

Training Of Trainers (ToT) for Peer Counselors to Enhance Emotional Regulation and Self-Efficacy

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INTRODUCTION

Adolescent mental health has become a primary concern in research and public policy, both nationally and globally. According to the Indonesia National Adolescent Mental Health Survey (I-NAMHS, 2022), 34.9% of adolescents aged 10-17 experienced mental health disorders within the past year an estimate that translates to approximately 15.5 million individuals, with 2.45 million meeting diagnostic criteria for at least one disorder. This trend is not only observed in Indonesia but is part of a larger global issue. Data from the World Health Organization (WHO, 2019) revealed that 10-20% of adolescents worldwide suffer from mental health issues, with most cases developing by age 14. WHO (2021) further identified depression as the most common psychological disorder among adolescents aged 10-19, with a prevalence of 4%.

Adolescence is a developmental phase marked by rapid biological, cognitive, and social changes. During this period, individuals face a range of challenges, including academic pressures, peer conflicts, identity formation, and an increasing need for independence. These challenges are further intensified by technological advancements, such as the proliferation of social media, which can contribute to social comparison and increased anxiety. A study by Zhang et al. (2023) found that 20% of adolescents aged 10-20 is at risk of depression. In addition, to issues like bullying, adolescents also commonly experience family conflict, relationship violence, identity confusion, and social anxiety.

Despite the widespread nature of mental health concerns, only a small percentage of adolescents seek professional help. INACMS (2022) found that just 2.6% of Indonesian adolescents access mental health services. Barriers to care include stigma surrounding mental illness and a lack of mental health literacy, as confirmed by Radez et al. (2021) and Rowe et al. (2014). This highlights the need for community-based, accessible mental health support mechanisms that resonate with adolescents' lived experiences.

One such approach is peer support, which plays a crucial role in adolescent psychosocial development. During adolescence, peer influence often becomes stronger than parental influence. Adolescents are more likely to share personal experiences and emotions with peers, making peer counseling a particularly promising method of mental health intervention. Peer counseling, support delivered by individuals within the same age group, has been shown to foster emotional understanding, social competence, and psychological well-being (Bett, 2013; Solomon, 2004). Its benefits include promoting positive self-concept (Egbochuku & Aihie, 2009), reducing depressive symptoms (Kohls et al., 2018), and lowering the risk of substance abuse (Mason et al., 2015).

To optimize peer counseling programs, it is essential to provide structured training for those who will act as facilitators or trainers. In Indonesia, one such initiative is the *Sekolah Sehat Jiwa* (SSJ) program, developed by the Faculty of Psychology at Universitas Indonesia through the *Program Praktik Kerja Mahasiswa* (PPKM). This program equips trainer participants with the skills needed to guide peer counselors effectively, with a focus on building self-efficacy and emotional regulation two foundational skills for handling the emotional complexities of adolescent counseling.

Self-efficacy, or an individual's belief in their capacity to succeed in specific situations, is critical for peer counselor facilitators. Bandura (1997) emphasized that individuals with high self-efficacy are more confident, resilient, and capable of consistent action in challenging situations. In the SSJ training, self-efficacy is fostered through two main mechanisms from Bandura's theory: mastery experiences (hands-on facilitation practice) and vicarious experiences (observing others perform successfully). These approaches provide trainees with both the confidence and competence needed to mentor others. In parallel, emotional regulation is a vital skill for facilitators, who may encounter emotionally charged narratives from the adolescents they support. Gross's (2002) process model identifies two primary strategies: cognitive reappraisal modifying, one's interpretation of emotional events, and expressive suppression inhibiting outward emotional expressions. While cognitive reappraisal is associated with more adaptive outcomes, excessive suppression may hinder emotional authenticity and relational warmth, both essential for effective peer mentoring.

Through the structured training provided in this program, it is expected that participants will develop high levels of self-efficacy and the emotional regulation skills necessary to manage their own responses while guiding others. This training model holds promise for strengthening peer support systems in schools, particularly in urban and peri-urban areas of Jakarta.

Study Aim

The study is intended to contribute practical insights into the development of school-based peer counseling programs and serve as a reference for designing future modules that foster effective, sustainable peer support systems for adolescents. Therefore, this study seeks to evaluate the effectiveness of the *Training of Trainers* (ToT) program for peer counselor facilitators, with a focus on two main questions:

1. Can the ToT program improve participants' self-efficacy?
2. Is there an improvement in participants' emotional regulation skills after the training?

METHODS

Design

This study employed a quasi-experimental, one-group pre-test, post-test, and follow-up design to assess the effectiveness of a two-day Training of Trainers (ToT) intervention. The training was structured to improve self-efficacy and emotion regulation skills among peer counselor facilitators through experiential learning, modelling, and reflective practices. Quantitative data were collected at three time points: before the training (pre-test), immediately after the training (post-test), and two weeks after the training (follow-up).

Participants

Participants were 10 female psychology students from the Faculty of Psychology, Universitas Indonesia. The group consisted of students in the 3rd, 5th, and 7th semesters. None of the participants had prior experience in peer counseling or facilitation, and all expressed interest in enhancing their applied counseling skills. Recruitment was conducted through an open call targeting psychology students interested in youth mental health and peer education. Ethical approval for the study was obtained from the university's ethics committee, and written informed consent was secured from all participants.

Training Procedure

The ToT program was conducted over two consecutive days. Day one focused on conceptual understanding and skill development in self-efficacy and emotion regulation, while day two emphasized practical facilitation skills through role-playing, modelling, and feedback. Two psychological theories guided this training program. First, Bandura's (1997) self-efficacy theory emphasizes that confidence grows through direct practice (*mastery experiences*) and learning from others (*vicarious experiences*), both of which were integrated into the training through role-play and peer observation. Second, Gross's (2002) emotion regulation model highlights two key strategies: cognitive reappraisal and expressive suppression. These concepts formed the basis of the emotional regulation module and aligned with the outcome measures used in this study.

Instruments

Two standardized psychological instruments were administered to evaluate the outcomes of the training. The first instrument was the **General Self-Efficacy Scale (GSES)**, developed by Schwarzer and Jerusalem (1995). This 10-item scale assesses an individual's confidence in their ability to handle various demanding situations. Items are rated on a 4-point Likert scale ranging from "Not at all true" to "Exactly true." The Indonesian version of the GSES has been shown to possess good reliability, with a Cronbach's alpha coefficient of 0.83, indicating consistent internal measurement.

The second instrument was the **Emotion Regulation Questionnaire (ERQ)**, designed by Gross and John (2003), which measures two distinct emotional regulation strategies: cognitive reappraisal and expressive suppression. The ERQ includes 10 items, six items assessing the use of cognitive reappraisal (i.e., changing the way one thinks about potentially emotion-eliciting events), and four items measuring expressive suppression (i.e., inhibiting the outward expression of emotions). Each item is rated on a 7-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." This instrument has been validated across various cultural settings, including Indonesia, and demonstrates good internal consistency, with reliability coefficients of 0.84 for cognitive reappraisal and 0.74 for expressive suppression.

Data Analysis

Repeated Measures Analysis of Variance (RM-ANOVA) was conducted to examine changes across the three measurement points for each outcome variable. Pairwise comparisons with

Bonferroni adjustment were used to determine the significance of change between specific time points. Effect sizes were reported using Cohen's *d*. All analyses were conducted using SPSS 26.0.

RESULTS AND DISCUSSION

Results

The study involved 10 female psychology students from the Faculty of Psychology, Universitas Indonesia, who were participating in an internship under *Program Praktik Kerja Mahasiswa* (PPKM UI). These students represented various academic levels (3rd, 5th, and 7th semesters), and most had no prior experience in peer counseling or facilitation. Their primary motivation for joining the training was to enhance their practical skills and confidence in providing emotional support through peer counseling.

On the first day of training, participants spent more time listening to explanations and discussing facilitation techniques, which were still new to them. However, as the sessions progressed, especially on the second day, participants became more active and demonstrated a better understanding of facilitation practices. The intervention sessions began with Session I, which included introductions, pre-test completion, and a discussion of the role and boundaries of a peer counselor. The facilitator used an analogy of a tote bag to help participants understand their role as supportive listeners rather than solution providers. Reflective discussions in this session were well-received, with participants beginning to understand the boundaries and responsibilities they carry in supporting their peers. Next, in the psychoeducation session on self-awareness and emotional understanding, participants were introduced to the basic concept of emotions through clips from the movie *Inside Out*. Their understanding of mental health was further reinforced through myth vs. fact exercises and analogies of balance scales, helping them understand the importance of balance in emotion management.

Session II focused on emotional regulation, starting with an ice-breaking activity that encouraged participants to recognize and express their emotions. The session continued with discussions on emotional regulation strategies such as attention deployment, cognitive appraisal, and response modulation. To clarify these concepts, the facilitator used activities based on vignettes, reflective worksheets, and sticky notes. Allowing participants to understand and apply these strategies in various situations. In Session III, problem-solving techniques were introduced through the First Aid Kit (P3K) analogy, which helped participants understand skills they could use when acting as a Peer Counselor. During this session, participants showed high engagement, became more confident, and were able to effectively apply the facilitation techniques they had learned. Overall, the training successfully equipped participants with better skills in supporting peers and deepened their understanding of their role as peer counseling facilitators.

Quantitative Findings

The statistical analysis conducted on the intervention outcomes revealed a notable improvement in participants' self-efficacy following the training, as measured using the General Self-Efficacy Scale (GSES), which ranges from 10 to 40, with higher scores indicating greater confidence in one's ability to handle various challenges. The results demonstrated a statistically significant increase from the pre-test to the post-test, with an average gain of 6.8 points ($p = 0.028$), accompanied by a medium effect size (Cohen's $d = 0.65$), suggesting that the training program had a meaningful and practically significant impact on enhancing participants' perceived self-efficacy. Interestingly, this improvement appeared to be sustained over time, as there were no statistically significant differences observed between the pre-test and follow-up ($\Delta = 5.7$, $p = 0.120$) or between the post-test and follow-up ($\Delta = 1.1$, $p = 0.566$), indicating that the participants were able to maintain their increased self-efficacy levels even after the training concluded, without experiencing further gains or regressions. This pattern of results implies that the intervention was effective in fostering

a durable sense of confidence in participants' ability to cope with challenges, which is crucial for peer counselors who often face emotionally demanding situations.

In relation to emotional regulation, the results were more nuanced. On the Cognitive Reappraisal (CR) subscale of the Emotion Regulation Questionnaire (ERQ), which measures the tendency to cognitively reinterpret emotional events to modify their emotional impact, participants did not show a statistically significant change between the pre-test and post-test ($p = 0.156$). This suggests that the cognitive strategies taught during the training may not have been immediately internalized or practiced sufficiently to show measurable changes in the short term. However, at the follow-up stage, there was a statistically significant improvement in CR scores compared to the pre-test ($p = 0.045$), with an average increase of 1.03 points and a small to medium effect size (Cohen's $d = 0.48$). This delayed improvement indicates that participants may require more time and experiential practice to effectively incorporate cognitive reappraisal into their daily emotional coping repertoire.

Conversely, no significant changes were detected on the Expressive Suppression (ES) subscale of the ERQ across all three measurement points (all p -values > 0.05). This indicates that the intervention did not have a statistically meaningful impact on reducing participants' habitual tendency to suppress the outward expression of their emotions. One possible interpretation of this finding is that expressive suppression may be a more deeply entrenched response style, influenced by cultural norms or long-standing personal habits, making it less susceptible to change through a short-term training program. In collectivist cultures such as Indonesia, emotional restraint is often socially reinforced, which may contribute to the stability of suppression tendencies. Overall, while the intervention was effective in enhancing self-efficacy and gradually fostering cognitive reappraisal, it appeared less effective in shifting expressive suppression, highlighting the need for more targeted or extended efforts to address culturally embedded emotion regulation patterns. The detailed results of the pairwise comparisons are presented in Table 1.

Table 1. Pairwise Comparisons of GSES, ERQ-Cognitive Reappraisal (CR), and ERQ-Expressive Suppression (ES)

Variable	Condition (I)	Condition (J)	M Diff (I-J)	Std. Error	p-value	95% CI Lower	95% CI Upper
GSES	Pre-Test (1)	Post-Test (2)	-4.200 **	1.604	0.028	-7.829	-0.571
	Pre-Test (1)	Follow-Up (3)	-3.500	2.040	0.120	-8.115	1.115
	Post-Test (2)	Follow-Up (3)	0.700	1.174	0.566	-1.956	3.356
ERQ-CR	Pre-Test (1)	Post-Test (2)	-1.900	1.230	0.156	-4.872	1.072
	Pre-Test (1)	Follow-Up (3)	-3.300 **	1.125	0.045	-6.547	-0.053
	Post-Test (2)	Follow-Up (3)	-1.400	1.057	0.208	-3.718	0.918
ERQ-ES	Pre-Test (1)	Post-Test (2)	0.300	0.982	0.776	-2.048	2.648
	Pre-Test (1)	Follow-Up (3)	-0.100	0.934	0.916	-2.169	1.969
	Post-Test (2)	Follow-Up (3)	-0.400	0.874	0.647	-2.399	1.599

Note. $p < .05$ indicates statistically significant differences. Significant values are bolded.

Qualitative Findings

Qualitative analysis revealed that several participants experienced a boost in their confidence in facilitating peer counseling after engaging in role-play sessions. These simulations were reported as especially helpful in preparing them to work with adolescents, offering a safe space to test their facilitation skills. In addition, participants reported starting to apply cognitive reappraisal techniques in real-life interactions, particularly when helping friends who sought emotional support. They expressed a new ability to guide peers toward more positive perspectives, reflecting the practical integration of training content into their daily lives.

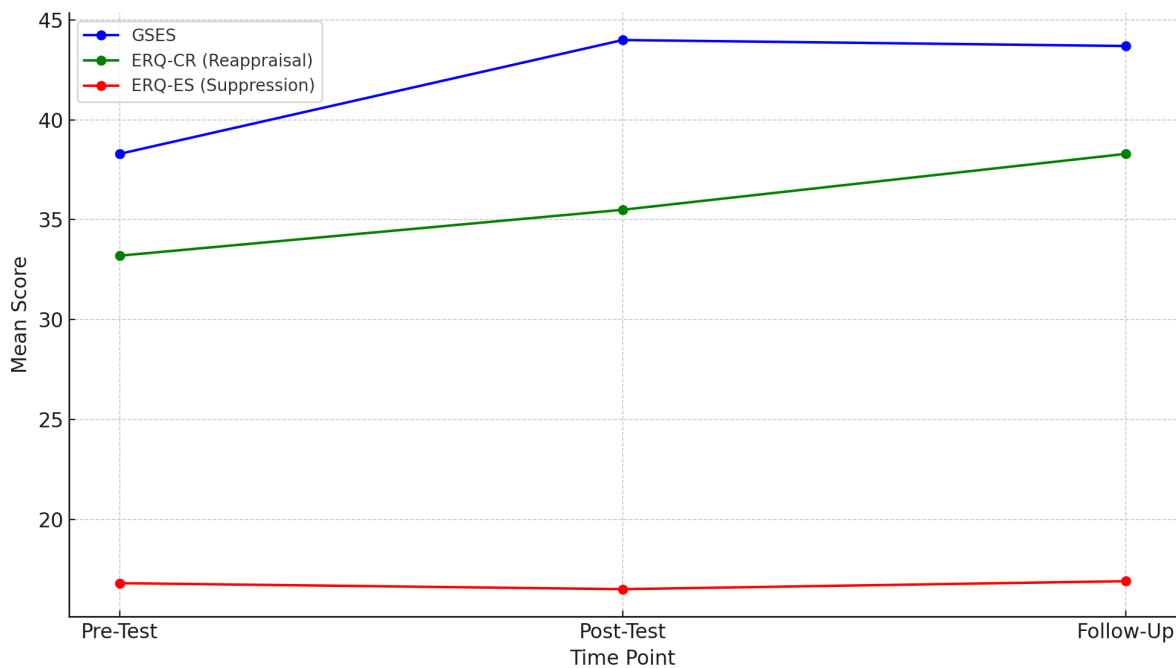


Figure 1. Mean Scores of GSES and ERQ Over Time

The training also illuminated differences in learning styles. Some participants, such as NN, AN, PYA, and SH, demonstrated a reflective and analytical learning approach, taking detailed notes during observational activities and counseling technique discussions. In contrast, participants like A, F, and N appeared to thrive in practical settings, learning more effectively through action rather than written reflection. However, not all participants were consistently engaged. A few, including H, SASI, and N, were observed using their phones during training sessions. Notably, SASI displayed the highest level of disengagement, particularly during group discussions, which may have impacted her ability to internalize the training material.

Participants who actively engaged in experiential components of the training appeared more confident in applying their knowledge. For example, A and PYA proactively tailored facilitation techniques to the needs of students in their respective schools, particularly in addressing emotional distress. Meanwhile, SH and AN preferred to focus on conceptual frameworks and systematic counseling models. These differences suggest that future iterations of the training should be adjusted to accommodate both reflective and active learning styles, ensuring that all participants can internalize and apply the material according to their strengths and the contextual demands of their school environments.

Discussion

The significant improvement in self-efficacy after the peer counselor training supports the principles of Social Learning Theory by Bandura (1997). When individuals experience success in performing a task, their confidence in their abilities increases. In this training context, participants gained direct experience through role-playing, simulations, and group discussions that served as mastery experiences, enabling them to test and strengthen their skills. Furthermore, interactions with other participants provided opportunities for vicarious experiences, where individuals learned by observing the success of their peers.

However, in the context of adult training aimed at mentoring adolescents, self-efficacy is not only related to the individual's belief in their abilities but also their effectiveness in building relationships with a different age group. Adolescents are in a more dynamic developmental stage, with unique emotional and social needs (Erikson, 1968). Therefore, while participants experienced a boost in confidence during the program, their ability to implement these skills in interactions with

adolescents still depends on the adolescents' responses and openness to the guidance provided. If participants struggle to form authentic connections with adolescents, there could be a self-efficacy decay, where their confidence diminishes when facing real-world challenges.

The pattern of changes in emotional regulation strategies, particularly cognitive reappraisal, also indicates that this strategy requires time to be internalized. Although there was no significant improvement immediately after the training, a meaningful increase was observed at the follow-up stage. This aligns with research by Denny and Ochsner (2014), which showed that cognitive emotion regulation requires activation of complex neural networks, and significant changes only occur after individuals repeatedly apply the strategy consistently. In interactions with adolescents, the challenge is not only for participants to manage their own emotions but also to teach these strategies in a way that is understandable for adolescents. Because adolescents' executive functions are still developing (Casey et al., 2011), cognitive strategies like cognitive reappraisal may need to be simplified or linked with direct experiences to be more easily adopted by adolescents.

On the other hand, in the expressive suppression aspect, no significant changes were found at any stage, suggesting this strategy did not improve significantly during the training or at follow-up. This phenomenon can be related to cultural factors that influence emotional regulation patterns. Soto et al. (2011) suggested that individuals from collectivist cultures, such as those in Asian countries, often perceive emotional suppression as a positive form of self-control. It can become a challenge in interacting with adolescents, as research shows that adolescents tend to respond more to figures that exhibit emotional authenticity than to those who are overly controlled emotionally (Zalewski et al., 2011). If participants rely too much on expressive suppression, their relationship with adolescents may become more rigid, reducing adolescents' openness during counseling sessions.

Participant Engagement and Motivation

The level of participant engagement during the training also influenced significantly the effectiveness of the intervention. Participants who actively participated in role-play and discussion sessions showed greater improvements in self-efficacy and cognitive reappraisal. In contrast, participants who were less active or distracted by external factors, such as using their phones during training sessions, showed minimal improvement. This is relevant in the context of interacting with adolescents, as they tend to engage more in learning processes that are interactive, experiential, and less authoritative (Ryan & Deci, 2000). If the participants themselves are not fully engaged during the training, they are likely to face difficulties in encouraging adolescent participation in the sessions they facilitate.

Moreover, the motivation for participating in the training should be considered. In clinical psychology, the difference between individuals who join the training due to intrinsic motivation versus extrinsic motivation can influence the effectiveness of the intervention (Deci & Ryan, 1985). Participants who are intrinsically motivated to develop adolescents are more likely to internalize the skills they have learned and apply them proactively, while those who join for external reasons may have lower engagement in the learning process.

Implications

The findings suggest that the ToT model used in this study can be a practical and scalable approach to developing peer counselor facilitators, particularly in school settings where access to professional mental health services is limited. Institutions aiming to support adolescent mental health can adopt similar experiential training formats that focus not only on technical skills but also on relational and emotional competencies. Furthermore, tailoring the training approach to individual learning styles (reflective vs. active) may enhance the internalization of the skills taught.

Limitations and Further Research

This study involved a small, homogenous sample ten female psychology students from one university, which limits the generalizability of the findings. Additionally, the duration of the training was relatively short (two days), which may not be sufficient for deep internalization of emotion regulation strategies, particularly expressive suppression. The absence of male participants may also limit insights into gender-specific responses to the training. Future studies should include a more diverse participant pool in terms of gender, educational background, and geographic location. Longitudinal research is also needed to examine whether the gains in self-efficacy and emotional regulation are sustained over time and successfully applied in real-world peer counseling contexts. Moreover, integrating booster sessions or follow-up workshops could help reinforce emotion regulation strategies, especially in cultures where suppression is normative.

CONCLUSION

This study found that the peer counselor training program effectively enhanced participants' self-efficacy through mastery experiences and vicarious learning, with improvements sustained over time. While, cognitive reappraisal showed delayed but significant gains at follow-up, expressive suppression remained unchanged, likely due to culturally rooted emotional norms. These results highlight that while technical and emotional skills can be strengthened through experiential training, their successful application, especially in adolescent mentoring, relies on participants' engagement, intrinsic motivation, and ability to adapt their approach to developmental and cultural contexts.

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AUTHOR CONTRIBUTION STATEMENT

SAW and FF agree to the final version of this article.

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