Trait Anxiety Inventory, Spielberger et al. 1970, German version by Laux et al.), a partly standardized self-assessment questionnaire. Standardized Trait-score of anxiety (STAI X2) was sampled like ADS. State-score of anxiety (STAI X1) was presented each counselor 3 to 14 times, average 7 times at the beginning of a session. Like ADS and STAI X2 anxiety-state was tested at the beginning of counseling and after 15 months.

The MDBF (Der Mehrdimensionale Befindlichkeitsfragebogen = multidimensional psychic state questionnaire, Steyer et al. 1997) was used to test changes of psychic state during a session of peer counseling chat and in the course of peer counseling over more than a year. MDBF can be used as a 12 or 24 item self-assessment questionnaire and can be scored into 3 standardized dimensions: mood (high spirits versus low spirits), vigilance (alert vs. sleepy) and agitation (peace of mind vs. restlessness). The questionnaire was presented at the beginning and at the end of a session each counselor 4 to 14 times, average 7 times at the beginning and in the first month of counseling and two times after 15 months.

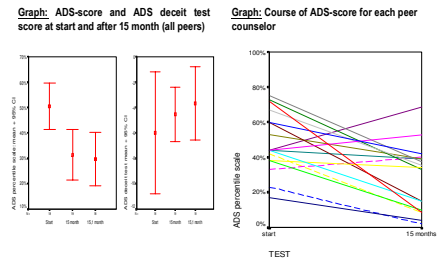
Statistical Analysis was made as explorative data analysis of changing scores and correlations between scores. In ADS and STAI X2 mean value of both tests after 15 months and one week later were compared with tests at the beginning. One patient exceeded in one ADS-test the critical limit of the deceit test. This test was eliminated. Comparison of start and 15 months test was only conducted when both tests were available.

Depression

At the beginning of counseling, peer helpers showed a quite normal range of depression in ADS (mean 50,5% in percentile range). No significant sex-difference (only a tendency of a higher range for male youths). None of the youths had a high score in deceit test.

After 15 months of peer counseling a significant reduction of depression (31,1% in percentile range, p < 0,001) which was confirmed one week later (29,6%). Also no significant sex-difference (only tendency of a higher range for male youths). Score in ADS deceit test without significant change. This points to the decrease of depression not as a process of increased conformity.

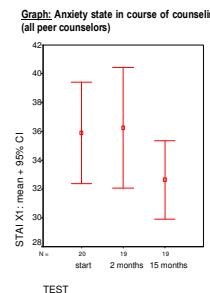
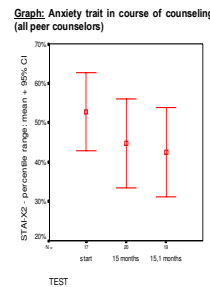
Course of ADS-score for each counselor shows decreasing score for 14 counselors and increasing score for 3 peers.



Anxiety

Anxiety trait score (STAI X2) didn't show a significant change from start to 15 months. There was a tendency of decrease and a tendency of higher scores (more anxiety) for male peers. Presumed reduction of anxiety couldn't be found.

Anxiety state was tested over many tests during the first month. No significant reduction of anxiety prior to the sessions appeared. Only a tendency of decreased scores after 15 months (not after 2 months) and a tendency of increased scores for male peers appeared.



Psychic State

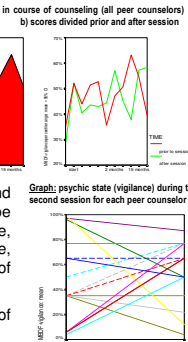
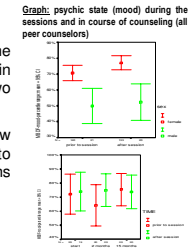
The MDBF scores were sampled at the beginning and at the end of many sessions in the first two months and before and after two sessions after 15 months.

No significant change between high and low spirits (mood) could be found after compared to before the sessions or after 15 months compared to starting counseling.

Only a correlation of higher alertness and lower sleepiness (vigilance) (p < ,005) and more peace of mind and less restlessness (agitation) (p < 0,01) in the course of counseling could be found without consistent change during a session.

A tendency of lower spirit, lower alertness and lower peace of mind of male peers could be seen. Male peers scored mood near 50% range, vigilance female scored near 50% range, agitation female peers scored a high level of peace of mind.

For some counselors extreme changes of moods during a session could be seen.



Correlations between Scores

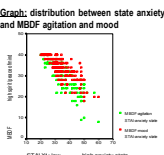
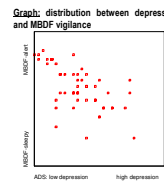
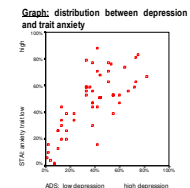
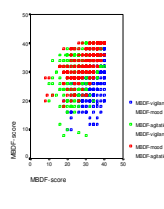
Between alls scores of ADS, STAI and MBDF were high correlations with the exception of ADS-depression vs. MBDF-agitation (r=0,22, p<0,5).

Within MBDF-scale the highest bivariate correlation exists between MBDF-mood and MBDF-agitation (r=0,65, p<0,001), lower correlation between MBDF-mood and MBDF-vigilance (r=0,48, p<0,001) and MBDF-agitation and MBDF-vigilance (r=0,47, p<0,001).

ADS depression score showed high bivariate correlation to STAI trait anxiety (r=0,72, p<0,001) and to MBDF-vigilance (r=0,63, p<0,001). Depression correlates with high trait anxiety and low alertness.

STAI state anxiety shows a correlation to trait anxiety (r=0,54, p<0,001) and higher bivariate correlation to MBDF-agitation (r=0,82, p<0,001) and MBDF-mood (r=0,78, p<0,001). Correlation between STAI-state and ADS-depression is lower (r=0,47, p<0,001).

Graph: distribution within MBDF-scale



Abstract:

In the peer-counseling-project www.youth-life-line.de trained adolescents give online support for suicidal young people. Question arises whether these young counselors will be overtrained. 21 adolescent counselors were tested by questionnaires regarding depression, anxiety and psychic state in the weeks before first online consulting and during consulting. They had the possibility to call a psychiatrist if they would have psychic problems. The young counselors demonstrated no extreme emotions in the questionnaires. There was no sign for emotional excessive demands. One of the 21 participants called the psychiatrist. His problems didn't arise from counseling. In contrast counseling was able to stabilize preceding problems and opened the way to an own therapy. Results show no excessive demand for young counselors. Therefore there is no reason to prevent them from own counseling. In contrast training and counseling seem to be supportive for their own psychic maturation.

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