

Peer Helping Programs: Helper Role, Supervisor Training, and Suicidal Behavior

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A survey of school counseling association members concerning peer helper programs provided information on the nature and prevalence of programs within Washington State. Descriptive analyses indicate that peer helper-counseling programs are widely used and that they are often supervised by noncounseling professionals. Furthermore, the analysis revealed significantly greater numbers of completed suicides at those schools where programs are supervised by noncounseling professionals.

The National Center for Health Statistics data (1968–1991) document the rapid rise in the adolescent suicide rate over the last few decades. Although the suicide rate among children and younger adolescents is of vital concern, the reported rate for the 5- to 14-year-old age group is still well below 1 per 100,000. The most frightening increase has occurred among 15- to 19-year-old adolescents. Since the mid-1960s, the reported suicide rate for this group has increased from less than 4 per 100,000 to over 11 per 100,000 in 1988. Whereas adolescent suicides were once relatively rare events, juveniles ages 15 to 19 are now killing themselves almost as often as young-to-middle-aged adults.

Researchers have identified a long list of interrelated adolescent suicide risk factors including mental health problems (Brent et al., 1988; Rich, Sherman, & Fowler 1990); long-standing family dysfunction (McKenry, Tishler, & Kelly, 1982; Wright, 1985); level of cognitive or social development (Rotheram-Borus, Trautman, Dopkins, & Shrout, 1990; Spirito, Hart, Overholser, & Halverson, 1990); substance abuse (Robbins & Alessi, 1985); chronic stressors (Blumenthal & Kupfer, 1988; Elkind, 1981); and acute stressors that may trigger suicidal behavior among those already at risk (Spirito, Brown, Overholser, & Fritz, 1989).

Distressed adolescents are perceived as being quite vulnerable to behavioral contagion regarding suicide (Range, Goggin, & Steede, 1988). Although imitation or contagion is generally not viewed as a primary cause of adolescent suicides, it may lower the threshold for action among vulnerable individuals. Investigations prompted by concern over the effects of news stories and dramatic media portrayals of suicide have produced contradictory and sometimes confusing results (Kessler, Downey, Stipp, & Milavsky, 1989; Phillips & Carstensen, 1986). Gould, Shaffer, and Kleinman (1988) suggested that different groups of adolescents may vary in their vulnerability to contagion in that the same media events have been shown to have different effects in various metropolitan areas. Although the data on media effects are variable, the evidence for the contagion of suicidal behavior among intimates is much more consistent. A suicide attempt or completion by a friend or a family member seems to reduce social deterrents working against suicide and to increase imitative behavior (Smith & Crawford, 1986; Spirito et al., 1989).

Concerns about contagion have created a quandary for mental health professionals, and a debate has emerged over whether well-intentioned programs might actually facilitate behavioral contagion. Garland and Zigler's (1993) review of adolescent suicide prevention programs found little to recommend current efforts because there is scant evidence for their effectiveness and because attempts to destigmatize and raise awareness may actually disinhibit suicidal behavior among at-risk individuals.

They argue that many well-intentioned programs increase risk because they (a) normalize suicide by de-emphasizing the role of mental illness and erroneously portraying suicide as a reaction to common stressors, (b) overstate the frequency of adolescent suicides and create strong identifications with suicide attempters or completers who are used as illustrative examples, and (c) stimulate hopelessness and saliency of suicide among at-risk individuals. Paradoxically, other authors (Center for Disease Control, 1992; Kalafat & Ryerson, 1993) cite the same body of research to conclude that prevention programs are useful or effective.

Recent decades have also seen a remarkable growth in peer helping and counseling programs in the public schools (Morey, Miller, Fulton, Rosen, & Daly, 1989). The professional literature contains a large number of articles that effusively describe peer helping-counseling programs or provide suggestions for implementing them. (Examples include the following: Campbell, 1983; Canning, 1983; Corn & Moore, 1992; de Rosenroll & Dey, 1990; Lynn, 1986; Strip, Swassing, & Kidder, 1991; and Sturkie, 1987.) Authors typically provide anecdotal evidence for the utility and effectiveness of peer helper programs, usually on the basis of their personal experiences. Only a handful of investigators have attempted more empirical evaluations (Bowman & Myrick, 1987; Morey, Miller, Rosen, & Fulton, 1993; Peterson & Peppas, 1988; Ross & Makay, 1976.) These evaluations can only be described as preliminary because a limited range of helper roles and client populations have been evaluated using the most basic of methodologies. This is not a criticism of researchers and practitioners but rather a reflection of the current state of accumulated knowledge pertaining to peer helping programs. In contrast with the anecdotal evaluations, empirical evaluations are more reserved in their descriptions, often reporting mixed or sometimes negative results (Henriksen, 1991; Morey et al., 1989; Morey et al., 1993).

Although most current peer helping-counseling programs were developed from peer tutoring programs and are directed at developmental issues (Anderson, 1976), a surprising number of programs were initiated in response to a student suicide (Corn & Moore, 1992; Hamberg, 1980; Martin, Martin, & Barrett, 1987; *Natural Helpers*, 1989). Most peer programs targeting suicide are based on the observation that children and adolescents contemplating suicide are more likely to tell a peer than an adult about their plans (Spirito et al., 1989; Ritter, 1990). The exact role that peers are to play varies from program to program and is sometimes ill-defined. Some programs explicitly limit peer responsibility to listening and being aware, with

the obligation to immediately report any possible warning sign (Konet, 1990). At the extreme, Herring (1990) has proposed developing and training middle-school peer intervention groups to "be available for and more capable of counseling peers who have attempted suicide, who are suicide survivors, or who are high at-risk students" (p. 133).

Peer counselors need not be a part of a program that targets potential suicides in order to come into contact with at-risk adolescents. Even a peer tutoring program includes some risk that a helper might encounter a critical situation. The possibility of such an encounter would seem to become more likely as an increasing number of peer programs address a wide range of mental health problems, including difficulties associated with suicide risk such as depression, relationship conflicts, stress management, eating disorders, coping with loss, or drug and alcohol use (Myrick & Folk, 1991; *Natural Helpers*, 1989; Sturkie, 1987). Adolescents who are at risk because of any of these factors might become involved with a peer helping program through a variety of avenues. Obviously, the student might enter the program as a client. Furthermore, the student could become involved by participating in educational assemblies or groups sponsored by the program, by reading educational materials distributed by the program, or even by becoming a peer helper (Sturkie, 1987).

At a time when younger and younger adolescents are being trained to address increasingly serious problems, we have little information on the nature of the problems peer helpers actually confront, the type and level of supervision and support helpers receive, and the overall effectiveness of the programs they serve (Morey et al., 1989; Morrill et al., 1987). Morey et al. (1989) wondered if some peer counselors "are expected to provide a service for which they are not adequately prepared or mature enough to handle" (p. 142). The purpose of the current study was to gather information about the prevalence and use of peer helping programs in the public schools of Washington State. We developed a survey instrument to collect information regarding the prevalence of peer programs, the model of training used to prepare helpers, the roles that helpers are expected to fulfill, the nature of supervision provided, and any possible associations between peer counseling programs and differential rates of suicidal behavior.

METHOD

Participants

Materials were mailed to all current members of the Washington School Counselors Association ($N = 513$). Fourteen pieces were returned as undeliverable. A total of 282 questionnaires were returned by the respondents for a response rate of 57%. Eleven questionnaires were determined to be unusable because the counselor was not employed in a school setting or because the responses were incomplete, confusing, or contradictory. Eight questionnaires were eliminated because they duplicated reports from other respondents at the same school. A total of 263 questionnaires were analyzed.

Instrument

We constructed a brief survey instrument to collect information from school counselors about the prevalence and characteristics of peer helping programs. Most questions include fixed-response alternatives for the convenience of the respondents, but space is included for additional comments or clarification. The counselors were asked to identify the level of the school or schools that they serve; the use of peer helper-counseling programs at their schools; the nature of the programs, including how long they have been in existence and whether the school used a set curriculum or program; the professional

certification of the program supervisor; the number of suicide attempts and the number of suicide completions by students in the last 2 academic years; and the respondent's name and address (explicitly optional). Respondents were encouraged to provide any additional information they thought relevant to the effectiveness of peer helping programs. To obtain information on the roles assumed by peer helpers, the questionnaire included a 15-item checklist (see Table 2) that we developed after reviewing several peer helper training manuals. Respondents were asked simply to check all items on the list that applied to the role of peer helpers at their school. The total instrument could be completed in 1 to 10 minutes depending on whether or not there is a program at the school. Some respondents obviously spent considerably more time as indicated by their elaborate comments.

Procedure

A cover letter, stamped return-addressed envelope, and the questionnaire were mailed early in the new school year. The majority of responses were received within 7 weeks. All responses received before January 1 were reviewed. The questionnaires were screened to eliminate duplicate reports from the same school. The task of eliminating duplicate school reports was made easier because all but 43 respondents included a name and return address. Although there is some risk of duplicated reports among the questionnaires not reporting a suicide, the chance of undetected duplicate suicide reports is minimal because respondents either included their names and addresses or volunteered enough information about the suicide to identify duplicates. A number of otherwise unusable questionnaires were salvaged because names and addresses were provided, making it possible to conduct follow-up calls.

Reports of suicide attempts and suicide completions were tabulated somewhat differently. We treated responses indicating that the counselor did not have information about attempts as a separate response category labeled "Don't know." Written comments from respondents led us to believe they were very unsure about estimates of attempts. This situation is logical in that many attempts go undetected; even a number of counselors who made estimates indicated that they were guessing.

By contrast, respondents did not express the same type of uncertainty about suicide completions. The death of a student is a public and disturbing event that the entire school is likely to know about. Comments by counselors suggested that they were well aware of all deaths at their schools, including those of teachers and staff members. However, some were unsure whether a particular death was a suicide. Two respondents reported a "suspicious death" at their respective schools. The two cases involved a self-inflicted shooting and a self-inflicted hanging. Although it is possible that these events were accidents, they were presumed to be suicides by the counselors, and we counted them as suicide completions in our data analysis. One of these deaths was also classified as a suicide in a duplicate report from another counselor at that school. Other expressions of uncertainty about suicides such as "don't know" or "don't have information" were taken to mean that reporting counselors did not have compelling reasons to believe there had been a suicide. These responses were recorded as a "0" when tabulating known suicide completions.

RESULTS

Demographic Characteristics

Ninety-eight (37%) of the respondents worked in elementary schools serving approximately 67,000 students. Sixty-five (25%) were middle

school or junior high school counselors serving approximately 45,800 students. Seventy-six (29%) were high school counselors serving approximately 81,300 students. In addition, 12 (4.5%) were kindergarten–12th-grade counselors serving approximately 7,000 students; four (1.5%) were counselors who worked at kindergarten–8th-grade schools with an estimated 3,000 students; and eight (3%) counselors worked at schools that included Grades 7–12 serving approximately 4,100 students. Thirty-four respondents worked at more than one school (26 at two schools and 8 at three schools). Twenty-five of the 34 respondents working at more than one school served two or more elementary schools. One respondent served two middle or junior high schools. The remainder served a combination of elementary, middle or junior high, or high schools.

The 263 respondents reported on a total of 305 schools with a combined estimated enrollment of over 208,000 students. With a total of 1,860 public schools in Washington State and a student population of 916,000, this survey provides data on approximately 16% of schools and 23% of students. The difference in these percentages is accounted for by the large differences in student populations at elementary and secondary schools. These enrollment estimates are approximations, because a few respondents did not provide information on enrollment, and several others reported school enrollments in the form of bandwidths (e.g., 1,000 to 1,240 students). We recorded such reports as a single number represented by the midpoint of the estimate (e.g., 1,125).

Peer Helper Programs

Of our respondents, 85 (32%) indicated that they did not currently have or had not previously had a peer helper program at their school; 151 (58%) reported having a current program; and 27 (10%) had a program that had been discontinued. Active programs had been in operation for periods of less than a year up to 20 consecutive years ($M = 5.65$, $SD = 3.45$).

Table 1 summarizes information on the prevalence of peer helping programs and the nature of the supervisor's professional training for the active programs tabulated by the work setting of the respondents. Certified school counselors or similarly credentialed personnel (school psychologists and school social workers) supervised or co-supervised 103 (69%) of the active programs, and the remainder were supervised by teachers or administrators. However, the distribution of supervisors was not equal across work settings. Inspection of the data in Table 1 indicates that noncounselor supervision was more common

at upper grade levels. For example, a review of the information from respondents at elementary, middle or junior high, and high school settings only, indicates that 11% (4 of 38) of elementary school programs were supervised by teachers or administrators, and 26% (11 of 42) of middle or junior high school and 46% (27 of 59) of high school programs had noncounselor supervisors.

The vast majority of programs used one or more commercially available training models or materials. The model most frequently mentioned was *Natural Helpers* ($n = 91$), followed by *Conflict Managers* ($n = 18$), with a variety of other models reported at relatively low frequencies. Only 26 programs did not use a specific set of training materials.

Of the 151 active programs, 146 respondents provided data on the roles filled by their peer helpers. Table 2 provides a summary of roles assigned to peer helpers tabulated by program supervisor's status. Chi-square statistics were calculated for each role to evaluate whether the status of the supervisor was related to the responsibilities assigned to peer helpers. Only two of the peer roles yielded chi-square values significant at the $p = <.05$ level. Counselor-supervised programs were more likely to assign to their peer helpers the roles of tutoring, $\chi^2(1, N = 146) = 5.70, P <.60> .05$, and conflict resolution, $\chi^2(1, N = 146) = 4.70, p < .05$.

Suicidal Behavior

Total group. As previously indicated, respondents expressed considerable uncertainty about the number of suicide attempts in their schools during the 1991–1992 and 1992–1993 school years. Only 65 of the 98 elementary school counselors provided an estimate for suicide attempts. The 65 elementary school counselors reported a total of 80 attempts ($M = 1.23$, $SD = 2.72$) for the 2-year reporting period. Only 2 of the 4 kindergarten–8th-grade respondents provided an estimate for suicide attempts ($M = 5$, $SD = 0$). Only 46 of 65 middle or junior high school counselors provided an estimate for attempts ($M = 3.0$, $SD = 3.06$). Seven of the 8 respondents serving Grades 7–12 provided an estimate ($M = 3.14$, $SD = 2.55$). Only 45 of the 76 high school counselors provided an estimate ($M = 4.76$, $SD = 3.88$). Finally, eight of the 12 kindergarten–12th-grade respondents provided an estimate ($M = 1.63$, $SD = 1.5$).

Table 3 provides data on the number of suicide completions reported by respondents at their work settings for the 1991–1992 and 1992–1993 school years. A total of 25 completed suicides were reported for the 2-year period included in this study, with two middle

TABLE 1
Prevalence of Peer Helping Programs and Nature of Supervision for Active Programs Tabulated by Respondents' Work Setting (Total Sample)

Respondents' Work Setting	Total Number of Respondents	No Peer Helping Program	Program With Counselor Supervisor	Program With Noncounselor Supervisor	Program With Unspecified Supervisor
Elementary School	98	60	33	4	1
Grades K–8	4	3	1	0	0
Middle/Jr. High School	65	23	31	11	0
Grades 7–12	8	3	3	2	0
High school	76	17	31	27	1
Grades K–12	12	6	4	2	0
Total	263	112	103	46	2

TABLE 2
Peer Helper Roles Tabulated by Supervisor Status
(Total Sample)

Peer Helper Role	Supervisor Status					
	Non-counselor ^a		Counselor ^b		Total ^c	
	N	%	N	%	N	%
Substance abuse	14	32	32	31	46	32
Self-esteem	21	48	45	44	66	45
Eating disorders	6	14	14	14	20	14
Coping with loss	10	23	25	25	35	24
Depression	9	20	22	22	31	21
Violence/exploitation	6	14	19	19	25	17
Counseling groups	3	7	17	17	20	14
Stress management	8	18	21	21	29	20
Tutoring ^d	11	25	47	46	58	40
Suicide prevention	10	23	25	25	35	24
Social skills or relations	25	57	60	59	85	58
Conflict resolution ^d	20	45	66	65	86	59
One to one counseling	17	39	31	30	48	33
Classroom groups	3	7	16	16	19	13
Other	15	34	26	25	41	28

^aN = 44. ^bN = 102. ^cN = 146. ^dChi-square noncounselor versus counselor significant $p > .05$.

or junior high counselors reporting more than 1 suicide during these 2 years. There were no reported completions at the elementary school or kindergarten–8th-grade settings during the designated time period.

Higher risk settings. The work setting categories with reports of one or more completed suicides were selected for additional analysis (middle or junior high school, Grades 7–12, high school, and Grades kindergarten–12). Of primary interest was the relationship between program characteristics and suicide behavior. A new variable named *program status* was computed from data elements to create the following three categories: *counselor program* (a program that had existed at least 2 years, supervised by a certified counselor, school psychologist, or school social worker), *noncounselor program* (a program that had existed for at least 2 years, supervised by a teacher or building administrator), and *no program* (no current program or

program not in effect for at least 2 years). A 2-year time limit was selected to ensure that the programs were operating at the time of or before the 2-year period for which suicide reports were collected.

A one-way analysis of variance (ANOVA) comparing suicide attempts within the high-risk subsample by program status was computed. The F ratio was not significant, $F(2, 102) = 1.25$. Table 4 tabulates suicide completions by program status for the high-risk subsample. A chi-square analysis was used to evaluate the relationship between program status and the frequency of suicide completions. To avoid empty cells, the columns indicating one suicide ($n = 21$) and two suicides ($n = 2$) were collapsed to create the classifications of Suicide(s) ($n = 23$) and No suicide ($n = 137$). An analysis of program status (No Program, Counselor-Supervised Program or Non-counselor-Supervised Program) \times Suicide (Suicide or No Suicide) was significant, $\chi^2(2, N = 158) = 8.94, p = .01$. The noncounselor program category had the highest suicide ratio, with 11 of the 38 programs reporting at least one suicide ($11/38 = 29\%$), followed by the no-program category ($7/55 = 13\%$), and finally the counselor-program category ($5/65 = 8\%$).

The number of known completions and number of students served within each type of program were used to estimate a Completion Rate \times Program Status ($N = 158$ programs) value. Estimates were converted to the "yearly rate per 100,000" base most frequently used in reporting national suicide data. This was accomplished by dividing the number of suicides within a group by the estimated number of students in the group, dividing the product by 2 because of the 2-year reporting period and multiplying by 100,000 to obtain the desired reporting base. The no-program category had a total of 7 suicides among approximately 41,600 students yielding an estimated yearly suicide rate of 8.4 per 100,000. The counselor-program category had 6 suicides among approximately 55,300 students, for an estimated yearly suicide rate of 5.4 per 100,000. The noncounselor-program category had a total of 12 suicides among a group of approximately 38,900 students, yielding an estimated suicide rate of 15.4 per 100,000 per year. The average yearly suicide rate for all groups was 9.2 per 100,000.

The 15 peer role categories were subjected to a series of t tests to screen for possible relationships with suicide attempts (data for 76 cases) and to a series of chi-square tests (data for 109 cases) to screen for possible relationships with suicide completions. No significant associations were found. However, any particular peer helper program may combine a number of different roles. We reasoned that the highest risk combination would involve helper roles that included both

TABLE 3
Suicide Completions by Work Setting of Respondents (Total Sample,
1991–1992 and 1992–1993 Academic Years)

Respondents' Work Setting	Total Number of Respondents	0 Suicides	1 Suicide	2 Suicides	Total Suicides
Elementary school	98	98	0	0	0
Grades K–8	4	4	0	0	0
Middle/Jr High School	65	55	8	2	12
Grades 7–12	8	7	1	0	1
High School	76	65	11	0	11
Grades K–12	12	11	1	0	1
Total	263	240	21	2	25

TABLE 4
Suicide Completions by Program Status (Middle/Junior High, Grades 7–12, High School, and Grades K–12 Settings, 1991–1992 and 1992–1993 School Years)

Program Status	Total Number of Respondents	0 Suicides	1 Suicide	2 Suicides	Total Suicides
No peer helping program	55	48	7	0	7
Counselor supervised program	65	60	4	1	6
Noncounselor supervised program	38	27	10	1	12
Column totals	158	135	21	2	25

suicide prevention and one-on-one counseling. One hundred respondents from the high-risk subsample had active programs and provided data on program status, helper roles, and suicide completions. Data from this group were analyzed to evaluate the occurrence of suicide completions at programs that included both suicide prevention and one-on-one counseling roles. Of the 22 programs that included both roles, 7 reported at least one suicide. Within the remaining 78 programs that did not include both peer helper roles, there were nine suicides. The chi-square analysis for this data yielded a Yates corrected value, $\chi^2 (1, N = 100) = 3.85, p = .05$, with the combined roles programs demonstrating an inordinate number of suicide completions.

DISCUSSION

The results of the current study must be interpreted with caution. Formal hypotheses were not formulated before data collection, and data were collected on existing groups. Consequently the results are descriptive in nature, and the methodology used is subject to possible biases including selective responding by different groups of counselors, inaccuracy in knowledge or reporting, and the existence of uncontrolled covariables that may explain observed associations. Data on rare events such as suicide completions are particularly sensitive to such biases.

The data on suicide attempts and completions for the total sample are nevertheless consistent with the expectation of greater risk among middle- and high-school-age students than among elementary students (National Center for Health Statistics, 1991). This phenomenon can be seen in the abrupt proliferation in suicide completions from the elementary to the middle school settings and in the continued increase in attempts from the middle to high school settings. In this sample, there were near equal numbers of reported completions at the middle and high school levels, even though more questionnaires were returned from high school settings ($n = 65$ middle vs. $n = 76$ high school). This result is somewhat different from national data in that the much larger population sampled in the national statistics showed a slightly higher completion rate for adolescents in the high school versus middle school age group.

The analysis of suicide behavior in higher-risk settings (middle/junior high schools, Grades 7–12 schools, high schools, and Grades kindergarten–12 schools) is again consistent with the national pattern for suicide completions. The estimated yearly suicide rate for our sample is just under that of the national data (9.21 per 100,000 vs. 11.31 per 100,000). This is as expected because adolescents most at risk for suicide are those no longer in school, including early dropouts, clinical populations, and incarcerated adolescents (Hawton, 1986; Memory, 1989; Robbins & Alessi, 1985). The correspondence

between national patterns of suicide completions and our data provides evidence for the validity of suicide reports by counselors.

The data on programs indicate widespread use of peer helping-counseling programs, particularly from the middle school level on. Many programs seem to be well established, for over 85% of those identified in this survey have been in existence for more than 2 years ($M = 5.65, SD = 3.45$). The impression of stability is also reinforced by the finding that most programs are based on a specific model and use standardized training materials. Support for peer programs was also found in the participant comments. Sixty participants praised peer helper programs either in a general or a specific manner, citing the positive atmosphere created in the school, benefits to the helpers' personal development, or the number of referrals made by peer helpers. Several elementary school counselors were particularly enthusiastic about conflict resolution programs in which peers teach fellow students restraint and alternatives to conflict.

The large percentage of programs supervised by noncounselors and the increasing reliance on noncounselors at higher grade levels (see Table 1) is somewhat surprising in that this phenomenon has received little if any attention in the professional literature. It is not known whether a heavy reliance on noncounselor supervisors is peculiar to Washington State or if the practice is common.

The high rate of suicides in schools with programs directed by a noncounselor is very disturbing (see Table 4). There are many possible explanations for the observed association, including the possibility that schools with noncounselor supervisors differ in fundamental ways from schools that use counselor supervisors for peer helping programs. Such differences might include, but are not limited to, differing student demographics or school funding levels.

However, it is prudent to consider the possibility that some of these programs might disinhibit rather than prevent suicide among those students already at risk for suicidal behavior. Risks may be encountered when supervisors are given excessive responsibility. Students in programs supervised by a noncounselor seem to be most vulnerable to these risks. Data on helper roles and supervisor status (see Table 2) indicate few differences in the tasks or functions assigned helpers whether they are supervised by professional counselors or nonprofessionals. The chi-square statistics for Table 2 suggest that counselors may even tend to assign more conservative roles (tutoring and conflict resolution). However, whether or not counselor-supervised programs are more conservative in the assignment of responsibility to peer helpers, the level of responsibility assigned to peer helpers does not seem to be tempered by the limited counseling-skills training of noncounselor supervisors. Many teachers and administrators may be aware of mental health concerns, but they would still have a much more limited knowledge of ethical and professional issues such as privacy, confidentiality, dual relationships, establishing

appropriate boundaries, risk assessment, and bounds of competence than would a professional counselor. In Washington State neither teachers nor administrators are required to have any counselor training as part of their respective certification programs. Although we do not know exactly how peer helping roles are carried out, the thought that teachers and administrators might supervise minors as they counsel, assist, or even educate other minors regarding potentially dangerous issues is very disquieting.

Participants' comments reinforce our apprehensions over supervision. Forty-four respondents expressed concern about ongoing support and supervision for the programs, including descriptions of the massive effort necessary to support a program and concern over the quality and amount of support and training provided to participants. Two counselors expressed specific concerns about the level of emotional intensity generated at some training sessions conducted by noncounselors.

The data suggest that many programs attempted to address much more serious conditions than the academic and developmental problems described in some of the peer helping literature (Anderson, 1976). A substantial number of programs addressed problems that constitute diagnosable mental disorders such as drug abuse, eating disorders, depression, and suicide (American Psychiatric Association, 1994). In addition, the heavy reliance on a one-on-one counseling role suggests the possibility of excessive responsibility for some peer helpers in dealing with potentially serious issues. The inordinate number of suicides among programs that combine one-on-one counseling and suicide prevention roles raises strong concerns about the dangers inherent in giving helpers excessive levels of responsibility.

Concern over peer helpers' abilities to deal with the role demands of peer programs was reinforced by participant comments. One counselor volunteered information about a peer helper who became the target of persistent and frightening unwanted attention. Thirty-two respondents voiced concern regarding the status of the peer helpers themselves, including the belief that at-risk or dysfunctional adolescents are attracted to the helping role, and they worried that helpers may not be mature enough to handle the problems and pressures encountered. Two respondents who made suicide completion reports revealed that the students who had killed themselves were actively serving as peer helpers at the time of their deaths. We find it very alarming that 2 suicides of the total 25 reported suicides were committed by peer helpers. Although we do not have information about the exact percentage of students who become peer helpers in the schools, 2 out of 25 would seem to be an exceptionally high number of suicides per student. Furthermore, peer helpers should be working closely with program supervisors. If the programs are helpful in detecting at-risk students, we would expect that supervisors would have the best opportunity to observe risk in the students with whom they have the most regular contact, that is, the peer helpers themselves. Finally, given the possibility of behavioral contagion, the modeling effects of a suicide by a peer helper create a particularly dangerous situation.

The current study does not directly address the issue of program effectiveness. Effectiveness is, in fact, a very complicated issue because programs would have to be evaluated based on the diversity of peer roles and client populations addressed within particular programs. Nevertheless, some data and comments are relevant to the issue. A common rationale for peer programs is that peers are more in touch with their fellow students and can bring problems to the attention of the school counselor. This rationale has been mentioned specifically in support of the use of peer programs for suicide prevention (Konet, 1990; Sandoval, Davis, & Wilson, 1987). If peer

helper programs do indeed keep counselors in better touch with their students, counselors in schools with programs should be aware of the number of suicide attempts by their students. However, there was not an observed difference in the estimated number of suicide attempts in schools with peer programs compared with schools that do not have peer programs.

Some counselor comments reflected concerns over the benefits of certain peer helping programs. Eighteen respondents were uneasy about the effectiveness of their programs. Several counselors believed that the helpers were not visible and had little actual impact or that the programs created elitist cliques within the school. Another respondent from a school without a peer program expressed concern about the effects of a wider range of programs. The reported suicide at his or her school followed a suicide prevention assembly that dramatically portrayed the recent death of an adolescent from another town.

Despite concerns regarding peer programs, the largest category of respondents' comments were strongly approving of peer helper counseling programs. Their subjective appraisals are consistent with the anecdotal reports found in the literature. These reports are certainly based on real strengths in existing programs. However, enthusiasm should not go unchecked. To date, the literature on peer helping programs has been uncritical in its examination of potential negative side effects. Few authors have even acknowledged that such effects might be possible (Morrill et al., 1987). Although our hearts often call out for immediate action, it seems only prudent to be careful about the ways in which we address some of the very serious and volatile issues of childhood and adolescence. We need to have strong evidence that programs are safe before they are incorporated into school settings. Otherwise, our best intentions may result in harm to the very children we intend to help. Although the information from the current study must be interpreted very cautiously until it has been replicated in other states, it remains true that there is not yet a body of evidence documenting the effectiveness, or the safety, of using peer helping programs to address problems beyond the basic academic and developmental issues they were initially intended to address.

Given our current state of knowledge, school counselors should be cautious when initiating new peer assistance programs. They should also carefully scrutinize efforts to initiate programs without their involvement or to transfer existing programs to individuals who do not have counseling expertise. Existing programs would do well to review the process used for selecting peer helpers, to limit helper roles to academic and developmental issues, and to ensure that helpers receive adequate training and supervision for these more limited roles. In particular, peer helpers should be given clear messages about the necessity of involving an adult whenever there is a potentially serious situation. Finally, school officials should seriously consider the potential dangers that may be associated with assigning supervision of peer helping programs to anyone other than a master's level counselor or other similarly trained mental health professional.

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