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COUNSELLING : AN APPROACH OF SOCIAL WORK

SEMESTER-VI

DISCIPLINE : SOCIAL WORK



KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

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COURSE INTRODUCTION

This course is for the sixth semester of Bachelor of Social Work (BSW) programme. The course is titled **Counselling: An Approach of Social Work.** Counselling as a distinct profession has developed in a variety of ways during the 20th century. Counselling is a learning-oriented process, which occurs usually in an interactive relationship, thereby helping a person learn more about the self. It is a therapeutic relationship between two people, i.e the counsellor and the client in order to bring about positive change and well being in the client. The aims of counselling are broad. They may depend on the situation and the environment. The two major aims of counselling are:

- Counselling aims at helping the clients understand and accept themselves “as they are”.
- To assist people in managing any transitions in their life.

To be an effective counsellor, one should have personal growth, also known as self-development or personal development. It involves the growth and enhancement of all aspects of the person, the feelings the person has about himself or herself, and their effectiveness in living.

This course focuses on the applied aspects of counselling which is an important technique of social work practice. It introduces learners to core counselling concepts, approaches, techniques, processes and fields of counselling. At the present times, counselling is gaining its acceptance and the demand for professional counsellors is on the rise. It has an immensely wide scope and field of practice.

Thus, the main objectives of this course are: To orient learners to the domain of counselling; to demonstrate its scope and applicability in the field of social work; to identify the skills necessary for counselling in social work practice.

While going through the units of the block, you will find that unit is further divided into certain sections and sub-sections, wherever necessary, for your better understanding. Again, the units may carry certain activities after a particular section where needed. These “ACTIVITIES” will provide you the opportunity to practically apply your own thoughts based on the knowledge gained from reading the text in a particular section. Besides, in order to give you additional

information on certain relevant topics, you will find a category called “LET US KNOW” after the sections in each unit. Another category that has been included at the end of each section of a particular unit is “CHECK YOUR PROGRESS”. The purpose of this category is to help you to asses for yourself as to how thoroughly you have understood a particular section. You may then match your answers with “ANSWERS TO CHECK YOUR PROGRESS” given at the end of each unit. The section “FURTHER READING” in each unit contains the names of a few books which you might want to consult if you are interested in learning more elaborately about the concepts discussed in a particular unit. Furthermore, the category called “MODEL QUESTIONS” is intended to give you a hint of the type of questions you are likely to get in the examination.

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UNIT 1 : COUNSELLING

UNIT STRUCTURE

1.1 Learning Objectives
1.2 Introduction
1.3 Counselling – Definition and Meaning
1.4 Historical Development of Counselling
1.5 Scope of Counselling
1.6 Principles of Counselling
1.7 Goals of Counselling
1.8 Let us sum up
1.9 Further Reading
1.10 Answers to Check Your Progress
1.11 Model Questions

1.1 LEARNING OBJECTIVES

After going through this unit, you shall be able to

- understand the basics of what is counselling;
- briefly trace the historical development of counselling;
- comprehend the goals, principles and scope of counselling.

1.2 INTRODUCTION

Counselling is profession concerned with enabling individuals handle their issues and difficulties in order to lead a productive and satisfactory life. It is a process wherein a relationship is established between the counsellor and the client/clients who seek help. There is a growing demand for counselling as human beings are confronted with varied challenges and stressors in this fast-paced world. This course on counselling shall henceforth discuss all the essentials needed to understand what is counselling and equip oneself with the skills and

techniques of counselling. In this unit, we shall examine the basics of counselling beginning with definition, principles and goals of counselling and trace the historical development.

1.3 COUNSELLING – DEFINITION AND MEANING

Even before counselling as a profession came into being, the practice existed centuries back by ways in which human beings sought help and advice from elders, parents, gurus or teachers whenever they had any problem that was difficult to handle on their own. Only in the 19th and 20th century, owing to significant contribution of certain people, it was slowly recognized as an altruistic profession. Emphasis of counselling is on the growth and change over the life span of an individual. Counsellors focus on working with individuals, families, groups who experience problems in their life.

So, what is counselling? Generally, people assume that counselling is just two people sitting and talking or its about giving advice to someone who has a problem. But it is not so. It is actually a process that enables a person to sort out issues and reach decisions affecting their life. Talking is there of course, but it is with a purpose of helping the person understand his problem, to improve their behaviour, character, or life circumstances and supporting them to find answers to their issues. The person who seeks help is referred to as the client and the person who provides support is the counsellor. Counselling is usually performed face to face in confidential sessions (also through telephone, mail, letters or online). Counsellors listen more compared to talking and in a friendly supportive manner empower the client towards positive change. Clients find the counselling experience very liberating and beneficial.

Few definitions of counselling are provided to get a comprehensive understanding.

General definition - *Counselling is a dynamic process through which one individual assist another to use his / her inner resources in a positive way to explore his / her situation, identify options, decide on possible solutions and act upon them.*

British Association of Counselling (1984) - *The term counselling includes work with individuals and relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem solving. The task of counselling is to give the client an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully.*

American Counselling Association (ACA), 1997 - *The application of mental health, psychological or human development principles, through cognitive, affective, behavioural or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology.*

20/20: A Vision for the Future of Counseling Consortium - A consensus definition on counselling was brought about by 29 counselling associations in 2010 through a process called 20/20 to create a broad, concise and inclusive description of the process.

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

This definition highlights these crucial aspects:

- Counseling deals with wellness, personal growth, career, education, and empowerment concerns.
- Counseling is conducted with persons individually, in groups, and in families.
- Counseling is diverse and multicultural.
- Counseling is a dynamic process.

1.4 HISTORICAL DEVELOPMENT OF COUNSELLING

Since the beginning of mankind, counselling has been used by different people like parents, elders, friends, teachers, religious heads or so in some way or the other to guide people in making right decisions or in handling any problem. People went to the medical practitioners or physicians most frequently who had all the time to sit beside the sick and listen to them. So, counselling has been around in an informal way.

We shall examine some of the crucial landmarks or period of development that took place in establishing counselling as a profession.

Counselling in the Early Civilizations

Philosophers in the earlier civilizations assumed the function of advising and offering counsel. Plato (428 – 347 BC) was generally recognized as one of the first to organize psychological insights into a systematic theory. He explained psychology of each individual in moral issues, in terms of education, in relation to society and so on and explored issues like what makes a man virtuous. He also stood up and defended people who committed criminal offences when they were mentally ill as he understood the mind and what causes unwanted behaviour. Later, Aristotle – (384 – 322), Plato's student made numerous and various significant contributions in the field of psychology through his writings.

Counselling development in the United States of America

Counselling began earlier during 18th century with the Austrian Physician Franz Anton Mesmer who discovered the animal magnetism – Hypnotherapy was developed using Mesmer's theory. Counselling theories were developed during the wake of the 20th century and began with Sigmund Freud's research on the mind in 1881. He trained as a neurologist and worked on patients classified as hysterical. Freud named his theory psychoanalysis and practiced this till 1930's. Alfred Adler, Otto Rank & Carl Jung developed their own theories and approaches which differed from Freud called psychodynamics. These theoretical approaches to counselling shall be discussed later in further units.

During the early 20th century (1900–1909), there was immense contribution from three persons who are considered as leaders in the development of counselling, namely Frank Parsons, Jesse B. Davis and Clifford Beers.

Frank Parsons, a social activist called as Father of Guidance Counselling was a vocational educator who founded the Boston's Vocational Guidance Bureau in 1908 and his book 'Choosing a Vocation' was quite popular that it set 117 elementary and secondary teachers were designated as vocational counsellors in Boston.

Jesse B. Davis emerged as the first person to establish a systematized guidance programme in public schools and in 1907 he encouraged teachers to provide guidance to students once a week in order to enable them build a strong character and also to prevent problems, hoping that this guidance would contribute to curing the evils of American society. This was more of a school guidance programme teaching students to deal with life situations in a positive way.

Clifford Beers on the other hand was a former Yale student who had his own issues of depression for which he was hospitalized many a times. He wrote about the deplorable conditions of mental institutions in his book 'A Mind that Found Itself,' a popular best seller. Through this, he advocated for better mental health provisions and reforms for treatment of the mentally ill and gathered funds from the famous and affluent. Hence, his work was a major impetus to mental health movement and advocacy and had a strong influence in the field of psychiatry and psychology, thereby becoming a forerunner for mental health counselling. 19210 – 1920 marked an important period during World War I, where there was a need for psychological assessment and Army personnel were involved in this screening and support. The National Vocational Guidance Association (the forerunner of the American Counselling Association) was established in 1913. School counselling evolved between 1930 and 1940 when John Brewer's book – Education as Guidance was published in 1932. He had stressed that every teacher be a counsellor and guidance be incorporated into the school curriculum as a subject. Great Depression in 1930s influenced researchers and practitioners especially in university and vocational settings to focus on counselling related to employment. E.G. Williamson and his colleagues at University of Minnesota developed first theory of counselling emphasising on a direct, counsellor-centred approach, focussing on counsellor's teaching, mentoring and influencing skills.

In 1940s, three major events in the 1940s radically shaped the practice of counseling: the theory of Carl Rogers, World War II, and government's involvement in counseling after the war. Carl Rogers, a

US based psychologist established the 'Person-centred approach' which is at the heart of most of the counselling practice till date. He published his book in 1942, 'Counselling and Psychotherapy' emphasizing on the core conditions of a counselling relationship and focused on non-directive counselling.

The World War II brought about the need for counsellors and psychologists to help in training specialists for the military.

In the 1950s, five major events changed history of counselling; viz.,

1. Establishment of American Personnel and Guidance Association (APGA) – 1952 (to organise groups interested in guidance, counselling and personnel matters)
2. American School Counsellor Association (ASCA) – 1953 (it joined APGA as a member)
3. Society of Counseling Psychology (Division 17) within the APA – 1952. Distinguished between Counselling psychology and clinical psychology
4. National Defence Education Act – 1958. provided funds for upgrading school counselling programs and training school counsellors
5. New Guidance and Counselling theories

– Behavioural theories – Skinner
– Cognitive theories – Albert Ellis (REBT), Aaron Beck
– Transactional Analysis – Eric Berne
– Number of theories associated with counselling grew considerably

In 1960s, Gilbert Wrenn became one of the strongest counselling advocates in the US through his influential book'The Counsellor in a Changing World' (1962a).The focus was on counselling as a developmental profession.The impact of the developmental model lessened, however, as the decade continued, primarily because of three events: the Vietnam War, the civil rights movement, and the women's movement. Each event stirred up passions and pointed out needs within society. In 1963, the Community Mental Health Centers Act was passed

which authorized the establishment of community mental health centers. Counselling outside educational institutional thus began like addiction counselling, marriage counselling etc.

During 1970s, there was diversification of counselling settings, wherein counselling for women, the minorities, people with disabilities and community counsellors were functioning playing a multidimensional role. The American Mental Health Counselling Association was established in 1976 and state licence for counsellors were also provided in many states in the US.

In the 1980s & 90s, counselling as a distinct profession came to be realized due to many events that happened. In 1984, AGPA changed its name to AACD – American Association for Counselling and Development to emphasise on the changing demographics of its membership. There was emphasis on human growth and development issues such as life span (developmental counselling across life span based on Erik Erickson's Life Span Approach), gender issues, sexual preference, ethnic and cultural groups, moral development. In 1992, AACD changed its name to American Counselling Association (ACA). Counselling was recognized as a primary mental health profession in 1992 in par with psychology, social work and psychiatry.

In the 21st century, 50th anniversary of counselling was formally celebrated under the umbrella of the ACA. Counselling came to be recognized as a profession where there would be changing needs and concerns of clients such as changing roles of men and women, innovations in media and technology, poverty, homelessness, trauma, loneliness, and aging.

Present day counselling is moving towards teaching the client 'life-coping skills' – both intrapersonal, and interpersonal, and involving the client's family in the process of counselling. Greater emphasis on technology has grown rapidly in counselling in the current times. The number of network-based computer applications in counselling has increased. COVID – 19 pandemic since 2020 onwards is one example where everything shifted to online mode of functioning including

counselling. The pandemic and its impact also brought about the need for counselling to the victims and families to cope with loss, pain and grief. Online counselling is on the rise nowadays as most clients prefer to maintain anonymity and avoid reaching out to counselling centers due to the stigma attached to their issues.

Counselling in the United Kingdom

Most of all that happened related to development of counselling as discussed in the above section was in USA. When it comes to the scenario in UK, voluntary organizations provided services for those who were worried or mentally ill. The Marriage Guidance Council was established in 1938; the first university counselling was offered at Keele in 1963 and there was the Association of Student Counsellors formed in 1970. There had been a significant development of career counselling offered in schools and work settings during that period. It was only in 1977 that the British Association for Counselling (BAC) was established. It marked a very significant event as it created a professional framework for counselling and brought in organized training in counselling from then on. Now it is known as British Association for Counselling and Psychotherapy (BACP).

Development of Counselling in India

In India, counselling services are mostly on thebasis of Western approach that has its own limitations of not being relevant to the cultural context in India.

India being one of the most ancient civilizations, has the practice of seeking help from elders. Counselling and psychotherapy therefore date back to the Indian Vedas written way back (2500 BCE). The ancient guru-shishya forms the basis of the counselling relationship where the guru (teacher or elder) had the responsibility of molding, and shaping the lives of his disciples or students. Indian Rishis and saints also sought to devise methods of conquering the human mind through a process of self-realization integrating the personality with the spiritual aspects. Astrologers are popular till date as they understand the good and evil influences of planets on one's life.

As early as 1938, the importance of counselling has been emphasised in India when the Acharya Narendra Dev Committee stressed the importance of guidance in education. Various commissions (e.g. The Mudaliar Commission, 1952; the Kothari Education Commission, 1964–66; the National Policies on Education, 1986 and 1992) have all made strong recommendations for the formalisation of counselling services at a national level.

1960s and 70s in India saw the development of guidance and counselling where the Central Bureau of Educational and Vocational Guidance coordinated counselling services through a national network. The Central Board for Secondary Education (CBSE), in its 2001 national conference mandated for all its schools to have trained school counsellors. This led to the establishment of a telephone helpline manned by about 40 principals of CBSE schools and trained counsellors. The service is supported by an online manual for CBSE tele-counsellors. The Working Group on Adolescence for the 10th Five Year Plan made strong recommendations for policy action to support counselling services that meet the needs of adolescents. Likewise, the Government of India's national curriculum review in 2005 identified counselling services as an important concern in the educational sector.

Training programme in counselling is being offered in public/ private universities and voluntary organisations. Wide range of courses are offered – Postgraduate degree, certificate and diploma programmes. There is a limited number of institutions that offer a PG program in the departments related to psychology, education and social work. One-year PG diploma in Guidance and Counselling is offered by NCERT (National Council for Educational Research and Training). Certificate courses are also offered through distance mode through some universities. Many counselling related professional associations function in India, notable one is the Counselling Association of India, established in 2005. Counselling is mostly practiced in India by psychologists, social workers, and psychiatrists.



CHECK YOUR PROGRESS – 1

1. When was the consensus definition on counselling agreed upon?

.....

2. Who was referred to as the Father of Guidance Counselling?

.....

1.5 SCOPE OF COUNSELLING

Counselling means different things to different people and the scope and nature of counselling keeps changing.

According to the Encyclopaedia of Psychology, scope of counselling is:

- Facilitates personal and interpersonal functioning across the life span with a focus on emotional, social, vocational, educational, health related, developmental and organizational concerns,
- Address both normal developmental issues and dysfunctional or disordered developmental issues from individual, family, group, systems and organizational perspectives.
- Helps people with physical, emotional, and mental disorders improve their well-being, alleviate their distress and maladjustment, resolve crisis and increase their ability to live more highly functional lives.

Complexities of present day situations such as: broken homes, domestic violence, school counselling / child guidance clinic supporting children from broken homes who are taught to cope with bitterness, hatred, neglect and confusion;HIV/AIDS, substance abuse; threat of war, insurgency, armed conflict, natural disasters (flood, earthquakes); victims of abuse, rape, trafficking; fast paced life leading to stress, anxiety, depression, nervousness and psychosomatic disorders and emotional problems all bring about the biggest scope for counselling as a profession to continue its noble task in restoring and empowering lives.

1.6 PRINCIPLES OF COUNSELLING

Principles of counselling are those aspects that are applied in the entire counselling process which becomes an indispensable part of counselling. They form the basis of the counselling relationship too that enables clients to develop trust and work on issues confronting them. Some very important principles of counselling are discussed in this section.

1. Respect for the client

Counsellors shall respect all clients irrespective of how strange and different they might be, whose values and behaviour might be different than that of counsellors. They should set aside all their personal feelings and treat the client with respect. It is also the ability of the counsellor in communicating to the client the belief that every person possesses the inherent strength and capacity "to make it" in life and that each person has the right to choose his own alternatives and make his own decisions. Should also be reflected in the manner the counsellor conducts herself – be professional, not being late for appointments, never treating or talking to the client in a derogatory or disrespectful manner.

2. Acceptance

This also refers to unconditional positive regard for the client as expressed by Carl Rogers which is the foundation for any counselling relationship. It is difficult for counsellors to practically follow this principle and it comes with lot of positive attitude and genuine concern for the client. There needs to be unconditional acceptance of all clients irrespective of their social status (caste, class, gender, religion) and circumstances they may be in combined with demonstration of concern, interest and value for the client, a deep concern for the well-being of the client.

3. Non – Judgemental Attitude

Passing judgements easily on others based on their appearance or their behaviour is a very common trait of human beings. But when it comes to counselling, counsellors should be very cautious and withhold fromforming instant opinions and pass judgements; should not be biased and make any assumptions about clients. Most importantly,

counsellors should not have a 'holier than thou' attitude or 'I am above you' attitude just because clients come to them seeking assistance to handle their issues. Clients should be the final judge of their feelings and experiences.

4. Confidentiality

Confidentiality is a very important principle in a counselling relationship as this leads to development of trust. Clients in the very first session need to be assured that all matters related to their identity, personal details, issues and concerns will not be disclosed to anyone else without the clients' permission. However, they should also be informed that there are certain exceptions when confidentiality can be breached if there is possible client's self-harm or harm to others.

5. Conscious of Self

Counsellors need to be careful about how they project themselves before clients. They need to be flexible and respond creatively to client's own perception of the problem. Its very important that they are conscious of their appearance, the verbal and body language communicated to the client and the impressions they convey to the client through their behaviour. Counsellors should be oneself, the words and behaviour should match with one's own inner feelings and be genuine.

6. Empathy

Empathy is the ability to understand the problems and feelings of clients as if it was our own problem. It is like putting oneself in another's shoes and trying to see the world though their eyes.Empathy is important for a counsellor because being sympathetic is limited to an emotion or a feeling. Empathy allows the counsellor to also understand the thoughts and perspective of the client, not simply the feelings. According to Carl Rogers, this is the ability to enter the client's phenomenological world, to experience the client's world as if it were your own without ever losing the 'as if' quality. He combined empathy and positive regard as two principles that should go along with respect and effective listening skills.

1.7 GOALS OF COUNSELLING

In every counselling relationship, goals are set by the client and the counsellor and these are individual and problem specific that varies from one person to another. Overall, the main focus of counselling or the aim of counselling is to empower clients in order to cope with life and enable them to make their own decisions for which they take responsibility.

When it comes to establishing goals in counselling, it can be immediate or short-term goals; or ultimate or long-term goals. Ultimate goals would be what is finally expected of the client to become by making all the essential changes and achieving one's full potential. At the same time, there are certain common or general goals in counselling which can be applicable for all clients. However, counsellors shall make them client specific according to the needs and issues of their client. Specific goals have advantages as the both counsellor and client can observe the specific change that occurs. Certain common goals of counselling are discussed herein:

1. Help clients to change towards positive behaviour

Positive behavioural change is one of the most essential outcome of counselling process. Most of the problems that occur in one's life can be due to their negative attitude and behaviour. Counsellors should therefore encourage clients to change their attitude and behaviour and identify the positive behavioural change they would like to work upon. This change would help clients lead a productive and satisfactory life.

2. Increase client's ability to strengthen relationships

Clients do have difficulty in interacting with others in a suitable manner due to their own low self-image or inadequate social skills. They may not know how to effectively communicate with people around them resulting in strained relationships between husband and wife, children, friends and colleagues. Counsellor shall enable clients to improve quality of their life by beginning to establish and strengthen these crucial interpersonal relationships.

3. Help client to cope with oneself

Some clients may have issues in accepting oneself and their inadequacies, feeling inferior and focus a lot on their limitations. They need to learn how to first accept themselves for who and what they are and start adapting to difficulties they encounter in life. Counsellors should encourage them to cope with oneself when they encounter challenging and difficult situations in their life.

4. Assist client in making rational decisions

Some clients face difficulty in making rational decisions. They are worried of the consequences they have to face when a wrong decision is taken. They feel that making good decisions involve risks in terms of finance, time, satisfaction etc and are not comfortable in indulging in any form of risk. The goal here is to enable them make critical decisions regarding the right course of action. Counsellors should hence help clients find the root of the problem; identify alternatives and calculate risks involved with each of the choices and then finally decide on the right decision rationally where there is minimal risk or failure. By this, clients understand their abilities and are also in a position to identify their emotions and attitudes that can influence their decisions. Slowly, they learn how to develop autonomy in their life and avoid dependence on the counsellor.

5. Assist client to grow positively

Clients are given the freedom to explore opportunities and ways of maximising their full potential so that they can control and respond to situations around them. By this, they learn how to overcome their inabilities and issues, be it substance abuse, gambling, obesity, depression, overcome inhibitions, reduce stress etc.



CHECK YOUR PROGRESS – 2

3. What are the principles of counselling?

.....

.....

4. What is the main aim of counselling?

.....

.....



1.8 LET US SUM UP

- Counselling is a process that enables a person to sort out issues and reach decisions affecting their life. Emphasis of counselling is on the growth and change over the life span of an individual. Counsellors focus on working with individuals, families, groups who experience problems in their life.
- During the early 20th century (1900–1909), there was immense contribution from three persons who are considered as leaders in the development of counselling, namely Frank Parsons, Jesse B. Davis and Clifford Beers.
- World War I, Great Depression and World War II have brought about the great need for counselling.
- American Counselling Association was established in 1913 as National Vocational Guidance Association. Was changed as ACA in 1992.
- British Association of Counselling was established in 1977 which created a professional framework for counselling in the UK.
- Importance of counselling has been emphasized in India when the Acharya Narendra Dev Committee stressed the importance of guidance in education in 1938. Various commissions (e.g. The Mudaliar Commission, 1952; the Kothari Education Commission, 1964–66; the National Policies on Education, 1986 and 1992) have all made strong recommendations for the formalization of counselling services at a national level.
- Scope of counselling is to facilitate personal and interpersonal functioning, address developmental issues, mental and emotional issues, and increase client's ability to live functional lives.
- The major principles of counselling are respect for the client, acceptance, non-judgemental attitude, confidentiality, conscious of self and empathy.
- The goals of counselling are to help clients change to positive behaviour, strengthen relationships, cope with oneself, make rational decisions and grow positively in life.



1.9 FURTHER READING

- Gladding, S. T. (2018). *Counselling – A Comprehensive Profession.* 8th (Ed). Boston: Pearson Education.
- Kiruba, C., &Jyothsna, N.G. (2011). *Guidance and Counselling.* New Delhi: Neelkamal Publications.
- Koshy, J. S. (2009/10). *Guidance & Counselling.* New Delhi: Dominant Publishers and Distributors.
- McLeod, J. (2003). *An Introduction to Counselling*. 3rdEd. Berkshire: Open University Press.



1.10 ANSWERS TO CHECK YOUR PROGRESS

1. In 2010 called the 20/20: A Vision for the Future of Counseling Consortium.
2. Frank Parsons.
3. Respect for the client, Acceptance, Non-judgemental Attitude, Confidentiality, Conscious of self and Empathy.
4. The aim of counselling is to empower clients in order to cope with life and enable them to make their own decisions for which they take responsibility.



1.11 MODEL QUESTIONS

1. Define counselling and identify the crucial aspects outlined in the definition.
2. Trace the development of counselling in the 20th century.
3. Briefly summarise the salient aspects in history of counselling in India
4. Discuss the principles of counselling.
5. With the help of a case example, identify the goals of counselling for the client.

*** ***** ***

UNIT 2 : CONCEPTS RELATED TO COUNSELLING

UNIT STRUCTURE

2.1 Learning Objectives
2.2 Introduction
2.3 Counselling as an Approach of Social Work
2.4 Counselling Relationship
2.4.1. Nature of the Counselling Relationship
2.4.2. Core Conditions of a Counselling Relationship
2.4.3. Factors that Influence Counselling relationship
2.5 Let us sum up
2.6 Further Reading
2.7 Answers to Check Your Progress
2.8 Model Questions

2.1 LEARNING OBJECTIVES

After going through this unit, you shall be able to

- Comprehend how counselling is applied in social work practice;
- Understand the importance of the counselling relationship and the core conditions that form the backbone of the relationship;
- Assess the factors crucial in influencing the counselling relationship.

2.2 INTRODUCTION

Counselling is much interrelated with counselling as both these disciplines rely on the ability of the professional to build a cooperative relationship with the client and this relationship-building skill remains the bedrock of quality of practice. Counsellors and social workers both work with clients who need help, are distressed, anxious or helpless and look forward to changing their situation. Hence, a good alliance

needs to be built between the service provider and the client to work in collaboration and seek solutions to their issues. This unit shall therefore discuss how counselling and social work are related, how they differ and the complexities involved. The nuances of the counselling relationship and what needs to be considered while establishing this relationship is also presented.

2.3 COUNSELLING AS AN APPROACH OF SOCIAL WORK

Social work and counselling are helping professions with the main mandate of enabling individuals develop and make changes in their life situations. Irrespective of the organisation or team that social workers are involved with, they still have an interface with the individual and his concerns, or work with families and groups where lot of interventions do happen. In all this, they develop a therapeutic relationship with the client/client group and do provide direct counselling services.

Examining the experiences of social workers who have been extensively involved in counselling, it can be stated that both commonalities and differences of approach exists at a practice level between counsellors and social workers when it is related to application of their skills and principles. The two fields are intertwined with each other in terms of skills, knowledge and values and yet they have different identities. Overlapping in the essential skills, values and knowledge persists between these two professions. Utilizing case work skills and principles, they offer counselling which therefore becomes an indispensable part of their approach or work with clients. Social workers in the 1960s and 1970s practiced casework based on the psychodynamic theoretical approaches. The term counselling came into use in social work during the 1970s as a replacement for casework. But later on, social work theories and approaches too kept changing with the development of anti-discriminatory and anti-oppressive practice

in the 80s and 90s. Case work too began to get less priority due to ideological changes that happened. Group work and community work have become more prominent social work methods and focus of social work too got shifted.

Counselling is mostly attached to other disciplines like psychologists, psychiatrists, clergy etc and social workers do not have a monopoly. Social work differs from counselling and other allied fields like psychology and psychiatry as its mission is to negotiate social systems and advocate for change, to develop an understanding of the client's environment and the cultural context he comes from, and his status and role in the community and thereby provide social services. It is observed that theory and practice of both counselling and social work complement one another. Communication is the core aspect of both counselling and social work and it's about people and talking. Both share aspects of theories and practice. Yet, there are also boundaries set between the activities of both these disciplines.Many times, it is assumed that any social work activity with clients in organisation is called counselling and at the same time, social workers consider that counselling is more an area of specialist intervention or referral. Boundaries exist between these two professions which are not noticed so easily. One simple difference is that social workers take on the counselling role and counselling skills are used in variety of social work intervention with clients. But counsellors per say do not take on the social work activities of working with different systems related to clients.

The Barclay Report (1982) examined the developments in the field and divided social work into counselling and social care planning. It embraced virtually all face-to-face work carried out by social workers and identified counselling as one of the two main activities taken up by social workers other than social care planning. Social workers therefore use counselling in ways that is integrated with other approaches of their overall work with clients.

Social workers while working with most distressed groups availing their services find that they benefit from in-depth counselling, though the client did not ask for counselling. Basic counselling skills are used in post disaster counselling by social workers or wherever there is a need. But it is important that social workers have additional training in counselling before they practice any major psychodynamic interventions with clients. It is vital that social workers should have the training and confidence to counsel in a variety of situations, often within mixed roles which may include authority elements.

A better way to understand the counselling relationship to social work is that counselling skills underpin the whole range of social work and counselling as a significant component of work is carried out in conjunction with other approaches and counselling becomes a major part of the job profile of social workers.



CHECK YOUR PROGRESS – 1

1. What aspects are intertwined between counselling and social work?

.....

.....

2. Which report discussed the allied nature of counselling and social work disciplines?

.....

.....

2.4 COUNSELLING RELATIONSHIP

The heart of counselling is the relationship established between the counsellor and the person seeking help, referred to as the client. The distinctive feature of counselling, in comparison with other coping strategies is that counselling operates primarily through the formation of a relationship.The relationship takes centre stage in counselling situations, because meaningful counselling depends on the establishment of a bond or alliance that is strong enough for the person

to be able to tolerate talking about issues that are emotionally painful, embarrassing and shameful, out of control or confusing.A working alliance is established between the counsellor and the client which contributed to the successful outcome of counselling. This alliance is a conscious and purposeful aspect of the relationship that has certain bonding elements like respect and trust which can enable *confidence, reassurance, openness and honesty, paving the way for clients to accept themselves for who they are.*

Different terms are used to refer to this relationship, viz., therapeutic alliance, therapeutic relationship, helping alliance, working alliance etc. In this counselling relationship, two sides are involved, viz., the client and the counsellor. Both invest time, energy, resources and make a commitment to take responsibility to work together. It is the collaborative relationship between these two parties engaged in the common fight to overcome the patient's suffering and self-destructive thoughts and behaviors, and effect beneficial change.

Building up this relationship can be a developmental process, where counsellors explore from clients about the situation that has led them to take help. Working in a counseling relationship occurs after clients and counselors have established a rapport and explored possible goals toward which to work. A real relationship should have components of genuineness and realism, which is a two-way experience between both counsellor and client since their first meeting. Being genuine is a quality of the counsellor and clients can be facilitated in the same way to be genuine and examine their situation in a realistic way.

2.4.1 Nature of the Counselling Relationship

- Connection is the essential characteristic in this relationship. Client shall have a lot of questions before making this connection, viz., *Can they be trustworthy, Can I be understood, Can I really be honest with another person?*
- Relationship is straightforward where there is someone to talk to and a need to talk something through. It is with a person who

stands outside of the problem, who is independent of one's family, friendship network or work group, and who can respond to the problem in a fresh and unbiased fashion. There is a deeper meaning to the idea of relationship: implies an encounter with an *'other,'* a person who is separate from oneself.

- Counselling relationship is different from friendship or family bonds as it exists for a purpose and is usually fairly temporary. It is built and strengthened when each of the participant thinks about the other between meetings, and remembers information about the other.Each person is alive in the life of the other. This shows the importance given to the relationship.
- The major feature that distinguishes a counselling relationship from most other types of relationship is that a counsellor listens(main building block of the relationship). Listening patiently is an active process – expressing curiosity, sensitivity and interest, listening for meaning.
- Complete presence (physical and psychological) of both counsellor and client (determines the quality of the relationship).
- Relationship is safe as counsellor is unequivocally on the side of the person,has no intention of harming, abusing or exploiting the client.
- Collaborative alliance - an important aspect of counselling relationship as they are able to work together to tackle problems.
- Failures can happen – It is important to be prepared for things to go wrong as the relationship can be terminated half way through by either the client or the counsellor. It is not essential that all counselling relationships should be successful.

2.4.2 Core Conditions of a Counselling Relationship

Carl Rogers is popularly known for emphasizing on the counsellor's role in this relationship through his client-centered therapy stressing on certain core conditions by:

- Two persons are in psychological contact (counsellor and client).
- Counsellor experiences unconditional positive regard for the client.
- Counsellor is congruent or integrated in the relationship.
- Counsellor experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this to the client.
- Then, communication to the client of the counsellor's empathic understanding and unconditional positive regard is to a minimal extent achieved.

2.4.3. Factors that Influence Counselling Relationship

Counselling being a dynamic profession is influenced by many factors that help it become a productive time for the client & counselor.

i. Physical Setting/Contextual Factors

Although there are no standards as to how the counselling room should like, it should be a conducive environment where certain conditions should be ideal for both. Ideally, professional counsellor chooses to work in a setting that can offer maximum privacy and confidentiality for the client, where they feel safe. It is preferable to have a well-ventilated place, with comfortable sitting arrangements, and sufficient lighting, and away from view of the public. Noise and disturbances or distractions can be avoided, room and table shall be neat and uncluttered. Socio-cultural context shall be kept in mind while deciding on the space, seating arrangement etc, like allow sufficient space between counsellor and client and good to avoid any table or furniture in between them as it can be a barrier that may affect the rapport building process. Other considerations would be where the counsellor can keep the phone on silent mode and see to it that the session is not interrupted.

ii. Process /StructureFactors

Many a times, the clients do not know what to expect in a counselling process. Hence, it is imperative that a structure is provided to the client of what is the counsellor's role, the conditions, procedures of counselling, the boundaries etc. in the very first session itself and then at every stage of counselling. This structure helps in developing a mutual understanding and their respective roles and responsibilities are clearly discussed which can add objectivity and direction to the counselling process. Certain aspects like session timings/duration, role limits, and what to express are also part of the structure that is given to clients. Explaining the structure or the process of the counselling relationship makes it very clear for clients who may have lot of expectations and brings about clarity in the way sessions are handled.

iii. Client Factors

Clients' involvement and initiative are important factors that contribute to the outcome of the counselling relationship. Clients who trust the counsellor and the process of counselling tend to do well and their motivation level to bring about changes do matter. Another factor is the source of referral - clients who voluntarily come for counselling; referred by others; or forced to go for counselling. They can be termed as readiness, reluctant or resistant. It is generally observed that self-referred clients establish motivation and readiness to change. Reluctant clients are those referred by family, schools or offices based on their issuewho may lack motivation, and do not show any interest in counselling. Resistant clients are those who may want counselling but not willing to make changes and execute any action expected of them in the process. Hence, handling different clients and ensuring that they are actively involved in the process and motivating them to make changes in order to achieve their goals is a crucial challenge of the counsellor in this relationship.

iv. Counsellor Factors

Counsellors have a crucial role contributing to the outcome of the sessions, where their qualities (both personal and professional) matter a lot. Being empathetic, encouraging, supportive, patient, non-judgemental, and showing warmth and acceptance are the qualities that are very essential. Counsellors shall be genuine and accept all clients for who they are and not get influenced by the physical appearance of the clients. Apart from that, counsellors should have the expertise needed, the skills, and be able to use appropriate techniques in handling the sessions and taking the relationship forward. Proficiency in therapeutic approaches, abiding by professional ethics, setting boundaries and being aware of oneself, and collaborate with the clients in arriving at solutions to their issues, etc influences the counselling relationship to a great extent. Moreover, counsellors' attire, being trustworthy and showing genuine interest in helping the client are also important.

A relationship needs to be built which may take time. Relationship-building skills remain the bedrock of quality in practice, especially when people who need a service are anxious, angry, distressed or upset because of their situation. Counsellors continually monitor the quality of the relationship or contact they have with the client and look for ways to strengthen it.



CHECK YOUR PROGRESS – 2

3. What are the terms used to refer to counselling relationship?

.....

.....

4. What are the factors that can influence a counselling relationship?

.....

.....



2.5 LET US SUM UP

- Social work and counselling are helping professions with the main mandate of enabling individuals develop and make changes in their life situations
- The two fields are intertwined with each other in terms of skills, knowledge and values and yet they have different identities. Overlapping in the essential skills, values and knowledge persists between these two professions. Utilizing case work skills and principles, they offer counselling which therefore becomes an indispensable part of their approach or work with clients.
- Boundaries exist between these two professions which are not noticed so easily. One simple difference is that social workers take on the counselling role and counselling skills are used in variety of social work intervention with clients. But counsellors per say do not take on the social work activities of working with different systems related to clients.
- The heart of counselling is the relationship established between the counsellor and the person seeking help, referred to as the client. This alliance is a conscious and purposeful aspect of the relationship that has certain bonding elements like respect and trust which can enable *confidence, reassurance, openness and honesty, paving the way for clients to accept themselves for who they are.*
- In this counselling relationship, two sides are involved, viz., the client and the counsellor. Both invest time, energy, resources and make a commitment to take responsibility to work together.
- Connection is the essential characteristic in counselling relationship which is straightforward. Collaborative alliance is made and the most important aspect wherein it differs from other relationship is that counsellors listen attentively and patiently.

- Physical setting for a counselling session should be a congenial environment free from any disturbance, safe and provide privacy to the client.
- Counselling relationship, the process and sessions should have a structure as to what is expected and how it would proceed and this should be discussed with clients.
- Clients' involvement and initiative are important factors that contribute to the outcome of the counselling relationship. Clients' motivation can be stated as readiness, reluctant and resistant who need to be handled accordingly.
- Counsellor factors - Proficiency in therapeutic approaches, abiding by professional ethics, setting boundaries and being aware of oneself, and collaborate with the clients in arriving at solutions to their issues, etc influences the counselling relationship to a great extent.



2.6. FURTHER READING

- Gladding, S. T. (2018). *Counselling – A Comprehensive Profession.* 8th (Ed). Boston: Pearson Education.
- Feltham et al (2017) The SAGE Handbook of Counselling and Psychotherapy (4th Ed). London: SAGE publications.
- McLeod, J. (2003). *An Introduction to Counselling*. 3rdEd. Berkshire: Open University Press.



2.7. ANSWERS TO CHECK YOUR PROGRESS

1. The two fields are intertwined with each other in terms of skills, knowledge and values.
2. Barclay Report of 1982.
3. Counselling relationship can also be referred to as therapeutic alliance, therapeutic relationship, helping alliance, working alliance etc.

4. Physical setting, structure, client and counsellor factors can influence a counselling relationship.



2.8. MODEL QUESTIONS

1. Discuss some of the commonalities and differences that exist between counselling and social work practice.
2. Briefly discuss the essence of the counselling relationship.
3. What are the core conditions of a counselling relationship according to Carl Rogers?
4. Examine the crucial factors essential in influencing the counselling relationship.

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UNIT 3 : APPROACHES TO COUNSELLING

UNIT STRUCTURE

3.1 Learning Objectives
3.2 Introduction
3.3 Theoretical Approaches to Counselling
3.4 Cognitive Approaches
3.4.1. Cognitive Behavioural Therapy (CBT)
3.4.2. Cognitive Therapy (CT)
3.4.3. Rational Emotive Behaviour Therapy(REBT)
3.5 Psychoanalytical Approach
3.6 Humanistic Approaches
3.7 Behavioural Approach
3.8 Transactional Analysis (TA)
3.9 Let us sum up
3.10 Further Reading
3.11 Answers to Check Your Progress
3.12 Model Questions

3.1. LEARNING OBJECTIVES

After going through this unit, you shall

- Analyse the appropriate use of therapy in counselling;
- Learn to differentiate between different therapeutic approaches and their purpose;
- Appropriately use specific therapeutic approach and techniques in counselling.

3.2. INTRODUCTION

Counselling is a dynamic profession that enables clients deal with any issue or concern in life. Counsellors apart from having the passion to help individuals or groups should be proficient in using the appropriate

skills and techniques to bring about changes in clients. Skills are acquired through experience and practice and techniques are based on certain theories. Each theory has its own techniques to be used in modifying thoughts or behaviour. This unit shall therefore discuss these techniques used in different approaches like cognitive approach, psychoanalytic approach, humanistic approach, behavioural approach and transactional analysis.

3.3 THEORETICAL APPROACHES TO COUNSELLING

Counsellors need to have a strong knowledge base of theories related to counselling and psychotherapy as they form the foundation of good counseling. It helps and benefits counsellors and clients in many ways. Theoretical knowledge gives them a good insight into understanding clients, conceptualizing their communication, examine how interpersonal relationships are developed; and how counsellors view themselves as professionals by adhering to ethics of the profession. Each approach is based on a theory developed by practitioners in field of psychology. Hence, different approaches are utilized in enabling clients handle their situation; sometimes eclectic approach is also practiced where there is an integration of different therapies. The main focus of any therapeutic approach is to remove, modify or retard existing symptoms; remedying disturbed patterns of behavior and promoting positive growth and development.

3.4 COGNITIVE APPROACHES

Cognitions are thoughts, beliefs, and internal images that people have about events in their lives. So cognitive approach is focused on changing irrational thoughts that lead to unwanted emotions or behaviour. Three different therapies are discussed here.

3.4.1 Cognitive Behavioural Therapy

Cognitive behavior therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that

influence behaviors. Refers to range of techniques that focus on construction and reconstruction of people's cognitions, thoughts and behaviours. The therapist, through a wide array of modalities, helps clients assess, recognize and deal with problematic and dysfunctional ways of thinking, emoting and behaving. CBT can help one to change how they think ('Cognitive') and what they do ('Behaviour'). These changes can help them to feel better. Unlike some of the other talking treatments, it focuses on the 'here and now' problems and difficulties. Instead of focusing on the causes of your distress or symptoms in the past, it looks for ways to improve your state of mind now. The underlying concept behind CBT is that our thoughts and feelings play a fundamental role in our behavior. For example, a person who spends a lot of time thinking about plane crashes, runway accidents and other air disasters may find themselves avoiding air travel.

Goal: To teach patients that while they cannot control every aspect of the world around them, they can take control of how they interpret and deal with things in their environment. Clients are taught to unlearn unwanted reactions and learn new way of reaching. CBT in brief is highly instructional in nature and makes use of homework assignments.

How does CBT work?

CBT can help one to make sense of overwhelming problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect one.

ASituationrefers to a problem, event or difficult situation. From the situation we develop **Thoughts**, **Emotions**, **Physical feelings**and **Actions.** Each of these areas can affect the others. How you think about a problem can affect how you feel physically and emotionally.

Example:

The Situation: You've had a bad day, feel fed up, so go out shopping. As you walk down the road, someone you know walks by and, apparently, ignores you.

This starts a cascade of unhelpful thoughts, emotions, physical reaction and behaviour.

Thought: he/she ignored me; they don't like me
Emotion/Feelings: low/sad/rejected
Physical: stomach cramps/low energy/feel sick
Action: avoid them

- **Components of CBT**

People often experience thoughts or feelings that compound faulty beliefs.

1st stage: Functional Analysis - Therapist begins by helping clients to identify problematic beliefs. This process is important for learning how thoughts, feelings and situations can contribute to maladaptive behavior. Introspection and self – discovery – essential part of treatment process.

2nd stage: Focus on the actual behaviors that are contributing to the problem. The client begins to learn and practice new skills that can then be put into use in real-world situations.

In most cases, CBT is a gradual process that helps a person take incremental steps towards a behavior change. Its application is mainly on individuals, groups and especially on marital and family problems. CBT has emerged as a powerful tool in the fight against generalized anxiety, and panic disorders. Focus on teaching rational self-counselling skills. Therapist's role is to listen, teach, and encourage while the client's role is to express concern and implement the changes.

3.4.2 Cognitive Therapy (CT)

It is a type of psychotherapy developed by American psychiatrist Aaron T. Beck in the 1960s. CT is one of the therapeutic approaches within the larger group of cognitive behavioral therapies (CBT).Cognitive therapy seeks to help the patient overcome difficulties by identifying and changing dysfunctional thinking, behavior, and emotional responses. This involves helping patients develop skills for modifying beliefs, identifying distorted thinking, relating to others in different ways, and changing behaviors.
According to Beck's theory of the etiology of depression, depressed people acquire a negative schema of the world in childhood and

adolescence; children and adolescents who suffer from depression acquire this negative schema earlier. Depressed people acquire such schemas through a loss of a parent, rejection by peers, bullying, criticism from teachers or parents, the depressive attitude of a parent and other negative events. When the person with such schemas encounters a situation that resembles the original conditions of the learned schema in some way, even remotely, the negative schemas of the person are activated.

Treatment is based on collaboration between patient and therapist and on testing beliefs. Therapy may consist of testing the assumptions which one makes and identifying how certain of one's usually unquestioned thoughts are distorted, unrealistic and unhelpful. Once those thoughts have been challenged, one's feelings about the subject matter of those thoughts are more easily subject to change. Beck initially focused on depression and developed a list of "errors" in thinking that he proposed could maintain depression, including arbitrary inference, selective abstraction, over-generalization, and magnification (of negatives) and minimization (of positives).

Cognitive therapy helps clients recognize and disregard self-defeating thoughts and apply new ways of thinking to life's situations. In cognitive behaviour modification procedures, the self-instructional therapy includes self-observations, new internal dialogues, and learning new skills. Beck came to the conclusion that the way in which his clients perceived, interpreted and attributed meaning in their daily lives—a process scientifically known as cognition—was a key to therapy.

3.4.3 Rational Emotive Behaviour Therapy – REBT

Dr. Albert Ellis (1913 – 2007) is the founder of Rational Emotive Behavior Therapy (REBT). According to Ellis, humans are rational and irrational, sensible and crazy. Irrational thinking or irrational beliefs contribute to negative emotions and ineffective behaviour. It is not the events that create bad feelings, but how humans think about the events.When people have emotional problems, their irrational thoughts would lead to

verbalization or self-talk that are based on faulty logic and assumptions. Subsequently, what people tell themselves is related to the way they feel or act.

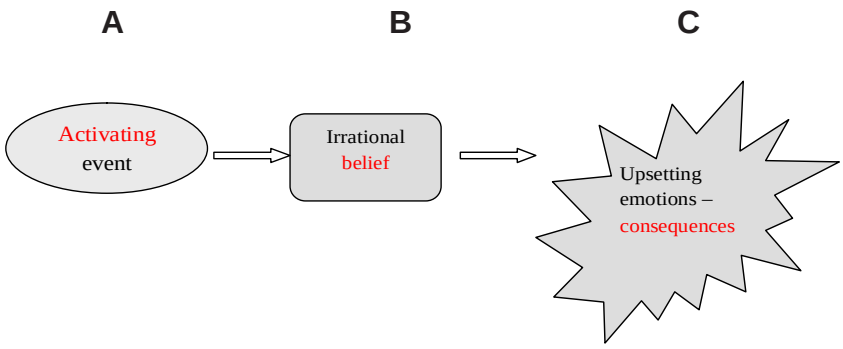
Irrational Belief: It is terrible and upsetting when things don't go the way I want them to be.

Example:*This holiday is not fun because we didn't manage to visit the playground*

Blame is at the core of most emotional disturbances. Therefore, to recover from emotional disturbances, one should stop self-blame or blaming others. Instead, it is important we learn to accept ourselves despite our imperfections. We tend to escalate our desires and preferences into dogmatic "should," "musts," "oughts," demands and commands. When we are upset, it is a good idea to look at our hidden dogmatic "musts" and absolutist "should."

- **A-B-C Theory of Personality**

Ellis also related how activating events (A) in people's life are interpreted or perceived or believed irrationally or unrealistically (B), thus contributing to negative emotional reactions or consequences (C) This A-B-C is the basic idea of rational-emotive therapy or counselling.



- **Goals of REBT**
  - To reduce or eliminate irrational behaviour by changing irrational thoughts.

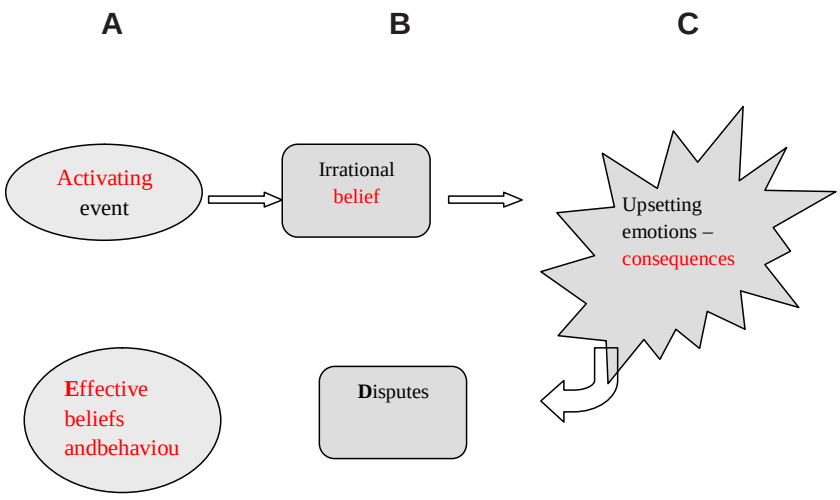
- The target change is in correcting clients' way of perceiving, thinking and evaluating about an event so that they will not unnecessarily become upset with unnecessary, irrational or erroneous thoughts or beliefs.

- **Counselling Techniques**

The techniques focus mainly on teaching the clients and disputing clients' irrational beliefs. The first step after exploring clients' situation, the counsellor will explain to them the basic principles of activating event, beliefs, and emotions. This is generally known as rational emotive education. In the second part, the counsellor

- disputes client's irrational beliefs,
- may directly attack clients' logic,
- challenge their thinking,
- and confront them with evidence contrary to their beliefs.

Thus, confrontation is a powerful tool in REBT approach. Using **cognitive disputation**, the counsellor uses a lot of direct questions, logical reasoning and persuasion. In using behavioural disputation, the counsellor may ask clients to role play and act out the behaviour opposite to clients' usual way, or give clients homework where they have to practice or read some assigned materials.





E **D**

A-B-C-D-E model

Client: My husband seems to be upset. I'll be quiet and hopefully soon he will be cheerful again.

Counsellor: *Will your husband's problem go away by you being quiet?*

The role of the counsellor is to be active and directive, sometimes seem even harsh when confronting clients' faulty beliefs. This approach does not stress too much on a warm relationship between client and counsellor as a necessary condition for effective counselling process. As clients describe their predicament or stressful situations, the counsellor will listen carefully for faulty thinking or beliefs that contribute to the negative emotions. The counsellors then will point out, explain and challenge clients' way of thinking. The counsellor will then teach clients how to be more rational and develop more adaptive patterns of thinking.It has evolved into a highly active, confrontational approach, with special emphasis on rationality, logic and reason in human thinking. REBT is used to treat premarital and marital problems, impotence, homosexuality, psychopathy etc.

3.5 PSYCHOANALYSIS

Psychoanalysis was the first practice to be called a psychotherapy. It encourages the verbalization of all the patient's thoughts, including free associations, fantasies, and dreams, from which the analyst formulates the nature of the unconscious conflicts which are causing the patient's symptoms and character problems. Psychoanalysis was perhaps the first specific school of psychotherapy, developed by Sigmund Freud and others through the early 20th century.

Freud's psychoanalysis is both a theory and a therapy. Human beings have a conscious mind, preconscious mind and unconscious mind. Personality therefore consists of three parts – **id** (consists of amoral

basic instincts, operating on the pleasure principle); **ego** – (conscious part operating on the reality principle); and **superego** (conscience of the mind operates on the moral principle). Id and superego confined to the unconscious mind and ego operates mostly in the conscious mind. Psychoanalysis is based on understanding these components and also on the five psychosexual development stages of human beings such as: **Oral stage; Anal stage; Phallic stage: Latency; and Genital stage.** Each stage focuses on a pleasure zone dominant at that time in their developmental stage.

Excessive frustration or overindulgence in the first three stages are the main difficulties that can arise where the person could become fixated (or arrested) at that level of development, or overly dependent on the use of immature defense mechanisms (ways of coping with anxiety on an unconscious level by denying or distorting reality.These are the defence mechanisms which enable us to survive but affect our relationships later).

In this theory, experiences in the past influence the present. Everything we have ever done or felt is stored in our memory but may not be remembered since it is stored in our unconscious mind. Psychoanalytic counselling can help us bring the subconscious to light. Its simple technique involves no action by either the therapist or the patient. Sessions are pure one to one conversation, and include both verbal and non-verbal expressions of feelings and emotions.

Goal of Psychoanalytic Therapy

Therapy is the talking treatment that is given to clients or patients when their issues have started to cause them adaptation problems or serious concerns. Aim of therapy is to remove causes of anxiety and restore balance between the subsystems.

Techniques. The following techniques are integrated in practice.

The counsellor and client conduct a thorough analysis of experiences that caused the anxiety and the formation of the specific defence mechanisms. This analysis is ideally a daily activity.

- **Free Association**where clients are trained to freely associate, or talk about anything that comes in his head without omission, regardless of its triviality, indecency, hostility, social acceptability, or logic. The counsellor should then try to interpret this and make sense of the client's experiences and trace connections of meaning from the present back to childhood and the repressed unconscious material.In this way, the id is requested to speak and the ego remains silent. Unconscious material enters the conscious mind, and there the counselor interprets it
- **Dream analysis** or the use of clients dreams to provide clues. In sleep, we are somewhat less resistant to our unconscious and thus we allow a few things, in symbolic form, to come to awareness. Dreams are thus assumed to be the main 'road to unconscious.' They are therefore the evidence of the nature of conflicts, which the analyst searches. In dream analysis, clients are encouraged to dream and remember dreams. The counselor is especially sensitive to two aspects of dreams: the manifest content (obvious meaning) and the latent content (hidden but true meaning), then helps interpret both aspects to the client.
- **Analysis of Resistance** refers to behaviours that seem to interfere with the therapeutic process which may include coming late, missing sessions, talking about insignificant things, or bringing up important things just before the end of the session. For example, if the client changes the topic every time you mention his father, this may be a sign that the client has a problem with his father. If resistance is not dealt with, the therapeutic process will probably come to a halt.
- **Analysis of Transference**is the client's response to a counselor as if the counselor were some significant figure in the client's past, usually a parent figure. The analyst encourages this transference and interprets the positive or negative feelings expressed. The release of feelings is therapeutic, an emotional catharsis. But the real value of these experiences lies in the client's increased self-knowledge, which comes through the counselor's analysis of the

transference. This helps clients freely move on to another developmental stage.

- **Interpretation** should complement the above techniques. Interpretation encompasses explanations and analysis of a client's thoughts, feelings, and actions. When interpreting,counselor helps the client understand the meaning of past and present personal events. Interpretation must be carefully timed and used. If it comes too soon in the relationship, it can drive the client away. However, if it is not employed at all or used infrequently, the client may fail to develop insight.



CHECK YOUR PROGRESS – 1

1. Which therapy is used to understand causes of depression?

.....

2. What are dreams also called?

.....

3.6 HUMANISTIC APPROACH

Humanistic therapy emerged in the 1950's. This approach focuses on recognizing human capabilities in areas such as creativity, personal growth and choice. The term humanistic focuses on the individuals' capacity to make choices and take decisions on matters relating to their life. This method is optimistic and attempts to help individuals recognize their strengths by offering a non-judgemental, understanding experience. It is one of the most popular therapeutic approaches in the world.

Goals:

- To find out how individuals perceive themselves here and now and
- to recognise growth, self-direction and responsibilities.

Three humanistic approaches shall be discussed here – Person-centered approach, Gestalt Approach and Existential Approach.

3.6.1 Person-Centered Approach (PCA)

Originally referred to as non-directive counselling approach was developed by Carl Rogers in the 1940s which later came to be known as client-centered counselling or person-centered counselling thar found wide application in various domains such as psychotherapy and counseling (client-centered therapy), education (student-centered learning), organizations, and other group settings.

It is based on a constructive philosophy which believes that positive behaviour change is possible if certain conditions prevail in the counsellor-client interaction. Rogers viewed human beings as good, rational social beings, constructive and forward moving, realistic and trustworthy, having great power. He believed that the individual has the potential for growth and self-actualization. The direction of the movement is toward self-actualization and maturity. Counsellors believe that each person is capable of finding a personal meaning and purpose in life. Clients need positive regard—love, warmth, care, respect, and acceptance for a healthy self to emerge.

The goals of PCA centers around the client as a person, not his or her problem.Focus is on the counsellor-client relationship where supportive skills are used and counsellor is more of facilitator promoting a climate where the client feels free and encouraged to explore all about himself. Three characteristics therefore – predictability, discovery of the capacity of the client and the nature of the relationship between therapist and client define the ideal PCA.

Fundamental belief in PCA is that people tend to move toward growth and healing, and have the capacity to find their own answers. Therapist listens and tries to understand how things are from the client's point of view, check the understanding with the client, if unsure; treat the client with utmost respect and regard. For the therapist to be congruent and transparent means being self-aware, self-accepting, and there is nothing to hide between him and the client.

Techniques

Quality of the counseling relationship is much more important than techniques. Rogers emphasizes on three core conditions of counselling that are necessary in this approach such as:

- Empathy - the counselor's ability to feel with clients and convey this understanding back to them. Is an attempt to think with the client and grasp the client's communications, intentions, and meanings.
- Unconditional positive regard - known as acceptance, is a deep and genuine caring for the client as a person and valuing them for that.
- Congruence – is genuineness, the condition of being transparent in the therapeutic relationship.

Counsellor refrains from questioning, probing, blame, interpretation, advice, suggestions, persuasion or reassurance. But can practice active listening, accurate reflection of thoughts and feeling, summarizing, paraphrasing etc. Within the client reside constructive forces which have been unrecognized and underestimated which is explored and discovered through counselling and the client feels that his communication is understood rather than evaluated or judged.

3.6.2 Existential Counseling

Existential Therapy focuses on exploring the meaning of certain issues through a philosophical perspective, instead of a technique-based approach. Victor Frankl (was in Nazi concentration camp – World War II) and Rollo May (had anxiety, struggle with tuberculosis) are credited in the field of existential counselling as both faced near death experiences in life.

It is appropriate for those wishing to increase their self-awareness and broaden their views on their surrounding world. Existential therapy favours the idea that we are all directly responsible for our own lives, over the idea of meaningful existence and predetermined destiny.It is

generally not concerned with the client's past, but emphasizes the choices to be made in the present and future.

The objective of ET is that the client experiences his existence as real and aware of his existence fully. Client is made aware of his potentialities, responsibilities, values, his choices and also acts accordingly. The goal is to encourage clients to explore what is missing in their lives and discover what they really want. ET is a dynamic process of healing that can help us to get in touch with these. In ET, the challenge is in helping the person find his 'inner authority' and become more truthful with himself and authentic in the choices he makes. Therapist helps the person to understand that we live in the moment – that everything passes and nothing lasts. Life is his/her experience in the 'here and now' and they should live more fully in each moment.

There are no uniform roles that existential counselors follow. Every client is considered unique. Therefore, counselors are sensitive to all aspects of their clients' character, "such as voice, posture, facial expression, even dress and apparently accidental movements of the body." Counselors concentrate on being authentic with their clients and enter into deep relationships with them.

Focus of the therapy is on helping the individual to understand his own values, to help him make genuine choices that will make him understand how to be a meaningful being in the world. Another important feature is self-actualization.The focus is living productively in the present, not recovering a personal past. They also focus on ultimate human concerns such as death, freedom, isolation, and meaninglessness.

Techniques: ET has few techniques compared to other approaches. Techniques like desensitization and free association are utilized. Counsellor- client relationship is most powerful technique. Ideally, the counselor transcends his or her own needs and focuses on the client. In the process, the counselor is open and self-revealing in an attempt to help the client become more in touch with personal feelings and

experiences. The emphasis in the relationship is on authenticity, honesty, and spontaneity. ET aims at just leading clients to consciousness of their responsibility.

3.6.3 Gestalt Therapy

Gestalt therapy is aphenomenological approach developed by Frederick (Fritz) Perls & Lore Perls. The term Gestalt means “whole.” Gestalt therapy was developed from Gestalt psychology, a school of thought that emphasised perception of completeness and wholeness. A central concept of Perls’ ideas is that *the whole is greater than the sum of its parts*, i.e. a **holistic nature of humans**. Applying that to human nature, Gestalt therapists believed that persons are more than a sum of their parts. A person functions as a complete being, surrounded by many parts of his or her being including spouse, families, peers, colleagues, work and community. The concept of the whole also applies to the interaction between the psychological (mind) and physiological (body) aspect of the person.

They emphasise on the integration of different parts of the clients’ life and how the parts fit together, as well as how the individual makes contact with the environment. Gestalt Therapy focuses on the whole of an individual’s experience; their thoughts, feelings and actions, body, dreams etc and clients are expected to do their own seeing, feeling, sensing, & interpreting.

The main objective is an emphasis on the **here and now** and a recognition of the immediacy of experience. The Gestalt approach concentrates on helping a client resolve the past to become integrated. Clients who focus too much on the past avoid facing present situations. They also stress the meaning of the word now. According to Perls, ‘Now = experience=awareness=reality. One’s power is in the present and the most significant moment is the present as the past is gone and future is yet to come. So, nothing exists except ‘Now.’

The main goal of this approach is for the individual to become more self-aware, taking into account their mind, body and soul. Counsellors/therapists increase **clients' awareness**of themselves and often uses experiments and exercises that are created by the therapist and client. These experiments can be anything from creating patterns with objects and writing to role-playing. but other areas such as improving the ability to support one's emotional feelings are also important.

Techniques: Gestalt therapy has interesting techniques in the form of**exercises and experiments**.

Exercises are ready-made techniques, such as the enactment of fantasies, role-playing, and psychodrama. They are employed to evoke a certain response from the client, such as anger or exploration.

Experiments are activities that grow out of the interaction between counselor and client such as:

- Dream work – clients present dreams; counsellors do not interpret it. Its more of dramatized free association, clients can get in touch with the different aspects of self.
- Empty chair – clients talk to various parts of their personality that is dominant and passive; empty chair is the focus and clients talk to the chair (to different part of self) or to someone whom they wish to say something.
- Confrontation – most powerful exercise. Address incongruent feelings and behaviour (behaviour does not match their feeling). Gestalt counsellors will ask "what" and "how" questions but rarely "why" questions. For example: What is happening now? What are you experiencing at this moment? How are you experiencing your fear? How are you attempting to avoid this uncomfortable situation? Thus, if a client begins to talk about sadness, the counsellor makes every attempt to have the client experience that sadness now and to become aware of that feeling
- Making the Rounds – to make everyone in the group experience a particular feeling expressed by a client. Clients become more aware of themselves through this exercise.

- I take responsibility – clients encouraged to complete each statement with the phrase 'and I take responsibility' which helps them integrate their perception and behaviour.

3.7 BEHAVIOURAL APPROACHES

B.F. Skinner popularized behavioural therapy that is based on operant conditioning (experiment of rat and the lever operated to obtain food). Through operant conditioning, an association is made between a behavior and a consequence for that behavior. Other notables in the behavioral therapy camp are historical figures, such as Ivan Pavlov, John B. Watson, and Mary Cover Jones.

Skinner believed that internal thoughts and motivations could not be used to explain behavior. Instead, we should look only at the external, observable causes of human behavior.Behavioural theories focused on a broad range of maladaptive behaviour and the focus of counselling was to help them modify or eliminate excessive actions and adapt positive behaviour. it is based on the assumption that all behaviour, whether adaptive or maladaptive is learned and that learning can help in changing maladaptive behaviour.

The goal of behavioural counselling is for the counsellor and the client to mutually agree on counselling goals. Since behaviourists focus on observable and measurable behaviour, the main emphasis in counselling would be to see and observe a change in behaviour, and such desired change is documented in a form of a contract. Goals are stated in terms of specific behaviour change that can be measured and can be reasonably achieved by clients.

Behavioral counseling approaches are especially popular in institutional settings, such as mental hospitals or sheltered workshops, schools etc. in working with clients who have specific problems such as eating disorders, substance abuse, and psychosexual dysfunction. Behavioral approaches are also useful in addressing difficulties associated with anxiety, stress, assertiveness, parenting, and social interaction.

Techniques. Many effective techniques are used in behavioural approaches.

General Behavioral Techniques. General techniques are applicable in all behavioral theories, although a given technique may be more applicable to a particular approach at a given time or in a specific circumstance.

- **Reinforcers** are any events that strengthens or increases the behavior it follows. There are two kinds of reinforcers:**Positive reinforcers** are favorable events or outcomes that are presented after the behavior. In situations that reflect positive reinforcement, a response or behavior is strengthened by the addition of something, such as praise or a direct reward. **Negative reinforcers** involve the removal of an unfavorable events or outcomes after the display of a behavior. In these situations, a response is strengthened by the removal of something considered unpleasant. **In both of these cases of reinforcement, the behavior increases.** When a behavior is first being learned, it should be reinforced every time it occurs— by continuous reinforcement. After a behavior is established, however, it should be reinforced less frequently.
- **Punishment** - the presentation of an adverse event or outcome that causes a decrease in the behavior it follows. There are two kinds of punishment:**Positive punishment** - punishment by application, involves the presentation of an unfavorable event or outcome in order to weaken the response it follows. Eg: scolding, spanking, reprimanded etc**. Negative punishment -** punishment by removal, occurs when a favorable event or outcome is removed after a behavior occurs. Eg: reduction of pocket money, cell phone taken away, no outing etc. **In both cases of punishment, the behavior decreases.**
- Shaping – to learn new behaviour, target skill is broken down into smaller achievable units for clients to accomplish one small change at a time.

- Maintenance - being consistent in performing the actions desired without depending on anyone else for support. Emphasis is placed on increasing a client's self-control and self-management through self-monitoring.
- Extinction - elimination of a behavior because of a withdrawal of its reinforcement.

Specific Behavioral Techniques– refined methods that use general techniques in specific situation.

- Behavioral Rehearsal - consists of practicing a new/desired behavior until it is performed the way a client wishes.
- Systematic Desensitization - designed to help clients overcome anxiety in particular situations. Client ranks anxiety situation on a hierarchical scale from 0 (no anxiety) to 100 (most troublesome). Hierarchy is reviewed and starting with 0 and clients are assured to be calm and relax at each level while thinking or imagining that event. Most commonly used with clients who have anxiety and phobia.
- Assertiveness Training - a person should be free to express thoughts and feelings appropriately without feeling undue anxiety by counterconditioning anxiety and reinforcing assertiveness.
- Contingency Contracts - the behaviors to be performed/changed/ discontinued; the rewards and conditions related to achievement of the rewards are written down like contract.
- Implosion and Flooding. Implosive therapy is an advanced technique that involves desensitizing a client to a situation by having him or her imagine an anxiety-producing situation that may have dire consequences. The client is not taught to relax first (as in systematic desensitization). Flooding is less traumatic, as the imagined anxiety-producing scene does not have dire consequences.
- Time-Out - mild aversive technique in which a client is separated from the opportunity to receive positive reinforcement, mostly effective with children, used for short periods of five minutes.

3.8 TRANSACTIONAL ANALYSIS – TA

Transactional Analysis is a theory that involves an individual's growth and development. It is also a theory related to communication and child development explaining the connections to our past and how this influences decisions we make. In the 1950's Eric Berne began to develop his theories of Transactional Analysis. He said that verbal communication, particularly face to face, is at the centre of human social relationships and psychoanalysis.

Transactional Analysis has wide applications in clinical, therapeutic, organizational and personal development, encompassing communications, management, personality, relationships and behaviour. When two people encounter each other, one of them will speak to the other. This is called **Transaction Stimulus.** The reaction from the other person is the **Transaction Response**. The person sending the Stimulus is called the **Agent.** The person who responds is called the **Respondent.** "The unit of social intercourse is called a **transaction.** At its simplest level, ***Transactional Analysis is the method for studying interactions between individuals.***

- **Ego States**

There exist three distinct states in all people. People change from one state to another in the course of their transactions. This change can be easily noticed by the manners, appearances, words, gestures, and tones.

- **Parent**
- **Adult**
- **Child**

These terms have different definitions than in normal life.

- **The Parent ego state**

This is our ingrained voice of authority, absorbed conditioning, learning and attitudes from when we were young. We were conditioned by our real parents, teachers, older people, next door neighbours, aunts and uncles etc. Our Parent is made up of a huge number of hidden and

overt recorded playbacks, perceived by the person before his social birth i.e., before the age of 5 years. This ego state consists of NO's, DON'T's, HOW -TO's and the facial expressions, tone of voice, manners etc. of the person's parents. In other words, this ego state consists of the *"taught - concepts"* of life.

- **The Child ego state**

Is the response the little person produced to what he saw, heard, felt and understood. Most of these are feelings because the child has not developed verbal responses at that time. In other words, this ego state may be considered the collection of *"felt-concepts"* of life.

The Parent ego state begins with the biological birth of the individual and extends up to five years. The Child ego state also starts with the physical birth and continues to develop until the social birth (around the age of five).

- **The Adult ego state**

Develops after both the Parent and the Child ego states have begun to develop. This state begins to develop from about ten months of age. The function of this state is to update both Parent data and Child data by continuous examination of these data with respect to actual reality. Our 'Adult' is our ability to think and determine action for ourselves, based on received data.Thus, the Adult state is said to be the *"thought-concepts"* of life.

There is no general rule as to the effectiveness of any ego state in any given situation (some people get results by being dictatorial (Parent to Child), or by having temper tantrums, (Child to Parent), but for a balanced approach to life, Adult to Adult is generally recommended. It can help you in every situation, firstly through being able to understand more clearly what is going on, and secondly, by virtue of this knowledge, we give ourselves choices of what ego states to adopt, which signals to send, and where to send them. This enables us to make the most of all our communications and therefore create, develop and maintain better relationships.

Transactional Analysis seeks to identify what goes wrong in communication and provide opportunities for individuals to change repetitive patterns that limit their potential. TA focuses on the *here and now* concept. TA offers a system of psychotherapy that can be used with individuals, groups, couples and families to treat all types of psychological disorders, from every day life's problems to severe psychosis. It can be used in any field where there is a need for understanding individual's relationships and communications.



CHECK YOUR PROGRESS – 2

3. What are the core conditions stated in Person-Centered Approach?

.....

4. What are the different Ego states analyzed in Transactional Analysis?

.....



3.9 LET US SUM UP

- Cognitive behavior therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. Refers to range of techniques that focus on construction and reconstruction of people's cognitions, thoughts and behaviours.
- Cognitive therapy helps clients recognize and disregard self-defeating thoughts and apply new ways of thinking to life's situations.
- Goals of REBT is to reduce or eliminate irrational behaviour by changing irrational thoughts.
- Psychoanalysis was first specific school of psychotherapy, developed by Sigmund Freud. Therapy is the talking treatment that is given to clients. Techniques such as dream analysis, transference, free association, analysis of resistance, and interpretation are used.

- The goals of PCA centers around the client as a person, not his or her problem.Focus is on the counsellor-client relationship.
- ET focus on, the client experiences his existence as real and make aware of his existence fully.
- The main objective of Gestalt approach is emphasis on the **here and now** and a recognition of the immediacy of experience.
- Main emphasis in behavioural approach would be to see and observe a change in behaviour. Goals are stated in terms of specific behaviour change that can be measured and can be reasonably achieved by clients.
- TA offers a system of psychotherapy that can be used with individuals, groups, couples and families to treat all types of psychological disorders, from every day life's problems to severe psychosis. It can be used in any field where there is a need for understanding individual's relationships and communications.



3.10 FURTHER READING

- Corey, G. (2008).*Theory and Practice of Counselling and Psychotherapy* (8th ed).Canada: Brooks/Cole.
- Gladding, S. T. (2018). *Counselling – A Comprehensive Profession.* 8th (Ed). Boston: Pearson Education.
- Kottler, J. A. & Shepard, D. S. (2008).*Counseling. Theories and Practices.*New Delhi: Cengage Learning.



3.11 ANSWERS TO CHECK YOUR PROGRESS

1. Cognitive therapy.
2. Dreams are road to unconscious mind.
3. Empathy, unconditional positive regard and congruence.
4. Child, Parent and Adult ego states.



3.12. MODEL QUESTIONS

1. Discuss the techniques used in REBT.
2. Briefly explain the focus of psychoanalysis and the techniques adopted in practice.
3. Differentiate between the general and specific behaviour techniques.
4. Explain the humanistic approach with emphasis on different therapies used.
5. What is transactional analysis?

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UNIT 4 : COUNSELLING TECHNIQUES

UNIT STRUCTURE

4.1 Learning Objectives
4.2 Introduction
4.3 Counselling Techniques
4.4 Clarification
4.5 Ventilation
4.6 Reassurance
4.7 Confrontation
4.8 Self-disclosure
4.9 Paraphrasing
4.10 Let us sum up
4.11 Further Reading
4.12 Answers to Check Your Progress
4.11 Model Questions

4.1 LEARNING OBJECTIVES

After going through this unit, you shall be able to

- learn about the use of counselling techniques;
- be familiar with appropriate use of different supportive techniques in the counselling process and its purpose.

4.2 INTRODUCTION

Counselling relationship is established through effective communication which is all about the interaction between the counsellor and the client. Counsellor's knowledge, attitude, qualities, practice of skills and techniques are all part of the process. Counsellor may be aware of different theories and approaches in counselling, but to implement them, techniques are most essential. Hence, the focus of this unit shall be in understanding these counselling techniques and

their purpose. Appropriate use of these techniques shall contribute to counsellors becoming efficient in helping clients make productive changes in life.

4.3 COUNSELLING TECHNIQUES

A technique is a discipline-specific procedure, which are used in working with clients. Counsellors become experienced in being flexible in their approach by using appropriate techniques in different phases of counselling and according to the situation. To practice any theory or approach with clients, techniques have to be utilized and each theory has its own techniques which can be focused on just being supportive, or bringing about behavioural modification, or changing irrational thinking etc. Psychoanalytical and psychodynamic approaches adopt many techniques suited for the client's situation and the purpose of the counselling session. Nowadays, many counsellors practice an integrated or eclectic approach of theory and techniques. Contrarily, the person-centred approach relies more on the quality of the counselling relationship and the conditions essential for it rather than techniques as it believes that the counsellor's attitudes and inherent traits matter in taking the relationship forward.

This unit focus mostly on supportive techniques in counselling. These techniques are used to comfort and guide the client by means of which client's distress can be reduced. Supportive techniques are generally adopted in the initial sessions, but can also be used any time during the counselling process.

4.4 CLARIFICATION

Clarifications are statements that are used to expand or clarify information related to clients. Inthis process, either the client or counsellor describes, elaborates, reorders or restate information to the other person. The purpose of clarifying is to facilitate mutual understanding between client and counsellor. Clarification can be used in the counselling process when counsellor finds that clients are emotional and not able to think

clearly to share in a coherent manner. Sometimes during the first session with the client, counsellor may use clarification as part of collecting detailed history to understand specific facts or situations.

Clarifying combines the best of both reflection and tracking techniques. Clarification is accurately communicating to the client that you understand not only specific facts or expressions of feelings but also how the client's experiences evolved over time and across situations. When you clarify, you do not simply make sure that you understand each individual fact of the client's narrative; you show that you are beginning to get the big picture (i.e., put the facts in a broader context) and to connect the dots. Clarification is, essentially, a descriptive exercise, not an interpretive one. A good test of whether you have achieved clarification is an unambiguous confirmation from the client, such as when he or she exclaims, ''Yes, that's exactly what I mean!'' As a result of clarification and understanding, an intricate picture of a client's experience begins to emerge.

Mostly open questions are used while clarifying so that clients get the opportunity to either correct what the counsellor is stating or reinforce that the counsellor understands. If there are any vague thoughts, behaviour, or feelings of the client observed in the process, counsellors clarify by asking client to restate what client has just shared or by stating to the client what counsellor has presumed to have understood. It may sound like a paraphrase but its purpose is different as it is to gain clarity about any vague or confusing information whereas paraphrase is to communicate to the client that counsellor was listening and understands what client is sharing.Three subtypes of clarifications are there – counsellor invites the client to clarify; counsellor clarifies the client's communication; and counsellor clarifying one's own communication.

4.5 VENTILATION

Ventilation refers to client's expressing their emotions or feelings openly by verbally getting things off one's mind. It is the discharge of pent-up emotional energy by verbally striking it out or expressing them

to the counsellor. Ventilation is an important supportive technique used in early phases of counselling and important in all types of counselling. Also known as emotional catharsis, it allows for release of pent up feelings and emotions and the subjection of inner painful elements to objective reappraisal.

Verbalization of things related to oneself of which client was ashamed, fearful or guilty can now help the client develop a constructive attitude towards themselves. Clients can express feelings of fear, hope, pain etc and find relief after that. If client is verbalizing anything negative, then counsellor can try and correct those faulty ideas in counselling. When clients repeatedly verbalize unpleasant attitudes, it enables them to face fear and internal conflicts easily.

It is understood that the goal of any counselling process is to help clients openly express their thoughts, attitudes, feelings that are related to their problems and concerns. Hence, counselling relationship provides a safe environment for clients to ventilate their burdens. Ventilation is a therapeutic experience that makes client feel less burdened after openly pouring out their painful feelings.

Ventilation provides the counsellor opportunity to know more about the clients and issues confronting them. It helps clients by enabling them to speak, get everything off one's head. Clients feel relieved after ventilating as the counsellor is there who understands him and will take some responsibility in finding solutions to his problems.

4.6 REASSURANCE

Reassurance is a supportive technique used in counselling which is a way of giving clients courage to face a problem or the confidence that they are doing the right thing.It is an indispensable part of counselling as most of the clients who feel low, are fearful and feel less competent need reassurance to keep going. Though temporary, it can be a valuable cure for those emotional upsets. Reassurance can boost self-confidence and instill hope.Counsellors need to actively listen and respond in a positive, serious way. As an important interventional strategy, reassurance

is used in situations where clients need to be comforted both physically and verbally.

Most clients have the potential to uplift themselves when emotionally upset. But certain clients are unable to handle their anxiety or worries using their own coping mechanisms. They are the ones who need reassurance. Clients who are living in the grip of fear, doubts about their ability to achieve goals or improve benefit from this technique. Counsellors listen to their fears, offer explanation as to why it is irrational and then divert their thinking patterns to positive or constructive ways. Many times, counsellors are so used to telling clients that there are many others with the same problem and they have successfully handled them. Though the client may feel this reassurance to be supportive but can also feel that their feelings are belittled or considered unimportant by the counsellor. are not the only ones who have such issues.

For example, if a child is frightened of seeing a face near the window, the usual normal response of any person is, 'there's nothing there. No need to worry about it.' This may sound reassuring to the adult but not to the child who is still distressed and keeps worrying about it. Counsellors should take the anxiety of the child seriously, debate upon it and introduce less anxiety provoking alternative explanations as information. Refrain from telling the client, 'You are over anxious,' or 'You should stop worrying.' Cork Analogy is used sometimes to motivate and reassure the client – they can think of self as a cork under water. No matter how much people or events push them under water, they will pop up eventually. That's how they need to deal with any fear, anxiety or distressing situation and keep moving on.



CHECK YOUR PROGRESS – 1

1. What is the main purpose of supportive techniques in counselling?

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2. What is the other term for ventilation?

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4.7 SELF-DISCLOSURE

Self – disclosure is the act of sharing and exposing the counsellor's own feelings, attitudes and experiences with the client. The term refers to face-to-face intentional verbal disclosure.Self-disclosure is a complex, multifaceted phenomenon that is defined as a conscious, intentional technique in which clinicians share information about their lives outside the counseling relationship (Simone, McCarthy &SKay, 1998).

Areas for self-disclosure are: Counsellor's qualifications and experiences; Counsellor's private life and outside interests: this can vary from one setting to another.

Sidney Jourard was the first person to work in this area and described self-disclosure as making oneself known to another person by revealing personal information. He stated that it helped establish trust and facilitated the counselling relationship. It also serves as emotional stimulation.Clients' self-disclosure contributes to successful counselling and it is not mandatory for counsellors to self-disclose. They however do so at the initial interview by giving written statements about themselves and the counselling process as part of professional disclosure statement. Apart from that, self-disclosure is used by counsellors in counselling sessions to reveal crucial personal details to clients in facilitating client movement. This can be used by clients as modeling to develop a new perspective in viewing their problem and also learn to be open in sharing like their counsellor. Clients are more likely to trust counsellors who self-disclose personal information, especially adolescents are more comfortable with such counsellors who are open about themselves and their issues.

Certain guidelines are to be adhered to in counsellor self-disclosure:

- Disclose only experiences that have actually happened to the counsellor (personal pronouns such as 'I,' 'me,' 'my' or 'myself' can give a clear message that it is one's own experience). Avoid disclosing the experiences of others.

- Talk about past experiences: avoid sharing any current experiences. Relate directly to the client's situation. Avoid sharing any experience that can make the client anxious or add to their problems.
- Guard against any self-disclosure that is likely to shift the focus of the interaction away from the client to the counsellor. Make it brief and focused.
- Guard against disclosing anything about oneself that the client may ignore, deny or ridicule.
- Refrain from using it frequently. Too much self-disclosure hinders the counseling process, while not enough, may inhibit the client from forming a bond with the counselor.
- Choose the right time to self-disclose as some clients may be hesitant to take such risks as the counsellor and it can later affect counselling process.

Example of Self – disclosure

- Counsellor: 'Amanda, as you've been talking of your difficulties over taking exams, it reminds me of a period in my life when I was really scared about exams and had to do something about it. Though clearly our experiences differ, I think I do have some idea of what you're going through.'
- Client: 'Thanks for that. One of the hardest things about being so scared is feeling so awfully alone and useless. It's as if I am burdening and boring people by talking about it.'

Counsellor self-disclosure helps the client to build a sense of trust and rapport with the counsellor; reduce his feelings that he is alone in the situation he is experiencing; comes to realize that the counsellor also had problems and made mistakes and creates an atmosphere in which he feels free to express content that he had previously avoided. Self-disclosure is important to the counsellor because it enables the relationship to move to deeper levels by fostering a feeling of empathy.

4.8 CONFRONTATION

Confrontation challenges a client to examine, modify, or control an aspect of behavior that is currently nonexistent or improperly used. It is invitation to the client to look more closely at behavior that is not working or interfering with growth, change, or healthy functioning. Confrontation helps clients examine clearly what is happening; what are the consequences; and how they can take responsibility for making appropriate changes in order to lead a productive life and establish healthy relationship with others. But it should be used in a responsible and caring way to produce growth and encourage an honest examination of self. If counselors fail to confront negative behaviour or thoughts, it may actually be detrimental to clients.

However, there are certain boundaries to confrontation. Counselors can use confrontation only after establishing a good rapport with the client and the relationship is strong enough to withstand the challenge of the confrontation. It should be used at the appropriate time not too early in the counselling relationship. It is more productive in the long run to confront clients' strengths than their weaknesses. Counselors should challenge clients to use resources they are failing to employ. It could be used to develop client's insight into his problem or focusing on negative behaviour and not used as a skill to put down or berate the client for his behaviour.

Example

Counsellor: *You have said you want to change this behavior, but it seems you keep doing it over and over again. Help me to understand what is going on and how repeating this pattern is helpful to you.*

Confrontation is a powerful technique adopted in almost all therapeutic approaches. Gestalt approach uses it as exercises to challenge incongruent behaviour and feelings of client and ask the 'what' and 'how' questions. In Rational Emotive Behaviour Therapy, confrontation is used to challenge client's irrational thinking. Clients are confronted to take responsibility for their own life in existential counselling.

Adlerian counsellors challenge clients to use their own logic and examine it by which they realize the need to change their behaviour.

Confrontation shall be carefully adopted because once the trust relationship between counsellor and client is broken, it cannot be strengthened or renewed. It calls for a very good understanding of the client and his state and how can confrontation can help him in making changes.

4.9 PARAPHRASING

Paraphrasing is a supportive technique used in almost all the therapeutic approaches in counselling and psychotherapy. It is a response adopted by the counsellor that restates the content of the client's previous statement, concentrating primarily on the words spoken and the content which refers to events, people and things. In simple terms, it is using words that are similar to the client's, but fewer in number, repeating in brief what the client was saying. Paraphrase expresses the meaning of a client's statement or series of statements in different words by the counsellor.

Paraphrasing is used in the stage of problem identification along with other techniques like restatement, genuineness and goal setting. It is a lead that is used with clients which is very beneficial at the beginning of the counselling process. Clients feel free to explore difficulties or any issues and they are able to respond appropriately when counsellor paraphrases during sessions.

While paraphrasing, it is important not to repeat the same words that clients said which would look like parroting, though there can be significant exceptions. Counsellors shall reword the crux of the client's message and not make it sound lengthy or boring. It should be briefly and clearly conveyed to the client what they had just shared in the session.

Examples

- **Client 1**: *I keep trying not to think about it, but I am still doing it.*
- **Counsellor**: *Despite all your efforts, you can't help caring about it.*

- **Client 2**: *I am really doing my best to get on with them.*
- **Counsellor**: *You're trying very hard to be friendly with them.*

Paraphrasing helps the client to realize that the counselor understands what he is saying; get a sense of direction and clarify his remarks. It enables the counsellor verify her perceptions of the verbal content of the client's statements and spotlight an issue as important to focus in counselling. Client may respond to the paraphrase with appreciation and comments like – *'That's right,'* or *'You've got me.'*



CHECK YOUR PROGRESS – 2

3. How does self-disclosure help the client?

.....

.....

4. When is the appropriate time to use confrontation?

.....

.....



4.10 LET US SUM UP

- Supportive techniques are used to comfort and guide the client by means of which client's distress can be reduced.
- Ventilation refers to client's expressing their emotions or feelings openly by verbally getting things off one's mind. It is the discharge of pent-up emotional energy by verbally striking it out or expressing them to the counsellor.
- Clarifications are statements that are used to expand or clarify information related to clients. In this process, either the client or counsellor describes, elaborates, reorders or restate information to the other person. The purpose of clarifying is to facilitate mutual understanding between client and counsellor.
- Reassurance is a supportive technique used in counselling which is a way of giving clients courage to face a problem or the confidence that they are doing the right thing. It is an indispensable

part of counselling as most of the clients who feel low, are fearful and feel less competent need reassurance to keep going.

- Self-disclosure is a complex, multifaceted phenomenon that is defined as a conscious, intentional technique in which clinicians share information about their lives outside the counseling relationship
- Confrontation is a powerful technique adopted in almost all therapeutic approaches. It challenges a client to examine, modify, or control an aspect of behavior that is currently nonexistent or improperly used.
- Paraphrasing is restating the content of the client's previous statement, concentrating primarily on the words spoken and the content which refers to events, people and things.



4.11 FURTHER READING

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4.12 ANSWERS TO CHECK YOUR PROGRESS

1. Supportive techniques are used to comfort and guide the client so that their stress and pain can be reduced.
2. Emotional catharsis.
3. Self-disclosure helps the client to build a sense of trust and rapport with the counsellor and reduce his feelings that he is alone in the situation he is experiencing.

4. Confrontation can be used only after establishing a good rapport with the client and the relationship is strong enough to withstand the challenge of the confrontation.



4.13 MODEL QUESTIONS

1. What are counselling techniques?
2. How does ventilation as a technique help the client?
3. Why do counsellors use clarification and reassurance in counselling?
4. Do clients need to be confronted? If so, why is it important?
5. Briefly discuss the importance of counsellor self-disclosure.

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UNIT 5 : PROCESS OF COUNSELLING

UNIT STRUCTURE

5.1 Learning Objectives
5.2 Introduction
5.3 Phases in Counselling
5.4 Types of Counselling
5.4.1. Crisis Counselling
5.4.2. Promotive and Preventive Counselling
5.4.3. Curative Counselling
5.4.4. Group Counselling
5.5 Interrelation between Counselling and Psychotherapy
5.6 Let us sum up
5.7 Further Reading
5.8 Answers to Check Your Progress
5.9 Model Questions

5.1 LEARNING OBJECTIVES

After going through this unit, you shall be able to

- analyse the nuances of the counselling process;
- develop an understanding of types of counselling;and
- grasp the interrelation between counselling and psychotherapy.

5.2 INTRODUCTION

Counselling process is the most crucial aspect of counselling. The very essence of counselling relationship that was discussed in unit 2 is brought into life through this process. The very first session or contact with the client is the deciding factor of the beginning of the relationship where it unfolds through varied phases. This unit shall throw some light on what happens in these phases of counselling. Further, different types of counselling like crisis counselling, promotive and preventive

counselling, curative counselling and group counselling are also discussed upon. Counselling is related to different fields of practice and one such is psychotherapy. The relationship between these two disciplines shall also be dealt with in this unit.

5.3 PHASES IN COUNSELLING

Process means progression over time, especially a progression which involves a series of stages. Counselling process models are simplified step by step representations of structured frameworks for viewing the counselling process. Often the stages overlap and sometimes counsellors need to move backwards and forwards between stages. It provides ways to think and work more systematically.

The counselling process goes through different phases or stages in a sequential manner which are:

Phase 1: Rapport-building/Establishing Relationship

The initial session with the client is the beginning of the counselling process, where the counsellor shows genuine interest and acceptance of the client called rapport. Basic attending and observation skills are most important microskills for rapport building. This contributes to the development of a shared and collaborative bond between client and counsellor. Establishing and maintaining rapport is vital for the disclosure of information, the initiation of change, and the ultimate success of counseling

Introduction phase consists of meeting, greeting and seating, facilitated by a congenial atmosphere with adequate privacy, good seating arrangement, and establishing eye contact with the client. The first session can be initiated either by client or counsellor and it is crucial for counsellor to explore from the client reasons for seeking counselling and expected outcome which can enable clients to be clear of their goals. Counsellors orient clients on crucial information such as introducing oneself and their role in the counselling relationship, reasons for gathering information from them etc. Further, brief up of the services available as part of counselling within the organization is also provided.

Through this rapport established, client's trust can be obtained. Assure clients of confidentiality and its limits. Allow ventilation and expression of feelings, clarify the client's expectations of counselling anddescribe what the counsellor can offer and the method of working. After rapport is built, counsellors shall adopt other counselling skills in altering client's perceptions and behaviour.

Phase 2: Assessment and Analysis of Problem

A lot of exploration of the client and his problems takes place during this phase. If the focus is to gather information, the structure of the session will be counsellor focused where the counsellor would want the client to talk about certain areas of their life. Defining and focusing specifically on the problem, counsellor identifies and assesses the gravity of the client's problems. Detailed history of the client, personal data, family history, important events since birth, work and relationship history should be gathered. Explore the client's beliefs, knowledge and concerns, how far he is aware of the problem and its impact on his life. Counsellors also need to explore the resources available with client or other sources to help him in recovery. An understanding on the level of client's insight is crucial. Facilitate a summary of the problem by the client which would make the expectations realistic. During this phase, counsellors normally utilize skills such as probing, paraphrasing, reflecting and summarising.Assessment of the problem and analysing may sometimes occur in the very first interview/session with the client depending on the gravity of the problem and willingness of client to disclose information or it may happen in subsequent sessions and the first contact may be focused on rapport building alone. Each of these phases can overlap and there is no hard and fast rule about how many sessions or interviews are to be held.

Phase 3 – Goal Setting

Establishing goals is crucial in providing direction and expectation to clients at any stage of counseling. After exploring specific areas, counsellor helps client identify goals to be achieved. Goals of counseling

change over time according to the intimacy and effectiveness of the counseling relationship.

In most cases, however, it is helpful to identify a client's goals, put them into a workable form, and decide which goal to pursue first. Short term and long-term goals can be established depending on the outcomes to be achieved.

According to Dyer and Vriend (1977), seven criteria have been identified for judging effective goals in counselling, viz., 1. Goals are 1. Mutually agreed on by client and counsellor; 2. Specific;3. Relevant to self-defeating behavior; 4. Achievement and success oriented; 5. Quantifiable and measurable; 6. Behavioral and observable; 7. Understandable and can be restated clearly.

Plan how they would achieve the goals – by identifying the options, identify their existing coping skills and further coping mechanism to be developed. Constant encouragement and motivation for behavioural change is needed.

Phase 5 – Intervention and Plan of Action

This phase comprises of implementing the plan decided upon by the client in consultation with the counsellor. Clients need support while they bring about changes. It is the most important phase of problem solving. First step is to determine challenges – give clients the opportunity to think through these and identify them. Secondly, specify problems – greater the specificity, , the easier it is to brainstorm solutions and come up with a mechanism for resolving the problem. Thirdly, brainstorm solutions - In brainstorming, you come up with as many solutions as possible and write them all down. Do not reject any ideas or try to think of just the best idea. Think of all possibilities. Even ideas that are clearly impractical or not possible may have elements that are useful. Fourthly, decide appropriate solutions - Develop a short list and think of the pros and cons of each solution. Is it realistic and practical? Lastly, develop problem-solving plan(s). Develop a plan of action and this may require role play.

When the plan is put into action, clients need to be monitored for changes in behaviour and they need ongoing support during this stage.

Phase 5 - Termination and follow-up

Closing a counseling relationship, also called termination, refers to the decision to end it. The decision may be made unilaterally or mutually after the working stage of counseling has waned. Many theorists and counselors assume that closing will occur naturally and leave both clients and counselors pleased and satisfied with the results. Historically, addressing the process of closing a counseling relationship has been avoided and not usually highlighted in counseling.

Termination may produce mixed feelings for both counsellor and client and if not handled properly, it has the power to harm as well as heal. Hence, it should be carefully handled. Follow-up and referrals are also part of this phase related to closing. Counsellors assess the progress of the client, behavioural changes made, coping resources etc. and then close the session. But it is not just terminated that way, as follow up is reinforced to ensure that client is acting on the plans made, coping with daily functioning and has support system. Clients are also given the option to return to counselling whenever they need help.

Termination of the process should be planned. Overall, there is no one right time to terminate a counseling relationship. It should be figured out in accordance with the uniqueness of the situation and clients' preparedness. If it is done too soon, clients may not know how to deal with issues and relapse into prior problems. At the same time, if prolonged can create dependency on the counsellor. When clients have made significant behavioural, cognitive and emotional changes and it is observable, then termination can be done in a mutually agreeable manner.

Follow up is a positive monitoring process to check on the client's wellbeing, if they are able to manage on their own, having problems with implementation of the plan of action or facing any issue. Counsellors can arrange for personal meeting with client, or make a phone call,

send letters/e-mail or any messages to find out how they are doing which makes clients also feel glad and motivated to achieve their goals.

5.4 TYPES OF COUNSELLING

Many kinds of counselling are practiced in the current scenario. This section shall discuss some of them.

5.4.1 Crisis Counselling

Crisis counselling relates to offering help and support to anyone who is facing a crisis or trauma situation in order to cope with it. We need to first understand what does crisis denote? Crisis can be defined in terms of mental health as a situation or event where the person feels overwhelmed or unable to cope. The focus is not about how traumatic or stressful the event they experience, it is more related to how the individual responds to that situation, as each one responds or reacts in a different manner. It is not essential that all react the same way to the same crisis.

- **Crisis Situations**

Typical crisis may include death of a loved one, losing job, or a rough ending to a relationship. developmental hurdles (such as going through puberty) natural disasters, etc. The roots of modern-day crisis counseling date back to World War I and World War II. (soldiers referred to as weak or disloyal for exhibiting psychological reactions). Pandemics and associated sudden loss, economic depressions are also situations requiring crisis counselling.

- **Symptoms of Crisis Counselling**

People undergoing a crisis or dealing with the aftermath of a disaster are "...normal, well-functioning people who are struggling with the disruption and loss caused by the disaster. They do not see themselves as needing mental health services and are unlikely to request them." Hence, service providers should learn to recognize the common reactions to a traumatic event that can include changes in behavior, physical well-being, psychological health, thinking patterns, and social interactions.

- **Common psychological response according toWainrib and Bloch (1998) are:**
  - Disbelief
  - Emotional numbing
  - Nightmares and other sleep disturbances
  - Anger, moodiness, and irritability
  - Forgetfulness
  - Flashbacks
  - Survivor guilt
  - Hypervigilance
  - Loss of hope
  - Social withdrawal
  - Increased use of alcohol and drugs
  - Isolation from others

Individuals going through a crisis first begin to recognize that there is a threat which cannot be dealt with using their coping skills and then begin to experience fear, confusion, distress etc. Later, they enter a state of imbalance where the crisis situation seems insurmountable.

Crisis counselling is to help these individuals to reduce emotional pain, provide safety net and develop a plan to increase their mental health. It is more advantageous than other forms of counselling or therapy as its cost effective that can be provided in hospitals, police stations, local clinics, military bases, also over the internet etc. Doctors, psychiatrists, psychologists, and social workers can provide crisis counselling. Crisis counselling may last only a few weeks until the individual has developed coping skills to improve quality of life. While most crisis events are time-limited, long term exposure to stressors and traumas can lead to PTSD (Post Traumatic Stress Disorder) and other anxiety disorders.

- **Steps of Crisis Counselling**

Common elements consistent among the various theories of crisis counseling.

- **Assessing the Situation –** Listen to the client, ask questions and determine what the individual needs to cope effectively with the crisis. Counsellor needs to redefine the problem and simultaneously provide acceptance, support and empathy. It is very essential to ensure client is safe both physically and psychologically.
- **Education –** Individuals experiencinga crisis need information about their current condition and the steps they can take to minimize the damage. Service providers need to assure them that their reactions are normal but temporary as it may seem endless to those experiencing the crisis. But the goal here is to help clients see that they will eventually return to normal functioning.
- **Offering Support –** Most important element of crisis counselling is to provide support, stabilization and resources. Counsellors should adopt active listening, offer unconditional acceptance and reassurance in a non-judgmental manner that can reduce their stress and improve coping. Enable them to develop support or dependency on people they trust which can help them become stronger.
- **Developing Coping Skills**– Counsellors help clients develop coping skills to deal with the immediate crisis like exploring different solutions to the problem, practicing stress reduction techniques and encouraging positive thinking and motivating the client to make commitment to keep utilizing them in the future.



CHECK YOUR PROGRESS – 1

1. What is closing a counselling relationship termed as?

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2. What can long term exposure to stress and trauma lead to?

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5.4.2. Promotive and Preventive Counselling

Promotive and preventive counselling are used in the positive sense where individuals and groups are capacitated to lead healthy lives. They form the core approach of any public health concern related to specific groups or high-risk groups. Prevention is concerned with avoiding disease while promotion is about improving health and well-being.

Promotion refers to any intervention offered to maximize the positive health and wellbeing ofindividuals by focusing on the determinants of positive health before any problem is identified. The aim is to promote the positive behaviour or health of the person or group. Promotion counseling aims at changing positively the knowledge, attitudes and practices of its recipients. Most widely practiced in the field of health. Health promotion involves promoting the value for health and improving the coping capacities of individuals rather than amelioration of symptoms and deficits. Health promotion is the process of passing information and practical skills with the primary goal of improving people's health by promoting better health practices.

Promotion counselling encourages to increase the protective factors and healthy behaviour that can help people protect themselves from the onset of any health concern. It also helps in reducing the risk factors that can lead to any problem. It equips people with skills essential to maintain healthy and balanced lifestyle and live in environments that are safe and conducive for their positive well-being.

For example: To promote the development of infants, promotive counselling targets pregnant women to adapt healthy patterns of eating nutritious food and keeping themselves free from any anxiety or worries during that period. Similarly, adolescents and youth are equipped with adequate life skills to promote their physical and mental health, get them engaged in productive activities that can foster positive behaviour and teach them to take up responsibility in life. In promotive counselling, the main focus is on identifying the positive aspects or strengths and try to optimize them for a better outcome in the individual or group.

Preventive counselling on the other hand is to minimize the possibility of any physical or mental health problem before the problem is identified. The aim here is to reduce the number of people with the particular issue or problem. Helps an individual to prepare for future specific concerns. The goal is to reduce the risk factors of the patient or the population that contribute to premature morbidity and mortality. The emphasis has shifted from concentrating on diseases that are highly prevalent to a focus on the actual behaviors that cause these conditions. Behaviors such as smoking, unsafe sexual practices, dietary habits, and lack of exercise emerge as vitally important in determining disease or its absence.

· **Areas for preventive counselling** - Preventive counselling services include those on exercise, nutrition, smoking, injury prevention, motor vehicle safety, alcohol and substance abuse, and sexually transmitted diseases, emotional health and relationship issues, school set up. In school setting, current trend in counseling is to prevent problems rather than solve them. Guidance programs to help students learn about academic skills, personal social skills and career awareness in an effort to help the whole school community and improve student achievement.HIV/AIDS is another major field where prevention counselling focuses on education and behaviour modification for high risk groups to prevent them from transmitting the virus. Client-centred interventions, risk reduction techniques, information on transmission factors are the main focus here. PPTCT (Prevention of Parent to Child Transmission) of the virus from HIV positive mothers to their newborns is also part of prevention counselling. In oncology, prevention counselling is imparted to high-risk populations and education is given on smoking cessation, breast cancer/colorectal screening, genetics, and also in prevention of secondary cancer in survivors. Prevention efforts can vary based on the audience they are addressing, level of intensity they are providing, and the development phase they target.

Promotive and preventive counselling can be present as part of the same programme where there may be similar activities but outcome can be different.

5.4.3 Curative Counselling

The very term curative denotes cure, a remedy for some ailment or problem. It refers to care and support given to individuals with the goal of healing their illness or condition. This is different from promotive or preventive counselling where the intervention was before the onset of problem, whereas in curative counselling, the individual already has the problem and seeks help to change the situation. It can be both short term or long-term therapy provided in a non-intrusive, confidential environment. Focus is on curing the condition or promoting recovery from the illness completely and enable the person to restore health to prior condition. Mirriam Rosario was the person who founded curative counselling.

It is important that a safe environment is provided to share their feelings and counsellor needs to be sensitive and really professional in handling their situation. Issues such as depression, anxiety, adjustment disorder, personality disorder and other physical ailments are handled. Curative process takes place which is something a person can engage in over a long period of time to produce positive change within that person. This therapeutic change goes beyond increasing happiness to a much deeper level. Irvin Yalom's therapeutic factors which are discussed in the session on group counselling are known as curative factors and it brings healing in the individual who experiences this process.

5.4.4 Group Counselling

Group counselling is a type of counselling that helps members in the group resolve their problems, challenges through interpersonal support and problem solving. It is also called as interpersonal problem-solving groups. The main aim is to enable the participants develop their problem-solving competency and equip them to handle further hassles in life. personal and interpersonal concerns are resolved through this counselling activity.

Groups are effective as the members get to experience a sense of belonging, able to share their experiences with one another, to observe and learn from others; find support in the entire process of self-exploration; develop social relationships and bond emotionally with others and finally learn skills of coping, decision-making and problem-solving. Participants benefit from shared experiences and feel comforted that there are others too who face similar challenges. Group counselling is direct, stresses the affective involvement of members and conducted in a small intimate setting unlike psychoeducational groups which focus on modifying attitudes and behaviours and concentrates on the cognitive perception of the members. Educational, personal, social, career oriented and developmental concerns are usually handled in group counselling.

In the early 1900s, John Hersey Pratt, a physician whose practice involved the treatment of tuberculosis, initiated group intervention as an efficient way to address the needs of his patients. In addition to being more economical, the group approach saved time, effort, and energy for Pratt and for his patients. Pratt appears to be the first to give formal recognition of the therapeutic power inherent in groups. After observing that his patients became concerned about and influenced one another, he reported that unique characteristics of a group, could have healing qualities.

- **Who can benefit?**
  - Anyone with a psychological issue who is comfortable in the group setting;
  - Suitable for a large variety of problems and difficulties, like developing their interpersonal skills,people who are struggling with relationship issues like intimacy, trust, self-esteem; interpersonal difficulties in social, work, couple or even sexual relations, handling emotional problems like anxiety, depression, etc.
  - People in the same situation or crisis (e.g. groups for bereaved parents, groups for sexually abused women).

- **Role of the Counsellor**

The meeting is led by a trained counselor who may be a medical doctor, psychologist or social worker who functions as a large change agent to help group members provide acceptance, trust and hope. Usually group counseling is focused on a particular issue and the counsellor keeps the group focused on it. Counsellor maintains a cohesive environment, provides opportunity for feedback, handles any feelings of failure or disruptive behaviour etc. Major responsibility is to clarify doubts, answer queries, offer suggestions if needed and observes each members' participation and progress in the group. Maintaining strict confidentiality is one of the important rules to be observed in group counselling apart from other aspects like punctuality, regularity of attendance, and being honest in sharing.

- **Process of Group Counselling**
  - Members are encouraged to share their thoughts and feelings, both in general and around the subject of the group.
  - One member of the group is allowed to give his or her narrative uninterrupted, with other members sharing their own thoughts/ feelings and give support.
  - Counselor's role is to keep this dynamic intact and encourage healthy, positive communication between group members.
  - If a particular member has been unwilling to speak after many sessions, the counselor may work with this individual to feel more supportive and comfortable joining the discussion.
  - Ideally, as the group goes on, members will begin to feel more confident and more supportive.
  - There will be more mutual self-disclosure of experiences, and through being able to talk about their struggles with their particular difficulties, healing can occur.

- **Advantages**

Groups have a number of general advantages in helping individuals. Yalom and Leszcz (2005) have characterized these positive forces as therapeutic factors within groups:

  - **Instillation of hope** (assurance that treatment will work)

- **Universality** (the realization that one is not alone, abnormal)
- **Imparting of information** (instruction about issues and how to deal)
- **Altruism** (sharing experiences and help others selflessly)
- **Corrective recapitulation of the primary family group** (reliving early family conflicts and resolving them)
- **Development of socializing techniques** (interacting with others and learning social skills as well as more about oneself in social situations)
- **Imitative behavior** (modeling positive actions of group members/counsellor)
- **Interpersonal learning** (gaining insight and correctively working through past experiences)
- **Group cohesiveness** (bonding with other members of the group)
- **Catharsis** (expressing feelings to relieve shame, pain, guilt)
- **Existential factors** (recognizing one's own mortality and responsible for one's life)

5.5 INTERRELATION BETWEEN COUNSELLING AND PSYCHOTHERAPY

Counselling and psychotherapy are related fields and there are similarities between them. As counselling has already been defined and discussed upon in earlier units, we shall try and understand what is psychotherapy. It is a long-term relationship that can span upto 2 years or more which focus on reconstructive changes. Mostly associated with in-patient settings – residential mental hospitals. Psychotherapy handles serious problems related with intrapsychic disorders, personality disorders, and focuses on the past than the present and developing an insight into the problem rather than bringing about changes in oneself. Therapist is considered as an expert who is detached from the problem. Counselling is more short-term (less than 6 months), deals with clients with less severe mental issues, focus on behavioural change and mostly

non-residential. Both these services are offered in clinical settings and the similarity in counselling and psychotherapy processes often overlap.



CHECK YOUR PROGRESS – 2

3.Give two areas where preventive counselling is practiced.

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.....

4. Name any two therapeutic factors of groups.

.....

.....



5.6 LET US SUM UP

- Counselling process models are simplified step by step representations of structured frameworks for viewing the counselling process. Often the stages overlap and it provides ways to think and work more systematically.
- The counselling process goes through different phases or stages in a sequential manner which are: Rapport building, assessing and analysing the problem, goal setting, implementation and plan of action and termination and follow up.
- Crisis counselling relates to offering help and support to anyone who is facing a crisis or trauma situation in order to cope with it.Steps of crisis counselling are: assessing the situation, education, offering support and develop counselling skills.
- Promotive and preventive counselling are used in the positive sense where individuals and groups are capacitated to lead healthy lives. They form the core approach of any public health concern related to specific groups or high-risk groups. Prevention is concerned with avoiding disease while promotion is about improving health and well-being.
- Curative counselling refers to care and support given to individuals with the goal of healing their illness or condition.

- Group counselling was initiated by John Hersey Pratt in 1900s, among tuberculosis patients as an efficient way to address the needs of his patients.
- Groups have therapeutic factors that are positive and curative in nature.
- Counselling and psychotherapy are both offered in clinical settings and their processes overlap.



5.7 FURTHER READING

- Antony, J. D. (2005). Trauma Counselling. Part I and II. Dindigul: Anugraha Publications.
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5.8 ANSWERS TO CHECK YOUR PROGRESS

1. Termination
2. PTST – Post Traumatic Stress Disorder
3. School setting and field of HIV/AIDS
4. Universality and Group Cohesiveness



5.9 MODEL QUESTIONS

1. Briefly discuss curative counselling.
2. differentiate between promotive and preventive counselling.
3. Elaborately discuss the different phases of counselling with case example.
4. What are the steps involved in crisis counselling?
5. Discuss group counselling in the light of its therapeutic factors.

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UNIT 6 : COUNSELLOR AS A PROFESSIONAL

UNIT STRUCTURE

6.1 Learning Objectives
6.2 Introduction
6.3 Qualities of a Counsellor
  6.3.1. Empathy
  6.3.2. Warmth
  6.3.3. Genuineness
  6.3.4. Self-awareness
6.4 Skills and Aptitudes of Counsellor
  6.4.1. Observation
  6.4.2. Listening
  6.4.3. Interviewing
  6.4.4. Challenging
  6.4.5. Supporting
6.5 Ethics of Counselling
6.6 Let us sum up
6.7 Further Reading
6.8 Answers to Check Your Progress
6.9 Model Questions

6.1 LEARNING OBJECTIVES

This unit shall -

- Discuss the unique qualities of a counsellor;
- Equip you with microskills related to counselling; and
- Examine the ethical standards needed in counselling.

6.2 INTRODUCTION

Counselling is a profession that calls for expertise in the field, someone who has knowledge of the theories and approaches to

counselling and psychotherapy and also possesses the essential tools to work with clients. What makes a counsellor a professional? It is the combination of knowledge, expertise and proficiency in the appropriate use of skills and techniques. Above all, the genuine nature of the counsellor as a person who is willing to help and empower clients is needed. Associated with professional organisations and abiding by the code of ethics gives counsellors the integrity essential as a professional. This unit shall therefore explore the qualities and skills in counselling and also discuss the need for ethical standards and principles.

6.3 QUALITIES FOR COUNSELLORS

When it comes to discussing qualities of an effective counsellor, the list can be endless. All the good attributes of human beings are to be present in the person who chooses counselling as a profession. One aspect to be remembered is that the knowledge, skills and techniques essential in counselling can always be learnt and practiced. But qualities refer to the inherent trait or personal characteristics. Hence, counsellors should reflect and explore oneself to make an inventory of whether they have the qualities that it takes to be a professional counsellor. Some of the important qualities are discussed in this section.

6.3.1 Empathy

Empathy is the overriding quality or trait of a counsellor which is also a prerequisite in the counselling relationship to bring about change and growth in clients. Carl Rogers (1961) describes empathy as “the counsellor’s ability to enter the client’s phenomenal world to experience the client’s world as if it were your own without ever losing the ‘as if’ quality.” He defined empathy as perceiving the internal frame of reference of another person. It’s like entering the private perceptual work of the client, be sensitive to their feelings. It denotes that counsellors understand what clients experience and the ability to communicate this feeling to the client is what can bridge the gap

between them and strengthen the relationship. In simple language, empathic behaviour is the quality of the counsellor to stand in the shoes of the client in order to see things from client's point of view. It is an attempt to think with, rather than or about the client, and grasp client's communication, intentions and meanings both at the thought and feeling level.

Types of empathy – Primary empathy and advanced empathy are the two types. **Primary empathy** which is thebasic one involves communicating a basic understanding of what client is feeling and the experiences and behaviour underlying these feelings. This paves the way for building the counselling relationship and gather all information. **Advanced empathy** reflects not only what clients say overtly but also what they state incompletely, like their half-finished statements which they wish to state but remain silent. Here, the counsellor responds those statements or feelings for the client. In both these levels, accurate empathy is achieved when counsellors see client's worlds from the client's point of view and are able to communicate this understanding back to the client. Primary empathy is employed mostly in all theories in the initial interview itself to identify client's problems/concerns and this can be through attending skills (both verbal and non-verbal). Advanced empathy as the name suggests is used in the working stages of counselling to help clients explore themes, issues and emotions. It is not used in the beginning stage.

Example

Primary Empathy

Client: 'I really don't know what to do. I am not able to do anything for myself.'

Counsellor: 'You are feeling helpless.'

Advanced Empathy

Client: 'I just hope everything turns out well, don't know (client looks up in despair).'

Counsellor: 'If it does not turn out well, not sure what to do next.'

(The counsellor's response in advanced empathy is communicating what the client has in mind but not expressed).

6.3.2 Warmth

Warmth is expressing a genuine interest and acceptance of the client. Carl Rogers encouragedclients to be warm, genuine and empathetic in order to develop a positive counselling relationship. The quality of being warm refers to a situation, where a person shows interest in the other person or a group. We have heard people refer to a cold-hearted person as, 'He is very cold,' meaning he has no emotions or concern. Hence, 'Cold' individuals rarely become good counsellors. At the same time, if counsellors are too warm, it can lead to clients becoming more dependent on the counsellor. So, if we say that counsellors need to be show warmth, it can be demonstrated in them being honestly interested in the client, their issues and non-judgemental.

Warmth is the ability to communicate and demonstrate in the counselling sessions the caring attitude and concern for clients. Many clients feel lonely, unwanted, guilty and helpless. Here, when counsellors openly show that they accept the client irrespective of who they are and express willingness to work together for client's well-being and enable client to achieve his goals by sorting out his problems. It is not necessary that one has to speak big and lengthy dialogues to show warmth, as it can be just shown in simple non -verbal communication like – a gentle touch, a smile, concerned tone of voice, pleasing facial expressions etc. These expressions make clients experience a genuine relationship of being accepted and there is someone to show concern and understand them. It is an important personal quality of the counsellor that can certainly go a long way in developing and maintaining a strong counselling relationship.

6.3.3 Genuineness

Genuineness is basic to a counselling relationship. As soon as counsellors demonstrate genuineness, automatically, warmth and

respect for the clients develop. A genuine interest in the client is an essential element for the counselling process to succeed. Genuineness is synonymous with good or honest intentions.

If the counsellor is genuine since the beginning of the counselling relationship, it can actually enhance clients' engagement in the sessions, gain better insight and benefit from their sharing. It is genuine caring for the client as a person, for who they are. Carl Rogers explains genuineness or congruence as a condition of being transparent in the therapeutic relationship by giving up roles and facades. It is also the counsellors' readiness for setting aside one's own personal concerns and being available and open in relationship with the client. It is a condition that displays consistency or harmony between what the counsellor says and what they are as a counsellor, reflecting honesty, transparency and trust. In simple terms, not being pretentious.

It is a relationship skill, helping skill most useful in developing real relationship. Real relationship is a two-way experience since the first meeting between client and counsellor. Counsellors are real by being genuine, understand clients in a realistic way and facilitate genuineness in their clients too. As a result, clients also contribute to this real relationship be being genuine and examine their situation in a realistic manner.

6.3.4 Self-awareness

Self-awareness is a knowledge of self, including attitudes, values, and feelings and the ability to recognize how and what factors affect oneself. Effective counsellors are not those who only have knowledge on theories and techniques, but also possess the right attitude to be of use to the client. Counsellors who engage in exploring this awareness of oneself are constantly in touch with their thoughts, feelings and values. They should have a clear understanding of their limitations, challenges, strengths, fears, anxieties, doubt etc. as it may hinder the counselling relationship with clients. Sometimes, self-

awareness can be a realistic attempt of comparing oneself with others and explore one's limitations as counsellor. This should be a continuous activity of self-exploration. In some settings, counsellors go through supervision where they get an opportunity to do this exercise regularly. It can lead to developing a clear perception of self, client's needs and assess them accordingly.

Self-awareness thereby enables them to be open and honest about themselves and this contributes to becoming congruent and establish trust with clients. Counsellors who are aware of oneself is able to understand clients easily and communicate clearly. As part of this exploration, counsellors also develop the positive nature of understanding and working with clients from multi-cultural backgrounds. Hence, counsellors in order to be successful in their work with clients should develop objectivity, be emotionally mature, consistent and reliable. This can happen if they are in the continuous process of exploring oneself and be secure in the awareness of self, incorporating their own strengths and addressing their limitations.

Counselling is a demanding profession that can cause physical and emotional exhaustion due to constantly listening to clients and their concerns, resulting in 'counsellor burnout.' Counsellors should be aware of this and take possible interventions to handle it.



CHECK YOUR PROGRESS – 1

1. What is the counsellor's ability in expressing empathy?

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2. What is genuineness according to Carl Rogers?

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6.4 COUNSELLING SKILLS

A skill is an ability to do something well, usually learned and acquired through training, to perform actions which achieve a desired

outcome(s). Most of these skills also referred to as microskills are used all through the counselling relationship and in every session with clients. Counselling can never take place without utilization of skills and hence it is very important that counsellors equip themselves with the intricacies of how to adopt them in practice.

6.4.1 Observing skills

Observation is a most useful skill and also an assessment tool in counselling. Observing client is one of the most important micro-skills in counselling which is part of the communication process. It is the counsellor's ability to directly observe the client's characteristic behaviour and pick up non-verbal messages in order to understand experiences client is going through. The main purpose of direct observation is to learn more about the person's psychological functioning through the objective description of appearance and behaviour in various contexts. Objective observations are made of the person's appearance and behaviour – his or her personal hygiene and emotional responses and any depression, anxiety, aggression, hallucinations, or delusions he or she may manifest. The richest source of data concerning the client's feelings are from their emotional state i.e. posture, gestures and facial expressions.

Counsellor can understand the effect of one's words/questions or actions on the client by accurately observing the client's non-verbal behaviour. Even for instance, the way the client enters the counselling office, sitting and talking all reveal something about the client and his feelings. If they are angry or resentful, they may look down and sit in such a manner that states they are not interested to talk. At times, they avoid eye contact when asked embarrassing questions and they are not comfortable about answering them. Hence, counsellors should be sharp and alert in their observation and accordingly change their approach. Client may not say he is angry or upset, but their facial expressions and body posture can reveal that. Counsellor's sensitivity is very crucial in practicing observing skills.

Observation can be from three points of view:**Physically:** e.g. body build, physical appearance, level of energy (that is whether client looks fatigued, happy, etc). **Emotional**: e.g. facial expression, posture, grooming;and **Interpersonal:** e.g. how they relate to counsellor - positively, negatively, neutrally.

6.4.2 Listening Skills

Listening is an indispensable activity that is crucial in any relationship, not just the counselling relationship. It calls for a submersion of the self and immersion in the other person. An effective counsellor needs to master listening skills without which nothing can be accomplished in counselling. When counsellors become effective listeners, it allows them to be with their clients more fully and respond in a culturally appropriate manner. Listening is also a quality of a counsellor where the ability to listen makes listening itself stimulating. People want the presence of the other person— not only the physical presence, but also their presence psychologically, socially and emotionally. Listening is hence an important part of being there for the client physically, and emotionally. It takes place at two levels -firstly at the level of content or words and secondly at the level of feeling. Hence, also referred to as **'empathic listening'** as counsellor listens to both the words and the feeling behind those words. Listening helps in establishing trust with clients as it is the active process of paying undivided attention to what the client is saying and also what the client is not saying.

How do counsellors demonstrate they are listening? Importantly, listen to the verbal and non-verbal cues; Demonstrate attention by nodding their head; Encouraging the client to talk – saying *'Mm-hmm,''Yes;'*Acknowledge and attend to the client's feeling, '*I can see that you are very sad;'*Minimize external (TV, telephone, clock, traffic noises) and internal (sudden thoughts, ideas, worries, etc.) distractions; make eye contact with client; assume relaxed posture; be attentive and

congruent; Repeat/rephrase to check if you have correctly understood the client; Paraphrase, reflect, clarify, summarizeat appropriate time and situation.

Counsellors can use statements like this to demonstrate they are listening

'You seem to be saying… …'

'In other words, … …'

'You feel … … because … …'

6.4.3 Questioning

Questioning is an art by itself. Skilled counsellors know exactly how to phrase their questions, when to question, how to gently probe for more information in order to explore all about the client and his issues.Why is questioning needed in counselling? Questioning can help in bringing new areas/concerns for discussion in counselling, identify the major issue to be addressed and also in clarifying any details that are not clear. When we say that questioning is a skill, it comes with experience and training and counsellors learn how to question effectively as they keep practicing. Questioning invites clients to recall information and also explore their own life.

Good questions often begin with 'What,' 'Who,' 'When,' 'Where.' Questions that begin with 'Why' are less useful as they tend to provoke defensiveness and 'How' also can be problematic as it provokes analysis rather than autonomy. While questioning clients, it is good to ask one question at a time as it gives them time to think about the right response. Too many questions can be confusing and client will lose track of the responses. Counsellor shall be brief and clear with the question and make eye contact with the client while questioning. Questions that only serve its purpose in counselling should be raised and it shall be used to encourage clients to talk more indepth about their feelings, issues and concerns. Counsellors should be careful about over-questioning as clients tend to feel that counsellor is in control of the session and the relationship.

There are two types of questions – Open and Closed.

Open Questions

Open questions invite the client to continue talking and allow the counsellor to decide in what direction they want to take the conversation. These cannot be answered by a simple 'Yes' or 'No.' Likely to receive a long answer or a long phrase. An open-ended question requires more than a one-word answer,

e.g.'*What difficulties do you experience in your studies?*'
'*When do you think would be the right time to disclose your test result to your spouse?*'

They seek to give opinions, feelings related to any specific situation or issue. The counsellor uses open questions to clarify his or her understanding of what the client is feeling. It may begin with how, what or who. may be used to gain information, explore thoughts, feelings, attitudes and opinions, etc. When thinking about questioning, counsellors should first ask themselves if the question is necessary and if it would clarify counsellor's understanding and help the client to explore his own process.

Closed questions

Closed questions do not give the opportunity to a client to think about what they are saying. Answers to such questions can be very brief, hence they are non-informative. This often necessitates further questioning.

A closed question limits the response of the client to one-word answers, e.g.

'*Do you attend work?*'
'*Do you get angry?*'

Closed questions are quick to answer and reflect on, facts are usually expected as response. Repeated use of 'closed questions' may result in the client saying less and less and the counsellor feeling pressured to ask more and more questions to keep the relationship going.

Counsellors shall refrain from questioning excessively which is a common mistake made as it makes clients feel they are in a court or

police station being interrogated or judged for their actions. They become very guarded and avoid taking any initiative in communicating. A good counselling relationship is established when more of open questions are used and not asking more than two questions at a time.

6.4.4 Challenging Skills

Challenging is a gentle word than confronting. Its aim is to help clients develop new and better perspectives about themselves, others and problem situations. Challenging focuses on discrepancies, inconsistencies and mixed messages and is an invitation to examine feelings and behaviour that may be unhealthy for the client. Challenging helps the client to expand their self-awareness and focus on discrepancies in their thoughts and feelings. Counsellors who are well experienced in using challenging as a skill invite clients to examine discrepancies in their feelings, thoughts and communications about which, they remain insufficiently aware.

A client must experience challenging questioning if they are to make progress during the counselling relationship. Being able to detect contradictions and encourage positive thought is an important part of the counsellor's role. But challenging must be well timed by the counsellor, supportive, sensitive and phrased in the appropriate language. This will enable the client to explore and understand their experiences and behaviours.Challenging skills do not build rapport. Instead, they use up the capital of rapport which counsellor has earned with a client.So, challenging can happen only after rapport or trust has been established. It helps the client to move from a tired, overworn view of the world (their story) towards a view of the world which helps them to take responsibility and action (new perspectives).Used to induce the client to face an issue the counsellor feels the client is avoiding. Clients can be challenged as equals, not like talking down or belittling them. Counsellors should be aware that strong challenging questions can create resistance and challenging too often should be avoided as it can block clients from

achieving insight as well as creates unsafe emotional environment in the counselling relationship.

Examples of challenging questions by counsellor

- *You're telling me you feel sad about it, yet you are smiling*
- *You say that you are through with him, yet you keep phoning him*
- *You said that you would spend more time with your children, but do not seem to have done so.*

6.4.5 Supporting Skills

Supporting skills are the skills of helping that facilitate engagement with clients; put them at ease; establish a trusting and empathic working relationship;provide comfort, understanding, compassion, and encouragement;and further facilitate the implementation of the assessment and intervention.

Most empowering things that counsellors can do to help those in pain is to be truly present with their suffering: listen and not advise; judiciously and gently suggest possibilities; not impose one's beliefs; be with the clients as they find their own way, not judge, push or prod them etc. this calls for lot of patience, discernment of what to say when, skills of empathic expression, and great respect for the other person.

Supporting skills can be categorised into

Non verbal	**Verbal**
SOLER	Attending
	Paraphrasing
	Reflection of feelings
	Summarizing

SOLER – This acronym summarises about the non-verbal posture of the counsellor that suggests they are supportive to clients. It stands for:

S - **Sit squarely:** This communicates presence and availability.

O - **Open posture:**To signify that counsellor is open to the client and to what the client is saying.

L - **Lean forward:** This is a natural sign of involvement.

E - **Eye contact:** This communicates counsellor's presence. There should be eye contact but this should not be confused with staring. It is a way of communicating presence, interest and that counsellors want to hear what client wants to say.

R - **Relax:** Shows counsellor is comfortable with one's body and situation.

Paraphrasing is a skill as well as a technique used in counselling. It has been discussed in the unit on counselling techniques and hence not presented here.

- **Attending**

Attending is an important rapport building skill which is used from the beginning and all through the counselling process. The focus of attending is listening to clients – the verbal content; observe non-verbal cues; communicate back (e.g. 'um-hm', 'yes', or repeating key words) to client. In attending, counsellor listen 90% of the time and speaks only 10%. Attending is a supporting skill that makes clients feel relaxed and comfortable; express their ideas and feelings freely and also trust the counsellor. It helps the counsellor to obtain accurate information about clients and also observe the non-verbal and physical cues.

- **Reflectionof Feelings**

Reflection is the counsellor's expression of the essence of the client's feelings, either stated or implied. The focus is primarily on the emotional element of the client's communication, whether it is verbal or non-verbal.It is an empathetic response to the client's emotional state or condition and demonstratesthe counsellors' understanding of the client feelings and experiences.Reflecting or mirroring feelings is the main skill of active listening as it helps clients get in touch with their feeling. Many clients do not openly say, '*I'm angry/ hurt/ disappointed'* or even '*I'm happy, glad*.' They narrate incidents but do not share about how they feel relating to that incident or person. Counsellors shall therefore

reflect the strength of feelings, the varying degree of feelings – Eg; (happy/sad) or (anger/guilt/hurt)etc and the reasons for it. When reflecting feelings, counsellors should use the personal pronoun 'You' while addressing the client

Eg: Client: '*I still get annoyed when I think she is not telling the truth.'*

Counsellor: '*You're still angry because you suspect she is lying.'*

- **Summarizing**

Summarizing is also a supporting skill as it provides a brief review of the main points discussed in the session to ensure continuity in a focussed direction. This should be done at the beginning and at the end of each session. In the beginning, the client is asked to summarize the previous session and at the end, the counsellor summarizes the main points of the current session.Summarizing helps in terminating a session in a logical way. Focus should be on both feelings and content of the discussion, brief and to the point without any added or new meaning.

When it comes to application of counselling skills, a lot of multi-tasking has to be done by the counsellor. Most of the skills are applied simultaneously. The counsellor listens, observes and also demonstrates attending behaviour to show that he/she is genuinely concerned about the client. Supporting skills are used throughout the counselling process. Questioning happens in the midst of all this. Clarifying takes place only after attentively listening and observing. This comes with practice and counsellors gradually learn how to effectively utilize these skills in counselling.

6.5 ETHICS OF COUNSELLING

Ethics are standards, moral rules, or principles for a particular profession, designed to provide some guidelines for the professional behavior of practitioners. These codes are essential as it protects the profession from government, protects practitioners from the public, especially in regard to malpractice suits. Even so in counselling, there are Ethical Codes and in India we adopt the ACA (American Counselling

Association) Code of Ethics. When counsellors practice according to these ethical guidelines, then their behaviour is said to be in compliance with accepted standards. Also, it increases public trust in the profession and ethical codes also offer clients protection from incompetent practitioners and other exploitation.

Ethics is also called 'moral philosophy,'as it distinguishes right from wrong. Ethics is called as a philosophical discipline concerned with human conduct and moral decision-making and recognized as 'professional behaviour.'Professional ethics are beliefs about behaviour and conduct that guide professional practices between clients and counsellors.

Counsellors therefore should be familiar with the code of ethics in use for their own well-being and that of clients, and also protect themselves legally by operating according to these standards. If they violate any client rights, they are liable for suits filed against them.

Ethical Principles according to British Association of Counselling and Psychotherapy

- **Fidelity**: Honouring the trust placed in the counsellor. Being trustworthy is regarded as fundamental to understanding and resolving ethical issues.
- **Autonomy**: Respect for the client's right to be self-governing. This principle emphasizes the importance of the client's commitment to participating in counselling or psychotherapy, usually on a voluntary basis.
- **Beneficence**: Commitment to promoting the client's well-being. The principle of beneficence means acting in the best interests of the client based on professional assessment.
- **Non-maleficence**: Commitment to avoiding harm to the client (emotional, sexual, financial, exploitation).
- **Justice**: Fair and impartial treatment of all clients and the provision of adequate services, respecting human rights and dignity.

- **Self-respect**: Fostering the practitioner's self-knowledge and care for self.

Some of the unethical behaviours of counsellors are – negligent practice; violation of confidentiality, sexual activity with clients; charging excessive fees; plagiarism etc.



CHECK YOUR PROGRESS – 2

3. What kind of questions should be asked to explore client's opinion and feelings?

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4. What is ethics recognized as professionally?

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6.6. LET US SUM UP

- Empathic behaviour is the quality of the counsellor to stand in the shoes of the client in order to see things from client's point of view.
- Warmth is the ability to communicate and demonstrate in the counselling sessions the caring attitude and concern for clients.
- Genuineness is a relationship skill, helping skill most useful in developing real relationship.
- Self-awareness is a knowledge of self, including attitudes, values, and feelings.
- Objective observations are made of the person's appearance and behaviour
- Listening is hence an important part of being there for the client physically, and emotionally. It takes place at two levels - firstly at the level of content or words and secondly at the level of feeling.

- Questioning helps in bringing new areas/concerns for discussion in counselling, identify the major issue to be addressed and also in clarifying any details that are not clear. More of open questions are used in counselling process.
- Challenging focuses on discrepancies, inconsistencies and mixed messages and is an invitation to examine feelings and behaviour that may be unhealthy for the client.
- Supporting skills are both verbal and non-verbal. SOLER refers to non-verbal response and verbal skills are attending, paraphrasing, reflection of feelings and summarizing.
- Ethics are standards, moral rules, or principles for a particular profession, designed to provide some guidelines for the professional behavior of practitioners.



6.7. FURTHER READING

- Gladding, S. T. (2018). *Counselling – A Comprehensive Profession.* 8th (Ed). Boston: Pearson Education.
- McLeod, J. (2007). *Counselling Skill.* Berkshire: Open University Press.
- Nelson-Jones, R. (2008). *Basic Counselling Skills. A Helper´s Manual.* 2nd Edition Los Angeles: Sage.



6.8. ANSWERS TO CHECK YOUR PROGRESS

1. The counsellor's ability to express empathy is to enter the client's phenomenal world to experience the client's world as if it was his own without losing the 'as if' quality.
2. Genuineness or congruence is a condition of being transparent in the therapeutic relationship.
3. Open Questions to explore opinion and feelings.

4. Ethics is recognized as professional behaviour as it is philosophical discipline concerned with human conduct and moral decision-making.



6.9. MODEL QUESTIONS

1. Why is empathy needed in counselling?
2. Discuss some of the qualities of an effective counsellor.
3. Explain the importance of listening as a skill.
4. What are supporting skills? Discuss the verbal and non-verbal skills used in counselling.
5. What is ethics? Briefly discuss why ethics is needed in any profession.

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UNIT 7: FIELDS OF COUNSELLING-I

UNIT STRUCTURE

7.1 Learning Objectives
7.2 Introduction
7.3 Pre-marital and Marital counseling
7.4 Family counselling
7.5 Career and guidance counselling
7.6 Crisis intervention, Trauma Counseling & disaster management
7.7 Counselling differently abled people
7.8 Group counselling
7.9 Rights & Acts related to child, adolescents, women, elderly and disabilities
7.10 Let us sum up
7.11 Further Reading
7.12 Answers to check your progress
7.13 Model questions

7.1 LEARNING OBJECTIVES

After going through this unit, you will be able to -

- Child and Adolescent counselling
- Pre-marital and Marital counseling
- Family counselling
- Career and guidance counselling
- Counselling for critical illness , trauma and crisis & disaster management
- Corporate Counselling
- Counselling people with different disabilities
- Group counselling
- Community mental health

7.2 INTRODUCTION

In the previous unit, you were introduced with basic concepts in counselling, definitions of counselling , its aim and theoretical background of Counselling. In the present unit, we will be discussing about the role of the counsellor and the skills of counselling while working in different sectors and groups like children, adolescents, couples, family, career, patients with critical illness, people in trauma, crisis & disaster, differently abled people, group counselling and corporate houses and communities

7.3 PRE-MARITAL AND MARITAL COUNSELING

The section deals with the basic concepts of pre-marital and marital counselling.

Pre- Marital Counselling: Premarital counseling is a type of therapy that helps couples prepare for marriage. Premarital counseling can help ensure that the couple has a strong, healthy relationship thus giving a better chance for a stable and satisfying marriage.

Premarital counseling can also help you identify weaknesses that could become problems during marriage. Pre- marital counselling concerns the important stage of choosing a mate. It involves the coming together of two individual.

For India it is a new concept. However in Indian context it is not the person but the family you marry.In west pre – marital stage is considered a vital stage in determining the success or failure in marriage.

- Pre- marital counselling takes into consideration the following concerns of the couple:
- Social life
- Religious and other values
- Relatives and dependents
- Occupational demands
- Physiological factors – RH factors, gynecological investigations, hence reference is important

- Personal factors – genealogy of both the partners, understanding each other, expectation sharing
- Mental illness in the family – understanding and coping with it.

Here are six great reasons to get pre-marriage counselling:

1. **Strengthen Communication Skills:** Couples that really communicate effectively can discuss and resolve issues when they arise more effectively. This is one of the most important aspects of emotional safety between couples.
2. **Discuss Role Expectations:** It's incredibly common for married couples to never really have discussed who will be doing what in the marriage. This can apply to job, finances, chores, sexual intimacy and more. Having an open and honest discussion about what each expects from the other in a variety of areas leads to fewer surprises and upsets down the line.
3. **Learn Conflict Resolution Skills:** Nobody wants to think that they'll have conflict in their marriage. There are ways to effectively de-escalate conflict that are highly effective and can decrease the time spent engaged in the argument.
4. **Explore Spiritual Beliefs:** For some this is not a big issue – but for others a serious one. Differing spiritual beliefs are not a problem as long as it's been discussed and there is an understanding of how they will function in the marriage concerning practice, beliefs, children, etc.
5. **Identify any Problematic Family of Origin Issues:** We learn so much of how to "be" from our parents, primary caregivers and other early influences. If one of the partners experienced a high conflict or unloving household, it can be helpful to explore that in regards to how it might play out in the marriage. Couples who have an understanding of the existence of any problematic conditioning around how relationships work are usually better at disrupting repetition of these learned behaviors.

6. **Develop Personal, Couple and Family Goals:** It's amazing how many married couples have never discussed their relationship goals – let alone personal or family. This is a long-term investment together and it is important to have a common goal for the future.

Marriage Counselling: Marriage counseling, also called couples therapy, is a type of psychotherapy. Marriage counseling helps couples of all types recognize and resolve conflicts and improve their relationships. Through marriage counselling, one can make thoughtful decisions about rebuilding one's relationship or going separate ways. Marriage counseling typically includes both partners.

Marriage counseling is usually done to address many specific issues, including:

- Communication problems
- Sexual difficulties
- Conflicts about child rearing or blended families
- Substance abuse
- Financial problems
- Anger
- Infidelity

It is similar to individual counselling, but the difference is that the person/client is also a partner in marriage. In marriage counseling it is important to have both the partners in the session. Marriage counseling is often short term. Most often marriage counseling is looked upon as a form of crisis intervention. Hence the counselor needs to be careful not take up a role of an arbitrator.

LET US KNOW



Marriage counseling might also be helpful in cases of domestic abuse. If violence has escalated to the point that you are afraid, however, counseling alone isn't adequate. Contact the police or a local shelter or crisis center for emergency support.

7.4 FAMILY COUNSELLING

Family counselling helps couples and families to effectively manage personal or interpersonal issues, to do with children, families going through separation and divorce, coming of a new partner in the family, problems of adjustment between parents and children or with any other family members, problems with step-family, financial problems, children leaving home etc. Families can be a source of support, encouragement and love but sometimes relationships within families are put under strain and family members feel isolated or overlooked.

Stages of Family Development

Becoming partners	Getting acquainted
Child-bearing	Understanding and adjustment to each other's needs
Child rearing	From partners to parents
Child launching	Career building of children
Grand parenting	From parents to grandparents
Empty nest	Getting reacquainted

Family counselling is used to encourage conversation between members of the family. Who is going to speak? What is blocking that? What do they want to talk about? It can also help to process feelings of being excluded or rejected which might be otherwise acted out in disruptive behaviour; misunderstood by the other family members.

Four conflict issues are often seen in family counselling setting. They are:

- Self- worth: Each one wants to be loved, accepted, cared for and respected.
- Communication: It is good to be open rather than accusative and learn new ways of communicating
- Rules: Reviewing of rules and making of rules mutually agreed upon
- Relationship with outside world: The need for social interaction

Family therapists may offer to see the family as a group in each session, or individual sessions may be provided to supplement the group sessions. Ideally, family problems are addressed as they surface, but many times family problems are not handled in a timely fashion and sometimes not at all; instead, issues surrounding an event or family pattern may surface for family members later in life.

Principles for Family Counselling

- Treat problem of relationship without personal involvement
- Treat all matters impartially
- Facilitate direct communication
- Assist in enhancing listening skills
- Deal with one issue at a time as per their agenda
- Make present conflict a basis of learning to cope with future conflicts
- Set rule for not causing physical abuse to oneself or to one's partner
- To refer if necessary.



LET US KNOW

Family-of-origin concerns are frequently addressed as part of individual therapy, whether the person enters therapy expressly for that purpose or for other concerns.



CHECK YOUR PROGRESS

Q5: What are the four conflict issues are often seen in family counselling setting.

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Q6: What roles are played by the family therapist?

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7.5 CAREER AND GUIDANCE COUNSELLING

What is career counselling?

The focus of career counseling is generally on issues such as career exploration, career change, personal career development and other career related issues. It includes a wide spread of professional activities which focus on supporting people in dealing with career-related challenges – both preventively and in difficult situations (such as unemployment). Career counsellors work with people from various walks of life, such as adolescents seeking to explore career options, experienced professionals contemplating a career change, parents who want to return to the world of work after taking time to raise their child, or people seeking employment. Career counselling is also offered in various settings, including in groups and individually, in person or by means of digital communication.

Meeting with a career counsellor will typically take place in one-to-one sessions where you will be asked a variety of questions about your life plans, career intentions and goals. Counsellors are trained to help with a wide range of work-related issues and will respect the individual's needs and values in their approach, providing opportunity to explore constructive career plans.

What does career counselling involves?

Career counselling usually begins with an initial consultation in which your career counsellor will ask various questions to establish what career help you need. These questions may delve into your current employment status and what specific areas you want to address. This introductory session will also involve careers tests and exercises that help to shed light on your motivation, interests, personality and skills. This will help you and your counsellor get an idea of the career options you may want to consider.

From here your career counsellor can make recommendations on how to proceed. Below is an example of what to expect from work counselling sessions:

Enhancing understanding of the present situation: the individual will be encouraged to review previous work and education experiences alongside personal considerations to gain insight into how these influenced the decision to seek career help. Gaining a thorough understanding will help the individual to make satisfying career decisions.

Generate career options: With this new clarity you and your counsellor can work together to generate some career options those are suitable for you.

Research career options: The next stage typically involves the individual's own research to find out more about the career sectors identified as options. The career counsellor may recommend training options, entry requirements, costs, availability etc. Researching about job prospects will help to understand the reality of what the work will be like.

Make a choice: The individual is now prepared to make an informed decision about the career path you wish to pursue. Your career counsellor will help to put together a plan to clarify the necessary steps and goals to help achieve it. This may involve an analysis of how such a career may affect other aspects of the person's life, such as your family and financial barriers and will also look into psychological preparation.

Take purposeful action: The individual is now prepared to take the necessary steps to work towards desired changes and areas of career development

How does career counselling help a person?

- To identify and change any negative thoughts and behaviours that the person
- Work out what career path/role/opportunities would make the person satisfied
- Look into personal issues that could impact work life
- Identifying and addressing problems at work
- Learning to maximize one's skills, attributes and experiences etc
- Formulating a set of attainable goals and a plan of action

- Taking steps to change your life and become healthier and happier.

What is not included in career counselling: There is the misconception that for people needing career help, career counselling is a quick solution and will directly links them to their ideal career. Although a career counsellor helps to clarify exactly what you desire from a career - whilst guiding the person towards resources that will help one find a suitable job or placement, the counsellor cannot specifically make referrals to employers/jobs that are relevant to your situation.

It is also important to remember that career counsellors are not academic advisors, nor can they tell you what your ideal career path is. Career assessments taken during the session act as guiding paths to explore the different career options best suited to the individual based on their ability, aptitude, interest and personality. However there is no 'test' to establish what you should or shouldn't do. Sessions are focused on helping to explore your options and develop strategies that will help you to make informed decisions.



LET US KNOW

Career counsellors and academic advisors are different. An academic advisor will provide a CV writing, cover letters, help with admission procedures and other administrative works, whereas a career counsellor will guide the individual to explore the different career options best suited to the individual based on their ability, aptitude, interest and personality.



CHECK YOUR PROGRESS

Q7: What is career counselling?

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Q8. Name any two ways how does career counselling help a person?

.....

.....

7.6 CRISIS INTERVENTION, TRAUMA COUNSELING & DISASTER MANAGEMENT

The section deals with the basic counselling concepts of crisis intervention, trauma counselling & disaster management

Crisis Intervention:

The word “crisis” derives from the Greek word meaning “turning point”. It is often used negatively, conjuring up catastrophe or acute stress. At one time or another it is normal part of all our lives, calling to stretch and grow, to be broken and healed.

A crisis occurs when a person faces an important life goal that is for a time insurmountable through the use of his/her customary methods of problem solving. Stress of a crisis upsets the balance between thoughts, feelings and behaviour

James and Gilliland (2005) define crises as events or situations perceived as intolerably difficult that exceed an individual’s available resources and coping mechanisms.

Crisis Intervention means responding to persons gripped with the pain of loss or upset which demands of them new adaptations, decisions and choices. Crisis Intervention is a management of temporary loss of coping abilities- a person’s normal reaction to an emotional hazardous situation.

There are two basic types of Crisis:

- Developmental
- Situational or accidental

Normal developmental crisis are the predictable though critical experiences we all go through in the maturation process such as the emotional turmoil attended upon adolescence or middle age.

Situational crisis are exceptional and unpredictable, they are emotional trials and dysfunctions which result from unusual circumstances.

A person in crisis may go through the following symptoms:

- Unable to rely on his/her coping mechanism
- Faced with an acute sense of disequilibria

- Experience strong and conflicting emotions
- May enter a state of illogical, confused and fractured thinking
- Psychosocial homeostasis is disturbed
- There is evidence of distress or dysfunction

Goals of counselor during crisis intervention

- Stabilization of symptoms and signs of distress(*What can I do now that will reduce the victim's distress?)*
- Mitigation of the signs & symptoms of distress(*What can I do now that will assist in reducing the victim's distress?)*
- Restoration of functional capabilities (*"Is this person capable of returning , in an unassisted manner, to home, to work etc?" If "Yes", then the acute crisis intervention has reached a reasonable endpoint. If "no" then refer).*
- Referral to/follow-up by someone representing some higher level of support/care

Seven Stage Crisis Intervention Model

1. Plan and Conduct a Crisis Assessment
2. Establish Rapport and Rapidly Establish Relationship
3. Identify Major Problems
4. Deal with Feelings and Emotions
5. Generate and Explore
6. Develop and Formulate an Action Plan
7. Establish Follow-Up Plan and Agreement

What is Trauma: Trauma refers to the body or mind being overwhelmed by stressful events. Psychological trauma in particular occurs as a result of a distressing event that leads the sufferer to question their beliefs while destroying their assumptions of trust.

Trauma contains three common elements

- It was unexpected
- The person was unprepared
- There was nothing the person could do to prevent it from happening

What are the symptoms of Trauma?

- Physical
- Sleep disturbances (more or less than usual)
- Eating disturbances (more or less than usual)
- Sexual dysfunction
- Feeling out of control
- Irritability, anger and resentment
- Feeling low ,depression,
- Spontaneous crying, despair & feeling of hopelessness, helplessness , worthlessness
- Anxiety
- Panic attack
- Compulsive and obsessive behaviors
- Emotional numbness

Common effects of emotional trauma on interpersonal relationships:

- Inability to maintain close relationships or choose appropriate friends and mates
- Sexual problems
- Hostility
- Arguments with family members, employers or co-workers
- Social withdrawal
- Feeling constantly threatened
- Common personal and behavioral effects of emotional trauma:

Children &women are affected by traumas that have an impact on different levels (Williams & Steiner, 1998). They may go through the following:

- Physical abuse
- Sexual Abuse, rape
- Psychological abuse
- Neglect
- Victims of crime

- Accidents
- Violence
- Assault on family

Common reactions to trauma and disaster

- Shock and disbelief: may have a hard time accepting the reality of what happened
- Fear: that the same thing will happen again, or that you'll lose control or break down
- Sadness: particularly if people you know died
- Helplessness: the sudden, unpredictable nature of natural disasters and accidents may leave you feeling vulnerable and helpless
- Guilt: that you survived when others died, or that you could have done more to help or prevent the situation. it is called as survivor's guilt
- Anger: you may be angry at God or others you feel are responsible
- Shame: especially about feelings or fears you can't control
- Relief: you may feel relieved that the worst is over, and even hopeful that your life will return to normal

Counselling people in traumatic or disaster situations

Usually, these unsettling thoughts and feelings fade as life starts to return to normal. We can counsel the process by keeping the following in mind:

- **People react in different ways to disasters and traumatic events**. There is no "right" or "wrong" way to think, feel, or respond. **Be tolerant of your client's reactions and feelings, as well as the reactions and feelings of others.** Don't tell the client (or anyone else) what he/she should be thinking, feeling, or doing.
- **Avoid obsessively thinking about the disastrous event**. Repetitious thinking about fearful or painful experiences can overwhelm the client's nervous system trigger making it harder to think clearly and act appropriately.

- **Ignoring your feelings will slow the healing process**. It may seem better in the moment to avoid experiencing the client's emotions, but they exist whether they're paying attention to them or not. Even intense feelings will pass if you simply allow yourself to feel what he/she feel—and they'll feel better afterwards.
- **Talking about what you feel may be difficult, but it will help you heal**. Just as the client may find it difficult to face his/her feelings head on, he/she may also find it difficult to express those feelings to others. But getting them out is essential. Talking with calm, caring person is best, but expressing their feelings through journaling, art, and other creative outlets can also help.

One major psychological reaction to trauma and disaster is called **Post Traumatic Stress Disorder (PTSD).** It usually occurs after exposure to a traumatic event like natural disasters, accidents, fire, rape, torture, aimed, conflict, riots etc. It is characterized by irritability, startle response, hyper vigilance, heightened emotions, nightmares, intrusive thoughts and flash backs about the trauma event , panic attacks and sleeplessness, memory loss.

Symptoms of post – traumatic stress disorder (PTSD)

- Repeated, disturbing memories/ dreams/ thoughts/ or images of past trauma.
- Suddenly acting or feeling as if trauma from the past were happening again.
- Feeling very upset when something reminds of past trauma.
- Avoiding thinking or talking about past trauma or avoiding having feeling related to it.
- Trouble remembering important parts of past trauma.
- Loss of interest in activities which was previously enjoyed.
- Feeling distant or cut off from people.

- Feeling emotionally numb or unable to have love feelings for those close to you.
- Feeling as if your future will be short cut.
- Having physical reactions (such as heart pounding, troubled breathing, sweating).
- Trouble falling or staying asleep.
- Feeling irritable or having outbursts.
- Difficulty concentrating.
- Being 'super alert'/ watchful or on guard/feeling jumpy or easily startled.

How counsellor can help to deal with traumatic grief and other painful emotions

- Give the client time to heal and to mourn the losses he/she had experienced.
- Don't try to force the healing process.
- Suggest the client to be patient with the pace of recovery.
- Be prepared for difficult and volatile emotions.
- Allow yourself to feel whatever you're feeling without judgment or guilt.
- Suggest the client to talk to someone you trust about what they're feeling.
- Encourage the client to do relaxing activities such as meditating, listening to soothing music, walking in a beautiful place, or visualizing a favorite spot.



LET US KNOW

1. PTSD (Post Traumatic Stress Disorder): PTSD is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it.

Studies show that children suffer from PTSD mostly. About 15% to 43% of girls and 14% to 43% of boys go through at least one trauma.

Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD. Rates of PTSD are higher for certain types of trauma survivors.



CHECK YOUR PROGRESS

Q11: What are the two basic types of crisis?

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.....

Q12: How can a counsellor help the person to deal with trauma? Name any two

.....

.....

Q13: Name three common reactions to trauma and disaster

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7.7 COUNSELLING DIFFERENTLY ABLED PEOPLE

The section deals with the basic concepts of counselling people with different disabilities.

For many, the term 'disability' brings to mind people in wheelchairs who have mobility issues, and this is understandable considering the wheelchair is the global symbol for disability. However, the reality is that disabilities are wide ranging. According to the World Health Organization (WHO), 'disability' refers to a huge spectrum of impairments, activity limitations and participation restrictions.

A disability can be any physical, cognitive, sensory, emotional, or developmental condition that hampers or reduces a person's ability to carry out everyday tasks. In some cases, people may have a combination of disabilities or all of the ones mentioned above. A disability can be present at birth, or occur later in life, depending on the nature of the condition.

Below is a list of the various types of disability, listed into key sub categories:

Mobility and physical: These include manual dexterity, disability in coordination with different organs of the body as well as upper and lower limb disabilities.

Spinal cord: These include Multiple Sclerosis (MS), Spina Bifida, and Spinal Cord Injury (SCI) which commonly occurs after a severe accident and can cause long-term disabilities.

Head injuries/brain disability: Head injuries tend to vary in severity and are most commonly the result of serious accidents.

Vision: Sight loss affects people of all ages, but tends to get worse with age. Vision impairment specifically refers to conditions such as a scratched cornea or diabetes-related eye conditions which can lead to blindness and ocular trauma.

Hearing: Hearing disability includes people who are partially deaf as well as completely deaf. Deafness can occur with age or can be evident at birth, and in some cases may be due to a biological cause such as meningitis.

Cognitive or learning: These include learning difficulties such as dyslexia, as well as speech disorders.

Psychological: Mental health problems, such as personality disorders and disorders of mood can be short or long-term.

Autistic spectrum disorders (ASD): These vary in severity and affect people in different ways. Sufferers with ASD tend to show unusual behaviour and have difficulty communicating and interacting with others.

Chronic medical conditions**:** Includes a range of diseases and conditions such as diabetes, epilepsy, arthritis, cardiovascular disease etc.

Down's syndrome: A genetic disorder typically associated with mild to moderate intellectual disability.

Cerebral Palsy: Refers to a number of neurological conditions that affect a person's movement and coordination.

It is important to note that in order to be classed as a disability, the issue must be permanent and ongoing, and must have been present for 12 months or more.

Counselling persons with disabilities

Living with a disability for many is a constant struggle, both mentally and physically. This can be the same for those who live with a disabled person, as they too may be finding it difficult to not only come to terms with the condition, but adapting to a lifestyle that involves a number of challenges.

People who suddenly find themselves disabled as a result of an accident or a serious health condition may find counselling particularly beneficial.

Furthermore, people with disabilities tend to experience low social support and financial hardship, which can be linked to mental health problems such as depression and anxiety. Counselling is useful for helping to address these issues in addition to helping people cope better with their disability.

The role of the counsellor in this area encompasses three functions:

- To assist the disabled person toward personal adjustment; toward, that is, his or her acceptance of the "disabling" characteristics,
- To assist the process of his or her integration into society, and
  To contribute to the necessary education of the community, however that may be defined, in order to effectively achieve individual acceptance.



CHECK YOUR PROGRESS

Q17: What is disability?

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.....

Q18: What are the three functions of a counsellor in counselling persons with disabilities?

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.....



7.9 LET US SUM UP

- The Child and Adolescent Counselling provide counselling services for children and adolescents (0-18 years) and their caregivers

- Marriage counseling, also called couples therapy, is a type of psychotherapy that helps couples of all types recognize and resolve conflicts and improve their relationships.
- Family counselling helps people with relationship difficulties better manage the personal or interpersonal issues to do with children and family during marriage, separation and divorce.
- Career counselling provides an opportunity for people to discuss and discover opportunities in their career plans and work with a qualified professional who understands the difficulties of navigating a career that is rewarding and makes you feel fulfilled.
- Goals of counselor during crisis intervention are to stabilize symptoms and signs of distress, mitigate the signs & symptoms of distress and to restore the functional capabilities of the individuals.
- Corporate counselling aims at engaging employees in making healthy lifestyle choices by providing the employees and the organization with the tools, resources, and knowledge to create a health supportive work environment
- The role of the counsellor dealing with disabilities helps to assist the disabled person toward personal adjustment, help the process of his/ her integration into society, and to contribute to the necessary education of the community to accept the individual.
- and conflicts within the self, amongst individuals, in group and community



7.10 FURTHER READING

(1) Antony, J., D. (n.d.). *Psychotherapies in Counselling*.

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(3) Deb, S. (n.d.). *Student's Mntal health*.

(4) Deb, S. (n.d.). *Contemporary social problems in India*.

(5) Dryden, W. (n.d.). *On psychotherapy*.

(6) Egan, G. (n.d.). *The skilled helper*.

(7) Fuster, J. M. (n.d.). *Personal counselling*.
(8) Joshi, B. C. (n.d.). *Hand book of social works*.
(9) Kenedy, E. (n.d.). *On becoming a counsellor*.
(10) Kotler, & Shepard. (n.d.). *Counselling therapies and principles*.
(11) Kotler, & Shepard. (n.d.). *Counselling therapies and principles*.
(12) Patel, V. (n.d.). *Aschool counsellor case book*.
(13) Prashantham, B. J., Dr. (n.d.). *Indian case studies in therapeutic counselling*.
(14) Street, E. (n.d.). *Counselling for family problems*.



7.11 ANSWERS TO CHECK YOUR PROGRESS

Ans to Q No 1: The counsellor's focus is on the young person and the parents/ caregivers to help the child/ adolescent cope with the challenges they face, learn new skills, adapt better to their challenges and grow through it to be more fully themselves.

Ans to Q No 2:

- Establishing one's identity
- Preoccupied with physical appearance and body image

Ans to Q No 3:

- Strengthen Communication Skills
- Develop Personal, Couple and Family Goals

Ans to Q No 4:

- Communication problems
- Anger

Ans to Q No 5: The four conflict issues are:

- Self- worth: Each one wants to be loved, accepted, cared for and respected.
- Communication: It is good to be open rather than accusative and learn new ways of communicating
- Rules: Reviewing of rules and making of rules mutually agreed upon

- Relationship with outside world: The need for social interaction

Ans to Q No 6:

- Catalyst
- Limit setter
- Model
- Interpreter
- Persuader
- Transference figure
- Supportive/ Authoritative figure

Ans to Q No 7: Career counsellor will guide the individual to explore the different career options best suited to the individual based on their ability, aptitude, interest and personality.

Ans to Q No 8: Any two from the statements given below

- To identify and change any negative thoughts and behaviours that the person
- Work out what career path/role/opportunities would make the person satisfied
- Look into personal issues that could impact work life
- Identifying and addressing problems at work
- Learning to maximize one's skills, attributes and experiences etc
- Formulating a set of attainable goals and a plan of action
- Taking steps to change your life and become healthier and happier.

Ans to Q No 9: There are two basic types of Crisis:

- Developmental
- Situational or accidental

Ans to Q No 10: Name any two

- Give the client time to heal and to mourn the losses he/she had experienced.
- Don't try to force the healing process.

- Suggest the client to be patient with the pace of recovery.
- Be prepared for difficult and volatile emotions.
- Allow yourself to feel whatever you're feeling without judgment or guilt.
- Suggest the client to talk to someone you trust about what they're feeling.
- Encourage the client to do relaxing activities such as meditating, listening to soothing music, walking in a beautiful place, or visualizing a favorite spot.

Ans to Q No 11: Any three

- Shock and disbelief: may have a hard time accepting the reality of what happened
- Fear: that the same thing will happen again, or that you'll lose control or break down
- Sadness: particularly if people you know died
- Helplessness: the sudden, unpredictable nature of natural disasters and accidents may leave you feeling vulnerable and helpless
- Guilt: that you survived when others died, or that you could have done more to help or prevent the situation. it is called as survivor's guilt
- Anger: you may be angry at God or others you feel are responsible
- Shame: especially about feelings or fears you can't control
- Relief: you may feel relieved that the worst is over, and even hopeful that your life will return to normal

Ans to Q No 12: Counselling takes care of employee's mental health and emotional well-being with a resulting increase in personal awareness and self-efficacy.

Ans to Q No 13: Providing Life span development programme

- Guidance for newly recruited
- Marital counselling

- Education for newly wed
- Preparation for healthy and comfortable retired life

Ans to Q No 14: According to the World Health Organization (WHO), 'disability' refers to a huge spectrum of impairments, activity limitations and participation restrictions.

Ans to Q No 15:

- To assist the disabled person toward personal adjustment; toward, that is, his or her acceptance of the "disabling" characteristics,
- To assist the process of his or her integration into society, and
- To contribute to the necessary education of the community, however that may be defined, in order to effectively achieve individual acceptance**.**

Ans to Q No 16: Group counseling involves a small group of people (usually 6-10) who meet together on a regular basis, along with one counselor, to talk about their struggles and problems.

Ans to Q No 17:

Step 1: Intake Phase
Step 2: Formation Phase
Step 3: Group Cohesion Phase
Step 4: Group Interaction and Working Phase
Step 5: Group Performance and Maintenance Phase
Step 6: Termination Phase

Ans to Q No 18: the following are the drawbacks of group counselling

- Lack of "one-on-one" time with the counselor
- Some issues may not pertain to all of the individuals.
- Some may feel uncomfortable sharing intimate feelings and information with others, which would result less disclosure.



7.12 MODEL QUESTIONS

1. What is the difference between Pre- Marital Counselling and Marital Counselling?

2. Explain any two reasons for getting Pre- Marital Counselling.
3. What is Group Counselling?
4. What are some of the benefits of Group Counselling?
5. Discuss any two Does and two Don’ts of Group Counselling?
6. Discuss four basic rights of the child under UNCRC**?**
7. Mention two some Important Legal Provisions for children & adolescents
8. What do you understand by Child trafficking?
9. What is Disability?
10. Explain two fundamental rights guaranteed by the constitution?

*** ***** ***

UNIT 8: FIELDS OF COUNSELLING -II

UNIT STRUCTURE

8.1 Learning objectives

8.2 Introduction

8.3 Tools & Techniques to counsel Children &Adolescents

8.4 School Mental Health & Counselling

8.5 Counselling Children in Conflict with Law & Institutionalized Children with special reference to Trauma & Abuse

- 8.5.1 Counselling children & adolescents in conflict with trauma
- 8.5.2 Counselling Children & Adolescents in Abuse
- 8.5.3 Rights & Acts Related To Children. Adolescents, Women, Elderly and Disabilities

8.6 Counselling with Different stakeholders of Children & Adolescents

- 8.6.1 Working with Parents/ Caregivers
- 8.6.2 Working with School/ College Teachers and Educational Institutions

8.7 Let Us Sum Up

8.8 Further Reading

8.9 Answers to Check Your Progress

8.10 Model Questions

8.1 LEARNING OBJECTIVES

After going through this unit, you will be able to -

- Understand different tools and techniques
- Understanding about School Mental Health & Counselling
- Understand how to counsel children in conflict with Law & Institutionalized Children with special reference to Trauma & Abuse

- Counselling with Different Stakeholders of Children & Adolescents.

8.2 INTRODUCTION

In the previous unit we have discussed about the developmental problems in children and adolescents and also about different types of disorders and disabilities in children & adolescents. Now in the present unit we will be discussing about the tools and techniques in managing various skills to counsel children and adolescents. This unit covers topics like - understanding different tools and techniques to provide psycho social support to children and adolescents, counselling institutionalized children and adolescent and counselling children & adolescents in conflict with law trauma & abuse.

8.3 Tools & Techniques to Counsel Children & Adolescents

What is meant by psychosocial support?

Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience. Psychosocial support is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends and all others. It also extends to care and support offered by specialized psychological and social services.

The aim of psychosocial interventions is to address children's issues and needs in a holistic manner and to place psychosocial interventions in the wider developmental context such as education or healthcare. The term directs attention towards the totality of people's experience rather than focusing exclusively on the physical or psychological aspects of health and wellbeing.

Why is psychosocial support important for children and adolescents?

Psychosocial interventions plan for positive change for children within the three core psychosocial domains (skills and knowledge, emotional and social well-being) as well as the broader domains impacting upon the well being of children, their families and communities. In addition, the spiritual and physical health and wellbeing of children are important indicators of their overall wellbeing and need to be considered within the core psychosocial domains. Therefore psychosocial support is very important for children and adolescents.

Tools &Techniques to Counsel Children and Adolescents

To manage behavioral, social & emotional problems in children & adolescents, the counsellor can do the following steps:

- Form a therapeutic relationship
- Educate the child
- Educate parents
- Working with the family is essential
- Families are usually an important part of the treatment team
- Offer several treatment alternatives
- Keep parents informed
- Avoid blaming parents
- Liaise with teachers and school
- Regularly review the child and treatment plan

There are different tools and techniques for providing psychosocial support to children and adolescents. They are:

- Behavior modification
- Medication
- Cognitive therapy
- Anger management
- Counselling : individual & family

Behavior modification

Behaviours are considered problematic when dangerous to self or others, inappropriate for the age interfere with learning , causes unreasonable stress to others ,socially deviant, occur more frequently or for longer periods or severe in nature.

Principles/assumptions of problem behavior

Problem behaviours are learned like good behaviours, its functional(seen),it is influenced by the environment, it has no magic cure ,it has no simple solution, it has no readymade package, it is long term gradual process.

Factors of problem behavior

- Attention seeking factors, when a particular behaviour is occurring more when you are not paying attention and stops when you attend,
- Self stimulation factors, behaviours which are performed when the child is left alone.
- Escape-indulging in a problem behaviours in order to escape a difficult situation,
- Tangible - behaviors in children may be actually fetching them tangible/material rewards

Behavioural techniques of managing problem behavior

Changing the antecedents (before factors): that is the particular settings, situations, places, persons, specific demands placed on the child task difficulty level, method of instructions used by the teacher , sudden change in routine.

Extinction or ignoring: removal of attention rewards, permanently following a problem behaviour, actions like not looking at the child, not talking to the child, no physical contact. Providing attention for desirable behaviours

Time- out: removing the child from the reward or the reward from the child for a particular period of time following a problem behavior.

Types of time-out-place the child outside the sphere of learning activity for a specified period of time in the class:

- Insist the child to place his head on the desk in a head down position for a specified period of time
- Remove the rewarding activity materials from the child for a specified period of time.
- Remove the child to an area in the class where in the child can neither see nor participate in the activities of other children for a specified period of time.
- Seclude the child to an isolated room wherein the child can neither see, hear nor participate in the activities of other children for a specified period of time

Physical restraint: involves restricting the physical movements of the child for some time following a problem behaviour

Response cost: to take away the rewards that the child has earned by performing specific good behaviours

Restitution (over correction): this technique is not only to decrease problem behaviours in children but also to teach appropriate behaviour.

Conveying displeasure: giving clear verbal commands expressing displeasure to the child

Self management techniques: self observation, self recording techniques, self cueing techniques, self reward techniques, correspondence training, anger control techniques.

Some ways to manage difficult behaviours

- Identify the various problem behaviours that the child is showing (e.g. uncooperative or rebellious, abusive, aggressive or violent, irritable or temper tantrums, withdrawn, unsocial, self –harm, suicidal, lying ,stealing, manipulation, promiscuity, substance, etc.).

- Make the child acknowledge that the behaviour is problematic. Identify wherever possible, if problem behaviour are triggered off by specific precipitating events,situation or person.
- Try to understand the connection between the triggering event and the problem behaviour with all its possible meanings and links. Explain to the child the above link and make him/her understand what triggers the undesirable and problem behaviours. Give the child an opportunity to explain bad behaviour without being critical and too judgmental about him/her.
- Explain to the child the consequences of such undesirable behaviours (she will lose credibility ,feel isolated ,friendless, can harm others etc;) also make the child understand what she can achieve by desirable, complaint behaviours (better interpersonal relationships). With the active involvement of the child draw a list of the child's problem behaviours that need to be changed and what are the expected, desirable change for each one of them.
- Reinforce positive behaviors and all attempts by the child to change her problem, inappropriate behaviours by adopting alternative, desirable behaviours. Rewards can be small inexpensive gifts, praise and encouragement, special outings, tokens earned to be exchanged for articles or even small amounts of money in a 'piggy bank'.
- Ignore all the 'bad' undesirable behaviours wherever possible and concentrate on reinforcing the positive behaviours. Be consistent in implementing the reinforcements (both rewards and time out) so that the child learns to differentiate and stick to 'rules'.
- Be clear and explicit in what is expected and what will happen if not .don't assume that the child knows or understands. Give positive messeges and 'strokes'. Notice anything that the child is doing well and comment positively on it-it helps to build an overall sense of self- esteem.

Behaviors modification can be molded to include, overcoming fear of situations, reducing sexually provocative behaviours, good interpersonal behaviours etc. Wherever it appears that the problem behaviours are too severe to handle by you and there is no headway made, do not hesitate to refer the child to professionally trained mental health experts for psychiatric treatment or in depth psychotherapy.

Medication

Drug treatment can be used to reduce symptoms in children. A medication that is effective in adults will not necessarily be effective in children dosage may need to be modified according to weight, poor adherence and overdosing are common issues with children.

Cognitive therapy

Cognitive-behavioural therapy: CBT is based on the premise that cognition is a primary determinant of behaviour and mood. Thus, CBT uses behavioural and verbal techniques to identify and correct problematic thinking patterns that are at the root of dysfunctional behavior.

Counselling: can include both the individual & family. Several therapies can be used alongwith counselling

- **Psychodynamic therapy**: this form of therapy focuses on the interplay between mental and emotional forces and how these may affect behaviour.it deals with uncovering the unconscious.
- **Group therapy:** group therapy explores the relationships within a dynamically changing group. Group therapy provides a peer group experience.
- **Family therapy:** the focus of intervention is the significant relational network which may be the family or wider social networks.
- **Music therapy:** music therapy involves the creative use of music to form a therapeutic relationship, in which the child's or adolescent's feelings may be engaged and supported by music in such a way as to develop a sounder sense of self, increase awareness, motivate, and improve well-being.

- Problem solving approach: the focus to teach the child how to resolve a problem by going through the following steps
    - o Defining the problem
    - o Goal setting
    - o Brainstorming for goals
    - o Evaluation of alternatives
    - o Choosing a solution and plan implementation
    - o Evaluation of outcome
    - o Try other alternatives

Thought management: has thought stopping, thought distraction, thought monitoring,

- **Thought stopping**: Whenever such thoughts come into the mind, the client says “stop” loudly or in their own mind. Applying hard brake that quickly interrupts that thought. Simultaneously snap her fingers or pull at a rubber band worn on her wrist as they say “stop”.
- **Thought distraction**: To get rid off intrusive painful images and thoughts, the client is taught to distract the mind in alternative engaging activities that sustains attention for a while till the thought or image fades away automatically. Like ding a challenging mental activity like mental calculation, counting something that is round, hum a song, repeat a word and recite.
- **Thought monitoring:** Daily record of repetitive thoughts or images, patterns that are extremely disturbing and distressing. Study the daily thought record which indicates what situations trigger these thought. Teach how to challenge these thoughts and cope with them by substituting these negative thought patterns with positive thoughts. Write down these positive thoughts on cards which they can read to themselves several times a day to reinforce them.

Positive self talk: Self talk is our internal thought language or dialogue we have with ourselves, or an inner voice. Internal dialogue is unrealistic

and leads to negative feelings, making them feel worse. Teach the child to practicing positive and coping thoughts and self talk to change the way they feel from helpless and hopeless to that of positive coping and a sense of mastery and control.

Anger management:

- Let the client recognize the anger within them
- Ask the client to examine whether it is worth it
- Teach the client some instant calming techniques
- Teach coping self talk
- Tell the client to walk away from the anger situation "time out"
- Teach the client to take our pent up anger in creative ways
- Expressing anger though non threatening ways by writing a letter to a person (venting process)

Social training: Teaching children and adolescents Life Skills. Life skills are abilities for adaptive and positive behaviour that enable us to deal effectively with the demands and challenges of everyday life. In other words Life Skills are psychosocial competencies. They are a set of human skills acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life. The subject varies greatly depending on social norms and community expectations.

Prevention, education and mental health promotion

Prevention and health education programmes appear to be more effective in modifying knowledge, attitudes and normative beliefs rather than changing behaviour. Mental health promotion focuses on public awareness and early identification of the signs of emotional and psychological distress in children. The child's behaviour can gradually 'shaped' over time by graded tasks which are small easy steps that are reinforced one step at a time till the final behaviour task is achieved. Criticize only the behaviour but not the child –'you are bad because you lie' instead 'lying is bad because……'. Whenever possible modeling appropriate behaviours either by giving example of another child or by one self ,as the child learns more easily by imitation.

LET US KNOW



Skill deficit factors is when a child has nor learnt to behave or respond in appropriate ways, the problem behaviour may be an indirect expression of this underlying skill deficit.

CHECK YOUR PROGRESS



Q1: What do you mean by psychosocial support? Why is psychosocial support important for children and adolescents?

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Q2: What are the different tools &Techniques to provide psychosocial support to children and adolescents?

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Q3: Answer true or false.

a. Psychosocial interventions plan for negative change for children .(True/False)

b. Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience. (True/ False)

8.4 SCHOOL MENTAL HEALTH & COUNSELLING

The mental health of students in school and colleges, to be well maintained, is considered often to be a challenge for most societies. Their emotional and behavioural problems, take on the role of defense mechanisms and are strongly exhibited by students while adjusting to the competitive stress of modern times. The risk factors for student's mental health were recognized to be importantly poverty, single parent family breakdown, parental conflict or elder's bad role modeling behavior, rejecting

relationship, death and loss experiences, low self esteem and chronic physical illness. Mental health problems are less severe than disorders; however they are distressing to the experiencing child and their family.

The need of counsellors in such places is must.

Student's mental health problems are:

- Anxiety
- Depression
- Conduct disorders
- Sleep difficulties
- Bed wetting
- Fecal soiling
- Tantrums and
- Other childhood disorders

How can counsellors help institutionalized children and adolescents?

- First of all, counsellor must be friendly, approachable, and non-judgmental. Many children and adolescents refuse to open up in front of others. The counsellor must try and make the client comfortable to open up and talk.
- The counsellor should develop the skill, of attending and listening. The counsellor should listen to the client carefully.
- Help the child understand the complex and confusing emotions experiences.
- Help free the child from the effects of the past like separation from parents.
- The counsellors may also sometimes do some relaxing activities such as meditating, listening to soothing music, walking in a beautiful place, or visualizing a favorite spot with the children to make them feel good.
- The counsellors may do some positive talk activity like giving positive words and asking the child to speak on such things like happiness, laugh, love, care, etc.
- The counsellors may also give the children activities related to their hobbies.

Counselling tends to a great help to the institutionalized children as they can share their feelings with the counsellors which might make them feel happy and lead a better life.

LET US KNOW



School Mental Health looks beyond traditional therapeutic approaches to working with youth and recognizes the need for many different disciplines to collaborate in promoting mental health.

CHECK YOUR PROGRESS



Q4: Mention any four problems that students face?

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Q5: How can the counsellor help to bring about positive mental health in students?

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8.5 COUNSELLING CHILDREN IN CONFLICT WITH LAW AND INSTITUTIONALIZED CHILDREN WITH SPECIAL REFERENCE TO TRAUMA & ABUSE

This unit discusses on counselling children and adolescents in conflict with trauma, role of the counsellor while dealing with children and adolescents in trauma, counselling children & adolescents in abuse and role of the counsellor towards Children suffering from abuse.

8.5.1 Counselling children & adolescents in conflict with trauma

A traumatic event is one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs. Traumatic events include sexual abuse, physical abuse, domestic violence, community and school

violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, and other traumatic losses.

The impact of a natural disaster or traumatic event goes far beyond physical damage. The emotional toll can result in a wide range of intense, confusing, and sometimes frightening emotions. Just as it takes time to clear the rubble and repair the damage, it takes time to recover our emotional equilibrium and rebuild your life. Children and adolescents vary in the nature of their responses to traumatic experiences. The reactions of individual youths may be influenced by their developmental level, ethnicity/cultural factors, previous trauma exposure, available resources, and preexisting child and family problems. However, nearly all children and adolescents express some kind of distress or behavioral change in the acute phase of recovery from a traumatic event. Not all short-term responses to trauma are problematic, and some behavior changes may reflect adaptive attempts to cope with a difficult or challenging experience.

Following a traumatic event, it's normal to feel a wide range of intense emotions and physical reactions. These emotional reactions often come and go in waves. There may be times when the child feels jumpy and anxious, and other times when he or feel disconnected and numb. Some common reactions of children to trauma are:

- Shock and disbelief – may have a hard time accepting the reality of what happened
- Fear – that the same thing will happen again, or that the child will lose control or break down
- Sadness – particularly if people the child knew know died
- Helplessness – the sudden, unpredictable nature of natural disasters and accidents may leave the child feeling vulnerable and helpless

- Anger – you may be angry at god or others you feel are responsible
- Separation anxiety (particularly in young children)
- The development of new fears
- Decline in schoolwork
- Somatic complaints
- Irritability
- Loss of interest in normal activities
- Sleep disturbance, nightmares
- Reduced concentration

Youths who have been exposed to multiple traumas, have a past history of anxiety problems, or have experienced family adversity are likely to be at higher risk of showing symptoms of posttraumatic stress. The majority of children and adolescents manifest resilience in the aftermath of traumatic experiences. This is especially true of single-incident exposure. Despite exposure to traumatic events and experiencing short-term distress, most children and adolescents return to their previous levels of functioning after several weeks or months and resume a normal developmental course. This resilience typically results in a reduction in both psychological distress and physiological arousal.

Mental health professionals have an important role in facilitating the recovery of children, adolescents, and families when traumatic events occur.

Role of the Counsellor while dealing with children and adolescents in trauma:

Children react in different ways to disasters and traumatic events: There is no “right” or “wrong” way to think, feel, or respond. Be tolerant of your client’s reactions and feelings, as well as the reactions and feelings of others. Don’t tell the client (or anyone else) what he/she should be thinking, feeling, or doing.

Avoid obsessively thinking about the disastrous event: Repetitious thinking about fearful or painful experiences can overwhelm the client's nervous system trigger making it harder to think clearly and act appropriately.

Talking about what we feel may be difficult, but it will help us heal: Just as the client may find it difficult to face his/her feelings head on, he/she may also find it difficult to express those feelings to others. But getting them out is essential. Talking with calm, caring person is best, but expressing their feelings through journaling, art, and other creative outlets can also help.

Minimize media exposure: In the wake of a traumatic event or disaster, it's important to protect the child and their loved ones from unnecessary exposure to additional trauma and reminders of the traumatic event. While some children regain a sense of control by watching media coverage of the event or observing the recovery effort, others find the reminders upsetting. Excessive exposure may be further traumatizing—in fact, re-traumatization is common.

Acknowledge and accept the child's feelings: After a traumatic event, the child may experience all kinds of difficult and surprising emotions, such as shock, anger, and guilt. Sometimes it may seem like the sadness and anxiety will never let up. Accepting these feelings as part of the grieving process, and allowing ourselves to feel what the client feels, is necessary for healing.

Be prepared for difficult and volatile emotions: children may become violent at time. Try to physically restraint them without hurting them

Give the child time to heal and to mourn the losses he has experienced: Don't try to force the healing process.

Make stress reduction a priority: Almost everyone experiences signs of stress after going through a traumatic event. Traumatic stress takes a heavy toll on the client's mental and physical health. Making time for rest and relaxation will help the child bring their

mind and body back into balance. Relaxation is a necessity, not a luxury.

8.5.2 Counseling Children & Adolescents in Abuse

What is child abuse?

Child abuse is when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse.

Physical Abuse:

Physical abuse of a child is when a parent or caregiver causes any non-accidental physical injury to a child. There are many signs of physical abuse. If you see any of the following signs, please get help right away. Physical abuse can include:

- hitting
- shaking
- throwing
- burning
- biting
- poisoning.

Sexual Abuse:

Sexual abuse occurs when an adult uses a child for sexual purposes or involves a child in sexual acts. It also includes when a child who is older or more powerful uses another child for sexual gratification or excitement. Sexual abuse can be physical, verbal or emotional and can include:

- kissing or holding a child in a sexual manner
- exposing a sexual body part to a child
- having sexual relations with a child under 16 years of age
- making obscene phone calls or remarks to a child
- sending obscene mobile text messages or emails to a child
- fondling a child in a sexual manner

- persistently intruding on a child's privacy
- oral sex
- rape

Emotional Abuse:

When a parent or caregiver harms a child's mental and social development, or causes severe emotional harm, it is considered emotional abuse. While a single incident may be abuse, most often emotional abuse is a pattern of behavior that causes damage over time. It can include emotional deprivation due to persistent:

- rejection
- hostility
- teasing/bullying
- yelling
- criticism
- exposure of a child to domestic and family violence.

Child neglect is when a parent or caregiver does not give the care, supervision, affection and support needed for a child's health, safety and well-being. Child neglect includes:

- Physical neglect and inadequate supervision
- Emotional neglect
- Medical neglect
- Educational neglect

Signs of Abuse:

Child abuse counsellors typically work closely with child victims of abuse. They are often called upon to help recognize possible signs of abuse in a child. These signs may vary, depending on the type of abuse:

Physical Abuse

- Unexplained bruises, cuts, or other injuries
- Child flinches when touched

Emotional Abuse

- Withdrawn or overly shy

- Behavior extremes
- excessively low self-esteem
- No attachment to any caregiver

Sexual Abuse

- Inappropriate touching or fondling of other children
- Age inappropriate knowledge of sex
- Trouble sitting or walking
- Pregnancy or sexually transmitted infection

Neglect

- Clothes ill fitting, dirty, or inappropriate for weather conditions
- Poor hygiene
- Inadequate medical treatment
- Frequent truancy from school
- Child left alone for long periods of time.

The children who are victims of any kind of abuse can seek a counsellor's help. The counsellor after getting the gist of the abuse can help the child in getting out of the trauma.

Impact of Violence/Abuse on Children

Psychological Problems

- Learned helplessness coupled with low self confidence and declined self efficiency
- Fear insecurity and anxiety
- Suspiciousness, hyper sensitive and lack of basic trust
- Rebellious and revenge

Other Symptoms

- Depression
- Restlessness
- Insomniac
- hallucination
- Delusion
- Aggression

- Nightmare
- Withdrawal from people
- Lack of appetite
- Physical symptoms like headaches and stomach aches

Role of the counsellor towards Children suffering from abuse

- **To build trust with the child:** Once a child abuse counsellor has an idea of the type of abuse a child has suffered, she/he will then attempt to get the child to open up about his experience. This is often a difficult task, since abuse is traumatizing to many children, and it can make them leery to trust any adults. This often takes copious amounts of compassion and patience.
  - **Once a counsellor knows more about the type and severity of the abuse, she can then begin treatment**. While recovering from abuse, one of the most important things that a child abuse counsellor can communicate to the child is that the abuse was not his fault. She may also need to treat any psychological and emotional problems caused by the abuse, such as depression, anxiety, or post-traumatic stress syndrome.
- **The counsellor has to also work closely with the caregivers,** like parents, foster parents, or other legal guardians.

8.5.3 Child Rights & Child Protection

Objective:

a. The children and adolescents will have increased understanding of their rights and entitlements as mandated in United Nations Convention on the Rights of the Child (UNCRC)
b. The children and adolescents will become aware of the different international and national conventions, policies and laws pertaining to child rights and child protection

c. The children and adolescents will become aware and have increased understanding about gender and how it plays out in various situations of discrimination, violence & social exclusion

Who is a Child?

As per UNCRC a child is any person under the age of eighteen.

What do we mean by Child Rights?

Child rights are rights that apply to all persons below the age of 18.

(**Note:** *Human rights are those inherent fundamental rights which essentially differentiates us from the animal world*)

What are the basic rights of the child under UNCRC?

There are four broad classifications of child rights. These four categories cover all civil, political, social, economic and cultural rights of every child.

1. **Right to Survival:** every child has the right to be born, to survive, to live with dignity with the minimum standards of food, shelter and clothing.
2. **Right to Protection:** A child has the right to be protected from neglect, exploitation and abuse at home and elsewhere.
3. **Right to Participation:** A child has a right to participate in any decision making that involves him/her directly or indirectly. There are varying degrees of participation as per the age and maturity of the child.
4. **Right to Development:** A Child has the right to all forms of development: emotional, mental and physical.

What do we mean by child protection?

Child protection means safeguarding any child from neglect, exploitation, abuse, violence and exclusion from any child rights defined by the UNCRC

What do we mean by protective environment in the society?

A protective environment in a society means protecting all children and challenging those social traditions, customs and norms that violates the rights of the child

Who is responsible for a protective environment?

- Parents
- Members of the society and community
- Schools
- Government

How to create a protective environment?

In order to prevent violence, abuse, exploitation, and neglect and create a safe and protective environment for children the following points may be noted:

- To bring about positive changes in attitudes, customs, behaviours and practices which will enhance mental, physical and social growth of children
- To utilize any opportunity to openly discuss about child protection in the community to create awareness
- To build capacity at the family, community and professional level through accurate information and sharing.

What are the Indian laws for the protection of children?

- Commissions for Protection of the Rights of the Child Act 2005
- Registration of Births and Death act 1969
- Child Labour (Prohibition and Regulation) Act 1986
- Prohibition of Child marriage Act 2006
- Child Marriage and Restraint Act 1976
- Juvenile Justice (Care and Protection of Children) Act 2000 (amended in 2006)
- Right to Education Act 2010

- Orphanages and Other Charitable Homes (Supervision and Control) Act 1960
- Hindu Adoption and Maintenance Act 1956
- Constitution of India 1949
- Mines Act 1952
- Factories Act 1954
- Probation of Offenders Act 1958
- Bombay Prevention of Begging Act 1959
- Bonded Labour System (Abolition) Act 1976
- Immoral Traffic Prevention Act 1986
- Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances act 1987
- Pre-natal Diagnostic Techniques (regulation and Prevention of Misuse) Act 1994
- Persons with Disabilities (equal protection of rights and Full Participation) Act 2000
- The Protection of Children from Sexual Offences Act 2012 and Rules Framed there under & Subsequent Ammendments
- The Assam Right to Public Services Act 2012

What are the other main international instruments for child rights?

- Declaration of the Rights of the Child 1959
- Minimum Age Convention 1973
- U.N. Convention on the Rights of the Child 1989
- Optional Protocols to the CRC on Sex Trafficking, Armed Conflict
- Universal Declaration of Human Rights 1948
- International Covenant on Economic, Social and Cultural Rights 1966
- International Covenant on Civil and Political Rights 1966
- European Convention on Human Rights 1950

- African Charter on Human and People's Rights 1981 (Banjul Charter) and Protocol
- American Convention on Human Rights (Pact of San José, Costa Rica)
- Convention on the Elimination of all Forms of Discrimination against Women 1979
- Hague Convention on Jurisdiction, etc., for the Protection of Children 1996
- Hague Convention on Jurisdiction, etc., Relating to Adoptions 1965
- European Convention on the Adoption of Children 1967
- Inter-American Convention on Conflict of Laws Concerning the Adoption of Minors 1984
- Hague Convention on the Protection of Children in Inter country Adoption 1993
- Hague Convention on the Civil Aspects of International Child Abduction 1980
- The European Convention Concerning the Custody of Children 1980
- Worst Forms of Child Labour Convention 1999

What does child protection look into?

a. **Birth registration**: this is a government record which gives the child right to a name, citizenship and access to all basic services such as health, social security and education.

b. **Child labour**: this means using any child as a labourer or worker in any work that deprives the child from the basic rights like education, health and social protection

c. **Child marriage**: this is the practice of marriages before the age of 18, which may lead to early maternal and infant death, negative impact on the girls' mental

and physical well-being, gender discrimination, school dropout, increase in child labour, separation from family and friends and lack of freedom to participate in community activities

d. **Child trafficking**: Child trafficking is the act of taking children away from their place of origin and using them for labour , sexual purposes and others.

e. **Children without parental care**: Children who are orphaned or separated from their parents due to trafficking, conflict, natural or manmade disasters, health issues, educational reasons, household violence, poverty and stigma such as parents being HIV positive or stamped as witches

f. **Gender based violence & discrimination**: Gender-based violence (GBV) is a term used to describe harm or neglect of a child based on gender. Some examples of GBV include sex-selective abortion, difference in providing food and services, sexual exploitation and abuse, sexual harassment, dowry/bride price abuse, honour killing, domestic or intimate partner violence, deprivation of inheritance or property, etc.

g. **Sexual violence against children**: Sexual violence against children is usually in the form of sexual abuse, harassment, rape or sexual exploitation like prostitution or pornography. Examples where such exploitation may take place can be homes, institutions, schools, workplaces, in travel and tourism facilities and within the community.

h. **Children with disabilities:** Children with disability can be defined as children with single or multiple forms of physical, mental, intellectual, or sensory impairments. This may become barriers to their rights

and access to basic services and equal participation in society.

i. **Justice for children**: Justice for children is designed for the benefit of all children in contact with the justice system to ensure that the children are better served and protected Example: Juvenile Justice Act.

j. **Children who are socially excluded:** children from **p**oor and socially excluded communities like tea gardens may lack opportunities and rights to survival, protection, participation and development.

Key Messages:

- As per UNCRC a child is any person under the age of eighteen.
- Child rights apply to all persons below the age of 18.
- All children have the right to be protected from violence, abuse, exploitation and neglect.
- There are four broad classifications of child rights- Right to Survival, Right to Protection, Right to Participation, Right to Development
- United Nations Convention on the Rights of the Child (UNCRC) established an international standard for providing and enforcing basic rights of children.
- Parents, Members of the society, Schools and the Government are responsible for providing protection to children.
- Protective Environment is where there is no violence, abuse, exploitation and neglect of the child
- Children from poor and socially excluded communities like tea gardens are called socially excluded group

- Gender-based violence (GBV) is a term used to describe harm, abuse or neglect of a child based on gender.

Legal Framework for Protection of Rights of Women

There are many crimes and injustice against women for which she needs legal

protection. Some of these are:

Adultery: Adultery means having voluntary sexual relationship with a married person other than the spouse.

Child marriage: Anyone marrying a person below the age of 18 for girls and 21 for boys

Female feticides: -Female feticide means identifying and killing of female fetus before they take birth.

Trafficking and Prostitution: Trafficking means import and export of humans for sex business.

Domestic Violence: Domestic violence means mental, physical, emotional and economical harassment of a woman by family members. For the purpose of domestic violence family includes spouse, his mother, father, brother, sister, his relatives and sometimes even friends.

Eve teasing: Eve teasing usually involves teasing women, passing comments on women and making vulgar signs.

Acid throwing: Recently the issue of acid throwing on girls has also become a big issue. There are few types of acids and all are very dangerous for human flash and burn. This acid attack sometimes is so dangerous that even bones and eyes are also got damaged due to acid.

Fraudulent Marriage: Fraud means hiding something or giving false impression about something which a person knows that knowing the fact may harm his prospective marriage. The scope of fraudulent marriage has increased in the recent past as in India.

Exploitation at work place: means abused physically, verbally and emotionally in the work place

Rape, murder: 'Rape' means sexual intercourse or sexual penetration, by another person without the consent of the other person or victim.

Dowry: Dowry is one of the strong and biggest reasons of increasing domestic violence. Dowry means an amount of property or money brought by a bride to her husband on their marriage.

Some Important Legal Provisions:

Prohibition of Child Marriage: The Prohibition of Child Marriage Act, 2006, has fixed the age of marriage for girls at 18 years and for boys at 21 years.

Any man who is older than 21 years of age and who marries a girl who is less than 18 years old will punished with imprisonment up to two years and/or fine up to Rupees one lakh. An FIR can be lodged with the police against the man. If the parents or guardians of the girl have helped organise or permitted such a marriage, or have failed to prevent it, and if any priest of other person has helped solemnise such a marriage, then they are also punishable. Any other person taking part in such a marriage can also be punished. If a girl who at the time of marriage is younger than 18 years can ask the family court (or district court) to declare her marriage a nullity (invalid), which means that her marriage never took place. If she is still under 18, she could also get this done through her parents or guardians.

Prevention of Immoral Traffic: The Immoral Traffic (Prevention) Act, 1986, prevents exploitation of women, girls or children for prostitution. This law provides for safe custody of the woman, girl or child exploited.

Protection of women from domestic violence: The Domestic Violence Act, 2005 provides for prevention and protection of women from domestic violence.

Protection of the unborn girl child: The Preconception and Prenatal Diagnostic Techniques (PC-PNDT) Act, 1994 provides for prevention of determination of the gender of the unborn child. Trying to get information about the gender of the unborn child is a crime. Any member of the family, including the father, the mother, the in-laws, can be punished if they seek to break this law. Even a doctor/assistant who leaks the sex determination report can be punished.

Adultery: The offence of adultery is dealt with by section 497 of the Indian penal Code, 1860which says adultery means sexual intercourse of a man with a married woman without the consent of her husband when such sexual intercourse does not amount to rape.

Legal Framework for Protection of Rights of Elderly

Adult development, particularly late adulthood is gaining attention both in the social sciences and in the public sector, because of the dramatic extension in average life expectancy. Thus today the period of late adulthood (65+) may span more than 20 years. **The document 'UN Principles of Ageing' (1982) is considered the basic guideline for promotion of the rights of senior citizens.**

The five principles are :

- **Independence**: Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help. Older persons should have the opportunity to work or to have access to other income-generating opportunities.

- **Participation:** Older Persons should remain integrated in society and participate actively in the formulation of policies which effect their well-being.
- **Care:** Older Persons should have access to health care to help them maintain the optimum level of physical, mental and emotional well-being.
- **Self-Fulfillment**: Older Persons should be able to pursue opportunities for the full development of their potential and have access to educational, cultural, spiritual and recreational resources of society.
- **Dignity**: Older Persons should be able to live in dignity and security and should be free from exploitation and mental and physical abuse.

The Act provide for:

- Maintenance of Parents/Senior Citizens by children/ relative made obligatory and justiciable through Tribunals.
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penal provision for abandonment of senior citizens
- Establishments of Old Age homes for Indigent Senior Citizens in every district.
- Adequate medical Facilities and protection of life and property of Senior Citizens.

Legal Framework for Protection of Rights of Persons with Disabilities

Disability: Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being resulting from an impairment is known as Disability For eg ; difficulty in walking after lower leg amputation.

Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or function is known as impairment. For

eg; loss of a finger, loss of conduction of impulses in heart, or loss of certain chemicals in brain leading to parkinsonism.

Note: not all impairments lead to disability.

The Government of India has enacted three legislations for persons with disabilities viz.

Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995: provides for education, employment, creation of barrier free environment, social security, etc.

Main Provisions of the Act

- Prevention and Early Detection of Disabilities
- Education
- Employment
- Non-Discrimination
- Research and Manpower Development
- Affirmative Action
- Social Security
- Grievance Redressal

Under the Constitution the disabled have been guaranteed the following fundamental rights:

1. The Constitution secures to the citizens including the disabled, a right of justice, liberty of thought, expression, belief, faith and worship, equality of status and of opportunity and for the promotion of fraternity.
2. Article 15(1) enjoins on the Government not to discriminate against any citizen of India (including disabled) on the ground of religion, race, caste, sex or place of birth.
3. Article 15 (2) States that no citizen (including the disabled) shall be subjected to any disability, liability, restriction or condition on any of the above grounds in the matter of

their access to shops, public restaurants, hotels and places of public entertainment or in the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of government funds or dedicated to the use of the general public. Women and children and those belonging to any socially and educationally backward classes or the Scheduled Castes & Tribes can be given the benefit of special laws or special provisions made by the State.

4. There shall be equality of opportunity for all citizens (including the disabled) in matters relating to employment or appointment to any office under the State.
5. No person including the disabled irrespective of his belonging can be treated as an untouchable. It would be an offence punishable in accordance with law as provided by Article 17 of the Constitution.
6. Every person including the disabled has his life and liberty guaranteed under Article 21 of the Constitution.
7. There can be no traffic in human beings (including the disabled), and beggar and other forms of forced labour is prohibited and the same is made punishable in accordance with law (Article 23).
8. Article 24 prohibits employment of children (including the disabled) below the age of 14 years to work in any factory or mine or to be engaged in any other hazardous employment. Even a private contractor acting for the Government cannot engage children below 14 years of age in such employment.
9. Article 25 guarantees to every citizen (including the disabled) the right to freedom of religion. Every disabled person (like the non-disabled) has the freedom of conscience to practice and propagate his religion subject to proper order, morality and health.

No disabled person can be compelled to pay any taxes for the promotion and maintenance of any particular religion or religious group.



LET US KNOW

Eye movement desensitization and reprocessing (**EMDR**) is a fairly new, nontraditional type of psychotherapy. It's growing in popularity, particularly for treating post-traumatic stress disorder (PTSD). PTSD often occurs after experiences such as military combat, physical assault, rape, or car accidents.



CHECK YOUR PROGRESS

Q6. Name two common reactions of children to trauma?

.....

.....

Q7. Answer true or false

a. The counsellor should not allow children to express violence (True/False)

b. Children and adolescents do not vary in the nature of their responses to traumatic experiences. (True/ False)

.....

.....

Q8: Mention any two Indian laws for the protection of children.

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.....

8.6 COUNSELLING WITH DIFFERENT STAKEHOLDERS OF CHILDREN AND ADOLESCENTS.

In the previous unit we have discussed about Child and adolescent psychopathology. But in the present unit we will be discussing about Counselling with different stakeholders. This will include topics like – working with parents/caregivers, working with school/college teachers & educational institutions.

8.6.1 Working with Parents/ Caregivers

Parents are a vital part of a child or teen's life. The parent-child relationship is essential to a child or teen's self esteem and confidence for future success. At times parents may wish to obtain counselling to work through the emotional ups and downs that can come with parenting, particularly during a difficult time for your child or family.

Effective parenting has never been more important to a family's success than today. Effective parenting shapes the coming generations, and the way the next generation will behave, affecting the world around them. Parenting skills training is not just for parents who have been accused of being "bad parents" and it is not just for parents of children with serious psychological problems. Parenting skills training is worthwhile for every parent, because it can improve confidence in the caregivers on parenting ability.

Effective parenting skills help children become healthy, productive and successful adults. The health of the child includes both physical and emotional health.

Some challenges that parents/ care givers may come across during parenting with children & adolescents can include:

- Managing children with special needs, such as ADHD children, children adjusting to divorce, and children diagnosed with specific psychological or behavioral problems.
- Abuse or violence in the family
- Adolescent development issues
- Relationship conflict within the family
- Depression, suicide, low self esteem self-harm and risk taking activities;
- Coming to terms with new family arrangements
- Communication difficulties
- Drug and/or alcohol use;
- Expressing emotions such as anger, anxiety and sadness

- Relationship with friends and peers
- School related problems;
- Sexuality issues
- Coping strategies and managing stress.

Some strategies for effective parenting

Ensuring a safe environment: This means protecting the child from any physical or verbal abuse from at home and outside and respecting the child feelings.

Giving quality time to the child: Quality time does mean the number of hours spent with the child. It is rather that full attention is paid to the child at that moment of time by being physically and mentally available.

Encourage the child to pursue hobbies: Every child needs to have a hobby. It helps the child to learn to engage oneself without the help of other people around them. This will also help to enhance creativity and self confidence

Develop clear expectation: Create a list of expectations (such as social, academic, religious, family oriented, personal appearance or hygiene) for different settings and activities. This will help parents to be specific and concrete in teaching their children. While doing so, parents must take into consideration the child's age, ability, developmental status, and resources that are available to the family.

Communicate the expectations clearly to the child: Expectations needs to be communicated clearly beforehand so that the child is aware of what is required of him/her. The parents' through their own behavior demonstrates how these expectations are met. Another way of getting to express clear communicative expectations is to hold family meetings together. The family can set time aside to express the expectations as well as going over any concerns or clarifications between both parents and the child.

Stay calm: is an important part before applying any positive or negative consequences to the child's behavior.

Reward & No reward: Catching the child do good acts and following directions are great examples of when to apply positive reinforcement. It can range from short term positive rewards (such as praise or extra play time) to long term positive rewards (such as trips and gifts). Negative reinforcement are defined used to prevent or decrease a certain behavior, which is problematic, or taking away something that the child values. Doing extra chores in the house, taking away what the child values likes having no television for the night are examples of negative reinforcement. Children will soon realize that the behaviors that are causing these consequences are to be avoided.

Develop effective listening skills: effective listening skills reflect that parents are showing respect for the child's feelings and thoughts.

To be a role model to your child: Children model the behaviors that the parent has presented to them time and time again. Looking at the messages one sends to the child is easily seen by analyzing one's own behaviors.

Stop talking about it: Quit nagging, placating, lecturing, or preaching. Use one word reminders. Briefly, make certain that your expectation is clear and the consequences are understood. If necessary, implement consequences unemotionally and without discussion.

Consult an expert when in doubt: As we consult a doctor for any other problems that we are facing, it is equally important to consult a professional psychologist or a psychiatrist when in doubt. It is important as any issue handled at the earliest will give better positive outcome. That is why psychologist uses the slogan "Catch them young"

Taking care of your needs: Care giving is a mentally and physically demanding task (and often thankless) that takes its toll, not only in aching muscles and bones, but also in the psyche and spirit. Understanding the need for counseling, when necessary, helps caregivers to maintain quality of care and positive outlooks and prevent stress and burn out. We cannot be

effective if we are not giving ourselves time out. Thus having some personal time away from all activities and doing what one's enjoy should be part of effective parenting.

Consistency: Consistency is the "backbone" to discipline. Consistency is the key to being a successful parent, showing the child that you are reliable and serious.

Signs of caregiver "burnout" or stress:

- Withdrawal from friends, family, and other loved ones.
- Loss of interest in activities previously enjoyed.
- Feeling blue, irritable, hopeless, and helpless.
- Changes in appetite, weight, or both.
- Changes in sleep patterns.
- Getting sick more often.
- Feelings of wanting to hurt yourself or the person for whom you are caring
- Emotional and physical exhaustion
- Irritability

8.6.2 Working with Teachers and Educational Institutions

Schools and college has profound influence on socialization of the student and can act as a safety net to save children from hazard that can affect their development and psychological well-being.

Despite the realization for mental health services in the schools, this still remain inadequate both in quality and coverage. The increased pressure on achievement, conflicting values and materialistic orientation of life are perpetuating mental health problem in children that are manifesting in diverse form such as aggressive outburst; anxieties, school phobia, examination fear and other behavioral problems.

There are many reasons for children to underperform at school and at college, including a lack of motivation to do well, problems at home or with peers, poor work habits or study skills,

emotional and behavior problems, learning disabilities, attention deficit hyperactivity disorder, mental retardation or below average intelligence and other medical problems, including anxiety and depression. It is important to find the reason for child's poor performance, especially if the child is failing; there is an immediate need to come up with a treatment plan so that they can perform up to their full potential.

Positive school environment and child friendly school policy can provide cushions to children to cope with demand and expectation of life. In addition, school can promote development of children by preventing them with opportunity for group interaction, ventilation of paint up feeling and canalizing of energy by way of organizing activities such as leadership training life skill education, vocational career guidance, individualized counseling etc.

Some of the aims of School Teachers to help the pupil are:

- Choose the curriculum which suits his/her abilities, interests and aspiration or goals optimally.
- Develop special interests and talents outside the academic field.
- Develop vocational interests and an urge to working the chosen vocation.
- Understand the purpose of education and the functions of schooling relation to his/her needs.
- Enjoy his/her life at school through happy and rewarding inter-personal relationships with teachers and other pupils.

Counselling at collegiate level is fairly comprehensive. Counselling at college is the culmination of the guidance the pupil receives at all the lower school levels. It emphasizes constructive self-guidance among students in meeting adult responsibilities. It provides necessary assistance t overcome academic and social deficiencies and thus helps to enrich their lives. The role of teachers in schools, colleges and other educational institutions as counselors is very important.

Teachers are expected to help in the counseling services through:

- Studying and diagnosing children
- Identifying and referring pupils needing special assistance.
- Preparing and maintaining guidance records.
- Helping pupils develop effective study habits.
- Contributing to pupils' educational and vocational planning and placement.

Counselling services in school and colleges should provide appraisal, planning, and Information and counseling services. Therefore it is seen that counseling in the educational context comprises a very important and vital part of educational activities.



LET US KNOW

Caregiver burnout is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude — from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able — either physically or financially.



CHECK YOUR PROGRESS

Q1: Name two challenges that parents face during parenting?

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Q2: Name two signs of caregiver burnout?

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Q3: Name two strategies for effective parenting?

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8.7 LETS SUM UP

- Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience.
- The aim of psychosocial interventions is to address children's issues and needs in a holistic manner and to place psychosocial interventions in the wider developmental context such as education or healthcare.
- There are different tools and techniques for providing psychosocial support to children and adolescents. They are: Problem Solving:, Thought Management, Thought Stopping, Thought Distraction, Thought Monitoring, Positive Self Talk and Anger Management**.**
- A traumatic event is one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs.
- Children and adolescents vary in the nature of their responses to traumatic experiences. The reactions of individual youths may be influenced by their developmental level, ethnicity/cultural factors, previous trauma exposure, available resources, and preexisting child and family problems.
- Child abuse is when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. The child abuse are: Physical abuse Sexual Abuse, Emotional Abuse.
- Child abuse counsellors typically work closely with child victims of abuse. They are often called upon to help recognize possible signs of abuse in a child. These signs may vary, depending on the type of abuse.
- A child abuse counsellor will also usually work with caregivers, like parents, foster parents, or other legal guardians. She may instruct them on how to act around the child and what to expect during the recovery process.

- A counsellor can help the child in several ways by helping the child understand the complex and confusing emotions experienced while the abuse was taking place and after it ended.



8.8 FURTHER READING

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8.9 ANSWERS TO CHECK YOUR PROGRESS

Ans to Q No 1: Psychosocial refers to the close connection between psychological aspects of human experience and the wider social experience. Psychosocial support is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends and all others.

Ans to Q No 2: There are different tools and techniques for providing psychosocial support to children and adolescents. They are: Problem Solving:, Thought Management, Thought Stopping, Thought Distraction, Thought Monitoring, Positive Self Talk and Anger Management.

Ans to Q No 3: a. False
b. True

Ans to Q No 4: The problems are:

- Anxiety
- Depression
- Conduct disorders

- Sleep difficulties

Ans to Q No 5: Counsellor can help by:

- The counsellor should develop the skill, of attending and listening. The counsellor should listen to the client carefully.
- Help the child understand the complex and confusing emotions experiences.
- Help free the child from the effects of the past like separation from parents.
- The counsellors may also sometimes do some relaxing activities such as meditating, listening to soothing music, walking in a beautiful place, or visualizing a favorite spot with the children to make them feel good.

Ans to Q No 6: Shock and fear

Ans to Q No 7: a. False
b. False

Ans to Q No 8: The laws are:

- Commissions for Protection of the Rights of the Child Act 2005
- Registration of Births and Death act 1969

Ans to Q No 9: a. Managing children with special needs, such as ADHD children, children adjusting to divorce, and children diagnosed with specific psychological or behavioral problems.

b. Relationship conflict within the family

Ans to Q No 10: a. Withdrawal from friends, family, and other loved ones

b. Loss of interest in activities previously enjoyed.

Ans to Q No 11: a. Ensuring a safe environment: This means protecting the child from any physical or verbal abuse from at home and outside and respecting the child feelings.

b. Giving quality time to the child: Quality time does mean the number of hours spent with the child. It is rather that full attention is paid to the child at that moment of time by being physically and mentally available.



8.10 MODEL QUESTION

1. What is Psychosocial Support? Why is it important for children and adolescents?
2. Discuss the Tools &Techniques to provide psychosocial support to children and adolescents.
3. Why is there a need for counseling the institutionalized children?
4. What is child abuse? Explain in brief the different types of child abuse.
5. What role does a counselor play in helping a child who has been abused?
6. Write in two lines about:
    i. Anger Management
    ii. Thought Monitoring
7. What are some of the strategies for effecting parenting?
8. How can teachers in schools and colleges help their students as counselors?

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UNIT 9: GROUP LEADERSHIP IN COUNSELLING

UNIT STRUCTURE

9.1 Learning Objectives
9.2 Introduction
9.3 Understanding Personal growth
9.4 Attributes of an effective counselor
9.5 Use of Interpersonal Relationship Skills
9.6 Group Counselling
9.7 Benefits of Group Counselling
9.8 Steps in Group Counselling
9.9 Let us sum up
9.10 Further Reading
9.11 Answers to Check Your Progress
9.12 Model Questions

9.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- Explain the group leadership in counselling
- Discuss the functions of group counseling
- Explain the benefits of group counseling

9.2 INTRODUCTION

Counselling has a wide scope and thus it is also significant in the group set-up like institutions, organizations, vulnerable sections and others where the target group shares similar issues. It forms a great support system when group counselling is done. For that group leadership is extremely necessary. Group dynamics is the term used to describe the way people behave in groups. It relates to the interactions and relationships. Group dynamics affects the quality of communication,

decision-making, interaction, cooperation, negotiation and trust. In this unit, let us discuss the professional traits of a counsellor and explore the scope of group leadership.

9.3 UNDERSTANDING PERSONAL GROWTH

Personal growth is also known as self-development or personal development. It involves the growth and enhancement of all aspects of the person, the feelings the person has about himself or herself, and their effectiveness in living. It includes the development of positive Life Skills and the development of a realistic and healthy self-esteem.

Personal development include being able to recognize and describe one's feelings, giving and receiving feedback, recognizing assumptions, setting realistic and attainable goals, and employing problem-solving strategies.

According to Carl Rogers, a "Fully Functioning" person is psychologically healthy, open to new experiences and aware of their own feelings and those of others. They live in the now, fully immersed in their experience and not restricted by conditions of worth or self-concepts. They are not afraid to make decisions based on their own experiences, and they trust their own feelings of doing what is right and will accept the consequences. They accept that life changes and they welcome the opportunity to use their creativity in adapting to the new changes.

It is an opportunity to learn about one's own strengths, weaknesses, blind spot and difficulties. Facilitator's role is to interact in any manner that he or she considers appropriate. When feedback is asked from the group it is with regard to any support to the one who is working through and share your learning regarding your own personal awareness.

Portrait of a Counsellor

What should helpers be? Ideally, they are first of all committed to their own growth – physical, intellectual, social, emotional and spiritual, for they realize that helping often involves modeling the behavior they hope others will achieve.

9.4 ATTRIBUTES OF AN EFFECTIVE COUNSELLOR

What are the skills required of a counsellor? What kinds of knowledge should a counsellor possess? It has often been suggested that the most important element in the counselling process, is the counsellor. In every counselling session, the counsellor brings with him or her all kinds of human qualities and experiences that will at some point influence the counselling session.

The relationship between a counsellor and his or her client is intimate. Hence, it is important that the counsellor be real person in the relationship. Counsellors serve as models to their clients. If counsellors model incongruent behavior, non-involvement and do not express their real feelings, it is likely that this behavior will be imitated. If counsellors model realness by engaging in appropriate self-disclosure, their clients will tend to be more honest with them in the counselling relationship.

Corey (2005) lists the following personal characteristics of an effective counsellor:

- Has an identity
- Respect and appreciate themselves
- Has sincere interest in the welfare of others
- Is open to change
- Is authentic, sincere and honest
- Has sense of humour
- Is willing to admit when mistakes are made
- Respects the influence of culture on the client

Non- Verbal Communication

As a counsellor ‘how’ things are said and how the counsellor presents himself/herself to the clientis often just as important as what has been said during the counselling session. Nonverbal signals, such as facial expressions, body movements, hand gestures, dressing and so forth play a critical role in determining how your client responds to the counsellor. It is therefore very

9.5 IMPORTANCE OF INTERPERSONAL RELATIONSHIP SKILLS

It is very important to work on maintaining a healthy interpersonal relationship in home and in work place as an individual's life move around these two respective places mostly. So, therefore it is essential to discuss, minimize and resolve conflicts if a person has any conflicts with others. In the helping professions good communication and interpersonal skills are crucial.Furthermore, many surveys of employers and graduates indicate that employers want their employees to have good social skills. The ability to communicate well with others and the ability to work well in a team are valuable skills.

These skills are also important in business and management where modern organizations increasingly use teamwork which requires being able to communicate and collaborate with others. They are also useful to develop in college where more cooperative learning is taking place, requiring interpersonal and small group skills. These are skills that can be learnt thereby improving an individual's performance, resilience and overall emotional literacy (Goleman, 1995).

Communicating and relating effectively with others is an important interpersonal relationship skill and one of the most important forms of human intelligence."

9.6 GROUP COUNSELLING

Group counselling involves a small group of people (usually 6-10) who meet together on a regular basis, along with one counselor, to talk about their struggles and problems. Some groups focus on a specific topic or problem, while others address a number of different concerns

Functions of Group Counselling:

When people come into a group and interact freely with other group members, they tend to recreate those difficulties that brought them to counseling in the first place. Group counselling can be useful in dealing with the feelings of isolation, because it gives the clients the means to

express conflicting feelings, explore self-doubts, and realize that they share these concerns with others. A group allows clients to question openly their values, and talk freely about their deepest concerns.

In the group, clients can learn to communicate with the other members of the group, benefit from the modeling provided by the counsellor, and can safely experiment with reality and test their limits. Under the direction of the group facilitators, the group is able to give support, offer alternatives, or gently confront an individual. This allows the difficulty to be resolved, alternative behaviors learned, and the individual develops new social skills or ways of relating to people.

A unique value of a group is that it offers clients a chance to be instrumental for one another's growth and change. Because of the opportunities for interaction in groups, the members can express their concerns and be genuinely heard, and they can help one another gain increased self-acceptance.

9.7 BENEFITS OF GROUP COUNSELLING

Group counselling is of immense significance in-terms of bringing together people with similar problems, so that they develop a sense of courage to deal with their problems and not feel alienated. Following are the benefits of group counselling:

- ? Understand people with similar problems
- ? Learn more about how you are perceived by others
- ? Caring and supporting environment
- ? Experience a sense of acceptance and belonging.
- ? Discover that you are not alone in the difficulties you are experiencing
- ? Benefit from the experience of being helpful to others.
- ? Learn to constructively express your feelings and ideas to others.
- ? Hear ideas from others which enhance your ability to make decisions and solve problems.
- ? Gain encouragement by observing the successes of others

- ? Opportunity to test ideas and problem solving of common difficulties
- ? Opportunity for modeling and learning
- ? Knowledge and learning of key issues such as sex education, peer activities, substance use, career planning, health can be dealt with in group work
- ? Efficient in focusing on center – based issues

There are certain assumptions based on which group counselling is conducted:

- ? Members can be trusted
- ? Members will participate
- ? Members has understanding capacity
- ? Will to learn problem-solving skills

9.8 STEPS IN GROUP COUNSELLING

Group Counselling involves various steps starting from identifying the group members, forming the group to conducting counselling sessions. Following are the important steps in the group counselling process-

Step 1: Intake Phase:

- ? Homogeneous group (similar age, problems and background)
- ? “Open” or “Closed” groups
- ? Individual preparation of the members

Step 2: Formation Phase:

- ? Formally gets together and introduce themselves
- ? Counsellor to help in connecting the members with each other
- ? Counsellor to be observant of the varied behaviour of members

Step 3: Group Cohesion Phase:

- ? Discussion on the goals and expectations of the members
- ? Consensus on the shared purpose and goals
- ? Basic rules of conduct
- ? Ensuring confidentiality

? Pattern of interaction begins to set in slowly and members influence each other.

Step 4: Group Interaction and Working Phase:

? "We" feeling becomes apparent

? Focused on activities and discussions towards the goal and specific objectives

? Disintegration and conflicts emerges amongst members and withdrawal from participations occurs

? The Counsellor directs the group back on the track and bridges the gap in communication and understanding. The interest of the group must be at the top priority at all times

Step 5: Group Performance and Maintenance Phase:

? Also called maturation phase as the members participate with maximum efficiency

? Members are more emotionally integrated and group culture and ethics emerges. Members become less defensive. Positive group behaviour and socially approved.

Step 6: Termination Phase:

? Evaluation of progress made by each individual and the group as a whole

? Members are prepared for the impending separation.

? Group can be terminated if the set goals are achieve, members felt they attained maximum benefits, too many members drop out and the counsellor or the agency is unable to continue the service.

Drawback of Group counselling:

? Lack of "one-on-one" time with the counselor

? Some issues may not pertain to all of the individuals.

? Some may feel uncomfortable sharing intimate feelings and information with others, which would result less disclosure.

Dos and Don’ts of Group Counselling:

Do’s:	Don’ts:
? Have similar ages and some similarity in their problems	? Don’t direct or control the group
? Explaining the need for having the group activity	? Don’t allow sub groups
? Create ‘We’ feeling	? Don’t allow few members to dominate the group
? Initiate discussions	? Don’t allow disrespectfully or aggressive talk or behaviour
? Periodically summarize the discussion	? Do not take side· Avoid imposing your solutions
? Consensus goal for the session	
? Basic rules of conduct	
? Observe the members behaviour	
? Stimulate members to take active part	
? Be impartial and non aligned in approach	
? Make members come up with their own solutions	
? Negotiate a contract and put it into writing	
? Evaluate the group’s goal achievement for each goal	
? Prepare well for each session	



CHECK YOUR PROGRESS

1. What is Group Counselling

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2. How many steps are there in Group Counselling? Name them

.....

.....



9.9 LET US SUM UP

Group counselling is of immense significance in-terms of bringing together people with similar problems, so that they develop a sense of courage to deal with their problems and not feel alienated

Group dynamics affects the quality of communication, decision-making, interaction, cooperation, negotiation and trust. In this unit, let us discuss the professional traits of a counsellor and explore the scope of group leadership.

Personal development include being able to recognize and describe one's feelings, giving and receiving feedback, recognizing assumptions, setting realistic and attainable goals, and employing problem-solving strategies.

According to Carl Rogers, a "Fully Functioning" person is psychologically healthy, open to new experiences and aware of their own feelings and those of others. They live in the now, fully immersed in their experience and not restricted by conditions of worth or self-concepts.



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9.11 ANSWERS TO CHECK YOUR PROGRESS

1. Group counselling involves a small group of people (usually 6-10) who meet together on a regular basis, along with one counselor, to talk about their struggles and problems. Some groups focus on a specific topic or problem, while others address a number of different concerns

2. The phases of group counselling are: intake, formation, group cohesion, group interaction, group performance, termination phase.



9.12 MODEL QUESTIONS

1. What is meant by group dynamics?
2. Why is group counselling necessary?
3. What are the functions of group counselling?
4. Group counselling can be done in what settings?

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