Psychotherapy Training Through Peer Counseling
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ABSTRACT

The paper presents a model for training through peer counseling in small groups. Each person, including the trainer, takes turns as both therapist and client. Training through peer counseling is seen as providing the advantages of immediate feedback, experiential learning, and increased congruence and empathy. The mutual sharing is accompanied by a decrease in competitiveness and an increase in mutual support among trainees. The open practice of therapeutic skills should also lead to an overall improvement in psychotherapy theory and practice throughout the field. While the model is presented with particular reference to training in client-centered/experiential psychotherapy, it should be applicable in any training situation where specific interventions are to be taught.

The idea of training in psychotherapy through peer counseling has arisen naturally from the work growing out of Carl Rogers' initial formulations (1957). With Rogers' de-emphasis upon academic expertise, training in empathic listening for non-professionals and para-professionals often took the form of demonstration and practice of specific skills in a small group setting. Rogers also broke away from the definition of schizophrenia and neurosis as "abnormal" conditions to be learned about through case study, stressing that the growth process is basically the same in all people. Thus, much could be learned from observing the process of change in oneself and other so-called "normals" engaged in psychotherapy training, and the concept of "experiential learning" (learning by doing) came into its own.

While the model presented here is discussed in terms of teaching the client-centered/experiential approach to psychotherapy, it should be applicable to any training where specific interventions are to be taught and where personal growth is seen as one component of training. Since the training proposed here increases the capacity for empathy, congruence, and unconditional positive regard, capacities seen as basic to therapy regardless of theoretical framework, the model can be used as one component in a program which also exposes trainees to other approaches to psychotherapy.

Client-centered/experiential psychotherapy combines the theoretical work of Eugene T. Gendlin on experiential focusing (Gendlin, 1968) with the emphasis upon respect for the client basic to the work of Carl Rogers (1951). In client-centered/experiential psychotherapy (Gendlin, 1974; 1973; 1970), "listening," or "reflection of feelings," and focusing instructions are used as baseline responses in enabling the client to move through successive steps of personality change. Although other techniques (e.g.,psychoanalytic interpretation, Jungian dream analysis, Gestalt role-playing) can be combined with listening and focusing, the expectation of change remains grounded in the step-wise unfolding of the client's own internal feeling process.

In the present model, training in client-centered/experiential psychotherapy takes place through participation in small groups in which each person, including the trainer, takes a turn both at being the therapist and at being the client--hence, the term "peer counseling." A group of five trainees and one trainer takes approximately two and one-half hours. In an over-all training program, training through peer counseling is combined witmore tradition training methods, such as demonstrations, supervision of tapes of actual therapy sessions, reading and discussion, and long-term personal therapy for trainees.

The group is seen as a growth group as well as a counseling skills training group. Trainees learn through experiencing the client role as well as by practicing skills under the direct supervision of the trainer. The group begins when a person volunteers to take the first fifteen-minute turn as client. S/he chooses a therapist from among those present. The client then works on an actual personal concern for fifteen minutes, with the chosen therapist as counselor. The concern can be an issue the trainee has about being a therapist, feelings about a particular client s/he is seeing, or a problem in his/her own life. The only condition is that the person make an honest attempt to work on his/her own present inner experiencing, rather than role-playing.

The trainer has the option of intervening within the fifteen-minute counseling session in order to suggest or to demonstrate a particular approach to the problem being worked on. Ten minutes after the turn are used for discussion by the trainer and trainees as to which interventions seemed most helpful, how the interaction felt to both the client and the therapist, and what might have been done differently. The group then proceeds to the next volunteer client and his/her chosen therapist, allowing fifteen minutes for actual counseling, ten minutes for discussion, and so on, until each person, including the trainer, has had a turn both as client and therapist.

Deviations can be made if certain persons are hesitant to participate as either therapist or client on a particular day or if someone decides to forfeit his/her turn in order to allow a particularly interesting session to continue past the fifteen-minute time limit. However, if there are deviations on some days, an effort is still made over successive group meetings to insure that all participants, including the trainer, spend approximately equal time in the role of client and therapist. People who are continuously hesitant to participate in either role can be encouraged to use their opportunities for counseling turns to work on the issues about performance or self-disclosure standing in the way.

Advantages of the Model

Immediate feedback from the trainer

By practicing skills with the trainer present, trainees receive the benefit of immediate feedback and opportunity for repeated practice until a particular intervention is perfected. This is particularly relevant in the learning of client-centered/experiential psychotherapy, where the specific techniques of reflection of feeling and instruction in focusing are seen as basic to successful therapy. For example, in teaching reflection of feeling, the trainer can observe and say, "Okay, you're doing fine, but you're condensing too much. Try to give back more of the richness of inner detail." New attempts can then be followed by further feedback until progress is made.

Immediate feedback from contingent changes in client process

Client-centered/experiential psychotherapy works by enabling the client to go from intellectual conceptualizations about problems to accurate verbalizations of presently felt experiencing. Successful verbalization can lead to a "carrying forward" or "felt shift" in inner experiencing which is experienced by the client as a release of bodily tension (often accompanied by an outflow of tears or anger) and can be noticed by the therapist as a visible change in the client's bodily tension. Since the occurrence of a "felt shift" is a discrete event indicating successful therapeutic intervention, the trainer can use opportunities which arise during the "live" counseling sessions to demonstrate how a particular intervention produces a deepening, or felt shift, where previous interventions have not been successful. S/he can also suggest that a trainee try a particular intervention, and the trainee can receive immediate feedback about its effectiveness by observing whether a felt shift was facilitated or not.

For example, if a trainee is asking information-gathering questions about the death of the client's father, and the trainer can sense that a release of present grief through tears is just below the

surface, the trainer can suggest that the trainee ask the client to focus on the present grief. If the trainee then uses a focusing instruction (e.g., "Can you just let yourself feel that sadness now?"), and the client releases into tears and a verbalization of present grief, the trainees have had a first-hand experience of the difference between talking about, and facilitating the experiencing of, feelings. During his/her own turns as client, the trainer can demonstrate optimum client process through his/her own skill in focusing on feelings.

Role-playing of pretend clients by trainees, a form of training used successfully for some purposes, does not provide appropriate material for experiential learning. Since the role-play involves the manufacturing of a feeling state, rather than the unfolding of an actual inner feeling process, the pseudo-client's response to a particular intervention is based upon the play-actor's invention, rather than the actual outcome if an ongoing feeling process were involved, and accurate feedback is not provided.

Increased congruence through personal growth

In sessions as client, trainees can work on personal issues which get in the way of their effectiveness as therapists (e.g., defensiveness around making errors, fear of being overwhelmed, difficulty in dealing with anger, own feelings about death and suicide) as well as upon countertransference feelings towards particular clients. As their own personal issues and responses become clarified, their capacity for congruence in the therapeutic situation increases.

Understanding of inner processes

Client-centered/experiential psychotherapy involves working directly with the client's phenomenological field, rather than focusing upon client behavior or cognitions. In order to work effectively, the therapist must have an understanding of the workings of inner phenomena. How is it that depression often transforms into the expression of anger? What is the difference between a felt sense and an intellectualization? What differentiates "acting out" from the true release of righteous anger? Does it really help to "experience" feelings? While trainees can learn some about these phenomena from instruction in theory and observation, much can only be learned from personal experience as a client.

The trainees have the opportunity of learning about the workings of inner phenomena by observing and experiencing them in themselves. They become convinced that expressing grief is a healing process through working through their own grief; they learn not to fear client anger by expressing their own anger, etc. These learnings can then be used in attempting to teach clients to focus upon and to work through feelings.

Internalization of client-centered values

Through sharing in the vulnerable experiences of fellow group members, trainees are given ample opportunity for developing the deep respect and empathy for the experiences of others essential to the practice of client-centered therapy. By sharing their own "vulnerabilities" with each other, they also learn the personal humility of the client-centered therapist, whose power does not

come from setting him/herself up as an authority but through engendering a sense of shared humanity between therapist and client.

Decreased competitiveness between trainees

Trainees who have shared in each other's deep growth experiences become bonded together through the mutual concern and empathy generated by deep personal sharing. The competitiveness common to many learning situations gives way to a cooperative and non-defensive learning atmosphere. Trainees also become able to turn to each other for emotional support outside of the training situation, aiding each other through the difficulties inherent in any long-term growth experience.

Improvement in psychotherapy theory and practice

The continuous public demonstration and practice of counseling skills in an atmosphere of learning and constructive criticism, and with an emphasis upon specific skill learning, produces a generation of therapists who are not overly defensive about their performance, who can continue to learn through feedback from colleagues, and who can eventually teach psychotherapy through the open demonstration of their own work.

The participation of the trainer as therapist and client is essential to the creation of this atmosphere of non-defensive equality necessary for learning where threat to self-esteem is involved and reinforces the belief that every person is always in the process of becoming and that there is no end to the need for personal growth work. The exposure of psychotherapy practice to criticism should lead to an increase in level of skill and in our ability to define and to teach the specific techniques which are most effective in producing personality change.

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