THIRD SEMESTER

Course Code	Title of the Course
34931	COUNSELING: Theory and Practice

Objectives:

- To develop a holistic understanding of counseling as a tool for help.

- To acquire knowledge of various approaches, their theoretical under-pinning for goals, values, processes, and techniques.

- To develop skills of application to real life situations.

- To develop the ability to recognize and synthesize attitudes and values that enhances investment of self in the counselor's role.

- To develop the ability to use the tools/scales in various settings.

Outcome of the course

- Counseling help is called upon in developmental, preventive, facilitative, and crisis situations throughout the life span during different phase/stages and various life events.

- The courses aim to equip learners with skills of counseling and understanding of various approaches in various settings.

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BLOCK II: THEORITICAL FOUNDATIONS AND COUNSELLING PROCESS AND RELATIONSHIP

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References:

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BLOCK I: INTRODUCTION TO COUNSELLING: EVOLUTION, PHILOSOPHY AND PSYCHOLOGICAL, BASIC PRINCIPLES OF COUNSELING

UNIT I - INTRODUCTION TO COUNSELLING

1.1 INTRODUCTION

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Counseling is a process involving interpersonal relationships between a therapist and one or more Counselees by which the former employs psychological methods based on systematic knowledge of human personality in attempting to improve the mental health status of the latter. It is a professional help given through an effective relationship to make the Counselee or the counselee understand self and have clear perspective of the situation.

It is a helping process aiming to help Counselees who are mainly seen outside medical setting to be themselves by making better choices and becoming choosers. The counselors skills includes those of forming and understanding relationship as well as interventions focused on helping Counselees change specific aspects of their feelings, thinking and acting.

The term counseling denotes a wide variety of procedures for helping individuals achieve adjustment, such as the giving of advice, therapeutic discussions, the administration and interpretation of tests and vocational assistance.

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1.2 MEANING & DEFINITIONS

MEANING: counseling denotes a professional relationship in which counselors take responsibility for making their efforts aid the Counselee in a positive manner. It is not a "casual" incident designed to "adjust" or "straighten out the Counselee". The counselor needs to be able to use effective techniques and skills that have been gained through education and training. Boyd (1978) indicates that successful counselors grow personally and professionally and become increasingly competent through ongoing counseling experiences and supervision. A major element of counseling is that the counselor has a particular expertise not found in typical relationships.

DEFINITIONS

1.   According to Pepinskey & Pepinskey (1954)Counseling is an interaction process that occurs between the counselor and the counselee, takes places in professional settings and is initiated and maintained to facilitate changes in the behavior if the Counselees.

2.   According to Rogers, counseling is a definitely structured permissive relationship, that allows the Counselees to gain and understanding of himself to a degree that enables him/ her to take positive steps in the life of his/her new orientation.

3.   According to Smith, Counseling is a process in which counselor assists the counselee to make interpretations of facts related to a choice, place of adjustment, which he/ she needs to makes.

4.   According to Perez, Counseling is an interactive process conjoining the counselee who needs assistance and the counselor who is trained educated to give this assistance.

5.   **According to Ruth Strang,** "Counselling is a face to face relationship in which growth takes place in the counsellor as well as the counsellee."

1.3 GOALS OF COUNSELING:

- Help the Counselee to help himself.

- Use the principle of self-determination.

- is concerned with decision making skills and problem resolution.

- Involves Counselees learning behavior of formulating new attitudes.

- Is a mutual enterprise on the part of the counselor and counselee.

- Cannot be specifically defined since it is a changing entity but there are skills involved which are common and facilitate the relationship.

- is a way of life

- achievement of positive mental health

- resolution of problems (Eg: behavioral goals – altering maladaptive behavior – learning decision making process- preventing problems)

- improving personal effectiveness

- Help change

- Modification of behavior

- Main goal is to understand behavior – feelings- motivations- of the counselee.

Goal

Short – Term   **Long Term**
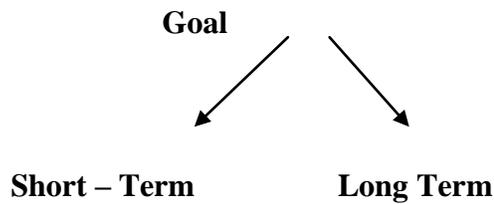
✓ Short term goals are process goals and can be obtained at the end of the process.

✓ Long term goals are vague and almost seen to be unattainable. Eg. Self- actualization, Self- Realization.

S. NO	PHASE	HELPER'S GOALS	COUNSELEE'S GOALS
1.	Pre- helping stage-	To attend physically and	The Counselee may/ may

		psychologically to the Counselee.	not be ready yet to initiate the process…..
2.	Stage-1 Responding and self- exploration	Rapport building, making the Counselee to explore, respond to the Counselee's feelings Responding to the Counselee efficiently & facilitate the Counselee's self-exploration	Self- Exploration to explore his/her experiences, behaviours & feelings relevant to the problems
3.	Stage – 2 Integrating phase	To integrate the Counselees feelings, behavior and attitude with the problem and understand the problem clearly. To integrate the broken pieces of information obtained from the Counselee and get the larger picture	Understanding the problem / Dynamic self-understanding
4.	Stage – 3 Facilitating phase	To facilitate the Counselee by giving various choices/ alternatives to facilitate the Counselee's action. Collaborating with the Counselee in working out specific action programmes	To act or to make decisions. Living more efficiently, by modifying self-destructive behavioural patterns, acquiring essential life-skills and adopting positive patterns of living.

1.4

CHARACTERISTICS OF COUNSELING

- Counseling is a professional services offered, by a competent counselor.

- It is a helping process

- It is a set of activities (rational-emotive, psychoanalytic or behavioral)

- There is a professional relationship between the Counselee and the counselor.

- Process of counseling is psychological.

- Interaction between 2 or more persons engaging in various kinds of behavior.

- It is a special area for providing services.

- One-one –relationship.

- Initiated and maintained to facilitate behavioral changes of the Counselee.

- Interpersonal relationship between the counselor an one or more Counselee

- Counseling is concerned with decision making skills and problem resolution

- Counseling involves Counselees learning new behavior formulating new attitudes.

- Counseling is a mutual enterprise on the part of the counselor and the Counselee

- Counseling is a way of life.

- Counseling explores the deeper feelings of the Counselee-conflicts, unconscious motives and real needs.

- Counseling integrates the Counselees' potentials and needs.

- To achieve better adjustment skills.

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NEED AND IMPORTANCE OF COUNSELING

NEED FOR COUNSELLING:

At times, a person might experience trauma, distress, or memories that generate unhealthiness in their behavior and in their lives. Thus, they might necessitate the help of those qualified professionals who are trained to counsel and help those people who are under the bottom of their emotional dilemmas. These trained individuals are also able to aid a person in creating strategies for new and healthy coping devices. These professionals are called counselors. They offer professional counselling service to help those individuals who are in need of emotional support. Counselling is a term used to comfort, listen, or give advice to those people who are experiencing depression or any emotional problems. However, this term might not be that encouraging or welcoming to some people. It looks like a therapy in a sense that it is without being quite so worrying. Nevertheless, there's a negative stamina appended to the concept of

counselling and counsellors. On the brighter side, counselling is giving counsel and advice. One should never feel embarrassed about it. Counselling is just like talking to a close friend or a family member. In the end, counselling is suggested for individuals who need someone who can offer them professional advice for mental health and well-being.

There are certain signs that one might need counselling. Once these signs are evident, one can call a qualified professional and ask for his pieces of advice. One of the common signs that a person might need counselling is when he has exhausted his support system. It can be exhausting for a person who has been that shoulder to cry on. Therefore, significant others can only take much of that feeling of letdown, depression and upset. However, these individuals may not have the tools to help solve the problem. When the support system tends to falter, then it is necessary to seek professional help.

A person knows when he needs professional help. It is like physically sick individuals seek medical assistance. One should never feel ashamed to ask for help. Asking for a counselor's advice is simply analogous. When a person feels that he needs an extra help, then he should go to a counselor. Oftentimes, they are very friendly and approachable. Lastly, it is essential to seek professional advice when a person has a recurring problem. Most of the time, these problems are like physical injuries that often linger on one's well-being. Avoiding the problem is not a very healthy solution. Instead, face the problems and avoid ignoring it.

These are some of the signs that a person might need a professional help. Most individuals might not avail counselling that they need because they fear of asking for help. Going to a counselling service can be the healthiest thing that individuals can do for themselves. There's nothing wrong in asking for assistance and reaching for help. Remember, one just have to guarantee that they are being assisted by individuals who are trained and certified in order to help them overcome and conquer their emotional stresses and problems in the healthiest way possible

THE IMPORTANCE OF COUNSELLING

Counselling may help those who are struggling in the world. They may help them to deal with personal issues such as loss of a job or a divorce. This can be a very stressful time for anyone. A counsellor can help the person to get back on their feet and feel empowered and stronger than ever. Counselling may help the person to let go of the past and start over without feeling guilty.

The counsellor may help an addict or alcoholic to give up their drug of choice and their drinking in an effort to lead a normal life. They may help guide the person through the difficult transition of going from addict to functional person in society. Not all addicts or alcoholics are bad, many have had serious issues in getting to where they are at and just need a bit of encouragement and help to make it back up to the top. Counsellors will focus on individual treatment as well as group therapy to help others in similar situations. The field of counselling offers up many of great opportunities to help others lead a healthy, happy, and normal life. There are positions from working with children in hospital settings to working in more public settings.

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1.6 EVOLUTION OF COUNSELLING

Evolution of Counseling

The Evolution of counseling field, though relatively new, is rich. It is important to note the influence of the broad field of psychology, and though much of the history of each is unique, counseling and psychology are branches of the same mental health tree. The counseling field developed from the guidance movement in response to recognition of a need for mental health and guidance counseling for individuals facing developmental milestones. It provides a historical context for the development of the counseling profession, the key contributors to the profession, and the development of organizations providing professional context and accountability. An overview focuses on three threads: societal changes that influenced the profession in response to human need, changes in psychological theory, and educational reform.

Counseling in Early 20th Century:

The counseling profession developed in many ways from responses to changes in society. In the early 20th century, when counseling was first emerging, humanistic reform, with an increased emphasis on the value of all human beings, was also emerging. Human qualities such as choice, creativity, self-realization, and ultimately the value of all people became the focus of human change and intervention. During this period of humanistic reform, society saw changes in conditions of prisons, asylums, and factories based on the humanistic principles

noted above. The focus was toward treating all Counselees, regardless of circumstance, in a way that regarded and supported their potential for success and remediation. Concurrently, the school system was taking a lead in this transformation through its focus on humanistic education, including student-centered learning with the teacher as a facilitator, development of the self-actualized student, and student cooperation. Humanistic reform led to a new way of viewing the individual and the facilitation of human well-being.

Also during this time, America was in the midst of the Industrial Revolution, a time of great change resulting in a shift in human need. One of the primary consequences of the dramatic changes occurring in American society was the movement from farms to the city. As a great influx of people moved to cities to work in industry and in the factories, people were severely overcrowded, which ultimately resulted in an increase in disease and the beginning of slums and poverty. An additional consequence was the disorganization of the family. Before the industrial revolution, families lived close to one another, worked together, and relied on one another for support. Once families moved to the cities to work in the factories, the family structure changed, and the human population became increasingly isolated. These changes created new needs for the individual and the family.

In education, this time period saw the ongoing development of progressive education led by John Dewey. The focus of this movement was child learning through real-world experience and an emphasis on schools reflecting the overall life of society. Also part of this movement was respect for the child and the implementation of a curriculum that allowed for children to develop personal interests; this curriculum included agricultural education, industrial education, and social education with an emphasis on the acculturation of immigrants. Progressive education coupled with the humanistic movement shed light on the growing need to attend to the overall well-being of children, beyond the walls of the school. Another key figure in the change of American schools was Horace Mann, who is often referred to as the father of American education. Mann believed in the development of a system of common schools: universal, free, and nonsectarian education.

These early forerunners (Dewey and Mann) were focused on training and advice, in particular education and vocational guidance, and on interpersonal relationships. To this point in history, the helping professions were dominated by mental health giants such as Sigmund Freud,

Alfred Adler, and Viktor Frankl. Freud's psychoanalytic theory had, and continues to have, a profound impact on counseling and psychotherapy.

The early 1900s saw the beginning of political support for compulsory education. Compulsory education allowed for education for all and is based on the fundamental principle that education is a basic human right. Specifically, compulsory education requires by law that children receive education and that government provide education to all. Educating children decreased the number of children in the labor force and was a primary force in the change of society.

During this time in France, Alfred Binet was part of a commission concerned with retardation in school children. Binet rejected some original tenets of intelligence testing and worked on the development of intelligence scales. With the changes in the educational system driven by education reform in a response to urbanization and industrialization, schools needed assistance to handle diverse learning capabilities. Binet developed a scale to differentiate children struggling to learn from those more capable of school demands. Binet collaborated with Theodore Simon, a physician, and together they developed a measure of intelligence. The primary intent of this 1905 intelligence scale was to discriminate between slightly "retarded" children and the normal school population.

Three key figures influenced the early roots of the counseling profession, specifically Jesse B. Davis, Frank Parsons, and Clifford Beers. A front-runner in the response to educational reform, Jesse B. Davis, was the first person to develop public school counseling and guidance programs. As a principal, Davis required his students to write about their vocational interests on a weekly basis. Davis believed that character development was central to preventing behavioral problems and to creating good relationships with other students. Davis was strongly influenced by Mann and Dewey and believed that if children were given proper guidance, the challenges of an increasingly industrialized society could be met. Therefore he advocated for the infusion of vocational development into traditional curriculum. The goals of the vocational focus were to assist students in understanding their character and in becoming socially responsible workers.

Parsons, often called the father of guidance, founded Boston's Vocational Bureau in 1908. Parsons believed the more people understood themselves and the career choices available to them—specifically their aptitudes, interests, and resources, the more capable they were of

making informed and reasonable occupational choices. In 1909 Parsons wrote Choosing a Vocation, a highly influential book that called for the designation of school teachers as vocational counselors. Other schools took Parsons's example and began implementing their own vocational guidance programs.

During this same time Beers, author of A Mind That Found Itself in 1908, was the impetus for the mental health movement. This book was an autobiographical account of his experience with institutionalization following a suicide attempt. After discovering the condition of these facilities and finding the treatment of mental illness ineffective, Beers committed himself to changing the treatment of the mentally ill. In this book, he exposed the conditions of mental health facilities and eventually prompted national reform in the treatment of persons with mental illness. His work was the forerunner of mental health counseling.

The above professional forces were working toward the development of the counseling profession. Early changes across three professional movements— guidance counseling and educational reform, mental health reform, and the psychometrics movement— came together to create the foundation of the counseling profession.

As the 1900s progressed, several events occurred that impacted the profession. The first event was the founding of the National Vocational Guidance Association (NVGA) in 1913. In 1915, the NVGA published the first National Vocational Guidance Bulletin, and by 1921 it was publishing it regularly. In 1924, the title was changed to the National Vocational Guidance Magazine. The publication evolved over the years to eventually become the Journal of Counseling and Development, the publication's current title. The development of the NCGA signified the first effort toward unifying those invested in the pursuit of scholarly information related to vocational guidance. Also during this time, the Smith Hughes Act of 1917 was passed by Congress. This act provided funding for public schools to provide vocational guidance programs and allowed schools to separate their vocational guidance programs from standard curriculum courses.

The beginning of World War I brought many new challenges to the United States and other countries involved in the war. The U.S. Army, in response to one of their challenges, commissioned the development of the Army Alpha and Army Beta intelligence tests. During this time, counseling became increasingly recognized as the army implemented these instruments to assist in selection, placement, and training practices for army personnel. After

the war ended, these instruments were used with the civilian population; this marked the beginning of the psycho-metrics movement, one of the professional origins on which the counseling field was largely based.

Counseling in The 1920s:

The 1920s saw the emergence of an even greater influence of school guidance. During this time, the profession was becoming increasingly focused, and vocational guidance became the primary focus of training programs, starting with Harvard University. The major influences on the profession at this time were theories of education and governmental support of guidance service for war veterans. Recognition of the importance of vocational assessment and guidance continued to pull the counseling field into more solid development and recognition of the need for increased professionalism. In response to this pull came the development of the first standards for occupational inventories and guidelines for their development and evaluation, providing further impetus for psychometric evaluation. The primary orientation during this time was the medical model and testing.

With the standards for development and evaluation of psychological instruments came an increase in the publication of these materials, most notably the Strong Vocational Interest Blank (SVIB), created and published by Edward Strong in 1927 (now called the Strong Interest Inventory). The Strong Vocational Interest Blank was developed based on the assumption that patterns of individual interests indicate likely occupational choices. The inventory indicated the occupations in which a person will be more likely to be satisfied and perhaps even continue with long-term employment.

Counseling in The 1930s:

The Great Depression in the 1930s had a profound influence on both researchers and practitioners; specifically there was an increased need for helping processes and counseling for employment placement. During this time period, E. G. Williamson developed the trait-factor theory based on modifications of Parson's theory. Williamson's theory was direct and focused on the counselor's direction, primarily through teaching and mentoring. The focus of trait-factor counseling was to define behavior by traits such as aptitudes, achievements, personalities, and interest, and based on these and a variety of factors, statistically evaluate them to assist an individual toward becoming an effective and successful individual.

Williamson's theory was most popular in the 1930s and 1940s when it was used by the military in World War II for selection.

In addition to the influence of the economic climate, the greatest influence on the counseling profession during this time may have been the government's interest in supporting guidance and counseling efforts. In 1936, the George-Deen Act was approved by Congress; this act allowed for the creation of the Vocational Education Division of the U.S. Office of Education. An extension of this act was the introduction of the position of state supervisor of guidance in state departments of education. The George-Deen Act represented the first time funds were directly allocated for vocational guidance counseling, and guidance counselors saw an increase in support for their work. Also during this time, the U.S. government instituted the U.S. Employment Service, which published the first edition of the Dictionary of Occupational Titles (DOT). The DOT was the first publication to define jobs of all types. The DOT continues to serve individuals seeking employment to this day. Despite great strides in the counseling profession during this time, some professionals in the fields of education and psychology were criticizing the narrow focus on the guidance movement. In particular, Edward Thorndike felt that the focus of the guidance movement was too narrow.

Counseling in The 1940s:

The 1940s represented another decade of increased recognition for counseling and the ongoing development and definition of the profession. One of the most significant events was World War II. During the war, the U.S. government employed counselors and psychologists to assist in selection and training of specialists for both the military and industry. The war also brought with it a necessary increase in the number of women in the workforce. With so many men fighting in the military, women were needed to fill the vacant positions. The role of women in the workplace during such an important time for the United States radically changed the traditional sex roles formerly dominating the workforce.

Another significant event for the field of counseling that occurred during the 1940s was a growing interest in psychotherapy. There was an emergence of diverse theories—Carl Rogers's Counselee-centered and nondirective theory in particular. Rogers grew in popularity after the publication of his book Counseling and Psychotherapy. He challenged Williamson's directive way of working with Counselees and focused on the Counselees' responsibility for their own growth. As is evident from the history to this point, the focus of counseling and

guidance prior to Rogers was on testing, assessment, and vocations. Through Rogers's influence, the focus of counseling shifted to relationship dynamics, counseling technique, training of counselors, and refinement of the goals of the counseling relationship. Rogers's theory came to the forefront of counseling and psychology theories, but new counseling theories emerged as well.

Following the war, several events occurred that further promoted the counseling profession. The George Barden Act of 1946 was passed, which allocated vocational education funds for counselor training programs: This included funding for counselor educators, research, state program supervision, local guidance supervisors, and school counselors. Also during this time, the U.S. Department of Veterans Affairs (VA) gave grants for counselors and psychologists and paid for internships for graduate students. With the combination of the George Barden Act and support from the VA, graduate training programs began defining their curriculum more clearly.

Counseling in The 1950s:

Building on the major changes that occurred during the 1940s, the 1950s saw great changes and the professionalization of counseling. As mentioned previously, the counseling profession developed in the context of historical events. The 1950s were a time of great change with such historical events as the launch of Sputnik, the baby boom, the women's rights movement, and the civil rights movement. While these events were drastically changing the country, additional simultaneous events were occurring that changed the counseling profession. Specifically, these events were the passing of the National Defense Education Act (NDEA), professional developments, the introduction of new guidance and counseling theories, and the emergence of diverse marriage and family counseling theories.

The National Defense Education Act (NDEA) was initiated in response to Sputnik, a space satellite launched by the Soviet Union. The purpose of the NDEA was to promote studies in math, science, and foreign languages. The NDEA sought to identify children with particular abilities in these academic areas. Although this was the original intent of NDEA, this act also provided funding for improving school counseling programs and for training counselors. This decade saw the greatest increase in the number of school counselors in a decade.

Concurrent to the growing numbers of counselors nationwide, the profession itself was growing and changing. 1952 saw (1) the establishment of the American Personnel and Guidance Association (APGA), (2) the establishment of Division 17, the Division of Counseling Psychology of the American Psychological Association, and (3) the founding of the American School Counselor Association (ASCA). A year after ASCA was founded, it became a division of the APGA.

Finally, the 1950s saw the emergence of many different theories. Prior to this time there were essentially four primary theoretical orientations: psychoanalysis, trait-factor theories, Counselee-centered theories, and behavioral theories. Within these four primary orientations, practitioners worked with either nondirective or directive counseling, but during this time, new theories emerged, including cognitive theories, behavioral theories, learning theories, and career theories. Also, marriage and family therapy emerged to an even greater extent, and major theorists in the marriage and family therapy field, such as Gregory Bateson, Virginia Satir, Jay Haley, Murray Bowen, Carl Whitaker, and Salvador Minuchin were solidifying the marriage and family movement.

Counseling in The 1960s:

In the 1960s, the baby boomers were growing up, and the conservatism of the 1950s was changing to reflect a new way of thinking, thus radically changing American culture. The civil rights movement saw sit-ins, protests, and assassinations. During this time, women were entering the workforce in greater numbers, and the National Organization of Women was exposing the "glass ceiling." Also during this time, crime and drug use were increasing, and the United States was once again at war, this time in Vietnam. The societal changes of the times contributed to many changes in the counseling profession, in particular a solidification of the profession and a focus on the needs created by the societal changes during this time.

In 1963, the Community Mental Health Act was enacted. This act provided federal funding for community mental health centers and was pivotal in changing the dissemination of services for the mentally ill. It allowed for individuals who would formerly have been institutionalized to live in the community and receive mental health support and services. The Community Mental Health Act also provided funding for building new community mental health centers through the National Institute of Mental Health, thus providing additional

support for the provision of community-based care. In addition to major developments in the care for the mentally ill, this act provided employment opportunities for counselors.

This decade also saw increased professionalism in the field of counseling. Specifically, the APGA published its first code of ethics, providing guidelines for ethical practice and ultimately protecting the public and increasing professionalism. Also during this time, an APGA report was edited that defined the role of and the training standards for school counselors. The American Psychological Association, Division 17, continued to clarify the definition of the counseling psychologist and published its first professional journal, The Counseling Psychologist.

Another influence of the government on the development of the counseling profession was the 1966 establishment of the Education Resources Information Clearinghouse (ERIC). Specifically related to the counseling profession was the ERIC section on Counseling and Personnel Services (ERIC/CAPS) at the University of Michigan. The ERIC was funded by the Office of Educational Research and Improvement through the U.S. Department of Education. The ERIC/CAPS provided a comprehensive resource on counseling activities and trends in the United States and internationally. In addition to the development of the database, conferences on counseling were sponsored, bringing together leaders in the profession.

In 1962, Gilbert Wrenn wrote a seminal piece that further defined the role of the school counselor. Specifically, Wrenn wrote that the school counselor should fill four functions: counsel students; consult with parents, teachers, and administrators; study the changing student population and interpret this information for administrators and teachers; and coordinate counseling services in the school and between the school and the community.

As the profession grew and training standards became more rigorous, the provision and regulation of quality services also increased. This decade saw considerable growth in the group movement and a shift toward small group interaction and interpersonal growth and awareness. Other major influences on the profession during this time were the emergence of Maslow's humanistic counseling theory and of behavioral counseling, which emphasized learning as the root of change.

The counseling profession was paralleling the societal changes of the times. Specifically, counselors were being employed in more diverse settings, such as mental health centers and

community agencies. Counselor training programs were also increasing in number, meaning that more counselors were competing for jobs as the programs graduated students. Along with the increased availability of training and more diverse employment opportunities, counselors were seeking and receiving specialized training. The term community counselor began to be used, paralleling the diversification of employment opportunities, with the new title implying a professional with diverse roles and responsibilities.

A pivotal movement in the counseling profession during this decade was for state and national licen-sure. Restrictions on counselors' ability to acquire psychology licensure led to this movement. The APGA started a task force to address licensure for counselors, and a benchmark for its success was the passing of successful licensure legislation in Virginia in 1976. Two additional states, Alabama and Arkansas, also had licensure legislation by the end of the decade.

Counseling in The 1970s

In the 1970s the profession became increasingly strong. Headquarters for the APGA were established in Alexandria, Virginia, and several strong divisions were chartered, including the Association of Counselor Education and Supervision (ACES), the American Mental Health Counseling Association (AMHCA), the Association for Religious and Value Issues in Counseling (now ASERVIC), the Association for Specialists in Group Work (ASGW), the Association for Non-White Concerns in Personnel and Guidance (ANWC), and the Public Offender Counselor Association. During this time, ACES published its first standards for master's degree programs in counseling, and it approved guidelines for doctoral education in counseling. As the profession became stronger, the APGA began questioning professional identity, as the personnel and guidance focus seemed increasingly outdated and narrow.

Counseling in The 1980s:

The 1980s saw divorce rates increasing, violent crime increasing, and prisons overflowing. Drug use was considered an epidemic with the emergence of crack cocaine, and acquired immunodeficiency syndrome (AIDS) was claiming lives and demanding attention. The counseling profession continued to grow and to become a distinct profession, ultimately changing in response to divergent societal needs.

In 1981, the Council for Accreditation of Counseling and Related Education Programs (CACREP) was formed. CACREP revised the original standards developed by ACES in the 1970s. With those standards, they standardized counselor training (counselor education) programs for both master's and doctoral students in the areas of school, community, mental health, marriage and family counseling, and personnel services.

At the same time, the National Board for Certified Counselors (NBCC) was formed in 1983. The initial intent of the NBCC was to certify counselors on a national level. A large part of this process included developing a standardized test covering eight major subject areas: (1) human growth and development, (2) social and cultural foundations, (3) helping relationships, (4) groups, (5) lifestyle and career development, (6) appraisal, (7) research and evaluation, and (8) professional orientation. Passing the exam, meeting experiential and educational requirements, and character references allowed a person to earn the National Certified Counselor (NCC) credential. Accreditation and certification standards attracted many to the profession.

A conversation continued from the late 1970s became more prevalent during the 1980s, as leaders in the APGA recognized that "personnel and guidance" no longer fit in describing the work of the members. In response, the APGA was changed to the American Association for Counseling and Development (AACD). Professional identity and commitment was increasingly important to members of AACD. Representative of this commitment was the formation of Chi Sigma Iota, the academic and professional honors society for counselors. Chi Sigma Iota was formed by Thomas J. Sweeney to promote excellence in the counseling profession.

AACD saw an increase in membership and an increase in the number of divisions, highlighting the diversification in the counseling field. Throughout this decade, the focus on developmental issues across the life span was led by developmental theorists such as Erik Erikson and Lawrence Kohlberg. A new division of the AACD, the Association for Multicultural Counseling and Development (AMCD) represented an increased focus on recognizing the challenges of counseling individuals from diverse ethnic and cultural backgrounds.

Counseling in The 1990s:

The technology boom, low unemployment rates, and highly publicized violence (the Los Angeles riots, the World Trade Center bombing, the O. J. Simpson trial, the Oklahoma City bombing, and school shootings) marked the 1990s. During this time the counseling profession was continuing to define itself professionally, was demanding appropriate supervision in response to the diverse needs of counseling consumers, and was dealing with restricted funding. Two primary influences in the 1990s, in addition to advances in technology, were managed care and an increase in accountability.

In 1992, the AACD instituted another name change, this time to the American Counseling Association (ACA). Also in 1992, counseling was included in the healthcare human resource statistics compiled by the Center for Mental Health Services and the National Institute of Mental Health, marking counseling as a primary mental health profession. A final key event that occurred in 1992 was the writing of multicultural counseling standards and competencies by Derald Wing Sue, Patricia Arredondo, and Roderick McDavis.

Finally, during this time there was a return to emphasizing counseling the whole person; this meant counselors took into consideration the importance of societal influences and the context of a Counselee's life, such as his or her spirituality, family, and occupation. Organizations established in the 1970s and 1980s such as CACREP, Chi Sigma Iota, and NBCC experienced continued growth during this time, more states were passing licensure legislation for counselors, and both ACA and APA were publishing articles and books on counseling.

Counseling has not always been an encompassing and comprehensive profession. It has evolved over the years from diverse disciplines "including but not limited to anthropology, education, ethics, history, law, medical sciences, philosophy, psychology, and sociology" (Smith, 2001, p. 570). It is important to examine the history of counseling because a counselor who is informed about the development and transformation of the profession is likely to have a strong professional identity and subsequently make significant contributions to the field. By understanding counseling's past, you may better appreciate present and future trends of the profession.

The Influences on the Development of Counseling in the west can be categorized into five major historical forces:

- ❖ The Social Reform Movement

- ❖ Vocational Guidance Era

- ❖ Development of Individual Assessments

- ❖ Evolving Psychological Practices

- ❖ Societal Changes

Counseling meets all the standards for a profession and has done so for a significant period of time. It is unique from, as well as connected with, other mental health disciplines by both its emphases and at times its history. Counseling emphasizes growth as well as remediation over the course of a life span in various areas of life: childhood, adolescence, adulthood, and older adulthood. Counselors within the counseling profession specialize in helping individuals, couples, groups, families, and social systems that are experiencing situational, developmental, and long- or short- term problems. Counseling's focus on development, prevention, wellness, and treatment makes it attractive to those seeking healthy life-stage transitions and productive lives.

FOUNDATIONS OF COUNSELING:

- ➢ Philosophical foundations - dignity of the human person
- ➢ Sociological foundations - influence of social system
- ➢ Psychological foundations – concept of self, Goal directed behavior, Learning Principles, Developmental needs at different stages.

1.6.a. PHILOSOPHICAL FOUNDATIONS - DIGNITY OF THE HUMAN PERSON

- ➔ Philosophical foundations focus on the dignity of the individual.
- ➔ Each individual's existence is worthy with or without his problem.
- ➔ Human suffering is undesirable and should be prevented.
- ➔ Philosophy – Concept (Logical ideas) + values + purpose of an individual.
- ➔ Raison d'etre – concern for the individual.
- ➔ Man should live in present rather than in past or future.
- ➔ Individual behavior is dependent upon his life experiences.
- ➔ There are important differences between individuals and they must be recognized.
- ➔ Every human being's functioning is influenced by his motivation level.

➔ Human motivation is complex in nature.

➔ Human suffering is undesirable and should be prevented.

➔ Family relationships are of primary importance in the early development of an individual.

➔ Every individual's learning process is influenced by his past and present experience.

➔ A problem occurs whenever there is an imbalance in an individual's dignity in his family and society.

➔ Every individual acts in such a way that his dignity as a human being should be respect by the society.

➔ Every human being strives for acceptance; he wants everybody to accept him as a human irrespective of his strengths and weakness.

➔ Harmonizing affection + cognition + conation = leads to self actualization.

➔ Modern counseling based on basic postulates of individuals freedom, liberty and sovereignty.

➔ Counseling is based on Hygiology (Study of problems of normal people & prevention of incidence of serious emotions difficulties)

Dignity of the individual:

▪ Dignity (ones sense of worth, pride or self respect), of the individual.

▪ Existence is worthy.

▪ Suffering is undesirable

▪ Behavior = interactions of organism and environment

▪ Behavior = experiences based

▪ Man – moral and social at birth.

▪ Theory of individualization

▪ Motivation = complex

▪ Family = primary important factor

_____**1.6.b**

SOCIOLOGICAL FOUNDATION- INFLUENCE OF SOCIAL SYSTEM

Sociological foundations focuses on how the social system, influence and individual and his problems

Sociological foundations are based on 4 concepts:

1. Social Development
2. Socialization
3. Social approval and
4. Social milieu

Social development: Social development shows and has the ability to behave in accordance with social expectations. The Patterns of social development include imitation, rivalry, cooperation and empathy.

Socialization: It helps us to identifying oneself with the society. The components include proper behavior, approved social roles, good social attitudes.

Social approval: It can be conformity (approved social behaviour). Mostly Problems arise because of such Deviance (unsocial behavior) and taming such Deviance (unsocial behavior) can solve it. Some of the Deviance (unsocial behaviour) that causes problems are:

a. Negativism :- verbal and physical resistance
b. Aggressiveness : - physical resistance
c. Ascendant behavior :- showing bossing (dominating)
d. Selfishness
e. Prejudice:- Racial, Religious, Socio- Economic & Sexual Prejudice.

Social Milieu: it refers to the Abnormal in one culture was not so in another. Some of the important persons Mead, Benedict, Boas, Malinowski.

_____ **1.6.c.**

PSYCHOLOGICAL FOUNDATIONS - concept of self, Goal directed behavior, Learning Principles, Developmental needs at different stages

Psychological foundations in counseling focuses on the individual's psychological functioning influence his holistic functioning. Every individual perceives self and others in his own way any disturbances in the perception can cause problem

Psychological foundations are based on the following concept;

1. Concept of Self
2. Goal directed Behaviour
3. Learning Principles
4. Development needs at different stages

Concept of Self: it talks about how an individual perceives his presence in the family and society? Every individual has a set of beliefs about one's qualities and attributes. Development of Self= Conformity (traditionalism), Conscience (Sense of Right & wrong), Superego, Guilt feeling, Self- Esteem (Sense of worth), Self- actualization (make reality of). It includes the following:

a. The physical self:- Body image is the perception and evaluation of one's physical functioning and appearance. Any problem can cause a threat to the body image.

b. The achieving self:- Achievement through vocational activities influence the self- esteem and self- concept. People derive satisfaction from the work they do and type of work influences one's self- concept.

c. The social self:- Every individual sees himself amidst society in a special role. His social system influence his logical

d. The private self:- Every individual has his personal identity. His identity includes his ambitions, goals, desires for the future.

Goal directed Behaviour: Every individual's behavior is directed by the goals that he pursues. Man is driven by his desires / drives. The goals can be short-term goals and long-term goals. The behavior can be positive or negative depending on the goals set. Individual's psychological status gets uplifted when the set goals are achieved. Failure to reach the goals may produce undesired effect on one's behavior.

Learning Principles: Every individual's behavior is developed through a learning process. Behavior learnt and also be unlearnt. Whereas Increased motivation is equal in increasing learning and More practice is equal to increased learning, in the same way Increased attitude is equal in increased learning. Psycholoigist such as Pavlov spoke about classical conditioning, Skinner about operant conditioning and Watson about Cognitive discussed about the learning process and change in the behavior. Any behavior that it learnt can also be

unlearnt through a learning process. There are some principles of learning which is discussed below

Principles of Learning:

a. Participation: Learning is quicker and long lasting when the learner participates actively.

b. Repetition: Learning becomes effective when the participant gets opportunity to practice the subject more than once.

c. Relevance: Learning is helped when the material to be learned is meaningful

d. Transference: the learning process must stimulate the participant to such an extent that he transfers his entire self in the learning process.

e. Feedback: Feedback gives the learners information on their progress. With feedback motivated learners can adjust their behavior.

Developmental Needs at Different Stages: Needs are the requirements of every individual. At every stages of development man has to satisfy certain needs to move to the next stage of development. Some of the development needs at different stages are shown for your understanding. It will be discussed in the other chapters.

❖ Abraham Maslow has described hierarchy of needs:

a. Physical needs

b. Psychological needs

c. Security needs

d. Self- esteem needs

e. Self-actualization needs

❖ ***Erickson's stages of Development***:

a. Trust vs Mistrust

b. Autonomy vs Doubt

c. Initiatives vs Guilt

d. Industry vs Inferiority

e. Identity vs Role confusion

f. Intimacy vs Isolation

g. Generativity vs Self- absorption

h. Integrity vs Despair

❖ ***J****ean Piaget's = genetic epistemology (study of development of knowledge)*

a. Sensorimotor

b. Preoperational

c. Concrete Operational

d. Formal Operational

❖ *Freud = psychosexual stages*

a. Oral

b. Anal

c. Phallic

d. Latency

e. Genital

Essential elements in counseling – guidance: meaning, objectives and importance.

1.7 ELEMENTS OF COUNSELING

Counselling involves two individuals—one seeking help and the other, a professionally trained person who can help the first. There should be a relationship of mutual respect between the two individuals. The counsellor should be friendly and cooperative and the counsellee should have trust and confidence in the counsellor. The aim of counselling is to help a student to form a decision, make a choice or find a direction at some important fork in the road such as that of planning a life career, a programme in college or university, or a campaign to obtain employment. It helps the counselee acquire independence and develop a sense of responsibility. It helps him explore and fully utilise his potentialities and actualise himself. It is more than advice-giving. Progress comes through the thinking that a person with a problem does for himself rather than through solutions suggested by the counsellors. It involves something more than the solution to an immediate problem. Its function is to produce changes in the individual that will enable him to extricate himself from his immediate difficulties. It concerns itself with attitudes as well as action. Emotional rather than purely intellectual attitudes are the raw material of the counselling process. Information and intellectual understanding have their place in the counselling process. But it is the emotionalised feelings which are most important.

- Counselling has proved to be very useful wherever the development of an individual student is cared for. It helps an individual to know himself better, gives him confidence, encourages his self-defectiveness and provides him a vision.

- Listening: Counseling is an interactive process, which involves listening from both the participants. Effective listening is the key to success of counseling.

- Counselor's Response to Counselee: It is no enough to listen alone, the counselor should respond to the Counselee, clarity support and help the Counselee is also needed.

- Counselee's Response to Counselor: the Counselee should accept the counselor as a helper. The relationship is strengthened only by the on-defensive participation from the Counselee.

- Elements of counseling are counselor-counselee –relationship

- According to William Stewart in his Learning to counsel, his major three elements are

a.   Knowledge and understanding

b. Skills development

c. Personal development

a. Knowledge /Understanding Development:

- Theory of Personality development

- Common psychological process

b. Skills Development:

- Skills in changing behavior

c. Personal development:

- Able to separate our feeling from those of the Counselee (Self- awareness)

Other elements:

- Privacy & Confidentiality

- Talking to someone who will really listen

- Talking to someone who is not part of the problem

- Getting another perspective on life and problem.

_____

1.8 GUIDANCE: MEANING, OBJECTIVES AND IMPORTANCE

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MEANING: Guidance is the process of helping individuals discover and develop their educational, vocational, and psychological potentialities and thereby to achieve an optimal level of personal happiness and social usefulness. The concept of counseling is essentially

democratic in that the assumptions underlying its theory and practice are, first, that each individual has the right to shape his own destiny and, second, that the relatively mature and experienced members of the <u>community</u> are responsible for ensuring that each person's choice shall serve both his own interests and those of society. It is <u>implicit</u> in the philosophy of counseling that these objectives are complementary rather than conflicting. The function of those who guide children and young people is not to effect a compromise between the requirements of individuals on the one hand and the demands of the community on the other. It is rather to orient the individual toward those opportunities afforded by his <u>environment</u> that can best guarantee the fulfillment of his personal needs and <u>aspirations</u>**.**

OBJECTIVES :

- To identify the problem areas or difficulties of individuals, their potentialities and limitations.

- To assist people to understand themselves and their situational factors as fully as is practicable.

- To help to develop the potentialities of individuals through a greater self- understanding to enable them to take full advantage of the environmental resources.

- To help mitigate suffering, reach appropriate solutions, take responsible decision and enable Counselees to become self-actualized individuals.

- To help individual to understand and accept the positive and negative aspects of his personality, interests, aptitudes, attitudes etc.

- Provide a wide choice and opportunities.

- Help make adjustment in the new life situation

IMPORTANCE:

Guidance helps an individual achieve well on various areas personal and social life, as well as in educational and career pursuits, which would ultimately help in proper utilization of manpower. A society consisting of well-achieving and adjusted individuals would contribute more to achieving the national and social goals. Such a society would also have individuals who are aware of social problems and can deal with them more humanely.

Some of the needs and importance for guidance considering some reasons and factors:

1. **Different stages of development.** The bringing up of the human beings can be divided into the stages of infant, childhood, pre-adolescent, adolescence and manhood. One needs different

types of help to adjust with every stage. The maximum problems are faced at the time of adolescence, when there are problems due to physical development, mental development, emotional development and social development.

2. **Differences among persons.** Psychology reveals that no two persons are alike and no two person get similar opportunities in life. Hence, every individual needs the help of guidance service, in order to know the particular kind of profession for which he is most suited.

3. **Changing conditions of work.** Gone are the days when a child was supposed to take up the profession of his father for earning his livelihood. Now-a-days professions or occupations have become so varied and so complex that everyone has at first to get general education and then to undergo a long training for the profession to be adopted. He has also to get a special education pertaining to that profession.

4. **Educational growth.** Guidance is needed for development of abilities and skills facilitating learning and achievement, and habits and skills for lifelong learning.

5. **Career Maturity.** Guidance is required for the development of healthy and positive attitudes, habits, values, etc. towards work through broadening aware of the world of work, planning and preparing for one's career.

6. **Psycho-social development.** Guidance is required for assistance for understanding and developing a positive self-image and development of social skills for learning an effective and satisfying personal-social life.

7. **Guidance for good family life.** It includes working with parents and children for understanding of family relationship, attitudes towards home and role of family for healthy growth.

8. **Guidance for good citizenship.** Guidance creates an understanding of socio-cultural values and awareness of social issues, concerns and problems, overcoming prejudices, developing right attitudes and values of co-operation, tolerance, righteousness and social justice for peace and equality. Promoting ideas and values of democratic and secular constitution and promoting unity and national integration.

9. **Guidance for channelization of manpower requirements**. Efforts at development and channelization of individual potential with a view to meeting manpower and social requirements for national growth and betterment of society.

10. **Proper use of leisure time.** Today many individuals waste their precious time with a lot of unhealthy activities. People need to be guided to use their leisure time profitably. Proper balancing of work and family is also important. Many youngsters roam around the streets with

nothing to do, having no purpose in life, waste away their health and time through drugs, alcohol, gambling etc. Guidance will help them to make use of their leisure time to achieve happiness, to enhance their education and career advancement.

11. **Lack of Instructions at home.** There is a lack of guidance for the young ones at home. In the past, home acted as the most important agency of informal education. The children followed the instructions given by parents and elders. Today, many parents are failed in this responsibility. They are too busy in their work and transfer this responsibility to the teachers who are also not in a position to guide them with their own responsibilities. So there is a need for guidance cell in schools.

12. **Improvement in the status of women.** Due to the influx of women in almost all spheres including active defence services, more and more women are taking up jobs. Because of the double responsibility of home and office, women are facing all kinds of trauma, anxiety and stress. They need guidance to adjust to this changing scenario, especially in a male dominated society.

In short, **Guidance** will be required:

- To understand oneself, one's talents, abilities and potentialities and also the limitations.

- To recognise and develop favourable attitudes and habits and the elimination of undesirable traits.

- To develop resourcefulness and self-direction in adapting to changes in society

- To select appropriate courses in line with individual needs, interests, abilities and circumstances.

- To get information on occupational opportunities and trends and suitable employment.

Check your progress

Note: a. Use the space provided for your answer

     b. Compare your answer with those given at the end of the unit.

1.Define Counselling

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2. What are the two types of goals?

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3. What is scope of counseling in some of the fields of practice by social workers?

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4. What is stage -2 in goals of counseling?

_____**1.9**

LET US SUM UP

Counselling helps people learn to cope better and develop a more optimistic perspective through taking actions that enable them to feel self-empowered, such as becoming more assertive or taking steps towards life goals in spite of feeling fearful or pessimistic. Life problems are becoming more and more complex. Traditional mores and personal convictions concerning rightness and wrongness of attitude and behaviour are breaking down. Many diverse factors inherent within our home, school and social and occupational activities and relationships pull us in different directions. We often find ourselves in such a state of confusion and bewilderment that it is difficult to steer ahead without the help of a proper guide. It has been assumed that more is the advancement and modernization; more will be the need for guidance.

In this unit we have made an effort to learn the basic concepts of counseling alone with characteristics, scope of counselling in different fields, which will helps us to develop our skills and potential to overcome the limitations and problems of counselor when we are in to the field of counselling. The introduction to couselling covers all the basic aspects of counseling and leads a platform to choose the field in which you are interest to work with the Counselees

1.10 ANSWERS TO CHECK YOUR PROGRESS

1. According to Pepinskey & Pepinskey (1954)Counseling is an interaction process that occurs between the counselor and the counselee, takes places in professional settings and is initiated and maintained to facilitate changes in the behavior if the Counselees. (Check 1.2 for other definitions)

2. Long term and Short term goals.

3. Family and child welfare agencies & Schools and colleges – government and private (Check 1.5 for other fields)

4. Integrating phase

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1.11 UNIT END EXERCISE

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1. Trace out the evolution of Counseling

2. Pen down the objectives and characteristics of counseling.

3. Discuss element of counseling in brief

4. Highlight the need and importance of Counselling.

_____**1.12**

SUGGESTED READINGS

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- Counselling in Asia, Perspective and Practices, 1982, Association of Psychological and Practices, Educational Counsellors of Asia Fullmer. D.W & Bernard H.W Counselling, Context and Process

- "The History of Cunselling Psychology", Brooks/ Cole series in counseling psychology, by Whiteley.

- An Introduction To Counselling, **Author :** John McLeod **Launching : 2013-08-01 Info ISBN Link :** 9780335247233, **Detail ISBN code :** 0335247237

- https://newbooksinpolitics.com/political/an-introduction-to-counselling

- https://www.researchgate.net/.../325844365_INTRODUCTION_TO_COUNSELING

– Basic principles of counseling

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2.1 Basic Principles of Counseling - Participation, Individualization, Confidentiality, Communication, Acceptance, Self Confidence, Self Awareness

2.2 Other principles governing the counseling relationship.

2.3 Let us Sum Up

2.4 Answer to Check Your Progress

2.5 Unit End Exercise

2.6 Suggested Readings

_____**2.1**

BASIC PRINCIPLES OF COUNSELING
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Principle of participation: It has an intrinsic value for participants; is a catalyst for further development; encourages a sense of responsibility; guarantees that a felt need is involved; ensures things are done the right way; uses valuable indigenous knowledge; frees people from dependence on others' skills; and makes people more responsible. Counselee must be actively involved in the process of helping.

- The Counselee becomes the main actor in pursuing plans and taking action, while the social worker is only an enabler.

- Taking over from the Counselee may result in feelings of inadequacy, dependency and anger

- Purpose is to utilize Counselees ego strength and reinforce feelings of adequacy

- Elicit his own understanding of the problem

- Initially Counselee may not clearly present problem because caseworker is a stranger.

- Counselor must continue to be a receptive, non blaming listener to induce the trust.

Principle of individuality: treat each and every patient as unique and respect his problem as well. Each Counselee has to be perceived as a unique individual with a separate identity and not as a mass.

- Counselor understands in what ways his Counselee is similar and in what ways totally unique form other Counselees.

- Finds out counselee's role conflict, modes of adaptation, ego strength & weakness, needs.

- The counselor must have an open mind instead of pre conceived notions and labels based on his caste, religion, race, language, region and socio-economic status.

- He must be ready to respond to the particular needs of the individual.

Principle of confidentiality: always keep the patient's name, and the problem strictly secrete and assure the patient about the same. counsellors who adhere to this principle "regard confidentiality as an obligation arising from the client's trust" and "restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed." The key concepts of confidentiality is

- Justify the purpose(s)
- Don't use counselee identifiable information unless it is absolutely necessary
- Use the minimum necessary counselee -identifiable information
- Access to counselee identifiable information should be on a strict need-to-know basis
- Everyone with access to counseleeidentifiable information should be aware of their responsibilities
- Understand and comply with the law

Principle of communication: communication should be verbal as well as non-verbal and should be skilful. The counselor should include the following such as, maintaining eye contact, monitoring voice pitch and tone, evaluating facial expressions, and utilizing non-verbal tools, such as mirroring and gesturing. Active listening by the counselle to express their opinions, emotions, attitudes, and preferences in an open and trusting environment. The process of active listening involves repeating what a client has stated, paraphrasing what was heard, and reflecting on the meaning of the client's words.

Principle of acceptance: accept the patient with his physical, psychological, social, economical and cultural conditions. Every person is longing to be accepted.

➢ The counselor accepts the person as he is regardless of his positive and negative qualities, strengths and weaknesses.

➢ Acceptance pre-supposes a non-judgmental attitude. The counselee is entitled to respect and recognition even though he may have committed a crime.

➢ Accepting amounts to respecting the client under any circumstance without blaming.

➢ Acceptance does not mean condoning a crime but showing concern and goodwill towards the person behind the behaviour.

➢ Client is already weakened by stress - whereas caseworker has knowledge & expertise. Hence there is unequal position of security & power when they first meet. This can be handled by showing acceptance.

➢ Acceptance lowers clients defenses

➢ Leads to counter acceptance from client.

Principles of Self Confidence: Confidence believes in yourself, feeling comfortable in your true-self, knowing you have worth. If you are confident, people believe you, confidence is attractive, brings success, helps to connect well with others and you generally feel happier. Self-confidence is about trusting your own judgement and feeling comfortable with your abilities and powers: it's the means to realise your full potential and be the person you want to be. This trait allows you to feel secure in the world and encourages others to feel comfortable around you, as your behaviour is reliable and they know what to expect. Self-confidence is made up of a variety of factors, including how you present yourself physically to the world and how you relate to other people. Sound self-confidence can bring benefits to all areas of your life, but can vary from situation.

Principles of Self Awareness: Being self-aware can enable the counselor to mark their 'ego boundaries,' and successfully discriminate between what belongs to them and what belongs to their clients. Secondly, self-awareness enables the counselor to make a 'conscious use of the self'. Being self-aware allows us to better know our internal states, preference, resources, and intuitions. But this knowledge doesn't end there. Self-awareness allows us to better understand the emotions of the people around us. Benefits of self-awareness include: enriched emotional intelligence and greater empathy and listening skills; improved critical-thinking skills and decision making; strengthened communications and relationships; and enhance leadership capabilities and capacity.

2.2 Other principles governing the counseling relationship

- ***Respect for Autonomy:*** The freedom of Counselees to choose their own direction – respecting that the Counselee has the ability to make choices free from the constraints of others (Welfel, 1998; Corey, Corey and Callanan, 2007). The role of the counsellor is to acknowledge Counselee autonomy and to respect this right. An autonomous action is one that cannot interfere with the autonomy of another. An individual is to be aware of the choice taken and the effect/consequences it has on others (Welfel, 1998). Limitations to Counselee autonomy apply to those Counselees who are currently unable to understand the repercussions of their action – for example children and mental health patients (Welfel, 1998).

- ***Non-maleficence:*** This term means to do no harm. It is a concept derived from the medical profession. Autonomy relates to the individual Counselee, non-maleficence refers to the abilities of the counsellor. Counsellors have a responsibility to avoid utilising interventions that could or have the potential to harm Counselees (Welfel, 1998; Corey et al., 2007). In practice counsellors are expected to undertake thorough evaluation of the Counselee's concerns and apply appropriately determined and explained interventions.

- ***Beneficence***: Considered the responsibility to do good and to contribute to the welfare of the Counselee (Forester-Miller and Davis 1996). The counsellor is expected to do the best for the Counselee and if unable to assist, to offer alternatives as appropriate. Welfel (1998, p36) also asserts that beneficence 'requires that counselors engage in professional activities that provide general benefit to the public.'

- ***Justice:*** Justice means to act in a fair or just manner. It is expected that counsellors will

act in a non-discriminatory manner to individuals or groups. Forester-Miller and Davis (1996) suggest that although justice instructs counsellors to act fairly it does not mean treating all individuals the same rather it relates to equity. It is the counsellor's ability to acknowledge inequity and apply intervention to suit.

- *Fidelity:* This principle deals with the trust relationship between the counsellor and their Counselee. The interests of the Counselee are placed before those of the counsellor even if such loyalty (towards the Counselee) is inconvenient or uncomfortable for the counsellor (Welfel, 1998). A Counselee needs to be able to trust that the words and actions of the counsellor are truthful and reliable. The counsellor however, does not need to share every fleeting thought or reaction

- *Principle of empathy:* instead of showing sympathy put yourself in patients shoes and then give reflections accordingly (Empathy is ability to identify with a person.)

- *Principle of non-judgemental attitude:* do not criticize or comment negatively regarding patient's complaints.

- *Principles of non-emotional involvement:* not getting emotionally involved with the patient and avoid getting carried away with his feelings.

Check your progress

Note: a. Use the space provided for your answer

　　　b. Compare your answer with those given at the end of the unit.

1.What are the basic principles of counseling?

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2. What are the key concepts of confidentiality?

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3. What are the other principles governing the counseling relationship?

4.What is Principle of non- judgemental attitude ?

_____**2.3**

LET US SUM UP

Counselling can **help** you cope with: a mental health condition, such as depression, anxiety or an eating disorder an upsetting physical health condition, such as infertility a difficult life event, such as bereavement, a relationship breakdown or work-related stress difficult emotions – for example, low self-esteem or anger. To achieve and support the counselee the counselor has to follow the above mentioned principles and show solidarity to the counselee with a professional relationship.

2.4 ANSWERS TO CHECK YOUR PROGRESS

a. Basic Principles of Counseling - Participation, Individualization, Confidentiality, Communication, Acceptance, Self Confidence, Self Awareness.

b. Key concepts of confidentiality

▪Justify the purpose(s)

▪Don't use counselee identifiable information unless it is absolutely necessary
▪Use the minimum necessary counselee -identifiable information
▪Access to counselee identifiable information should be on a strict need-to-know
 basis

c. *Respect for Autonomy, Fidelity, Beneficence*, empathy, non- *judgemental attitude*

d. *Non-judgemental attitude:* do not criticize or comment negatively regarding patient's complaints.

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2.5 UNIT END EXERCISE

1. Explain the principles of counseling in detail.

2. Why principle of participation is important.

3. Discus about the other principles of governing the counseling relationship.

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_____2.6 SUGGESTED READINGS

- Guidance and counselling: Principles and practice Unknown Binding – January 1, 1989

- Principles of Counseling and Psychotherapy: Learning the Essential Domains and Nonlinear Thinking of Master Practitioners (xx xx) 2nd Edition, by Gerald J. Mozdzierz

- Guidance and Counselling Paperback – 1 January 2016, by Dr. G. Lokanadha Reddy (Author), Dr. T.C. Thankachan

BLOCK II: THEORITICAL FOUNDATIONS AND COUNSELLING PROCESS AND RELATIONSHIP

UNIT III - THEORETICAL FOUNDATIONS OF COUNSELING

3.1 Introduction

3.2 Psychoanalytic theory: psychoanalysis and transactional analysis

3.3 Adlerian theory: Adlerian counseling

3.4 Humanistic theories: counselee centered counseling, existential counseling, gestalt therapy

3.5 Behavioral theory: behavior therapy

3.6 Cognitive theory: Rational Emotive Behavioral Therapy (REBT), reality therapy (RT),

3.7 Cognitive behavioral therapy (CBT),

3.8 Eclectic theories.

3.9 Let us Sum Up

3.10 Answer to Check Your Progress

3.11 Unit End Exercise

3.12 Suggested Readings

3.1 Introduction

Theories and therapies of counseling are the building blocks of the profession. Probably every counselor has had at least one course in theories of counseling, and the names of the leading theorists, such as Sigmund Freud, Albert Ellis, Carl Rogers, and others, are both legendary and familiar. This entry will address what constitutes a theory of counseling, why counseling theories and therapies are so important, and how these theories have evolved. Common Characteristics of Theories of Counseling Estimates are that more than 350 counseling theories and therapies have been advanced. Although most of these have received little attention or validation, a core group of about 10 major theories, and fewer than 50 secondary approaches or modifications of the major theories, dominate the counseling profession. These theories assist in some of these aspects such as,

i.   A concept of how people develop throughout the life span.
ii.   Information on how to promote healthy development and help people reduce symptoms and enhance their coping skills and satisfaction with their lives
iii.   the role of the effective counselor and the desired relationship between counselee and counselor.
iv.   Strategies and interventions that counselors can use to help people achieve their counseling goals. Examples include reflections of feeling, modification of cognitive distortions, and systematic desensitization.

3.2 Psychoanalytic theory: psychoanalysis and transactional analysis

PSYCHOANALYSIS THEORY:

Psychoanalysis, method of treating mental disorders, shaped by psychoanalytic theory, which emphasizes unconscious mental processes and is sometimes described as "depth psychology." The psychoanalytic movement originated in the clinical observations and formulations of Austrian psychiatrist Sigmund Freud, who coined the term *psychoanalysis*. During the 1890s, Freud worked with Austrian physician and physiologist Josef Breuer in studies of neurotic

patients under hypnosis. Freud and Breuer observed that, when the sources of patients' ideas and impulses were brought into consciousness during the hypnotic state, the patients showed improvement.

Definition: The **Psychoanalytic Theory** is the personality theory, which is based on the notion that an individual gets motivated more by unseen forces that are controlled by the conscious and the rational thought.

Observing that most patients talked freely without being under hypnosis, Freud evolved the technique of free association of ideas. The patient was encouraged to say anything that came to mind, without regard to its assumed relevancy or propriety. Noting that patients sometimes had difficulty in making free associations, Freud concluded that certain painful experiences were repressed, or held back from conscious awareness.

 Freud noted that in the majority of the patients seen during his early practice, the events most frequently repressed were concerned with disturbing sexual experiences. Thus he hypothesized that anxiety was a consequence of the repressed energy (libido) attached to sexuality; the repressed energy found expression in various symptoms that served as psychological defense mechanisms. Freud and his followers later extended the concept of anxiety to include feelings of fear, guilt, and shame consequent to fantasies of aggression and hostility and to fear of loneliness caused by separation from a person on whom the sufferer is dependent.

Freud's free-association technique provided him with a tool for studying the meanings of dreams, slips of the tongue, forgetfulness, and other mistakes and errors in everyday life. From these investigations he was led to a new conception of the structure of personality: the id, ego, and superego.

The id is the unconscious reservoir of drives and impulses derived from the genetic background and concerned with the preservation and propagation of life. The ego, according to Freud, operates in conscious and preconscious levels of awareness. It is the portion of the personality concerned with the tasks of reality: perception, cognition, and executive actions. In the superego lie the individual's environmentally derived ideals and values and the mores of his family and society; the superego serves as a censor on the ego functions.

Sigmund Freud is closely related to the psychoanalytic theory. According to him, the human behavior is formed through an interaction between three components of the mind, i.e. Id, Ego and Super Ego.

Id: Id is the primitive part of the mind that seeks immediate gratification of biological or instinctual needs. The biological needs are the basic physical needs and while the instinctual needs are the natural or unlearned needs, such as hunger, thirst, sex, etc.

Super-Ego: The Super-Ego is related to the social or the moral values that an individual inculcates as he matures. It acts as an ethical constraint on behavior and helps an individual to develop his conscience.

Ego: Ego is the logical and the conscious part of the mind which is associated with the reality principle. This means it balances the demands of Id and super-ego in the context of real life situations.

Hence, these are the fundamental structures of the mind, and there is always a conflict between these three. The efforts to attain the balance between these defines the way we behave in the external environment.

TRANSACTIONAL ANALYSIS

Transactional analysis (TA) is a widely recognised form of modern psychology, and one of the most accessible theories of psychology at that. In simple terms, TA is designed to promote personal growth and change. It is considered a fundamental therapy for well-being and for helping individuals to reach their full potential in all aspects of life.

Founded by Eric Berne in the late 1950s, TA therapy is based on the theory that each person has three ego-states: parent, adult and child. These are used along with other key transactional analysis concepts, tools and models to analyse how individuals communicate and to identify what interaction is needed for a better outcome.

Throughout therapy, the TA therapist will work directly on problem-solving behaviours, whilst helping counselees to develop day-to-day tools for finding constructive, creative solutions. The

ultimate goal is to ensure counselees regain absolute autonomy over their lives. Eric Berne defines this autonomy as the recovery of three vital human capacities - spontaneity, awareness and intimacy.

Transactional analysis works

Transactional analysis is a talking therapy and sessions are designed to explore an individual's personality and how this has been shaped by experience - particularly those stemming from childhood. This is achieved through skilful questioning and the utilisation of various models, techniques and tools. Sessions can be carried out in the form of one-on-one counselling, or with families, couples or groups. And, although it is commonly recognised as a brief and solution-focused approach, transactional analysis can also be applied as an effective long-term, in-depth therapy. In counselling, TA therapy is very versatile, for it can be used in a wide range of areas and incorporates key themes from humanistic, integrative and psychoanalytical and psychodynamic therapies. The atmosphere that supports transactional analysis is non-judgemental, secure and respectful, ensuring that a positive relationship is forged between the therapist and counselee(s) in order to provide a model for subsequent relationships and communication that are developed outside of therapy. In this setting, the therapist works collaboratively with the individual. Together, they will identify what has gone wrong in the counselee's communication and provide opportunities for them to change repetitive patterns that limit their potential.

Key concepts of transactional analysis

Below is an exploration of some of the key concepts of transactional analysis that a therapist will use in their work.

Ego-states: Ego-states refer to the three major parts of an individual's personality, and they each reflect an entire system of thought, feeling and behaviour.

These ego-states are:

- **Parent -** Rooted in the past; a set of thoughts, feelings and behaviours learnt from our parents and other important people. This part of our personality can be supportive or critical.

- **Adult -** Rooted in the present; relates to direct responses in the 'here and now' that are not influenced by our past. This tends to be the most rational part of our personality.

- **Child -** Rooted in the past; a set of thoughts, feelings and behaviours learnt from our childhood. These can be free and natural or strongly adapted to parental influences.

Our ego-states determine how we express ourselves as individuals, interact with each other and form relationships. The simplicity of the terminology used in TA makes the model very accessible.

Unconscious scripts: TA therapists recognise that we all have the potential to live the life we want, rather than the life we are programmed to live. Sometimes, however, this potential is hindered by repetitive patterns or 'unconscious scripts' that stem from childhood decisions and teachings. TA therapists use script theory to identify these unconscious scripts. These will be analysed using the ego-state model, and their identification is crucial to helping counselees realise how certain permissions and prohibitions they received as a child are impacting their lives and how they communicate. These unconscious scripts often exist as repetitive patterns of behaviour, thoughts and feelings - characteristics that suggest the child ego-state is overbearing and tainting other parts of an individual's personality.

Transactions: When individuals communicate, their ego-states interact to create transactions. If the ego-states interact and blend in a healthy way, transactions tend to be healthier. But, sometimes ego-states can contaminate each other to create a distorted view of the world. Transactions may be classified as straightforward, crossed-up, or ulterior, and understanding these is key to conflict resolution.

Strokes: Strokes refer to compliments, acceptance and recognition, which are influential in how people lead their lives. TA therapy recognises that we are greatly motivated by the reinforcement we get as children, and if this was dysfunctional, we are likely to adopt dysfunctional patterns of living as we get older.

Intimacy: Another motivation recognised in transactional analysis is intimacy. Similarly to strokes, if the intimacy a child experiences is dysfunctional, it can lead to problems. Children may learn that this type of intimacy is the best that he or she can do to meet basic needs and

communicate with others. This can lead to the development of repetitive patterns of behaviour that can hinder a person's potential.

Redecision: This refers to an individual's capacity to 'redecide' and make changes to certain decisions that were made as a child - those stemming from unconscious scripts. Redecision reflects the assumption of TA therapy that individuals have the potential to lead their lives as they choose. This power is released after a redecision is made while a counselee is in their child-ego state. Ultimately, therapists will encourage counselees to challenge their current beliefs and the way he or she uses their life script. This will help them to better understand the direction and patterns of their life for themselves, and this awareness can help them to make the decision to change their behaviour.

Benefits:

Designed to promote personal growth and change, transactional analysis offers the opportunity to develop all kinds of skills that can be applied to all areas of life. This makes the therapy valuable for helping to solve many types of problems. TA has been successfully applied in a wide variety of settings outside of counselling, including organisational training and consultancy, parenting, education and coaching. Essentially transactional analysis can be used in any field where there is a need for understanding of individuals, communication and relationships. As a result, it is particularly useful where there are issues of conflict, confusion or where something is lacking. Relationship issues - between families, friends and couples - tend to benefit greatly, as TA encourages counselees to address problems that have built up over time. Many people find TA therapy appealing as it promotes an equal relationship between counselee and therapist, in which the counselee is encouraged to focus on their commitment to change. Berne believed everyone has the capacity to decide what they want for their lives, and the therapy helps counselees to recognise their worth and value in order to go about achieving these goals.

3.3 Adlerian theory: Adlerian counseling

Alfred Adler (1870-1937), world renowned philosopher and psychiatrist, stressed the need to understand individuals within their social context. During the early 1900's, Adler began addressing such crucial and contemporary issues as equality, parent education, the influence of birth order, life style, and the holism of individuals. Adler believed that we all have one basic

desire and goal: to belong and to feel significant. Adler developed the first holistic theory of personality, psychopathology, and psychotherapy that was intimately connected to a humanistic philosophy of living. His lectures and books for the general public are characterized by a crystal clear common sense. His clinical books and journal articles reveal an uncommon understanding of mental disorders, a deep insight into the art of healing, and a great inspiration for encouraging optimal human development. According to Adler, when we feel encouraged, we feel capable and appreciated and will generally act in a connected and cooperative way. When we are discouraged, we may act in unhealthy ways by competing, withdrawing, or giving up. It is in finding ways of expressing and accepting encouragement, respect, and social interest that help us feel fulfilled and optimistic. Adlerian theory and practice have proven especially productive as applied to the growth and development of children. Adlerians believe that "a misbehaving child is a discouraged child" and that helping children to feel valued, significant, and competent is often the most effective strategy in coping with difficult child behaviors. Adlerian Psychology focuses on people's efforts to compensate for their self-perceived inferiority to others. These feelings of inferiority may derive from one's position in the family constellation, particularly if early experiences of humiliation occurred; a specific physical condition or defect existed; or a general lack of social feeling for others was present. Adlerians are concerned with understanding the unique and private beliefs and strategies (one's life style) that each individual creates in childhood. This cognitive schema and life style serve as the individual's reference for attitudes, behaviors, and one's private view of self, others, and the world. It is when we have looked at our early life experiences, examined the patterns of behavior that repeat themselves in our lives, and the methods by which we go about trying to gain significance and belonging that healing, growth, and change occur. As articulated by noted Adlerian psychotherapist Henry Stein, the theory and application of Adlerian Psychology have as their lynchpins seven critical ideas:

Unity of the Individual: Thinking, feeling, emotion, and behavior can only be understood as subordinated to the individual's style of life, or consistent pattern of dealing with life. The individual is not internally divided or the battleground of conflicting forces. Each aspect of the personality points in the same direction.

Goal Orientation: There is one central personality dynamic derived from the growth and forward movement of life itself. It is a future-oriented striving toward a goal of significance, superiority, or success. In mental health, it is a realistic goal of socially useful significance or superiority over general difficulties. In mental disorders, it is an unrealistic goal of exaggerated

significance or superiority over others. The early childhood feeling of inferiority, for which one aims to compensate, leads to the creation of a fictional final goal which subjectively seems to promise future security and success. The depth of the inferiority feeling usually determines the height of the goal which then becomes the "final cause" of behavior patterns.

Self-Determination and Uniqueness: A person's fictional goal may be influenced by hereditary and cultural factors, but it ultimately springs from the creative power of the individual, and is consequently unique. Usually, individuals are not fully aware of their goal. Through the analysis of birth order, repeated coping patterns, and earliest memories, the psychotherapist infers the goal as a working hypothesis.

Social Context: As an indivisible whole, a system, the human being is also a part of larger wholes or systems -- the family, the community, all of humanity, our planet, and the cosmos. In these contexts, we meet the three important life tasks: occupation, love and sex, and our relationship with other people -- all social challenges. Our way of responding to our first social system, the family constellation, may become the prototype of our world view and attitude toward life.

The Feeling of Community: Each human being has the capacity for learning to live in harmony with society. This is an innate potential for social connectedness which has to be consciously developed. Social interest and feeling imply "social improvement," quite different from conformity, leaving room for social innovation even through cultural resistance or rebellion. The feeling of genuine security is rooted in a deep sense of belonging and embeddedness within the stream of social evolution.

Mental Health: A feeling of human connectedness and a willingness to develop oneself fully and contribute to the welfare of others are the main criteria of mental health. When these qualities are underdeveloped, feelings of inferiority may haunt an individual, or an attitude of superiority may antagonize others. Consequently, the unconscious fictional goal will be self-centered and emotionally or materially exploitive of other people. When the feeling of connectedness and the willingness to contribute are stronger, a feeling of equality emerges, and the individual's goal will be self-transcending and beneficial to others.

Treatment: Adlerian individual psychotherapy, brief therapy, couple therapy, and family therapy follow parallel paths. Counselees are encouraged to overcome their feelings of

insecurity, develop deeper feelings of connectedness, and to redirect their striving for significance into more socially beneficial directions. Through a respectful Socratic dialogue, they are challenged to correct mistaken assumptions, attitudes, behaviors, and feelings about themselves and the world. Constant encouragement stimulates counselees to attempt what was believed impossible. The growth of confidence, pride, and gratification leads to a greater desire and ability to cooperate. The objective of therapy is to replace exaggerated self-protection, self-enhancement, and self-indulgence with courageous social contribution.

Four Stages of Adlerian Therapy: In Adler's approach to therapy, termed *individual psychology* or *Adlerian psychology*, therapy progresses through a series of four stages:

1. **Engagement.** The counselee and therapist begin to establish the therapeutic relationship. The relationship should consist of collaboration towards addressing the counselee's problems. The therapist should offer support and encouragement.
2. **Assessment.** The therapist works to learn more about the counselee's background, including early memories and family dynamics. In this part of therapy, the therapist attempts to understand how the counselee may have developed certain styles of thinking that are no longer helpful or adaptive for them.
3. **Insight.** The therapist offers an interpretation of the counselee's situation. The therapist suggests theories about how past experiences may have contributed to issues the counselee is currently experiencing; importantly, the therapist leaves it up to the counselee to decide whether these theories are accurate and useful.
4. **Reorientation.** The therapist helps the counselee to develop new strategies that the counselee can use in daily life.

3.4 Humanistic theories: counselee centered counseling, existential counseling, gestalt therapy

COUNSELEE CENTERED THERAPY: This approach works from the belief that emotional distress can result when others criticize you or show disapproval for your choices or actions. This

can make self-acceptance and growth difficult. Therapists offer acceptance, empathy, and guidance as you work on personal growth and positive change. It was developed by Carl rogers, the counselee-centered theory grew out of his years of practice as a clinician. He was a very believer in the potential of each person. He presented his approach in the book titled "counselling & psychotherapy" (1942). His other books include- "counselee-centered therapy" (1951), on becoming a person (1961), on encounter groups (1970). His theory is also known as- person-centered, student-centered and even non-directive theory. Therapeutic counselling was largely a directive, prescriptive enterprise consisting of advice, diagnoses, interpretations and authority. The entry of carl rogers saw the dawn of giving counselees more autonomy and responsibility for their treatment. Counselee-centered counselling gained momentum due to its optimistic philosophy that emphasized the potential of humans to learn, grow and heal themselves, when given an opportunity within a nurturing therapeutic relationship. The person centered theory key concepts dives into explaining the different parts of using the person centered approach while counseling individuals.

Concept one: Congruence in therapy: According to carl rogers , congruence is the most important attribute in person centered theory. This key concept means the therapist is real, genuine and open with the counselee.
Rogers notes that therapist's are human and can not be 100% authentic in their own lives, but rather be authentic in their focus on the counselee. In school counseling, this congruence in therapy can be observed through effective relationship building with students. Students are capable of understanding if their counselor truly cares about them.

Concept two: Genuineness: Genuineness goes along very strongly with the idea of congruence. Being genuine with the counselee is an important step in establishing trust. For the counselee to feel their therapist truly cares about them there is nothing greater than genuineness. In the counseling process, a counselee needs a safe environment. This place is free from judgment of the counselees actions and where the counselee can be open about who they are as an individual. In this environment the counselee can grow and gain a deeper understanding of themselves.

Concept three: Empathy: The idea of putting yourself in someone else's shoes is a key concept of the person centered theory. This concept is about the counselee and helps the therapist gain a greater idea of what life is like through the eyes of their counselee. This also helps the therapist

sympathize with the counselee's situation. The therapist feels more invested in helping the counselee through their ability to empathize with the counselee's situation.

*Concept four: Unconditional Positive Regard:*This key concept in counseling focuses on accepting the counselee for who they are. The therapist or counselor may not agree with the actions which the counselee took part of, but does approve of the counselee as a human being. This can be a difficult avenue for some counselors to take. All people have biases towards the actions of others and this is when it is time to set those aside. If the counselor disapproves of the counselees actions and does not accept the counselee, the relationship building process is halted. The counselee will no longer feel accepted or wanted. This is difficult to come back from. When this occurs the professional responsibility of the therapist of counselor would be to refer the counselee to someone else, as it would be in the best interest of the counselee. In the profession of counseling it is important for the therapist to understand themselves and the biases they may have. This will assist in the relationship building process with more counselees in the future.

Concept five: Trust in the ability of counselee to move forward in a constructive manner: One of the concepts which counselors and therapists do very well at is the trust in the counselee's ability to move forward. This trust and belief in the counselee will help them know they can get past their trauma. The term advocate comes to mind with this concept. Being an advocates is the number one reason people get into the profession of therapy in the first place. Therapists, counselors, psychologists, all have one thing in common. They all want to help people. I think of being a school counselor and we truly are cheerleaders for the students we help. We believe in their ability to succeed and want the best for them in their lives. This is a strong characteristic to have in these fields and can help in every scenario when working with counselees.

Concept six: The emphasis of the therapist-counselee relationship: This key concept goes back to the idea of a person centered counseling relationship. The idea is to focus on building rapport with each counselee in order to help the counselee in their most difficult of days. This relationship truly becomes a lifeboat when the ship is sinking for counselees. Everyone has been there. Everyone has had a terrible day which just destroyed them. This is the reason the therapist-counselee relationship is so important. For the counselee to know they have someone in their corner of the ring who will advocate for them and not judge them for their mistakes. One

emphasis on this relationship is to build a support system for the counselee. The counselee will need to have other people they can reach out to when they are having a bad day.

Concept seven: Non-directive dialogue: Non-directive dialogue refers to the therapist being able to follow along with what the counselee is talking about. This type of dialogue allows the counselee to dig deeper into themselves rather than being told what they should do by someone else. This makes the decision of the counselee their own, rather than being told what to do by their therapist

Concept eight: Strive for self-actualization: In person-centered therapy, the key concept of self-actualization comes at the end of the person's conflict. When the counselee self-actualizes the decision they need to make to solve their own problem, the process in diagnosing this problem comes to an end. Self-actualization is the moment when the counselees real self and ideal self align completely. To conclude Counselee Centered theory focuses on building a relationship with the counselee and is found in every human reaction. The goal when looking at all of the key concepts in Person Centered Theory counseling is to learn about the strengths and then provide the information to the counselee to best fit those strengths.

EXISTENTIAL THERAPY: In this philosophical approach to treatment, you'll consider concepts such as responsibility for your choices and your freedom to make choices. You might spend time talking about what certain parts of your life mean to you and how you might find greater meaning in life. Existential-humanistic psychology seeks to be honest about the human condition, including the challenges, potentials, and limitations inherent. It recognizes the individual, relational, and cultural aspects of being human and one's identity, including the potentials and limitations. It has an appreciation for the paradoxical nature of being human. It has an appreciation for the existential givens, variously defined and understood. The existential givens include death/finiteness, freedom/responsibility, isolation/connection, meaning, and emotions/embodiment. The givens are sometimes viewed as universal challenges; however, I view them as universal issues that all people experience. They may or may not be perceived as a challenge. The response to the existential givens are influenced by personal and cultural aspects.

Existential-humanistic psychology does not espouse that there is one correct way to respond to the givens. It recognizes what May (1969) referred to as the daimonic. According to May, the daimonic refers to any natural impulse or tendency that has the potential to take over the whole personality. It, particularly in regards to therapy, is a relational approach. However, what is meant by relational can greatly vary. From the existential-humanistic perspective, relational is rooted in a valuing of the individual and their potential, personal agency, empathy, and compassion. It values conscious awareness. While there are various perspectives on the unconscious or, as it sometimes preferred, subconscious in existential-humanistic thought, there is a general valuing of striving to be more consciously aware of oneself and what influences oneself.

Key concepts of an Existential therapy:

It takes a philosophical/intellectual approach to therapy. It sees humans as:

- having the capacity for self-awareness, experiencing tension between freedom and responsibility
- creating an identity and establishing meaningful relationships
- searching for the meaning, purpose and values of life
- accepting anxiety as a condition of living
- being aware of death and non-being

Aim of Existential therapy: This modality aims to help counselees to expand self-awareness, increase potential choices, accept responsibility for their choices, and experience authentic existence. The therapist seeks to understand the counselee's subjective world, encourage the counselee to accept personal responsibility, and get them to take responsibility for their role in any problematic life situations. Existential therapy is not technique-oriented; instead, the interventions used are based on philosophical views about the nature of human existence, and use the therapist's self. It is particularly well-suited to counselees who are bereaved, facing significant decisions or developmental crises, coping with failures in marriage and work, or dealing with physical limitations due to age. To conclude, Existential therapy is applicable to diverse counselees who are searching for meaning in their lives, including examining whether their behaviour is being influenced by social and cultural factors. Therapists can help counselees to weigh up the alternatives and possible consequences, to recognise how they contribute to their situation, and to identify how they can change their external environment.

However, critics of existential therapy see it as excessively individualistic; for many cultures, it is not possible to talk about self and self-determination outside the context of the social network. This modality can also be seen as ignoring the social factors that cause human problems: even if counselees change internally, there may be little hope that the external realities of racism or discrimination will change. Existential therapy can also be difficult for counselees who expect a structured and problem-oriented approach instead of discussion of philosophical questions.

GESTALT THERAPY:

The word "Gestalt" is German for "shape"; which is why this German school of psychology that studies human perception bears this name. At the same time, the word perception means knowledge or a feeling inside that occurs when we receive certain information via the senses. This has to do with the shapes or mental structures that we perceive our external reality through.

Gestalt psychology studies the organization of these shapes or mental structures that lead to the way that we perceive things. Perception psychology is a school of thought created in the early 20th century by German psychologists Max Wertheimer, Wolfgang Kohler, and Kurt Kofka. According to these creators, mental tasks such as **learning, thought, and memory, would be impossible without perception**. And to explain how the mind configures the information that we receive, these psychologists proposed a series of principles know as the Gestalt laws.

The 6 main Gestalt principles:

1. Law of proximity: The law of proximity says that we categorize information from the outside world based on the spatial distribution of the objects that we observe. In other words, we tend to create a mental picture of these objects depending on the space between them: we perceive objects that are close together as a single entity**.**

2. Law of closure: The law of closure is closely related to the law of pragnanz. In large part, it says that we prioritize the information that helps us to create outlines or edges around shapes. This is different from stimuli that don't generate any image or mental possibility for closure.

3. Law of continuity: The laws of closure, pragnanz, and proximity are closely related to the law of continuity. This principle explains that we tend to perceive details that are close together as continuous when in reality they are separated or interrupted.

4. Law of similarity: The law of similarity suggests that our perception classifies information depending on how similar it is to the other stimuli that we observe.

5. Law of pragnanz: The law of pragnanz, also known as the law of good figure, is the tendency to organize external phenomena into simple categories.

6. Figure and ground relationship: The Gestalt principles that we described before were also summarized in a single law: the law of figure and ground relationship. The laws mentioned beforehand describe how perception shapes the notion of an object, without highlighting the external elements that help to differentiate one shape from another. On the other hand, the law of figure and ground relationship insists that perception also occurs through variations in the stimulation caused by external elements.

To conclude Gestalt Theory, With this approach, we will look at unresolved issues, such as relationship and family conflicts, considering how they affect your emotional well-being. Gestalt therapy focuses on the present moment and often involves role-playing or acting out scenarios with movement or visualization.

3.5 Behavioral theory: behavior therapy

Behavioral theories:

Behaviorism, also known as behavioral psychology, is a theory of learning based on the idea that all behaviors are acquired through conditioning. Conditioning occurs through interaction with the environment. Behaviorists believe that our responses to environmental stimuli shape our actions. According to this school of thought, behavior can be studied in a systematic and observable manner regardless of internal mental states. According to this perspective, only observable behavior should be considered—cognitions, <u>emotions</u>, and moods are far too subjective. Strict behaviorists believed that any person can potentially be trained to perform any task, regardless of genetic background, personality traits, and internal thoughts (within the limits of their physical capabilities). It only requires the right conditioning.

1. **Behaviorism:** John Watson published the Behaviorism theory in 1913. His theory indicated that introspection and consciousness were not an important part of psychology; rather, the implicit goal was to control behavior. In his mind there was no difference between human and animal behavior. All behaviors were based on nerve pathways that were conditioned by stimuli and responses. Psychological behaviorism developed during the mid 19th and early 20th centuries. According to Robert H. Wozniak from Bryn Mawr College, behaviorist researchers saw psychology as a natural science that could be broken down into physical processes. They focused on the physical relationships between environment and behavior. Behaviorist philosophy dominated psychology from the 1920s through the 1960s.

2. **Connectionism:** Edward Thorndike developed the Connectionism theory during the 1920s. Thorndike believed that learning was a result of associations that were formed between a stimulus and response. His Law of Effect stated that if a response to a situation was followed by a positive outcome, the response would become habitual. The Law of Readiness suggested that a person or animal could develop a series of responses to reach a particular goal. He also believed that connections were strengthened if used regularly and weakened if discontinued. He termed this theory the Law of Exercise, according to the Theory into Practice database. Psychological behaviorism developed during the mid 19th and early 20th centuries. According to Robert H. Wozniak from Bryn Mawr College, behaviorist researchers saw psychology as a natural science that could be broken down into physical processes. They focused on the physical relationships between environment and behavior. Behaviorist philosophy dominated psychology from the 1920s through the 1960s.

3. **Classical Conditioning:** Classical conditioning is a technique frequently used in behavioral training in which a neutral stimulus is paired with a naturally occurring stimulus. Eventually, the neutral stimulus comes to evoke the same response as the naturally occurring stimulus, even without the naturally occurring stimulus presenting itself. Throughout the course of three distinct phases, the associated stimulus becomes known as the conditioned stimulus and the learned behavior is known as the conditioned response. **Ivan Pavlov** (1849-1936) was a Russian scientist interested in studying how digestion works in mammals. He observed and recorded information about dogs and their digestive process. As part of his work, he began to study what triggers dogs to salivate. It should have been an easy study: mammals produce saliva to help them break down food, so the dogs should have simply began drooling when presented with food. But what Pavlov discovered when he observed the dogs was that drooling had a much more far-reaching effect than he ever thought: it paved the way for a new theory about behavior and a new way to study humans.

Classical Conditioning

The people who fed Pavlov's dogs wore lab coats. Pavlov noticed that the dogs began to drool whenever they saw lab coats, even if there was no food in sight. Pavlov wondered why the dogs salivated at lab coats, and not just at food. He ran a study in which he rang a bell every time he fed the dogs. Pretty soon, just ringing a bell made the dogs salivate.

Pavlov said the dogs were demonstrating **classical conditioning**. He summed it up like this: there's a **neutral stimulus** (the bell), which by itself will not produce a response, like salivation. There's also a non-neutral or **unconditioned stimulus** (the food), which will produce an **unconditioned response** (salivation). But if you present the neutral stimulus and the unconditioned stimulus together, eventually the dog will learn to associate the two. After a while, the neutral stimulus by itself will produce the same response as the unconditioned stimulus, like the dogs drooling when they heard the bell. This is called a **conditioned response**. Think of an unconditioned response as completely natural and a conditioned response as something that we learn.
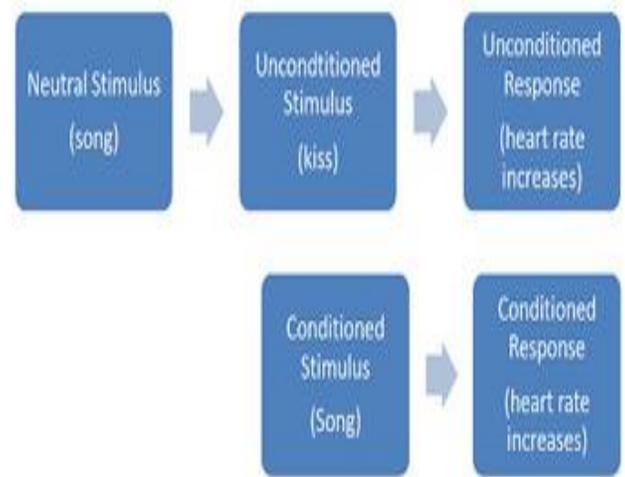
Let us discuss it three phases

Phase 1: Before Conditioning:

The first part of the classical conditioning process requires a naturally occurring stimulus that will automatically elicit a response. Salivating in response to the smell of food is a good example of a naturally occurring stimulus. During this phase of the processes, the unconditioned stimulus (UCS) results in an unconditioned response (UCR). For example, presenting food (the UCS) naturally and automatically triggers a salivation response (the UCR). At this point, there is also a neutral stimulus that produces no effect—yet. It isn't until this neutral stimulus is paired with the UCS that it will come to evoke a response.

Let's take a closer look at the two critical components of this phase of classical conditioning.

- The unconditioned stimulus is one that unconditionally, naturally, and automatically triggers a response. For example, when you smell one of your favorite foods, you may immediately feel very hungry. In this example, the smell of the food is the unconditioned stimulus.
- The unconditioned response is the unlearned response that occurs naturally in response to the unconditioned stimulus. In our example, the feeling of hunger in response to the smell of food is the unconditioned response.

Phase 2: During Conditioning

During the second phase of the classical conditioning process, the previously neutral stimulus is repeatedly paired with the unconditioned stimulus. As a result of this pairing, an association between the previously neutral stimulus and the UCS is formed. At this point, the once neutral stimulus becomes known as the conditioned stimulus (CS). The subject has now been conditioned to respond to this stimulus. The conditioned stimulus is a previously neutral stimulus that, after becoming associated with the unconditioned stimulus, eventually comes to trigger a conditioned response. In our earlier example, suppose that when you smelled your favorite food, you also heard the sound of a whistle. While the whistle is unrelated to the smell of the food, if the sound of the whistle was paired multiple times with the smell, the sound would eventually trigger the conditioned response. In this case, the sound of the whistle is the conditioned stimulus.

Phase 3: After Conditioning

Once the association has been made between the UCS and the CS, presenting the conditioned stimulus alone will come to evoke a response even without the unconditioned stimulus. The resulting response is known as the conditioned response (CR).

The conditioned response is the learned response to the previously neutral stimulus. In our example, the conditioned response would be feeling hungry when you heard the sound of the whistle.

Key Principles

Behaviorists have described a number of different phenomena associated with classical conditioning. Some of these elements involve the initial establishment of the response while others describe the disappearance of a response. These elements are important in understanding the classical conditioning process.

Acquisition : Acquisition is the initial stage of learning when a response is first established and gradually strengthened. During the acquisition phase of classical conditioning, a neutral stimulus is repeatedly paired with an unconditioned stimulus.

As you may recall, an unconditioned stimulus is something that naturally and automatically triggers a response without any learning. After an association is made, the subject will begin to emit a behavior in response to the previously neutral stimulus, which is now known as a conditioned stimulus. It is at this point that we can say that the response has been acquired.

For example, imagine that you are conditioning a dog to salivate in response to the sound of a bell. You repeatedly pair the presentation of food with the sound of the bell. You can say the response has been acquired as soon as the dog begins to salivate in response to the bell tone. Once the response has been established, you can gradually reinforce the salivation response to make sure the behavior is well learned.

Extinction: [Extinction](#) is when the occurrences of a conditioned response decrease or disappear. In classical conditioning, this happens when a conditioned stimulus is no longer paired with an unconditioned stimulus.

For example, if the smell of food (the unconditioned stimulus) had been paired with the sound of a whistle (the conditioned stimulus), it would eventually come to evoke the conditioned response of hunger. However, if the unconditioned stimulus (the smell of food) were no longer paired with the conditioned stimulus (the whistle), eventually the conditioned response (hunger) would disappear.

Spontaneous Recovery: Sometimes a learned response can suddenly reemerge even after a period of extinction. Spontaneous recovery is the reappearance of the conditioned response after a rest period or period of lessened response. For example, imagine that after training a dog to salivate to the sound of a bell, you stop reinforcing the behavior and the response eventually becomes extinct. After a rest period during which the conditioned stimulus is not presented, you suddenly ring the bell and the animal spontaneously recovers the previously learned response. If the conditioned stimulus and unconditioned stimulus are no longer associated, extinction will occur very rapidly after a spontaneous recovery.

Stimulus Generalization: Stimulus generalization is the tendency for the conditioned stimulus to evoke similar responses after the response has been conditioned. For example, if a dog has been conditioned to salivate at the sound of a bell, the animal may also exhibit the same response to stimuli that are similar to the conditioned stimulus. In John B. Watson's famous Little Albert Experiment, for example, a small child was conditioned to fear a white rat. The child demonstrated stimulus generalization by also exhibiting fear in response to other fuzzy white objects including stuffed toys and Watson's own hair.

Stimulus Discrimination: Discrimination is the ability to differentiate between a conditioned stimulus and other stimuli that have not been paired with an unconditioned stimulus. For example, if a bell tone were the conditioned stimulus, discrimination would involve being able to tell the difference between the bell tone and other similar sounds. Because the subject is able to distinguish between these stimuli, he or she will only respond when the conditioned stimulus is presented.

To summarize, Ivan Pavlov, a Russian researcher who lived between 1849 and 1936, became famous for his relationship studies between external stimuli and salivation in dogs. Pavlov rang a bell each time he fed his laboratory dogs. The dogs soon began to salivate when the bell was sounded even if there was no food present. He called this response a conditioned reflex. His research was influential in the Behaviorist school of thought.

4. **Operant Conditioning**: Operant conditioning is a method of learning occurs through reinforcement and punishments. It is sometimes referred to as instrumental . Through operant conditioning is an association is made between a behavior and a consequence for that behaviour.When a desirable result follows an action, the behavior becomes more likely to occur again in the future. Responses followed by adverse outcomes, on the other hand, become less likely to happen again in the future. Operant conditioning methods are based on Watson's behaviorist theories. They are still widely used in classroom-management techniques and clinical settings as a method of controlling behavior. During the 1950s, B.F. Skinner theorized that learning was the result of a change of behavior that occurred as a response to stimuli in the environment. He believed that reinforcement, which is any motivator that elicits the desired response, was a key element in operant conditioning. He felt that behaviors that were positively reinforced through praise, treats or good grades would continue, while negative behaviors that were unrewarded would diminish.

Operant Conditioning Learning:

B.F. Skinner proposed his theory on operant conditioning by conducting various experiments on animals. He used a special box known as "Skinner Box" for his experiment on rats. As the first step to his experiment, he placed a hungry rat inside the Skinner box. The rat was initially inactive inside the box, but gradually as it began to adapt to the environment of the box, it began to explore around. Eventually, the rat discovered a lever, upon pressing which; food was released inside the box. After it filled its hunger, it started exploring the box again, and after a while it

pressed the lever for the second time as it grew hungry again. This phenomenon continued for the third, fourth and the fifth time, and after a while, the hungry rat immediately pressed the lever once it was placed in the box. Then the conditioning was deemed to be complete. Here, the action of pressing the lever is an operant response/behavior, and the food released inside the chamber is the reward. The experiment is also known as Instrumental Conditioning Learning as the response is instrumental in getting food. This experiment also deals with and explains the effects of positive reinforcement. Upon pressing the lever, the hungry rat was served with food, which filled its hunger; hence, it's a positive reinforcement.

B.F. Skinner's Second Experiment: B.F. Skinner also conducted an experiment that explained negative reinforcement. Skinner placed a rat in a chamber in the similar manner, but instead of keeping it hungry, he subjected the chamber to an unpleasant electric current. The rat having experienced the discomfort started to desperately move around the box and accidentally knocked the lever. Pressing of the lever immediately seized the flow of unpleasant current. After a few times, the rat had smartened enough to go directly to the lever in order to prevent itself from the discomfort. The electric current reacted as the negative reinforcement, and the consequence of escaping the electric current made sure that the rat repeated the action again and again. Here too, the pressing of the lever is an operant response, and the complete stop of the electric current flow is its reward.

3.6 Cognitive theory: Rational Emotive Behavioral Therapy (REBT), reality therapy (RT)

I) REBT:

Albert Ellis (1957, 1962) proposes that each of us hold a unique set of assumptions about ourselves and our world that serve to guide us through life and determine our reactions to the various situations we encounter. Unfortunately, some people's assumptions are largely irrational, guiding them to act and react in ways that are inappropriate and that prejudice their chances of happiness and success.

Rational emotive behavior therapy. This approach helps you learn how to challenge irrational beliefs that contribute to emotional distress or other issues. The idea behind rational emotive

therapy is that replacing irrational thoughts with more rational ones can improve your well-being.

Albert Ellis calls these **basic irrational assumptions**. Some people irrationally assume that they are failures if they are not loved by everyone they know - they constantly seek approval and repeatedly feel rejected. All their interactions are affected by this assumption, so that a great party can leave them dissatisfied because they don't get enough compliments.

According to Ellis, these are other **common irrational assumptions**:

- The idea that one should be thoroughly competent at everything.
- The idea that is it catastrophic when things are not the way you want them to be.
- The idea that people have no control over their happiness.
- The idea that you need someone stronger than yourself to be dependent on.
- The idea that your past history greatly influences your present life.
- The idea that there is a perfect solution to human problems, and it's a disaster if you don't find it.
- Ellis believes that people often forcefully hold on to this illogical way of thinking, and therefore employs highly emotive techniques to help them vigorously and forcefully change this irrational thinking.

The ABC Model: A major aid in cognitive therapy is what Albert Ellis (1957) called the **ABC Technique of Irrational Beliefs**. The first three steps analyze the process by which a person has developed irrational beliefs and may be recorded in a three-column table.

* **A - Activating Event or objective situation.** The first column records the objective situation, that is, an event that ultimately leads to some type of high emotional response or negative dysfunctional thinking.

* **B - Beliefs.** In the second column, the counselee writes down the negative thoughts that occurred to them.

* **C - Consequence.** The third column is for the negative feelings and dysfunctional behaviors that ensued. The negative thoughts of the second column are seen as a connecting bridge between the situation and the distressing feelings. The third column C is next explained by describing emotions or negative thoughts that the counselee thinks are caused by A. This could be anger, sorrow, anxiety, etc.

Ellis believes that it is not the activating event (**A**) that causes negative emotional and behavioral consequences (**C**), but rather that a person interprets these events unrealistically and therefore has an irrational belief system (**B**) that helps cause the consequences (**C**).

REALITY THERAPY (RT):"Reality Therapy" is a cognitive behavioural therapy method that continues to grow in popularity as a therapeutic approach owing to its wide applicability, its highly practical and interactive methodology, and its actual track record in counseling and helping people. This book forms an easy-to-use introduction to this approach and includes: a discussion of the concepts behind reality therapy, choice theory, the counseling environment, procedures and special applications; information on how this approach has a wide application, including developing responsibility, motivation, self-esteem, improving relationships, dealing with discipline and problems and addictions; details of how this technique can be used in schools, by the probation service, in prisons, at work, within clinics and the health service and in many other areas where counseling is necessary. Reality therapy is a therapeutic approach that focuses on problem-solving and making better choices in order to achieve specific goals. Developed by Dr. William Glasser, reality therapy is focused on the here and now rather than the past. The goal of reality therapy is to solve problems, rebuild connections and begin working toward a better future. The therapist works with the patient to figure out what they want and how their current behaviors are bringing them closer (or farther) from their goals. Central to reality therapy is a trusting relationship between patient and therapist that strives to make the patient feel safe, heard and respected. This relationship is nurtured by finding healthier ways for patients to get their basic needs met. These needs include:

- Love and belonging
- Power
- Survival
- Freedom
- Fun

Reality therapy is a highly effective way to solve problems and set and achieve goals. With an emphasis on changing thoughts and actions, reality therapy empowers individuals to improve the present and future. As the patient begins to experience small successes their confidence improves, allowing for more advanced goal-setting and problem-solving

Uses:

The principles of reality therapy can be applied to individual, parent-child, and family counseling. Studies have proven the effectiveness of reality therapy in treating addiction and other behavioral problems. It is also an approach that works with people in leadership positions in education, coaching, administration, and management, where problem solving, instilling motivation, and a focus on achievement play essential roles in their connection to others.

Benefits:

Reality therapy focuses on present issues and current behavior as they affect you now and will affect your future. Little or no time is spent delving into the past. Since reality therapy is solution-oriented, you will examine how your behavior is interfering with your ability to form stronger relationships and figure out what kind of changes you can make in your behavior to get what you want out of life. You can learn how to reconnect with people from whom you have become disconnected and how to make new connections. If you try to make excuses or blame someone else for your behavior, the therapist will show you how that kind of thinking results in behavior that prevents you from improving relationships and reaching your goals. You have the opportunity to learn and practice new behavior and techniques in the privacy of the therapist's office before you employ them in your life outside of therapy.

How It Works

Based on the work of psychiatrist William Glaser in the mid-1960s, reality therapy is founded on the idea that everyone is seeking to fulfill five basic needs, and mental health issues arise when any of these needs are not being met. The five basic needs are:

- Power, or a sense of self-worth and achievement

- Love and belonging, or being part of a family or community of loved ones

- Freedom, or independence

- Fun, which includes a sense of satisfaction or pleasure

- Survival, or the comfort of knowing that one's basic needs—food, shelter, and sex—are met.

When one or more of these needs go unfilled, the resulting problems occur in present time and in current relationships, so it makes sense to act and think in the present time. Reality therapy is also based on choice theory, the principle that humans choose to behave in certain ways and that these choices can help or hamper your ability to satisfy essential needs and reach individual goals. You cannot change or control others, so the only sensible approach to solving problems is to control yourself and your own behavior by making choices that help you achieve your life goals.

3.7 Cognitive behavioral therapy (CBT)

Cognitive behavioral theory (CBT) combines both cognitive theory and behavioral therapy and focuses on how a person's thoughts, emotions, and behaviors are interconnected. By identifying the pattern between these three key components, the patient develops an understanding of how his thoughts, emotions, and behavior all influence each other. The patient can pinpoint the destructive thoughts that create negative emotions, which fuel problematic behavior. The patient then learns how to restructure the way he thinks to develop healthier thoughts, beliefs, and behaviors.

Cognitive behavioral therapy (CBT) is a psycho-social intervention that aims to improve mental health. CBT focuses on challenging and changing unhelpful cognitive distortions (e.g. thoughts, beliefs, and attitudes) and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. Cognitive behavioral therapy is a short-term approach to mental health treatment. It's similar to behavioral therapy, but it also addresses unhelpful thought patterns or problematic thoughts. The idea behind CBT is that certain feelings or beliefs you have about yourself or situations in your life can lead to distress.

This distress may contribute to mental health issues, occur alongside them, or develop as a complication of other mental health issues. People's emotional reactions and behavior are strongly influenced by their thoughts, beliefs and perception about events they experience in their daily lives. Hence, what people think can affect how they feel and in turn how they behave. When people are in distress, their perspective is often inaccurate and their thoughts may be unrealistic. This changes their behavior and may affect their professional and personal life and relationships. For example, people with depression have faulty thoughts and beliefs about themselves, about others, and of the world. By correcting such faulty beliefs, the person's emotional state improves and their perception of the world will also change.

What is Cognitive Behavior Therapy (CBT)?

Cognitive behavior therapy is one of the most researched and commonly used forms of psychotherapy. It is a structured and goal-oriented approach used to treat many types of emotional, behavioral and psychiatric problems. For some problems, such as anxiety and depression, CBT is as effective as medication and can also enhance the effects of medication.

CBT helps identify a person's dysfunctional thought patterns and behaviors that are causing the problem. Therapists work along with the person, and help them learn or relearn skills and habits that are constructive, which in turn helps them face life situations in a rational way. The results of CBT are long-term, and one can use their learning to resolve other problems in life.

Effectiveness of CBT for various psychiatric and psychological problems

CBT has been demonstrated to be an effective treatment for a wide variety of disorders, and some of them include:

- ✓ Psychiatric disorders such as depression, anxiety disorders, eating disorders, substance abuse, and personality disorders.

- ✓ Note: For bipolar disorder and schizophrenia, CBT is prescribed along with medication.

- ✓ Medical illness with a psychological component – medical conditions that involve chronic or acute pain, chronic fatigue syndrome, pre-menstrual syndrome, brain injury, obesity, trauma, and somatoform disorders.

- ✓ Psychological problems such as anger, anxiety, relationship difficulties, gambling, etc.

✓ Child anxiety disorders or depression among children, behavioral problems in children

✓ Other problems such as stress, anxiety, low self-esteem, sleep problems, grief and loss, work-related problems, and problems associated with aging.

Benefits of CBT:

CBT is a talk therapy where the therapist helps the person learn cognitive, behavioral, and emotional-regulation skills, which enable them to cope with life situations in a rational and inferential manner.

Some of the benefits of CBT include:

❖ The person can openly speak about their hidden thoughts, feelings, and emotions.

❖ CBT is compatible with a range of other psychiatric treatments, which a patient receives, such as medication or supportive counseling.

❖ The person is actively involved in the therapy and this motivates them to continue it. They need to complete assignments, and also practice what they learn.

❖ CBT is flexible and can be customized depending on the severity of the problem and the person's adaptability to the treatment.

❖ The person can apply this learning to various life situations, even after they have completed the therapy.

Goals of CBT:

CBT is an active and goal-oriented therapy that helps people learn these skills:

➢ Analyze their emotions and distinguish between healthy and unhealthy feelings.

➢ Increase their self-awareness and emotional-regulation.

➢ Understand how distorted perceptions and thoughts contribute to painful feelings.

➢ Learn specific techniques to identify and replace negative thoughts with more rational and constructive thoughts.

➢ Reduce distress-causing symptoms by examining the current situation and solving current problems.

➢ Change core beliefs that are the main cause for suffering, and thereby prevent future episodes of emotional distress.

CBT work:

The main objective of CBT is to help a person replace their unhealthy thought patterns with healthy and constructive reasoning.

The therapist helps the person to examine their assumptions, beliefs, reasoning, and the way they process this information leading to automatic negative thoughts about themselves, the world and the future. The irrational patterns of thinking are identified along with the context in which they arise. For example, people with depression are taught to recognize how they select only the negative aspects of a situation (selective attention), over-generalize from a single episode, personalize a situation by assuming they are the cause of the event, see things in black and white, be self-critical, etc.

CBT is a structured and time-limited therapy that includes the following strategies:

a. As a first step, the therapist conducts a thorough assessment. You will be asked about past experiences and medical history to better understand the nature of difficulties for which you are now seeking treatment.

b. The therapist explains the CBT process, why and how it will be used, and how it will benefit you.

c. The therapist then explains how long it may take depending on various factors such as the complexity of the problem, the therapist's availability for subsequent sessions, your cooperation in participating and completing the assignment, and so on.

d. The therapist educates the person about the nature of the symptoms (example: the physiological basis of anxiety, how it differs from severe conditions such as a heart attack, how symptoms are misinterpreted, etc.)

e. The therapist will discuss the treatment plan including goals and ways to monitor the progress.

f. Once this process is completed, the therapist and the person work together in recognizing faulty or negative patterns of thinking, and evaluating how such thinking is affecting the person's behavior in daily life.

g. Both of them work together and identify problems, select goals and brainstorm alternative solutions, including relative risks and advantages. The person may rehearse a preferred solution before applying them in their lives. For example, if the problem is anger, analyze why and in what situations one gets angry, how to respond rationally in such a situation, learn techniques to control and reduce this feeling of anger, and so on.)

Activities during therapy

✓ During the course of the therapy, the person is trained to become aware of automatic negative thinking.

✓ They learn to develop alternative ways of thinking, mainly constructive and rational.

✓ They learn coping skills to manage life stressors.

✓ They keep a diary and record negative thoughts and the situations in which they arise.

✓ They work on assignments or homework to practise and apply these learning.

✓ The therapist evaluates the sessions regularly to check if the person has benefited, and changes strategies if required.

Experts who provide CBT

A skillful therapist such as a mental health professional (psychologist, psychiatrist, psychiatric nurse, psychiatric social worker) who is trained in CBT, can administer this treatment. The therapist is expected to practice the code of ethics applicable to their profession.

Duration of CBT

Cognitive therapy is a short-term treatment that is adapted based on the person's difficulties and circumstances. The duration for most problems may be around 5 to 20 weeks. The number of sessions and the treatment time depends on how actively the person gets involved in the therapy to be able to achieve the desired outcome.

3.8 Eclectic theories

Eclectic psychology refers to a therapeutic approach in which a variety of methods, principles and philosophies are used to create a treatment program that caters to a patient's unique needs. Rather than adhering to a certain school of therapy, eclectic therapists use techniques from all schools to treat patients.

Eclectic therapy can be used in the treatment of substance-abuse disorders, behavior disorders, eating disorders, addictions, mood disorders and any other psychological disorder that responds to therapy. Although some eclectic therapists may draw more from a favorite school of therapy, such as psychodynamic or cognitive-behavioral, others are self-acclaimed eclectics drawing equally from each, depending on the needs of the patient.

Eclectic approaches became increasingly common in the 1970s, before which therapists generally identified with early schools, such as Freudian and Adlerian psychology. However, many therapists have been hesitant to label themselves as eclectic therapists, with only around 10 percent of therapists applying this label to themselves, according to Dr. Drewey of Psych Web. The famed therapist Arnold Lazarus clearly used an eclectic approach, but he instead opted for the term "multi-modal therapy."

One factor pushing therapists towards an eclectic approach is insurance companies' need for assurance that a particular treatment is right for the patient. Therapists may use various approaches to have a greater chance of insurance coverage for their service

Eclectic counselling is defined as the *combination of directive and non-directive counselling* approach (Roy, 2011). Hence, it constituent a middle status of two extremes of 'non-directive' technique and 'directive' technique. In fact, the eclectic counsellor is neither too active as in the directive counselling nor too passive as in the non-directive counselling. Therefore, the counsellor should remain as middle mechanism between both elements. In eclectic counselling, the appropriate will be determined according to the counselee's needs, which required initial

investigation derived from case history by the counsellor. In addition, the counsellor decides in selecting those techniques.

The counsellor may select the directive or nor directive technique to begin the therapy that seems to fit the best approach for counselee. In fact, to suit the need, the approach directive or non-directive can be applied either one or vice-versa. According to (Roy, 2011), steps in eclectic counselling suggested according to leading exponent Throne, F.C (Thorne, 1967);

- Diagnosis the cause factor;

- Analysis of the cause factor;

- Tentative plan for modification purpose;

- Securing effective method for counselling;

- Interview and stimulate the counselee to build up his self-resources and assume its responsibility for trying new style of adjustment; and

- Managing carefully on any other related problems may support to adjustment.

Besides, the steps above, (Thorne, 1967) also highlighted the key assumptions to be considered whenever performing eclectic counselling such as;

- Apply passive methods initially or whenever possible.

- Apply active methods on specific indications.

- In the early stages, when the counselee explains the story, passive technique is encouraged to release the emotion.

- All counselling session should be *counselee centred.*

- Counselee must be given an opportunity to resolve his/her problem indirectly.

- Directive methods only applicable when solution cannot be archived via co-operation from the counselee.

Nevertheless, (Roy, 2011) has elaborated the characteristic of eclectic counselling usually emphasis on the objective and coordinating method are used; in the beginning of counselling process, counselee-active method are used and the counsellor remains passive; more importance is assigned to the job efficiency and treatment; principled of low expenditure is foregrounded; appropriate methods and techniques with professional efficiency and skill by the counsellor; and finally making an effort to meet the counselee if insisted. As mentioned by (Thorne, 1967); The counsellor must be competent and proficient in the use of all available methods. The validity of the results is determined by the skill with which any method is used"

ADVANTAGES OF ECLECTIC THEORY:

The following are the advantages of eclectic approach:

Personalized Therapy Tailored to Your Needs. With eclectic therapy, the goal is to use the specific type of therapy that's right for you. A therapist practicing an eclectic approach tailors each part of the therapeutic experience to your specific needs, choosing the type, style, and techniques that work best for you.

Different Methods for Different Issues. Since an eclectic approach to psychotherapy is one that uses several different types of therapy as needed, it works well for people who have more than one issue. Many people start therapy with several different issues they want to deal with, and the therapist may use different types of therapy for each of those issues. For example, if you want to conquer a phobia but also want to address generalized anxiety, the therapist might use a desensitization technique for the phobia and mindfulness-based therapy to help with the anxiety.

Approach the Same Problem from Different Angles. An eclectic therapist can also use different therapies to help you deal with one difficult problem. For example, say you went into therapy because you felt like you were failing as a parent. The eclectic therapist might use

several different methods to help you with that problem. If you're feeling anxiety about being a parent, they might teach you relaxation techniques and use art therapy or the 'empty chair' technique to help you express your feelings about the situation. They might use cognitive behavioral therapy to help you change your thoughts about how to be a good parent so that you can change your behavior. This combination of techniques is what makes the eclectic approach so versatile.

Increases Engagement in Therapy. Sticking with one type of therapy to solve a complex problem can be grueling and, quite honestly, boring for some people. You might even get to the point where you dread going to therapy, feeling you already know what's going to happen there. When a therapist uses the eclectic approach, you get more fresh experiences in therapy sessions. Therapy can be more exciting, and it can help you stay alert and engaged.

DISADVANTAGES OF THE ECLECTIC THEORY:

Eclectic therapy isn't always right for everyone with every type of problem. There are still some disadvantages in this approach.

Requires a Highly Skilled Therapist. Getting therapy from a counselor who isn't highly skilled is never a good idea. It's even worse with eclectic approach psychology practitioners. Eclectic therapy demands the therapist is well-trained in not just one but many different types, styles, and techniques. A therapist with poor skills might turn their eclectic therapy style into a trial-and-error project, leading you down many paths but never concluding any of them. They might not use the therapies that are right for you, but instead, choose whatever therapy comes to mind. It's important to know that your therapist is licensed and knowledgeable.

Can Seem Confusing. When an eclectic therapist moves too quickly from one type of therapy to another, you might feel confused about what's happening in your sessions. A skilled therapist can eliminate that confusion by letting you know at the end of one therapy session what you'll be doing in the next session, explain it briefly, and ask if you have any questions. Then, when you return, they can remind you what's going to happen.

Sticking to One Type of Therapy Might Be Better for Certain Problems. What if you only have one problem you want to address through therapy? Depending on the problem, one specific type of therapy might be the best for all parts of your therapy. People with borderline personality disorder, for example, typically do very well with just dialectical behavior therapy. DBT covers so many different aspects of this disorder that there might not be any need for other therapies. If you have PTSD or a phobia, desensitization techniques might give you the relief you need. Still, the therapist may focus on these techniques but bring in others as well.

Check your progress

Note: Use the space provided for your answer

    5. **Who proposed classical conditioning?**

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    6. **Expand a) REBT   b) RT**

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    7. **What are the Four Stages of Adlerian Therapy?**

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    8. **Define Eclectic counselling**

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    9. **What is the aim of Existential therapy?**

_____

3.9 LET US SUM UP

To sum up theories and therapies of counseling are the building blocks of the profession. Theories provide a framework for understanding human behavior, thought, and development. By having a broad base of understanding about the how's and why's of human behavior, we can better understand ourselves and others. Each theory provides a context for understanding a certain aspect of human behavior. Grand theories of development include psychoanalytic theory, learning theory, and cognitive theory.

These theories seek to explain much of human behavior but are often considered outdated and incomplete in the face of modern research. Theory is to enhance the growth of the professional area to identify a body of knowledge with theories from both within and without the area of distance learning. Theory-practice-theory plays a vital role for the counseling service to work with the individuals depending on the situations and in adding it also pave a way to develop new theory.

3.10 ANSWER TO CHECK YOUR PROGRESS
5. Ivan Pavlov
6. REBT - Rational Emotive Behavioral Therapy b) RT – Reality therapy
7. Four Stages of Adlerian Therapy: Engagement, Assessment, Insight and Reorientation.
8. Eclectic counselling is defined as the combination of directive and non-directive counselling approach
9. Aim of Existential therapy is to help counselees to expand self-awareness, increase potential choices, accept responsibility for their choices, and experience authentic existence.

3.11 UNIT END EXERCISE

5. Explain the about psychoanalysis in detail.

6. Write about the behavior theories

7. Discuss Reality Therapy in detail.

8. Explain CBT

9. Highlight the importance of counselee centered counseling

3.12 . SUGGESTED READINGS

*   Beck, A. T., Epstein, N., & Harrison, R. (1983). Cognitions, attitudes and personality dimensions in depression. *British Journal of Cognitive Psychotherapy.*

*   Beck, A. T, & Steer, R. A. (1993). *Beck Anxiety Inventory Manual*. San Antonio: Harcourt Brace and Company.

*   Butler, A. C., & Beck, J. S. (2000). Cognitive therapy outcomes: A review of meta-analyses. *Journal of the Norwegian Psychological Association*, 37, 1-9.

*   Existential-humanistic Therapy,Book by Kirk J. Schneider and Orah T. Krug, published 2010

*   "The founders of humanistic psychology", Book by Roy José DeCarvalho, published 1991

*   *The Psychology Book,* author "DK" narrator by "Cassandra Campbell"

*   Cognitive-Behavioral Treatment of Borderline Personality Disorder (Diagnosis and Treatment of Mental Disorders) 1st Edition – Marsha M. Linehan

UNIT IV - INTERVIEW AND OBSERVATION IN COUNSELLING

4.1 Introduction

4.2 Counseling Process: Interview and It Significance in Counseling

4.3 Use of Observation in Counseling

4.4 Understanding of Emotions in Counseling.

4.5 Let us Sum Up

4.6 Answer to Check Your Progress

4.7 Unit End Exercise

4.8 Suggested Readings

4.1 Introduction

Interviewing involves the gathering of information over a short period, usually one or two sessions. Counseling is a more intensive and personal process which requires a longer commitment. An effective counselor will use both interviewing and counseling techniques as he helps his counselees work through their issues. Interviewing is another tool of case study. It is free stay type narration. It can motivate , can teach, can secure information, can help counselees to bring out changes. Interview provides one of the best ways of observing a person's behavior. It is the only way to achieve an understanding, feelings and attitudes of the counselee and the

unique reactions of the counselee. The interview technique is a basic skill to be acquired. The first requisites to any interview is to make the person feel welcome and comfortable, for this the case-worker himself must be released and friendly. The Counselor should remember the golden rules of the interviewing adopted by Elizabeth Nicholas "STOP- LOOK- LISTEN". Every human being has the tendency to carry out observation of one sort or the other as it is part of the daily life. During the creation or invention of technology, the scientist took observation of most the events that happened which helped in the establishment of facts that were propounded into theory and later became laws that are scientifically proved. In the same vein, the job of a counsellor requires full concentration which would not work without full observation of events and happenings to the people concerned.

4.2 Counseling Process: Interview and It Significance in Counseling

The **counseling process** is a continuous, cyclical series of interactions in which the **counselor** and counselee collaboratively set goals, formulate and implement action plans, and assess progress toward the goal(s). **Counselor** demonstrates care and strives to develop a trusting, collaborative relationship with the counselee.

Interviewing involves the gathering of information over a short period, usually one or two sessions. Counseling is a more intensive and personal process which requires a longer commitment. In spite of these differences, there is considerable overlap.

Definition: According to P.V. Young, interview is a systematic method by which a person enters more or less imaginatively with the life of comparative stranger.

Purpose / Relevance of interview:
1. To obtain knowledge of situation, events, issues and people.
2. To understand the counselee.

3. To secure information from the counselee.

4. To study verbal behavior of the counselee.

5. To attain in-depth knowledge of social issues.

6. To get information about past, present and future of the counselee.

7. To produce high rate of response.

Types of Interview:

1. **Structural Interview: -** It is controlled, guided and directed interview. Here the interviewer collects answer to the questions printed. He interprets the questions only. The language is also not changed.

2. **Unstructured interview: -** It is uncontrolled, unguided and undirected interview. In this type no direct questions are asked related to problem. Here the interviewer tells the topic to the counselee and the counselee narrates the incident of his life, his feelings and reactions. Worker carefully listens to the narration.

3. **Focused Interview: -** This type of interview is meant to know about the social and psychological effects of mass communication. In this type of interview, the counselee is shown a film or a radio broad-cast that relates to the problem of the counselee. The interviewer then asks about his feelings, reactions and attitudes towards the problem. The film or broad casting influences the mind of the counselee. Such interview brings about more truth and facts about the problems of the subject.

4. **Repetitive Interview: -** In this type of interview the questions will be repeated again for certain clarifications. It influences social and psychological process of the counselee related to his problem.

Techniques of an Interview:

i. For conducting an interview the time and place should be pre-planned.

ii. Built good rapport with the counselee.

iii. Keep the Principles of Social Case Work in mind.

iv. Questions should be interesting, short, unpersonal and answers should not be in 'yes' or 'no' but should be descriptive in nature.

v.   Avoid stressful questions.

vi.   Interview should be in the counselees own language.

vii.   Frame questions in simple words.

viii.   Encourage the counselee in every stage to win his confidence.

ix.   Observe the counselee carefully, all his reactions, gestures and facial expressions

x.   Discussion should be free and frank.

xi.   Record the interview without the knowledge of the counselee.

An effective counselor will use both interviewing and counseling techniques as he helps his counselee work through their issues.

Active Listening: When you meet with your counselee, go beyond listening to the content; listen to the whole person. Carefully observe non-verbal cues like gestures, facial expressions and changes in posture. Be aware of any cultural differences and hidden barriers underlying the conversation. Do not agree or disagree with your counselee. Paraphrase parts of the conversation and let your counselee know that you have heard him. Every counselee wants to "hear himself talk."

Reflection: Learn to read between the lines. The feelings are usually stronger and more meaningful than the content. Empathize with his point of view and encourage him to use his feelings as a springboard to action. The counselee must learn how to assemble what he already knows about himself and act on that self-understanding.

Role Playing: You can easily introduce situations that your counselee will face in the future. It could be a conversation between spouses or a confrontation with a colleague. Alternatively, you could play the part of the counselee in order to model appropriate behaviors.

Creative Imagining: If a session stalls, ask your counselee to envision a desired outcome. It may seem that your counselee is rambling, but he is actually planting the seeds for a new direction and future exploration.

4.3 Use of Observation in Counseling

Observation is carried out through the use of one of the sense of organ of the body which is the eyes. Every good eye is expected to keep notice of events as they happen in various fields as this would assist in making a good account of past events, present and can be used to further attend to future issues. Counsellors are expected to have 'eagle eyes' as their job requires the use of their sensory organs for diagnosis. During the class, observation as a topic was expressed in many terms as it relates to this field of work and this would be analysed in this assignment expressing this as it would lead to becoming a good counsellor.

OBJECTIVE:

- A quick recap on what has been learnt on observation
- And how the knowledge acquired help in becoming a counsellor.

Definition :

According to dictionary.reference.com, observation is defined in many ways amongst which include; 'an act or instance of noticing or perceiving', 'an act or instance of regarding attentively or watching', 'the faculty or habit of observing or noticing', 'an act or instance of viewing or noting a fact or occurrence for some scientific or other special purpose.

Investigation of any sort involves some element of observation in order to achieve the desired result. It is not just observational studies that use observation. A good example is when a counselee visits a counsellor on advice on how to quit smoking or any bad habit, it is a general point of discuss that the counsellor will have to consider some important facts deduced from their discussion which would assist during the investigation and on how to proffer final solution to the counselee.

TYPES OF OBSERVATION:

An observation is an act that is noticed directly by the senses, and this is majorly through the eyes. There are two different types of observations. These are: A qualitative observation is an observation that deals with the attributes of an object. These include colour, shape, texture, etc. A quantitative observation is such an observation that can be expressed and measured in concrete numerical quantity. For example, weight, temperature, height, length, and mass.

In order for a counsellor to use effectively the system of observation in carrying out its work, there is need to understand the various types of observation that exists. These include:

a) Structured and unstructured observations.
b) Participant and non-participant observations.

a) Structured observation allows the counsellor to record the behaviour of the counselee as he is being examined. This would enable the counsellor to have detailed information about the counselee which might also be used for further diagnosis. Structured observations generally provide quantitative data and this is only achievable through the use of recording devices. An unstructured observation requires the counsellor to record the interview conducted to the counselee during the counselling session and this can be done through the use of video camera. This may not be effective where the required recording equipment is not available for use and this can definitely affect the analysis of the interview so as to know what more diagnosis would be made. Here the respondent might not even have the knowledge that he is being interviewed.

b) In a participant observation the counsellor is fully involved in the questioning and answer session with the respondent as he (the counsellor) will deal with the issues using the information put together from what the counselee has said. This system can be regarded as being very useful as it allows for a participative forum where the counsellor would listen to the scenario while present with the counselee and not working from a seconded information paper or from a third party. In a non-participant observation, the counsellor does not form part in the activity being observed. This means the counsellor only works on the information which the counselee involved might have written down in order to carry out his/her advice.

c) Observation is an act that allows the parties involve seeing the actions that are being taken by others. A counsellor in carrying out its activities would 'see through' the actions portrayed by the parties or people he is interviewing. A counsellor can get this done when the counselee is asked some questions and this would help the counsellor in diagnosis of the problems the counselee is facing. This does not allow the counsellor a lot of information about what the participant or counselee is thinking or feeling. Observation during counselling session only allows for the actions to be seen and allows the counselee

to be heard. In order for the counsellor to manage the session properly, it will allow for enough time as this process is time consuming. It is also requires the intelligence of the counsellor as sometimes actions put up by the respondent might be the actual expected as was said and this would lead to a great deal of confusion. Therefore, this requires that the personnel should be adequately trained in order to measure up to the required standard and possessing the knowledge and skills needed.

## 4.4 Understanding of Emotions in Counseling

Obviously there may be many different feelings and emotions that a person could experience depending on the situation or circumstances. One person may fear change whilst another may revel in it and enjoy the challenges. A child about to enter early adolescence may also have a sense of fear or anxiety about what changes to expect, embarrassment about bodily changes, heightened sexual desires and bodily discharges**.** Fear of the unknown is often something that people worry about when a change occurs that could impact seriously on their lives. The stress response innervates the autonomic nervous system and people can either fight the stressors that are causing their stress or fly away from the stressors and hide or avoid them. People may even become quite depressed because of a transition in their life and their circumstances and their behaviour and mood can adversely affect other people around them such as relatives, workmates, friends and so on.

According to 'Spot, Seek, Solve — Depression' (a mental health promotion initiative of Hunter New England Area Health Services, 2001-2006), Symptoms of Depression (which may directly relate to loneliness) may include

- ✓ Down
- ✓ Worthless
- ✓ Hopeless
- ✓ Angry
- ✓ Tried & Irritable
- ✓ Suicidal

And we find it hard to Sleep, concentrate, control our moods, enjoy things that you usually like, eat regularly, along with other symptoms like; headaches, exermley pessimistic, lose of interest in other people, havinf sense of failure and guilt, loss of outward affection etc. It is important to try to understand your own feeling and emotions because everyone's situation and circumstance will usually be quite different.

Check your progress

Note: a. Use the space provided for your answer

   b. Compare your answer with those given at the end of the unit.

1. **Define Interview.**

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2. **What are the types of interview?**

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3. **Counsellors are expected to have '_____' as their job requires the use of their sensory organs for diagnosis**

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4. **What are the Symptoms of Depression?**

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5. **What are the golden rules of the interviewing adopted by Elizabeth Nicholas?**

4.5 Let us Sum Up

To sum up, this chapter clearly says that the Counselor should remember the golden rules of the interviewing adopted by Elizabeth Nicholas "STOP- LOOK- LISTEN". Observation is a vital tool in counselling and coaching. This brings the counsellor closer to the individual that requires the attention of the counsellor. People of various ages and gender like the youths/young ones, the adult, the vulnerable, the weak and the strong all need the care of the counsellor. Therefore, from the afore-mentioned, it is obvious that observation assist the counsellor in having a better and concentrated insight into whatever situations brought before it at every point in time.

4.6 Answer to Check Your Progress
1. According to P.V. Young, interview is a systematic method by which a person enters more or less imaginatively with the life of comparative stranger. 2. **Structured, unstructured , focused and Repetitive Interview** 3. Counsellors are expected to have 'eagle eyes' as their job requires the use of their sensory organs for diagnosis. 4. Down , Worthless, Hopeless, Angry, Tried & Irritable, Suicidal 5. The golden rules of the interviewing adopted by Elizabeth Nicholas "STOP-LOOK- LISTEN".

4.7 Unit End Exercise

1. Explain the Interview and it significance in counseling

2. What are the types of observation?

3. 'Understanding of emotions in counseling is important' – Justify

4. Pen down the problems faced due to depression.

4.8 Suggested Readings

- 'Legal Interviewing and Counseling: A Counselee Centered Approach' Paperback – 1 June 1977, by David A. Binder (Author), Susan C. Price (Author)

- 'Interviewing and Counselling' (Legal Skills Series) Paperback – July 1, 2000 by Jenny Chapman (Author), Julie Macfarlane (Author)

- 'The Counselling Interview: A Guide for the Helping Professions' Helen Cameron Macmillan International Higher Education, 14-Jan-2008 **-** Psychology

UNIT V - COUNSELING RELATIONSHIP, COUNSELING PROCESS, COUNSELING TECHNIQUES

5.1 Counseling Relationship: Regard, Respect, Authenticity, Empathy and Genuineness

5.2 Counseling Process: Initiating Counseling - Attending Skills: Non-Verbal - Interacting with Counselees – Termination - Follow-up

5.3 Transference and Counter-Transference

5.4 Counseling Techniques: Listening, Responding, Goal setting, Exploration, Summarization and Action.

5.5 Let us Sum Up

5.6 Answer to Check Your Progress

5.7 Unit End Exercise

5.8 Suggested Readings

5.1 Counseling Relationship: Regard, Respect, Authenticity, Empathy and Genuineness

There are many benefits that come from relationship counseling. When working with a relationship counselor, you and your partner are able to explore the biggest picture of your relationship and individual interactions.

Characteristics Of Counseling Relationship:

- ✓ It is a one to one relationship between a counselor and a counselee.
- ✓ It is a professional relationship.
- ✓ It is a helping relationship
- ✓ It is an impersonal relationship
- ✓ It focuses on problem solving
- ✓ It is goal oriented
- ✓ It is a purposeful relationship.

Components Of Counseling Relationship:

I.   **Regard and Respects**

II.   **Authenticity**

III.   **Empathy**

IV. Genuineness

I. REGARD AND RESPECTS :

- Respect the individual's dignity.
- Believe that the counselee can solve his problem.
- Counselor should accept the fact that the counselee has a right to choose.
- Counselor should accept the fact that the counselee can make effective decisions
- Overprotecting the counselee is not equivalent to respect.
- Use the principles of non-judgmental attitude.
- Encourage the counselee to express freely.

Purpose of Respect:

a) To establish relationship based on trust and confidence in which counselee can explore his relevant concerns.

b) By communicating respect, the counselor helps the counselee to respect himself and also to respect the other persons who are connected with his problems.

II. AUTHENTICITY

- It is the stability that is attached to a relationship.
- It is the ability to be specific rather than general.

Authenticity involves :

a) **Concreteness:-** The interactions seen in the relationship should be based on facts. The suggestions should not be vague or general. It should be concrete.

b) **Genuineness:-** There should be genuineness in a counseling relationship. The honesty and the realness that is attached to a relationship make it genuine.

c) **Self- disclosure: -** It is the stepping- stone of a relationship. It is ability to convey oneself appropriately. There should be honesty in the relationship.

III. Empathy

- Empathy is ability to accurately perceive what the other person is experiencing and communicate that perception.
- Empathy strengthens the professional relationship.
- The degree of relationship between the counselor and the counselee influences the degree to which the counselee can be helped.

The two main areas that is covered in an empathetic relationship

a) **Self – Exploration:** It is the ability to see one to identify the various inherent characteristics within a person. We sympathize with people because they don't have what ere have.

b) **Self – Understanding:** It s the ability to understand and analysis oneself completely, both internal as well as external. The counselor empathizes with counselee to understand him / her with respect to his problem or situation.

How to communicate empathy?

➢ Concentrate on counselees expression both verbal and non- verbal.
➢ Understand the meaning of the counselee's expressions.
➢ Speak the language that is attuned with the counselee's.
➢ Be responsive.
➢ Understand the person's feelings irrespective of his position.
➢ Steeping into the shoes of another
➢ It should involve "being with "the counselee.

IV. **Genuineness**: is the ability to relate to counselee naturally and openly. The effective use of genuineness reduces the emotional distance between the counselor and counselee. It allows the counselee to see the counselor as person similar to him. The counselor should remain non-defensive and consistent in his relationship. It is a feeling of being comfortable with one's self, that is, there is congruence in the clinician's words, actions, and feelings. These qualities are conveyed to counselee's through the counselor's attitude and verbal and nonverbal behavior The counselor

must be spontaneous.

5.2 Counseling Process: Initiating Counseling - Attending Skills: Non-Verbal - Interacting with Counselees – Termination - Follow-up

This is a Initiating or pre-helping phase. The counselee may not initiate the process, but counselor should be prepared to help the counselee in his self-exploration. The counselor enables the counselee to identify "Where am I right now?" So the role and the skill of the counselor is using the Attending skill.

Attending : To attend to the counselee , both physical and psychologically. To give his entire self to the counselee. Make the counselee realize that the counselor with him always. The helper's body language should be able to communicate his presence with the counselee. The counselor should be available for the counselee.

Attending Skills: **Non-Verbal - Interacting with Counselees**

- *Eye – contact:* Good eye contact should be present. Do not share at the counselee. The eye contact should make the counselee more comfortable.
- **Attentive Body Language:** body orientation can encourage or discourage personal interactions. Adopt SOLER mode while attending to the counselees (SOLER :- S- stand squarely, O- open body posture, L- lean forward, E- eye contact, R- relaxed)
- *Distance:* The distance between the counselor and counselee affects the communication. There is optimum "comfort zone" for conversing that is largely controlled by cultural influences.
- *Vocal tone:* A warm, pleasant, caring voice strongly indicated an interest and willingness to listen to the counselee. The pitch, volume and rate of speech can convey much of the feeling that one has toward another person.
- *Verbal tracking:* Counselees may sometime engage in continuous and long conversation, and keeping track may be difficult hence counselor can go for selective listening.

Termination - Follow-up

Throughout the process of counseling, constructive evaluation takes place and at every stage. Termination comes when both the counselor and the counselee come to a conclusion that the counselee from here onwards can take care of the problem situation and get adjusted to it. Termination is necessary as prolonged counseling with no objective and no results is useless. Termination means ending of discussions, clarifications and suggestions with regard to the present problems. It does not restrict the counselee from coming again. But in some cases the counselor is in need to have a follow-up with the counselee directly or through collateral contacts. With a **termination** may come a **follow up**, which involves communicating with the counselee to ensure stability and well-being, or a referral, which is a recommendation to the counselee to seek services from a suggested counselor familiar with the concern.

5.3 Transference and Counter-Transference

Transference:

Transference is counselee's transferring to the therapist, his feelings, attitudes, reactions and conflicts experienced in childhood towards parents, siblings and other significant people. By analyzing such transference, therapist may help the counselee understand and resolve important problems from the past as found in the present counselee – counselor relationship. Therefore, counselor to focus not only on what goes on during counselling sessions but also in between them. Transference is a dynamic that occurs in therapy between the counselor and the counselee. Transference is when the counselee redirects (transfers) an unconscious feeling, desire, or expectation from another person toward their counselor. Transferences can actually help the counselor identify patterns of relationship interaction occurring in counselee's life.

Counter – transference: Counselor also has relationship reaction which is counter transference. Counter transference is transference on the part of the helping person who unconsciously transfers into his relationship with counselee, his feelings, attitudes, reactions and conflicts experienced in his childhood towards his parents, siblings and other significant people. His feelings of anxiety, dislike, vulnerability, lovingness may lead to counter transference.

Transference / Counter Transference to be avoided at certain times.

- Results in distortion of reality
- Spoils nature and purpose of relationship
- Counselee's problem may aggravate when he dwells on past experience.
- Leads to a chain of undesirable responses.

Ways to handle Transference and Counter Transference:

➢ Help the counselee to understand his transference.

➢ Point out & deal as they occur.

➢ Provide necessary security.

➢ Under supervision.

➢ Counselor using the principle of self-awareness.

➢ Being honest & frank with oneself.

➢ Making use of conscious assessment.

➢ As the counselor gains experience, his objectivity may increase.

➢ He can seek guidance from co-professionals

5.4 Counseling Techniques: Listening, Responding, Goal setting, Exploration, Summarization and Action.

Listening: The basic listening skills include Client observation, the use of open and closed questions, the use of encouraging, paraphrasing and summarization and reflection of client's feelings

✓ Passive listening: the use of verbal encouragement and non-verbal attending to acknowledge message communicated by the client. Ex. "I See", "Yes"

✓ Parroting: it is the repetition of the client's words to demonstrate accuracy of listening or stall for time until more elegant response can be formulated.

✓ Paraphrasing: it is the restatement of a message content to clarify or to focus the client's attention.

✓ Clarification: it is the confirmation of the accuracy of a message or encouragement of further elaboration of an idea.

✓ Reflection of feelings: it is the focus on affect to promote catharsis and self-expression.

✓ Summarizing: it is the linking of several ideas together in a condensed way to promote insight, cut off rambling identify significant themes or draw closure.

Goal Setting: Goal setting is important for those who want to improve their life. Setting goals helps you remain accountable for the things you want to achieve.

Goal setting is even more important for those in counseling and therapy. Not knowing how to properly set up goals can often lead to failure. There are many great techniques when it comes to setting goals, and this article will review many of those. Setting goals can not only impact mental health, but it can also help you overcome depression and help you with rehabilitation. Goal setting acts as a roadmap for you to follow when it comes to overcoming challenges and achieving things in life. As a counselor, it is your job to set expectations with your clients. There are many different perceptions of what a counselor can do and what someone can expect from the counseling experience.

The five most common goals of counseling include:

1. Facilitating behavioral change.
2. Helping improve the client's ability to both establish and maintain relationships.
3. Helping enhance the client's effectiveness and their ability to cope.
4. Helping promote the decision-making process while facilitating client potential.
5. Development.

These goals are guidelines when it comes to helping your clients make positive changes. A big part of the counseling process involves enhancing your client's ability to cope. Goals are important for everyone, whether they are in therapy or not. Goals help you navigate through life whether they are personal goals, professional goals, a goal to replace a bad habit or simply a goal for achieving success. Therapy is much more useful when it involves having a set plan for what you hope to achieve or accomplish. Setting goals can also give the therapist a better grasp of client growth as they proceed with therapy.

According to the **Grief Recovery Center**, studies show that those who set useful goals during their therapy sessions typically experience less stress and anxiety overall as a result of being able to concentrate better. They often feel happier as well. Before starting any kind of counseling or treatment plan, it's also important to set the stage by asking your clients:

- What they want to get out of the counseling or therapeutic process.
- What they believe is inhibiting them from achieving this.
- What their expectations are.
- What their motivations are for making said changes.

Much of this can be done via the interview process where goals can be discussed and prioritized in terms of the desired time frames. Goals are meant to both motivate and challenge the client so it's critically important that your client be transparent and forthright with what they hope to achieve. With the help of our counselors, a client will gain insight as to where they stand before treatment.

Exploration: In this, reflection of feeling and content as well as questioning and probing, are used to help the clients clarify issues in the present and past. There is a set of counselor behavior that can be especially helpful in drawing out client concerns, facilitating insight, and exploring thoughts and feelings. Efforts are also devoted to build a solid therapeutic relationship. Clients are helped to tell their story, in other words to describe the circumstances that led them to their current predicament(confusion). There is a catharsis or release of tension in being able to explore more deeply what is going on. Exploration is also undertaken to collect background information related to family, origin of issues, health and emotional history and other relevant area that may be helpful in the case.

- Probe: It is questioning in open ended manner o gather relevant information or to encourage self-examinations.
- Immediacy: It is attempting to bring the focus to the present to comment at the style of interaction in the session, or to give feedback.

- Self – disclosure: It is sharing personal examples from one's life to build trust model personal effectiveness or capitalize on identification processes.

- Interpretation: It is promoting insight by pointing out the underlying meaning of a behavior or pattern.

- Confrontation: It is diplomatically identifying discrepancies among what a client has said in the past and is saying how, and what a client says versus that he does and what a client describes about him and what the counselor actually observes.

Summarizing: It is similar to paraphrasing, except that they "paraphrase" a longer period of conversation. It is the gather of a client's verbalizations, facts, feelings and meanings and restating them for the client's as accurately as possible. This summarization frequently gives the client a feeling of movement of ideas and feeling are explored and understood. It assuring the client that the counselor has understood the issue, the feeling and wants of the client. Emphasizes the concern of the counselor

Action: Some counselors are more action oriented and like o help clients work towards observable changes. Most counselors would agree that some form of action is helpful whether it involves completing specific homework, assignments or dimply asking what the client intends to do based on the insights that have been generated. Skills that are most often a part of this stage includes goal setting, role playing, paradoxical interventions, and other strategies that help clients to translate what they have been working on in the sessions as well as outside sessions. Most counselors rely on several action responses to move the client beyond self understanding to constructive life changes. They are:

- ✓ Information giving: Providing concise, accurate and factual information to dispel myths and avoid resentment.
- ✓ Advice giving: Offering interventions designed to provide practical suggestions or motivate the client to action.
- ✓ Goal setting: Structuring a direction, planning, for the future providing a basis for measuring progress, and obtaining the client's commitment to make needed changes.
- ✓ Reinforcement: Giving support and encouragement to increase the likelihood that desirable behavior will continue.

✓ Directives: Giving instructions designed to change the structural pattern of interaction or communication by specific means.

Check your progress

Note: a. Use the space provided for your answer

    b. Compare your answer with those given at the end of the unit.

1. **Write any two characteristics of Counselling Relationship?**

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2. **Expand SOLER**

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3. **What are the two main areas that is covered in an empathetic relationship?**

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4. **What is Transference?**

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5. **What do you mean by probe?**

5.5 Let us Sum Up

To sum up, The importance of counseling relationship between the counselor and the counselee with dual respect, regards, authenticity, empathy is to be throughout the counseling process. In addition to it the Counseling Process: Initiating Counseling - Attending Skills: Non-Verbal, Interacting with Counselees, Termination - Follow-up, Transference and Counter-Transference along with Counseling Techniques: Listening, Responding, Goal setting, Exploration, Summarization and Action is been covered in this chapter.

5.6 Answer to Check Your Progress
1. a. It is a one to one relationship between a counselor and a counselee.   b. It is a professional relationship.
2. SOLER :- S- stand squarely, O- open body posture, L- lean forward, E- eye contact, R- relaxed
3. The two main areas that is covered in an empathetic relationship Self – Exploration and Self – Understanding
4. Transference is counselee's transferring to the therapist, his feelings, attitudes, reactions and conflicts experienced in childhood towards parents, siblings and other significant people.
5. Probe: It is questioning in open ended manner o gather relevant information or to encourage self-examinations.

5.7   Unit End Exercise

1. **Explain the counseling relationship in detail.**
2. **What is the importance of attending skills in counseling?**
3. **What is the difference between transference and counter-transference?**

4. Why goal setting plays an important role in counseling?

5. Write a note on summarization.

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5.8   Suggested Readings

- Basic Counseling Techniques: A Beginning Therapist's Toolkit, by C. Wayne Perry
- Effective Counseling Skills: the practical wording of therapeutic statements and processes – June 19, 2009 by Daniel Keeran

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BLOCK III: TYPES OF COUNSELLING AND INDIVIDUAL AND FAMILY COUNSELLING

UNIT VI - TYPES OF COUNSELING

6.1 Types Of Counseling

    6.1.1 **Individual And Group Counseling**

    6.1.2 **Family Counseling**

    6.1.3 **Marital Counseling**

    6.1.4 **Student Counseling**

    6.1.5 **Industrial Counseling.**

6.2 Let Us Sum Up

6.3 Answer To Check Your Progress

6.4 Unit End Exercise

6.5 Suggested Readings

6.1 **TYPES OF COUNSELING**

There are different types of counselling to maintain your psychological well being in today's high-stress world on your own. Because people need help, there are different types of counseling professionals who can help everyday individuals who are struggling in a variety of areas. Some of the different types of counselling are list below.

6.1.1   Individual and Group Counseling

Individual Counseling: Individual counseling is a direct, active and personal approach that focuses on increasing your individual self-awareness, understanding, and adjustment. Individual counseling can help you identify the most effective ways for you personally to achieve your desired goals for this stage in life, as well as provide you with the tools to cope with difficult circumstances that may arise along the way.

Group Counseling: Group counseling can be effective for people who are not comfortable in a one-on-one setting, who have social anxiety issues, or who do not find it   financially feasible to pursue individual counseling. In group counseling, a single therapist works with multiple patients in order to help them resolve troubling issues.

6.1.2 Family Counseling: Family units have different group pathologies than individuals which require different types of counseling. A family counselor is trained in the types of negative family dynamics that can occur and how it can affect each individual family member. This counselor can then teach family members how to work, live and love together in a more positive way. There is a huge range of factors that can lead to problems within a family. Nothing is too small, or too big, to talk about in family counseling. When families go through a particularly difficult time, it is important to be proactive in order to keep the family together. Factors such as a change in economic status, a big move, a death in the family, and more all contribute to changes in the family dynamic and the individual's reaction to this change. Many who go through family counseling find that it truly was the best thing for the entire group. Sometimes, it is beneficial for individual members of the family to also go to one-on-one therapy to help them

through additional problems. Here at [Options Family and Behavior Services](), we strive to make sure that adolescents and families can work through their problems and come out better than they were before.

6.1.3 Marital Counseling: Marriage Counseling: Marriage counseling helps couples explore the ways in which they get stuck in their conflicts, and how to break out of those negative cycles. Marriage counseling is important for addressing marital concerns because: Counseling helps couples take time out of their busy lives and come together to really focus on themselves. The counselor acts as a sort of mediator between the spouses and facilitates healthy and effective communication. It is particularly helpful where couples are set on improving their relationships but are not sure how to go about doing so. The counselor can help to analyze the behavioral patterns of the spouses and identify those which lead to conflict. Once such patterns have been identified, the couple can, with the help of the counselor, work on modifying them. Effective communication is one of the most important aspects of any marriage, however it is not uncommon for couples to reach an impasse and lose their ability to share their feelings and needs with one another. Counseling can give the couple tools to start improving their communication, for example by eliminating bad habits such as constantly interrupting the other partner or speaking too much and not giving the other partner a chance to respond. In addition, where the couple has been reluctant or too busy to face the underlying issues that are causing problems in their marriage, counseling can serve as a platform where these issues can finally be confronted.

6.1.4 Student Counseling: here is much importance of guidance and [Counseling for Students]() as they are unable to make the right career choice and end up being enrolled in any course just for the sake of getting higher study. Most of the students do not know which course to choose in college and that's where students' guidance comes into the picture. Strong guidance and counseling for students let them choose the most suitable course according to their interests and preferences. There is a great need for guidance and counseling in education these days as school children are not able to opt for choosing the best career for themselves. They are unable to make a difference between right or wrong and due to this, they end up taking the best decisions that are

not good for their career. Young minds require good guidance so that they can shape up their personality. The purpose of counseling should be to provide valuable life-lessons to the students so that they may become professionals in their career. Students who get counseling are able to choose between different careers and can prepare themselves for a particular field according to their education and interests. Educational is looked upon not only as a means of personal advancement but is also valued as an asset of fundamental importance to society. Hence the expectation from education are varied and many, pupils expect to realize their aspirations and find gainful employment. Parents and teachers expect intellectual, moral and social development of young.

Young people appear to labour under heavy odds. Therefore, their behavior is often impulsive. They have the resources but have no faith in themselves for taking decisions. They may often be in a state of prolonged conflict. The school/college setting creates additional problem situations such as,

1. The student who complains about his inability to study
2. The student who is nervous and is unable to speak in class
3. The student who is aloof and cannot make friends
4. The student who frequently reports to neurotic irrelevant patterns of behaviors.

6.1.5 Industrial Counseling Social work is profession for these with a strong desire to help improve people's lives .social workers help people function the best way they can in their environment, deal with their relationship, and solve personal and professional problem. Social workers practice in a variety of settings. Industrial social work is one of the area in which the social worker extend their skill and expertness in helping personnel managers in the industry directly and organizational development indirectly, by intervening the employee management. Industrial organization forms a secondary setting for the proactive of professional social work. It is different from other secondary welfare setting due to its primary orientation to production and profit rather than to the needs of the workers. There is a growing recognition of the fact that the human personality is influenced by and influences the organization. Hence it is necessary to have a basic understanding of organizational structure of the industry in relation to its communication pattern and its system of authority. the workers and the problems can be better perceived against the holistic background of his work place, his work family and his community.

The industries the individual problems are solved through counselling practice. The worker's family problems, alcoholism, drug addiction, misunderstanding with the co workers or with supervisors problems in promotions, increment, transfer, health problems due to type of work, chronic absenteeism, late coming, housing problem, problem due to rules and discipline, industrial accidents, problems due to retrenchment, dismissal, discharge, problems due to strike, walk out etc are handled individually by the case workers.In industry, welfare officer, personnel officer or industrial counselor use case work as a method to solve individual problems. They are directly involved in solving the problem of the industrial worker.

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Check your progress

Note: a. Use the space provided for your answer

      b. Compare your answer with those given at the end of the unit.

6. **What is the role of a family counselor?**

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7. **Why marriage counselling is needed?**

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8. **What are the problems of the worker's industrial setting?**

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6.2 **Let us Sum Up**

To sum up, counseling plays a vital role in different areas. In this chapter the

introductions to types of counseling such as individual and group counseling, family counseling, marital counseling, student counseling , industrial counseling are dealt here. A details concepts, causes, issues and role of the counselor will be discussed in the coming chapters.

6.3 **Answer to Check Your Progress**
6. A family counselor is trained to deal in the types of negative family dynamics that can occur and how it can affect each individual family member.   7. Marriage counseling helps couples explore the ways in which they get stuck in their conflicts, and how to break out of those negative cycles.   8. The worker's family problems, alcoholism, drug addiction, misunderstanding with the co workers or with supervisors problems in promotions, increment, transfer, health problems due to type of work, chronic absenteeism, late coming, housing problem, problem due to rules and discipline, industrial accidents, problems due to retrenchment, dismissal, discharge, problems due to strike, etc

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6.4 Unit End Exercise

1. **Why student counseling is important?**
2. **Explain the need of Industrial counselling.**
3. **What is the difference between individual and group counseling**

6.5 Suggested Readings

- Clinical Casebook of Couple Therapy – Alan Gurman

- Trauma-Informed Practices With Children and Adolescents – William Steele and Cathy A. Malchiodi

- Counselling Children: A Practical Introduction – Katherine Geldard, David Geldard, and Rebecca Yin Foo

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UNIT VII- INDIVIDUAL AND FAMILY COUNSELING

7.1 Introduction

7.2 Individual Counseling – Meaning, Definition, Need and importance of individual counselling.

7.3 Stages of individual Counselling.

       7.3.1. Stage 1: Problem Concern,

       7.3.2. Stage 2: Relationship to Counselor

       7.3.3 Stage 3: Motivation

       7.3.4. Stage 4: Conceptualizing the Problem,

       7.3.5. Stage 5: Exploration of resolution strategies,

       7.3.6. Stage 6: Selection of a strategy

       7.3.7. Stage 7: Implementation

       7.3.8. Stage 8: Evaluation and Termination

7.4 Family Counseling:.

    7.4. 1. Pre-marital Counselling

7.4.2. Marital Counseling

7.5 Let us sum up

7.6 Answer to Check Your Progress

7.7 Unit End Exercise

7.8 Suggested Readings

7.1 INTRODUCTION

Individual and family counseling is to create a safe and stable home environment for children and families. We believe that a healthy and thriving family starts with the parent(s). Often times, parents face challenges in parenting their own children due to the ways in which they were parented, stressful environmental situations, or a lack of knowledge. Parents give the best that they have.

Individual counseling is counseling focused on the individual's immediate or near future concerns. Individual counseling may encompass career counseling and planning, grief after a loved one dies or dealing with problems at a job before they become big. Individual counseling is a one-on-one discussion between the counselor and the **client**, who is the person seeking treatment. The two form an alliance, relationship or bond that enables trust and personal growth. Family therapy, also referred to as couple and family therapy, marriage and family therapy, family systems therapy, and family counseling, is a branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members.

7.2 INDIVIDUAL COUNSELING – MEANING, DEFINITION, NEED AND IMPORTANCE OF INDIVIDUAL COUNSELLING

MEANING: Individual counseling is a **growth process** through which individuals are helped to **define goals, make decisions, and solve problems related to personal, social, educational,**

and career concerns. This process is carried out with a trained professional and a client. Individual counseling is tailored to the specific needs of the individual, which means it can be beneficial to almost anyone.

An individual's current needs will dictate the treatment plan, though this could change over the course of therapy. Whether you're coping with grief or psychological trauma, handling depression or career dissatisfaction, or simply seeking to improve your general outlook, individual counseling can provide some form of healing. Along the way, the therapist will likely identify unhealthy behavioral patterns you may not even be aware of, so therapy can help you grow as a person, too. Individual therapy is different than talking with a friend or family member.

While loved ones can offer great advice, they're rarely objective and aren't trained to evaluate various elements of trauma and pain. In addition, unlike friends and family, a therapist is bound by a confidentiality agreement. This helps you feel safe, so you can build a trusting relationship with your therapist while you figure out who you are and what you want in your life. That's where real change happens. In fact, the effects of talk therapy are so profound that evidence suggests it can even affect the structure of the brain.

DEFINITION:

According to American Counselling Association Individual counseling is defined as a personal opportunity to receive support and experience growth during challenging times in life. Individual counseling can help one deal with many personal topics in life such as anger, depression, anxiety, substance abuse, marriage and relationship challenges, parenting problems, school difficulties, career changes etc.

NEED AND IMPORTANCE OF INDIVIDUAL COUNSELLING:

Individual Counselling goes by many different names: therapy, counseling, psychotherapy, talk therapy, individual therapy. But no matter what you call it, it means one thing: you work one-on-one with a trained therapist in a "safe, caring, confidential environment." Individual therapy is sitting down with someone who's gone through years of training in order to help people who are

struggling – and help them feel better. They are trained to help people explore thoughts, feelings, habits, and experiences in order to gain a better understanding about themselves.

i. **Develop fresh insights about your life (and patterns):** A therapist can help you learn techniques to manage patterns of anxiety, depression, self-criticism, and other unhealthy thoughts and emotions. Plus, when you talk about what you're feeling and thinking with a neutral person who has no personal attachment to the outcome, you can gain new insights on old issues, helping to uncover underlying causes for what you're feeling.

ii. **Learn tools to handle emotions and problems:** Sometimes, due to various reasons, there are areas of life that feel harder to handle than others. A therapist can help give you tools to deal with those situations that feel overwhelming or just plain bad.

iii. **Improve relationships:** When you feel bad day in and day out, relationships suffer. You might feel like you don't want to bring other people down, so you stay away from, or don't talk to, loved ones. You might lash out when your anxiety flares, saying or doing things that hurt your loved ones. Friends and family might start to feel rejected or hurt and pull away. Feeling overwhelmed, anxious, depressed, or helpless, is hard on all types of relationships. When you start working with a therapist, he or she can help you feel better and improve your relationships with others.

iv. **Feel empowered:** Probably the best benefit about starting individual therapy is the feeling of taking back control over your life. When you're in the throes of anxiety or depression, it can feel like life and everyone you know is passing you by – and there's nothing you can do about it. But once you start working with a therapist, you take back control of yourself and where you're going, and it feels like you can do anything.

7.3 STAGES OF INDIVIDUAL COUNSELLING

Individual counseling is a personal opportunity to receive support and experience growth during challenging times in life. Individual counseling can help one deal with many personal topics in life such as anger, depression, anxiety, substance abuse, marriage and relationship challenges, parenting problems, school difficulties, career changes, etc. Individual counselling (sometimes called psychotherapy, talk therapy, or treatment) is a process through which clients work one-on-one with a trained mental health clinician in a safe, caring, and confidential environment.

Counselling allows individuals to explore their feelings, beliefs, and behaviours, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change. Individual counselling is counselling focused on the individual's immediate or near future concerns. Individual counselling may encompass career counselling and planning, grief after a loved one dies or dealing with problems at a job before they become big. Individual counselling is a one-on-one discussion between the Counselor and the client, who is the person seeking treatment. The two form an alliance, relationship or bond that enables trust and personal growth.

7.3.1. Stage 1: Problem Concern: People pursue counselling and therapy for a variety of reasons. Some may enter therapy to address major life changes, such as divorce, and others may seek help in managing mental health conditions, like depression. There's a common misconception that people who go to therapy are "crazy," when in fact, most therapy clients are ordinary people struggling with common, everyday issues. Many people seek counselling because they have identified specific goals or issues that they wish to work on. Others may be encouraged by family, friends, or medical professionals to seek help, and in some cases, a person may be mandated to attend therapy as part of a court ruling or by a parent or guardian (if the person is a minor). Whatever the impetus, it takes courage to attend therapy, and it takes dedication to see it through. Together, the client and the therapist will determine the goals of therapy, and if the therapy should be short- or long-term. In many cases, the therapist and client will explore much more than just the client's presenting problem—the issue that first brought the person to therapy. The help of the right therapist can promote self-actualization, empower self-growth, improve relationships, and reduce emotional suffering.

Common concerns addressed in counselling

- Adjustment / Transition to / from College
- Alcohol / Other Drugs
- Anger Management
- Anxiety / Stress
- Behavioural / Mood Changes (Depression)
- Eating Concerns / Self-Esteem / Body Image
- Grief and Loss
- Gender Identity
- Relationship Conflicts
- Sexual Identity Concerns
- Suicidality

7.3.2. Stage 2: Relationship to Counselor: The therapeutic relationship is the connection and relationship developed between the therapist and client over time. Without the therapeutic relationship, there can be no effective or meaningful therapy. This applies to all forms of counselling and psychotherapy, and regardless of the theoretical orientation of your therapist or Counselor, the relationship developed between you will be considered of high importance. A strong bond is crucial to the success of counselling and psychotherapy. It can be especially valuable to clients who may have struggled forming relationships in their past, and those who experienced traumatic events in their early years, leading them to find it difficult to form relationships in adulthood. Therapy allows clients the chance to explore their relational attachments, bonds and experiences through their relationship with their therapist, which is why this relationship is so important.

Characteristics 0f The Counselling Relationship:

The therapeutic relationship has many components and varies between each individual relationship. However, there are some common themes and characteristics which I have listed below:

- *Genuineness* - it is crucial that the therapist be a 'real' human being, meaning that they are able to freely and deeply be themselves, not an all-knowing expert. They must be a real person who can relate to another genuinely.

- *Empathy -* this is the therapists' ability to recognise, identify and understand the situation their client is experiencing and to understand their feelings, ideas and motivations. This is the basis and foundation for a therapeutic relationship because it establishes a personal connection between the therapist and client, allowing the client to see their therapist hears them, values and understands their needs.

- *Trusting and a non-judgemental attitude -* for a therapeutic relationship to develop, grow and flourish, it is crucial a client feels their therapist is trustworthy. For clients who find it difficult to open up or explore their feelings due to worrying that it is not safe for them to do so, it matters greatly that they can feel confident that their therapist will not judge them.

- *Care and warmth -* when entering into the consulting room for the first time, or even meeting a new therapist after a break from therapy, there can be a sense of fear, trepidation and nervousness. Therefore, it is crucial that a therapist provide an environment that feels warm, caring and safe, in order for the client to feel they are able to share their feelings, ideas and thoughts.

- *Insight and experience*- the insight and experience of a therapist allows them to understand at more depth, things that may have been said to draw attention to the language used, or a certain way that a client may be presenting within any given session.

It is also important to note that experience and insight of a client is also hugely important.

In order that the client feels comfortable in expressing him/herself in an uninhibited way, the relationship between the client and the Counselor needs to be built on reciprocal trust. It is the

Counselor's responsibility to provide a safe, confidential environment, and to offer empathy, understanding and respect

7.3.3   Stage 3: Motivation: 'Motivation' is creating the desire to change one's own dysfunctional behaviour and 'motive' is the energizing condition that directs the individual to achieve that goal. Motivating the addict to accept help thus forms the first phase of treatment. Motivation is the driving force that determines much of our behaviour. Our desires can motivate us to act in positive and negative ways. In psychotherapy, motivation is used to encourage people to make positive behavioural changes in their lives.

Motivational therapy: When facing the challenges associated with recovering from issues such as substance abuse, a common psychotherapeutic approach is motivational therapy. This method encourages the person to view their substance abuse or other destructive habit as negative and focuses therapy sessions on instilling in the person a desire to make positive behavioural changes.

True motivation takes time to develop, especially if someone has been operating a certain way for a long period of time. The Stages of Change Model, developed by James Prochaska and Carlo DiClemente in the late 1970s and early 1980s, is often used as a tool for psychotherapists and people seeking lasting change in their lives—particularly with regard to addiction. This model is broken into seven stages:

- ❖ precontemplation
- ❖ contemplation
- ❖ preparation
- ❖ action
- ❖ maintenance
- ❖ relapse or recycling
- ❖ termination

Basically, there is a great deal of cognitive-behavioural work required on the part of the person seeking change; he or she must be open to a shift in perspective, and with the guidance and help

of a therapist, a plan of action is laid out. Committing to this plan is key, and it is not uncommon for a person to backslide a bit before fully embodying the desired changes. Those with a strong network of outside support in addition to a solid therapeutic relationship are the most likely to succeed.

7.3.4. Stage 4: Conceptualizing the Problem: Case conceptualization refers to the way that professional Counselors make meaning out of the information they have gathered. Formulating a case conceptualization involves: Identifying patterns and themes associated with the information gathered during the assessment phases, Applying a theory, Considering how issues such as race, ethnicity, religious beliefs, socioeconomic status, family structure, trauma and/or sexual and gender orientation impact a client's presenting concerns, „Assessing a client's motivation for counselling. There are five stages of readiness for change: pre-contemplation, contemplation, preparation, action, and maintenance.

- *Precontemplation:* Clients come to counselling because other people say they need to make a change but they are not interested in change or are not ready to do so.

- *Contemplation:* Clients who are thinking about the benefits of change but not ready to make any commitment to change

- *Preparation:* Clients who have made a commitment to change in the very near future and have begun making minor behavioural changes

- *Action:*Clients who are in the process of practicing the desired changes.

- *Maintenance:* Clients consider the best ways to ensure that the habits of change continue and develop strategies to deal effectively with relapses.

7.3.5. Stage 5: Exploration of resolution strategies: Conflict resolution therapy, an approach to treatment that seeks to teach people conflict resolution skills, was designed primarily to help couples; however, it can be used to address conflict in any situation, whether it arises in a family, between friends or romantic partners, at the workplace, or any other situation.

Conflict is disagreement, but contrary to popular belief, conflict does not necessarily involve fighting. Conflict exists in any situation where facts, desires, or fears pull or push participants against each other or in divergent directions. Bickering, arguing, insisting on your point of view, or becoming silent about your perspective indicate someone who is unskilled at handling conflicts in a collaborative way.

When conflict is not resolved appropriately, negative emotional states may linger and develop into situations that can have serious, lasting consequences on all personal and professional relationships. Internal conflicts can be detrimental to your family, friends, and co-workers.

Conflict can be destructive, leading people to develop negative feelings for each other and spend energy on conflict that could be better spent elsewhere. It can also deepen differences, and lead groups to polarize into either/or positions.

Different people use different methods to resolve conflict, and most people have one or more natural, preferred conflict resolution strategies that they use regularly. It is possible to scientifically measure an individual's inclinations toward specific conflict resolution strategies. In this article, we will discuss the five different categories of conflict resolution from the Thomas-Kilmann model, as well as their advantages and disadvantages.

The Five Conflict Resolution Strategies: The Thomas-Kilmann Model identifies five different approaches to resolving conflict. These approaches include:

1. Avoiding: Someone who uses a strategy of "avoiding" mostly tries to ignore or sidestep the conflict, hoping it will resolve itself or dissipate.

2. Accommodating: Using the strategy of "accommodating" to resolve conflict essentially involves taking steps to satisfy the other party's concerns or demands at the expense of your own needs or desires.

3. Compromising: The strategy of "compromising" involves finding an acceptable resolution that will partly, but not entirely, satisfy the concerns of all parties involved.

4. Competing: Someone who uses the conflict resolution strategy of "competing" tries to satisfy their own desires at the expense of the other parties involved.

5. Collaborating: Using "collaborating" involves finding a solution that entirely satisfies the concerns of all involved parties.

The Thomas-Kilmann model identifies two dimensions people fall into when choosing a conflict resolution strategy: assertiveness and cooperativeness. Assertiveness involves taking action to satisfy your own needs, while cooperativeness involves taking action to satisfy the other's needs. Each of the conflict resolution strategies above involves different degrees of assertiveness and cooperativeness. For example, while accommodating includes a high degree of cooperativeness and a low degree of assertiveness, competing consists of a low degree of cooperativeness and a high degree of assertiveness.

Conflict Resolution Skills
- ✓ Don't jump to the defence.
- ✓ Don't point fingers.
- ✓ Let the person explain themselves, and actively listen.
- ✓ Use "I" statements.
- ✓ Maintain a calm tone.
- ✓ Show a willingness to compromise or collaborate.
- ✓ Don't talk behind people's backs.
- ✓ Don't take anything personally.

7.3.6. Stage 6: Selection of a strategy: To make counselling effective, Counselors must not only master counselling skills and techniques but also understand the different theories that guide mental health professionals. Comprehensive online master's in mental health counselling

programs typically emphasize the following four theories - their history, impact, and continued relevance.

1. **Behavioural Theory:** Behavioural theory explains people's behaviour by examining life experiences. Psychologist B.F. Skinner was an advocate for behavioural theory, as he showed through animal testing that conditioning could affect behaviour significantly. In a modern context, a behaviourist might argue that someone possesses violent tendencies because that person suffered physical abuse as a child.

2. **Cognitive Theory:** Instead of focusing on actions, cognitive theory examines how people's thoughts influence their behaviour. In a clinical setting, psychologists and psychiatrists use talk therapy to help clients identify and remedy negative thoughts. For example, a client who can verbalize his or her flying anxiety can begin to develop new, positive thought patterns that reduce stress.

3. **Humanistic Theory:** After the Second World War, many mental health professionals turned away from traditional behavioural and cognitive theories. Humanistic theory assumes that people are good and desire agency over their own lives. Counselors who use humanistic theory focus on clients' subjective feelings and use those feelings as a way to treat underlying problems.

4. **Integrative Theory:** As the name suggests, integrative theory synthesizes behavioural, cognitive, and humanistic theories, among others. Professionals who use integrative theory analyse clients' mental health needs from different viewpoints and also consider how age and life experience can guide treatment. Finally, integrative theory focuses less on finding a mental health 'cure.' Rather, professionals help clients improve as much as they can.

Impact of Effective Counselling Strategies : Effective counselling can make a significant, positive impact on clients' lives. Some positive outcomes might include:

- ❖ Better decision making
- ❖ Coping skills
- ❖ Improved outlook on life

❖ Ability to plan for the future (e.g., college and career preparedness)

❖ Improve socialization with peers, teachers, and family

❖ Engagement with extracurricular activities

7.3.7. Stage 7: Implementation: The implementation plan is a plan that the Counselor and the client work on together. It is designed to prevent, intervene, or address unhealthy behaviours and practices. The implementation plan identifies who will perform the activities,where the activities will occur, how frequently they will occur, how they will be carried out and when they will be carried out.

Implementation activities are designed to help clients rethink risky behaviour, work through problematic issues, address unhealthy lifestyle practices, learn new skills and build strengths. Implementation activities can include: counselling, crisis intervention, training and education, supportive services, concrete services and constructive use of free time. As the Counselor can understand, each stage of the counselling process builds upon the former.

As the Counselor moves through each stage, he will come to realise that it takes patience and practice to counsel the client effectively, but if the Counselor is committed to the goal, he will be able to achieve and implement successfully. The Counselor may not feel completely confident in their ability asa Counselor, but as he expands his knowledge base, he would gain more experience and strengthen his helping skills, and thus he will become a more effective Counselor.

7.3.8. Stage 8: Evaluation and Termination: Evaluation is an important part of the counselling process. It is essential that the Counselor undertakes evaluation before the termination of the process. Evaluating means to review how the counselee has taken the action in order to achieve the goal and in view of the plans how far the client is progressing.

Assessment or evaluation of client's progress is an ongoing process which begins right in the first stage. However, it is done at this stage with the purpose of terminating the process. Counselling should never be abruptly terminated. The termination of counselling is systematically done after following a series of steps. The Counselor during the evaluation and termination stage ensures the followings:

- Evaluating readiness for termination of counselling process;

- Letting the client know in advance about the termination of counselling;

- Discuss with client the readiness for termination;

- Review the course of action plan;

- Emphasis the client's role in effecting change;

- Warning against the danger of 'flight into health';

- Giving instructions for the maintenance of adaptive functioning;

- Discussion of follow up sessions; and

- Assuring the availability of Counselor in case of relapse into dysfunction.

While discussing about this stage, it is important to know when and how the Counselor should discontinue the counselling process. The client is the point of reference to make this decision. As the client gains desired benefits, the client her/himself may suggest that there is no further need for continuation. Sometimes termination may depend upon external influences, such as time constraints or unforeseen contingencies. The counselling may also terminate because the client feels that s/he does not wish to continue; or, because both either decide that no progress is being made towards the set goals. As it has been discussed in planning stage, counselling is always conducted with predetermined goals. The goals may be modified as required during the course of therapy. The Counselor develops specific plan for each client. Accordingly, as action plan progresses and the goals of client are progressively attained, the Counselor must evaluate and assess the readiness to terminate the process. The Counselor must give adequate advance notice of termination so that clients can psychologically orient themselves towards independent functioning. Such notice of termination is also necessary to give the client an opportunity to raise issues that she/ he had not discussed. Failure to provide adequate notice of termination may lead to crisis in functioning when the termination is announced. The client's appraisal of the situation is essential while terminating counselling sessions.

The Counselor should discuss with the client about his/her readiness to terminate. The discussion may include client's understanding of what has transpired during the process, his/her

doubts and misconceptions, and confidence to handle future situations. While terminating counselling, it is important that the client is warned against the 'flight into health' which keeps him/her aware of the realities of the situation and the possibilities of relapse after returning to the unsupervised environment. Since the risk for setbacks, temporary or otherwise, after termination is high, the client should be given adequate counselling about how to handle potential troublesome situations. Further, while reviewing the whole process, the Counselor draws to the client's attention the problems initially identified with him/her, the goals that were agreed upon and the plan of action employed to attain the goals, tasks given, interpretations and insights that resulted, progress and setbacks in the process, and such other issues.

In order to make the client more confident the Counselor must make the client known about the role that s/he has played. The Counselor should also explain that his/her role has been that of a guide to the client on his journey to achieve the set goal. Lastly, at this stage some discussion of follow up sessions and continued uncritical accessibility of the Counselor to the clients is necessary. There is need for the client to continue to maintain contact with the Counselor for continued assistance for the maintenance of the functional equilibrium. The frequency of such follow-up sessions is based upon individual circumstances, and can increase or decrease depending upon the need. Therefore, the Counselor should stress on 'open doors' which refers to easy accessibility of the Counselor to the client. The clients must be made feel that he/she need not feel guilty in case he/she relapses into dysfunction and he/she should be made to feel that the Counselor will always be available to him/her.

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7.4 FAMILY COUNSELLING

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Family counselling is meant to help initiate change and nurture development in intimate relationships between family members and couples. Family counselling is a psycho counselling style where cognitive, behavior or interpersonal counselling may be employed. However, it is most often used with interpersonal counselling. It is used when dealing with couples and families. It emphasizes family relationships as an important factor in psychological

health. As such, this type of counselling focuses on family problems, which are seen in relation to family interactions, instead of based only on individual members of a unit.

Family therapy or family counseling is a form of treatment that is designed to address specific issues affecting the health and functioning of a family. It can be used to help a family through a difficult period of time, a major transition, or mental or behavioral health problems in family members. Just as a particular department in a business organization may suffer because of the problems in another department, a person with Depression may be responding to larger family issues. For example, a depressed adolescent's symptoms may be related to her parents' marital problems. But if a therapist only saw the depressed teen, they may not share the greater family problems that could be an important part of their depression. In this family counselling we are going to discuss about Pre-marital and marital   Counselling

Family therapists: Family therapists usually focus on the interactions between family members and how those interactions may foster issues. For many family seeking help, understand that family therapy is frequently short-term and may be used in addition to other types of treatment.

The job of the family therapist is to facilitate conversations that act as catalysts to strengthen and improve existing connections between family members and/or loved ones. The average number of family therapy sessions is 5-20 but the number of sessions truly depends on the situation the family or group is involved with. The important piece of family therapy is not in the number of people involved in the session but the analytical framework and perspective. Family and couples therapy is considered to be a very effective method of treatment for several mental health concerns. Family therapy is generally conducted in a safe and supportive environment once a week in a therapist's office. Look for a therapist who has specific family therapy training, specialization, and experience (more than 5 years is preferred, but usually the more, the better). While it's not for everyone, family therapy may be a psychotherapy modality worth trying.

Family therapy can be useful when you encounter the following issues:

- Family relationships and changes in family life

- Adult mental health

- Parenting issues

- Couple relationships

- Trauma

- Work stress

- Parenting skills

- Chronic health problems, such as asthma or cancer

- Supporting family members through separation, mediation and divorce

- Family relationships and changes in family life

- Adult mental health

- Parenting issues

- Couple relationships

- Trauma

- Work stress

- Parenting skills

- Chronic health problems, such as asthma or cancer

- Supporting family members through separation, mediation and divorce

To treat these and other family issues, therapists must follow …

- Observe how people interact within units

- Evaluate and resolve relationship problems

- Diagnose and treat psychological disorders within a family context

- Guide clients through transitional crises such as divorce or death

- Highlight problematic relational or behavioral patterns

- Help replace dysfunctional behaviors with healthy alternatives

- Take a holistic (**mind-body**) approach to **wellness**

THERE ARE A RANGE OF COUNSELING TECHNIQUES USED FOR FAMILY THERAPY INCLUDING:

Structural Therapy : Structural family therapy is a theory developed by Salvador Minuchin. The focus of the therapy is based on five specific principles. The five specific principles include: the structural therapist focuses on the interactions between people rather than their individual psyches,"Matrix of identity" based on personal interactions within the family, Family structure based on social interactions, "Well-functioning family" based on how family responds and develops according to family needs, The position of a family therapist is to help the family outgrow constraining growth patterns and develop as a stronger entity.

Strategic Therapy : Strategic therapy is a theory that has evolved from a combined number of a variety of psychotherapy practices. There are five different parts to strategic therapy including a brief social stage, the problem stage, interactional stage, the goal-setting stage and the task-setting stage.

Systemic Therapy : Systemic Therapy is rooted from family therapy or something known as family systems therapy. There are a number of family systems therapies that contribute to the current systemic therapy concept. In recent decades, systemic therapy has moved away from linear causality and now approaches problems as they are created in a social and linguistically influenced reality.

Narrative Therapy : Narrative therapy is different in that it encourages the person to be their own individual and to use their own skill set to address the problem and also to minimize the tiny problems in day-to-day life. The idea of narrative therapy is that in life, people create personal stories that help them identify who they are and also that they possess the proper tools to navigate their lives. The point of narrative therapy is to help clarify, develop and support the narrator in life and help guide their journey.

Transgenerational Therapy : Transgenerational therapy gives therapists the ability to examine interactions between individuals in a family across multiple generations. The family therapist's observations and analysis of interactions helps the therapist to grasp the core issues within the family group. In addition to current issues, the therapist may also pick up on future struggles or stressful situations. Concepts of transgenerational therapy are used frequently with other therapies to help create a lens to frame the issue being addressed in sessions

Communication Therapy : Therapy for communication issues is a common need especially as it pertains to relationship therapy and the cited issue between the couple is lack of communication. Communication issues between individuals can start from differences in cultural backgrounds and/or personal experiences. Additional situations that may contribute to communication issues include trauma, secrecy, mental health issues, etc. There are many options for addressing communication issues whether it be for an individual's improvement or two involved in an intimate relationship. A trained therapist can help an individual decide what the best strategies may be for improving communication skills and ability. Strategies include active listening, opening lines of communication and mediated communication.

Psychoeducation: The practice of educating those with mental health conditions and their families to help empower and support them with their condition is referred to psychoeducation. Psychoeducation is a strong tool against the stigmatization of mental health conditions and those who face those challenges on a day-to-day basis. Psychoeducation is defined with four broad goals in mind:

- transfer of information

- medication and treatment support

- training and support in self-help

- an available a safe place to vent

Relationship Counseling: Relationships are not easy and simple problems in your daily life can cause stress or add strain to any relationship. Additional problems that can contribute to the stress include chronic illness, a lack of communicating effectively, cultural differences, infidelity and mental health issues. Couples may also face issues of sexual intimacy, emotional distancing,

financial difficulties and a general lack of trust. Relationship counseling begins usually when a couple is trying to decide whether to work out their problems and continue to be together or if they should move on.

TYPES OF FAMILY THERAPY:

There are four types of family therapists most often utilized by professionals: supportive family therapy, cognitive-behavioral therapy, psychodynamic ideas and systemic family therapy.

- **Supportive Family Therapy** is often used to help family members expression their feelings regarding a problem that is affecting the entire family. This type of family therapy provides a safe and open environment in which everyone can express what they feel. This is an opportunity for families to get together, and openly talk about the issues plaguing them, as well as an opportunity for the therapist to offer practical advice.

- **Cognitive-Behavioral Therapy** (CBT) techniques attempt to change the ways people think or behave in order to reduce or get rid of the problem. The therapist may assign each individual family member with homework tasks to complete or specific behavioral programs might be drawn up.

- **Psychodynamic ideas used in family therapy** tends to look more into the individual's own unconscious (sometimes called subconscious) minds. This type of therapy attempts to reduce problem(s) by uncovering the underlying problems. It is the hope of many therapists who use this method that, by providing the individuals with the real reasons for strife, family members will be able to deal with—and work through—their difficulties more successfully.

- **Systemic Family Therapy** puts emphasis on the entire family's feelings. It attempts to identify the problems within a family dynamic, as well as the ideas and attitudes of the entire family to uncover what may be going on with the family as whole. Once the therapist has a full understanding of these areas, he or she may attempt to shift the problem(s), attitudes, relationships, to a position that is more beneficial, less damaging, or simply more realistic.

According to Licensed Clinical Social Worker Laney Cline King, these are the most common types of family therapy:

- **Bowenian:** this form of family therapy is best suited for situations in which individuals cannot or do not want to involve other family members in the treatment. Bowenian therapy is built on two core concepts, triangulation (the natural tendency to vent or distress by talking to a third party) and differentiation (learning to become less emotionally reactive in family relationships).

- **Structural:** Structural therapy focuses on adjusting and strengthening the family system to ensure that the parents are in control and that both children and adults set appropriate boundaries. In this form of therapy, the therapist "joins" the family in order to observe, learn, and enhance their ability to help the family strengthen their relationships.

- **Systemic:** The Systemic model refers to the type of therapy that focuses on the unconscious communications and the meaning behind family members' behaviors. The therapist in this form of treatment is neutral and distant, allowing the family members to dive deeper into their issues and problems as a family.

- **Strategic:** This form of therapy is more brief and direct than the others, in which the therapist assigns homework to the family. This homework is intended to change the way family members interact, assess and adjust the way the family communicates and makes decisions. The therapist takes the position of power in this type of therapy, which allows other family members who may not usually hold as much power to communicate more effectively (King, 2017).

BENEFITS OF FAMILY THERAPY:

This more holistic approach to treating problems within a family has proven to be extremely effective in many cases. In family therapy, families can work on their problems with the guidance of a mental health professional in a safe and controlled environment.

The benefits of family therapy include:

- A better understanding of healthy boundaries and family patterns and dynamics

- Enhanced communication

- Improved problem solving

- Deeper empathy

- Reduced conflict and better anger management skills

- Bringing the family together after a crisis

- Creating honesty between family members

- Instilling trust in family members

- Developing a supportive family environment

- Reducing sources of tension and stress within the family

- Helping family members forgive each other

- Conflict resolution for family members

- Bringing back family members who have been isolated

In addition, family therapy can enhance skills required for healthy family functioning, including communication, conflict resolution, and problem-solving. Improving these skills for each member of the family increases the potential for success in overcoming or addressing family problems. In family therapy, the focus is on providing all family members with the tools they need to facilitate healing (Teen Treatment Center, 2014).

Meaning: Premarital counseling, a specialized type of therapy usually provided by marriage and family therapists, is believed to offer benefit to all couples who are considering a long-term commitment such as marriage. Typically, the goal of premarital counseling is to identify and address any potential areas of conflict in a relationship early on, before those issues become serious concerns, and teach partners effective strategies for discussing and resolving conflict. Partners seeking counseling before marriage may also find that premarital counseling can help them better understand their expectations about marriage and address any significant differences in a safe and neutral environment.

Definition: It is an educational and supportive advice rendered to people planning marriage by a clergy member skilled in counseling, a therapy professional, or some other properly skilled individual. Premarital counseling might take the shape of guidance and responses to queries covering a wide array of issues Premarital counseling is highly recommended for couples in the engagement stage of marriage. Premarital counseling is a form of family therapy designed to help couples stay connected during times of crisis. This popular form of couples counseling provides a future husband and wife with conflict resolution strategies; for example, making sure you're on the same page in case emergencies happen (such as financial troubles).

NEED AND IMPORTANCE OF PREMARITAL COUNSELLING:

Premarital counseling can help partners identify areas likely to cause conflict later on—finances, child-rearing methods, career goals, and family dynamics, among others—and either work through these issues in the early stages of the relationship, if possible, or develop a plan to address them in the years to come.

 The need of this proactive counseling strategy is to prevent couples from engaging in negative behavior that often breaks marriages, should those issues ever come up. Premarital counseling can help couples improve their relationships before marriage. You can encouraged to discuss topics related to marriage, such as: Finances, Communication, Beliefs and values, Roles in marriage, Desire to have children, Family relationships, Decision-making, Dealing with anger, Time spent together, etc..

Premarital counseling helps partners improve their ability to communicate, set realistic expectations for marriage and develop conflict-resolution skills. In addition, premarital counseling can help couples establish

a positive attitude about seeking help down the road. Keep in mind that you bring your own values, opinions and history into a relationship, and they might not always match your partner's. For example, family systems and religious beliefs vary greatly.

Many couples have experienced very different upbringings with different role models for relationship and marriage. Many people go into marriage believing it will fulfill their social, financial, sexual and emotional needs — and that's not always the case. By discussing differences and expectations before marriage, you and your partner can better understand and support each other during marriage.

7.4.2

MARITAL COUNSELING

MEANING: 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 counseling, you can make thoughtful decisions about rebuilding and strengthening your relationship or going your separate ways. Marriage counseling is often provided by licensed therapists known as marriage and family therapists. These therapists have graduate or postgraduate degrees — and many choose to become credentialed by the American Association for Marriage and Family Therapy (AAMFT). Marriage counseling is often short term. Marriage counseling typically includes both partners, but sometimes one partner chooses to work with a therapist alone. The specific treatment plan depends on the situation.

DEFINITION: Marriage counseling is a type of psychotherapy for a married couple or established partners t hat tries to resolve problems in the relationship. Typically, two people attend counseling sessions together to discuss specific issues.

NEED AND IMPORTANCE OF MARITAL COUNSELLING:

Marriage counseling is based on research that shows that individuals and their problems are best handled with in the context of their relationships. Marriage counselors are trained in psychotherapy and family systems, an d focus on understanding their clients' symptoms and the way their interactions contribute to problems in the relationship.

Marriage counseling can help couples in all types of intimate relationships — regardless of sexual orientation or marriage status. Some couples seek marriage counseling to strengthen their partnership and gain a better understanding of each other. Marriage counseling can also help couples who plan to get married. Marriage counseling might also be helpful in cases of domestic abuse. If violence has escalated to the point that you're

afraid, however, counseling alone isn't adequate. Contact the police or a local shelter or crisis center for emergency support. In other cases, couples seek marriage counseling to improve a troubled relationship. You can use marriage counseling to help with many specific issues, including: Communication problems, Sexual difficulties, Conflicts about child rearing or blended families, Substance abuse, Anger, etc. Marriage counseling typically brings couples or partners together for joint therapy sessions. Working with a therapist, you'll learn skills to solidify your relationship, such as: Open communication, Problem-solving , How to discuss differences rationally etc.

To conclude the roles and responsibilities of the counselor, including the professional role, functions, and relationships as a member at all times in all aspects is needed. The counselor should have specific skills and knowledge required in order to function effectively as a member of an interdisciplinary emergency situation too. they have to undergo various types of training to develop the required skills and knowledge relevant to environment and also Exhibit proficiency in effective, credible academic writing and critical thinking skills.

Check your progress

Note: a. Use the space provided for your answer

   b. Compare your answer with those given at the end of the unit.

1. **What do you mean by individual counseling?**

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2. **What are the two types of counseling discussed in this chapter?**

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3. **Is there should be a good relationship with the counselor and the counselee?**

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4. List out some common problems faced by an individual.

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5. State whether the statements are true or false,

    a. Pre-marital counseling is done after marriage _____

    b. **Pre – marital counselling provides us to know about the prons and cons of marriage _____.**

    c. **Marriage counselling done only on the day of marriage _____.**

    d. **Marriage counselling is needed in our society _____.**

7.5 LET US SUM UP

To sum up Individual and family counseling is to create a safe and stable home environment for children and families. Individual counseling is counseling focused on the individual's immediate or near future concerns whereas, family counseling focus on all the aspects of the situation of a family. Family is considered as the basic unit of the society. A family counselor is an individual who does so much more than simply listen to people talk. The family counselor must discuss topics with their clients, diagnose the problem and find effective treatment methods which will work to alleviate the client's problem. For those individuals who have compassion, good listening skills and a willingness to help others, becoming a family counselor might be the perfect thing to do.

7.6 ANSWER TO CHECK YOUR PROGRESS

1. Individual counseling is counseling focused on the individual's immediate or near future concerns whereas, family counseling focus on all the aspects of the situation of a family.

2. Individual and Family counseling

3. Yes, there should be a good Professional relationship with the counselor and the counselee.

7.7 UNIT END EXERCISE

1. **Portrait the need and importance of individual counselling.**

2. **Explain the cause and consequence of the problems faced by individuals.**

3. **What is the role of counselor in evaluation and termination stage?**

4. **Write a note on pre-martial counselling.**

5. **Explain martial counselling**

6. **Highlight the role of counselor in individual and family counselling.**

7.8 SUGGESTED READINGS

- **The Proper Care and Feeding of Marriage (Hardcover)** by Laura Schlessinger (shelved 1 time as *marriage-and-family-therapy*), published 2007

- **Strengthening Our Families: An In-Depth Look at the Proclamation on the Family (Hardcover)**, by David C. ollahite (Contributor) (shelved 1 time as *marriage-and-family-therapy*) published 2000

- **Raising An Emotionally Intelligent Child (Paperback)** by John M. Gottman (Foreword) (shelved 1 time as *marriage-and-family-therapy*) published 1997

- https://teach.com/online-ed/counseling-degrees/counseling-techniques/

- https://www.goodtherapy.org/blog/psychpedia/motivation

- https://www.una.edu/counseling/what-types-of-problems-can-counseling-help.html

BLOCK IV: GROUP COUNSELING, COUNSELING IN GROUPS AND DIFFERENT SETTINGS GROUPS IN COUNSELING AND TECHNIQUES

Unit VIII - GROUP COUNSELING AND STAGES

8.1 INTRODUCTION:

Group counseling is a form of counseling where a small group of people meet regularly to discuss, interact, and explore problems with each other and the group leader. Group counseling seeks to give students a safe and comfortable place on campus where they can work out problems and emotional concerns. Members gain insight into their own thoughts and behavior offer suggestions and support to others. In addition, people who have a difficult time with interpersonal relationships can benefit from the social interactions that are a basic part of the group counseling experience. Most groups composed of students of differing ages, backgrounds and experiences. This helps to provide additional perspectives.

History of Group Counselling:

Group counseling has had a history since the early 1900s and has quickly developed since. In 1905, Joseph Hersey Pratt is credited with the first group experience when he worked with tuberculosis patients. In 1907, Jesse B. Davis, who was principal of Grand Rapids High School in Michigan, decided that one English class a day be devoted to vocational and moral guidance. It is the first record of a group therapy experience. In the 1920s, The Theatre of Spontaneity by J.L. Moreno was a forerunner of psychodrama. His ideas influenced later theorists and began the study of small group phenomenon by social scientists.

In the 1930s, he introduced the terminology 'group therapy' and 'group psychotherapy' into the group vocabulary. By the 1930s, there was an increase in group guidance and psychoeducational publications and practices. Self-help groups were created, including the beginning of Alcoholics Anonymous, by founders who stated that 'the potency of individuals meeting together and interacting in a supportive way produces change.'

During the 1940s, Kurt Lewin is recognized as the founder and promoter of group dynamics. He developed field theory, which emphasizes the interaction between individuals and their environment. It is based on the ideas of Gestalt psychology. In the 1950s, group procedures were used in the practice of family counseling led by Rudolf Dreikurs, who also worked with parent groups. In 1958, the first textbook in group work was published. The 1960s began the Human Potential Movement, which was founded on the belief that we only use a small part of our capabilities but the group experience can help us reach our full potential. Carl Rogers developed the term **encounter group** to describe his approach to group work. It was designed to help normal individuals remove blocks that inhibit their functioning so they can live more fulfilled lives. Because these groups focus on personal growth, they are known as personal growth groups or sensitivity groups. **Marathon groups**, which meet for extended periods of time (24-48 hours), became popular for self-growth. As group counseling became more popular, several new theorists emerged, including Fritz Perls' Gestalt therapy and Eric Berne's transactional analysis. In 1973, the Association for Specialists in Group Work was formed as a division of the American Personnel and Guidance Association. In the 1980s, the popularity of group work continued to increase until present day. The different types of groups continue to grow and the amount of research done on group work continues to increase.

GROUP COUNSELLING: MEANING/ DEFINITION/ GOALS/ NEED AND IMPORTANCE/ and SKILLS OF GROUP COUNSELLING

MEANING:

Group Counselling is usually comprised of six to eight students who meet face to face with one or two trained group therapists and talk about what most concerns them. Members listen to each other and openly express thoughts and feelings about what other members do or say. These interactions give members an opportunity to increase understanding of self and others, try out new ways of being with others, and learn more effective ways to interact. The content of the group sessions is absolutely confidential; **members must commit to confidentiality** that is they may talk about their own experience with whom they choose but may not identify other members or what they say outside of group. Counselling is derived from the word "Counsel" which literally means "to give advice"

DEFINITION:

❖ Group Counseling is a process where a collection of clients with similar issues or concerns meet as a group with one or more therapists, or other facilitators, to discuss those issues, and to learn about and share information and solutions about those issues.

1. Group counseling is a form of counseling where a small group of people meet regularly to discuss, interact, and explore problems with each other and the group leader. Group counseling seeks to give students a safe and comfortable place on campus where they can work out problems and emotional concerns. Members gain insight into their own thoughts and behavior, and offer suggestions and support to others.

GOALS OF GROUP COUNSELING:

People who participate in counseling groups benefit in many ways. We believe that groups are uniquely suited to help students.

- Give and receive support
- Gain understanding of problems and explore possible solutions
- Practice interpersonal skills in a safe group setting
- Learn more about how you come across to others

- Increase observation and feedback skills
- Enhance problem-solving skills
- Improve emotional expressiveness
- Decrease social isolation
- Develop good communication skills

NEED AND IMPORTANCE OF GROUP COUNSELLING:

- **Belonging**: Perhaps the biggest advantage of group counselling is the opportunity to see that others are struggling in similar ways. Individual counseling doesn't offer this kind of personal insight into the experiences of others. Your feelings of isolation will likely become lessened as you begin to hear the stories of others and realize they struggle, as well. Whether you're dealing with anger management issues, anxiety, depression or other life struggle, group counseling offers a space of validation and understanding.

- **Interpersonal Interaction:** Group sessions are the perfect place to practice interpersonal relations and to improve social skills. It's quite common for those dealing with mental health issues or other life struggles to experience difficulties in their relationships. During group work, you will be able to interact with other members, with the facilitator helping to process the interactions. This processing enables members to gain an understanding of others' points of view and to learn healthy ways of communicating or resolving differences. Through observing the actions of members, along with your own, you can gain tremendous insight into your own behavior, too.

- **Support:** Group sessions can be even more powerful than individual work with a counselor because you are able to receive support from more than one source. This is one of the primary advantages of group counseling. In group therapy, the counselor isn't the only one to offer feedback. Instead, the group facilitator encourages members to offer feedback, suggestions and support throughout the session. The support of multiple people can be quite effective in motivating change and validating feelings.

- Perspective: The members of your therapy group can become your sounding board. They can provide you with feedback that helps you to see a situation more clearly or realistically. It's human nature to perceive things through you on lens. For example, you may be harder on yourself regarding a perceived mistake than is actually necessary. Your newfound therapeutic support system can help you to reframe the incident, seeing it in a more realistic light. It's important to note that group members won't simply tell you what you want to hear. It is typical to expect honest responses from members, but this type of counseling teaches everyone involved how to do so in a constructive, helpful way.

- **Motivation:** As you get to know your group, you may begin to notice that you find yourself thinking of them and how they may react to various scenarios you encounter each week between sessions. This realization can cause you to reconsider the ways in which you would normally react to a particular situation. This desire to want to report positive outcomes to your peers can be incredibly motivational.

- **Providing Unique Importance**: Group Counselling can offer a unique environment in which to learn about and experience both self and others. We all live in a groups for much of our lives and working together with others in a group can provide valuable insights into characteristic patterns of thinking and relating in a group setting.

- **Exploring the issues in depth:** The Group experience gives individuals an opportunity to explore their issues in more depth in a setting which more depth, in a setting which more closely resembles work, study, social and family groupings.

- Promoting growth and change: Group members provide different perspectives which are often helpful in promoting growth and change.

- Avoiding Isolation and Loneliness: One of the main principles behind group counselling is the idea that dealing with specific issues may cause and a feeling that one is alone in facing one's problem.

Group counselling enables in counteracting this isolation by assembling people with similar issues to enforce that difficulties are not singular to one person.

GROUP COUNSELING SKILLS:

As with other groups, leaders of effective counseling groups need to employ a variety of interpersonal skills (Corey & Corey, 1992). Among the most important of these are:

a) active listening, where leaders are sensitive to the lan- guage, tone, and nonverbal gestures surrounding members' messages;

b) linking, where leaders help members recognize their similarities;

c) blocking, where leaders keep unfocused members from disrupting the group by either redirecting them or preventing them from monopolizing conversations; and

d) summarizing, where leaders help members become aware of what has occurred and how the group and its members have changed.

Empathy, personal warmth, courage, flexibility, inquiry, encouragement, and the ability to confront are vital skills too. Counseling group leaders must wear many hats in helping their groups make progress. The more skills within the counselors' repertoires the more effective they will ultimately become.

_____**8.** **3**

ETHICAL BEHAIVIOUR WITH GROUPS:

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"Ethics" constitutes a discipline concerned with moral judgments, the goodness or badness of behavior, the rightness or wrongness of an action. Individuals make value judgments each and every day of their life. In some instances, those judgments will determine if the decision is/is not ethical within the boundaries of definition. Groups do not, collectively, make ethical decisions. Rather,groups and organizations are composed of individuals who bring their value systems to bear when making moral judgments. Group processes and performance are closely integrated with an individual's moral and ethical foundations. Ethical behaviors such as cheating, lying, and theft are not viewed in the same light as previous generations. Many individuals have a predisposition to exhibit unethical behavior. This is due to their internal value system and what they view as ethical. Groups "exert substantial amounts of influence on a group member's core value system." Despite the changes in our society, Ethics, integrity, honesty and strong values should remain the cornerstone of corporate and personal behavior. Confidentiality plays a vital role in the counseling process either individual or group counselling

8.4 FORMING A GROUP , COMPOSITION OF GROUP, FREQUENCY AND DURATION OF SESSIONS, CO-LEADERS, SCREENING GROUP MEMBERS

FORMING A GROUP: Sometimes we join a group because we want to. Other times, we might be assigned to work in groups in a class or at work. Either way, Lumsden and Wiethoff give three reasons why we form groups. First, we may join groups because we share similar interests or attractions with other group members. If you are a certain major in college, chances are you share some of the same interests as others in your class groups. Working with others helps us achieve these needs thereby reducing our obligation to meet these needs ourselves (Maslow; Paulson). We are often motivated to do things for the rewards they bring. Participating in groups provides reinforcement from others in the pursuit of our goals and rewards.

Forming: Obviously, for a group to exist and work together its members must first form the group. During the forming stage, group members begin to set the parameters of the group by establishing what characteristics identify the members of the group as a group. During this stage, the group's goals are made generally clear to members, initial questions and concerns are addressed, and initial role assignments may develop. This is the stage when group norms begin to be negotiated and established. Essentially, norms are a code of conduct which may be explicit or assumed and dictate acceptable and expected behavior of the group.

Storming. The storming stage might be considered comparable to the "first fight" of a romantic couple. After the initial politeness passes in the forming stage, group members begin to feel more comfortable expressing their opinions about how the group should operate and the participation of other members in the group. Given the complexity of meeting both individual goals as well as group goals, there is constant negotiation among group members regarding participation and how a group should operate. Imagine being assigned to a group for class and you discover that all the members of the group are content with getting a C grade, but you want an A. If you confront your group members to challenge them to have higher expectations, you are in the storming stage.

Norming: Back to our romantic couple example, if the couple can survive the first fight, they often emerge on the other side of the conflict feeling stronger and more cohesive. The same is true in groups. If a group is able to work through the initial conflict of the storming stage, there is the opportunity to really solidify the group's norms and get to the task at hand as a cohesive group. Norming signifies that the members of a group are willing to abide by group rules and values to achieve the group's goals.

Performing. Performing is the stage we most often associate as the defining characteristic of groups. This stage is marked by a decrease in tensions, less conscious attention to norm establishment, and greater focus on the actual work at hand in order to accomplish the group's goals. While there still may be episodes of negotiating conflict and re-establishing norms, performing is about getting to the business at hand. When you are in a weekly routine of meeting at the library to work on a group project, you are in the performing stage.

Adjourning /**Terminating** Groups that are assigned a specific goal and timeline will experience the fifth stage of group formation, termination. Think about groups you have been assigned to in college. We're willing to bet that the group did not continue once you achieved the required assignment and earned your grade. This is not to say that we do not continue relationships with other group members. But, the defining characteristics of the group established during the forming stage have come to an end, and thus, so has the group.

COMPOSITION OF GROUP: Composition of the group determines the efficiency of collaborative learning in the group, it is one of the factor for collaborative learning. This factor is defined by several variables: the age and levels of participants, the size of the group, the difference between group members, etc.

Regarding the number of members, small groups seems to function better than large groups in which some members tend be 'asleep' or excluded from interesting interactions. This does not argue in disfavor of large group sessions. It simply means that distance learning activities should also include 'closed' sessions, in which a restricted number of subjects collaborate and/or 'monitored' session in which the teacher takes care that no learner is left out the interaction.

Regarding the participants, some developmental level is necessary to be able to collaborate, but this is only an issue for children and does hence not directly concern current distance education activities which mainly concern adult learners. The most intensively studied variable is the heterogeneity of the group. It refers to the objective or the subjective differences (how subjects perceive each other) among group members. These differences can be general (age, intelligence, development, school performance, ...) or task specific. It indicate there exists some 'optimal heterogeneity', i.e. some difference of viewpoints is required to trigger interactions, but within the boundaries of mutual interest and intelligibility. Heterogeneity can easily be understood as a condition to trigger conflicts and require social grounding, two important mechanisms described above.

FREQUENCY AND DURATION OF SESSIONS: Group therapy is a broad term used to describe therapies, including counselling. Both counsellors and psychotherapists provide a service for those looking for support and treatment for a wide range of mental health and emotional concerns or in a group setting too. The duration of the sessions determines on the group's characteristics such as the size of a group, the therapies and many other characteristics too. An optimal therapy group size is about six to fifteen participants, with one or two therapists. The smaller and more intimate the group, the easier it is to notice when someone is missing. If the group is larger, it is much easier for an absence to go unnoticed. Members of a smaller group miss each other when someone is absent. This recognition is motivation to attend. Also, it's important for attendees to go to every meeting, arrive on time and stay for the entire length of the meeting. The group process is disrupted when there is irregular attendance, or when participants are coming late or leaving early. The preferred timeline for time-limited group therapy is not more than two sessions per week (except in the residential settings), with as few as six sessions in all, or as many as 12, depending on the purpose and goals of the group. Sessions are typically 1 1/2 to 2 hours in length. Residential programs usually have more frequent sessions. Even though clients often do not stay more than 3 to 5 days on an inpatient unit, much can be accomplished in this brief timeframe.

Group process therapy is most effective if participants have had time to find their roles in a group, to "act" these roles, and to learn from them. The group needs time to define its identity, develop cohesion, and become a safe environment in which there is enough trust for participants to reveal themselves. Although counseling groups vary, members need a specific, consistent time and place to meet. Most groups meet for one and one half to two hours each week for 12 to 16 sessions. The meeting room should be quiet and inviting and away from other activities. Groups work best when chairs are arranged in circles where everyone feels a sense of equality with one another and the flow of communication is enhanced (Gladding, 1994).

CO-LEADERS: Co-leader is a fellow leader. Someone who is responsible for or in control of a group, organization, country, etc. with another person. Co-leaders can be a great strategy, they can also create friction between the leaders due to creative differences, contradictory communication with employees, or poor coordination.

Effectiveness of the Co-leaders:

- **Share ownership of the goal but divide roles and responsibilities.** Explore and understand each other's strengths and expertise, then go through a detailed process of agreeing who is responsible for what. After studying multiple corporate examples of shared leadership, O'Toole, Galbraith and Lawler

in Shared Leadership: Reframing the How's and Whys of Leadership (Pearce and Conger, 2003), suggest that co-leadership is much more likely to be successful with clear and agreed differentiation. This isn't a one-off conversation. Make co-leadership sustainable by regularly re-evaluating your roles and effectiveness.

- **Remember that there are more than two people affected by co-leadership.** We tend to focus on how we navigate this relationship for ourselves, but it can be equally tricky for others to navigate "us." Be mindful of your joint impact on others. Clients, our leaders, and especially our combined team can find co-leadership arrangements challenging and confusing, especially at first. Be clear about communicating your roles and responsibilities to others and seek regular feedback on how they experience you not just as individuals, but also as a pair.

- **Re-allocate praise for successes and pick up responsibility for failures**. Whether others correctly or incorrectly assign success to you personally, offer praise to your co-leader for any success. When failures happen, own and address them together, regardless of your direct input into the situation.

- **Be open to renegotiating your roles based on changing circumstances and ambitions**. Over time, our skills grow, and we want to expand our leadership capacity. So, a task that may once have been unappealing to your co-leader may eventually become a stretch goal they would like to embrace. Whether it's directing part of the business function, taking the lead on large client projects, fronting presentations and pitches, or owning one-to-one development meetings for the team, there's endless ways both you and your co-leader may want to change the dynamic of your relationship. Be open to these changes in your partner and share your own evolving goals.

SCREENING GROUP MEMBERS: The screening process is the backbone of any good group. A solid screening procedure increases the likelihood of the formation of a cohesive group made up of group members with similar issues and ages who are ready and excited to participate.

Screening also allows the group facilitator to explain the group's goals and objectives of the group members. Group counseling with minors requires special considerations in the recruitment and screening process. Recruiting members involves advertising the group and soliciting referrals. Suggestions are offered to ensure that potential members are not labeled during recruitment. Pre-group screening may involve individual or group interviews. Counselors must ensure that prospective members will cooperate with one another and benefit from group counseling. General and specific characteristics for screening are discussed, as are contraindications for group counseling with children and adolescents. Ethical and legal issues involving informed consent, privacy, and parental involvement are discussed as they relate to treating minors in groups.

8.5 GROUP STAGES: INITIAL STAGE; TRANSITION STAGE, WORKING STAGE, CONSULTATION AND TERMINATION STAGE

8.5.1. Stage 1: Initial exploration stage

8.5. 2. Stage 2: Transition stage, resistance and conflicts

8.5.3. Stage 3: Working stage: Cohesiveness and productivity

8.5.4. Stage 4: Consultation and termination.

8.5.1. Stage – I - Initial exploration stage: The first stage of a group is the initial stage. The purpose of the initial stage of a group is to establish expectations of what the group is going to be like. These expectations include trust, roles, and goals. Confidentiality and conflict need to be addressed immediately. Also, any culture concerns must be dealt with. The counselors are there to explain the process and to support each member when dealing with confrontation. The group members must be participatory and involved. This can be tricky with court appointed group members but if the expectations of involvement are explained thoroughly they will learn that it is either participate in the group or face legal consequences.

8.5.2. Stage – II - Transition stage, resistance and conflicts: The transition stage is a very difficult stage to get through. This stage comes after the initial stage and is when most of the group members feel anxious about sharing their feelings with strangers. Some members become defensive and resistant while others may be shy and fearful. It is the role of the counselor to keep the transition period on track and as pleasant as possible. This stage can be extremely uncomfortable for the counselor as they may be confronted, belittled, or attacked. If the counselor is good at leading groups, the group will learn to trust and respect the counselor during this stage by leaving the negativity out. For the members to get the most out of the group they must participate cordially, and this includes listening and giving advice.

8.5.3. Stage – III - Working stage, Cohesiveness and productivity: Once the transitional stage has settled, group members will start to feel comfortable enough to really get into the deeper issues that the group was designed for. This is called the working stage. This stage comes after all the kinks get worked out during the transition stage and is when each member is able to explore their thoughts and emotions which may be triggered by someone else's words. The counselor in this stage will guide the group through this process using techniques and challenges that bring out emotions. A good counselor will know how to guide by using minimal words themselves. Counselors should be able to read each group members verbal and non-verbal

language. Group members in this stage need to be honest about their feelings and not be afraid to speak their mind. They should not feel as though they are being judged or criticized and if they are, it is the counselor's job to address these issues.

8.5.4. Stage – IV - Consultation and Termination Stage: Lastly, the final stage is when the group understands that they are no longer going to be together. This stage allows the group members to reflect on their experience and decide how they will use the knowledge that they acquired in their future occurrences. This stage often comes with feelings of sadness and separation. During this stage, feedback is very important. It is the role of the counselor to educate on what each member should expect from the experience which includes reminders of confidentiality and change that may not be noticeable immediately. Group members will be encouraged to give feedback to other group members as well and in the end, it is up to each member to decide what to do with the experience that they received.

_____**8.6   ROLE OF COUNSELLOR IN GROUP COUNSELING:**

_____The role of counselor in group counselling plays a vital role. Some of the important roles are as follows,

- ➔ Decision to establish a group
- ➔ Determine setting and size of the group
- ➔ Choose frequency and length of the group sessions
- ➔ Decide on open vs. closed groups
- ➔ Select a co-therapist for the group
- ➔ Formulate policy on the group therapy with other therapeutic modalities
- ➔ Creating a therapy group
- ➔ Formulate appropriate group
- ➔ Select clients who can perform the group task
- ➔ Prepare clients t for group therapy
- ➔ Construction and maintenance of the therapeutic environment
- ➔ Build the culture of the group explicitly and implicitly
- ➔ Identify and resolve common problems (e.g., membership turn over, sub-grouping, conflict)
- ➔ Being aware of individual group members
- ➔ Directing the focus of the group.

➔ Group counselors provide guidelines to help build a trusting environment in which members can work together supportively and safely. They also help members better understand themselves and their interactions with others.

➔ To assist members in the group to cope up with social, emotional problems such as anxiety, depression, grief etc.

➔ To assist in personal and physical development

➔ Provide awareness on re-creation

➔ Conduct therapy programme to develop effective and satisfactory relationships.

➔ Develop treatment programmes and prepare written reports on progress.

➔ Educating group about Prevention Programmes

Check your progress

Note: a. Use the space provided for your answer

     b. Compare your answer with those given at the end of the unit.

     1. What is group counseling?

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     2. Mention any two need of group counselling

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     3. Why ethic is important for a group?

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     4. What are the group stages?

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     5. What is the role of group counselor?
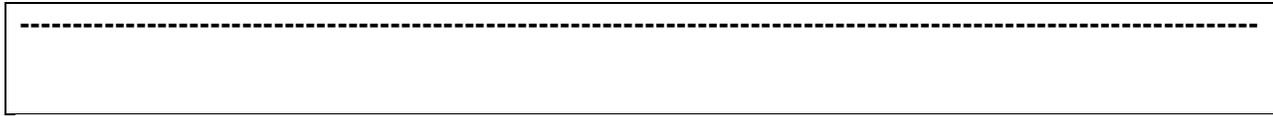
8.7 LET US SUM UP

Group is a therapy format that approaches issues of personal growth through the use of interpersonal interaction which is, to interact with others to identify and understand our maladaptive patterns and how to change them. Conducting effective group counseling relies on the preparation of group leaders and their abilities to plan and conduct groups. Extra time in preparation is crucial to the life of the group. This process includes screening of members, selecting a manageable number of group participants, establishing a regular place and time for the conducting of the group, and setting rules. In running groups leaders must then recognize and utilize group stages and employ appropriate counseling skills in a timely fashion. Successful group counseling is dependent on many factors. Ultimately, the secrets of conducting effective counseling groups are in learning how groups operate and then personally investing in them. Let us make use of the skills and stages that we have learnt in this chapter for effective group counselling.

8.8 ANSWER TO CHECK YOUR PROGRESS

1. Group counseling is a form of counseling where a small group of people meet regularly to discuss, interact, and explore problems with each other and the group leader.
2. Interpersonal interaction and support
3. "Ethics" constitutes a discipline concerned with moral judgments, the goodness or badness of behavior, the rightness or wrongness of an action.
4. Initial stage, transition stage, working stage, consultation and termination stage.
5. Decision to establish a group & determine setting and size of a group

8.9 UNIT END EXERCISE

1. Define group counselling and its goals.
2. Trace out the history of Group Counselling.

3. Explain the need and importance of group counselling.

4. What are the ethics to be followed for a group behavior?

5. What is the importing of forming a group?

6. Briefly explain the different stages of group

7. Write down the skills required for group counselling.

8. What do you mean by a 'co-leader'?

9. Why screening is needed in group counselling?

10. Highlight the role of counselor in facilitating the group

8.10

SUGGESTED READINGS

- https://www.ncbi.nlm.nih.gov/books/NBK64936/

- https://www.researchgate.net/publication/324030404_Group_Counselling_Skills_Among_Counselling_Trainees

- https://www.mindtools.com/pages/article/newLDR_86.html

- (Keith Tudor, 1999), Group Counselling, Sage Publications ltd.

- (Gerald Corey, 1981), Theory of Practicing Group Counselling.

Unit IX- Counseling in Groups and Different settings Groups in Counseling

9.1 Counseling in Groups and Different settings Groups in Counseling

9.1.1   T- Groups

9.1.2   Encounter Groups

9.1.3   Support Groups

9.1.4   Psycho Educational Groups

9.1.5   Psycho Therapy Groups

9.2 Let us sum up

9.3 Answer to Check Your Progress

9.4 Unit End Exercise

9.5 Suggested Readings

9.1 Counseling in Groups and Different settings Groups in Counseling

9.1.1 T- Groups:

T-Group Therapy or Sensitivity Training is a psychological technique in which group discussions are used to help group members increase awareness in themselves and others. This is used in various environments such as encounter groups and human relations but the goals will vary. The leader of the T-Group is an individual who ensures that the environment is safe and secure for participants being that they should feel comfortable coming to the group and expressing their feelings with others. This is a method that branched from psychotherapy and can be used toward many social problems to initiate trust and communication between members.

Goals of T-Group Therapy: Each group has its own goal and progress speed. The members who are attending the group will all benefit from self expression and interaction with others. The goal of T-group is to initiate social interaction, individuality and confidence in expression. The leader does not decide upon the topic of conversation. Since the members choose what is going to be talked about they will participate more and express feelings that pertain to the therapy matter. As sessions go on each member of the group will gain self awareness. They will learn from the other members who also express their feelings toward the subject matter. If controversy is present within the group this will only increase the social interaction and allow members to gain more self awareness.

T-Group Therapy: T-Group or Sensitivity Training is used and offered by organizations as a way for people within a community to learn about each other and themselves for the purpose of acceptance and awareness. The subjects of these groups are going to vary – they can be of any matter as long as it is presented for progressive reasons. It is used when participants put themselves in the shoes of others so that they can learn how to relate to them and understand their belief system or way of doing things. It may be used toward multicultural and gender sensitivity subjects. Regardless, each person within the group is participating so that they can have a deeper understanding of others and what they believe themselves.

T-Group Therapy Work: The sessions start by uncovering an interaction that tends to spark interest and emotions amongst a diverse group of people. As a mechanism to reintegrate individuals the topic often pertains to an issue that separates them from each other. During the sessions the conductor of the group will only be present to ensure that the environment is safe and comfortable for the members. Once they are present the topic of discussion will be chosen by the members themselves. The subject may be based off of a comment that a group member has made or one that has been suggested in a workplace.

During the session the freedom of speech and social interaction contributes to an intense and life-altering experience that opens up the minds of those who were often sure of their own beliefs before the discussion. People will grow sensitive toward the subject manner when they hear opposing opinions and experiences. They may get to know others with opposing ideas and try to understand their emotions and why they are adamant about them. The personal growth is defined by the members of the group before training starts and most people who participate are looking for a way to grow and learn in terms of interpersonal effectiveness. If the group is a representation of a company or organization it is likely that it will contribute growth and integration to them which in turn improves their functionality.

Participant discussions are the main focus of training and it usually starts with the instructor asking group members to bring up their own concerns or issues that are being faced within the organization. The only time that the instructor participates is when they are encouraging group members to express their own perspective or provide solutions to a given conflict. This allows for smooth communication within a community. In T-group the participants may or may not perform exercises in which they role play for the purpose of finding effective ways to handle difficult situations without aggression.

Criticism of T-Group Therapy: There are critics who disagree with Sensitivity Training because they believe that it can actually intensify a prejudice rather than resolve it. Being that this is held in many workplaces in regards to legal matters some believe that it highlights the issue more than if it were to be repressed.

9.1.2   Encounter groups:

Encounter group is a form of group psychotherapy that emerged with the popularization of humanistic psychology in the 1960s. It is a method of psychotherapy developed in the 1960s, in which a small group of people engages in intensive interactions to increase self-awareness and improve interpersonal relations. Group members are encouraged to be completely honest and open, reacting to one another with their immediate feelings, while

exploring the entire range of emotions. The work of <u>Carl Rogers</u> (founding father of person centered counseling) is central to this move away from psychoanalytic groups towards the humanistic encounter group Such groups (also called "T" (training) groups and "<u>sensitivity training</u>" groups) explored new models of <u>interpersonal communication</u> and the intensification of <u>psychological</u> experience. The first groups were experimental efforts by health researchers and workers, trying to move away from the "sickness" groupwork model used in the psychiatric industries of the time. In later years, these pioneering groups evolved into educational and treatment schemes for non-psychiatric people

9.1.3   Support Groups:

In a support group, members provide each other with various types of help, usually nonprofessional and nonmaterial, for a particular shared, usually burdensome, characteristic. Members with the same issues can come together for sharing coping strategies, to feel more empowered and for a sense of community. The help may take the form of providing and evaluating relevant information, relating personal experiences, listening to and accepting others' experiences, providing sympathetic understanding and establishing <u>social networks</u>.

A support group may also work to inform the public or engage in advocacy. Support groups maintain interpersonal contact among their members in a variety of ways. Traditionally, groups meet in person in sizes that allow conversational interaction. Support groups also maintain contact through printed newsletters, telephone chains, internet forums, and mailing lists. In the case of a <u>disease</u>, an <u>identity</u> or a pre-disposition, for example, a support group will provide information, act as a clearing-house for experiences, and may serve as a <u>public relations</u> voice for sufferers, other members, and their families.

Support Groups Uses:

The widespread use of support groups in the substance abuse treatment field originated in the self-help tradition in the field. These groups also have roots in the realization that significant lifestyle change is the long-term goal in treatment and that support groups can play a major role in such life transitions. Self-help groups share many of the tenets of support groups—unconditional acceptance, inward reflection, open and honest interpersonal interaction, and commitment to change. These groups attempt to help people with dependencies sustain abstinence without necessarily understanding the determinants of their dependence (<u>Cooper 1987</u>). The focus of support groups can range from strong leader-directed, problem-focused groups

in early recovery, which focus on achieving abstinence and managing day-to-day living, to group-directed, emotionally and interpersonally focused groups in middle and later stages of recovery.

Purpose : Support groups bolster members' efforts to develop and strengthen the ability to manage their thinking and emotions and to develop better interpersonal skills as they recover from substance abuse. Support group members also help each other with pragmatic concerns, such as maintaining abstinence and managing day-to-day living. These groups are also used to improve members' general self-esteem and self-confidence. The group—or more often, the group leader—provides specific kinds of support, such as being sure to help clients avoid isolation and finding something positive to say about each participant's contribution.

Principal characteristics: Many people with substance use disorders avoid treatment because the treatment itself threatens to increase their anxiety. Because of support groups' emphasis on emotional sustenance providing a safe environment, these groups are especially useful for apprehensive clients, indeed, for any client new to abstinence. The adjective "support" itself may be a way of destigmatizing the activity. For this reason, a "support" group may be more attractive to someone less committed to recovery than a "therapy" group.

Support groups can be found for all stages of treatment in all sorts of settings (inpatient, outpatient, continuing care, etc.). While a support group always will have a clearly stated purpose, the purpose varies according to its members' motivation and stage of recovery. Many of these groups are open-ended, with a changing population of members. As new clients move into a particular stage of recovery, they may join a support group appropriate for that stage until they are ready to move on again. Groups may continue indefinitely, with new members coming in and old members leaving, and occasionally, returning. Program differences will also alter how this type of group is used. A support group will be different in a 4- to 6-week daily treatment program from the way it is used in a 1-year treatment community.

In a support group, members typically talk about their current situation and recent problems that have arisen. Discussion usually focuses on the practical matters of staying abstinent; for example, ways to deal with legal issues or avoid places that tempt people to use substances. Group members are encouraged to share and discuss their common experiences.

Issues that do not specifically relate to the focus of the group are often considered extraneous, so discussion of them is limited. Support groups provide guidance through peer feedback, and group members generally require accountability from each other. The group leader, however, will try to minimize confrontation within

the group so as to keep anxiety levels low. In cohesive, highly functioning support groups, member-to-member or leader-to-member confrontation does occur.

Support groups can work from a variety of theoretical positions. Many reflect the 12-Step tradition in the substance abuse field, but other recovery tools, such as relapse prevention, can form the basis of a support group. Some support groups are based on theoretical frameworks such as cognitive therapies or spiritual paths. Programs may even design a support group by combining theories or philosophies.

Leadership skills and styles: Some support groups may be peer-generated or peer-led, but this TIP is mainly concerned with groups led by a trained, professional group leader. Support group leaders need a solid grounding in how groups grow and evolve and the ways in which people interact and change in groups. It is also critical that group leaders have a theoretical framework for counseling (such as cognitive–behavioral therapy) that informs their approach to support group development, the therapeutic goals for group members, the guidance of group members' interactions, and the leader's implementation of specific intervention methods.

Since the leader should help build connections between members and emphasize what they have in common, it is useful for the leader to have participated in a support group and to have been supervised in support group work before undertaking leadership of such a group. Training and supervision focused on how individuals develop psychologically, typical psychological conflicts, and the way these conflicts may appear in group therapy settings also may help the support group leader function more effectively, since such considerations help the leader understand individual members' behavior in the group.

The leadership style for someone running a support group typically will be less directive than for psychoeducational, skills development, or cognitive–behavioral groups because the support group is generally group-focused rather than leader-focused. The leader's primary role is to facilitate group discussion, helping group members share their experiences, grapple with their problems, and overcome difficult challenges. The group leader also provides positive reinforcement for group members, models appropriate interactions between individuals in the group, respects individual and group boundaries, and fosters open and honest communication in the group setting. In a most general way, the leader is active but not directive.

Techniques : The techniques of leading support groups vary with group goals and member needs. In general, leaders need to actively facilitate discussion among members, maintain appropriate group boundaries, help the group work though obstacles and conflicts, and provide acceptance of and regard for members. In a support group, the leader exercises the role of modeler of appropriate behaviors. In this way, the leader helps

members grow and change. Specific group techniques may appear to be less important for the leader of a support group, since the leader is usually less active in group direction and leadership. The techniques used in support groups, however, are simply less obvious.

The support group leader is also responsible for monitoring each individual's progress in group and ensuring that individuals are participating (in their own way) and benefiting from the group experience. Understanding some of the history of each person in the group, the leader also watches to see whether the group is providing each individual with emotional and interpersonal experiences that build success and skills that apply to life arenas outside the group. In addition to monitoring individuals in the group, the leader also monitors the progress of the group as a whole, making sure that group development proceeds through its predictable stages and does not become blocked at any stage of its evolution. Finally the leader is responsible for recognizing interpersonal blocks or struggles between group members. It is not necessarily the responsibility of the leader to resolve these blocks, or even to point them out to group members, but to ensure that such struggles do not hinder the development of the group or any member of the group.

9.1.4   Psycho Educational Groups

Psychoeducation refers to the process of providing education and information to those <u>seeking or receiving mental health services</u>, such as people diagnosed with mental health conditions (or life-threatening/terminal illnesses) and their family members. Though the term has been in use for most of the 20th century, it did not gain traction until movements addressing the <u>stigmatization</u> of mental health concerns and working to increase mental health awareness began in earnest.

The group experience is an ideal forum for psycho-educational learning. We are social beings, and a group situation allows opportunities to improve social skills, learn from others, practice skills with others, develop confidence and improve self-esteem by mastering important life skills in a social context. Group activities provide the forum for skill building in a supportive environment to practice skills and get feedback and support. The group setting is not only an ideal forum for learning social skills, it is also a powerful backdrop for personal self-discovery and growth. Ironically, personal growth and self-discovery is so often best achieved not in isolation, but rather through relationships and support. There are certain characteristics that are vital in leading a group session that has a life skills focus, which is the focus of most therapeutic groups. Whether your group is school based, in-patient, out-patient, substance abuse related, or correctional, having "hands on" practical resources such as worksheets and handouts will help educate group members and provide practice opportunities to work on skills between sessions. The importance of homework and psycho-educational learning is relevant to most major therapeutic orientations. Cognitive Behavior Therapy (CBT),

Dialectical Behavior Therapy (DBT), Mindfulness Based Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT), rely heavily on teaching and educating as part of treatment. Aside from giving and reviewing between session homework using handouts and worksheets, there are other elements of an effective group to consider in your planning.

THE PURPOSE OF PSYCHOEDUCATION

Psychoeducation, the goal of which is to help people better understand (and become accustomed to living with) mental health conditions, is considered to be an essential aspect of all therapy programs. It is generally known that those who have a thorough understanding of the challenges they are facing as well as knowledge of personal coping ability, internal and external resources, and their own areas of strength are often better able to address difficulties, feel more in control of the condition(s), and have a greater internal capacity to work toward mental and emotional well-being. Psycho-education can benefit the individual diagnosed, parents and other family members, and caregivers and friends. It is not an approach to treatment in itself but represents an important early step in treatment, as it offers those individuals involved in a person's care information on both how to offer support and how to maintain their own emotional health and overall well-being and provides them with the opportunity to develop a thorough understanding of the mental health concern(s) affecting their loved one. Participating in psychoeducation may have a positive impact on quality of life. Psychoeducation may be general or highly specified and can be provided in a number of ways, though it is broadly steered by four main goals: transfer of information, medication and treatment support, training and support in self-help and self-care, and the provision of a safe place to vent emotional frustrations.

9.1.5   Psycho Therapy Groups

Psychotherapy Groups is based on the understanding that the relationships that are built between people are necessary to regulate all aspects of daily living. These groups focus on what members can do in the here and now and help members work together to form a cohesive group in which they can freely share their victories and setbacks in a safe and supportive environment. Therapists that use psychotherapy in a group setting must practice empathy in order for individual group members to communicate freely with each other. These groups help those new in recovery build the interpersonal skills they need in order to effectively communicate with others in a healthy manner. Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the

participants deem desirable." Essentially what this means is that of psychotherapy involves the use of psychological principles applied by an individual who is formally trained in the use of these principles to assist others in modifying their behavior or thinking, or in dealing with their emotions or with other significant events/issues. References to using various types of <u>talking cures</u> have been found as far back as ancient Greece. English psychiatrist Walter Cooper Dendy introduced the term *psycho-threpeia* in the 1850s to describe a type of talking treatment. The person that is generally acknowledged as the founder of modern psychotherapy (just referred to as *therapy* in this article) is Sigmund Freud. Freud developed psychoanalysis around the beginning of the 20th century, and following his work, many other schools of therapy were formed.

Check your progress

Note: a. Use the space provided for your answer

   b. Compare your answer with those given at the end of the unit.

1. **What are the groups discussed in this chapter?**

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2. **Which group plays a vital role in addiction?**

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3. **What is the goal of Psycho – education?**

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4. **Psychotherapy Groups is based on**

US SUM UP

To sum up , this chapter discusses about the Counseling in Groups and Different settings Groups in Counseling: T- Groups, Encounter Groups, Support Groups, Psycho Educational Groups and Psycho Therapy Groups where, when and how does these different groups work at different situations and assist the individuals and groups for any sort of recovery.

9.3 ANSWER TO CHECK YOUR PROGRESS

1. T- Groups, Encounter Groups, Support Groups, Psycho Educational Groups and Psycho Therapy Groups
2. Support group plays a vital role in addiction.
3. The goal Psycho education, is to help people better understand (and become accustomed to living with) mental health conditions, is considered to be an essential aspect of all <u>therapy</u> programs.
4. Psychotherapy Groups is based on the understanding that the relationships that are built between people are necessary to regulate all aspects of daily living.

9.4 UNIT END EXERCISE

1. What is a purpose of T- groups.
2. Write a note on Encounter groups.
3. How support groups plays a major role in substance addiction
4. Explain psycho education group in brief.

SUGGESTED READINGS

- Belmont, J. (2017). Strategies for Running an Effective Psycho-Educational Group. *Psych Central*. Retrieved on June 1, 2020, from https://pro.psychcentral.com/psychoeducation/2017/06/strategies-for-running-an-effective-psycho-educational-group/

- Psychoeducation: Definition, goals and methods. (2014, June 16). Retrieved from http://www.aipc.net.au/articles/psychoeducation-definition-goals-and-methods
- Psychoeducation/psychoeducational interventons. (n.d.). Retrieved from https://www.ons.org/intervention/psychoeducationpsychoeducational-interventions

_____Unit X -
Techniques of group counseling

10.1Techniques of group counseling- Strategies and structure

10.2 Barriers to effective counseling sessions

10.3 Counseling evaluation

10.4 Various influences on counseling

10.5 Let us sum up

10.6 Answer to Check Your Progress

10.7 Unit End Exercise

10.8 Suggested Readings

NIQUES OF GROUP COUNSELING - STRATEGIES AND STRUCTURE

STRATEGIES:

- Reflection – Allow to understand fully each persons comments and how they can relate to what they just stated
- Active Listening: Allow to be very aware of their listening skills within a group and how important they are. This allows the group to be more open with each other when they know their group members are paying attention to their feedback.
- Clarification: Allow to be very concrete with others in the group of comments made
- Summarizing: Allow to see the bigger picture of what was said in the group by doing a recap of what was said. Provides comfort within group.
- Linking – Allow to see how their problems connect with others' in the group and they have the same concerns
- Encouraging – Allow to be more open with group and makes sharing personal feelings more inviting.
- Focus – Allow counselor to give attention to groups concerns
- Cutting Off – Allow counselors to keep the group on topic and give everyone a chance to share.
- Drawing Out – Allow counselor to bring forth quiet group members comments.
- Rounds – Allows each one to share within the group.
- Dyads – Allows pairing up with a partner and learning more about another student.
- Word or Phrase Round - Allow to broaden their vocabulary when describing how they felt about something within the group session.
- Comment Round - Allow students to share their personal comments about that specific session.
- Icebreakers - Allow to warm-up to group members when beginning group.
- Modeling – Allow to see counselor as a role model in group work and the behaviors that can be applied to them personally.
- Use of Eyes – Allows counselor to have direct eye contact with group members that are sharing. It will allow the counselor to draw out quiet members to speak. Allow them to members that have lost interest in the topic.
- Tone Setting – Allow to establish a mood for their group. Rather it needs to be a tone that is serious, social, supportive, and formal.

- Use of Leader's Energy – Allow to see the counselor excitement about their new group, topic, and activities. Therefore allowing them to be put off high energy levels.

- Non-Judgmental – Allow to see that this is a positive experience and not to make anyone feel down.

- Empathy – Allow to convey to other group members that they understand and will not make fun of anyone Some Thoughts on Group Therapies

- Active listening: Excellent listening skills are the keystone of any effective therapy.

- Firm identity: A firm sense of their own identities, together with clear reflection on experiences in group, enables leaders to understand and manage their own emotional lives.

- Confidence: maintaining confidentiality is important.

- Spontaneity: Good leaders are creative and flexible. For instance, they know when and how to admit a mistake, instead of trying to preserve an image of perfection. When a leader admits error appropriately, group members learn that no one has to be perfect, that they—and others—can make and admit mistakes, yet retain positive relationships with others.

- Integrity: Largely due to the nature of the material group members are sharing in process groups, it is all but inevitable that ethical issues will arise.

- Trust: Group leaders should be able to trust others.

- Humor: The therapist needs to be able to use humor appropriately, which means that it is used only in support of therapeutic goals and never is used to disguise hostility or wound anyone.

- Empathy: Empathy, one of the cornerstones of successful group treatment for substance abuse, is the ability to identify someone else's feelings while remaining aware that the feelings of others are distinct from one's own.

STRUCTURE FOR GROUP COUNSELLING:

- *Make Sure the Focus is on the Client:* The beginning, middle and end of every session should be about the client's thoughts, feelings and actions. Keep the spotlight on the client. Be sure to clear your own head before a session to stay focused and give your client the attention they deserve.

- *Walk the Line between Pushy and Coddling:* Clients need to know you accept them and respect their right to make their own decisions. Neither coddling your client nor being too insensitive to their readiness to open up will be productive. Be sensitive to where your client is at, but know when to give the extra little encouragement to reveal more or to think deeper. Sometimes, it's that push that helps the client arrive at their ultimate goal.

- *Stay Confidential:* Trust is the most valuable facet of the counselor/client partnership. Without trust, the client won't be comfortable opening up to let you listen and begin the journey to health and healing. This includes keeping all information about the client and the sessions to yourself, and yourself only. Sometimes, making sure your client knows that you have the rule of confidentiality can help you <u>manage resistant clients</u>. Start your work with clients by explaining what confidentiality means and the ways you ensure their privacy. Also be sure to explain when you will have to breach that promise – if they threaten harm to themselves or to others and if they reveal child abuse.

- *Ask for Clarification:* Work hard to understand the client – start with the idea you cannot know the client's world without listening carefully. Ask what words mean;. It's your job to assess the situation carefully and correctly. If you develop a misconception about your client's situation, you could complicate things for the client and impede progress towards your client's goal.

- *Practice your session :* Just asks open-ended questions to understand the most from their interviewees, a counselor should ask open-ended questions to assess more detail from the discussion. For example, if you ask "Are you happy about what happened," You may receive a "yes" or "no" response. But, if you ask, "How do you feel about what happened," the question is an open-ended tool for conversation and further understanding.

- *Structure the Session:* Sessions will vary depending on the theory of counseling you are using. Some counselors use protocols with clear guidelines for what comes first, second and so on. Others have less structure and the session unfolds more through the client's story. Whether mapped with pre-determined steps or more open-ended, counselors should be careful to create a beginning to settle into the deeper conversation, a middle in which the "work" is happening, and an end with a summary of the session and plans for what is next.

These six tips will help you connect with your clients and earn their trust to achieve your ultimate goal of helping people.

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10.2 BARRIERS TO EFFECTIVE COUNSELING SESSIONS

To a great extent, the counseling process is concerned with effective communication. Therefore, many of the barriers to effective counseling are those related to communication. Often barriers interfere with the counseling process because they prevent the patient/client from being able to make free and informed decisions about the course of treatment, how to act on them and to continue using them. When there are barriers the patient/client will not disclose her/his feelings and concerns fully enough for you to be able to give the necessary assistance and guidance Counseling have problems and Limitations which is been discussed in this chapter. In counseling , we strive to help your clients come to terms with issues presenting deep concern to their emotional health and well-being. Your limitations as a counselor are determined by your level of experience, your expertise in a given counseling area and the legal requirements regarding your responsibility to warn in your practicing state.

Counselling needs in the Indian context emerge against the background of tremendous social change. In addition, the last ten years of economic reform have enhanced the pace of these changes and further transformed life styles. Counselling services are poorly defined and presently anyone at all with little or no training can offer these services. Available counselling services are largely based on Western approaches to psychology. These approaches have been widely criticized as not being relevant to the Indian cultural context. A relevant and culturally valid counselling psychology therefore has remained a fledgling discipline. Psychological thought is not new to India, and ancient traditions present ideas and constructs that are rich in possibilities for application.

Problems faced in counseling

- Counselling is only for people who have serious emotional problems.
- Seeking counselling is a sign of weakness
- the counselor will tell you what to do and how to "fix" your problems.
- the counselor cannot understand you unless he or she has had similar experience or is of the same background.
- **Informed Consent:** In counselling we must respect their client's right to choose whether they will engage in counseling and what issues are to be addressed during ongoing treatment. It is the counselor's duty to discuss and outline the counseling process with their client, in addition to creating a treatment plan that both you and your client agree upon.
- **Confidentiality:** With few exceptions, counselors are expected to keep the information shared during a counseling session confidential and agree not to divulge any information without prior permission from your client. Unlike physicians and lawyers, counselors do not share the right of privileged communication, meaning that information discussed with your client and any private notes pertaining to your client can be subpoenaed by a court of law. Counselors are also required to break their promise of confidentiality when the threat of foreseeable harm to the client or other identified parties is made, including the abuse or neglect of a minor or incapacitated adult. The parents of a minor child may also have legal rights in your state to discuss issues raised during therapy sessions with their child. The specifics of what needs to be reported to whom ultimately varies based on local and state laws, so counselors should consult with their state Board of Licensed Professional Counselors and local court clerk for information pertinent to their specific duty to warn.
- **Imposing Values:** The Code of Ethics supported by the American Counseling Association discourages the act of imposing on personal values in your clients. Your role as a counselling is to assist your clients through their personal struggles, not to tell them what they should and should not believe or act upon.
- **Practice and Supervision:** Counselling should not practice outside of their area of expertise without proper training and supervision. A counselor practicing in an academic setting may have received basic training in the treatment of patients with chemical addictions; however, if this counselor has not had experience in the treatment of addictions, he/she should seek supervision and training in the area prior to engaging in active treatment with an addictions client. When appropriate, counselors should refer their clients to other counselors qualified in treating their patient's specific needs.

Physical Barriers:

Physical barriers refer to environmental factors that prevent or reduce opportunities for the communication process to occur. They include:

➢ A counseling room which does not offer privacy;

➢ Poor lighting;

➢ Dirty and untidy room;

➢ Distracting noise;

➢ Extreme temperatures;

➢ Uncomfortable seating arrangement;

➢ Distractions in the room such as equipment and visual aids;

➢ Objects and chemicals which are dangerous to the patient/client.

Non-Verbal Communication:

Non-verbal communication involves all the little things you do while you talk to a patient/client. It includes:

➢ Gesturing

➢ Frowning

➢ Showing signs of boredom or humour

➢ Showing signs of disgust

➢ Displaying signs of despise towards a client

➢ Nodding the head

➢ Shaking the head

Barriers caused by patient/client:

Some of the barriers that may be caused by a patient/client. These are:

• Lack of interest in being counselled

• Patient's/client's appearance to you (impression)

• Patient/client's emotions

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10.3 COUNSELING EVALUATION

Evaluation in **counselling** refers to the measures used to assess the effectiveness of guidance and **counselling** programme. **Evaluation** of guidance and **counselling** programme not only helps in developing effective and meaningful guidance and **counselling** programme but also helps **counsellors** enhance their skills. Many types of evaluation exist, consequently evaluation methods need to be customised according to what is being evaluated and the purpose of the evaluation. It is important to understand the different types of evaluation that can be conducted over a program's life-cycle and when they should be used. The main types of evaluation are process, impact, outcome and summative evaluation. Before you are able to measure the effectiveness of your project, you need to determine if the project is being run as intended and if it is reaching the intended audience.[3] It is futile to try and determine how effective your program is if you are not certain of the objective, structure, programing and audience of the project. This is why process evaluation should be done prior to any other type of evaluation.

Evaluation is a methodological area that is closely related to, but distinguishable from more traditional social research. Evaluation utilizes many of the same methodologies used in traditional social research, but because evaluation takes place within a political and organizational context, it requires group skills, management ability, political dexterity, sensitivity to multiple stakeholders and other skills that social research in general does not rely on as much.

Definitions of Evaluation:

- *Evaluation is the systematic assessment of the worth or merit of some object*
- *Evaluation is the systematic acquisition and assessment of information to provide useful feedback about some object*

The Goals of Evaluation: The generic goal of most evaluations is to provide "useful feedback" to a variety of audiences including sponsors, donors, client-groups, administrators, staff, and other relevant constituencies. Most often, feedback is perceived as "useful" if it aids in decision-making. But the relationship between an evaluation and its impact is not a simple one – studies that seem critical sometimes fail to influence short-term decisions, and studies that initially seem to have no influence can have a delayed impact when more congenial conditions arise.

Evaluation Strategies: 'Evaluation strategies' means broad, overarching perspectives on evaluation. They encompass the most general groups or "camps" of evaluators; although, at its best, evaluation work borrows eclectically from the perspectives of all these camps. Four major groups of evaluation strategies are discussed here.

Scientific-experimental models are probably the most historically dominant evaluation strategies. Taking their values and methods from the sciences – especially the social sciences – they prioritize on the desirability of impartiality, accuracy, objectivity and the validity of the information generated. Included under scientific-experimental models would be: the tradition of experimental and quasi-experimental designs; objectives-based research that comes from education; econometrically-oriented perspectives including cost-effectiveness and cost-benefit analysis; and the recent articulation of theory-driven evaluation.

The second class of strategies are ***management-oriented systems models***. Two of the most common of these are **PERT**, the **P**rogram **E**valuation and **R**eview **T**echnique, and **CPM**, the **C**ritical **P**ath **M**ethod. Both have been widely used in business and government in this country. It would also be legitimate to include the Logical Framework or "Logframe" model developed at U.S. Agency for International Development and general systems theory and operations research approaches in this category. Two management-oriented systems models were originated by evaluators: the **UTOS** model where **U** stands for Units, **T** for Treatments, **O** for Observing Observations and **S** for Settings; and the **CIPP** model where the **C** stands for Context, the **I** for Input, the first **P** for Process and the second **P** for Product. These management-oriented systems models emphasize comprehensiveness in evaluation, placing evaluation within a larger framework of organizational activities.

The third class of strategies are the ***qualitative/anthropological models***. They emphasize the importance of observation, the need to retain the phenomenological quality of the evaluation context, and the value of subjective human interpretation in the evaluation process. Included in this category are the approaches

known in evaluation as naturalistic or 'Fourth Generation' evaluation; the various qualitative schools; critical theory and art criticism approaches; and, the 'grounded theory' approach of Glaser and Strauss among others.

Finally, a fourth class of strategies is termed *participant-oriented models*. As the term suggests, they emphasize the central importance of the evaluation participants, especially clients and users of the program or technology. Client-centered and stakeholder approaches are examples of participant-oriented models, as are consumer-oriented evaluation systems.

Types of Evaluation: There are many different types of evaluations depending on the object being evaluated and the purpose of the evaluation. Perhaps the most important basic distinction in evaluation types is that between *formative* and *summative* evaluation. Formative evaluations strengthen or improve the object being evaluated – they help form it by examining the delivery of the program or technology, the quality of its implementation, and the assessment of the organizational context, personnel, procedures, inputs, and so on. Summative evaluations, in contrast, examine the effects or outcomes of some object – they summarize it by describing what happens subsequent to delivery of the program or technology; assessing whether the object can be said to have caused the outcome; determining the overall impact of the causal factor beyond only the immediate target outcomes; and, estimating the relative costs associated with the object.

Formative evaluation includes several evaluation types:

- *needs assessment* determines who needs the program, how great the need is, and what might work to meet the need
- *evaluability assessment* determines whether an evaluation is feasible and how stakeholders can help shape its usefulness
- *structured conceptualization* helps stakeholders define the program or technology, the target population, and the possible outcomes
- *implementation evaluation* monitors the fidelity of the program or technology delivery
- *process evaluation* investigates the process of delivering the program or technology, including alternative delivery procedures

Summative evaluation can also be subdivided:

- *outcome evaluations* investigate whether the program or technology caused demonstrable effects on specifically defined target outcomes
- *impact evaluation* is broader and assesses the overall or net effects – intended or unintended – of the program or technology as a whole
- *cost-effectiveness and cost-benefit analysis* address questions of efficiency by standardizing outcomes in terms of their dollar costs and values
- *secondary analysis* reexamines existing data to address new questions or use methods not previously employed
- *meta-analysis* integrates the outcome estimates from multiple studies to arrive at an overall or summary judgement on an evaluation question

_____**10.4**

VARIOUS INFLUENCES ON COUNSELING PROCESS

Economic conditions: Economic status refers to one's financial status and is strongly related to health and educational status. So in general, most people with a low economic status (e.g. a low income) are also likely to have a lower educational and health status.

Social and cultural context: Culture is a term we use to describe the values, beliefs, practices and ways in which a community or society lives. It also includes the way the people express themselves, communicate, and interact with one another. The social context refers to how people are organized, in terms of family groupings (do they live in extended or nuclear /traditional families? or do husbands have several wives?) It also refers to group interactions and hierarchies within communities. The cultural and social context affects all aspects of life, from how people greet one another, to how they interact in the household and how they make decisions.

Gender roles: Two of the differences between men and women are sex and gender. Sex is the physical, biological difference between women and men. It refers to whether people are born female or male. Gender, is not physical like sex. Gender refers to the expectations people have from someone or a community because they are female or male. Gender attitudes and behaviours are learned and the concept can change over time. Sex is biologically determined while gender is socially determined in terms of the roles and responsibilities that society or family assigns to women and men.

Based on the work of <u>Scott D. Miller</u> **as presented by Dr David Morawetz of Financial Counselling Australia)**

- The effectiveness of counselling isn't all down to the counsellor nor is it completely within the control of the client, according to Dr Scott D. Miller's research. What's happening with the client both in terms of beliefs and of circumstances is a key factor (40%). So is the therapeutic relationship (30%). Smaller contributors include the client's degree of hopefulness (15%) and the type of therapy used by the counsellor (15%).

- **Extra-therapeutic Client Factors (40 per cent of effectiveness):** These include the client's personal strengths, weaknesses and other characteristics including beliefs and attitudes; and also factors in the client's environment that help or hinder.

- **Therapeutic Relationship (30 per cent of effectiveness):** Empathy, warmth, acceptance (i.e. Rogerian factors) perceived by client.

- **Realistic hope (15 per cent of effectiveness):** This refers to the client's hopefulness about the outcome and the possibility of improvement.

- **Model of counselling (15 per cent of effectiveness):** Using the right approach for the particular client or situation. The approach should be tailored to the client's needs, beliefs and strengths.

Check your progress

Note: a. Use the space provided for your answer

    b. Compare your answer with those given at the end of the unit.

    1. What Active Listening is needed?

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    2.   'Make Sure the Focus is on the Client', what does it mean?

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    3. Expand a) PERT   b) CPM

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    4. What are two types of evaluation?

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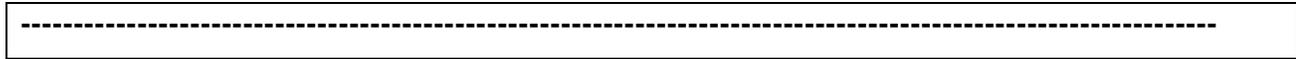
10.5 LET US SUM UP

One of the great benefits of group therapy is that as clients interact, they learn from one another. We have come to the end of this unit on Counseling. In this unit we defined counseling as a face-to-face communication between a counselor and a patient/client which aims at helping the patient/client understand their problems and make informed decisions for change. Finally, we explained the barriers to effective counseling, which included physical barriers, differences in social and cultural background, non-verbal communication, and barriers caused by patients/clients. Outcome of the evaluation is concerned with the long term effects of the program and is generally used to measure the program goal.

10.6ANSWER TO CHECK YOUR PROGRESS

1. Active Listening: Allow to be very aware of their listening skills within a group and how important they are. This allows the group to be more open with each other when they know their group members are paying attention to their feedback.
2. Make Sure the Focus is on the Client: The beginning, middle and end of every session should be about the client's thoughts, feelings and actions. Keep the spotlight on the client. Be sure to clear your own head before a session to stay focused and give your client the attention they deserve.
3. **a) PERT**- Program **E**valuation and **R**eview **T**echnique b) **CPM**-   **C**ritical **P**ath **M**ethod.
4. *Formative* and *Summative* evaluation.

10.7 UNIT END EXERCISE

1. Explain the strategies for group counseling.
2. Highlight the barriers to effective counseling sessions
3. Write a short note on counseling evaluation

4. Pen down the various influences on counseling.

_____**10.8**

SUGGESTED READINGS

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- Barriers and Hazards in Counseling, Book by Dorothy E. Johnson and Mary J. Vestermark, 1970.
- Breaking Barriers in Counseling Men: Insights and Innovations, edited by Aaron B. Rochlen, Fredric E. Rabinowitz
- **Kevin A. Fall,** PhD, is Associate Professor of Counseling and Program Coordinator in the Department of Counseling, Leadership, Adult Education, and School Psychology at Texas State University–San Marcos.

- The Role of Evaluation in Improving Guidance and Counseling Services**,** <u>WILLIAM COLEMAN</u>

_____**BLOCK V:**
COMPONENTS OF EFFECTIVE COUNSELING, STANDARDIZED TESTS IN COUNSELING SETTINGS, SPECIAL SITUATIONS AND COUNSELING AS A PROFESSION

UNIT XI: COMPONENTS OF EFFECTIVE COUNSELING:

11.1 Introduction

11.2 Components of effective counseling

11.3 Counselor's skills – qualities of an effective counselor, characteristics of clients

11.4 Voluntary and non-voluntary clients

11.5 Role and functions of the counselors

    11.5.1 Schools

    11.5.2 Industries

    11.5.3 Family

    11.5.4 Hospital and

    11.5.5 Rehabilitation institution

11.6 Let us sum up

11.7 Answer to check your progress

11.8 Unit End Questions

11.9 Suggested Readings

_____**11.1**

INTRODUCTION

Counselling is a type of talking therapy that allows a person to talk about their problems and feelings in a confidential and dependable environment.A counsellor is trained to listen with empathy (by putting themselves in your shoes). They can help you deal with any negative thoughts and feelings you have. Sometimes the term "counselling" is used to refer to talking therapies in general, but counselling is also a type of therapy in its own right. Other psychological therapies include psychotherapy, cognitive behavioral therapy (CBT), and relationship therapy, which could be between members of a family, a couple, or work colleagues.

_____**11.   2**

COMPONENTS OF EFFECTIVE COUNSELING: COUNSELOR'S SKILLS

Effective counseling is a two-way street. It takes a cooperative effort by both the person receiving counseling and the counselor. ... It's important that you and your counselor establish a good relationship that allows you to be completely honest about your thoughts and feelings.

- An emotionally charged, confiding relationship between patient and therapist
- Warmth, support, and attention from the therapist in a healing setting
- A positive therapeutic alliance between patient and therapist
- A new rationale or conceptual scheme offered with confidence by the therapist
- The passage of time
- Installation of hope and expectancy
- Techniques consistent with patient expectation and efficacy
- The core counselling skills are described below.

_____**11.3**

COUNSELOR'S SKILLS – QUALITIES OF AN EFFECTIVE COUNSELOR, CHARACTERISTICS OF CLIENTS

SKILLS OF AN EFFECTIVE COUNSELOR:

Each counsellor will bring their own unique abilities, qualities and skills into a counselling relationship to help ensure that their client feels safe and supported. These may include:

- Active listening skills
- Good interpersonal skills
- The ability to question, reflect and challenge attitudes and beliefs
- A genuine interest in providing support.

- Self-Reflection: An effective therapist knows that it's just as important to look within them as it is to carefully observe others.

- Accessibility & Authenticity: A counselor must be accessible to clients in order to gain their trust, but perhaps more importantly, a counselor needs to be genuine and empathetic—in his or her communication, listening, and professional persona.

- Flexibility: A good counselor has flexibility in world views and a strong understanding of multicultural issues in clinical practice.

- Sense of Humor: Counselors sit through some uncomfortable, difficult, and often traumatic stories. That said, it's alright for both counselors and clients to laugh along the way.

- Other important skills include good planning and motivational skills, problem solving, organizational ability and re-orientation skills.

QUALITIES OF EFFECTIVE COUNSELOR:

A capable counsellor must possess a number of personal qualities and develop the proper attitudes to make a client feel at ease and to build rapport so that a client can self-disclose.

- ✓ **Empathy:** Empathic understanding is the ability to see things from the client's perspective. Without this quality a counsellor will be unable to comprehend the problems, experiences, thoughts and feelings of another person, and will not be able to offer clients the level of supportive understanding that they will require. The counsellor's full attention and empathy encourages a client to relax and trust and encourages self-disclosure.
- ✓ **Congruence and Warmth:** A counsellor should be agreeable and act appropriately to provide the client with a comfortable foundation for the counselling relationship. Only by creating a friendly atmosphere can the counsellor encourage interaction and disclosure.

- ✓ **Maintain warmth and genuine understanding:** Use appropriate body language such as a non-threatening posture, while maintaining eye contact and respecting the client's personal space. Maintain a reassuring and comforting way of speech the tone of voice, speed of speech and style of delivery.

- ✓ **Respect:** Counsellors must at all times show respect for clients and their welfare. They must also remain impartial and non-judgmental. A client must feel comfortable, safe and confident that confidentiality will be maintained at all times and also that the counsellor is committed to helping, encouraging and supporting.

- ✓ **Positive regard:** It is of vital importance in the counselling relationship that the counsellor demonstrates a positive acceptance of the client and that the client is valued and respected. A positive, unconditional regard for the wellbeing of a client is the basis from which clients can explore their thoughts, feelings and experiences, and develop an understanding and acceptance of their emotions. A counsellor must not judge in any way. This may be difficult in some situations, but is the basis of a counselling relationship built on trust. Accepting a client shows the individual that you are there to support them through the counselling process, regardless of their weaknesses, negativity or unfavorable qualities.

- ✓ **Important values:** At all times counsellors must show a commitment to values such as the following:
  - Human dignity
  - Alleviating personal distress
  - Appreciating the differences in culture
  - Remaining non-judgmental
  - Ensuring the integrity of the client/counsellor relationship
  - Maintaining client confidentiality and ethical principles.
  - Personal skills

- ✓ **Personal knowledge:** In addition to counselling qualifications, a counsellor should be armed with sufficient personal knowledge and understanding of what counselling is all about. He/she must also be clear about the role of the counsellor and the problems, issues and expectations every client will present. Counsellors must be self-aware, and must be in control of their feelings, thoughts and emotions whilst working with clients.

- ✓ **Personal development:** Through his/her own development a counsellor will also pick up additional understanding and knowledge, which can be used effectively to support a client during the

counselling process. Counselling skills are constantly improved if the counsellor has an interest in self-awareness and self-development. This continual process can include a growth in the following:

✓ Concerns of Self: The counselor should be a person which shows concern for self so that he can be concerned about his clients.

✓ Attitude : Attitude guides the human behavior. The counselor should have people friendly attitude so that the clients accept his behavior.

✓ Values: The counselor should have certain values that guide his socially acceptable behavior. These values will keep him attuned with the society.

✓ Beliefs: "You are what you believe". The counselor should believe in his capabilities first. The counselor should be able to have faith in the abilities of the client also. The client has the ability to solve his problems.

✓ Relationship: The counselor should be good in forming and maintaining relationship. He should be good in rapport building.

✓ Self – Esteem : Only a person who has self esteem can respect others esteem. The confidence one has I helping the clients.

✓ Openness to others: An effective counselor is always open to others. He is open to other's criticism. He should be good in interpersonal relationship.

✓ Accepting social responsibility: Every individual should be able to take responsibility of his actions. In counseling the counselor should be able to accept his responsibility towards the client.

✓ Realistic level of Aspirations: The counselor should be rational about himself and the client. Setting unrealistic and irrational goals may hinder the growth and development.

✓ Self – Actualization; the counselor should be able to realize his growth, must be able to analyses where does he stand now. Ability to self- critical analysis.

Characteristic of Client

The therapeutic process holds both majesty and mystery for its clients. Client knowledge about the process ranges from total unfamiliarity with and/or misinformation about therapy—and what to expect of it—to the unique sophistication of the client who has entered into episodic therapy with several therapists. Given that individuals bring the sum of their past experiences as well as their current state into the therapeutic process, it is appropriate to assume that client expectations, behaviors, and outcomes vary due to these and many other factors, such as temperament, early learning about relationships, capacity to trust, experience of trauma, current stress level, and cultural mores.

- *Arguing:* The client contests the accuracy, expertise, or integrity of the clinician.

- *Interrupting:* The client breaks in and interrupts the clinician in a defensive manner.
- *Denying:* The client expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice.
- *Blaming:* The client blames other people for problems.
- *Disagreeing:* The client disagrees with a suggestion that the clinician has made, offering no constructive alternative. This includes the familiar "Yes, but...," which explains what is wrong with suggestions that are made.
- *Excusing:* The client makes excuses for his behavior.
- *Claiming impunity:* The client claims that she is not in any danger (e.g., from drinking).
- *Minimizing:* The client suggests that the clinician is exaggerating risks or dangers and that it really isn't so bad.
- *Pessimism:* The client makes statements about himself or others that are pessimistic, defeatist, or negative in tone.
- *Reluctance.* The client expresses reservations and reluctance about information or advice given.
- *Unwillingness to change.* The client expresses a lack of desire or an unwillingness to change.
- *Ignoring:* The client shows evidence of ignoring or not following the clinician.

11.4 Voluntary and Non-Voluntary client

Voluntary - client make an informed decision that help is needed and that they want to change. Client set their own goals and objectives and enter into a written or verbal contract (service plan) with the service provider on what will happen. Client can terminate the relationship and services at will.

Involuntary - people other than the clients decided that the client needs services and the client is required to have the service. The clients are powerless in deciding what kind of services they will receive and some authority figure sets the goals and objectives for how and when the service will be terminated.

11.5 ROLE AND FUNCTIONS OF THE COUNSELORS

11.5.1 ROLE AND FUNCTIONS OF THE COUNSELORS IN SCHOOLS: the role of a counsellor was in a school setting. Without proper involvement and integration of the various subsystems and supersystems, therapeutic work remains incomplete. Systems-oriented school counselling in India has great potential for growth. It can cater to the emerging needs of the student community with globalization, drastic changes in family structures, changing social values leading to immense stress and strain on the students. The specialized skills of the school counsellor need to be tapped to prevent, and treat increasing psychosocial problems of the students and to provide a holistic development to the students.

The school counsellor plays a powerful role in

1. promoting student advocacy,
2. developing higher educational and career aspirations in students,
3. eradicating educational practices such as student tracking that inadvertently maintain inequities among disadvantaged student groups and stratify opportunities and
4. using data to identify educational practices that may help or hinder student progress.

11.5.2 ROLE AND FUNCTIONS OF THE COUNSELORS IN INDUSTRIES

Employee counselling can be explained as providing help and support to the employees to face and sail through the difficult times in life. At many points of time in life or career people come across some problems either in their work or personal life when it starts influencing and affecting their performance and, increasing the stress levels of the individual. Counselling is guiding, consoling, advising and sharing and helping to resolve their problems whenever the need arises.

Technically, Psychological Counselling, a form of counselling is used by the experts to analyse the work-related performance and behaviour of the employees to help them cope with it, resolve the conflicts and tribulations and re-enforce the desired results.

Ingredients of counselling:
Counselling of staff is becoming an essential function of the managers. The organisation can either take the help of experienced employees or expert, professional counsellor to take up the counselling activities. Increasing complexities in the lives of the employees need to address various aspects like:

Performance counselling:

Ideally, the need for employee counselling arises when the employee shows signs of declining performance, being stressed in office-hours, bad decision-making etc. In such situations, counselling is one of the best ways to deal with them. It should cover all the aspects related to the employee performance like the targets, employee's responsibilities, problems faced, employee aspirations, inter-personal relationships at the workplace, et al.

Personal and Family Wellbeing:

Families and friends are an important and inseparable part of the employee's life. Many a times, employees carry the baggage of personal problems to their workplaces, which in turn affects their performance adversely. Therefore, the counsellor needs to strike a comfort level with the employees and, counselling sessions involving their families can help to resolve their problems and getting them back to work- all fresh and enthusiastic.

Other Problems:

Other problems can range from work-life balance to health problems. Counselling helps to identify the problem and help him / her to deal with the situation in a better way.

11.5.3 ROLE AND FUNCTIONS OF THE COUNSELLORS IN FAMILY

Family therapists can work in hospitals, treatment programs, government agencies, health organizations and private practices. The typical work setting is an office where the family therapist meets with different patients and clients throughout the day. Office hours are usually determined by the family therapist, but in some cases, they might need to be flexible with patients. Many appointments are arranged in advance.

Family therapists have to be prepared to handle stress in an efficient manner that doesn't interfere with helping their patients. Emotional and physical tension can occur during therapy, so family therapists have to be confident and trustworthy in order to get the best out of their patients.

- Assess family situation

- conduct therapy program to develop effective and satisfactory relationships;

- sometimes referral to other programs to treat individual problem of one member that results in family conflict (e.g. addictions, anger).

A family therapist typically meets with an entire family to discuss and examine the issues that are interfering in their lives. However, a family therapist also performs one-on-one counselling time if necessary, with

family members. The goal of therapy is to address emotional or mental issues that are harming the family. For example, families may be undergoing some sort of crisis at work or a psychological conflict with them. By talking with patients, a family therapist seeks to address and modify these issues.

11.5.4 ROLE AND FUNCTIONS OF THE COUNSELLORS IN HOSPITALS

✦ Diagnosing patient mental and emotional disorders

✦ Working and counselling groups, communities, and individual patients

✦ Evaluating patient through conversations, interviews, and observations to determine correct testing or examination

✦ Developing a treatment plan that may include counselling, medication, or other services

✦ Setting patient goals and discussing a treatment plan

✦ Encouraging, supporting, and listening to patients

✦ Helping patients discuss experiences and emotions

✦ Assisting patients through difficult life changes and challenges

✦ Educating the patient on strategies and coping skills

✦ Referring patients to resources like psychiatrists, treatment facilities, or community services

✦ Accessing patient needs, and developing strategies to help the patient

✦ Maintaining good working relationships with support networks, government resources, and community resources

✦ Advising and guiding patients through difficult decisions

✦ Helping patients with a variety of issues such as substance abuse, bullying, anger management, depression, relationships, stress and suicide

11.5.5 ROLE AND FUNCTIONS OF THE COUNSELLORS IN REHABILITATION

Rehabilitation counselors help people with physical, mental, developmental, or emotional disabilities live independently. They work with clients to overcome or manage the personal, social, or psychological effects of disabilities on employment or independent living.

Rehabilitation counselors typically do the following:

✓ Provide individual and group counseling to help clients adjust to their disability

✓ Evaluate clients' abilities, interests, experiences, skills, health, and education

- ✓ Develop a treatment plan for clients, in consultation with other professionals, such as doctors, therapists, and psychologists
- ✓ Arrange for clients to obtain services, such as medical care or career training
- ✓ Help employers understand the needs and abilities of people with disabilities, as well as laws and resources that affect people with disabilities
- ✓ Help clients develop their strengths and adjust to their limitations
- ✓ Locate resources, such as wheelchairs or computer programs, that help clients live and work more independently
- ✓ Maintain client records and monitor clients' progress, adjusting the rehabilitation or treatment plan as necessary
- ✓ Advocate for the rights of people with disabilities to live in a community and work in the job of their choice.

11.6 Let us sum up

This chapter gives us more understanding to what are the attitudes and qualities that are necessary in a counsellor and what are the essential skills to become aneffective counsellor. The chapter also helps us in getting to know the duties and responsibilities of counsellor in various setting.

11.7ANSWER TO CHECK YOUR PROGRESS:

1. A counsellor should also show their own personality and ensure there is a friendly atmosphere and attitude, in order for the counselling relationship to grow. Conveying warmth through body language – using posture, maintaining eye contact and personal space – encourages a client to trust

2. Involuntary clients include both legally mandated clients as well as nonvoluntary clients, who is other way forces to take therapy.

3. Rehabilitation counsellors help people with physical, mental, developmental, or emotional disabilities live independently. They work with clients to overcome or manage the personal, social, or psychological effects of disabilities on employment or independent living.

4. An effective counsellor can identify negative thinking patterns that may be feeding feelings of sadness, depression or anxiety. By encouraging you to build upon personal strengths and suggesting skills that can overcome self-inflicted feelings of hopelessness, a counsellor can help you develop a more positive attitude

11.8   UNIT END EXERCISE

1. Importance of a counsellor in hospital and rehabilitation settings?
2. What are the roles and duties of a counsellor in schools?
3. Write a note on attitudes and qualities of a counsellor?
4. What is effective counselling and what are the skills required for an effective counsellor.

11.9

Suggested Readings

• Skills for Effective Counseling: A Faith-Based Integration (Christian Association for Psychological Studies Books) – 14 September 2016, by Elisabeth A. Nesbit Sbanotto (Author), Heather Davediuk Gingrich (Author), Fred C. Gingrich (Author)

- Effective Counseling Skills: the practical wording of therapeutic statements and processes – June 19, 2009, by Daniel Keeran (Author)

UNIT XII - STANDARDIZED TESTS IN COUNSELING SETTINGS

12.1 Introduction

12.2 Standardized tests in counseling settings

    12.2.1 Personality

    12.2.2 Intelligence

    12.2.3 Interpersonal relations

    12.2.4 Stress

    12.2.5 Anger,

    12.2.6 Self esteem

    12.2.7 Anxiety

    12.2.8 Assertiveness

_____**12.1**

Introduction

Psychological tests are designed to assess the characteristics of people such as their abilities, attitudes, motivations, interests, needs and values and so on. Psychological test can be defined as a sample of an individual's, behavior, obtaining under standard conditions and scored according to a fixed set of rules that provide a numeric score. In a standardized test, individual scores are compared with a norm or standard arrived at on the basis of performance of sample of individuals of the same age or grade level from around the country who took the same test when it was first developed. The goal of assessment is to help counsellors to develop an understanding of the client or an individual. By using assessment and appraisal procedures, you will be able to gain understanding of the individual and in turn foster individual's understanding himself or herself. In this sense, you will appreciate that assessment and appraisal processes and procedures are the means of obtaining comprehensive understanding of students thereby fulfilling the goal of counselling. It is essential that, you need to be familiar with the major tools and techniques of assessment, the purpose for which they are used and how the information provided by these can be used in understanding the individual. Psychological testing is one of the ways of assessment. The selection of any tool whether quantitative or qualitative depends on the type of information the counsellor is interested in gathering. In most cases both are required to be used for holistic

assessment an appraisal. In this unit, you will read about psychological tests, which are the tools for quantitative assessment.

Good standardized tests are the result of years of research. Tests may take many forms. Usually, they comprise of a series of items / questions with well-defined correct answers such as in case of tests of intelligence or achievement, while others such as personality inventories, do not have right or wrong answers, but are designed to assess person's pre-dispositions, tendencies and preferences. Tests can be used to compare the same individual on two or more traits and also compare two or more individuals on the same trait. Such an assessment is usually quantitative. Although most of the psychological tests provide relatively objective and quantifiable scores such as tests of intelligence abilities / aptitudes. Some other tests may also provide descriptive and qualitative interpretations. A standard test has a manual which provides complete information of how the test was developed, evidence of its consistency, accuracy and objectivity. It also consists of detailed instructions for administering, scoring, interpreting the test, its uses and possible misuses. The test manual thus, provides you the requisite information to allow you to make an informed judgement as to whether the test is suitable for your use. Besides, the requirement to select the appropriate psychological test, a counsellor needs to develop various skills in test administration, scoring, interpretation and communicating results to clients.

_____**12.2**

STANDARDIZED TESTS IN COUNSELING SETTINGS

One tool that can help you is a psychological test or psychological assessments. These are instruments used to measure how much of a specific psychological construct an individual has. Psychological tests are used to assess many areas, including:

- ➢ Traits such as introversion and extroversion
- ➢ Certain conditions such as depression and anxiety

➢ Intelligence, aptitude and achievement such as verbal intelligence and reading achievement

➢ Attitudes and feelings such as how individuals feel about the treatment that they received from their therapists

➢ Interests such as the careers and activities that a person is interested in Specific abilities, knowledge or skills such as cognitive ability, memory and problem-solving skills.

Psychological tests provide a way to formally and accurately measure different factors that can contribute to people's problems. Before a psychological test is administered, the individual being tested is usually interviewed. In addition, it is common for more than one psychological test to be administered in certain settings.

12.2.1 PERSONALITY TESTS: They are used to measure personality style and traits. Personality tests are commonly used in research or to assist with clinical diagnoses. Examples of personality tests include:

• Minnesota Multiphasic Personality Inventory (MMPI)

• Thematic Apperception Test (TAT)

• Rorschach, also known as the 'inkblot test'

Personality tests are techniques designed to measure one's personality. They are used to diagnose psychological problems as well as to screen candidates for college and employment. There are two types of personality tests: self-report inventories and projective tests. Often by persons use the term personality to indicate the physical make up of an individual. The term ─Personality, however, signifies much more than simply the physical looks of a person and has a very broad meaning. It includes the emotional, motivational, inter-personal, attitudinal and even moral aspects of a person. Some researchers have included intelligence also as part of personality. Personality refers to a unique combination of characteristics of an individual, which pre-disposes the person to behave in a particular and consistent way.

Personality testing is necessary to achieve the following purposes.

- It helps the students in proper educational and vocational choice. Personality plays an important role in an individual, personal, educational and vocational adjustment and success. It is, therefore, important to diagnose the individual's personality pattern to see whether he possess the traits which are likely to contribute significantly to his adjustment to the course or career he is choosing.

- It helps the individual in resolving emotional conflicts. Personality diagnosis becomesessential when the difficulty the individual encounters in making proper adjustment with theeducational and occupational choices, lies in emotional conflict about which the client has noknowledge. When the cause of the mental conflict is diagnosed, it may be possible for him to solve his problem in his own way.

- It helps the clinical psychologist. A clinical psychologist can use personalityassessments to help choose the best therapy for his clients. Thus, personality assessment isimportant for educational, career, personal and social counseling.

Techniques of Testing Personality:

A number of techniques are used for testing personality. The techniques are:

- Interview
- Observation
- Self-report Measures
- Checklists
- Rating Scales
- Situational Tests or Behavioral Tests
- Projective Techniques
- Anecdotal Records
- Autobiography
- The Daily Diary

Here we can discuss some of the techniques of assessment of personality like self-report measures, projective techniques and behavioral assessment.

12.2.2 INTELLIGENCE

Intelligence tests are administered for a variety of reasons including identification (of mental retardation, learning disabilities, other cognitive disorders, giftedness), placement (gifted and other specialized programs), and as a cognitive adjunct to a clinical evaluation. Intelligence testing is the estimation of a student's current intellectual functioning through a performance of various tasks designed to assess different types of reasoning. A student's intelligence quotient (IQ) is typically measured by standardized testing with norm-referenced tests. Intelligence involves the ability to think, solve problems, analyze situations, and understand social values, customs, and norms. Intelligence is sometimes referred to as the intelligence quotient (IQ), cognitive functioning, intellectual ability, aptitude, thinking skills, and general ability.

Common Types of Intelligence Tests:

- **Group intelligence tests** usually consist of a paper test booklet and scanned scoring sheets. Group achievement tests, which assess academic areas, sometimes include a cognitive measure. In general, group tests are not recommended for the purpose of identifying a child with a disability. In some cases, however, they can be helpful as a screening measure to consider whether further testing is needed and can provide good background information on a child's academic history.

- **Individual intelligence tests** may include several types of tasks and may involve easel test books for pointing responses, puzzle and game-like tasks, and question and answer sessions. Some tasks are timed. The Wechsler Intelligence Scale for Children (WISC) and the Stanford Binet-Intelligence Scale, formerly known as the Binet-Simon Test, are examples of individualized intelligence tests. The WISC test includes language-, symbol-, and performance-based questions while the Stanford-Binet test helps to diagnose students with cognitive disabilities.

- **Computerized tests** are becoming more widely available, but as with all tests, examiners must consider the needs of the child before choosing this format.

- **Nonverbal intelligence tests,** such as the Comprehensive Test of Nonverbal Intelligence (CTONI) and Universal Nonverbal Intelligence Test, Second Edition (UNIT2), are used to assess students who have language processing problems or those with limited English proficiency. In these tests, tasks are designed to remove verbal intelligence from the assessment of a child's reasoning abilities and to isolate and assess a student's visual learning skills.

Standardized intelligence tests:

IQ tests measure general intelligence (*G*) levels. IQ tests are administered by school districts (e.g. the Cognitive Abilities Test), private psychologists, the military (e.g. Army GCT) and human resource departments (e.g. the Wonderlic).

Very popular among standardized intelligence tests are the following:

- Raven's Progressive Matrices Test (fluid intelligence test)
- Raven's Advanced Progressive Matrices Test (fluid intelligence test)
- Cattell Culture Fair Intelligence Test (fluid intelligence test)
- Wechsler Adult Intelligence Scale (full-scale test)
- Wonderlic Cognitive Ability Test (full-scale test)

Raven's tests are popular career / job aptitude tests. As described by the publishers of the Raven's Advanced Progressive Matrices Test:

The APM score can be used as an indication of a candidate's potential for success in high-level technical, professional, and executive positions that require high levels of clear and accurate thinking, problem identification, holistic situation assessment, and monitoring of tentative solutions for consistency with all available information. The APM score also can be used for developmental purposes in occupational and advanced educational settings. The nonverbal aspect of the test minimizes the impact of cultural or language bias.

12.2.3 INTERPERSONAL RELATIONS: Interpersonal communication skills affect every interaction we have. From negotiating for a promotion to resolving a conflict with a spouse, good communication skills can greatly improve life, while weak communication skills can

make everyday interactions frustrating and tense. Interpersonal communication encompasses a number of communication styles; there is not one "right" style, but knowing how to talk to a wide variety of people can greatly improve your social interactions and career success. Fortunately, interpersonal communication is a skill, and understanding your communication style can help you build upon your strengths and improve your weaknesses. This test measures several dimensions of interpersonal communication, including:

- Insightfulness – The ability to understand other people's words and intentions.
- Verbal Expression – The ability to express yourself verbally in a way that is clear, concise, and effective.
- Assertiveness – Your ability to express your opinions and ideas.
- Listening Skills – The ability to take turns and listen appropriately to others during conversation.
- Emotional Management – The ability to control your own emotions in conversation and the ability to properly respond to others' emotions.

Like other online personality tests, the Interpersonal Communication Skills Test relies on self-reports. While it can be difficult to admit to your communication weaknesses, answering honestly-- rather than giving the answer you hope is true--will give you the most accurate results. Accurate test results can help you determine specific steps for improvement.

12.4 Stress: Stress is a necessary part of our lives and can have both beneficial and negative effects. The stress response is primarily determined by our perception of an event, transition, or problem. Finding a balance in our lives and managing our stress can be a challenge. An important first step is recognizing the degree to which we are affected by the stress in our lives and then move toward strategies to make it better. The Perceived Stress Scale (PSS) is a classic stress assessment instrument. This tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our

perceived stress. The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way.

Attitude tests, such as the Likert Scale or the Thurstone Scale, are used to measure how an individual feels about a particular event, place, person or object.

Achievement tests are used to measure how well you understand a particular topic (i.e., mathematics achievement tests). Aptitude tests are used to measure your abilities in a specific area (i.e. clerical skills)

12.2.5 ANGER

Anger is a powerful emotion that can lead to serious problems in your relationships and career if left unbridled. Learn more about your ability to manage it by taking this anger management test. It's designed to evaluate the manner in which you approach and handle anger-inducing situations.

Some of the test used :

- **Aggression Questionnaire** | Buss, Perry | 1992

- **Clinical Anger Scale** | Snell, Gum, Shuck, Mosley, Hite | 1995

12.2.6 SELF- ESTEEM

Self-esteem stability describes fluctuations in the level of self-esteem experienced by individuals over a brief period of time. In recent decades, self-esteem stability has repeatedly been shown to be an important variable affecting psychological functioning. However, measures of self-esteem stability are few and lacking in

validity. We present the Self-Esteem Stability Scale (SESS). The new SESS proved to be a stronger predictor than the existing scales and had incremental validity over and above self-esteem level. The **Rosenberg self-esteem scales** (**RSES**), developed by the sociologist Morris Rosenberg, and is a self-esteem measure widely used in social-science research. It uses a scale of 0–40 where a score less than 15 may indicate a problematic low self esteem.

The RSES is designed similar to the social-survey questionnaires. It is a ten-item <u>Likert-type scale</u> with items answered on a four-point scale—from strongly agree to strongly disagree. Five of the items have positively worded statements and five have negatively worded ones. The scale measures global self-worth by measuring both positive and negative feelings about the self. The original sample for which the scale was developed consisted of 5,024 high-school juniors and seniors from 10 randomly selected schools in New York State. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment. The Rosenberg self-assessment scale (RSES) was developed by sociologist Dr. Morris Rosenberg. It is a measure of self-assessment that applies sociological research. A scale from 0 to 40 is used, where a rate of less than 15 may indicate a potentially low self-esteem. The Rosenberg self-assessment scale is the most used measure of global self-assessment. It has been widely used by all the ages, from adolescents to the elderly.

12.2.7 ANXIETY:

Anxiety scales may help primary care physicians to detect specific anxiety disorders among the many emotionally distressed patients presenting in primary care. anxiety scale measures a common trait of pathological anxiety that is characteristic of anxiety disorders, in particular panic disorder, agoraphobia, social phobia, OCD and PTSD. The anxiety score detects the latter anxiety disorders to a slightly greater extent than GAD and specific phobia, without being able to distinguish between the different anxiety disorder types. The Hamilton Anxiety Rating Scale (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. It should be administered by an experienced clinician. By administering the scale serially, a clinician can document the results of drug treatment or psychotherapy.

Some of the Scales used for anxiety:

- Brief Fear Of Negative Evaluation Scale | Leary | 1983
- Fear Questionnaire (FQ) (Phobia) | Marks, Matthews | 1979
- Generalized Anxiety Disorder 7-item (GAD-7) | Spitzer, Kroenke, Williams, Lowe | 2006
- Hamilton Rating Scale For Anxiety (HAM-A) | Hamilton | 1959

- Health Anxiety Inventory (HAI) | Salkovskis, Rimes, Warwick, Clark | 2002
- Liebowitz Social Anxiety Scale (LSAS-SR) | Liebowitz | 1987
- Mobility Inventory For Agoraphobia (MIA) | Chambless, Caputo, Jasin, Gracely, Williams | 1985
- Panic Disorder Severity Scale (PDSS) | Shear, Brown, Barlow, Money, Sholomskas, Woods, Gorman, Papp | 1997
- Penn State Worry Questionnaire | Meyer, Miller, Metzger, Borkovec | 1990
- Spence Children's Anxiety Scale | Spence | 1998
- Severity Measure For Agoraphobia | Craske, Wittchen, Bogels, Stein, Andrews, Lebu | 2013
- Severity Measure For Generalized Anxiety Disorder | Craske, Wittchen, Bogels, Stein, Andrews, Lebeu | 2013

12.2.8 ASSERTIVENESS

Assertiveness is a social skill that relies heavily on effective communication while simultaneously respecting the thoughts and wishes of others. People who are assertive clearly and respectfully communicate their wants, needs, positions, and boundaries to others. There's no question of where they stand, no matter what the topic. Individuals who are high in assertiveness don't shy away from defending their points of view or goals, or from trying to influence others to see their side. They are open to both compliments and constructive criticism. People can improve their assertiveness through practical exercises and experience. Aperson who is assertive clearly communicates their wishes and sets boundaries, but does not make demands of other people or lash out if requests are not met. The ability to be assertive allows someone to make overtures to other people and stand up for themselves or others in a nonaggressive way. It can also protect them from bullies and other social predators. From a cognitive standpoint, assertive people experience fewer anxious thoughts, even when under stress. From a behavioral standpoint, assertive people are firm without being rude. They react to positive and negative emotions without becoming aggressive or resorting to passivity. Assertive people tend to project confidence. They maintain eye contact, have good posture, and use body language effectively. They are able to express their thoughts and beliefs honestly and reasonably—and they encourage other people to do the same. Being assertive means speaking up for one's rights without disrespecting anyone else's. It involves managing stress, solving problems as they arise, and staying calm no matter how the other person reacts.

Rathus Assertiveness Schedule (RAS): The Rathus Assertiveness Scale (RAS)was designed to measure a person's level of assertiveness. It is also an instrument for measuring behavioural change in assertion training. The RAS provides a score and a percentile for interpretation. The RAS was developed in 1973 by

Spencer Rathus. Measures of assertiveness that existed at the time were considered outdated. The RAS was based on: Wolpe and Lazarus's (1966) situations; items from the Allport (1928) and Guilford and Zimmerman (1956) scales; and diaries kept by college juniors and seniors. The scale contains 30 items in total, with items scored from *very characteristic of me* to *very uncharacteristic.* Example items: Most people seem to be more aggressive and assertive than I am. When the food served at a restaurant is not done to my satisfaction, I complain about it to the waiter or waitress. I am careful to avoid hurting other people's feelings, even when I feel that I have been injured. When I am asked to do something, I insist upon knowing why. A total score is obtained by adding numerical responses for each item, after changing the signs of reversed items.

Psychometric properties: The validity of the RAS was established by comparing self-reported RAS scores to two external measures of assertiveness. Test-retest reliability was established using a Pearson product moment correlation coefficient over a two month period (r = .78), indicating moderate to high stability of test scores. Split-half reliability (a measure of internal consistency reliability) was calculated to be .77, suggesting that the qualities measured by the RAS possess moderate to high homogeneity. Gustafson (1992) found that the original scale was reliable (Cronbach's alpha = .82). Some items are presented in ways that may be considered outdated or heterosexist – given their development more than 25 years ago (Thompson & Berenbaum, 2011). The RAS has demonstrated discriminant validity with respect to aggression.

Accessing the tool: The instrument can be used both in research that investigates the efficacies of various procedures for shaping assertive behavior and for obtaining pre- and post measures of patients' assertiveness in clinical practice.

Here are some tips to help you learn to be more assertive.
- ✓ Make the decision to positively assert yourself. ...
- ✓ Aim for open and honest communication. ...
- ✓ Listen actively. ...
- ✓ Agree to disagree. ...
- ✓ Avoid guilt trips. ...
- ✓ Stay calm. ...
- ✓ Take a problem-solving approach to conflict. ...
- ✓ Practise assertiveness

12.2.9 DEPRESSION

Beck Depression Inventory: The Beck Depression Inventory (BDI) is made up of 21 self-reported depression questions. They are designed to help mental health professionals assess the mood, symptoms, and behaviors of people who are depressed. Each answer is given a score of zero through three to indicate severity of symptoms.

Hamilton Depression Rating Scale: The Hamilton Depression Rating Scale (HDRS) is a questionnaire designed to help healthcare professionals determine the severity of depression in people who have already been diagnosed. It also consists of 21 questions. Each relates to a particular sign or symptom of depression. Multiple-choice answers are given a score of zero through four. Higher total scores indicate more severe depression.

Zung self-rating scale for depression: The Zung Scale is a screening tool used to help assess the level of depression in people who are depressed. It is a 20-question test that provides a score range from 20 to 80. Most depressed people score between 50 and 69. A score above that indicates severe depression

Depression diagnosis:

To be diagnosed with depression, someone must display five of the following symptoms for at least two weeks:

- sadness or depressed mood
- lack of interest or pleasure in almost all activities, especially those that used to be pleasurable
- trouble sleeping or sleeping all the time
- fatigue or lack of energy
- feelings of worthlessness and guilt
- an inability to concentrate or focus
- change in appetite
- agitation or feelings of moving in slow motion
- recurring thoughts of death

There are many different types of depression that may be diagnosed. This includes:

- major depressive disorder
- major depressive disorder with seasonal patterns, previously known as seasonal affective disorder (SAD)
- postpartum depression

- atypical depression
- dysthymia
- cyclothymia

Determining what type you have can help your doctor determine the best treatment for your specific needs.

12.2.10 ADJUSTMENT:

Social adjustment: The importance of social adjustment as an index of mental health can be traced to the 1960s, when deinstitutionalization led to the realization that patients with chronic mental disorders were having problems adjusting to community life. It became increasingly clear that the treatment and clinical course of individuals with mental disorders were often influenced by the patient's family, social, and work life. The exclusive focus on patients' symptoms began to be seen as inadequate. Many clinical and epidemiological studies since then have documented the enormous social impairment associated with mental disorders such as depression. The 54-item Social Adjustment Scale – Self-report (SAS-SR) is a measure of social functioning used in research studies and clinical practice. Two shortened versions were recently developed: the 24-item SAS-SR: Short and the 14-item SAS-SR: Screener.

The Work and Social Adjustment Scale (WSAS), a short, reliable and valid measure of work and social adjustment, has high correlations between clinician and interactive voice response (IVR) self-report versions. The WSAS permits comparisons of functional impairment across studies and disorders.

Dyadic Adjustment Scale (DAS): The Dyadic Adjustment Scale, or DAS, is a relationship adjustment self-report measure. Couples counseling, therapy, office, home are some of the environment in which the DAS is used.

12.2.11 MENTAL HEALTH

The need for a new scale to measure positive mental health is need for this situation. These scales divide respondents into those who meet criteria for a mental illness and those who do not but cannot distinguish average from good mental health, and fail to capture many of the changes that might occur in mental health improvement programmes Measuring mental health has often been regarded as more difficult than measuring other types of health. This is due in part to psychiatry's limited availability of objective biological tests and variable diagnostic guidelines, alongside intercultural differences in the mental health experience

and complex social and psychological confounders. However, it is possible – and desirable – to measure mental health outcomes in built environment research. This is how the mental health impact of urban planning and design can be demonstrated and understood.

Main   assessments: CIS-R,   GHQ,   SRQ20,   MINI,   Kessler,   SF

CIS-R The revised Clinical Interview Schedule: At one point the CIS-R was the most widely used abbreviated assessment tool in psychiatry and was developed from a full psychiatric assessment interview. This revised tool is flexible in that it can be administered in a variety of ways. While initially a screening tool, algorithms have been developed to allow the lay-administrators to follow sections of the ICD-10 to can be used to diagnose specific common mental health problems. Similarly, akin to the other measures in this group the CIS-R be used to "screen for psychiatric morbidity" on a scale with a validated cut-off points to identify cases with a non-specific 'common mental health disorder' (CMD). This tool can be used as a diagnostic assessment for specific common mental health disorders (depression, GAD, phobias, panic disorders, OCDs and CMD-NOS), or can screen for mental illness generating a continuous variable of psychiatric morbidity.

Check your Progress

Note: a. Write your answer in the space given below

   b. Compare your answer with those given at the end of the unit.

   1. Why are psychological tests used?
………………………………………………………………………………………………
………………………………………………………………………………………………
…………………………………………………….
   2. What is stress and how to measure stress level?
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………………………………………………………………………………………………
……………………………………………………………………

3. **What are the techniques to test personality?**

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4. **Why is interpersonal relationship important?**

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12.3 LET US SUM UP

This chapter gives us an explanation what are the standardized testing uses and why psychological testing is important. We also get to understand the carious testing scales for psychological, alternative and intelligence testing's. This unit also explains about the importance of interpersonal relationships.

12.4 ANSWER TO CHECK YOUR PROGRESS:

1. Psychological assessment is also known as psychological testing is done to help a psychologist better understand an individual and provide valuable insights into the individual's behavior, skills, thoughts and personality. Tests should have adequate reliability and validity.

2. Stress is the body's reaction to any change that requires an adjustment or response. The body reacts to these changes with physical, mental, and emotional responses. Stress is a normal part of life. You can experience stress from your environment,

> your body, and your thoughts, and measured by Perceived Stress Scale (PSS).

3. Psychologists seek to measure personality through a number of methods, the most common of which are objective tests and projective measures. Objective tests, such as self-report measures, rely on an individual's personal responses.

4. Positive interpersonal relationships will allow effective communication and understanding among employees. ... Keep lines of communication open. Maintain boundaries.

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12.5 UNIT END EXERCISE

1. What are the standardized tests and why is it important?
2. Explain the importance of psychological tests?
3. What are various techniques for testing personality?
4. Explain the tools used for self-esteem.
5. Why there is a need for positive mental health?

_____**12.6**

SUGGESTED READINGS

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_____Unit XIII - Counseling in Special Situations

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13.1 **INTRODUCTION**

As seen the previous chapters, counselling is a professional help given through an effective relationship to make the client or the counselee understand self and have clear perspective of the situation. Counselling is Used in various fields and in different settings. The These fields vary widely but the processes, methods,

and tools used by counselors are very similar. Counseling professionals in government setting work with various government agencies that have counseling services such as:

• Social welfare

• Correctional department

• The court system

• Child and women affairs services

• Schools

 • Mental and foster homes and

• Rehabilitation centers etc.,

<div style="text-align:right">13.2</div>

MARRIAGE, COUPLE AND FAMILY COUNSELING

You may have heard the phrase, "No man is an island." That especially rings true when families face trouble. Sometimes even the strongest family unit may need support and guidance in dealing with unexpected circumstances such as illness, death or unemployment. Other times, they may require that same support from an impartial observer in order to manage personal conflicts. Those in romantic relationships and marriages may seek guidance through all stages of their relationship, from dating to engagement to the many years of building a life together. They may need help breaking patterns and forming more positive habits. Your strong sense of compassion and commitment to helping people are the most necessary qualities for a successful career as a marriage and family therapist. You'll help clients to make informed and healthy decisions about their relationships, and build promising futures together.

Marriage and Family therapist:

Marriage and family therapists offer guidance to couples, families and groups who are dealing with issues that affect their mental health and well-being. Many therapists approach their work holistically, using a "wellness" model (as opposed to an "illness" one) which highlights and encourages client's strengths.

Some types of issues that marriage and family therapists treat include:

➤ Child and adolescent behavioral problems
➤ Grieving

- ➢ Depression and anxiety
- ➢ LGBTQ issues
- ➢ Domestic violence
- ➢ Infertility
- ➢ Marital conflicts
- ➢ Substance abuse

On the job, marriage and family therapists:

- ✓ Observe how people interact within units
- ✓ Evaluate and resolve relationship problems
- ✓ Diagnose and treat psychological disorders within a family context
- ✓ Guide clients through transitional crises such as divorce or death
- ✓ Highlight problematic relational or behavioral patterns
- ✓ Help replace dysfunctional behaviors with healthy alternatives
- ✓ Take a holistic (mind-body) approach to wellness

13.3 SCHOOL COUNSELING & GUIDANCE

The school counseling role comprises much more than simply handing out class schedules, dealing with disciplinary problems, and helping students apply to college. An academically focused form of counseling, in this position, the counselor provides enrolled or prospective students with support, guidance, and follow-up with academic stressors, as well as with emotional or relationship issues that may develop during the student's academic career. School counselors typically use a combination of therapeutic models to support the student body, including:

- ▪ Small-group counseling
- ▪ Individual counseling
- ▪ Core curriculum lessons regarding issues addressed in counseling

The role description of the school counselor changes from day to day, depending upon the needs of the students. The school counselor assists with administrative duties such as student academic planning, course

scheduling, and applying for colleges. In addition, as reported by the American School Counselor Association, *the counselor is responsible for multiple tasks:*

- ➢ Counseling students in crisis.
- ➢ Helping students deal with emotional issues such as performance and testing anxiety.
- ➢ Analyzing school data to help administrators better understand student needs.
- ➢ Interpreting achievement, cognitive, aptitude, and achievement tests.
- ➢ Suggesting appropriate school attire.
- ➢ Advocating for the students.
- ➢ Student counselors help ensure that today's students become the productive, mature, well-adjusted adults of tomorrow.

13.4 CAREER COUNSELING WITH ADOLESCENTS

The adolescence stage is the period when a child transitions from being a child to becoming an adult and usually takes place between the ages of 10 and 19. During this period, the young adult starts experiencing a great deal of mental and physical changes. Physically, adolescents start seeing changes in their bodies, a process referred to as puberty, and is a time that leaves them confused as the changes in hormones start affecting their moods and thoughts. Often, when these changes start setting in, adolescents become extremely sensitive and start experiencing mood swings and fluctuations in their confidence levels. If not properly guided or counselled, adolescents could take to their own devices and start making their own judgements, which are often clouded. As a result, they could end up following the wrong path and becoming prey to negative things that could ruin their lives like drugs, peer pressure and such. It is for this reason that adolescents should consider counselling to address their feelings and thoughts allowing them to grow into healthy, sound-minded adults. Adolescents in India 30% are not comfortable talking to their parents about their own problems. 67% of all school students cheat in exam, at least once. 45% teenage girls would prefer to Terminate Unwanted Pregnancies without telling their parents. 21% teenagers are getting Unwanted Demands for Sexual Activity from stranger on the Net. 1 out of 5 is Smoking at an alarming rate of 13 to 15 sticks a day. 65% face persisting problems to which they See No Solution. 1 in 2 teen Necks and Kisses. 1 in 5 teen watches porn before the age 13. 15% drink Alcohol when they get bored. 47% play games on their mobile. Secret Life of Indian Teens; India Today magazine dated 7th March 2011.

Significance of Career Guidance and Student Counseling :

The United Nations Educational, Scientific and Cultural Organization (UNESCO) elucidates that the career counseling of youth comprises of four main components:

(a) Providing assistance to the individuals to acquire greater self-awareness in areas such as interests, values, abilities, and personality style,

(b) Linking individuals to sources so that they can become more well-informed about occupations and professions,

(c) Involving human beings in the decision-making process so that they can choose a career path that is well suited to their own interests, values, abilities, requirements and personality style, and

(d) Supporting individuals to be dynamic administrators of their career paths including management of career transitions and balancing various life roles as well as becoming lifelong learners in the sense of professional development over the lifetime.

There have been individuals who choose career counseling as a profession and provide guidance and assistance to individuals who need counseling regarding the selection of subjects or programs. When individuals graduate from high school; they are at times confused between two or more fields or subjects, when they have the required percentage and both engineering as well as medical college offers them admission, then they seek career counseling whether they should choose to become an engineer or a medical doctor. Career counseling and guidance is provided to an individual on the basis of one's interests, abilities, requirements, values and personality traits. It is vital for an individual to learn how to manage one's career management skills; as it has been stated that career is a lifelong objective, a career should never come to a halt and an individual should develop the skills regarding the management of his career. For example, an individual is an educator and has chosen the teaching career, therefore, the management of the teaching career centers upon enhancement of the skills such as having efficient knowledge of the subject that he is teaching, good communication skills, appropriate behavioral traits, proper training strategies, regular attendance and efficient formulation of curriculum and instructional methodologies. In any kind of profession, job or field, it is essential to develop career management skills, hence the areas that should be taken into account are:

- One should realize that career management is extremely crucial for one's successful living, and should become a possessor of one's career development.
- Identification of one's career goals and objectives are essential; what one wants to achieve and what are the possible passageways that would lead to the achievement of the desired career goals and objectives.

- Identification of all the areas that would lead to one's professional development is also regarded to be a vital career management skill; one's professional development and one's career management goes simultaneously.

- One should formulate a career development plan; in the plan all the areas, requirements, capabilities and interests should be stated that the individual finds best.

- One should become aware and knowledgeable regarding how to carry out, contribute and get involved in successful career conversations.

Purposes of Career Counseling and Guidance

There have been many purposes of counseling and guidance in all aspects; but in this case, the significant purpose has been identified from the perspective of education and the purposes have been stated as follows:

1. The individuals have to be made aware of their basic personal prerequisites, abilities, assets, liabilities and potentialities; hence they have to be made aware about their own positive points and negative points.

2. Effective, meaningful and significant information has to be provided to them in solution of their problems.

3. The students should learn how to scrutinize their weaknesses and then overcoming them; the role of the counselor and a guide is to help them how to catch the fish on their own and not catching fish by themselves and giving it to them

.4. Students may also need counseling and guidance services regarding the selection of a career; in this case, they should assist them in making appropriate, satisfying and interesting educational choices.

5. The teachers as well as the parents should also meet with the counselor or the guide, because it is crucial for them to effectively assist the student who is undergoing counseling and guidance sessions. The parents and the teachers should understand the needs and problems of the students and harsh behavior or screaming at the student is strictly prohibited.

6. The school authorities or the administrators should be assisted in improving the educational objectives, planning and course curriculum.

7. The school environment should be formed in such a manner that students should feel safe and sound, they should develop proper attitude towards school, teachers, classmates, values, norms, policies, interests, beliefs, discipline and rules.

8. Students should be guided to identify their flaws and inconsistencies in the field of education and improve upon their learning. They should be guided in a manner to promote effectiveness.

9. Students who get addicted to underage drinking and usage of drugs should be shown the right direction and prescribe ways to get rid of such things because they are the major hindrances to one's personal and professional development.

10. It is essential to promote amongst the students a sense of awareness, ability to acquire sufficient knowledge regarding their studies, when studying they should put complete focus, and become more capable and intelligent.

_____**13.5**

Industrial Counseling with Employers and Employees

Workplace counseling is therapy offered to employees of a company, often through an employee assistance program, that provides employees with a safe place to discuss any issues that they're struggling with, because workplace counseling is short-term, the focus of the counseling sessions is on problem-solving. Counselors help clients implement solutions to the issues in their lives or develop more effective ways of coping with challenges.

The Benefits of Workplace Counseling

Workplace counseling services can play a powerful role in supporting a healthy work environment. A 2012 study that looked at the outcome of over 28,000 clients who participated in counseling through their workplace showed that 70 percent experienced improvement after their counseling services.2

The benefits of workplace counseling for employees include:

- Easy access to trained counselors
- A safe space to talk about their problems
- Helping employees to better understand themselves
- Establishing or improving coping skills
- Developing effective solutions to problems
- Learning to look at issues with a more positive outlook and different perspective

- While workplace counseling can be helpful to employees, there are also many benefits for employers:
- Improved employee performance, leading to productivity gains
- Decreased employee absenteeism
- Lower turnover rates among employees
- Productive way to handle sensitive situations or staff members with problematic behaviors
- Establish a reputation as an employer that cares about staff

13.6

Alcohol& Drug programs, Suicide Intervention

The first step towards recovery is acknowledging that substance use has become a problem in the person's life which is disrupting the quality of their life. This can result from impairment in school, work, social, recreational or other important areas of function. Once an individual recognizes the negative impact of a substance on their life, a wide range of treatment options is available. A person with an addictive disorder requires access to treatment. For most people, treatment may last for the rest of their life. They will need to abstain from the substance on a life-long basis, which can be difficult. Treatment plans for addictive disorders will often change to meet the needs of the patient. Treatment options for addiction depend on several factors, including the type of addictive disorder, the length and severity of use, and its effects on the individual. A doctor will also treat or refer for treatment any physical complications that have developed, such as liver disease in a person with alcohol use disorder or respiratory issues in people with an addiction to substances which have been smoked. Common interventions might involve a combination of inpatient and outpatient programs, psychological counseling, self-help groups, and medication.

Detoxification:

Detoxification is normally the first step in treatment. This involves clearing a substance from the body and limiting withdrawal reactions. In 80 percent of cases, a treatment clinic will use medications to reduce withdrawal symptoms, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). If a person is addicted to more than one substance, they will often need medications to reduce withdrawal symptoms for each. In 2017, an electronic device called the NSS-2 Bridge became available to reduce opiate withdrawal. The device sits behind the ear and gives off electrical pulses to trigger certain nerves that might provide relief from withdrawal symptoms.

Counseling and behavioral therapies

- Therapy might be one-to-one or a group session.
- This is the most common form of treatment following detoxification.
- Therapy might occur on a one-to-one, group, or family basis depending on the needs of the individual. It is usually intensive at the outset of treatment with the number of sessions gradually reducing over time as symptoms improve.

Different types of therapy include:

- *Cognitive-behavioral therapy*, which helps people recognize and change ways of thinking that have associations with substance use.
- *Multi-dimensional family therapy*, designed to help improve family function around an adolescent or teen with a substance-related disorder
- *Motivational interviewing*, which maximizes an individual's willingness to change and make adjustments to behaviors
- *Motivational incentives,* that encourage abstinence through positive reinforcement

Counseling for addiction aims to help people change behaviors and attitudes around using a substance, as well as strengthening life skills and supporting other treatments.

Rehabilitation programs: Longer-term treatment programs for substance-related and addictive disorders can be highly effective and typically focus on remaining drug-free and resuming function within social, professional, and family responsibilities. Fully licensed residential facilities are available to structure a 24-hour care program, provide a safe housing environment, and supply any necessary medical interventions or assistance.

A few types of facility can provide a therapeutic environment, including:

➢ **Short-term residential treatment:** This focuses on detoxification and preparing an individual for a longer period within a therapeutic community through intensive counseling.

➢ **Therapeutic communities:** A person seeking long-term treatment for severe forms of addictive disorder would live in a residence for between 6 and 12 months with on-site staff and others in recovery. The community and staff serve as key factors in recovery from and changes in attitudes and behaviors toward drug use.

➢ **Recovery housing:** This provides a supervised, short-term stay in housing to help people engage with responsibilities and adapt to a new, independent life without on-going substance

use. Recovery housing includes advice on handling finances and finding work, as well as providing the connection between a person during the final stages of recovery and community support services.

13.7   Crisis prevention and Intervention

Crisis and Trauma Counseling: Unique Forms of Helping introduces students to the nature of crisis and provides them an overview of the knowledge, skills, and dispositions required by mental health professionals to successfully assist in a time of crisis.

Crisis intervention is emergency first aid for mental health (Ely, 1986). This provides a brief, conceptual overview of crisis intervention, and summarizes the steps a worker may use to identify, assess, and intervene with an individual experiencing crisis. Crisis intervention involves three components:

- the crisis, the perception of an unmanageable situation;
- the   individual or group in crisis; and
- the helper, or mental health worker who provides aid.

Crisis intervention requires that the person experiencing crisis receive timely and skillful support to help cope with his/her situation before future physical or emotional deterioration occurs. A crisis may occur when an individual is unable to deal effectively with stressful changes in the environment. A stressful event alone does not constitute a crisis; rather, crisis is determined by the individual's view of the event and response to it. If the individual sees the event as significant and threatening, has exhausted all his/her usual coping strategies without effect, and is unaware or unable to pursue other alternatives, then the precipitating event may push the individual toward psychological disequilibrium, a state of crisis (Caplan, 1964; Smead, 1988).

Crisis intervention refers to methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. A crisis can be any situation in which an individual perceives a sudden loss of ability to use effective problem-solving and coping skills. Any number of events or circumstances can be considered crises, including life-threatening situations such as natural disasters (e.g., earthquakes, tornadoes, hurricanes), sexual assault or other criminal victimization, medical illness, mental illness, thoughts of suicide or homicide, or loss or drastic changes in relationships (e.g., death of a loved one or divorce).

The Six Stage Model of Crisis Intervention:

This model of crisis intervention is from James (2008) who has adapted it from Gilliland (1982). These steps form the foundation of intervening with an individual to help give them a sense of control and help to restore basic coping skills.

Step 1. Defining the Problem: The first step in crisis intervention process is to determine exactly what the problem is. This part of the process helps establish a connection between yourself and the client. The active listening process is important here: open-ended questions and the core factors of empathy, genuineness and positive regard.

Step 2. Ensuring Client Safety: The next step is to ensure the safety of the client. This involves suicide risk assessment, as well as checking homicide risk. Removing access to lethal means of suicide as well as other items that can be used to hurt yourself and the client are important. For instance, in an average office, scissors, paper cutters, staplers and three-hole punches can all be used to injure self or others.

Step 3. Providing Support: After the client is physically safe and the problem has been adequately defined, the next step is for the crisis worker to accept the client as a person of value and communicate that they care about them. This can involve simply talking to the client about what's going on in their life, taking care of basic needs (e.g. food and shelter.) Once the client has their basic needs met, the next part of providing support is ensuring the client has enough information to understand their available options for dealing with their situation.

Step 4. Examining Alternatives: In step 4, Examining Alternatives, the client is encouraged to explore potential solutions to what they're dealing with. A client whose coping skills are suspended will have difficulty coming up with options and this is where the crisis worker comes in.

James identifies three categories of potential alternatives:

- ✓ Situational Supports – individuals around the client who "might care about what happens to the client"
- ✓ Coping mechanisms – "Actions, behaviors or environmental resources" the client can draw on to help get through their situation. Assessing coping skills is a key part of telephone crisis intervention, which should explore what they did in the past, present, and then future
- ✓ Positive and constructive thinking patterns – New ways of thinking about the client's situation that can help them reframe

Step 5. Making Plans: Now that the client trusts the crisis worker, they have provided immediate safety and met basic needs, explored alternatives, it's time to make a plan. The goal of this step is to focus on concrete steps that can help restore control in the client's life, and identify other referral resources that can help provide the client additional support. Making sure the plans are realistic and not overwhelming is a key part of step 5. Clients must feel empowered by the plan in order for them to proceed with it, therefore working collaboratively is extremely important. Many clients have been disempowered or oppressed before seeking (or being forced into) treatment, and continuing this pattern will lead to poor outcomes.

Step 6. Obtaining Commitment: The final step of the process, is obtaining commitment. If you've worked together with your client, obtaining commitment should be easy. You may need to write down the plan for the particularly overwhelmed client to keep track of it, and follow up with them to ensure that they have followed through with the plan.

Trauma counselling: Trauma is the physical, emotional and psychological response when a person experiences high levels of fear or stress without having the chance to escape or mobilise (move away). Trauma is a stress response that remains frozen in time within the person. When a gazelle is chased in the wild by a lion, the animal experiences stress and fear. The animal may run away, or it may freeze in response to the impending attack. However, when the threat goes away, a gazelle will often run off, or literally shake. This serves the animal as it shakes the stress away. Animals in the wild will rarely experience trauma symptoms, because animals automatically mobilise through the danger. A good trauma therapist can provide a grounded presence where you can begin to explore your trauma while feeling safe, listened to and held. A therapist who is trained in how to work with trauma will be able to offer grounding techniques, and awareness exercises in the here-and-now so that you can start to feel safe. This helps you learn how to come down from hyper-arousal and helps you to be grounded in the here-and-now experience. A therapist can help a trauma survivor to recognise their resources and skills, and to build on these. In therapy, the trauma survivor may be able to learn how to regulate emotions and feel safer in the here-and-now. Working with a trauma therapist can help you to understand trauma symptoms, and to start to work through your experiences.

13.8

Supportive Counselling with PLHIV, TB patients, PWDs

Delivering truly integrated patient-centred care can produce significant benefit to tuberculosis (TB) patients globally. To this end, a patient-centred approach should enable patients to exercise their rights and fulfil their

responsibilities with transparency, respect and dignity, by giving due consideration to their values and needs. Through patient-centred care, the patient is the central figure in the continuum of care, and the social and personal circumstances of the person – not just the immediate requirements of medical treatment – are a priority consideration. To ensure systematic implementation of patient-centred approach, attention is also drawn to establishing and/or expanding social protection schemes to prevent and alleviate the burden of poverty, vulnerability and social exclusion, that often affect people with TB or HIV and their households. In 2017 the WHO Global TB Programme formulated new recommendations for the treatment of drug-susceptible TB and for patient care and support of all people with TB (regardless of whether the disease is drug-susceptible or drug-resistant). In line with Pillar 1 of the END TB Strategy – integrated, patient centred care and prevention – the guidelines include specific recommendations on patient care and support. Community- or home-based directly observed treatment (DOT) is recommended over health facility-based DOT or unsupervised treatment DOT administered by trained lay providers or health-care workers is recommended over DOT administered by family members or unsupervised treatment. Video supported treatment (VOT) may replace DOT when the technology and internet provision are available and can be operated by health-care providers and patients.

- PATIENT EDUCATION - Health education and counselling
- COMMUNICATION - (e.g. home visit, digital medication monitors, communication via SMS or telephone calls)
- MATERIAL SUPPORT - (e.g. meals, food baskets, food supplements, food vouchers, transport subsidies, living allowance, housing incentives, or financial bonus)
- PSYCHOLOGICAL SUPPORT - (e.g. counselling sessions or peer-group support)
- STAFF EDUCATION - (e.g. adherence education, chart or visual reminder, educational tools and desktop aids for decision-making and reminders)

The following principles can be followed.

- Focus on patient's concerns and priorities.
- Refer to the 5 A's aspects of care: Assess, Advise, Agree, Assist and Arrange.
- Link the patient with a suitable DOT provider trained in patient-centered care.
- Screen, assess and manage undernutrition.
- Recognize and address poverty and food insecurity by linking TB patients to national social protection measures and ensure their inclusion in appropriate national legislations.

- Organize proactive follow-up, maintain regular communication with the patient, in order to work as a team.
- Involve former patients, peer educators and supporting health care workers in health facilities or in communities.
- Link the patient to community-based resources and support.
- Provide integrated care in collaboration with other public health programmers, such as HIV, diabetes care, maternal and child health, lung health, and mental health services.
- Assure continuity of care, including palliative and end-of-life care whenever needed.

The Counseling Process and Relationship among PWDs

1. Make efforts to ensure that client communication is available in alternative formats as needed (e.g., Braille, closed captioning, and digital versions), including information about counseling services, cancellation policies, confidentiality, and other information provided at the beginning of the counseling relationship.

2. Make efforts to ensure the accessibility of technology used for distance counseling, websites, social media sites, software, and computer applications.

3. Demonstrate caution about attributing a PWD's distress, anger, frustration, or negative outcomes to the disability, or personal reactions to it, without considering the possible contribution of other external stressors and barriers involved in living with a disability, including inadequate access or accommodation within the agency or wider service system.

4. Consider various factors (e.g., time since diagnosis and cognitive capacity) when screening PWDs for inclusion in group counseling.

5. Recognize that PWDs have often been socialized to believe they are responsible for the comfort of others and may suppress the expression of their own feelings for the sake of others. Counselors should invite PWDs to share negative emotions, even if they are directed at the counselor or others.

6.. Resist the tendency to assume the primary reason PWDs seek counseling services is related to the disability and recognize that holistic assessments must incorporate all major life domains, regardless of the presenting issue.

7. Understand that some PWDs may have had disempowering developmental experiences and, where appropriate, counselors should address these concerns.

8.Ask about and provide accommodations, as necessary, for the effective delivery of individual and group counseling services to PWDs.

9.Select treatment/assessment approaches consistent with client strengths and do not rely upon cognitive, physical or sensory abilities that are directly or indirectly influenced by disability.

10. Modify sessions as indicated to address specific PWDs needs (e.g., shorter sessions, frequent breaks).

11. Understand that disability can affect the entire family system. Supportive services and/or counseling interventions that address family dynamics and concerns may be helpful.

12. Seek to ensure that information and advice about the long-term planning needs (e.g., personal futures planning, special needs trusts) is available to PWDs and their families, as appropriate.

13. Seek services and/or consultation from other professionals when the disability-related needs of the PWDs exceed their scope of practice as evidenced by education, training, and experience.

14. Avoid discriminatory referrals based solely on the presence of a disability.

15. Learn how to access referral resources who can consult with or educate current or potential employers on disability issues and methods to facilitate inclusion in the workplace (e.g., accommodations, accessibility, staff training, and maintaining a welcoming environment in the workplace).

16 Acquire knowledge about available disability-related services and service providers (e.g., vocational rehabilitation, assistive technology, accommodation and support in educational settings) for timely referrals and/or collaborations.

_____**13.9**

Infertility Counselling

Infertility is a medical condition that touches all aspects of your life. It may affect your relationships with others, your perspective on life, and how you feel about yourself. How you deal with these feelings will depend on your personality and life experiences. Most people can benefit from the support of family, friends, medical caregivers, and mental health professionals. When considering infertility treatment options such as sperm, egg, or embryo donation or gestational carriers, it may be especially helpful to gain the assistance of a fertility counsellor. The following information may help you decide if you need to seek professional help in

managing the emotional stresses associated with fertility treatment or need assistance regarding your treatment options.

One Consider counselling if you are feeling depressed, anxious, or so preoccupied with your infertility that you feel it is hard to live your life productively. You also may want to seek the assistance of a counsellor if you are feeling "stuck" and need to explore your options. Signs that you might benefit from counselling include:

- persistent feelings of sadness, guilt, or worthlessness
- social isolation
- loss of interest in usual activities and relationships
- depression
- agitation and/or anxiety
- mood swings
- constant preoccupation with infertility
- marital problems
- difficulty with "scheduled" intercourse
- difficulty concentrating and/or remembering
- increased use of alcohol or drugs
- a change in appetite, weight, or sleep patterns
- thoughts about suicide or death

How to support?

Support can come from many different sources. Books can offer information and understanding about the emotional aspects of infertility. Support groups and informational meetings can reduce the feeling of isolation and provide opportunities to learn and share with others experiencing infertility. Individual and couple counselling offer the chance to talk with an experienced professional to sort out your feelings, identify coping mechanisms, and work to find solutions to your difficulties. Discussions with supportive family members and friends also can be useful.

13.10   Sex Counselling

Sex counselling/ therapy is a type of talk therapy that's designed to help individuals and couples address medical, psychological, personal, or interpersonal factors impacting sexual satisfaction. The goal of sex therapy is to help people move past physical and emotional challenges to have a satisfying relationship and pleasurable sex life. Sexual dysfunction is common. In fact, 43 percent of women and 31 percent of men report experiencing some type of sexual dysfunction during their lifetimes. These dysfunctions may include:

- erectile dysfunction

- low libido

- lack of interest

- premature ejaculation

- low confidence

- lack of response to sexual stimulus

- inability to reach orgasm

- excessive libido

- inability to control sexual behavior

- distressing sexual thoughts

- unwanted sexual fetishes

A fulfilling sex life is healthy and natural. Physical and emotional intimacy are essential parts of your well-being. When sexual dysfunction occurs, having that fulfilling sex life can be difficult. Sex therapy may be able to help you reframe your sexual challenges and increase your sexual satisfaction.

What happens in a sex therapy session?

A sex therapist will listen to you describe your problems and assess whether the cause is likely to be psychological, physical or a combination of the two. Each therapy session is confidential. You can see a sex therapist by yourself, but if your problem affects your partner as well, it may be better for you both to attend. Talking about and exploring your experiences will help you get a better understanding of what is happening and the reasons. The therapist may also give you exercises and tasks to do with your partner in your own

time. Sessions usually last for 30 to 50 minutes. The therapist may advise you to have weekly sessions or to see them less frequently, such as once a month.

<div align="right">13.11</div>

Bereavement Counselling

Bereavement counseling—sometimes called grief counseling—refers to counseling offered to individuals who have suffered a loss, typically the **death** of a loved one, in order to help the bereaved through the process of mourning and recovery. Grief following the death of someone close is one of the most painful and stressful life events. It is experienced in many ways — emotionally, physically, spiritually — and everyone grieves differently.

Shock, anger, sadness, guilt, and anxiety are common feelings during the grieving process, and they can be overwhelming. Occasionally there are no emotions, there is only numbness. Some people find it difficult to cope with their loss and believe they'll never be happy again.

Grief counseling offers support at this challenging time. It is a form of therapy that helps the bereaved to explore and process distressing and confusing feelings. Loneliness and isolation are also common feelings after loss, and the support of family and friends can be invaluable. However, it isn't always possible to grieve freely and openly among them; after all, they are grieving too. Some families and cultures insist grief is endured stoically and resolved quickly, while others come together for support until the funeral, after which everyone is left to find their own way. For people who are facing grief alone, counseling sessions validate their feelings and provide a safe, non-judgmental space to fully express emotions. Several family members or couples can attend counseling sessions together if they wish to learn how to support each other more effectively. The Kübler-Ross theory states that there are five stages of grief: denial, anger, bargaining, depression and acceptance. However, there often is no simple progression from the pain of loss to resolution. There are people who get stuck at one of the stages, while others progress only to fall back to earlier stages time and again. In some cases, grief is postponed, only to surface unexpectedly weeks or months later. Grief counseling doesn't aim to hurry the process along; it supports people as they grieve in their own way and in their own time.

A grief counselor explains the grieving process and helps the person forge a new relationship with their lost loved one, replete with healthy memories. Counseling facilitates the journey to a state wherein the bereaved can cope, make choices and move on.

Bereavement counseling is intended to help in several ways:

- Validate the mourner's individual reactions to the loss. This approach means that the counselor accepts the person's way of grieving rather than challenging or criticizing it. It is not unusual, incidentally, for different family members to react differently to the loss of the same relationship; for example, three siblings may react in different ways to the loss of a parent.

- Explain or discuss the physical, emotional, and mental reactions that often accompany grieving so that the bereaved person is not further distressed by unanticipated feelings or thoughts. It is not unusual for mourners to wonder whether they are going crazy or have a serious illness in addition to grieving their loved one.

- Help mourners organize day-to-day tasks so that they are not stressed further by unpaid bills, household disorder, delayed legal paperwork, or other problems that may arise when everyday chores are neglected.

- Assist mourners with recognizing their own strengths and developing new or stronger coping mechanisms.

- Refer mourners to a mental health professional if they seem to be developing complicated grief

Seniors have special needs in bereavement counseling for a number of reasons:

- The death of a loved one often comes after a series of other losses, such as retirement (loss of one's occupation); moving into a smaller apartment or assisted living facility (loss of a home); reduction of income; and the physical limitations that come with old age. In some cases, seniors do not have time to cope with one loss before the next one occurs.

- The physical effects of grief on the immune system and general energy level are harder on seniors than on younger persons.

- Seniors find their social support system shrinking with each death of a family member or friend, in contrast to younger adults who find it easier to remarry or make new friends.

- Seniors are at greater risk than younger adults of committing suicide if they develop complicated grief.

- Elderly men have increased mortality rates after the death of a spouse whereas elderly women do not appear to be affected this way.

13.12

COUNSELING AGAINST SUICIDAL THOUGHTS

Suicide, defined by the CDC as "death caused by self-directed injurious behaviour with any intent to die as the result of the behaviour".Suicide often stems from a deep feeling of hopelessness. The inability to see

solutions to problems or to cope with challenging life circumstances may lead people to see taking their own lives as the only solution to what is really a temporary situation, and most survivors of suicide attempts go on to live full, rewarding lives. Depression is a key risk factor for suicide; others include psychiatric disorders, substance use, chronic pain, a family history of suicide, and a prior suicide attempt. Impulsiveness often plays a role among adolescents who take their life. If a person deemed at risk due to any of the above exhibit's sudden mood changes—even a suddenly upbeat mood—or completely new behaviours, they may be actively suicidal. Those who speak about being a burden to others, having no reason to live, feeling trapped, or in unbearable pain may also be contemplating suicide. Every suicide is a tragedy, and to some degree a mystery.

Suicide Warning Signs: Any of the following could be potential warning signs for suicide:

- *Excessive sadness or moodiness:* Long-lasting sadness, mood swings, and unexpected rage.
- *Hopelessness:* Feeling a deep sense of hopelessness about the future, with little expectation that circumstances can improve.
- *Sleep problems*: disturbed sleep, insomnia etc.,
- *Sudden calmness:* Suddenly becoming calm after a period of depression or moodiness can be a sign that the person has made a decision to end his or her life.
- *Withdrawal:* Choosing to be alone and avoiding friends or social activities also are possible symptoms of depression, a leading cause of suicide. This includes the loss of interest or pleasure in activities the person previously enjoyed.
- *Changes in personality and/or appearance:* A person who is considering suicide might exhibit a change in attitude or behaviours, such as speaking or moving with unusual speed or slowness. In addition, the person might suddenly become less concerned about his or her personal appearance.
- *Dangerous or self-harmful behaviours*: Potentially dangerous behaviours, such as reckless driving, engaging in unsafe sex, and increased use of drugs and/or alcohol might indicate that the person no longer values his or her life.
- *Recent trauma or life crisis:* A major life crises might trigger a suicide attempt. Crises include the death of a loved one or pet, divorce or break-up of a relationship, diagnosis of a major illness, loss of a job, or serious financial problems.
- *Making preparations:* Often, a person considering suicide will begin to put his or her personal business in order. This might include visiting friends and family members, giving away personal possessions, making a will, and cleaning up his or her room or home. Some people will write a note before committing suicide. Some will buy a firearm or other means like poison.

- *Threatening or talking about suicide:* From 50% to 75% of those considering suicide will give someone -- a friend or relative -- a warning sign. However, not everyone who is considering suicide will say so, and not everyone who threatens suicide will follow through with it. Every threat of suicide should be taken seriously.

Ways to Help

o **Start**. Find a quiet, comfortable place to talk. Don't promise to keep your discussions secret or confidential

o **Connect**. Pay attention and avoid distractions.

o **Ask**: Use phrases that show you want to help, such as "It seems like you're having a hard time. I'd like to hear about it," or "I wanted to check in because you haven't seemed yourself lately."

o **Listen.** Take in what the person says to make sure you understand fully. Ask questions, such as "When did you begin feeling like this," and "How can I best support you right now?" Don't say "I know how you feel," because you aren't that person or experiencing their feelings.

o **Offer hope.** Let the person know you care and that help is available. Before ending the conversation, have a next step you both agree on, like planning another time to talk or connecting with professional help.

o **Encourage the person to seek help**: You may want to offer to accompany them to talk to a faculty or staff member, a mental health clinician, or the UHS Walk-in Clinic.

o **Help someone to stay safe:** If someone is in danger, stay with them and call for help such as local police or helplines

o **Talk with a clinician or someone else You trust:** This way, you can share the responsibility with others, attend to your own need for support, and receive guidance about how you can continue to be of help.

It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counsellor—to talk to about your feelings and get support of your own.

_____**13.13**

Community Counselling
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The term 'Community counselling' is widely in use nowadays. You can find several instances on the Internet or on television about different community counsellors that are working for this society to help people live their life in a better way. Working as a Community Counsellor is one of the top career options available for people who are in love with society and teaching people the right way of leading their life. If you are looking to become a community counsellor then it is important for you to understand what community counselling is all about.

Community counselling is a form of counselling in which different counsellors work with families, individuals, couples and also communities in one or the other way. Community-counselling is generally conducted to prevent a problem and assist in setting prevention programs in different communities. The community counsellors also advocate different social changes to assist their patients and clients at the large. Community counselling is actually a different form of counselling in which not only people are taught about different right or wrong things but there also shown the right ways so that they can live their life peacefully and happily.

Community counselling is carried by community counsellors who are trained to work in different kinds of settings like:

-Schools and hospitals

-Family services and mental health agencies

-Department of the veteran affairs

-Private industry and businesses

-Behavioural health agencies including the evaluation, training and abuse programs.

-Insurance companies and private practices.

Check your Progress

Note: a. Write your answer in the space given below

     b. Compare your answer with those given at the end of the unit.

1.Therapeutic models for students counselling;

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2. What Community counselling do?

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3. Is suicide preventable?

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4.What is Sex Therapy?

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13.14 Let us sum up

This chapter helps us in understanding the various settings where counselling is involved and how interventions and therapy is been carried out in each setting. We also understand the importance of counselling in various situations and how to intervene crisis that are involved in. the various counselling in special situations are discussed in a detail manner to get a clear understanding of the counselling concepts and the different setting where a counsellor plays his major roles.

13. 15 ANSWER TO CHECK YOUR PROGRESS:

1.	Therapeutic models of student counselling consist of, Small-group counseling, Individual counseling and Core curriculum lessons regarding issues addressed in counseling

2.	Community counselling improves and normalizes adolescent feelings and their conditions.

3.	Suicide is preventable with knowing how to help.

4.	Sex therapy is a type of talk therapy that's designed to help individuals and couples address medical, psychological, personal, or interpersonal factors impacting sexual satisfaction.

13.16

UNIT END EXERCISE

1.	Who are adolescents and why do they require counselling?

2.	Additive behavior can be treated with?

3.	What is Suicide? How do we identify when an individual is suicidal?

4.	What is crisis? Elucidate the six-step model of crisis intervention?

5.	In a school setting what should be the roles of counselor and why?

6.	What is developmental guidance and what are its principles?

13.17

Suggested Readings

- Crisis and Trauma Counseling: Unique Forms of Helping – 30 March 2018, by Eric Owens (Author), Richard Parsons (Author)

- Gibson, D.M., Dooley, B.A., Keltner, V.P., Moss, J.M. and Vacchio, C.B., 2012. From counselor-in-training to professional school counselor: Understanding professional identity development. *Journal of professional counseling: Practice, theory & research*, *39*(1), pp.17-25.

- Mann, J.J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., Hegerl, U., Lonnqvist, J., Malone, K., Marusic, A. and Mehlum, L., 2005. Suicide prevention strategies: a systematic review. *Jama*, *294*(16), pp.2064-2074.

- "Statement on Studies of Grief Counseling." *Association for Death Education and Counseling (ADEC)* [cited March 4, 2008]. http://www.adec.org/documents/Grief_Counseling_Helpful_or_Harmful_Revision.pdf

_____**UNIT XIV - COUNSELING AS A PROFESSION**

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14.1 Introduction

14. 2 Counseling as a Profession: Counselor as Professional

_____**14.1**

INTRODUCTION

Social workers help people in various crisis and chronic life situations, including addiction, physical disability and domestic abuse. They help clients by assessing needs, identifying services and responding to crises where someone is in immediate need of assistance. Social workers work in direct-service or clinical capacities, commonly specializing in providing social services to specific types of clients such as students, children and families, the elderly, the terminally ill, the mentally ill or those suffering from addictions. Social workers use a variety of counseling techniques when assisting clients.

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14.1 COUNSELING AS A PROFESSION: COUNSELOR AS PROFESSIONAL

Professional counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Counselors work with clients on strategies to overcome obstacles and personal challenges that they are facing. Counseling is a collaborative effort between the counselor and client. Professional counselors help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health.

- A **professional** has an advanced degree, extensive training, and licensure in a particular counseling field.
- A **paraprofessional** has sufficient training to obtain some type of counseling certification but does not possess an advanced degree.
- A **non-professional** has not been formally trained as a counselor and does not possess a counseling certification or license.

Counseling involves exploration of past and present social interactions and emphasizes short- term processes, healthy growth, rational planning, decision making for situational pressures in the present. Counselors are trained to promote healthy growth of their client and build on their strengthens. Counselors are found in schools, universities, workplace and private clinics etc.

Professional identity results from a developmental process that facilitates a growing understanding of self in one's chosen field, enabling one to articulate her or his role to others within and outside of the discipline (Brott & Myers, 1999; Smith & Robinson, 1995). In order to merge the personal and professional, every arena of one's life will be reflected upon as the new professional emerges

Professional identity is the result of a developmental process that facilitates individuals to reach an understanding of their profession in conjunction with their own self-concept, enabling them to articulate their role, philosophy, and approach to others within and outside of their chosen field (Brott & Myers, 1999; Smith & Robinson, 1995). As counselors engage in this individually unique growth process, it is hoped that the counseling profession as a whole will be strengthened as its practitioners and educators reach a heightened sense of purpose and a synergistic collective identity, an identity which is still developing within the profession (Gale & Austin, 2003). The term collective identity refers to having shared goals, resources, and aspirations for the profession (Daniels, 2002). In order for individuals to build a personal relationship with their chosen occupation, it is important for a clear foundation to be established. To build this foundation, a professional philosophy must be constructed which clarifies and distinguishes one's profession from other similar vocations; in this instance, other mental health fields. In counseling, this foundation is thought to be created by establishing clear professional expectations through licensure, streamlined educational programming, professional organizations, and ethical standards that build on an underlying professional philosophy (Remley & Herlihy, 2007). This article will review current literature and research on professional identity in the counseling field. As a counselor engages with the profession, there is an intersection among three central components: expectations emanating from the established structure of counseling field itself with regard to competency and success, individual personal beliefs and values, and socio-cultural

expectations (e.g. culturally defined gender roles) that influence individual self concept. Therefore, to assess a counselor's professional identity development, it is important to connect philosophical constructs to issues of gender, as they may affect internal perceptions of competency and personal estimations of professional success. Due to these varying influences on professional identity development, it is important to address the current conceptualization of professional identity as it pertains to the counseling literature and highlight how gender role expectations (a piece of the socio-cultural component previously mentioned) intersect with how this identity is evaluated and personally reflected upon

14.3 ETHICAL STANDARDS IN COUNSELING; RESEARCH

This statement, Ethics for Counselling, unifies and replaces all the earlier codes for counsellors, trainers and supervisors. It is intended to guide the practice of counselling and psychotherapy by all members of the British Association for Counselling and Psychotherapy (BACP) and inform the practice of closely related roles that are delivered in association with counselling and psychotherapy or as part of the infrastructure to deliver these services. Being ethically mindful and willing to be accountable for the ethical basis of practice are essential requirements of membership of this Association.

In this statement the term 'practitioner' is used generically to refer to anyone with responsibility for the provision of counselling or psychotherapy-related services. 'Practitioner' includes anyone undertaking the role(s) of counsellor, psychotherapist, trainers and educators for these roles, providers of coaching and mentoring in association with counselling and psychotherapy, supervisors, and practitioner researchers. Members of this Association who are providers of services using counselling skills, embedded counsellors, managers and researchers of therapeutic services, are required to be accountable in accordance with the Ethical Framework in ways appropriate to their role and to communicate appropriately the basis of their ethical accountability and expectations. The term 'client' is used as a generic term to refer to the recipient of any of these services. The client may be an individual, couple, family, group, organisation or other specifiable social unit. Alternative names may be substituted for 'practitioner' and 'client' in the practice setting, according to custom and context. This statement marks an important development in approach to ethics within the Association. One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity and supports practitioners being responsive to differences in client abilities, needs and culture and taking account of variations between settings and service specialisations by considering:

- Values

- Principles

- Personal moral qualities

This selection of ways of expressing ethical commitments does not seek to invalidate other approaches. The presentation of different ways of approaching ethics alongside each other in this statement is intended to draw attention to the limitations of relying too heavily on any single ethical approach. Ethical principles are well suited to examining the justification for particular decisions and actions. However, reliance on principles alone may detract from the importance of the practitioner's personal qualities and their ethical significance in the counselling or therapeutic relationship. The provision of contextually sensitive and appropriate services is also a fundamental ethical concern. Variations in client needs and cultural diversity differences are often more easily understood and responded to in terms of values. Therefore, professional values are becoming an increasingly significant way of expressing ethical commitment.

VALUES OF COUNSELLING

The fundamental values of counselling and psychotherapy include a commitment to:

o Respecting human rights and dignity

o Protecting the safety of clients

o Ensuring the integrity of practitioner-client relationships

o Enhancing the quality of professional knowledge and its application

o Alleviating personal distress and suffering

o Fostering a sense of self that is meaningful to the person(s) concerned

o Increasing personal effectiveness

o Enhancing the quality of relationships between people

o Appreciating the variety of human experience and culture

o Striving for the fair and adequate provision of counselling and psychotherapy services

Values inform principles. They represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle.

ETHICAL PRINCIPLES OF COUNSELLING

Principles direct attention to important ethical responsibilities. Each principle is described below and is followed by examples of good practice that have been developed in response to that principle. Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required. A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made.

Being trustworthy: honouring the trust placed in the practitioner (also referred to as fidelity). Being trustworthy is regarded as fundamental to understanding and resolving ethical issues. Practitioners who adopt this principle: act in accordance with the trust placed in them; strive to ensure that clients' expectations are ones that have reasonable prospects of being met; honour their agreements and promises; regard confidentiality as an obligation arising from the client's trust; restrict any disclosure of confidential information about clients to furthering the purposes for which it was originally disclosed.

Autonomy: respect for the client's right to be self-governing. This principle emphasises the importance of developing a client's ability to be self-directing within therapy and all aspects of life. Practitioners who respect their clients' autonomy: ensure accuracy in any advertising or information given in advance of services offered; seek freely given and adequately informed consent; emphasise the value of voluntary participation in the services being offered; engage in explicit contracting in advance of any commitment by the client; protect privacy; protect confidentiality; normally make any disclosures of confidential information conditional on the consent of the person concerned; and inform the client in advance of foreseeable conflicts of interest or as soon as possible after such conflicts become apparent. The principle of autonomy opposes the manipulation of clients against their will, even for beneficial social ends.

Beneficence: a 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. It directs attention to working strictly within one's limits of competence and providing services on the basis of adequate training or experience.

Ensuring that the client's best interests are achieved requires systematic monitoring of practice and outcomes by the best available means. It is considered important that research and systematic reflection inform practice. There is an obligation to use regular and on-going supervision to enhance the quality of the services provided and to commit to updating practice by continuing professional development. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints.

Non-maleficence: a commitment to avoiding harm to the client. Non-maleficence involves: avoiding sexual, financial, emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication. The practitioner has an ethical responsibility to strive to mitigate any harm caused to a client even when the harm is unavoidable or unintended. Holding appropriate insurance may assist in restitution. Practitioners have personal and professional responsibility to challenge, where appropriate, the incompetence or malpractice of others; and to contribute to any investigation and/or adjudication concerning professional practice which falls below that of a reasonably competent practitioner and/or risks bringing discredit upon the profession.

Justice: the fair and impartial treatment of all clients and the provision of adequate services. The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations. Justice in the distribution of services requires the ability to determine impartially the provision of services for clients and the allocation of services between clients. A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity, and avoiding discrimination against people or groups contrary to their legitimate personal or social characteristics. Practitioners have a duty to strive to ensure a fair provision of counselling and psychotherapy services, accessible and appropriate to the needs of potential clients.

Self-respect: fostering the practitioner's self-knowledge and care for self.The principle of self-respect means that the practitioner appropriately applies all the above principles as entitlements for self. This includes seeking counselling or therapy and other opportunities for personaldevelopment as required. There is an ethical responsibility to use supervision for appropriate personal and professional support and development, and to seek training and other opportunities for continuing professional development. Guarding against

financial liabilities arising from work undertaken usually requires obtaining appropriate insurance. The principle of self-respect encourages active engagement in life-enhancing activities and relationships that are independent of relationships in counselling or psychotherapy.

PERSONAL MORAL QUALITIES : The practitioner's personal moral qualities are of the utmost importance to clients. Many of the personal qualities considered important in the provision of services have an ethical or moral component and are therefore considered as virtues or good personal qualities. It is inappropriate to prescribe that all practitioners possess these qualities, since it is fundamental that these personal qualities are deeply rooted in the person concerned and developed out of personal commitment rather than the requirement of an external authority. Personal qualities to which counsellors and psychotherapists are strongly encouraged to aspire include:

- Empathy: the ability to communicate understanding of another person's experience from that person's perspective.
- Sincerity: a personal commitment to consistency between what is professed and what is done.
- Integrity: commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.
- Resilience: the capacity to work with the client's concerns without being personally diminished.
- Respect: showing appropriate esteem to others and their understanding of themselves.
- Humility: the ability to assess accurately and acknowledge one's own strengths and weaknesses.
- Competence: the effective deployment of the skills and knowledge needed to do what is required.
- Fairness: the consistent application of appropriate criteria to inform decisions and actions.
- Wisdom: possession of sound judgement that informs practice.
- Courage: the capacity to act in spite of known fears, risks and uncertainty.

ETHICS IN RESEARCH:

Many different disciplines, institutions, and professions have standards for behavior that suit their particular aims and goals. These standards also help members of the discipline to coordinate their actions or activities and to establish the public's trust of the discipline. For instance, ethical standards govern conduct in medicine, law, engineering, and business. Ethical norms also serve the aims or goals of research and apply to people

who conduct scientific research or other scholarly or creative activities. There is even a specialized discipline, research ethics, which studies these norms.

There are several reasons why it is important to adhere to ethical norms in research. First, norms promote the aims of research, such as knowledge, truth, and avoidance of error. For example, prohibitions against fabricating, falsifying, or misrepresenting research data promote the truth and minimize error.

Second, since research often involves a great deal of cooperation and coordination among many different people in different disciplines and institutions, ethical standards promote the values that are essential to collaborative work, such as trust, accountability, mutual respect, and fairness. For example, many ethical norms in research, such as guidelines for authorship, copyright and patenting policies, data sharing policies, and confidentiality rules in peer review, are designed to protect intellectual property interests while encouraging collaboration. Most researchers want to receive credit for their contributions and do not want to have their ideas stolen or disclosed prematurely.

Third, many of the ethical norms help to ensure that researchers can be held accountable to the public. For instance, federal policies on research misconduct, conflicts of interest, the human subjects protections, and animal care and use are necessary in order to make sure that researchers who are funded by public money can be held accountable to the public.

Fourth, ethical norms in research also help to build public support for research. People are more likely to fund a research project if they can trust the quality and integrity of research.

Finally, many of the norms of research promote a variety of other important **moral and social values**, such as social responsibility, human rights, animal welfare, compliance with the law, and public health and safety. Ethical lapses in research can significantly harm human and animal subjects, students, and the public. For example, a researcher who fabricates data in a clinical trial may harm or even kill patients, and a researcher who fails to abide by regulations and guidelines relating to radiation or biological safety may jeopardize his health and safety or the health and safety of staff and students.

Code and Policies for Research Ethics:

Given the importance of ethics for the conduct of research, it should come as no surprise that many different professional associations, government agencies, and universities have adopted specific codes, rules, and policies relating to research ethics. Many government agencies have ethics rules for funded researchers.

Ethical principles

- *Honesty:* Strive for honesty in all scientific communications. Honestly report data, results, methods and procedures, and publication status. Do not fabricate, falsify, or misrepresent data. Do not deceive colleagues, research sponsors, or the public.

- *Objectivity:* Strive to avoid bias in experimental design, data analysis, data interpretation, peer review, personnel decisions, grant writing, expert testimony, and other aspects of research where objectivity is expected or required. Avoid or minimize bias or self-deception. Disclose personal or financial interests that may affect research.

- *Integrity:* Keep your promises and agreements; act with sincerity; strive for consistency of thought and action.

- *Carefulness:* Avoid careless errors and negligence; carefully and critically examine your own work and the work of your peers. Keep good records of research activities, such as data collection, research design, and correspondence with agencies or journals.

- *Openness:* Share data, results, ideas, tools, resources. Be open to criticism and new ideas.

- Intellectual Property: Honor patents, copyrights, and other forms of intellectual property. Do not use unpublished data, methods, or results without permission. Give proper acknowledgement or credit for all contributions to research. Never plagiarize.

- *Confidentiality:* Protect confidential communications, such as papers or grants submitted for publication, personnel records, trade or military secrets, and patient records.

- *Responsible Publication:* Publish in order to advance research and scholarship, not to advance just your own career. Avoid wasteful and duplicative publication.

- *Responsible Mentoring:* Help to educate, mentor, and advise students. Promote their welfare and allow them to make their own decisions.

- *Respect for Colleagues:* Respect your colleagues and treat them fairly.

- *Social Responsibility:* Strive to promote social good and prevent or mitigate social harms through research, public education, and advocacy.

- *Non-Discrimination:* Avoid discrimination against colleagues or students on the basis of sex, race, ethnicity, or other factors not related to scientific competence and integrity.

- *Competence:* Maintain and improve your own professional competence and expertise through lifelong education and learning; take steps to promote competence in science as a whole.

- *Legality:* Know and obey relevant laws and institutional and governmental policies.

- *Animal Care:* Show proper respect and care for animals when using them in research. Do not conduct unnecessary or poorly designed animal experiments.

- *Human Subjects protection:* When conducting research on human subjects, minimize harms and risks and maximize benefits; respect human dignity, privacy, and autonomy; take special precautions with vulnerable populations; and strive to distribute the benefits and burdens of research fairly.

<div style="text-align: right">14.4</div>

RELEVANCE OF COUNSELING AS A SOCIAL WORK PRACTICE

Social workers help people in various crisis and chronic life situations, including addiction, physical disability and domestic abuse. They help clients by assessing needs, identifying services and responding to crises where someone is in immediate need of assistance. Social workers work in direct-service or clinical capacities, commonly specializing in providing social services to specific types of clients such as students, children and families, the elderly, the terminally ill, the mentally ill or those suffering from addictions. Social workers use a variety of counseling techniques when assisting clients.

Social work originated as a community help measure in the 19th century and has since then become an organised discipline that aims to support and empower those who suffer from social unfairness. Apart from helping the disadvantaged to live with dignity, social work aims at achieving social inclusion and has been found to be effective in correcting disparities and in helping individuals to overcome impediments that arise from different aspects of life; apart from those that require knowledge of the physical and medical sciences. Social work practice has, over the years, become integral to Britain's working life and current estimates put the number of active social workers in the country at significantly more than one million. (Parrott, 2002)

Whilst social workers can be called upon to assist all sections of the community, the majority of their assignments concern helping individuals in stressful situations and those experiencing difficulties with issues that relate to emotions, relationships, unemployment, work, disabilities, discrimination, substance abuse, finances, housing, domestic violence, poverty, and social exclusion. Such a range of applications has necessitated the development of (a) a variety of skills and techniques, (b) methods to transfer these skills to social workers, and (c) procedures for the delivery of social work in a variety of settings, which include schools and colleges, households, hospitals, prisons and secured homes, and training and community centres. (Parton, 1996)

Social work practice focuses on dealing with the problems of service users. The maintenance and improvement of their social, physical, and mental states is often dependent upon the effectiveness of social

work intervention. (Miller, 2005) Users of social work services are largely economically and/or socially disadvantaged, and the vulnerabilities, which arise from these circumstances, frequently contribute to the nature of their relationships with service providers. (Miller, 2005) Social work makes use of a broad range of knowledge and incorporates information obtained from several disciplines; it empowers social workers in practice to use their acquired knowledge and skills first to engage service users and then to bring about positive changes in undesirable emotional states and behavioural attitudes, or in positions of social disempowerment. (Miller, 2005)

Counselling forms one of the main planks of social work practice and constitutes the chief mode through which social workers directly engage service users; it is considered to be the public face of the activity and is an integrative course of action between a service user, who is vulnerable and who needs support, and a counsellor who is trained and educated to give this help. Face to face and 121 interactions between social workers and service users take place mostly through counselling activities. Apart from the directly beneficial effect that occurs through counselling, much of the social work approach that needs to be adopted in specific cases for other interventionist activity is decided on the basis of feedback provided by counsellors.

Social work practice, in the UK, has evolved along with the development of the profession, and with the progression of social policy, ever since the first social workers were trained at the London over the United Kingdom. (Harris, 2002) Social work makes use of a range of skills, methods, and actions that are aligned to its holistic concentration on individuals and their environments. (Harris, 2002) Social work interventions vary from person-focused psychosocial processes that are focused on individuals, to participation in social policy, planning and development. (Harris, 2002) These interventions include counselling, clinical social work, group work, social academic work, and family treatment and psychotherapy, as well as efforts to assist people in accessing services and resources within the community. (Harris, 2002) Social workers, in their everyday activity, need to assume multiple roles that aim to balance empowerment and emancipation with protection and support. (Harris, 2002) Balancing this dilemma is often a difficult process; it depends upon the needs of service users and requires social workers to assume more than one role. (Harris, 2002) These roles, whilst being versatile and flexible, broadly consist of seven broad categories, namely those of planners, assessors, evaluators, supporters, advocates, managers, and counsellors. (Harris, 2002)School of Economics, at the beginning of the 20th century. (Parton, 1996) Whilst social policy, formulated at the level of policy makers, defines the broad routes taken to alleviate social inequalities, the actual delivery of social work occurs through social work practice, an activity carried out by thousands of social workers all

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14.5 ROLE OF A PROFESSIONAL SOCIAL WORKER IN COUNSELING FIELD

Social workers, in addition to therapy emotional support, do focus on ways to change the environment to best adapt to their clients. Rather than refer to other services, they often engage in wraparound advocacy, utilizing community resources and providing comprehensive case management. In addition to improving client emotional status, they seek to improve overall life functioning through providing a wide range of outside social supports.

Accomplishing administrative duties and diligently completing paperwork are generally a requirement for social workers, no matter what their specialization is. Social workers are generally employed from 9-5, but those who offer emergency services in hospitals and other industries can also be assigned to shift work. For many social workers, outside visits and meetings are a constant challenge, as well as high caseloads and understaffing. These obligations can often make it seem as though a social worker's job is never done, but the most successful professionals relish the challenge. Many social workers find that despite these obstacles and the difficulties presented by these strains, this field can be a very satisfying career path.

In case you're still unsure of what exactly a social worker does on a daily basis, peruse the helpful list of responsibilities and duties below, to get a better idea of what the job is all about.

- Collaborate with other professionals to evaluate patients' medical or physical condition and to assess client needs.
- Advocate for clients or patients to resolve crises.
- Refer patient, client, or family to community resources to assist in recovery from mental or physical illness and to provide access to services such as financial assistance, legal aid, housing, job placement or education.
- Investigate child abuse or neglect cases and take authorized protective action when necessary.
- Counsel clients and patients in individual and group sessions to help them overcome dependencies, recover from illness, and adjust to life.
- Plan discharge from care facility to home or other care facility.
- Monitor, evaluate, and record client progress according to measurable goals described in treatment and care plan.
- Identify environmental impediments to client or patient progress through interviews and review of patient records.
- Organize support groups or counsel family members to assist them in understanding, dealing with, and supporting the client or patient.

IN COUNSELLING PROFESSION

The Family **Counselling** Centres provide **counselling**, referral and rehabilitative services to women and children who are victims of atrocities, family maladjustments and social ostracism and also provide crisis intervention and trauma **counselling** in case of natural disasters.

The scheme of Family Counselling Centres (FCCs) was launched by Government of India in 1983 and it is being implemented by CSWB through voluntary organizations across the country. At present approximately 800 Family Counselling Centres are functioning in different states. The centres also create awareness and mobilize public opinion on social issues affecting status of women. The FCCs work in close collaboration with the local administration, police, courts, free legal aid cells, medical and psychiatric institutions, vocational training centres, short stay homes etc. A grant of Rs. one lakh ninety two thousand per annum was given to voluntary organizations for running the centres on an 80:20 matching basis. The budget includes honorarium of two counsellors and other recurring expenditures.

Family Counselling Centres (FCCs) have also been set up for special interventions in different set ups. The same are listed below;

FCCs at Police Headquarters: Family Counselling Centres are being run in some Police Headquarters premises under the administrative control of the State Social Welfare Boards. These FCCs were established with the objective of providing speedy crisis intervention to those women whose cases were registered in Police Stations. Such FCCs attempt to arrive at out of court settlement of family discord cases. Thirty four such FCCs are functioning in Police Headquarters in Assam, Bihar, Chandigarh, Delhi, Goa, Haryana, Karnataka, Kerala, M.P., Maharashtra, Manipur, Meghalaya, Nagaland, Orissa, Pondicherry, Punjab, Sikkim, Tamilnadu, Tripura, U.P. and West Bengal.

FCCs in Mahila Jails: Twenty-three FCCs have been set up in Mahila Jails in Bihar, Chandigarh, Delhi, Gujarat, Karnataka, Maharashtra and Madhya Pradesh, Orissa, Punjab, Tamilnadu, Uttar Pradesh and West Bengal.

Pre-marital Counselling Centres: This new initiative is being implemented in Women Development Centres at various colleges in Delhi. They lay special emphasis on pre-marital counselling and deal with other areas of psycho-social crises management for young women.

Centres for Devdasis / Red Light Areas: At present there are two FCCs working for the welfare of Devdasi and sex workers and their children one each in Mumbai (Maharashtra) and Belgaun (Karnataka). The Centres are set up with the objective of providing preventive services through awareness campaigns on STD, AIDs and other health and legal matters and also rehabilitative measures for children of prostitutes.

The need for Family Counselling Centres: As mentioned elsewhere the FCCs were set up for reuniting the families and helping the clients to resolve their disputes through a process of dialogue. It was over a quarter century ago the FCCs were established and are still being run all across the country today, however, not many researches had been conducted to know as to how these institutions are contributing in family reintegration and meeting the expectations of aggrieved parties and settling down their disputes as envisaged in the Scheme. Precisely with this object in mind the present study was under taken on a limited scale covering a total of eleven FCCs located in Northern States.

14.7   Dos and Don'ts in counselling

Counselling can be a unique challenge. Counselling one individual with a strong personality can be demanding enough; add one or more people to the session, and the situation can easily become hard to manage. Such is the case with family units who seek mental health services, whether as couples, new parents or families with sibling conflict. Consider the emotional and mental complexities one person may present, and then consider those issues multiplied by as many other family members who attend the session. Even though counsellors will want to get as honest a picture of family life as possible, they may find themselves grasping to assert control and professional structures when bickering or personal attacks threaten to envelop the session.

Things a counsellor should do in practice.

1. He should develop good relationship with counselee.

2. Develop mutual understanding, respect for counselee.

3. Be patient.

4. Listen to the grievances carefully.

5. Develop cooperative attitude.

6. Be simple and have sympathy with the counselee.

7. Do make attempts to know the background of worries, threats, anxiety etc.

8. Make himself available to help the counselee.

9. Be friendly with counselee and be frank.

The counsellor should abstain from or try to avoid the following:

1. Should not develop conflict with counselee.

2. Do not have any vested interest in counselling.

3. Do not be angry with the counselee.

4. Don't resist.

5. Avoid being biased, be impartial.

6. Don't exploit the counselee for self-interest.

7. Do not use pressure tactics?

The counsellor should act as a friend, philosopher and guide to the counselee in the strict sense of the phrase. The practicing of the above 'dos' and 'don'ts' will make the counselling effective. There are several problems which affect the behaviour of the person at the workplace and elsewhere. Through counselling these problems need to be removed to bring back the person on the track of normal behaviour. The counsellor therefore has to find out the problems which are responsible for acentric behaviour of the counselee.These problems may include partial treatment at the workplace, drinking habits, drug addictions, strains in interpersonal relations, inferiority complex, sex related problems, disputes in family, low morale etc. The counsellor tracing out these problems has to make all out efforts to remove it. No one is born with a problem. Problems are created. Most of them are psychological. The counsellor should find out the root cause and try to remove it.

Check your Progress

Note: a. Write your answer in the space given below

      b. Compare your answer with those given at the end of the unit.

1. What are the values of counselling?

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2. Mention two important ethics of counselling.?

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3. Why Social worker as a profession?

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4. What is the role of a social worker in Counselling?

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14.7 Let us sum up

This chapter gives us an explanation what are relevance of social work with counselling and how counselling is looked upon as a profession and counsellors as professionals. The important ethical standards of counselling and values to be carries by a counselling professional in the field. This nit also aids u to know the role of a social worker in counselling setting.

14. 8 ANSWER TO CHECK YOUR PROGRESS:

1. Respecting human rights and dignity, Protecting the safety of clients, Ensuring the integrity of practitioner-client relationships, Enhancing the quality of professional knowledge and its application.

2. Counsellors express their skills and professionalism in their approach that values the integrity, authority and autonomy of the client. Unless otherwise negotiated any information that is disclosed during a counselling relationship normally remains confidential to that professional relationship.

3. Social work profession is to enhance human well-being and help meet basic and complex needs of all people, with a particular focus on those who are vulnerable, oppressed, and living in poverty. ... Social workers deal with the external factors that impact a person's situation and outlook.

4. Social workers help families improve relationships and cope with difficult situations such as divorce, illness or death. They guide families through the counseling process by helping them identify problems, set goals and find suitable solutions to their troubles and tribulations.

14.9   UNIT END EXERCISE

1. What relevance of social work with counselling?
2. Write down the ethical standards to be followed in counselling?
3. Explain the various roles of a social worker in counselling field.
4. 'Counselling as a profession' - Justify

14.10 SUGGESTED READINGS

- Introduction to Family Counseling: A Case Study Approach, Book by Abbi Hattem and Judy Esposito.
- Family Counseling for All Counselors, Book by David M. Kaplan, 2003
- http://ethics.iit.edu/ecodes/node/5132
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- CBT Toolbox for Children and Adolescents: Over 200 Worksheets & Exercises for Trauma, ADHD, Autism, Anxiety, Depression & Conduct Disorders – Lisa Phifer, Amanda Crowder, Tracy Elsenraat, and Robert Hull

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- Cognitive Behavioral Therapy: The Essential Step by Step Guide to Retraining Your Brain – Overcome Anxiety, Depression, and Negative Thought Patterns: Psychotherapy, Book 1 – David Clark and Bob D

- Counselling Children: A Practical Introduction – Katherine Geldard, David Geldard, and Rebecca Yin Foo

- Gibson, D.M., Dooley, B.A., Keltner, V.P., Moss, J.M. and Vacchio, C.B., 2012. From counselor-in-training to professional school counselor: Understanding professional identity development. *Journal of professional counseling: Practice, theory & research*, *39*(1), pp.17-25.

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- Mindfulness and Acceptance Workbook for Anxiety – John P. Forsyth and George H Eifert
- Trauma-Informed Practices With Children and Adolescents – William Steele and Cathy A. Malchiodi

- http://psychology.iresearchnet.com/counseling-psychology/counseling-process/client-attitudes-and-behaviors/
- https://careersinpsychology.org/school-counseling/
- https://counseling.dasa.ncsu.edu/resources/self-help-resources/stress/
- https://courses.lumenlearning.com/boundless-psychology/chapter/assessing-personality/
- https://dictionary.apa.org/crisis-intervention
- https://www.allpsychologyschools.com/counseling/types-of-counseling/
- https://www.allpsychologyschools.com/marriage-and-family-therapy/job-description/
- https://www.counseling.org/docs/default-source/competencies/arca-disability-related-counseling-competencies-final-version-5-15-19.pdf?sfvrsn=c376562c_6
- https://www.ibdrelief.com/mind/support-and-help/counselling-introduction#:~:text=Counselling%20is%20a%20type%20of,thoughts%20and%20feelings%20you%20have.
- https://www.sciencecare.com/blog/grief-counseling-what-are-the-benefits
- https://www.verywellfamily.com/understanding-intelligence-testing-for-children-2162161

QUESTION PAPER

SUBJECT: COUNSELLING   **PAPER CODE - 452301**

TIME : 3 HOURS   **MAXIMUM MARKS: 75**

PART - A (10 X 2 = 20 MARKS)

(Answer all the Questions)

1. Define 'Counselling'

2. What is the goal of Counseling?

3. Expand a. CBT b. RT c. REBT

4. What are the counseling relationships?

5. Why individual counseling is important.

6. What do you mean by Evaluation and Termination?

7. Mention any two ethical behavior in groups.

8. What is composition of groups?

9. List out any four roles of counselor in school setting.

10. What are the uses of Standardized tests in counseling settings**?**

PART- B (5 X 5= 25 MARKS)

(Answer all the questions choosing either (a) or (b))

11. **(a)** Trace out the history of counseling

> **or**

(b) Write about the philosophical foundation in couselling.

12. **(a)** Explain TA in brief.

> **or**

(b) Highlight the process of Interview and it significance in counseling

13. **(a)** Pen down the stages of individual counseling

> **or**

(b) Write a note on Family counseling.

14. (a) Explain T- Groups and support groups

or

(b) Explain the barriers of effective counselling session.

15. (a) Give explanation about crisis and trauma counseling

or

(b) Elicit the roles and functions of the counselor in industrial setting

PART - C (3 X 10 = 30 MARKS)

(Answer any THREE Questions)

16. Explain the principles of counseling in detail.

17. Discuss the humanistic theories

18. Elucidate types of counseling in brief.

19. Explain the group stages in counseling

20. Highlight the skills and qualities of an effective counselor