BLOCK 4
Interventions and Child Rights

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UNIT 7 REFERRAL AND THERAPIES FOR CHILDREN AND ADOLESCENTS *

Structure

7.0 LEARNING OBJECTIVES

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

- Identify the emotional and behavioural problems in children;
- Differentiate between referrals, pre-referrals and formal referrals;
- Discuss the process to document behaviour;
- Elucidate school based remedial programmesfor children;
- Acquaint with the application of art therapy and play therapy; and
- Evaluate the effectiveness of art therapy and play therapy.

7.1 INTRODUCTION

Children's behaviour is a reflection of their mental and physical health status. Behavioural and emotional problems have future implications for their health and well-being. A significant number of children are at risk for currently experiencing emotional and behavioural problems. The causes of behaviour and emotional problems in school are varied and can be due to situational and environmental stressors, while others can be classified as more serious emotional and behavioural disorders. Children with an early onset of behavioural and emotional problems are

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at higher risk for academic failure, peer rejection, substance abuse, delinquency and are less likely to engage in social activities outside of school. Additionally, researchers have studied that that more than half of the students identified with emotional and behavioural problems drop out of school, 75% achieve below expected grade levels in reading, and 97% achieve below expected grade levels in math (Bradley, Doolittle, & Bartolotta, 2008). Globally, one in every five children suffers from a mental health problem, and two out of five children who require mental health services, unfortunately do not receive them (Hossain, 2019).This is extremely harmful to children because if a child's emotional and behavioural problems go unidentified and untreated, the more maladaptive behaviour and emotional practices the child is likely to adapt too (Gottlieb, 1991). Thus, early identification is particularly important as it could help in initiating an early intervention which will help in tackling the emotional and psychological difficulties that children face during their school years. Thus parents, teachers and school should aim to help all the children so that they progress towards optimal development. In this unit, we will discuss referal assessment and therapies for educational and behavioural problems.

7.2 ASSESSMENT AND REFERRAL OF CHILDREN WITH EMOTIONAL AND BEHAVIOURAL PROBLEM

Children have their own strengths and weaknesses and their development progresses according to certain stages. However, the pace may differ in each child. Some children may outshine in certain areas and some may be weak in other areas. But if the child is displaying problems in more than one developmental area then it's time to think about the assessment and referral of the student for special education services. Children spend countless hours at school, so teachers are often the first one to recognize a student's lack of success in areas such as homework, sports, extra-curricular, peer or adult relationship. Teachers are a primary link between students exhibiting problematic behaviour and they are an invaluable resource for referring students in need of behavioural, emotional, and academic intervention.

7.2.1 Referral and Pre-referral

A referral is an important assessment process which is designed to collect enough information by a team of professionals (including parents, teachers, and sometimes their fellow class mates) to make an informed judgment about the areas to support the child's condition, develop intervention (an effective instructional program through an individualized education program) and help the child in development and learning. Before the process of a formal referral, many countries have established the pre-referral system that is where the team of education professional's work in a collaborative manner and design specific action plans to facilitate the student's success in the regular education environment. Thus, the goal is to analyse the kinds of behaviour that put students at risk by consulting with administrators, school psychologists, social workers, school counsellors, other staff, and family members. Later, they develop interventions that helps the child to overcome the problems. Families are an integral part of such assistance team as they can usually provide insight regarding their children's strengths and weaknesses, special needs, and stressful situations that may be occurring in their everyday lives.

For example, when a child is exhibiting a particular learning, emotional or behavioural problem, the teacher and family need to focus and be aware of the severity, duration and frequency of this problem. Number of schools have formed assistance teams (psychologist, counsellor, social worker, special educator, etc.) and with the help of different sources such as, teacher and parent they can gather information to understand every possible factor that may attribute to the emotional behaviour problem.This can help in understanding what is putting the child at risk. For instance, if a child is inattentive and cannot concentrate in class, the number of possible reasons may be as follows:

1) The child is hyperactive and they have problem in concentrating.

2) Recent family conflict such as observing parents fight has caused emotional problems which is affecting their concentration in class.

3) The child is being bullied and the class environment is causing fear.

4) The coursework is difficult for the child to cope and the child is losing interest.

Hence, parents and teachers need to pay attention to the various factors when observing children's performance. Figure 7.1 given below helps to look at the factors that can affect the child in his/her developmental process:

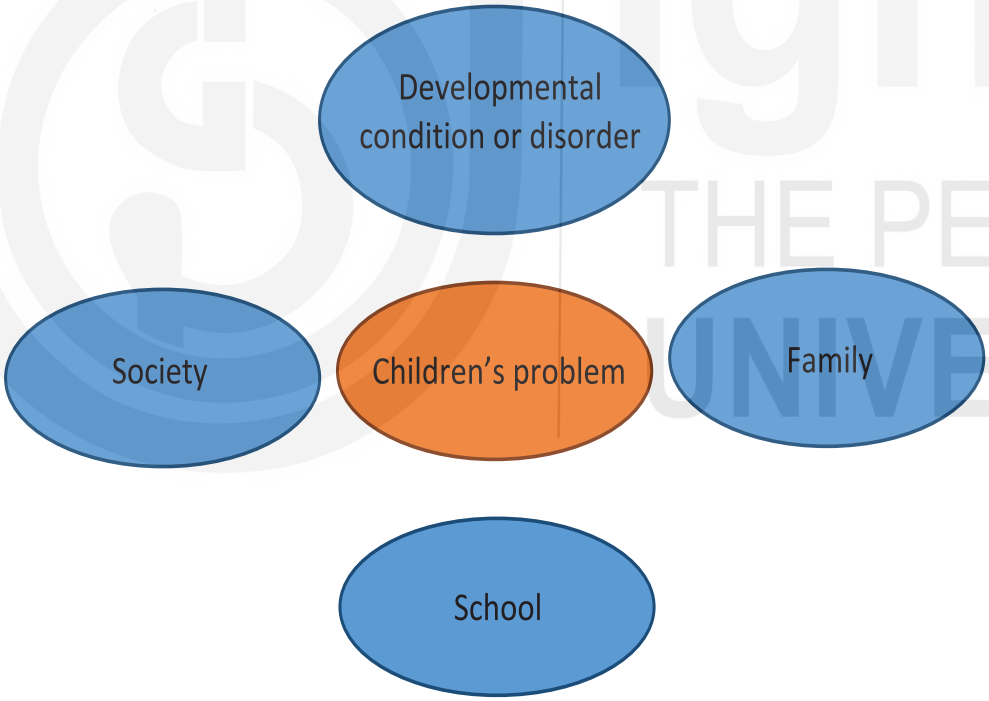

Figure 7.1: Factors that affect the child in his or her developmental process

The primary role of teachers is "to identify" and "to refer" rather than to diagnose and confirm which developmental or learning disorder the child may be facing. The assistance team and teachers with the help of the parents can help to identify the cause of the problems and can guide the parents in acceptance of the formal referral for professional assessment. Figure 7.2 will help look at whether a child needs referral.

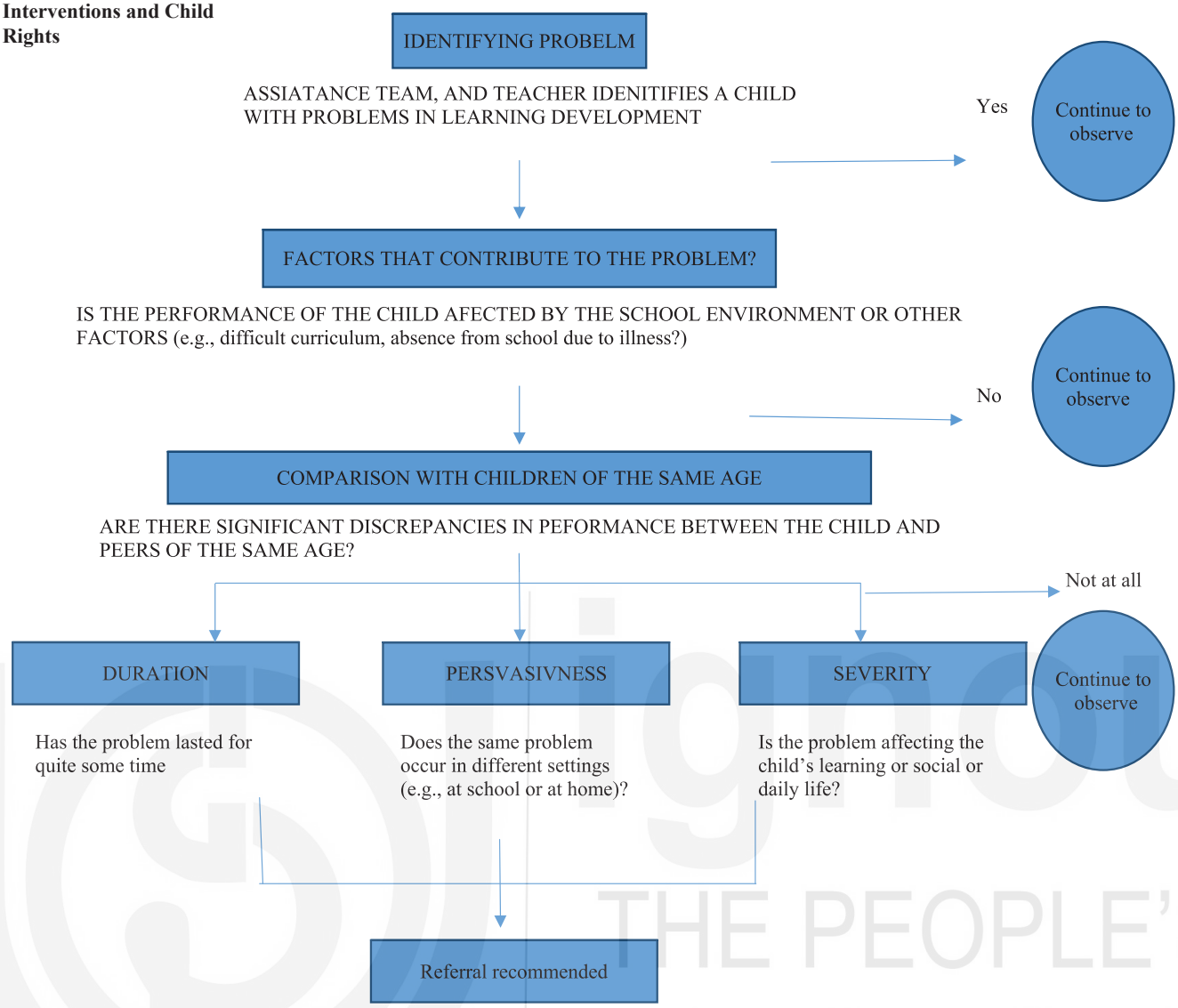

Figure 7.2: Identifying if a child needs a referral

Source: Porter, L. (2002). *Educating young children with special needs*. SAGE.

7.2.2 Formal Referral

Only if pre-referral strategies fail to provide a student with the necessary support and improvement, formal assessment and referral become necessary. The assessment of the child and referral for special education, for the reason of developmental, behavioural or emotional problems would include all of the typical evaluation procedures. The assessment and evaluation tools for children are intelligence and achievement-based tests. But there are other assessment tests, such as social competence test and peer relations through interviews, self-reports, behaviour rating scales, and direct behavioural observations. Examples of some of the assessment tools are The Functional Behavioural Assessment (FBA) and The Behavioural Assessment System for Children (BASC). Both of these tests take a different approach on evaluation and measurementof the behaviour and functions of a child individually. For instance, Functional Behavioural Assessment emphasizes on the meaning of the particular behaviour in relation to its environment or the context. The test determines what strengthens the problem behaviours and what support system will bring out the desired behaviour (Gresham, 2001).

The other assessment tool is, the Behavioural Assessment System for Children (BASC) rates a student in five parts which includes the teachers' ratings, parent ratings, and a self-report of personality, the structured developmental history, and the student observation system (Reynolds, 2015). The strength of the BASC is that it helps to focus and analyse the problem of the student from different points of view (Raines, Kamphus & Dever 2015). With the assessment tool, the process of formal referral also includes assessing the effect of a student's behaviour on peers, teachers, and family members and assesses the effect of the teacher's behaviour and interaction with the student. As part of the referral process, there are common observational strategies and documentation process that are used by professionals where they ask teachers, or other school staff to provide additional information of the student's behaviour which can be helpful in future for behavioural intervention plan. An example of the question and strategies of the observation process and documentation process are given in the Box 7.1 and 7.2.

Box 7.1: Common Observational Strategies

Identifying possible patterns

This method is used to identify possible patterns of behaviour by observing the events that caused that particular emotional or behaviour problem. Additionally, they observe the consequences that follow and maintain that behaviour. The team of professionals try to maintain a written record of the behaviour of the child that they observe in the environment. Observation narratives are useful but time consuming and they are completed in numerous settings over a period of time.

Measuring Occurrence of the possible problem

This technique is used to measure the number of times a particular emotional and behaviour problem occurs during an identified period. The teacher observes the behaviour of the child at an identified time, and maintain a record of the number of times the behaviour occurs (e.g., the number of times the student uses offensive words during the class).

Measuring the length/time of the problem

This technique is used to measure the duration and the time of the particular behaviour of interest (e.g., the amount of time a student engages in looking out of the window behaviour during reading activities).

Source: Quinn, M., Osher, D., Warger, C., Hanley, T., Bader, B., Tate, R., & Hoffman, C. (2000). *Educational strategies* for children with emotional and behavioral problems. Center for Effective Collaboration and Practice American Institutes for Research Washington, DC.

Box 7.2: Documentation Process

Strength based approach:

(In addition to identifying the problem behaviour, it's important to document behaviours that mentions the student's strength also)

Examples of a few questions that may help to guide strengths based assessment include:

1) Did you notice any repetitive behaviour patterns?

   For example, the teacher may note that the problem does not occur all

day, but only during activities in which the student is asked to read and comprehend information.

2) Did you notice areas where the student is exceling?

   For example, the student may do well in art and craft where s/he is given free space to show his/her creativity.

3) Can you mention a few examples of areas where you noticed that the problem was repetitively occurring?

   For example, the teacher noticed that the problem was occurring when the student was asked to work in a group with other class fellows.

4) Can you tell when and for how long can the student concentrate on a particular task?

   For example, a teacher may discover that a student can focus for more than 30 minutes when s/he is given proper directions and instructions.

   Source: Quinn, M., Osher, D., Warger, C., Hanley, T., Bader, B., Tate, R., & Hoffman, C. (2000). Educational strategies for children with emotional and behavioral problems.Center for Effective Collaboration and Practice American Institutes for Research Washington, DC.

Lastly, when all the necessary information is collected, the next step is to refer the students for special needs. The professional team or the multidisciplinary team makes a decision on the basis of their observation. This decision is then informed to the parent and the child with the necessary related services (e.g., counselling and social services). The team then discusses with the parents, the setting and the intervention plan that is in the best interest of the student and the programs that best meets their academic, personal and social needs.

Check Your Progress 1

1) Mention the steps that a teacher can take to refer a student for formal assessment.

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2) How can a parent help in the process of referral?

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3) List down a few questions to for strengths-based documentation process.

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4) How can teachers and school make the referral process easier for the children in school?

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7.3 SCHOOL BASED REMEDIAL PROGRAMS FOR CHILDREN

School and teachers can help in a variety of ways to reduce emotional and behavioural problems of a student and provide a supportive environment. School and teachers need to come up with strategies to reduce the risk for problems and recognize the value of prevention of behavioural and emotional problems at the school, classroom, and individual levels.

7.3.1 Positive behavioural support from teachers in classroom

This means that from the beginning, teachers need to provide clear expectations about what is considered an appropriate behaviour and give guidance to the students to be successful. Teachers can adopt a few prevention strategies that begin with the entire class and then focus on individual students and their needs. Witt et al. (2004) suggested the necessary classroom management system for the prevention of behavioural and emotional problems to include setting rules and regulations in the classroom, explicit instruction of positive behavioural expectations to students, and consistent and effective teacher responses to inappropriate behaviour. A sound and supportive classroom can provide an environment which helps in managing behaviour, promotes academic participation and achievement for all students. Witt (2004) mentioned that clear academic teaching, and promotion of positive behavioural expectations increases the length of academic engagement and decreases problem behaviors. Lastly, teachers should allow students to practice and perform positive behaviour (such as raising hands, being respectful to fellow classmates or being disciplined and a responsible student,etc.) which can be combined with rewards to maintain that behaviour.

Box 7.3 explains the different areas where modifications can be done by the teachers, school and assistance teams to strengthen the classroom by providing a positive environment to accommodate students with emotional and behavioural problems.

Box. 7.3: Positive behavioural support in classroom

Modifications in these areas can have positive consequences and increase appropriate behaviours:

1) Help in maintaining a positive physical environment.
2) Make clear rules and expectations.
3) Helping the students fulfil the rules and expectation.
4) Programming the activities of the day.
5) Help in forming consistent routines and procedures.
6) Help in structuring a positive classroom environment that provides all students with a variety of opportunities to showcase their strengths.

The next section of this Unit provides information about the changes that the teachers can make in the classroom environment with students having emotional and behavioural problems. These changes promote a sense of belonging, provide opportunities to make friends, and work more successfully in regular education classrooms.

a) **Help in maintaining a positive physical environment:** It is important to manage space so that each student feels that s/he belongs to that space and is an important part of the classroom. The educators should encourage delineating space and monitoring the space. For the space the classroom space can be divided into areas that have clear purposes. For example, if a student is easily distracted then the teacher can make the student sit in a space that has less movement and stimulation so that s/he can concentrate. So thus, the educator can establish a quiet place where the student can calmly sit down and study. Another instance, there can be a lot of movement in the areas such as a trashcan, window seat and watercooler so the teacher can ask the student to shift within the proximity or at least where the teacher can observe so that she/he can monitor the student with behavioural and emotional problems.

b) **Make clear rules and expectations:** The teacher can make makes clear rules for everyone in the classroom so that there is less disturbance. Such rules help in defining what is considered acceptable in a classroom setting and behaviours that are not acceptable. For example, a teacher can ask student to raise hand when they want to ask a question or talk. Box 7.4 mentions the points to be considered in making classroom rules.

Box 7.4: Developing classroom rules

1) Explain the classroom rules in clear and explicit behavioural language so that it is easy for the student to follow. For example, children in primary class need clear terms and examples to understand the rules. For example, explain what it means to be 'obedient' and 'nice'
2) Rules must be short so that students can remember them. For example, reminders can be posted on the board or a chart can be built by the students and put in the class so that the children can read and learn them.
3) Students can also help in making the rules as it helps to create a sense of belonging and responsibility.

c) **Helping the students fulfil the rules and expectation:** Students with emotional disturbance and behavioural problems lack the necessary skills to follow and comply with the rules resulting in being punished for rule breaking. To help comply with the rules, students should know the consequences of breaking rules and the consequences must be fair and mandatory for all the students in the classroom. For example, the student with emotional and behavioural problem has difficulty in understanding the consequences of the action. Thus, if a student breaks a rule then it is important to ask that student to explain the consequence of his or her actions. There can be additional issues or concerns posed by the students with emotional and behavioural problems. Thus, for the teacher and the assistance team to be fair and consistent, s/he should also know whether the student has the skills to comply with rules or not.

d) **Programming the activities of the day:** The students with behavioural and emotional problems can find it difficult to maintain attention and concentration for long periods. Thus, it can be helpful to break large tasks into several smaller tasks with short breaks between them so that they can complete and easily do the task given to them.

e) **Help in forming consistent routines and procedures:** Maintaining a routine and structure of "how" the task and challenges are done. Later, teaching those procedures can help students stay focused and engaged in a classroom. For example, maintain consistent routine when transitioning from one lesson to another lesson. Box7.5 helps to understand the different ways in which the educators can help students in accomplishing task.

f) **Help in structuring a positive classroom environment that provides all students with a variety of opportunities to showcase their strengths:** It is vital to work toward maintaining and building a positive rapport through mutual respect and acceptance. This is the first step towards supporting growth in the classroom. Box 7.6 mentions the techniques which can be used by a teacher to communicate respect and understanding during non-academic discussions.

Box 7.5: Helping students in accomplishing routine tasks by following simple strategies

1) **Students help cards:** Steps broken down and written on small size cards which can serve as visual cues. This can be given to the students or can be written in a notebook or carried in a pocket.
2) **Introspection:** The teachers can ask the students to take a break and reflect upon how and what are they going to do to move to the next task. This helps in preparing the students and move them for an actual transition.
3. **Warning and prior notice:** It is difficult for some students with emotional and behavioural problem to stop the activity and move to the next activity. So, a prior notice and a warning can be given so that the students can prepare them for disengagement.
4. **Mentor support:** The teacher can assign a mentor or a peer buddy to help the student guide and move further towards the next activity.
5. **Prompts and cues:** A prior cue such as telling the time to tell the students that it's time for change the activity. Additionally, encouragement for completing the activity can help the student prepare for a transition. For instance, "look you have completed the activity beautifully" or "look how much effort you have put on your activity" helps to focus the student's attention on finishing and completing the task.

Box 7.6: Techniques for building positive rapport

Active Listening: It is important for the child to know that the teacher is paying attention and listening carefully to the child. Thus, appreciating and respecting the information that is being received. For example: Maintaining eye contact and paraphrasing what the student is saying to show that s/he is being listened.

Use non-threatening questions: Students with behavioural and emotional problems have been questioned in harsh tone which triggers and puts the child on spot. Thus, questions which focus on "what", "why" and "how" should not be asked. (what did you do now? Or what were you thinking? Or why did you leave the class without asking for permission?) The questions should be asked in a soft and concerned tone to help the student understand the consequence and the behaviour.

Use of open ended questions: Such questions makes the child comfortable and helps in building trust, especially when engaging the student in conversation. For example: Did you follow the cue card given for the maths activity? Or what did you learn in English class today?

Sharing and engaging with the student: The teacher can ask the students to talk about themselves and share details about their hobbies, likes and dislikes, strengths and weakness. This can help the teacher to understand the child more and engage the student's in activities that will help her to achieve success in the classroom.

Source: Quinn, M., Osher, D., Warger, C., Hanley, T., Bader, B., Tate, R., & Hoffman, C. (2000). Educational strategies for children with emotional and behavioral problems. Center for Effective Collaboration and Practice American Institutes for Research Washington, DC.

Box 7.7: Case study

Rihana, a bright but temperamental 11 years old girl, had developed a reputation as one of the most difficult students in her class. Her tantrums and attitude were well known throughout the school. Despite constantly being discouraged and insulted, her class teacher, Ms Deeksha, persisted and spoke to her in her soft and concerned tone. She spoke to Rihana at every opportunity like, in the hallway, during lunch, at recess and outside the school. Slowly, Rihana's nature began to change and she shared her problem with Ms Deeksha. She became more open about her feelings and started becoming more engaged in her classroom. Slowly her temper tantrums reduced and other students started becoming friends with her. Other teachers, who had experienced serious difficulties with Rihana, began to remark about her positive changes and by the end of the year, Ms Deeksha concluded that Rihana had become emotionally available, and understanding. For Rihana, rapport and genuine conversation exchange with non- threating questions as an alternative to acting out emotions, had begun to make changes in her personality.

Source: Henley, M. (2010). Introduction to proactive classroom management./ images/9780135010631/downloads/Henley_Ch1_Introduction to Proactive Classroom Management.pdf

7.3.2 Interventions to Reduce Extreme Problematic Behaviours

While prevention efforts at classroom and individual levels are important for effective management of student behaviour, it requires extensive behavioural modifications in the classroom to reduce the effects of their behavioural excesses and deficits. Reducing maladaptive behaviors and increasing appropriate ones can be achieved through the use of behavioural principles, such as reinforcement and punishment procedures. For the same, teachers and professionals provide typically use behavioural strategies such as reinforcement (used for the purpose of strengthening) to increase the positive or desirable behaviour and punishment to reduce unwanted and maladaptive behaviors. Positive reinforcement is a reward (or a reinforcer, that increases the probability of a desired response) that is positive, or pleasing to a student, presented after an appropriate behaviour. Reinforcer's can be of four types (Mather and Goldstein, 2001):

1) Tangibles (e.g., toys, school supplies, posters, and magazines);

2) Activities contingent on acceptable behaviour (e.g., playing board games and listening to music);

3) Social reinforcement (e.g., encouragement such as high five for work completion and verbal praise);

4) Token reinforcement (e.g., points to reach an established goal or imitation money exchangeable for some valued object or activity). For example: The Good Behaviour Game in which a puppet, "cuddly bear," gives children commands and they earn stickers for compliance and collection of 10 stickers from cuddly bear will lead to an extra 10 minutes of recess in the classroom.

On the other hand, negative reinforcement is the removal of a behaviour that is disliked and can also serve as a form of reinforcement to increase desired behaviour. For example, a teacher may say to a student who has not completed the work and tells the students that if the work is not finished on time, he/she will have to finish it alone, in another room that is outside the class. If the student completes the assignment on time, then he/she was negatively reinforced because he/ she finished the work to avoid detention. Thus, the child's goal is to get rid of something that is unpleasant rather than to receive something that is desirable. In a negative reinforcement example mentioned above, the child is working to earn a positive consequence, the child works to distance himself or herself from an aversive consequence. This method is also used by the teachers to manage problem behaviours of the children. For instance: A teacher pay's attention to a child who may not be complying and withdraw their attention depending upon on the child's compliance. But surprisingly, this strengthens rather than weakens the noncompliant behaviour as when in similar circumstances, the child again will not comply until confronted with the undesirable consequence (i.e. the teacher's attention). Negative reinforcement is often an intimidating method used by the teachers but it usually works in the short run as in the long run, it is likely to strengthen rather than weaken the undesirable behaviour.

Punishment involves demonstration of an unpleasant consequence or the loss of a pleasurable consequence following the occurrence of the undesirable behaviour. It is usually used to suppress or designed to reduce the probability of the undesirable behaviour. Although most teachers consider punishment as involving a reprimand (short verbal scolding or correction that is designed to reduce inappropriate behaviour), response cost (removal of something the student has earned, such as points or privileges, when inappropriate behaviour is displayed) and time-out (usually associated with removing a student from a reinforcing activity or environment.). An example of time out is sending a student back to their classroom during sports period/break due to inappropriate behaviour during group work. Shea and Bauer (1987) made a strong case for minimizing the use of punishment, especially more severe punishment (such as embarrassment or spanking) as they cause emotional upheaval and lower the self-esteem and confidence of the child.

The teachers can use the above strategies to manage and change the behaviour of children. The behaviour can be managed through the consequences.The multi-step/process can be used to manage it:

1) The problem should be identified, (usually by duration, severity and frequency)

2) Design a proper technique to change the undesirable or increase the frequency of the behaviour.

3) Identify an effective reinforcer or punisher.

4) Apply the reinforcer and punisher consistently to shape or change behaviour.

Table 7.1 mentions a few examples to use the strategies of behaviour modification with children:

Table 7.1: Technique, behaviour, consequence, and possible effects in future

Classification	Behaviour displayed	Consequences	Possible effects in future
Positive reinforcement	Tara finishes her homework.	Tara's teachers praise her.	Tara will continue to finish her homework on time.
Positive reinforcement	Ajay brushes his teeth after meals.	Ajay receives10 rupees each time.	Ajay will continue to brush his teeth after meals.
Positive reinforcement	Mannat works quietly at her seat.	The teacher praises and rewards Mannat.	Mannat will continue to work quietly at her seat.
Negative reinforcement	Dhruv complains that older boys consistently hit him, and he refuses to attend school.	Dhruv's parents allow him to remain at home because of his complaints.	Dhruv will continue to miss school.
Negative reinforcement	Sanjana complains of headaches when it is time to do homework.	Sanjana is allowed to go to bed without doing the homework.	Sanjana will have headaches whenever there is homework to do.
Punishment	Rohan sits on the arm of the chair.	Rohan is scolded each time he sits on the arm of the chair.	Rohan will not sit on the arm of the chair.

Source: From Walker, J.E., & Shea, T.M. (1991). Behavior management: A practical approach for educators (5th ed.). New York: Macmillan.

Box 7.9: Activity: Applying the concepts

1) Interview a class teacher about class room management. Ask the teacher to describe her relationship with the students and the different ways in which she builds and develops rapport with children.
2) Write a paragraph describing your favourite teacher in primary, elementary or high school and list the rules that she/he made in the class that you found appealing and the strategies s/he used to reduce or increase a particular behaviour. Try to draw a box similar to the Box 7.8.

Check Your Progress 2

1) Can you think of any other techniques that will promote positive behavioural environment?

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2) What is the difference between positive and negative reinforcement?

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3) What are the techniques used by teachers to build a positive rapport?

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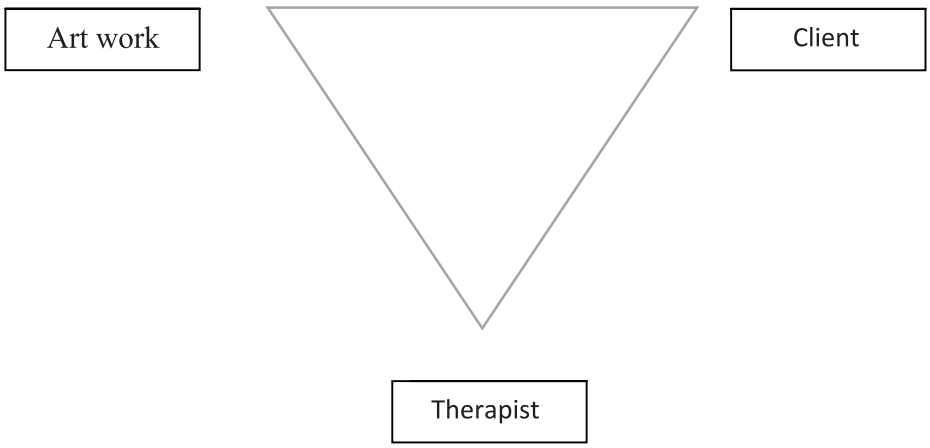
7.4 USING ART AND PLAY THERAPY

At times, the child needs an intervention for their emotional and behavioural problems. Two important therapies are discussed in this section, that can help resolve childhood problems.

7.4.1 Art Therapy

Art has been used as a means for both accepting and creating change in people's lives. Professional artist and researchers emphasized that art has unique healing benefits in the therapeutic setting and it can be used as a means to understand, assess, and be considerate towards severely mentally ill patients. Art therapy is recognized as a form of therapy that employs imaginative and creative media including drawing, painting with acrylic paint or watercolours, and working with clay as a means of healing but it's not limited to these forms of creative media. This therapy is driven by visual stimuli which would reduce the need for the child to recall and convey difficult stories through language. Visual art therapy is therefore the ideal approach in treating children suffering from problems such as developmental delays and trauma as it has the ability to knock into the non-verbal realm of imagery. For example: if the child is playing with clay, clay can be handled with great force by the child which reflects allowing great release of bottled-up emotions in a child who is feeling sad and stressed, or it can be gently touched and moulded by the child who feels anxious. These feelings and inherent emotions are all expressed in the process of creating an art work and in the final art work.

Art therapy is defined by mental health professionals as in which client is facilitated by the art therapist by using art media, their imaginative process, and the resulting art creation to explore their state of mind, resolve emotional conflicts, foster self-awareness, manage behaviours and addictions, develop social skills, improve reality orientation, reduce worry, and increase self-esteem (Spooner, 2016). Case and Dalley (1992) described art therapy as "the use of different art media through which a client can express and work through problems and concerns that have brought him or her to therapy". In this process the client and the art work is the main focus as the art is seen as a form of non-verbal communication creating a safe environment for the exploration of therapeutic issues. A triangular relationship emerges between the art, the art therapist and the client as given below:



Through art therapy, the client and the therapist attempt to make sense of the unresolved and emotional issues that emerge and the therapist tries to release and give form to emotions while containing them at the same time. In terms of

art therapy with a child, the child would be invited to express and draw freely and choose any art form s/he likes. The therapist can create a space and engaging environment so that the child can express emotions through art. Such a space has the ability to create a sense of free use of materials and may become a new way of communicating and expressing oneself. For art therapy, rooms and working spaces should be set up to provide a sense of dependability, stability and an environment for safer interactions between therapist, client and art materials. The space is essentially an important feature here because the therapist and client relationship develops, which should provide a sense of trust, calm and free environment where purposeful and thoughtful work will take place. The art space and environment are experienced differently by each client as it is a symbolic space where therapeutic process takes place to explore internal preoccupations, worries, problems and disturbances through using the art materials. For art therapy with a child, the room should include the things mentioned below:

1) A well-structured and thoughtfully planned art therapy room.
2) It should be sound proof so the child is not distracted by unnecessary noise and the child feels safe that s/he will is not be overheard by others.
3) Light, proper ventilation, warmth, enough space and room to move around.
4) Have a wash basin as art activities can be messy and it can be cleaned up easily later.
5) The room should have full range of good quality art materials such as paints, palettes, paint brushes, water containers, crayons, pencils, scissors, super glue and generous and sufficient supply of paper. Modelling materials such as clay, sculpting tools are beneficial if the child wants to go for modelling media.
6) Have comfortable tables and chairs for the child so that the child can choose at which level she/he would like to work.

Techniques and usage of art therapy: Most children usually express themselves through actions such as by drawing figures and the different use of colours. To explore the world of the child, drawing test can be used. The house-tree-person technique (Buck, 1966) is the most famous technique which involves the child in the drawing of a house, a tree, and a person. The free hand drawing of the house and tree were sought because the withdrawn clients respond more freely while they are actively drawing and this drawing also provides additional information concerning the growth (tree) and feelings (house) of the child. Furthermore, these are familiar items for young children and it is easy for all age groups. In addition, it enhances more open and freer verbalisation on the client's part. The house-tree-person technique provides a meaningful analysis of the client's personality where the first step is free hand pencil drawing of the objects and the second step is verbal where the therapist will ask the client to describe his or her drawing. The therapist will then ask the client to draw as good a tree and as good a person as s/he can and then will proceed to give the client a chance to define and describe the environment and objects in the drawing. An example of the questions can include: What is the house made of?, What does this drawing remind you of?, What were you thinking when you were drawing this house and tree?, Who lives in the house?, Does this drawing remind you of anything? And what does this picture make you think of?, etc. (Buck, 1966). Then after the drawing, crayons, oil pastels and other materials are given and the use of colours are noted. Lastly, analysis is done where the drawing of the client is then observed, which involves the use of charts and tables to determine the meaning prevalent in the illustration.

There are a lot of advantages of using art therapy as art helps the client to express what is disturbing them and to gain direction. Through verbal and nonverbal means, the underlying forces of the various concerns and apprehensions of the clients become clearer. Art is a natural way of expressing and conveying feelings which also helps the client improve their self-concepts. Rubin (2005) mentioned that it's a medium through which near areas of emotions that may have been previously missed can also be viewed.

The limitations of art therapy are that some clients resist this way as they are apprehensive as people think that this is for people who are extremely disturbed (Rubin, 1980). Secondly, very little insight can be gained from people who are professional artist or who are mentally disturbed as there is resistance. Lastly, there are chances that this can be misused by unskilled counsellors or therapist so people should be aware of the advantages and weakness of the art therapy to make the most out of the sessions and to explore the client's world. Some of the examples of art therapy activities that can be done with children are mentioned in Box 7.10 and Box 7.11.

Box 7.10: Activity: Messy emotions

Aim: The aim of this activity is to express your emotions and feelings yourself with art materials and without thinking what other people will think.

Materials needed: Any materials such as pencils, crayons, oil pastels and paints.

The task: The task is to allow the child to create anything they want to which means that parents and teachers don't worry about instructing them how to make art or setting a theme. The teachers and parents should forget about the mess. This activity is about letting your client or child/children have fun expressing themselves through art making in whichever way they want. This is a messy exploration of their messy emotions and feelings that they are experiencing. There are times that even adults find it hard to express themselves so it can help the child express his/her inner emotions and feelings. This activity will help us to understand and release the children's emotions rather than children containing their feelings. This will let them know it is ok to feel whichever way they feel.

Box 7.11: Activity: The board of positivity

Aim: It is important to be surrounded by positive and happy thoughts. So for this, we can create a board about things which we are grateful for and the things that make us happy. By creating a board of positivity, it can be a visual aid to help us remember things that gives us positive energy and happiness.

Materials: Newspaper/magazine cuttings, images printed out from phone/ computer, adhesive, cardboard or large bit of paper, paints, pencils, craft materials etc.

How to create it: Ask the child what sort of things makes him or her happy, what is s/he thankful for and what things are you looking forward for?

Give the child time to think and ask him or her, find images in magazines and newspaper or look at things on the phone/computer and print them out. Afterwards, cut the images and stick them on your board. If printing the images is difficult, then you may ask the child to draw it. Ask the child to use his/

her creativity to write something about the images and fill the board full of happiness and fun. Finally, you may ask the child to hang this board around the house and look at it daily to gain positive vibes and energy.

7.4.2 Play Therapy

Play is central to a child's development as it is a free release of what is in their heart. It is essential for a healthy mental, physical, language, social development and communication. Play is a means through which inner feelings and emotions can be communicated. For example: playing with a doll and locking him/her up or punishing and putting the doll behind the bars. This sort of play helps to understand the child's mental development and the way they organise their experiences, and gain a sense of control over their life. Play was first used as a method to gain trust and build a relationship with the child and later it was used as a technique to interpret the child's feeling, as well as the assessment. Landreth (2012, pg.11) defines play therapy as "A dynamic interpersonal relationship between a child (or person of any age) and a therapist…who provides selected play materials and facilitates the development of a safe relationship for the child ... to fully express and explore self (feelings, thoughts, experiences, and behaviours) through play, the child's natural medium of communication, for optimal growth and development".

It was recognised that play is a child's natural medium of communicating wherein it is giving space to children to express their emotions, feeling and deal with their emotional problems. The fundamental value of play as healing was documented by Winnicott (1971:50) who stated: "Playing is itself a therapy." Play therapy proves the child with an environment where the child can explore their uncertainties, problems, fights and pain, as well as hopes, dreams and fantasies. There are differences in the way adults and children communicate so while playing they get an opportunity to "play out" their inner emotions. The core assumption of play therapy is that, given this relationship and environment of play therapy, the child can use the concrete objects such as toys, dolls etc. and other play-based experiences and express their experiences. Play can take many forms and play therapy makes use of "symbolic" play which is also referred to as imaginative or pretend play (Wilson and Ryan, 2005). From its initial stages, several different theoretical models of play therapy have emerged. One of the models is Child-Centred Play Therapy (CCPT) where the child is accepted and not challenged which helps in leading to direction and content of the therapy. Child-centred play therapy is non directive which means that it encourages the clients to recognise and bring to the session what they wish. Alexine defined eight core principles of CCPT: (Guerney, 2001)

1) The therapist should create a friendly and sincere relationship between him/her and the child;
2) The child is accepted the way s/he is;
3) The therapist needs to develop a certain level of openness and genuineness in the relationship so that the child feels free to express his/her feelings;
4) The therapist should be attentive and identify the expressed emotions and feelings of the child and reflects them in such a way that s/he can gain a better understanding and awareness into her or his behaviour;
5) The therapist respects the skill of the child to solve his or her difficulties on his/her own if given the right opportunities;

6) The therapist does not give directions and guide the actions or conversations of the child in any way;

7) The therapist should not be impatient and rush up the therapy;

8) To make the child conscious of his/her responsibilities, just necessary boundaries are required to anchor the therapy to reality.

In CCPT, the therapist is warm, empathic and has unconditional positive regard towards the child's views, emotional state, goals, and wishes, and believes in the child's capability to heal and achieve more growth, maturity without being confronted (Porter et al., 2009). Child-centered play therapy can be used for children with internalizing and externalizing behaviour problems, low self-concepts and self-esteem, ADHD symptoms, and emotional problems, problems related to academia, social skills, and lacking communication skills. Children who have severe mental disorders/problems like severe autism or schizophrenia are considered unlikely to respond positively to child-centered play therapy (Glover & Landreth, 2016). This technique allows the child to work through the issues of trauma and problem at his or her own pace and allows for a continual assessment of the child's circumstances and development in treatment. Play Therapy considers the special issues related to children with regard to therapy. Alexine (1947) mentioned that the child holds the capability to change, grow and the way to achieve that change is within oneself. For example, play therapy can be used effectively in improving a child's self-esteem. For the same, the child should be allowed to make mistake and be allowed to participate in events that are important contributions of which they can be delighted. A final suggestion is to give the child a chance to make their own choices about their actions and with that the therapist should engage in an active conversation with the child. There are many possible therapy interventions that can be used to work with children. Some of them are as follows:

1) Ordinary games can be used to promote acceptable behaviour in children. For example: A child may become more at ease with therapist who will play "Chutes and Ladders" or other games with the child than with a therapist who sits across the room and asks questions about her feelings. Not only do children enjoy ordinary games, but games also give children a boost in physical, emotional and social development as well as reasoning.

2) Gardner (1983) mentioned that specific games which helps to reframe the pain, uncomfortable events into positive interaction can be extremely helpful, such as the Talking, Feeling and Doing game. They allow for a dialogue that is comfortable and non-intrusive or unwelcome, and such games encourage the child to open up.

3) Mutual storytelling where the child is asked to tell a story about anything. The story should include a beginning, middle and end with a moral or a lesson and with the help of the technique the therapist can listen to the child's problem. In the next step, the therapist responds with his or her own story with another possible solution to the vent that the child mentioned.

4) Another form of play therapy is the "sand tray therapy", where the child gets an opportunity to tell their story using symbols etched out in the sand. There are universal symbols that are attached to objects used in sand tray therapy and these objects are used in a way that seems to be repeated by many children. As children play, they repeat patterns and emulate the events that are taking place in their life. The child can create, their own world in the

sand tray and makes changes which tell a story in a way. Thus, through this technique the child has the opportunity to recreate the events and situations from past to present and explore possibilities for the future. As the child makes changes in the sand tray s/he begins to feel empowered. The child gains a sense of control over the fantasy world this takes place at a sub-conscious level and with little expression.

5) Bibliotherapy can be used when working with children where the therapist can ask the child to recognise with a character of the same age that is experiencing a similar problem, and with the help of this the child will understand that s/he is not alone (Rudman, Gagne & Bernstein, 1993). Rudman et al. (1993) also suggest that books give the child a chance to communicate with the therapist about the issue for which she/he is being treated using expressions that both the therapist and the child can understand.

6) Pretend play is seen as crucial for child development and with this the child has the ability to understand and communicate social experiences. It can be used to help the child experience various roles that involves the addition of elements such as character growth, use of sets and clothes, dialogue and story developed through natural staging. For example: playing as a leader or a helper; using puppets and involving family members for dramatic pretend play; using symbolic superheroes and cartoon characters. These techniques help in problem-solving skills and contributes in interpersonal relationships, social creativity, the experience of positive emotions and resilience when faced with a challenge.

These are just a few interventions and there are many more techniques that can be used by the therapist to work and pay more attention to the cues of the child. Some examples of effective play therapy techniques are mentioned in Box 7.12 and Box 7.13.

Box 7.12: Worry Can

Children worry about a lot of things such as academics, peer conflicts, separation anxiety etc. which they keep bottled up. Worry can is an effective exercise that can be used for helping children and discuss their problems.

Material used: Can, coloured paper, markers, glue and scissors.

The therapist cuts a strip of paper large enough to completely cover the can and then asks the child to draw or write fearful things on one side of the paper strip and to colour it with markers. In the next step, the strip is pasted to the can, and the lid is put on the can. A slot large enough for a slip of paper to fit through is cut in the top of the can. The child is then asked to write down his or her problems on a piece of paper and then to place the strips of paper into the can. The child should then share some problem with the therapist or with other children if the activity is conducted in a group.

Source: Hall, T. M., Kaduson, H. G., & Schaefer, C. E. (2002). Fifteen effective play therapy techniques. *Professional psychology: Research and Practice, 33*(6), 515.

Box 7.13: Puppet play

Puppet play can be a really effective intervention as children project their emotions and feelings onto puppet. This helps to communicate their distress

and puppets serve as a medium for the therapist to reflect understanding and provide emotional experiences in the context of the child's play.

Material used: Puppet

The creation of a symbolic client can help remove the therapist and client's distance, increasing the level of comfort. The first step in this technique is to introduce the puppet and tell the child that the puppet is frightened and they should reassure it to its safety. The therapist should procure the help of the child for the puppet's comforting. By doing this the therapist has achieved 3 goals that is responded and emphasized with the child, formed rapport with the child and lastly, fostered a positive therapeutic relationship with child. This technique is effective for any child between the age of 4-8 years of age who is anxious, fearful and withdrawn.

Source: Hall, T. M., Kaduson, H. G., & Schaefer, C. E. (2002). Fifteen effective play therapy techniques. *Professional Psychology: Research and Practice, 33*(6), 515.

Check Your Progress 3

1) List the eight core principles of child-centered play therapy.

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2) How can art therapy be used for children with behavioural problems?

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.....

3) Define bibliotherapy.

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7.5 SUMMARY

Now that we have come to the end of this unit, let us summarise all the major points that we have learnt:

- Educating teachers and school about students with educational and behavioural problems is a difficult endeavour that requires careful consideration and deliberate action. The teacher and schools are dedicated to serving children and youth. They are constantly trying to identify, assess, and develop strategies and interventions that will help students to maximize their potential in school and beyond.
- Teachers, special education teachers, counsellors, school social workers, and school psychologists all have capabilities that can carefor students with emotional and behavioural disturbance.
- Basic knowledge concerning documentation identification can go a long way in broadening perspective especially for classroom teachers as they can apply this knowledge directly to the classroom.
- School psychologists, mental health specialists, and other special service providers are starting to work with teachers, school and administrative

staff to foster helpful and positive learning opportunities for students with emotional disturbance and behavioural problems.

- When teachers and school understand the nature of their students' emotional and behavioural problems, instructional programs have a much better chance of improving wellbeing, learning, and academic progress.
- Art therapy is a form of therapy in which a client communicates through expressing one's self artistically that uses the imaginative process of making art to resolve issues as well as develop, improve and manage their behaviors and feelings, reduce stress, and improve self-esteem and awareness.
- In play therapy, children are encouraged to communicate and talk about their problems, through play, all the things they may have trouble saying or contextualising into words. As a consequence, play therapy has expanded to include different forms including drawing, painting, dance, drama, movement, poetry, and storytelling etc.

7.6 KEYWORDS

Referral: A substantial assessment process designed to gather enough information by a team of professional.

Behaviour modification: The assumption is that recognisable and measurable behaviors are good targets for change.

Reinforcement: Increase the future probability of actions that they follow.

Positive reinforcement: A reward that is positive, or pleasing, to a student presented after an appropriate behaviour.

Negative reinforcement: The removal of an aversive circumstance to serve as a form of reinforcement to increase desired behaviour.

Punishment: The presentation of an aversive circumstance to decrease undesired behaviour.

Art therapy: A technique that is based on using art as a form of communication and self-expression or as a form of visual through which clients can express their emotions, thoughts and feelings.

Play therapy: A play procedure introduced and structured by the therapist to help the client prevent or find solutions to psychosocial worries and achieve optimal growth and development.

Child-Centered Play Therapy: An approach wherein the therapist believes that children have the innate ability to be positively self-directing and heal if provided the safe environments of warmth, unconditional positive regard, and empathic understanding by the therapist.

7.7 REVIEW QUESTIONS

1) Explain behaviour modification in classroom with examples. Give some examples of how educators should modify an unacceptable behaviour into a positive one by using punishment and negative reinforcement.
2) Explain child-centered play therapy. Can you develop an interesting play therapy intervention with a child who is being bullied in school?
3) What are the advantages and limitation of art therapy?

4) Explain the process of assessment and referral process of a child with emotional and behavioural problem.

5) Elucidate "the space is essentially an important feature in art therapy".

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7.9 WEB RESOURCES

- How to Do Play Therapy: Role Play with Explanation of Techniques
  https://www.youtube.com/watch?v=ZeLL6u4RGhc
- PLAY THERAPY - WHAT IS IT?

https://www.youtube.com/watch?v=l-Jqj3WrrRU

- Behaviour Modification
  https://www.youtube.com/watch?v=zqEtSDWFH44
- Art Therapy for Anxiety, Stress and Creativity
  https://www.youtube.com/watch?v=nHEFQKY5RH4

UNIT 8 THERAPEAUTIC INTERVENTIONS FOR CHILDREN AND ADOLESCENTS*

Structure

8.0 LEARNING OBJECTIVES

After going through this Unit, you will be able to,

- Organize a plan for counselling with students experiencing different types of problems in a school setting;
- Explain cognitive and behavioural interventions in the school;
- Describe the different psychoeducational programs that can be used in school; and
- Elucidate the importance and the steps of strengths-based counselling in schools setting.

8.1 INTRODUCTION

School going children spend most of their time away from their home in the educational institutions and the most important aim of any policy, institute etc.

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is to provide the child with a healthy classroom environment that can facilitate learning. In our educational system, some children are found to be dealing with various psycho-social issues which could result in negative student behaviour or poor academic performance. Children with special needs, learning difficulties and with various emotional and behavioural disorders require special attention; they require conducive environment to reach the ultimate goal of becoming positive and a constructive generation that would take the society forward. The focus of the Unit will be on cognitive-behavioural therapies, psycheducational programmes, and strengths-based counselling in school. Let us see each one in detail.

8.2 COGNITIVE BEHAVIOURAL THERAPY AND INTERVENTIONS

8.2.1 Cognitive Behavioural Therapy in Schools

Cognitive behaviour therapy (CBT) has extended significantly and is applied to child and adolescent emotional and behavioural difficulties. This method can be applied to a number of fields and its application has extended to treat children who have anxiety disorders, eating disorders, anger management problems, chronic pain disorders, psychotic disorders, and even personality disorders. Despite the growth of this method, limited resources on its use with children in educational or school settings is available. School and teachers play a critical role in the thought process, behavioural, emotional, social, and interpersonal development of children and adolescents. Thus teachers, social workers, school staff and school-based clinicians need to consider implementing the CBT intervention to help children and adolescents in need.

CBT is one such approach that has a growing body of evidence for its usefulness and effectiveness when working with children and adolescents. The use of CBT with children and adolescents have been generally extraordinary as they are capable of understanding many abstract notions when they are explained in a concrete language by using metaphors and everyday examples from daily life. For the effective use of CBT, the school-based practitioners need to have core understanding of the fundamental concepts of CBT and its application.

The CBT model helps in building a set of skills that allows the child to be aware of thoughts and emotions. With the help of the model, the child can recognise how situations, thoughts, and behaviours influence emotions and improve feelings by changing dysfunctional thoughts and behaviours. CBT focuses on the way the child understands one's experience and the way thoughts, influence emotional and behavioural functioning. For example: Anuradha, an 11- years old girl is trying to deal with her anxiety. She gets extremely anxious when she is engaging in social activities with friends at school, or in the situations where she has to speak in front of other students. Through the CBT model, she can understand the context of her anxiety and gain knowledge of her physiological symptoms (swearing, nausea, feeling wobbly) and her beliefs systems (e.g: "They will hate me, I'm just humiliating myself"). Figure 8.1 will help you to understand the situation of Anuradha and all the interacting perspectives to conceptualise her problems to develop an intervention.

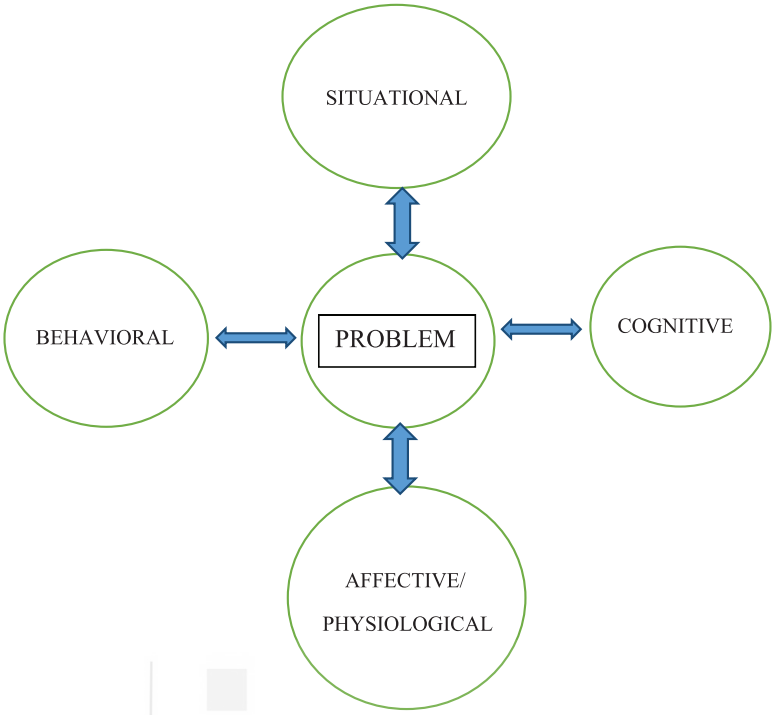

Figure 8.1: Interacting perspectives that help to understand the problem of Anuradha

The therapist should understand the environmental influences and skill deficits of the child and then develop interventions. Sometimes the problems can be related to skill deficits such as social skills, poor self-regulation etc. The CBT model also considers cognitive distortions and deficits which are basically errors in our thinking and thought process which leads to misconception/misinterpretation of a situation or event. Cognitive deficits means when a child has problem in cognitive processing abilities which can lead to difficulties in solving problems, resulting in impulsive and attention problems. Table 8.1 mentions few examples of several cognitive distortions commonly seen in school-going children.

Table 8.1: Common cognitive distortions encountered in therapy with school children

Dichotomous thinking	The student views a situation in only two categories rather than on a continuum. E.g: I'm either a best sport player or a failure.
Overgeneralization	The student views the particular life event as being characteristic of life in general rather than considering many other situations. E.g: I failed this maths exams, I will never achieve anything in life now.
Emotional reasoning	The assumption that the feeling at that particular moment reflect the situation. E.g: I feel like everybody hates me, so no one will like me, I'm all alone.
Mind reading	The assumption where s/he knows what others are thinking about him/her minus any evidence. E.g: I know that my class teacher doesn't like me at all.
Catastrophizing	Predicting the future events as negative and treating them as unbearable. E.g: I know I will mess up my exam tomorrow so I should not go to school tomorrow to attempt it.
Personalization	Thinking that s/he is the cause of the negative circumstances. E.g: My maths teacher didn't reply to my good morning which means she didn't like my performance in the exam, I must have failed that exam.
Labelling	Attaching a universal label on himself/herself than looking at other behaviour or actions. E.g: I lost the match, I'm a failure.

Selective abstraction	The focus on one detail or particular event and ignoring other relevant events. Eg: My teacher scolded me for my English performance, I am the worst student in the class.
Comparing	Comparing his/her performance with other people. Eg: Compared to the dance performance of Aditi in the assembly, my performance looks really bad.
Should/Must statements	The "should" and "must" statements describe how the person should behave. Eg: I must get above 95 marks in all the exams.

Source: Christner, R. W., Forrest, E., Morley, J., & Weinstein, E. (2007). Taking cognitive-behavior therapy to school: A school-based mental health approach. *Journal of Contemporary Psychotherapy*, *37*(3), 175-183.

The components, the structure and framework of CBT are consistent with the educational environment. It is an interesting technique that can be used in school setting as it addresses the student's issues without overly relying on assessment and diagnosing. If a school counsellor can re-educate students to confront their dysfunctional thoughts, then consequently symptoms of emotional distress and dysfunctional behaviour will be reduced. Cognitive Behavioural Therapy interventions in school children would be helpful in realizing three things:

1) The way their thought patterns affect their behaviour.
2) The way they can take control of these thought patterns.
3) The way they can apply interventions to effect behaviour change.

A therapist or a school counsellors' role is to eliminate barriers to students' success and enhance students' learning environment and supporting students' academic achievement. The American School Counselling Association (ASCA, 2005) recommends teachers and school counsellors to implement a plan of school counselling program that promotes student's achievement and learning. Academic achievement in a student is related to self-motivation, level of stress, pressure and anxiety, the student experiences at school. Anxiety in children and adolescents impacts school achievement, test performance, peer acceptance, sadness, attention deficits, and isolation as well as other behavioural and relational issues. Thus, teachers and counsellors must help students with learning strategies, be engaged in learning, and apply self-regulating learning processes to academic tasks. There are a lot of interventions like role playing, problem solving, stress journals, teacher led breathing and relaxation exercises, and stress management programs that help in reducing irrational beliefs and help in managing the negative effects of these emotional responses. CBT has been effective in clinical environments to reduce anxiety and stress and in children and young people. Thus, if teachers and school counsellors can utilize the interventions as mentioned in Table 8.2 to reduce anxiety in students, it would help students with their mental health, physical health, school performance, self-concept and self-esteem.

Table 8.2: Some of the CBT techniques that the teachers can make students aware to cope up with their irrational thoughts

Journaling	To be aware of one's mood by being aware of our thought pattern and emotional predispositions.
Unravelling cognitive distortions	To identify and be aware of our cognitive distortions and challenge them.
Cognitive restructuring	To identify and be aware of negative thinking pattern. Then the next step is to redirect them.

Exposure and response prevention	This technique is effective for clients who suffer from obsessive compulsive disorder, where the client can expose oneself to the condition where the symptoms of the disorder occur. But in that particular situation, the client should refrain from the behaviour. This can be combined with journaling technique.
Interoceptive exposure	This is a technique which can be used to treat panic and anxiety symptoms. It involves the exposure to feared bodily feelings in order to bring about the response. By doing this, it activates the irrational beliefs associated with the feelings and helps to overcome the feelings. It can benefit the client by making him/her understand that the symptoms are not dangerous and new learnings about the feelings can take place.
Play the script until the end	In this technique, the client plays the scenario in his/her mind and imagine the worst possible outcome and fear. But while playing out they realise that even if the worst outcome comes true, the outcome is still manageable. This technique is extremely useful for client who have fear and anxiety.
Progressive muscle relaxation	This technique teaches you to relax one muscle at a time up until your whole body is in a state of relaxation.
Relaxed breathing	This technique helps to calm your breath which will allow you to approach your worries and problems from a place of steadiness, enabling more effective and rational decisions.

Source: Tolin, D. F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions*. Guilford Publications.

Major Cognitive Behaviour Therapies

Mahoney and Arnkoff (1978) structured CBT into three major divisions:

1) Cognitive restructuring in which the therapist beliefs that emotional suffering is the consequence of maladaptive thoughts and helps the client challenge maladaptive thought patterns in an effort to establish more adaptive patterns.
2) Coping-skills therapy focus on the development of a range of skills designed to cope with a variety of stressful situations.
3) Problem solving therapies emphasize on the strategies to deal with a broad variety of personal problems and stressful situations and it may be characterized as a blend of cognitive restructuring techniques and coping-skills training procedures.The treatment plan is an active association of the therapist and the client.

8.2.2 Rational Emotive Behaviour Therapy

Rational Emotive Behaviour Therapy (REBT) assumes that human thinking and emotions are interrelated and thus employs a multidimensional approach that incorporates cognitive, emotive, and behavioural techniques. According to Ellis's ABC model, symptoms are the consequences (C) of a person's irrational belief systems (B) regarding particular activating experiences or events (A).

- Activating Event: This is an event that would lead to high emotional response and negative irrational thinking.
- Beliefs system: The client would write down the negative irrational thoughts that occurred to them around the activating event.
- Consequences: These are the negative irrational thoughts, feelings and behaviour that occurred as an outcome.

The goal of the therapy is to identify and challenge the irrational beliefs that are the cause of emotional trouble (David, 2003).This technique can help a client reinterpret their irrational belief system to make new ways for them to understand their beliefs resulting in alternative behaviour. REBT puts forward that a person possesses innate and acquired tendencies to think and behave irrationally but has the power to substitute those impractical, overgeneralized demands with realistic desires, preferences, or wishes. The major therapeutic tool that is used is "logico-empirical method of scientific questioning, challenging, and debating" (Ellis, 1980).

8.2.3 Cognitive Therapy

The cognitive model believes that irrational thinking and unrealistic cognitive appraisal can adversely affect one's feelings and behaviour. Appraisals are formed by schemas, which are mental representation of thought and behaviours that are acquired early in an individual's development. The schemas of a healthy individual allow for the realistic appraisal of life events whereas in a maladjusted individual the schemas can be distorted perceptions and faulty problem-solving skills (Beck, 1976). For example, the schemas and the mental representation of the world of a depressed individual can be categorised by a negative cognitive triangle, in which the opinions of the self, the world, and the future are faulty and troubled.

The major goal of cognitive therapy is to replace the client's faulty and distorted appraisals of life situation with more realistic and adaptive appraisals. For the same, the treatment plan is an integrated approach which includes psychoeducational, that involves planning specific learning experiences in order to make the client understand that: (Kendall & Bemis, 1983)

1) The relationship among cognition, affect, and behaviour,
2) To become aware and identify automatic thoughts,
3) To understand if the automatic thoughts are rational or irrationality of automatic thoughts,
4) To change distorted thoughts for more realistic thoughts for distorted thoughts, and
5) To identify and modify underlying irrational beliefs, assumptions, or schemas that predispose individuals to engage in distorted thinking patterns.

Check Your Progress 1

1) What are the common cognitive distortions encountered during therapy?

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2) Differentiate between Cognitive Therapy and Cognitive Behaviour Therapy.

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3) What is the goal of Rational Emotive Behaviour Therapy?

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8.2.4 Self-Instructional Training

This training program was designed for children who have impulsive behaviour (Meichenbaum & Goodman, 1971). The aims of self- instructional training (SIT) are:

1) To help impulsive children to produce verbal self-commands and respond to them appropriately;
2) To build up and strengthen children's inner speech in order to bring their behaviour under their own verbal control;
3) To overcome any comprehension, production, or interactive problems; and
4) To boost children to self-regulate their behaviour appropriately.

This method helps to improve the performance of an impulsive child and effective for children with intellectual disability.This method includes problem definition, problem approach, attention focusing, coping statements, error-correcting options, and self-reinforcement (Kendall & Bemis, 1983). The procedure to follow the developmental sequence of self-instruction are given below (Luria, 1961):

1) A model executed a task talking aloud while a child observed;
2) The child executed the same task while the model gave verbal instructions;
3) The child executed the task while instructing himself or herself aloud;
4) The child executed the task while whispering the instructions; and
5) The child executed the task secretly.

8.2.5 Stress Inoculation Training

This training assumes that people who learn ways to cope with mild level of stress are protected or inoculated against overwhelming level of stress. In this technique the therapist teaches the importance of coping with small and manageable amount of stress for the purpose of maintaining and facilitating treatment. This technique has 3 stages (Meichenbaum, 1977):

- The first stage is educational and involves teaching about the nature of stressful responses.
- The second stage involves the demonstration of behavioural and cognitive coping skills, including relaxation exercises, coping self-statements, and self-reinforcement.
- In the final stage of application training, the client is exposed to a variety of stressors to practise his or her newly learnt coping skills.

This method has been used as a therapeutic approach for generalized coping skills and can be used in variety of problems such as anxiety, anger, and pain.

8.2.6 Problem-Solving Therapy

Problem solving therapy is aimed at facilitating self-control for generalized behaviour change. Problem solving consists of a series of mental steps designed to identify and define problems situations and increase the likelihood of an appropriate response. It helps to identify appropriate responses or solutions to solve the problem, select a well-organized and effective solution, and make a plan to perform it successfully. D'Zurilla and Goldfried (1971) identified five stages in the problem-solving method:

1) General orientation,

2) Problem definition and formulation,
3) Generation of another possibility,
4) Decision making, and
5) Verification.

Self-regulation involves problem solving and teaching clients these basic abilities and guiding their application in actual problem situations. Teaching self-regulation signifies a critical step in reducing the teacher's participation in supervising a student's behaviour. Self-regulation, control or self-management strategies also include self-assessment of problematic behaviours and the necessary replacement of that inappropriate behaviour, self-monitoring of those behaviours, and self-reinforcement or rewarding oneself when the student experiences success. Lastly, self-management strategies are often suggested for students who are controlling or oppositional when challenged.

8.2.7 Social Skills Training

Social skills training is defined as teaching social skills as interpersonal responses that allow the child to adapt to the environment through verbal and non-verbal interaction. School setting is an optimal place to provide social skills training given the numerous chances to interact with friends within a natural setting such class, cafeteria, hallway and sports period. Schools provide multiple environments for students to interact and exercise social skills since it is a place where children and adults interact together for more than six hours per day. There can be a lot of reasons for social skills deficits like lack of knowledge, practice, cues, reinforcement and presence of competing problem behaviour. Additionally, there are different types of social skills deficits:

1) Acquisition deficit: A child does not know the skill or has the proper practise to use it.
2) Performance deficit: A student can perform but uses the skill rarely.
3) Challenging Problem Behaviour: A problem behaviour that hinders with the students learned skill.

Bellini & Peters (2008) state that most social skills training programs and interventions aim to promote skills attainment, enhancing existing abilities and generalizing skills across environments and people.

Social skills training interventions includes traditional social skills which have a cognitive-behavioural orientation and social skills with an additional parent component. Furthermore, traditional social skills training group programs provide practice and instruction as well which last from 8-13 weeks. The core principles of the social skills instruction as an intervention includes:

1) Social skills are learned behaviours,
2) The social deficits can be attained,
3) Contain specific verbal and nonverbal behaviours,
4) Social skills need both initiations and responses,
5) They are interactive by nature,
6) They are highly contextual and depend on context,
7) Social skills deficits and can be recognised and treated.

Figure 8.2 illustrates a summary of an effective social skills intervention group.

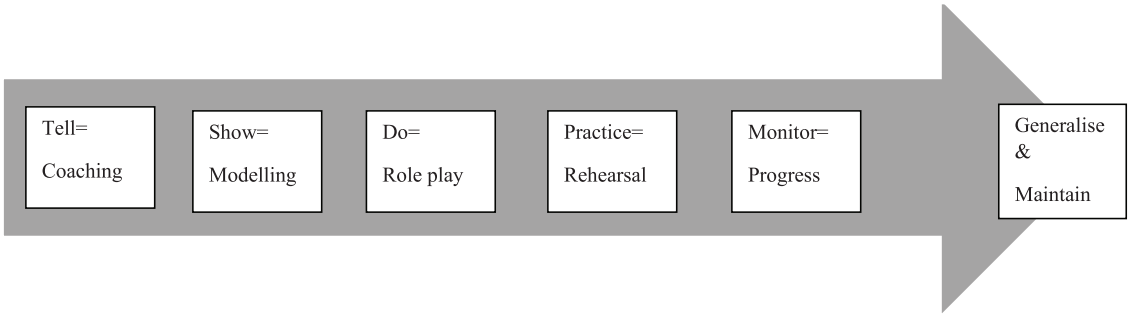

Figure 8.2: Social Skills Intervention Group

Source: Coie, J. D. (1985). Fitting social skills intervention to the target group. *In Children's peer relations: Issues in assessment and intervention* (pp. 141-156). Springer, New York, NY.

Intervention overview: Implementation of Social Skills Intervention Group occurs using the approach in which the students are grouped identifying their needs and deficits. Then teachers and professionals gather lessons in the areas of need where they introduce and practice each skill during group sessions. Lastly, teachers monitor the progress and make interventions by looking at the student's skill. Social Skills Intervention Groups include:

1) Smaller number of students with access to higher adult attention,
2) Situated learning,
3) Positive peer models,
4) Systematic, explicit instruction,
5) Modelling, role-playing, problem solving, feedback,
6) School to home communication,
7) Self-assessment and recording component.

Steps for effective intervention plan: The following steps mentioned below are divided into preparation (Figure 8.3) and implementation (Figure 8.4) where steps are completed and then occasional revisions are done.

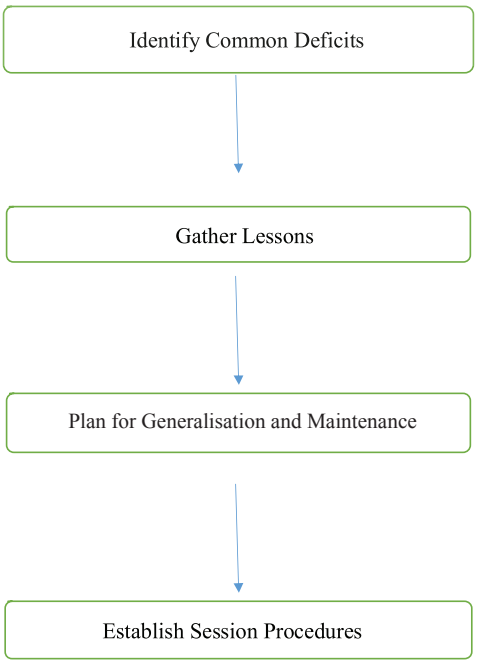

Figure 8.3: Social Skills intervention group preparation activities

Step 1: Assess to Identify Skill Deficits

In this step, further assessment of student skill deficits is essential. It is essential to determine social skill deficits that are common across most or all children of the intervention group as it allows lessons plan to be matched with the needs of selected children.

Step 2: Gather Lessons

In this step, the teachers and teams are encouraged to consider the most common deficits students experience and be prepared with lesson plans as soon as students are identified to participate in agroup. To maintain this pre-planning effort, five broad dimensions of social skills have been identified within the research literature as common skill deficit areas for many children and adolescents (Gresham, 1992; Walker et al., 1983):

Peer Relations Skills

Self-Management Skills

Cooperation or Compliance Skills

Assertion Skills

Academic Skills

Step 3: Plan for Generalization and Maintenance

Generalization talks about the capability to perform a behaviour outside the original training environment. There are techniques to increase generalisation such as using real life examples applicable to the students' circumstances, giving permission adults or students to visit sessions and teach students in the problem setting with peers the at-risk students. Lastly, teachers need to reinforce student and give regular feedback as it increases generalisation of skills.

Step 4: Establish Session Procedures

The session should be between 30 to 60 minutes in length and conducted weekly in a standard location and times so that there is consistency. The sessions should be conducted before school or after school so that the students are not removed from critical classroom periods. Each group should have at least 6-8 students according to assessed needs and they should be established rules in class such as what disciple rules are expected from the students.

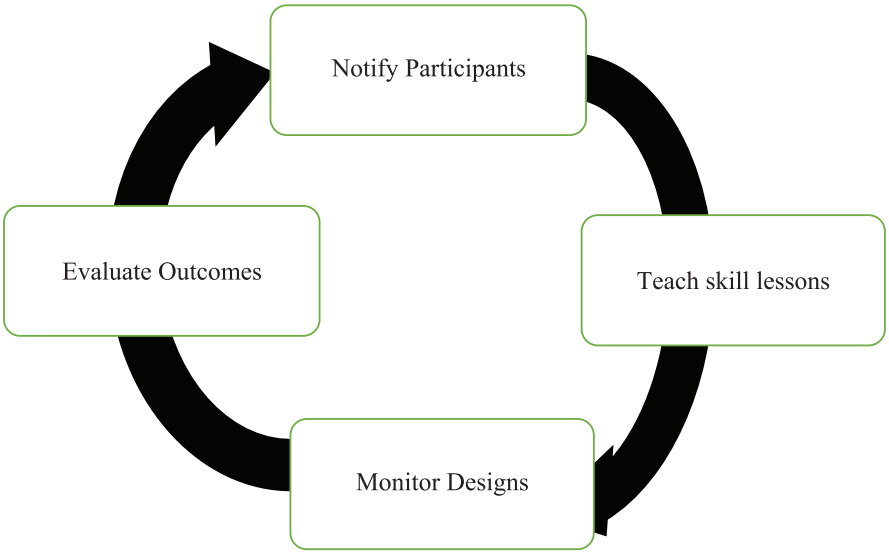

Figure 8.4: Social skills intervention steps

Step 5: Notify Participants

It is important that teachers, students and families also participate in this intervention to check they are appropriate students for the Social Skills Intervention Group and to take permission from them. Additionally, clear communication of expectations for all participants will get the best result from the intervention.

Step 6: Teach the Social Skill Lessons

Revising and discussing the learned skills and discussions of the intervention allows the students to recall, by explaining or displaying, the steps for use of the social skill that was introduced during the last meeting. Additionally, students also are given opportunities to explain or describe when, where, and how often they used the skill since the last session. Revision of the learned skills should include discussions of outcomes associated with use of appropriate or inappropriate skills. The interventions follow these steps:

Tell: The lesson begins with an outline where teacher and students discuss the skills to be learned, an explanation of significance of the skill, and situations and context where the skill can be used.

Show: After the introduction, the next step is exhibiting or displaying the learnt skill where the teacher models examples and non-examples of the skill. Furthermore, requests the students to demonstrate the appropriate skill.

Practice: Students are asked to explain and give a summary of the main steps of the skill and the areas where it can be used. Then teachers do role plays by creating situations for students to practise the skills. The first practice session is organised where students are actively asked to participate in the role-play but if they are not then they are asked to watch and carefully examine those who are.

Positive and Corrective Feedback: Reinforcement for accurate attempts is given and proper feedback if given to students.

More Practice: Students are given time to socialize in less organised environment where training is continued using the social skill.

More Feedback: Facilitators continue to give proper detailed feedback while students engage in preparationchances.

Plan for Generalization and Maintenance of Skills: A homework assignment for use of the skill in other environment and settings is conversed and allocated.

Step 7: Monitor Student Progress

The Daily Progress Report (DPR) is the crucial method for checking student response to the social skills intervention and this list mentions steps associated the skills that are being taught during group meetings. The teacher uses the DPR to document ratings of student skill performance and uses this as an organised format for providing precise, positive feedback and corrective feedback to students.

Box 8.5: Example
Skills Homework Chart

The skill I want to work on this week:

Requesting people to do things with me	The skills I plan on using	This is the skill I want to use
1) Smile and be polite.		

2. Request the person to join		
3. Explain the activity and the rules.		
4. See and find other person to play with.		

Source: Johnson, D. W., & Johnson, R. T. (1997). Social skills for successful group work. MAA NOTES, 201-204.

Box 8.6: Example

Skill Streaming – Teaching prosocial Skills

Early Childhood: Teaching Prosocial Skills to the Preschool and Kindergarten Child

Establishing social skills – pay attention, using polite talk, using brave talk, saying thank-you, rewarding yourself, asking for assistance, asking for an act of kindness, pay no attention too.

School related skills – asking a question, following instructions, trying when it is hard, interrupting.

Friendship making skills – acknowledging others, reading to others, joining in, waiting for your turn/patience, sharing, offering help, asking someone to play, playing a game.

Dealing with feelings – knowing your feelings, feeling left out, asking to talk, dealing with fear, deciding how someone feels, showing affection.

Substitutes to Aggression – how to deal with mocking, dealing with feeling angry, deciding if it is fair, resolving a problem, accepting consequences.

Dealing with Stress – relaxing dealing with mistakes, being honest, knowing when to tell, dealing with losing, wanting to be first, saying no, accepting no, and deciding what to do.

Source: McGinnis, E., & Goldstein, A. P. (1997). Skillstreaming the elementary school child: New strategies and perspectives for teaching prosocial skills. Research Press.

Box 8.7: Example
Social Skills Lesson Plan Template

Expectation: _____

Review Previous Skill (5-10 min)

Talk and interact about homework, reinforce students who finished and met their aims during the week.

Teach weekly Skill (20 min)

Tell: Discuss about social skills and the importance and the steps required to perform the targeted behaviour. Use real life examples for explanation.

Show: put forward the negative and positive social behaviour using role play, videos and discuss ways to achieve it.

Example:

Non example:

Practice:

Group Debriefing (5-10 min)

Give proper and detailed feedback and reinforce good social skills during the session.

Socialization Time (10 min)

Let the students interact during the sessions and allow students to show skills and display social skills learned during the sessions.

Establish Goal for next week (5-10 min)

Try to set goals for new skill and encourage students to make goal.

Let the students leave with clear purpose.

Generalize: What setting will be used next week?

Source: Laugeson, E. A., & Park, M. N. (2014). Using a CBT approach to teach social skills to adolescents with autism spectrum disorder and other social challenges: The PEERS® method. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 32*(1), 84-97.)

Check Your Progress 2

1) List the types of social skills deficits.

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2) What is the maximum number of children in social skill intervention group?

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3) Mention the steps of preparation stage in social skills intervention.

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4) Explain problem solving therapy with an example.

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8.3 PSYCHOEDUCATION

A number of psychoeducational interventions are targeted for children and one of them is "coping cat" (Khanna, 2008) which is an effective method for reducing

anxiety, social phobia and/or separation anxiety disorder for children between the ages of 7-13 years. The intervention consists of one therapist manual and one workbook for each child which helps to guide the lessons and plan for each session. The goal of Coping Cat is to teach children to recognize warning signs of anxious provocation and to let the warning signs be cues for them to utilize the strategies learned. This method uses an acronym, F.E.A.R., which helps children through the intervention programm so that the purpose of the intervention is met:

F- Feeling Frightened; cues for children to focus on the bodily and emotional reactions related to the current situation,

E- Expecting Bad Things to happen; cues for children to identify anxious thoughts.

A- Attitudes and actions that can help; cues that help children to stimulate learned coping skills such as problem solving, relaxation, and deep breathing.

R- Results and Rewards; cues that help children to grade their performance to receive admiration or an acknowledgment/award for facing their fears.

The participants are encouraged to get an insight on their capability by using the F.E.A.R. acronym as the goal for the participants is to become automatic with utilizing the acronym in anxious situations.

FRIENDS

FRIENDS is one school-based intervention that is significantly effective in reducing and inhibiting anxiety in children (Barrett, 2005). The FRIENDS acronym stands for,

F-feeling apprehensive;

R-relax;

I-inner thoughts;

E-explore strategies;

N-nice work;

D-don't' forget to practice;

S-stay peaceful

This CBT intervention helps in building coping skills for children with anxiety and depression. The program can be implemented through role-playing, group discussions, and peer coaching (Maggin & Johnson, 2014) and helps in emotional resilience, problem solving skills, and self-confidence.

Taming worry dragons

This is specifically created for interventions in school setting as this program helps in teaching children the different ways to manage stress, anxiety and apprehensions by focusing on different skills such as: thought-stopping, distraction, physical exercise, changing self-talk, and exposure.

The programs employs children's imaginative thinking by having them picture "worried and anxious dragons" in anxiety infuriating situations, Later, the children generate ways for the dragon to tame but not go away or escape from the triggered stimuli.

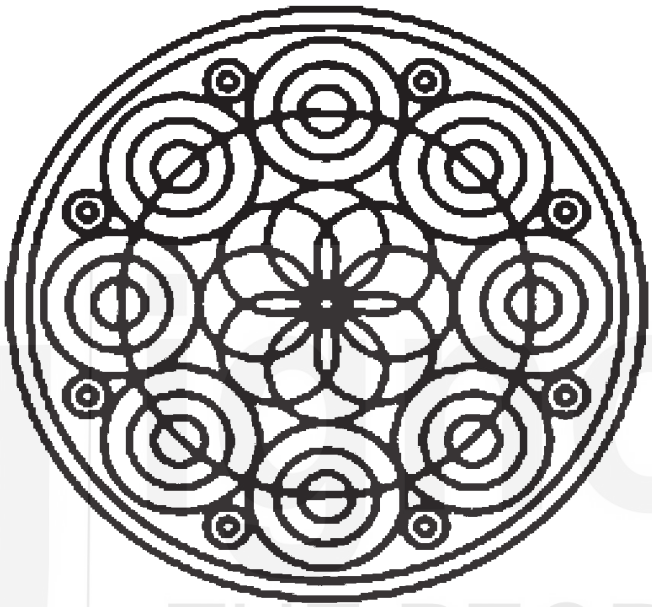
Building confidence

Another effective program for children is building confidence which includes segments for children, caregivers, teachers, and school staff. The goal of the Building Confidence program is to explain children a variety of coping skills to

practise when feeling anxious, stressed and worried which are taught through identifying emotions, thoughts, practicing talking to self, and exposure tasks.

Creativity and Mandalas

As mentioned in the previous Unit, art therapy has been extremely useful in improving self-esteem, decrease in posttraumatic trauma symptoms, bereavement and depression. Art has been used extensively with children who have undergone trauma. Studies have been done to investigate the efficacy of art therapy but empirical research is still needed with proper design and scientific rigor to investigate the effectiveness of art therapy (Henderson, 2007).



Source: Mandala - Wikimedia Commons

Carl Jung came up with the concept of active imagination in the form of a mandala (magic circle in Sanskrit) which emphasizes self-reflection and self-awareness in therapy. Active imagination is used for symbolic expression and a way to recognise and transform emotions. A mandala was used as a meditative tool in various religions, but most well known in Tibetan Buddhism, is a circle (with inner symbolic patterns) which is used for promoting psychological healing, amalgamation, and a peaceful state of mind when created by an individual. Jung (1973) mentioned that drawing mandalas leaves a calming and healing effect on its creator and helps to connect with the innate capacity to know the divine. Many psychotherapies use mandala (refers to any art form that is executed within a circular context) for self-awareness, self-expression, conflict resolution, assessment, and for therapeutic healing, and psychological health. Slegelis (1987) found that those who drew inside a circle experienced more optimistic affect than those who drew within a square. The videos links mentioned in the Web Resource section on mandalas shows the healing powers of Mandalas.

8.4 SCHOOL BASED SUPPORT SYSTEM

Some students require more attention and understanding than other students. Thus, schools need to take the time to develop procedures so that if any situation occurs where a student loses his/her control and threatens the safety of other students, the plan can be implemented. This plan should be communicated and practiced before an incident occurs (Yell, 2003).

There are several plans and programs available in schools to discipline and prevent aggressive behaviour of students and many such programs share similar elements such as (Colvin, 2007):

1) A common vision by the school staff, teachers and administration on how to best inhibit and reduce problematic and aggressive behaviour based on evidence-based practices;
2) There should be steady and visible support by administration, teachers and leaders;
3) Academic and social expectations are developed and implemented collaboratively by all staff; and
4) A program alteration and modification decisions are informed by estimating the effectiveness of data collected at the school.

Some of the problems can be dealt by reorganisation the school environment as well. Thus, it is better to plan and use approach than dealing with the consequences. So, plan ahead as preparing before-hand is the key which means to be aware of the daily routine and have clear lesson plans, and practise the strategies. The next step is to rearrange and restructure the environment to reduce problems which are mentioned below (Quinn et al, 2000):

1) **Seating Assignment:** Placing the students at a reasonable distance from where other things will not set him or her off. So, the task is to reduce crowding and not isolate the student.
2) **Heating and Lighting:** Overheated room or extremely cold room can cause troubles. For example, a hot room after sports class (because of which student becomes tired)may cause trouble.
3) **Controlled, Predictable, and Supportive Environment:** The educational system is one of the best sources of support as it provides a controlled, predictable and supportive environment for concerned and anxious children and adolescents.Thus, for troublesome and violent students it is especially important that consistent support be provided.
4) **Reduced Expectations:** Most troublesome students will not complete assignments as quickly or correctly as their more normal classmates. Thus, teachers can help the students by:
    a) Decreasing the number of problems assignments, homework etc
    b) Allowing and giving leverage to turn assignment and homework late,
    c) Excusing and asking him or her to try from some of the more stressful activities,
    d) Providing extra cues (e.g., showing a few examples of completed work, and asking if there are any questions), and
    e) Boosting peer assistance.
5) **Productive Activities:** Difficulties can be prevented if the child is engaged in productive activities. So, for the same, plan a set of activities that can be done like assignments, educational games, or activities that relate to one of their personal interest.
6) **Peer Assitance or Friend Group:** These students usually do not have many friends, so teacher's should consider assigning a friend or peer to help the troublesome student during specific times. The friend should be supportive and encourage the troublesome child.

7) **High Energy Activities:** Many troublesome and aggressive students seem to have an excess of energy so teachers should engage these students in physical activity so that they can burn off this energy.

Lastly, some schools are even implementing school-wide social skills and discipline programs. Procedures and plan need to be implemented in such a way that educators and staff can deal with problem and aggressive children. Thus, with reorganisation of school environment, a school-wide plan should be implemented because approaches can minimize environmental triggers, provide organisation and stability, and are more effective in addressing behavioural needs over the long run. For the same, Box 8.8 mentions some criteria.

Box. 8.8: Measures of a school-wide behaviour management plan

Explain the reason and the need for the plan;

State behavioural expectations;

Mention and enlighten strategies for teaching behavioural expectations to students;

Include structures for strengthening and rewarding students who demonstrate desired behaviors;

There should be consistency in being agreeable to strategies for managing students who demonstrate problem behaviours;

Include a range of back-up consequences for students who struggle and are having difficulty in changing their inappropriate behaviours;

Mention and provide teachers and staff with a referral system.

Include a step-by-step procedure for communicating the reason and need for a school wide plan and how it will be beneficial for students, parents and school

Source: Quinn, M., Osher, D., Warger, C., Hanley, T., Bader, B., Tate, R., & Hoffman, C. (2000). Educational strategies for children with emotional and behavioral problems. Retrieved November, 27, 2006.

8.5 STRENGTHS-BASED COUNSELLING IN SCHOOL

A current method which helps in meeting the needs of the students are strengths-based school counselling (SBSC), which is specifically for those who are at risk for emotional and educational problems. This model helps in building the strength and protect the children against problems and difficulties in their lives. The strengths-based approach is a preventive approach which is dedicated towards helping the children. This model is an integrative approach including the needs model of Maslow, Rogerian counselling methods, and social work practice. The model helps the students confronting the problems using their strength and resolve the issues that the child is encountering. The role of the school in this model is to identify and recognise those special strength resilient factors in himself or herself so that he or she can build on them and fight back the problems and issues that he or she is encountering.

8.5.1 Strength and Resiliency Factors

Christopher Peterson (2006) and Martin E. P. Seligman (2004) mentioned that there are six core strength factors that can contribute to student's resilience. According to Peterson (2006, pp. 142–146) these include:

1) Strengths of wisdom and knowledge which is made up of imagination, curiosity, love of knowledge, open-mindedness, and having a broad viewpoint.
2) Strengths of courage which is made up of factors of honesty and genuineness, courage and the power to speak out when needed, determination in the face of difficulties, and the feeling of being alive and full of enthusiasm.
3) Strengths of humanity which include factors of compassion (helping others), being thoughtful and affectionate, and having good social intelligence.
4) Strengths of justice which involves an unbiased impartiality in all matters, leadership and management, group loyalty, and a true spirit of teamwork and team building.
5) Strengths of temperance which comprises avoiding retribution and being forbearing and merciful, unpretentiousness and true feelings of humility, forethought in both actions taken and words spoken, and being well-organized and self-regulated in actions and appetites.
6) Strengths of transcendence which includes an appreciation of natural beauty and brilliance in the arts, spirituality and acknowledgement of one's place in the universe, hope and a sense of cheerfulness, a sense of humour (without mockery) and enjoyment of life's strangeness, and a strong sense of hope and optimism.

Smith (2006) mentioned that four strengths can be added to the list. Thus, the seventh strength can be of problem solving and analytical reasoning which includes higher-order thinking skills. The eight-core strength can be of ability to make money and support one's self and others. The ninth includes the ability to work within the community's structures to gain the support and aid. The tenth and the last one can be of survival strengths which including escaping pain and the provision of bodily and physical survival needs. The ethnic inheritance, culture and values can also be a resiliency factor as it helps in developing coping mechanism. For example: African-American students holding an Afrocentric perspective have a protective mechanism for maintaining ego strength resiliency and coping with stress.

8.5.2 Method for Counselling

- The first step in strengths-based school counselling is the progression of a healthy therapeutic relationship with the student. This requires abundance of trust and optimism and confidence in the student's ability to improve, enhance and grow.
- The next step is to relate and actively listen to the student's story so that the therapist or counsellor can begin to identify the student's strengths and special factors that make him or her resilient.
- The third step is for the therapist or counsellor to help the student explain the root cause and the nature of the problem that the therapy counselling intervention will address. For the same, few open-ended questions can be asked, including, "If there is one query you were hopeful, I would ask you, what it would be?" Another is, "Tell me your take on the problem. What is your theory about what is going on?" Once the root cause and the problem are understood and explained, the counsellor or therapist initiates therapeutic dialogues designed to encourage feelings of hope and provide encouragement for the student. This can be done by asking the student to narrate his or her

story and moulding himself or herself as survivor whose power and strengths made it possible to survive.

- The next step is to identify solutions to his or her problem which includes avoiding discussing the problem and addressing the solution. Having ideas and solutions is being hopeful and optimistic and can be done by asking the students to explore exceptions such as days when their problems do not occur. This makes it possible to identify practical and useful answers in the search for effective strategies that students can employ. During the time of finding solutions to problems, the counsellor or therapist can address and work on enhancing the students resilient and strengths factor. Additionally, discussing with the students to excuse and forgive others can reduce the annoyance and bitterness that he or she may feel.
- In the last step, the various strengths that the counsellor or therapist has identified in the student can now be conversed. By focusing on strengths, the counsellor or therapist is building control and the sense of ability to take charge of his or her life and helping them in enhancing the student's competence, problem-solving ability, and resilience. The counsellor or therapist is encouraging to be the survivor in his or her life and not be victimized and by doing this the student can feel empowered and this can build in self-esteem and self-efficacy. Thus, through this, the student can learn a new way to manage and handle his or her with life and can feel empowered as his or her own agent of change.

Check Your Progress 3

1) Explain briefly the various psychoeducational programmes.

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2) What are the six-strength factor described by Christopher Peterson (2006) and Martin E. P. Seligman (2004)?

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3) Mention the steps that school can take to prevent inappropriate behaviour.

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4) Summarise the steps of strengths-based counselling.

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8.6 SUMMARY

Now that we have come to the end of this unit, let us recapitulate all the major points that we have learnt.

- Cognitive behaviour therapy interventions and other counselling skills like social skills training, REBT and problem-solving therapy, etc. can be used to support student problem and enhance their growth.

- Social skills training is an applied solution for understanding the primary social deficits characteristic children. Social skills training has been applied to many other childhood problems as well and can be used with children having autism, anxiety, emotional and behavioural problems etc.
- Pscyhoeducational programs and approaches have a positive impact on students. Psychoeducational program and school-based support can help to look at the needs of the students by designing an effective collaborative intervention that can help in preventing inappropriate student behaviour and help in improving student learning and behaviour.
- School and administration are recognising that effective professional development can help to improve the education and prevent inappropriate behaviour. Thus, reorganisation of school environment is required with the help of teachers, counsellor, parents, community members, administrators, and support staff.

8.7 KEYWORDS

Cognitive behavioural interventions: Strategies used to help children in the use of self-talk or inner speech to regulate overt behaviour

Rational emotive behaviour therapy: Helps in challenge their own irrational and faulty thinking and develop the habit of thinking in positive and rational ways.

Stress inoculation therapy: Helps in preparing in advance to handle and become resistant to the effects of stressors.

Problem solving therapy: It is an effective therapy method as it helps people deal more with the extensive range of difficulties and stressful problems that occur in everyday living.

Social skills: Social skills are appropriate behaviors that occur in a social environment or context which means if individual performs then they get more positive than negative responses from others.

Mandala: It is a Sanskrit work for circle which and the word is sometimes translated as s magic circle or sacred circle.

Resilience: It is the capacity to recover, adapt and transform from stressful and difficult situations.

8.8 REVIEW QUESTIONS

1) Deficient social interaction skills are associated with poorer functioning and mental health outcomes. Explain an intervention that can be used with children having social skill deficits.
2) Briefly explain CBT model with help of an example.
3) What are the techniques that the teachers or counsellor can make students understand to cope up with their irrational thoughts?
4) What are the steps that school can take to manage and prevent inappropriate and undesirable behaviour from children?
5) Explain the preparatory steps used to design an intervention for social skills intervention for groups.

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8.10 WEB RESOURCES

- Healing power of mandala:
  https://www.youtube.com/watch?v=wUkmuY5voB0&t=73s
- Art therapy workshop-Mandala
  https://www.youtube.com/watch?v=qkdg5whyR7I
- What is Cognitive Behavioral Therapy?
  https://www.youtube.com/watch?v=q6aAQgXauQw
- Rational emotive behaviour therapy vs. Cognitive behaviour therapy.
  https://www.youtube.com/watch?v=wEOw-99EDlY
- Improving social skills in children
  https://www.youtube.com/watch?v=4AvSvZkmDJU

UNIT 9 CHILD RIGHTS AND SAFETY*

Structure

9.0 LEARNING OBJECTIVES

After reading this unit, you will be able to:

- Explain the relevance and salience of implementation of child rights in India;
- Discuss India's stance and progress on various critical issues pertaining to child rights;
- Summarize the various government-initiated provisions for the survival and protection rights for children; and
- Discuss the emergence of child helpline services and the effectiveness of these services in helping children in need.

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9.1 INTRODUCTION

In a country that is inflicted by age old social injustices, legal frameworks alone would not suffice to bring about major changes in the existing conditions of children in India. 'Indian childhood' as such is diverse because of a heterogeneous population. This variation and lack of uniformity owes to a number of factors that create divisions in the society and attribute to different life experiences such as religion, socioeconomic background, Indian caste system, and differential status across gender groups. Members of the Indian Constitution have highlighted the need for child rights and protection measures considering that children are a vulnerable population and they all need the nurturance and care required to reach their fullest potential. The Census data (2011) reveals that 39% of Indian population comprises of child population. With India competing with China to become the world's most populous country, this 39% of population is a large number that calls for effective healthcare, education, nutrition and safety measures. Source From the nation's point of view, it would also seem wise to ensure the health, safety and education of the children who are the future wealth of the country. In this Unit, we will learn about the emergence of child rights in India, important rights related to children and be acquainted with the child helpline in India.

9.2 CHILD RIGHTS: AN OVERVIEW

9.2.1 What are Rights?

Human beings have many needs, some of which are basic needs. When these basic needs acquire a legal frame, they become a right. Rights are entitlements and they inform us what others must do for you, and what others must not do to you. For instance, the need to attain knowledge becomes the Right to Education Act. It provides structure to our governments and forms the content of our country's laws. Rights enable our perception of what morality stands for and every citizen is a right holder who has the corresponding duty bearer, which is the State. It is the Government that has the obligation to ensure the realisation of rights of its citizens.

9.2.2 What are Child Rights?

Children are innocent and childhood is a vulnerable period for a developing child owing to the child's dependence on parents and care givens. While in this world many children are blessed to have a safe and healthy childhood, the numbers are much greater on the other end where children live in an unsafe, unhygienic, discriminative and/or exploitative childhood. It is for these children that rights become more important for survival.

Pioneering the campaign of fighting for children's rights post World War I, **Eglantyne Jebb** (British Social reformer), penned down the Geneva Declaration of the Rights of the Child, which later on became the formal platform for the United Nations Convention on the Rights of the Child (UNCRC). Her vision was to ensure that no child in the world be exposed to hunger or hardships. The UNCRC defines child rights as "the minimum entitlements and freedoms that should be afforded to every citizen below the age of 18 years irrespective of gender, national origin, birth status, religion, wealth, colour, origin, disability or other characteristics". Child rights are much more than basic human rights, since it needs to be acknowledged that individuals below the age of 18 years, have a unique set of needs arising from their vulnerabilities and their dependent status.

9.2.3 Child Rights in India

The UNCRC (1989) has explicitly stated the age bracket of children from 0-18 years. However, in India, there is some variation with regard to the upper age limit of children that varies from 0-14 years in some Acts and 0-18 years in other Acts. For instance, the Right to Free and Compulsory Education Act (2009) concerns children in the age bracket 6-14 years, whereas the Juvenile Justice Act (2000) defines a child as any individual below the age of 18 years. Census of India (that is conducted every ten years), defines a child as an individual below 14 years of age. At the backdrop of such disparities, it becomes necessary to understand whether the protection measures and regulatory frameworks are serving its purpose or not?

In India, Save the Children, a leading organization fighting for child rights is making Jebb's vision become a reality. Lakhs of Indians have donated to this organization that attempts to fight against any harm caused to the nation's children. Working towards becoming an ethical labour market force to multinational companies, India ratified the UNCRC in 1992.

9.2.4 Child Rights and Sustainable Developmental Goals

The Sustainable Developmental Goals (SDGs) were adopted by 193 countries at the United Nations Sustainable Development Summit in 2015, to be achieved by the end of the year 2030. In India, NITI Aayog has been associated with Central Ministries, government initiatives and various other Central Schemes for achieving the SDG targets through several developmental schemes in collaboration with the State Governments and Union Territories. The Ministry of Women and Child Development has worked extensively in this direction and following are the major schemes concerning benefits for children:

Schemes	Target group	Services provided
Anganwadi Services Schemes	Children of 0-6 years, pregnant and lactating women	Package of 6 services- supplementary nutrition, health check-up, referral services, preschool non-formal education, immunization, and nutrition and health education
Poshan Abhiyaan	Young children	Services attempt to reduce malnutrition/ under-nutrition and anaemia among young children
Scheme for adolescent girls	Out-of-school girls in the age group of 11-14 years	To empower and improve their social status by providing them with nutrition, life skills and home skills.
Ujjawala	Girls and women	Prevent trafficking, rescue victims and place them in safe custody, provide rehabilitation services, facilitate reintegration of victims into the family and society.
Beti Bachao Beti Padhao	Girl child	Prevention of gender biased sex selective elimination, survival and protection of the girl child, education and participation of the girl child.
Child Protection Services Scheme	Children	Protection against child abuse, and neglect, abandonment or separation from parent.

Check Your Progress 1

Q.1) Which of the following is incorrect in understanding the concept of rights?

a) rights do not define right and wrong acts.	c) rights inform us what others must do for us.
b) needs that acquire a legal frame, become a right.	d) rights do not inform what others must not do to you.

Codes:

i) a and b	iii) a and d
ii) b and d	iv) c and b

Q. 2) Which of the following is true about child rights in India?

a) India ratified the UNCRC in 1992.

b) There is consensus about upper age limit in child right laws and acts in India.

c) Anganwadi Services Scheme is an initiative by the Ministry of Health and Family Welfare.

d) Beti Bachao Beti Padhao Scheme was initiated by the Ministry of Women and Child Development.

Codes:

i) a and d	iii) a and c
ii) c and d	iv) b and c

Box 9.1: Kailash Satyarthi: Social Reformer

Kailash Satyarthi, a Nobel Peace Prize recipient in 2014, has been passionately driven toward the cause of ending child slavery and exploitation since 1980. Being an electrical engineer by education, his analytical mind helped him figure out the root cause of child labour: the triangulation of child labour, illiteracy and poverty. His childhood anecdotes relating to the cobbler's son, working for education of the underprivileged children in his village, and upliftment of the 'harijans' are truly inspiring. Putting his own and his workers life in danger, Kailash has constantly fought many cases involving child labour and child trafficking. Having founded the organization 'Bachpan Bachao Andolan' to free children under slavery conditions, Kailash continued his efforts to bring about policy reforms and steer the global committees on matters of grave importance such as each child's right to education. Campaigning across the countries of the world, he has been the mastermind behind the Global March Against Child Labour which eventually led to the adoption of the ILO Convention 182 on worst forms of child labour (1999). As a founder president of *Global Campaign for Education*, he continues to contribute towards ending the global education crisis and GoodWeave International for taking appropriate steps in creating consumer awareness and positive action in the carpet industry.

9.3 RIGHT TO SURVIVAL AND DEVELOPMENT

The World Health Organization asserts that the definition of health be "Health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Hence, the survival of the child is not sufficient. Each child needs protection against any harm and opportunities for growth and development. Healthy and unhealthy states can be represented on a continuum, with children striving to move or continue staying toward the healthy side. This represents the process of survival which is so crucial for the child's overall development.

The popular African proverb "It takes a village to raise a child" is best fitted in this context. The child's survival, growth and development are not limited to his/her immediate family, but is affected by the community at large and the social, political, religious and cultural ideologies that exist within the community. Early childhood years are the most crucial years for the development of every child. Considered as comprising the period from birth till 6 years of age, early childhood is marked by rapid growth in all faculties. Experts of neuroscience also state that the first three years of life are the most crucial years for brain development. Children in the early years subjected to any kind of toxic environment – malnourishment, lack of stimulating surroundings, parental abuse or neglect, prenatal exposure to alcohol or other substances; are more prone to various forms of disabilities and/or developmental delays. Hence, Early Childhood Care and Education (ECCE) is considered a child's right.

Article 45 of Constitution of India proclaims that 'the State shall endeavour to provide ECCE for all children until they complete the age of 6 years. There is also a special mention of ECCE (Section 11) in the Right to Education Act (2009) that states to provide ECCE services to children between 3-6 years of age and insists upon the government making necessary provisions for free pre-primary education. The Government of India further ratifies the commitment to ECCE services through the National Early Childhood Care and Education Policy (2013) which states provision for integrated services aimed at the holistic development of children, from prenatal period to 6 years of age. Following are briefly discussed government programmes targeted toward the holistic development of children:

9.3.1 INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

Based on the fundamental assumption that development of the child cannot be isolated from the condition of the mother, the ICDS (started in 1975) is the sole central government scheme that is targeted for serving to the needs of children below 6 years of age. The services of the ICDS schemes are dispersed from an Anganwadi Centre which covers approximately 1000 persons in rural and urban areas and 700 persons in tribal areas. The Anganwadi Centre is primarily operated by an Anganwadi worker who looks after the services aimed at improvement of the survival, growth and development of children. For instance, to meet the health needs, the Anganwadi worker organizes immunization programmes and pays home visits to pregnant women. Assisted by an Anganwadi helper (also known as 'sahayika'), the Anganwadi worker also looks into the ECCE needs by surveying the area and enrolling eligible children, and conducting pre-school activities with these children. In order to meet the nutritional needs of the children, the Anganwadi worker ensures that food is served on time on a daily basis, and keeps monitoring the growth charts of children below 3 years of age,

on a monthly basis. Considering health of the mother as a crucial factor, the Anganwadi Centres also provide for ante-natal care of expectant mothers, post-natal care of nursing mothers, and Nutrition and Health Education for women in the age group of 15-45 years to look after issues pertaining to family planning, health care services and hygiene.

9.3.2 Rajiv Gandhi Creche Scheme

Primarily to provide services to children of working mothers, the Rajiv Gandhi Crèche Scheme allots a number of crèches to States and Union Territories based on the child population. Each crèche takes care of about 25 children for 8 hours, from 9 am to 5 pm, and services include health, nutrition, rest and preschool education.

9.3.3 Mother and Child Health Programmes

I. Reproductive and Child Health Programme (RCH) – is an integrated program that was launched in 1997 by the Ministry of Health and Family Welfare, Government of India. The package of services provided under this scheme is listed as follows:

- Provision of services during ante-natal, delivery and post-natal period, including safe abortion practices wherever required.
- Provision of preventive and management services of reproductive tract infections and sexually transmitted infections.
- Counselling of family life and reproductive health to adolescent girls.
- Services to married couples by availability of contraceptive methods and prevention of pregnancy wherever needed.
- Provision of services related to care of the new born and immunization practices.

II. National Rural Health Mission (NHRM) –The Ministry of Health and Family Welfare, Government of India, launched NHRM in 2005 to curb the rate of maternal, neonatal and infant mortality rates. The primary objective was to provide affordable and easy accessibility to maternal homes in rural pockets of the country. On a similar vein, the Janani Shishu Suraksha Karyakram was launched in 2011 to make available free services to pregnant women and free institutional deliveries till the infant is one month of age.

9.3.4 Midday Meal Programme

The National programme of Nutritional Support to primary education (NP-NSPE) is a centrally funded project launched in 1995 in limited blocks of the country. The Midday Meal Programme is world's largest school feeding programme that aims to improve school enrolment, school retention, as well as school attendance, and consequently helps to improve the nutritional levels of the school children. At present, the Midday Meal Programme provides services both to the primary (grades 1-5) and upper primary (grades 6-8) school children in entire country. Few specificities are additionally emphasized for the smooth functioning of the scheme such as encouraging locally grown foods by maintaining a kitchen garden, displaying information related to supplies and weekly menu for the purpose of ensuring transparency, and educating teachers on issues pertaining to nutrition and cleanliness.

9.3.5 Right to Education

Education functions to bring about social change and improve one's quality of life. Universalization of Elementary education (UEE) is of principle importance for the progress of our country. Elementary education comprises of grade 1 to 5 (primary) and grades 6 to 8 (upper primary). Major programs launched under UEE include:

i) Midday Meal Programme.

ii) District Primary Education Programme (DPEP) with focus on primary education.

iii) Shikhsha Karmi – to deal with issues pertaining to teacher absenteeism.

iv) Lok Jumbish – with focus on education for the girl child.

v) Operation Blackboard – focus on provision of infrastructural facilities to schools.

vi) Sarva Shikha Abhiyan (SSA) – a flagship program by the Government of India launched in 2000 to achieve UEE in a time bound manner. SSA was a single program covering all the aspects of elementary education in a holistic manner. Working in partnership with the State Governments, SSA was based on the 86th amendment to the Constitution of India making free and compulsory education to children in the age group 6-14 years, a fundamental right. SSA programme seeks to provide for infrastructural facilities wherever lacking, opening of new schools in those locations that do not have schooling facilities, providing for additional teachers in schools that have an inadequate teacher strength, providing for training to existing teacher population, provision of life skills education and special emphasis on girls' education and children with special needs.

vii) The Right to Education (RTE) Act was enacted in 2010, and Article 21-A was inserted in its 86th amendment. RTE makes it legally binding to local and state governments for entitlement of education to children of age groups 6-14 years. By 'free education', RTE Act (2009) clearly implies that no child should pay for school fees if that prevents him/her from pursing school education. By 'compulsory education', the Act states that it is the local and state government's obligation to ensure admission, attendance, and completion of elementary education of all children in the age group of 6-14 years. The RTE Act also insists on appropriately trained and qualified teachers, prohibits any form of physical and mental harassment to children, says no to screening procedure for admission of children, and prohibits personal tuitions by teachers and to schools functioning without recognition. Furthermore; it is also is mandated to form School Management Committees (SMCs) in all schools with certain laid down roles and responsibilities. To manage SMCs affairs, the SMCs elect a Chairperson and Vice-Chairperson from among the parent members. The ex-officio Member-Convener of the School Management Committee will be the school's head teacher or, in the absence of a head teacher, the school's senior most teacher. The main functions of the School Management Committee are as follows:

    i) Monitor the functioning of the school,

    ii. Preparation, recommendation, implementation and monitoring of the School Development Plan, and

iii. Monitoring of the utilization of the grants received from the Government or Local authority or any other source.

Check Your Progress 2

1) Match the Following:

a) Midday Meal	i) DPEP
b) Primary Education	ii) ICDS
c) Anganwadi Centre	iii) NP-NSPE
d) Right to Education	iv) UEE

Codes:

1) a-i, b-ii, c-iii, d-iv	3) a-iii, b-i, c-ii, d-iv
2) a-ii, b-i, c-iv, d-iii	4) a-iv, b-iii, c-i, d-ii

2) Answer the following in one sentence:

i) Any one provision of Reproductive and Child Health Programme.

ii) How is SSA different from RTE to achieve UEE?

iii) List any one feature of Anganwadi Centres.

9.4 RIGHT TO PROTECTION AND PARTICIPATION

Children in especially difficult circumstances (CIDC) is a growing concern among the professional groups all over the world. CIDC are children whose basic rights are not met and they are in greater need of protection owing to their socio-economic, political and geographical conditions. The United Nations for Economic and Social Commission for Asia and the Pacific (UNESCAP) in 2008 defines CIDC as "those children who are for shorter or longer periods in their lives, exposed to intense multiple risks to their physical and mental health". CIDC is a heterogeneous group that comprises of children who are categorised as follows by the Ministry of Women and Child Development, Government of India:

Box 9.2: Various categories of CIDC	
1) Place of Shelter	Children living in slums, migrant children, children of nomads, children of prisoners, street children
2) Children living in poverty	Abandoned and homeless children, children who are beggars, child labourers, children in severe poverty
3) Children affected by natural disasters and violence	
4) Children subjected to abuse	Children in prostitution, children of prostitutes, sexually abused children, sexually exploited children
5) Children affected by AIDS	
6) Children working in hazardous occupations	
7) Missing children and trafficked children	
8) Children affected by social customs like child marriage	
9) Juvenile offenders	
10) Drug addicted children	
11) Children with disability	
12) Orphaned children	
13) Children born as eunuchs	
Source: https://www.planindia.org/wp-content/uploads/2019/09/CIDC-Report	

Described below are few of the significant areas where measures have been taken by the Government of India in form of legislations and policies for protection of CIDC:

9.4.1 Child Labour

Child labour is not only a form of exploitation, but it also destroys the early years of a child who needs to attend the school and acquire age-appropriate skills akin to their peer group. Children commonly engage in economic work before they are 18-years old owing to parental poverty, lack of awareness, their current socio-economic and cultural scenario, and lack of availability of education services. The lack of awareness often leads of exploitation of child labourers who are underpaid, made to work for more hours, and in harmful conditions.

Article 24 of the Constitution of India clearly states that any child below 14 years of age should not be employed to work in a factory or mine or any hazardous occupation. Consequently, the Child Labour Act (1986) aims to regulate working hours and working conditions of child workers and prohibits employment of children (below 14 years of age) in any hazardous occupation. The National Child Labour Policy (NCLP) was launched in 1988 for rehabilitation of child labourers, for development of a regulation project for the welfare of working children in highly concentrated areas of child labour, and for devising general development programs that aim for the upliftment of children. Related constitutional measures for upliftment of children were also made with Article 21(A) – free and compulsory education of every child aged 6-14 years, as obliged by the State and Local Governments, and Article 24 which prohibits employment of child below 14 years of age in factories/mines or other hazardous environments.

The Government of India enacted the Child Labour Amendment Act in 2016, which not only prohibits employment of children below 14 years of age, but also prohibits engaging adolescents in age group 14-18 years in any hazardous occupation. The amendment act provides for stricter laws against employers in any such instance of violation of the Act. The Act further clarifies on children as domestic help, where a child is allowed to work in family enterprise after school hours and during vacations. The Act also made provisions for a child artist to be permitted to work provided that it does not affect his/her school education. A greater percentage of children working as domestic labour was revealed in the urban cities and hence, the Act also banned the engagement of children as domestic workers in restaurants, hotels, resorts, spas and dhabas. The total number of child labourers in India has declined by 65% as estimated from figures obtained from the 2001 and 2011 Census Data.

In India, parents' poverty and indebtedness to the lender often also results in bonded child labour, wherein the child enters a lifelong bondage with the lender. The Bonded Labour System (Abolition) Act was enacted by Parliament of India in 1976. Bonded child labour still continues in parts of the country and perpetrators of the law go unpunished under the Minimum Wages Act, 1948; Child Labour (Prohibition & Regulation) Act, 1986; and Bonded Labour Act of India, 1976. The International Labour Organization (ILO) set up two major core conventions pertaining to child labour; ILO Convention No. 138 in 1973 asserts that the minimum age of entry for employment and work shall not be less than 18 years; and ILO Convention No. 182 in 1999 outlines the worst forms of child labour which need to be prohibited including slavery, trafficking of children for prostitution, and procuring drugs, and any form of work that harms the health, safety and morals of the child. The Government of India ratified the long-awaited ILO Conventions No. 138 and 182 on 31st March 2017.

9.4.2 Child Sexual Abuse

Sexual abuse has been defined as inappropriate sexual behaviour with the child which includes acts of sodomy, exhibitionism, rape, incest, sexual exploitation, intercourse, touching the child's genitals, or making the child touch adult's genitals. Child Sexual Abuse (CSA) is said to occur when a person in position of power or trust engages in child abuse, like a parent or a relative. When a stranger commits sexual abuse with a child, it is termed as sexual assault and handled differently. Victims of CSA undergo a lot of trauma including nightmares, low self-esteem, guilt, shame, suicidal tendencies, depression, sexually transmitted diseases, fear of the abuser, and other psychological problems.

It is necessary to adopt a multi-sectoral approach in dealing with cases of CSA, to prevent the child from further trauma and assist in his/her recovery. Victims of CSA run a risk of secondary victimization by the judicial delivery process. Unspecialized police, prosecutors and judges can cause more harm than help to the child, unavailability of medical support and counselling services can further hinder the healing process, unavailability of timely advice and assistance if the perpetrator of law is family member or main breadwinner, and absence of supervision system during and after the court procedures. These events make the victims of CSA even more vulnerable.

The Government of India brought about the special law for the Protection of Children from Sexual Offences (POCSO) Act 2012. The POCSO Act aims to "provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trail of offences through designated special courts".

The Act specifically outlines the following features:

- A child is defined as any person below 18 years of age
- Reports on different forms of sexual abuse, both penetrative and non-penetrative assault
- Includes sexual harassment and pornography
- Trafficking children for sexual purposes also punishable under provisions of abetment in Act.
- Mandatory reporting of sexual offences, casting a legal duty upon the person who has an awareness of the same.
- Specific arrangements to be made by police personnel who receive a report of child sexual abuse, ensuring medical treatment and shelter of the child and reporting to the Child Welfare Centre (CWC) within the first 24 hours, who will then provide with further arrangements.
- The Act also specifies about medical examinations in a manner less stressful to the child, insisting upon presence of parent or a trusted person, and examination by female doctor in case of a female child.
- Provision for special courts to conduct trial in-camera, in a child-friendly manner, without disclosing the child's identity.

9.4.3 Children with Disabilities

Information on Children with Disabilities has been extensively covered in the Unit 4 "Children with Special Needs". The United Nations Convention on Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty which affirms that disability is the result of interaction of attitudinal and environmental barriers that cause hindrance in attaining full and active participation in a given society on an equal basis. This stance by the Convention on the Rights of Persons with Disabilities (CRPD) brought about a paradigm shift from 'charity-based' approach to 'rights-based' approach and was adopted by the United Nations General Assembly on December 13, 2006.

In India, the Persons with Disability (PWD) Act 1995 was enacted for ensuring full participation and equality of people with disability. The Act listed down seven conditions of disabilities. The PWD Act (1995) adopted a 'social welfare' approach with emphasis on prevention, early detection of disabilities, education and employment of persons with disabilities. India signed and ratified the UNCRPD in 2007 which resulted in enactment of a new legislation in place of the PWD Act 1995. The PWD Act 2016 has expanded the list of disabilities from 7 to 21 conditions, replaced the term Mental Retardation with 'Intellectual Disability', and provided with an elaborate definition of 'mental illness'. The RPWD Act 2016 emphasizes that the Government ensure persons with disabilities with 'right to equality, life with dignity, and respect for his/her integrity equally with others'.

9.4.4 Children in Conflict with the Law

Children below 18 years of age who commit offences such as stealing, murder, rape/molestation and sexual abuse, cause injury to others and other minor offences are taken into police custody under the purview of Juvenile Justice System. Childhood is an enjoyable period of life but many children are deprived of this safe and happy childhood. There are a multitude of factors that cause a child to commit offences:

i) Poverty – that leads to depriving a child of various social and economic opportunities.

ii) Family – criminal acts by family members, absence of appropriate guidance and inconsistent discipline, broken homes, child abuse.

iii) School dropouts and acts of truancy.

iv) Media exposure – violent acts that desensitize children, lack of awareness about sex education leading them to commit crimes.

v) Peer influence – involvement with drugs, gambling and sexual activities.

A large percentage of children belong to "families at risk" and "children in need for Care and Protection". While many children need institutional services, there has been a paradigm shift from institutional to non-institutional services in interventions carried out for these children. While acknowledging that family environment is the best for a child's upbringing and that there's no substitute for the same, non-institutional services like foster homes, adoption centres, community centres, and day care/night care shelters can function as a short-term institutional care service. Simultaneous efforts are driven toward improving the quality of child care within institutions.

The Juvenile Justice Act (JJA) was enacted in India in 1986 to replace the Children's Act of various states. The Act addresses two categories of juveniles: 'neglected juveniles' (child of a prostitute, child exploited for criminal and immoral purposes, child who is a destitute, child found begging, and child with inadequate parental support); and 'delinquent juvenile' (child who has committed an offense that is punishable by Indian law system). The JJA 1986 provided a protective cover for the neglected and delinquent juveniles by providing for certain institutions for care (juvenile homes, special homes, observation homes and after care organizations) and designated the Juvenile Welfare Boards for the neglected juvenile and the Juvenile Courts for the juvenile delinquent for purposes of administration of juvenile justice.

There was a growing impetus that eventually led to the passing of the Juvenile Justice (Care and Protection of Children) Act in 2000. Factors that led to its enactment include the shortcomings and non-implementation of the JJA 1986, the ratification by India of the UN Convention on Rights of Children (CRC) in 1992, and the changing social scenario that placed more emphasis on child friendly juvenile justice system. The JJA 2000 categorises children below 18 years of age as juvenile: children in conflict with law, and children in need for care and protection. Children with disabilities, sick children, tortured and abused children, children affected by natural calamities are included in 'children in need for care and protection' category. Child Welfare Committees (CWC) were stipulated by the JJA 2000 for care and protection of the juvenile and child below 18 years of age. Non-institutional services were also given an increasing emphasis. For instance, the abandoned/orphaned/neglected child could be adopted, thus ensuring the social reintegration of the child. The Act also provided for establishment of Special Juvenile Police Units in all districts and city to enable training of police force for handling of children in conflict/contact with law.

The public outrage during the Nirbhaya Case in the country's capital in December 2012 resulted in Parliament of India enacting the Juvenile Justice Act 2015 which received strong criticism from scholars of various fields, owing to its ambiguity. While the International law considers 'child' as any person below the age of 18 years, Section 15 of the JJA 2015 states that child above 16 years and below 18 years of age can be tried in the adult court if found committing a heinous offence. The offences have loosely been classified as petty, serious and heinous; with 3 years, 3-5 years and 5-7 years respectively as punishment of committing the offences.

9.4.5 National Commission for Protection of Child Rights

National Commissions for the Protection of Child Rights (NCPCR) was set up in March 2007 under the Commission for Protection of Child Rights (CPCR) Act, 2005. It is a statutory body that is administratively controlled by the Ministry of Women and Child Development, Government of India. NCPCR defines a child as a person in the age group of 0-18 years. It is an authority that ensures that the laws, policies, programmes, etc. are from the child rights perspective as enshrined in the Constitution of India and UN Convention on the Rights of the Child. NCPCR also has come up with an online complaint management system- POCSO e-Box.

POCSO e-Box Helpline- 1800115455 (Toll free)

Source: National Commission for Protection of Child Rights, Government of India (ncpcr.gov.in)

Check Your Progress 3

1) State the following as true or false:

   i) The Bonded Labour System Act enacted by the Parliament of India in 1976 was successful in abolishment of bonded child labour. (T/F)

   ii) The Child Labour Amendment Act 2016 allows children to work in family enterprises after school hours and in vacations. (T/F)

   iii) Sexual assault occurs when a person in position of power or trust engages in child abuse. (T/F)

   iv) The PWD Act 2016 has expanded the list of disabilities from 7 to 12. (T/F)

   vi) The JJA 2000 emphasized more on the non-institutional services for care of children in conflict/contact with law. (T/F)

Box 9.3: Know the difference!

Law – a set of rules and regulations enforced by the government. Laws are created to maintain order in the society and protect the fundamental rights of the country's citizens.

Act – is a subset of law, a decree approved by the legislative body. Acts are made to make people aware of certain rules and regulations that are in place.

Amendment – is an alteration of part of an act or any other written law.

Legislation – refers to preparation and enactment of laws by a legislative body through its law-making process. The Parliament of India is the supreme legislative body of the Republic of India.

Policy – is a course of action enacted by the Government in response to public, real world problems.

9.5 CHILD HELPLINES

As the term denotes, child helpline is a support service provided to children in need, and run by civil organizations or government organizations. Firmly rooted to the principles of UNCRC, Child Helplines strive to work toward the fulfilment of basic human rights of children across the world. The children of the world have the basic right to survival, to be protected from any harm, abuse or exploitation, to develop to their fullest, and the right to participate in family, society and any other cultural setting. Since the child helplines are often the victim's first point of contact, Child Helplines base their work on the following specificities:

i) Adherence to four core principles of UNCRC, which are non-discrimination, looking after the best interests of the child, the right to life, survival and development, and respecting the child's views.

ii) Right to be heard and to express one's views without fears of reprimand.

iii) Child helpline counsellors are trained to listen to the children, and act as liaison officers between the children in need and the emergency services that are locally situated.

iv) Wherever possible, engage in direct intervention by providing shelter, educational and legal services.

v) Make provisions and seek alternatives to reach out to those children who are unable to access the child helpline services on their own.

vi) Empower children who seek these services by creating awareness about the issues at hand and educate the children to emerge as decision makers.

The Child Helpline International (CHI) data collected from other member country centres indicate an approximate figure of 277 million children who reached out for help from 2004-2014. Highest reported cases among these were of abuse and violence (30%), followed by psychosocial mental health issues (15%), peer relationships (12%), sexuality and sexual relationships (10%). In order to ensure a successful delivery of child helpline support services, the national mobile operators play a fundamental role in assisting the child helplines in the following thrust areas:

i) Easy access to child helplines – In order to ensure that children of all ages do not face any difficulty in calling child helplines, the following initiatives can help accelerate this procedure:

   a) Ensuring that the calls are free of cost to the caller. Generating toll free numbers would ensure a greater number of children approaching for help.

   b) Creating a number of channels for awareness about the child helpline number.

   c) Working with the concerned national authorities to secure an easy to remember, small helpline number.

   d) A toll-free model is likely to increase the number of calls, and the child helplines should ensure effective training of staff, volunteers and counsellors to ensure a good quality of services.

   e) Ensuring that a child helpline number never gets blocked via parental controls. For instance, Telenor India (Telenor India merged with Bharti Airtel in 2018) had installed the child helpline number in its SIM card and hence appeared by default on the customer's phonebook.

ii) Ensuring confidentiality of children's call to the child helpline- This can be done by not charging the calls so that these calls do not appear on the phone bill.

iii) Ensuring regional child support services via call routing- Many countries route the calls received to the same region from which the caller is located. This ensures two things, firstly, child and helpline volunteer can communicate and language would not be a barrier. Secondly, it becomes easy for the child helplines to locally connect to child protection services that operate regionally.

9.5.1 Child Helpline in India

In India, Childline emerged as a field project in 1996, in the Department of Family and Child Welfare, Tata Institute of Social Sciences in Mumbai. Ms. Jerro Billimoriam, a professor at TISS came up with this idea during her interactions with children on the railway stations and Mumbai's night shelters. Children in need started contacting her anytime of the day. Since it was not possible to function at an individual level all alone, tele-helpline surfaced as a solution where children could receive an instant support and with this one-point contact, be heard immediately, if they were ill, injured, or just wanting to talk to someone. Childline India Foundation was formed in 1999, and the Ministry of Social Justice and Empowerment funded it at the national level from 1997-2000. In 2006-07, Ministry of Women and Child Development granted Childline India Foundation the status of 'Nodal Mother NGO' in order to set up Childline services in all parts of the country. Today, Childline India Foundation serves as an active link between the Ministry and NGOs located across the country.

Box 9.4: Some Interesting facts about Childline India Foundation

- The idea of tele-helpline service was met with some serious problems like inability of the child to remember ten-digit numbers, inability of the child to pay for the call and the like.
- It took three years, two dharnas and a threat of hunger strike that ultimately led to the establishment of 1098 as a national toll-free number for children.
- Children devised a better plan to memorize the toll-free number 1098 by counting backwards 10-9-8, and that's how the story of 'dus-nau-aath' came to be known.
- The logo of the Childline India Foundation was decided as a cheerful and carefree boy calling, which signified two things- being carefree portrayed how children in pain are often successful in concealing their pain, and a smiling face signified how Childline services would make children happy.

Children who are living on streets, seeking shelter in child care institutions victims of abuse, and children deprived of parents and families, are considered are highly vulnerable. Recently, the pandemic crisis because of the COVID19, in India as well as countries across the globe, has impacted not only the health and economic sectors, but majorly on the psychosocial wellbeing of people. The conditions of

lockdown and restriction of movements, brought about new stressors on parents and caregivers. Children also experienced confusion, frustration and anxiety due to school closures and limited interactions with peers.

Childhood being a critical period that impacts the development of an individual's personality, UNICEF with Childline India has provided with a Manual that provides parents, caregivers and NGOs with tips on handling children during the hard pressing times, and age specific tool kits for children and adolescents to enable them to deal with stressors (during the pandemic crisis).This tool is part of the efforts by the Ministry of Women and Child Development to provide relief from emotional and psychosocial stress to children across the country. Childline India's open announcement during the lockdown period "We are not locked down" has consequently also witnessed a spike in calls by 50%, many calls also merely seeking information about the pandemic. India's exclusive emergency helpline for children (1098) in collaboration with Ministry of Women and Child Development, State Governments and Child Protection Services has helped many children during the critical period of the pandemic.

Check Your Progress 4

1) Child Helplines base their work on which four core principles of UNCRC?

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2) How can the national mobile operators assist the child helplines?

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9.6 SUMMARY

Now that we have come to the end of this unit, let us recapitulate all the major points that we have learnt.

- Child rights are much more than basic human rights, since it needs to be acknowledged that individuals below the age of 18 years, have a unique set of needs arising from their vulnerabilities and their dependent status.
- Government Programmes for ensuring the rights of children are focused on i) right to survival and development, and ii) right to protection and participation.
- The major schemes for the benefit of children are Anganwadi Services Schemes, Poshan Abhiyaan, Scheme for Adolescent Girls, Ujjawala, Beti Bacaho Beti Padhao, and Child Protection Services Scheme.
- The Persons with Disability (PWD) Act 1995 was enacted for ensuring full participation and equality of people with disability. It includes 21 forms for disabilities and mental retardation has been replaced by 'intellectual disability'.
- The Juvenile Justice Act 2000 categorises children below 18 years of age as juvenile: children in conflict with law, and children in need for care and protection. Section 15 of the Juvenile Justice Act 2015 states that child above 16 years and below 18 years of age can be tried in the adult court if found committing a heinous offence.

- Child Helpline services have emerged as a reliable platform for providing children with one-contact service where it is crucially needed.

9.7 KEYWORDS

NITI Aayog: The National Institution for Transforming India, more commonly known as NITI Aayog, is a primer policy 'Think Tank' of Government of India, for providing directional and policy inputs to the Centre and States

Convention: International treaties and are instruments, which create legally binding obligations to the countries that ratify them.

Hazardous occupation: Harmful to the physical, emotional or moral wellbeing of children.

Juvenile Justice: Derived from Latin word *juvenis* meaning 'young'. Juvenile Justice is a framework and a system that protects, reforms and rehabilitates the young. It is based on the assumption that delinquent behaviour and children in abnormal circumstances cannot be dealt with by the adult criminal law.

9.8 REVIEW QUESTIONS

1) Give a brief overview of Child Rights in India.
2) Why is right to survival and development so important for the children? Briefly describe the government programmes targeted toward the holistic development of children.
3) Who are children in especially difficult circumstances (CIDC)? Discuss few historical measures taken by Indian Government for the protection of CIDC.
4) What is a Child Helpline? Describe the salient features of Child Helpline services in India.

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9.10 WEB RESOURCES

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- (22) Childline 1098, child rights and child protection, child labour in India - YouTube
- Booklet_Children in India and Their Rights.pmd (nhrc.nic.in)
- Child Rights in India | Right To Education And Health - Smile Foundation (smilefoundationindia.org)

Answers to Check Your Progress

Check Your Progress 1

1) (iii). a and d

2) (i). a and d

Check Your Progress 2

1) 3) a-iii, b-I, c-ii, d-iv

2) i) Counselling of family life and reproductive health to adolescent girls

   ii) With the insertion of Article 21-A in 86th amendment act, RTE makes it legally binding to local and state governments for entitlement of education of children from 6-14 years.

   iii) The Anganwadi Centre is primarily operated by an Anganwadi worker and assisted by an Anganwadi helper.

Check Your Progress 3

1) i) False

   ii) True

   iii) False

   iv) False

   v) True

Check Your Progress 4

i) Child Helplines base their work on the four core principles of UNCRC – non-discrimination, looking after the best interests of the child, the right to life, survival and development, and respecting the child's views.

ii) The national mobile operators can assist the child helplines by allowing easy access to child helplines, ensuring confidentiality of children's call to child helpline and ensuring regional child support services via call routing.

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