UNIT 1 TEACHING AND TRAINING FOR COUNSELLING

Structure

ignou THE PEOPLE'S UNIVERSITY

1.0 INTRODUCTION

Every person in this world needs counselling at some or different times. Sometimes counsellor himself/herself needs counselling when he/she is in stress. In today's scenario each area needs counsellors as there are interpersonal conflicts, poor decision making, and poor job satisfaction, less emotional maturity among individuals; also increased demands and decreased resources. It is required to train more and more persons in counselling. In schools, universities, industries, families etc sometimes counsellors are appointed but most of the individuals are not aware about how much counselling can affect positively individuals' physical and mental health.

Most of the persons do not have much time to go to a psychologist or to go through proper psychotherapy; and also there is a social taboo to go to a psychiatrist or a mental health professional.

But in their own working place counsellors can be appointed. Whenever people need to release their stress the counsellors must be readily available to them. In this unit different training skills would be explained along with their theoretical backgrounds.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- teach a person learn about the theoretical concepts of counselling;
- train a person how to do counselling; and
- different techniques of counselling given by different psychologist or psychotherapist.

1.2 BEFORE START OF COUNSELLING

There are some factors necessary to control as it would minimise the disparity between client and counsellor.

1.2.1 Culture and Race

Clients may come from different cultures and have different belief systems. It is necessary to know that the person who wants to get counselling belongs to which culture; the basic values of that culture. Nothing is inappropriate in terms of the cultures. Only the counsellor should focus what is beneficial and what is obstacle in person's growth. If a person can carry the cultural values with his or her positive growth then counsellor should not intervene with it.

Not only the culture but race is also necessary to know sometimes. The information is not to discriminate the person, but rather not to hurt the person in any ways. Persons of different races have different physical characteristics. Race sensitive issues should be dealt delicately by the counsellor.

1.2.2 Social Status

The socio-economic status of the person is also important to know. Number of sessions would depend on that. The language, income, educational background, the occupational status of the client should be checked. There should not be any sense of rejection by the counsellor by any verbal or non-verbal gesture during the counselling session.

1.2.3 Demographic and Personal Data

It is also necessary to know the personal details sometimes e.g. age of the person his occupation, habits and also the daily routine. Family background and about the significant others of the person and interpersonal relationships and conflicts are the important things to note.

1.2.4 Marital Status

For a married person the meaning of life might be different than comparison to unmarried person. The person might be divorced, separated, the widowed, he or she might remarried or in living relations.

1.2.5 Sex-Orientation

It is necessary to know whether the person is heterosexual or homosexual. Sometimes the person is bisexual. The counsellor's attitude should be empathetic. Sometimes it is required to know whether it is a sex orientation or it is his or her sex preference.

1.2.6 Age

Age of the person is also an important factor. The counselling of a child would be different from an adult. The adults are more rigid to change in comparison to children. Adolescents have their different view points because of their biological and psychological changes at that time.

1.2.7 Physical or Mental Disability

If a person is physically or mentally challenged his thinking might be affected because of that. It should take care by the counsellor with full acceptance and empathy.

The counsellor should not show sympathy with the client. Rather one should accept that disability and give the counselling according to that.

1.2.8 Religion or Philosophy

Sometimes religion and philosophy affects the counselling. Counsellor has to show regard for the client's religion.

Some person's are influenced by some spiritual or philosophical thinking. Do not try to break it, it might hurt the person. The counsellor should fit his frame of reference according to the client's frame of reference; then only the client can understand the messages of counsellor.

1.2.9 Gender Role Identity

Mostly the person's behaviour, thoughts, feelings and actions are affected by their gender (Masculine or Feminine). Sometimes a person has contradictory feelings than his or her Gender. The tendency is opposite to his or her gender because of some biological causes or learned behaviour. Sometimes the client is apprehensive due to gender of the counsellor. If the resistance comes the client should be referred to another counsellor.

1.3 APPROACHES TO COUNSELLING

1.3.1 Psycho Analytic Approach

First of all the techniques given by Sigmund Freud would be discussed. Free association is the central technique in psychoanalytic therapy, in which the client is encouraged to say whatever comes to mind, regardless of how painful, silly, trivial, illogical, or irrelevant it may be. In essence, clients flow with any feelings or thoughts by reporting them immediately without censorship. Second important technique is 'catharsis' in which the focus is to release the suppressed emotions of the client. The 'interpretation' technique consists of the analyst's pointing out, explaining, and even teaching the client the meanings of behaviour that is manifested in dreams, free associations, resistances, and the therapeutic relationships itself. Interpretation includes identifying, clarifying and translating the client's material.

Dream analysis is an important technique for uncovering unconscious material and giving client insight into some areas of unresolved problems. Freud sees dreams as the 'royal road to the unconscious'. Dreams have two levels of contents. Latent content consists of hidden, symbolic, and unconscious motives, wishes, and fears. The second one is manifest content, which is the dream as it appears to the dreamer. The unconscious sexual and aggressive impulses that make up latent content are transformed into the more acceptable manifest content. According to Freud their are also usual resistances defensive approaches in daily life known as resistances. They need to be recognised as devices that defend against anxiety but that interfere with the ability to accept change. If handled properly, resistance can one of the most valuable tools in understanding the client. The another technique is transference which manifests itself in the therapeutic process at the point where clients' earlier relationships contribute to their distorting the present with the therapist. It makes sense that clients often react to their therapist as they did to a significant person. Through the relationship with the therapist, clients express feelings, beliefs, and desires that they have buried in their unconscious. Through appropriate interpretations and working through of these current expressions of early feelings, clients are able to change some of their long standing patterns of behaviour.

Alfred Adler uses the term *fictional finalism* to refer to an imagined central goal that guides a person's behaviour. He stresses that striving for perfection and coping with inferiority by seeking mastery are innate. The human beings experience inferiority; they are pulled by the striving for superiority. According to Adler the term lifestyle refers to an individual's basic orientation to life, or one's personality, and includes the themes that characterise the person's existence. The counsellor's goal is to fostering social interest, helping clients overcome feelings of discouragement and inferiority, modifying clients' views and goals – that are, changing their lifestyle, changing faulty motivation, assisting clients to feel a sense of equality with others and helping clients become contributing members of society.

However according to Carl Jung the human beings have both constructive and destructive forces, and to become integrated, it is essential to accept the dark side of our nature with its primitive impulses. Acceptance of this dark side (shadow) does not imply being dominated by this but simply recognising that this is a part of our nature. Jung teaches that many dreams contain messages from the deepest layer of the unconscious. He calls it as collective unconscious. Jung sees a connection between each person's personality and the past, not only childhood events but also the history of the species. Thus dreams reflect both individual's personal unconscious

and collective unconscious. Content of the collective unconscious is called archetypes. The therapist deals the complexes buried in these unconscious parts. The persona is one of the archetypes. It is a mask, or public face, that we wear to protect ourselves. The animus and the anima represent both the biological and psychological aspects of masculinity and femininity, which are thought to coexist in both the sexes. The shadow represents our dark side, the thoughts, feelings, and actions that are socially reprehensible and that we tend to disown by projecting them outward.

Another approach is self psychology or object relation theory. The *object relations* are interpersonal relationships as they are represented intra-psychically. The term object refer to that which satisfies a need. It is used interchangeably with the term *other* to refer to an important person to whom the child, and later the adult, becomes attached. *Others* are perceived by an infant as objects for gratifying needs. According to Margaret Mahler the individual begins in a state of psychological fusion with the mother and progresses gradually to separation. The unfinished crises and residues of the earlier state of fusion, as well as the process of separating and individuating, have a profound influence on later relationships. Object relations of later life build on the child's search for a reconnection with the mother.

According to Mahler the first phase of self development is *normal infantile autism*. Here the infant is presumed to be responding more to states of physiological tension. The infant is , in many respects, unable to differentiate itself from its mother, and according to Melanie Klein perceives parts-breast, face etc. rather than a unified self. The adults show the most extreme forms of lack or psychological organisation and sense of self due to fixations at this most primitive infantile stage.

The second phase called *symbiosis*. It starts roughly through eighteen month. Here the infant has pronounced dependency on the mother. The infant seems to expect a very high degree of emotional attunement with its mother.

The third stage calls the *separation process*. During this time of differentiation, the child experiences separation from significant others yet still turns to them for a sense of confirmation and comfort. These relationships can provide a healthy self-esteem if the child develops his sense of self. Children who do not differentiate, may later suffer from narcissistic character disorders (a grandiose and exaggerated sense of self importance and exploitive attitude towards others). People with a borderline personality disorder have moved into separation process but have been thwarted by maternal rejection of their individuation.

Mahler's fourth phase involves a move toward constancy of self and object. By now others are more fully seen as separate from the self. Ideally, children can begin to relate without being overwhelmed with fears of losing their sense of individuality, and they may enter into the later growth with a firm foundation of selfhood.

1.3.2 Existential and Humanistic Approaches

Existential approach believes that human beings are free and therefore responsible for our choices and actions. They are not victims of circumstances; rather they are what they choose to be. The aim of therapy is to encourage clients to reflect on life, to recognise their range of alternatives, and to decide among them. Once clients begin the process of recognising the ways in which they have passively accepted circumstances and surrendered control, they can start on a path of consciously shaping their own lives. Existential therapy is a process of searching for the value and meaning in life. The counsellor's basic task is to encourage clients to explore their options for creating a meaning existence. One can begin by recognising he should not have to

remain passive victims of our circumstances but instead can consciously become the architect of his life.

Viktor Frankl developed logotherapy, which means 'therapy through meaning'. It is aimed at challenging individuals to find meaning and purpose through, among other things, suffering, work, and love. Rollo May emphasises that it takes courage to "be: , and our choices determine the kind of person we become. The struggle is between the security of dependence and the delights and pains of growth. James Bugental views therapy as a journey that delves deeply into the client's subjective world. The counsellor contacts with the client's phenomenological (experiential) world. Irvin Yalom has developed an existential therapy that focuses on four ultimate human concerns: death, freedom, existential isolation and meaninglessness.

The humanistic approach is based on a system of values and people's abilities to develop their human potential. Carl Rogers person-centered approach focuses on the client's responsibility and capacity to discover ways to become fully functioning. With growing self awareness a client can develop more appropriate behaviours. The approach emphasises the phenomenal world of the client. The therapists concern themselves mainly with the client's perception of self and the world. In Roger's view the aim of therapy is to assist clients in their growth process, so that they can better cope with problems they are now facing and with future problems The therapist experiences unconditioned positive regard and acceptance for the client. And also he has an empathic understanding of the client's internal frame of reference and he strives to communicate this experience to the client. Empathy is the total understanding of the client's inner world. Unconditioned positive regard means a counsellor is having regard toward the client without and expectation any condition. Maslow emphasises enhancing clients' abilities to experience their feelings and think and act in harmony with their underlying tendencies to actualise themselves as unique individuals.

1.3.3 Behavioural Approach

In classical conditioning any response can be elicited by an unnatural stimulus rather than its natural stimulus through continuous association of that response with the unnatural stimulus. The response then is known as the unconditioned response. The conditioning can be done to make a person learn any new behaviour. Also if a person learned any inappropriate or unacceptable behaviour the de-conditioning can be done.

In operant or instrumental conditioning, the person can learn to operate any behaviour through rewards. These are called reinforcements. They might be positive or negative. The counsellor sometimes uses these techniques to de-sensitise the client from the anxiety or fear inducing stimuli. Sometimes a counsellor uses a positive reinforcement to make a child learn the appropriate behaviours.

In behaviour therapy the therapist attempts to get information about situational antecedents, the dimensions of the problem behaviour, and the consequences of the problem. Counsellor clarifies the client's problem, designs target behaviour and formulates the goals for therapy. He makes strategy to give therapy in which appropriate behaviours are reinforced and others are not.

1.3.4 Cognitive Behavioural Approach

In cognitive behaviour therapy the counsellor not only does behavioural rehearsals to modify the inappropriate behaviour of the client, but also tries to change the

negative perceptions and thinking of the person through cognitive therapy. The counsellor assesses client's distortions in thoughts and his maladaptive behaviours; then he intervenes to help them to practice for balanced behaviour and thoughts through different techniques. One of the technique is to interchange the automatic thoughts coming in the client's mind with the balanced or alternative thoughts without the suppression of automatic thoughts in the subconscious mind of the client. Different types of relaxation techniques are also used in that.

However in Rational Emotive Therapy (REBT) the counselling involves disputing clients' irrational beliefs and replacing them with more rational beliefs.

The therapist educates the client about the nature and course of their problem and how thoughts influence their emotions and behaviours. Homework is often used as a part of cognitive therapy. The purpose of homework in cognitive therapy is not merely to teach clients new skills, and to come back to perform the skills they can; but also to enable them to test their beliefs in daily-life situations.

1.3.5 Gestalt Approach

Gestalt therapy, developed by Fritz Perls and his wife Laura in 1940s. The approach is phenomenological because it focuses on the client's perception of reality; and existential because it says that people are always in the process of becoming, remaking, and rediscovering themselves. According to Latner, holism is one of the fundamental principle which emphasises on the integration or whole, how the parts fit together, and how the individual makes contact with the environment with this holistic view point.

The field theory of gestalt counselling is grounded on the principle that the organism must be seen in its environment as part of the constantly changing the field. Everything is relational, in flux, interrelated, and in process.

The Figure-Formation Process describes how the individual organises the environment from moment to moment. The undifferentiated field emerges from the background and becomes the focal point of the individual's attention and interest. The figure-formation twined with the principle of 'organismic self-regulation', a process by which equilibrium is disturbed by the emergence of a need, a sensation, or interest. Organisms will do their best to regulate themselves, given their own capabilities and the resources of their environment.

Polster and Polster (1973) describe five major channels of resistances: introjection, projection, retroflection, deflection and confluence. Introjection is the tendency to uncritically accept others' beliefs and standards without assimilating them to make them congruent with who we are. Projections are those attributes of our personality that are inconsistent with our self-image are disowned and put onto other people.

Retroflection consists of turning back to ourselves what we would like to do to someone else or doing to ourselves what we would like someone else to do to us. This process seriously restricts engagement between the person and his or her environment.

In deflection the individuals engage their environment on an inconsistent basis, which results in their feeling a sense of emotional depletion.

Confluence involves a blurring of the differentiation between the self and the environment. It is shown by the clients who have a high need to be accepted and liked.

Techniques of Gestalt therapy include the internal dialogue exercise, making the rounds, the reversal technique, the rehearsal exercise, the exaggeration exercise and staying with the feeling. In internal dialogue exercise is done using two empty chairs. They are two roles/attitudes played by the client himself. One is top dog i.e. righteous, authoritarian, moralistic, demanding, bossy and manipulative. The underdog plays the role of disobedient child who struggles for control.

Making the round is Gestalt exercise that involves asking a person in a group to go up to others in the group and either speak to or do something with each person. The purpose is to confront, to risk, to disclose the self, to experiment with new behaviour, and to grow and change.

In the reversal technique the counsellor could ask the client who claims to suffer from severe inhibitions and excessive timidity to play the role of an exhibitionist.

In the rehearsal exercise the client share their rehearsals out loud with the therapist, they become more aware of the many preparatory means they use in bolstering their social roles.

In the exaggeration exercise the client is asked to exaggerate the movement or gesture repeatedly, which usually intensifies the feeling attached to the behaviour and makes the inner meaning clearer.

Staying with the feeling is the technique in which the therapist may urge the clients to stay with their feeling. He may encourage the client to go deeper into the feeling or behaviour they wish to avoid. Facing, confronting, and experiencing feelings not only takes courage but also is a mark of a willingness to endure the pain necessary for unblocking and making way for newer levels of growth.

1.3.6 Reality Approach

Reality therapy is based on choice theory which is developed by Glasser (2000). Choice theory posits that we are not born blank slates waiting to be externally motivated by forces in the world around us. Rather, we are born with five genetically encoded needs-survival, love, and belongingness, power, freedom and fun- that drive us all our lives. Everyone has these needs but may vary in strengths. Reality therapists begin by asking clients what they want from therapy. They also enquire about the choices clients are making in their relationships. There is always a major unsatisfied relationship, although in the beginning the client may deny. In the first session the counsellor looks for and defines the wants of the clients. The therapist also looks for a key unsatisfying present relationship-usually with a spouse, a child, a parent or an employer.

Glasser advises therapist to help the client see how an unsatisfying present relationship is at the core of his or hers problem. When client begins to realise that he or she can not control only their own behaviour, therapy is under way. The rest of therapy focuses on how clients can make better choices.

1.3.7 Family System Approach

Alfred Adler, Murray Bowen, Virginia Satir, Carl Whitaker and Salvador Minuchin, Jay Haley and Cloe Madanes are the best known psychotherapists focus on family system approach. The central principle of family system approach is that the client is connected to living systems and that change in one part of the unit reverberates throughout other parts. A treatment approach that comprehensively addresses the other family members and the larger context as well as an 'identified' client is required.

Because a family is an interactional unit, it has its own set of unique traits. It is not possible to accurately assess an individual's concerns without observing the interaction with and mutual influence between the other family members, as well as the broader contexts in which the person and the family live. To focus on the internal dynamics of an individual without adequately considering interpersonal dynamics yields an incomplete picture.

Systemic therapists do not deny the importance of the individual in the family system, but they believe an individual's affiliations, and interactions have more power in the person's life than a single therapist could ever hope to have.

Bowen assumes that multigenerational and influences are central in understanding present nuclear family functioning. What occurs in one generation will probably occur in the next because key unresolved emotional issues tend to be played out over generations. He devised a 'family diagram' or genogram, as a way of collecting and organising important data over at least three generations. It is a tool for both the therapist and family member to understand critical turning points in the family's emotional processes and to note dates of births, deaths, marriages and divorces. The genogram also gives information about some of these characteristics of family: cultural and ethnic origins, religious affiliation, socio-economic status, type of contact among family members, and proximity of family members.

The therapist task also includes checking the functional versus dysfunctional communication in families, defences stances in coping with stress, family roles and family triads.

The goal of the therapy are mainly generating hope and courage in the family members to formulate new options; accessing, strengthening, enhancing, or generating coping skills in family members; and encouraging members to exercise options that will result in health as opposed to the mere elimination of symptoms. (Satir & Bitter, 2000)

1.4 THE COUNSELLING PROCESS

The process of counselling is systematic, and previously planned before starting the session. This is based on the symptoms, resources, personality, family and environment support and belief system of the client. The following steps are necessary to include in the counselling process.

1.4.1 Starting and Structuring

The counsellor should maintain a professional relationship with the client. The counselling is given only in the fixed sessions. It should be assured that on phone, on the way or any other informal place the counsellor will not talk to the client in an informal manner.

Each and every word said during the counselling session should be directional and a part of counselling, there should not be any further talking, and personal interest in any part of life of the client.

The language and communication patter and tone of the counsellor should be comfortable for the client. If there is very much discrepancy between the languages and understanding counselling should not be carried out. The counsellor's tone, pauses, patience, adding affirmations, acceptance, cross question in very subtle way would decide the direction of counselling. Good empathic responses from counsellor elicit honest self-exploring responses from clients.

To give a well planned counselling to a client the counsellor should listen carefully the client and try to get details of his case study from various resources (Informants, medical and psychological reports, information given by the client himself etc.).

1.4.2 Development of Insight and Making Rapport

Active listening is a major step of counselling. A client comes to a counsellor with lots of bad experiences, negative emotions, complexes, conflicts etc. He does not know what his exact problem is. So many things are going the brain of the person. When the counsellor gives relaxation to the client and ready to accept every thing going to be said by the client, the client starts saying on and on. It is counsellor's duty to let him speak first and decide which part of the client's life he will deal first.
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The client may be given some motivational sessions, relaxations and psycho-education to develop insight about the current problem. The client should be assured that the personal information shared by him would be kept confidential. Any information given by the client should not be discussed with any of the family member without the consent of the client. When it is required then the counsellor should do it very carefully in indirect manner.

1.4.3 Paraphrasing and Release of Emotions

Paraphrasing is just reflecting back what is communicated by the client in other words. This is done to assure the client that the counsellor has understood the exact meaning conveyed by client's internal frame of reference. But sometimes the counsellor has to repeat the same words instead paraphrasing.

The client feels free to express his feeling in an empathetic atmosphere. By his gestures (e.g. slightly nodding of head or through eye lash movement) the counsellor shows acceptance to client's feelings and wordings as he is paying full attention to understand it. The client starts releasing his emotions. The counsellor should not intervene in between the release of the emotions.

1.4.4 Taking Care of Present Demands, Ultimate Goals and the Obstacles

The counsellor should see that the clients need what in present circumstances and what is his ultimate goal. How these two can be put in same direction. How the client is made satisfied and what are the obstacles are in his way. If the person himself is responsible, it is the duty of the client to realise him. If others are creating problems, then the counsellor make the client feel confident to deal with them through cognitive behavioural rehearsals.

1.4.5 Training Relaxation and Making the Client Accept the Things

The counsellor prepares the client to accept the things happened in past and start a new journey of life. The counsellor teaches the client different relaxation techniques. These might be according the symptoms of the client e.g. breathing exercises, Jacobson's muscle relaxation technique, meditation, diversion of attention exercises, rehearsal of balancing thoughts or sleeping exercises etc.

1.4.6 Interpersonal Relationships, Conflicts, Behaviour and Personality of the Client

The counsellor has to check the behaviour and personality traits of the client. The counselling would include these issues also. If interpersonal conflicts are there, they may be dealt through role playing. The client would be realised how much others are important for one's life. How would he seek help from others and how he would maintain his interpersonal relationships? Sometimes the significant persons may be called to understand the issues.

1.4.7 Facilitating Problem Solving and Behavioural Rehearsals

To cope up with real life problems the counsellor make the client do behavioural rehearsals in front of him. He desensitise the client, and make him practice on positive thinking n so that he can apply it in real life situations.

1.4.8 Improving Client's Cognitive Distortions and Cross Questioning

To improve clients perception and thinking the counsellor assures the client through evidences that this is his thinking and perception not reality. The purpose is to give exposure the client and realise whether it happens really. For this sometimes counsellor do cross questioning to the client. Sometimes the counsellor probes the client to ask questions to the counsellor and he gets satisfied by searching answer in his questions.

1.4.9 Family Structure and Belief System

The family structure and belief system of the client can not be ignored. The client has to be made understood by the counsellor in a very scientific way why this structure of family or belief system was made. Is it required to modify or not. How much help he could get from his significant others? Can he change his views without disturbing others or not. If required family therapy can be provided.

1.4.10 Negotiating Homework and Monitoring

The counsellor provides the homework to set the daily routine of the client and to raise his self confidence that now I a doing something. Counsellor tries to highlight on those activities which he did so the client is encouraged to become more active. Initially very simple tasks are given to perform. Gradually the counsellor gives the complex ones.

Counsellor asks the care giver to do monitoring; also self monitoring by the client is done. Counsellor asks the care giver to observe the client (whether he is doing home work or not), not to intervene in the counselling.

Self Assessment Questions

1) In which technique given by Freud the focus is to release the suppressed emotions of the client:

   a) Free association
   b) Resistance
   c) Catharsis
   d) Interpretation

2) When the clients react to their therapist as they did to a significant person, it is called:
   a) Hypnosis b) Free association
   c) Dream Analysis d) Transference

3) Alfred Adler uses which term to refer to an imagined central goal that guides a Person's behaviour
   a) Fictional finalism b) Inferiority
   c) Life style d) Superiority

4) According to Jung Archetypes is the content of the:
   a) Unconscious b) Collective unconscious
   c) Personal unconscious d) Subconscious

5) According to Mahler infant is unable to differentiate itself from its mother,
   a) Symbiosis b) Normal infantile autism
   c) Separation process d) None of the above

6) Who developed logo therapy, which means 'therapy through meaning?'
   a) Viktor Frankl b) James Bugental
   c) Irvin Yalom d) None of the above

7) In one of the gestalt technique the client plays role of righteous, authoritarian, moralistic, demanding, bossy and manipulative. It is called;
   a) Underdog b) Top dog
   c) The leader d) Making round

8) Which approach of psychotherapy is based on choice theory developed by Glasser:
   a) Existential approach b) Humanistic approach
   c) Reality approach d) Gestalt approach

9) In which approach of counseling the focus is on client's distortions in thoughts and his maladaptive behaviours.
   a) Humanistic approach b) Existential approach
   c) Cognitive Behaviour appraoch d) Behaviour appraoch

10) The ethical issues in counseling is important to deal. For this following is necessary to do;
   a) To take informed consent b) To keep information confidential
   c) To have profession relationship d) All of the above

1.4.11 Offering Challenges and Feedback

Sometimes the feedback given by the client is not satisfactory however it might be due to several reasons e.g. the client is not practicing the things, family members are not supportive, there might be all of sudden something happens in the life of the counsellor that again makes him discouraged for the counselling or financial problems. These are the challenges for the counsellor himself. The counsellor analyses the things and decides now in which way the counselling can be proceeded. whether the counselling is continued by the same counsellor or the case should be referred to

other counsellor. If resistances comes the counsellor should manage it or should refer the case to other therapist.

1.4.12 Termination

The counselling is successful if the client himself asks the counsellor to discontinue. The reason must be the client is enough capable now to manage his day to day life problems. Generally termination occurs after 10-12 sessions. But sometimes due to some ethical issues, resistances or saturation the counsellor has to terminate the counselling.

1.5 ETHICAL ISSUES

Set healthy boundaries in the therapeutic relationship. Informed consent is to be taken before applying any testing or therapeutic technique on the client. The client's problems should be dealt very professionally. The counsellor must not take benefit from any situation, in any way. The client should be informed prior if there is any circumstance which can affect the confidentiality.

1.6 LET US SUM UP

In this unit we were dealing with the teaching and training for cunselling. We discussed culture and race and how these affect counselling process. We put forward the various socio economic, socio demographic factors that have to be considered before taking up the person for counselling. Also, whether the person has any physical or mental disability which needs any other forms oif interventions needs to be assessed and attended to. Then we presented the various approaches to counselling such as the psycho Analytic Approach, the existential and humanistic Approaches, behavioural approach and family systems approach etc. This was followed by the elucidation of the counselling process itself. How to start and structure the process, how to help client develop insight etc. The section also explained as gto how to improve the client's cognitive distortions and explained the family structure and the belief system which all may influence the counselling process. How to negotiate and give homework to the clients and how to monitor the progress re all some of the issues that were dealt with in this unit. Then the ethical issues were delineated and put forth.

1.7 UNIT END QUESTIONS

1) What are the different techniques used by the Freud and other psychoanalytical therapists?
2) How a client's perception, thinking and emotions are restructured through cognitive behaviour therapy? Give examples.
3) What are the essential steps a counsellor follows in counselling of a client?
4) Write down the different conditions which are necessary to control the disparity between a client and a counsellor?
5) Discuss the various ethical issues to be taken care by the counsellor during counselling sessions.

1.8 SUGGESTED READINGS

Gerald Corey (2001) *Theory and Practice of Counseling and Psychotherapy*, Wadsworth, Brooks/Cole Thomson Learning, United States.

Ram Nath Sharma (2004*)* *Guidance and Counselling*, Subjeet Publications, Delhi, India.

Richard Nelson-Jones (2008). *Basic Counseling Skills: A helper's manual*, Sage Publications, New Delhi.

1.9 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) c), 2) d), 3) a), 4) b), 5) b), 6) a), 7) b), 8) c), 9) c), 10) d).

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UNIT 2 CURRENT STATUS OF COUNSELLING WITH SPECIAL REFERENCE TO INDIA

Structure

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2.0 INTRODUCTION

This unit deals with the development of counselling educational centres in India and different courses in counselling psychology. After that the focus would be on the counselling centres which provide counselling to the individuals who faced different day to day life problems e.g. family problems, marriage problems and individual mental health and adjustment problems.

2.1 OBJECTIVES

After reading this unit, you will be able to:

- Be aware of the status of counselling psychology in India;
- Follow the procedures to become a professional counsellor;
- Acquire knowledge about the different courses and centres which are providing education and training in the area of counselling psychology; and
- Develop knowledge about the centres which give counselling services to the masses.

2.2 DEVELOPMENT OF COUNSELLING AND GUIDANCE CENTRES IN INDIA

2.2.1 Calcutta University

Calcutta University set up the first psychological laboratory in India in the year 1915. A separate section of research in Applied Psychology was opened under the direction of Dr. G. S. Bose in 1936 in order to adopt psychological tests prepared in America to suit the Indian conditions and to satisfy the vocational needs of Indian students.

2.2.2 Bombay University

In 1941, Batliboi Vocational Guidance Bureau was established in Bombay.

2.2.3 Patna University

A Department of Psychological Services and Research was established in 1945, offering personal and vocational guidance to students and constituting a number of psychological tests.

2.2.4 Parsi Panchayat

The Trustees of the Parsi Panchayat Funds and Properties established the Parsi Panchayat Vocational Guidance Bureau in 1947. Dr. H.P. Mehta, its first Director, published the journal of Vocational and Educational Guidance.

2.2.5 The Uttar Pradesh Government

In 1947, the U.P. Government established the Bureau of Psychology at Allahabad on the recommendations of Acharya Narendra Deo Committee.

2.2.6 The Bombay Government

The Bombay Government in the year 1947, set up the Vocational Guidance Bureau in Bombay renamed as Institute of Vocational Guidance in 1957. In 1952, the Vocational Guidance Association of Bombay was formed to coordinate the efforts of various individuals and agencies in the field of guidance in Bombay.

2.2.7 Workshop and Seminars at Delhi

In March 1953, Dr.W.L. Barnette, an American Professor, held a workshop at the Central Institute of Education, Delhi. A second seminar was held in November 1954 at the same place. It was decided to form an All India Educational and Vocational Guidance Association and to affiliate it to the International Association for Vocational Guidance.

2.2.8 Secondary Education Commission (1952-53)

On the recommendations of Secondary Education Commission (1952-53), the old unilateral education system was replaced by a scheme of diversified courses. The Commission provided for seven different streams at the Secondary Stage-humanities, science, agriculture, commerce, technical, fine arts, and home science.

2.2.9 Central Bureau of Educational and Vocational Guidance

In 1954, the Ministry of Education, Government of India, set up the Central Bureau of Educational and Vocational Guidance.

In July, 1958 it started a ten months' course for training counsellors in the field of student personnel work in the Central Bureau's premises in the Central Institute of Education, Delhi. Earlier a part of the Ministry of Education, the Bureau has become a part of the Department of Psychological Foundations of the National Institute of Education under the National Council of Educational Research and Training. The Extension Services Department of the Central Institute of Education, Delhi, conducted two long-term courses in Educational and Vocational Guidance. during 1957 and 58 to provide in-service training of teachers so that they should work either as career-masters or as teacher-counsellors. (R.N. Sharma, 2004)

2.2.10 State Bureaus of Educational and Vocational Guidance

These were established to perform the following functions:

a) Organisation of sample group guidance activities for a few schools.
b) Collection of occupational information and production of information material, establish state level information centres
c) Development and adaptation of translation of tests, questionnaires, check lists, etc.
d) Training of guidance workers.
e) Planning, coordination and supervision of guidance service within the State.
f) Consultative and field services.
g) Research
h) Organising courses in guidance and counselling
i) Individual Counselling and group guidance

j) Organise short term training programmes and orientation programmes

k) Standardization of psychological test

l) Publications

2.3 THE SECONDARY STAGE SERVICES OF GUIDANCE AND COUNSELLING PSYCHOLOGY IN INDIA

In India Guidance and counselling services at the Secondary stage are organised at the following four levels:

2.3.1 Central Government (Ministry of Education)

The Union Ministry of Education and the National Council of Educational Research and Training, are concerned with guidance services in higher secondary schools at the Central Government level.

The Ministry has promoted the development of guidance by providing financial assistance as well as professional leadership to States offered through the Central Bureau of Educational and Vocational Guidance established as a part of the Ministry of Education and later the Bureau was made a part of the Central Institute of Education under the Ministry of Education and at last merged with the National Council of Educational Research and Training (N.C.E.R T.).

2.3.2 National Council of Educational Research and Training (NCERT)

National Council of Educational Research and Training (NCERT) was established on 1st September 1961, as an autonomous organisation to function as an academic adviser to the Ministry of Human Resource Development, Department of Education, Government of India. The Ministry draws upon the expertise of the NCERT in formulating and implementing its policies and programmes in school education.

The National Council of Educational Research and Training (NCERT), in collaboration with Commonwealth of Learning (COL), Canada, is offering an International Diploma Course in Guidance and Counselling.

As a technical wing of the Ministry of Education it, undertakes the different types of activities in the field of guidance and counselling e.g. Leadership, researches, training, extension services, field services, publications. There are two journals of the N.C.E.R.T. *viz.*, Indian Educational Review and the N.I.E. journal**.**

2.3.3 National Employment Service

This organisation is primarily concerned with the offering of vocational guidance to school youth and adults through its Vocational Guidance Units. Its Vocational Guidance Officers assist the State and private organisations in conducting training courses for career masters through talks on career and organisation of career conferences

2.3.4 Guidance Services at the State Level

State Bureaus of Educational and Vocational Guidance have been set up in almost all the States and Union Territories, some of them administratively a part of the Directorate of Education others either a part of the State Council of Educational

Research and Training as in Andhra Pradesh or of the State Institute of Education as in Kerala and Delhi.

2.3.5 Educational and Vocational Guidance Bureaus in India

These were established in different parts of the country. The list is given in then table below:

S. No.	State/Union Territory
1. Andaman& Nicobar Islands	State Bureaus has not been established
2. Andhra Pradesh	Department of Educational Foundations, SCERT, Hyderabad
3. Arunachal Pradesh	There is no State Bureau
4. Assam	The State Bureau is attached to the office of the DPI
5. Delhi	The Bureau is a Unit of the SCERT
6. Gujarat	Institute of Vocational Guidance, Ahmedabad
7. Haryana	Guidance and Counselling Wing is a part of the SCERT, Haryana
8. Himachal Pradesh	State Bureau exists under the Directorate of Education, Himachal Pradesh
9. Karnataka	S.B.E.YG. is a part of Department of SCERT under the Directorate of Public Instruction
10. Kerala	S.B.E.YG.is a part of the State Institute of. of Education.
11. Madhya Pradesh	S.B.E.V G. is a part of the Educational Psychology and Guidance, Jabalpur
12. Maharashtra	Institute of Vocational Guidance and Section with a Sub-Bureau at Pune
13. Manipur	S.B.E.YG. is a part of the office of the Director of Education
14. Mizoram	E.YG. Unit is attached to SCERT, Mizoram
15. Orissa	——
16. Pondicherry	——
17. Punjab	S.B.E.VG. exists separately under the Department of Education
18. Rajasthan	S.B.E.V G. is a part of the SCERT
19. Sikkim	——
20. Tarnil Nadu	——
21. Tripura	S.B.E.V G. has been set up independently under the Dapartment of Education
22. Uttar Pradesh	Bureau of Psychology functions under the control of State Director of Education and the Director, SCER. It functions at the regional and school levels
23. WestBengal	——
24. Meghalaya	E.YG.B. is a part of SCERT
25. Dadra & Nagar	S.B.E.VG. exists under Directorate of Education

2.3.6 Area of State Directorate of Employment and Training

1) Organisation of occupational information programme.
2) Employment market information programme.
3) Careers study centres.
4) Foreign employment and training information centres.
5) Selection of courses and institutions.
6) Admission matters.
7) Scholarships, fellowships, assistantship and apprenticeships.
8) Information about passport and visa.
9) Employment prospects and Part-time employment.
10) Special units for the handicapped.

2.3.7 Training in Colleges and Universities

These offer courses in guidance in programme for the degrees of B.Ed. and M.A. in Psychology. Some of these also train career masters through organising short-term courses.

2.3.8 Private Guidance Agencies

Some private guidance agencies have been sponsored by charitable trusts, social welfare organisations or educational societies in India.

2.3.9 Guidance Services in Secondary Schools

Guidance Services in secondary schools are conducted by the following guidance personnel conducting well-equipped guidance services in schools:

i) The Principal and his colleagues.
ii) A guidance counsellor.
iii) Teacher-counsellor or career masters.
iv) Specialists in specific areas of service (part-time or full-time), which include the following:
    a) Social worker.
    b) Psychologist.
    c) Doctor, dentist, nurse.
    d) Parents.
    e) Community health, welfare and guidance agencies.

2.4 COUNSELLING PSYCHOLOGY: EDUCATION AND TRAINING

2.4.1 Qualifications for Counselling Courses

Certificate, Diploma and PG Diploma courses on counselling are offered by various institutes all over India. For pursuing a PG Diploma in Clinical and Community

psychology, you need to have a graduation in Psychology. For admission to diploma program in Guidance and counselling, some institutes prefer candidates with a Bachelors degree in Home Sc., Education or Arts, whereas others admit candidates with a M.A/ M.Ed. (psychology) degree.

Counselling courses also include a certificate course in Guidance. Candidates with M.A degree in Psychology can apply for Diploma program in Vocational Rehabilitation and Counselling and PG Diploma course in Rehabilitation Psychology. Postgraduate candidates can also apply for PG Diploma in counselling.

2.4.2 Eligibility for Clinical and Counselling Psychology

The successful completion of an M.A. or M.Sc. Degree in Psychology with a minimum of 55 per cent marks in aggregate is the minimum eligibility criteria for pursuing a professional course in counselling psychology.

The aggregate percentage marks are relaxable by five percent for the students belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

2 Years of practical experience in offering counselling services is also an eligibility criteria at several institutes.

Students, who have merely completed their Post graduation in Social Work or in Psychology, are also offering counselling services, even though they are not registered under the RCI.

The RCI issues a registration number to every Clinical Psychologist and counsellors which has to be renewed after every 5 Years.

2.4.3 Institutions Offering Courses on Counselling

The Maharaja Sayajirao University of Baroda in Gujarat

- NCERT in New Delhi
- All India Institute of Physical Medicine and Rehabilitation in Maharashtra
- Annamalai University in Tamil Nadu
- SNDT Women's University in Maharashtra
- University of Madras in Tamil Nadu
- Rani Durgavati Vishwavidyalaya in Madhya Pradesh
- Regional Institute of Education in Madhya Pradesh
- Regional Institute of Education in Karnataka

2.4.4 Benefits of Counselling Courses

More and more people are resorting to counselling to solve various crises of their lives. After pursuing counselling courses, students acquire helping skills to counsel and guide people for coping up with their educational, social or personal crisis.

2.4.5 Scope for Counselling in India

Once you complete counselling courses, you can choose from several job profiles in India. Trained personnel can opt to work in marriage counselling agencies, schools and colleges, old age homes, counselling centres, welfare departments of governments or remain self employed.

2.4.6 Scopes for Counselling Abroad

In the countries in the West, counsellors are held in the same rank as other medical practitioners. Their remunerations are thus higher than that in India. Counsellors can opt for practicing abroad in the same fields offering counselling jobs in this country.

2.5 CAREERS IN CLINICAL AND COUNSELLING PSYCHOLOGY

One needs to be kind and compassionate in nature in order to be a good Clinical Psychologist since this profession entails the practitioners to understand and solve the problems of people through counselling. One should have a good understanding of the workings of the human mind and should also have a natural propensity to unravel the deepest mysteries of the human mind.

The counselling is a very good tool to prevent the mental health and stress oriented problems. It is a difficult task to deal with patients exhibiting abnormal mental behaviour; hence a lot of patience is required on the part of a counsellor. In the profession of Clinical Psychology, a counsellor picks up a lot of negative thoughts and emotions from the patients. Hence, one should have the ability of ventilating all the negativity picked up during counselling.

Moreover, one should also have strong skills of persuasion in order to help patients break their mental blocks. Effective communication skills are also required, since one has to uncover the innermost workings of the patients' mental processes by talking with them.

2.5.1 Clinical and Counselling Psychology Programmes

Various courses in Clinical Psychology are offered by universities and institutes across the country. One can go in for an M. Phil. Program of 2 Years duration.

2 Year M. Phil Programs are available at the Central Institute of Psychiatry (CIP) in Ranchi (Jharkhand), the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore (Karnataka) and at the Institute of Human Behaviour and Allied Sciences (IHBAS) in New Delhi. The IHBAS inducts its M. Phil. Program every Year.

Each of the above mentioned institutes conducts independent, All India level entrance examinations for candidates wishing to get admission into M. Phil Programs at these institutes. The candidates who qualify in the written examination also have to clear an interview in order to get admission. Diploma courses and Certificate courses in Clinical Psychology are also offered by several institutes across the country.

The Jamia Millia Islamia (New Delhi) and a few regional centres of the NCERT (National Council of Educational Research and Training) offer Diploma courses in Clinical Psychology. The RCI recommends a practice - oriented curriculum for students pursuing any course (Degree, Diploma or Certificate) in Clinical Psychology and counselling. The Rehabilitation Council of India (RCI) recommends an OPD (Out Patient Department) in every institute offering a course in Clinical Psychology. It also recommends the restriction of theory - related teaching to only 30 per cent of the syllabus while laying more stress on practical learning.

2.5.2 Careers in Clinical and Counselling Psychology Prospects

One who has done a course in Clinical Psychology will be able to find jobs in the government sector. One will also be able to find jobs in the licensed psychiatric nursing homes. Clinical Psychologists are also required in the non - governmental organisations (NGOs) who are engaged in offering counselling services.

One can also find a job as a full time career counsellor in a school, since the Central Board of Secondary Education (CBSE) has directed for the appointment of at least one full time career counsellor in each and every school under its affiliation. One can also specialise in marital counselling if one has obtained a professional degree in Clinical Psychology. Moreover, the prospects of earning name and fame are quite bright if one sets up a clinic and starts counselling independently.

2.5.3 List of Colleges Offering the Clinical and Counselling Psychology Courses

Course Name	Institutes offering the courses
M. Sc. Psychology	Bangalore University, Bangalore (Karnataka), Jnana Bharathi, Bangalore - 560 056.
	Sri Venkatehswara University, Tirupati (Andhra Pradesh) Tirupati - 517 502, Chittor, Andhra Pradesh.
	University of Calcutta, Kolkata, West Bengal - 700 073.
	University of Mysore, Mysore (Karnataka), Mysore Viswavidyalaya Karya Soudha, Crawford Hall, P.B. No. 17, Mysore - 570 005.
M.Sc. Holistic Psychology	Bangalore University, Bangalore (Karnataka), Jnana Bharathi, Bangalore - 560 056.
M.Phil. in Psychology	Gujarat University, Ahmedabad (Gujarat) PB No.4010, Navrangpura, Ahmedabad - 380 009.
	Gurunanak Dev University, Amritsar, (Punjab).
	Sardar Patel University, Gujarat (Gujarat), Vallabh Vidyanagar - 388 120, Gujarat.
	University of Mysore, Mysore (Karnataka), Mysore Viswavidyalaya Karya Soudha, Crawford Hall, P.B. No. 17, Mysore - 570 005.
M. Phil. in Rehabilitation Psychology	Mahatma Gandhi (M.G) University, Kerala (Kerala) Priyadarsini Hills P. O., Kottayam, Kerala, India - 686 560.
	National Institute for the Mentally Handicapped, Manovikas Nagar, Secunderabad - 500 009, (Andhra Pradesh).
	National Institute for the Mentally Handicapped, Manovikas Nagar, P.O. Bowenpally, Secunderabad - 500 011.
P.G. Diploma in C.A.H Psychology	Maharaja Sayajirao University of Baroda, Vadodara, (Gujarat) Fatehgunj, Vadodara-390 002.

P.G. Diploma in Clinical and Community Psychology (CCP)	Maharaja Sayajirao University of Baroda, Vadodara, (Gujarat), Fatehgunj, Vadodara - 390 002.
Ph.D. in Clinical Psychology	Bangalore University, Bangalore, (Karnataka) Jnana Bharathi, Bangalore - 560 056.
	Gurunanak Dev University, Amritsar, (Punjab).
Post Graduate Diploma in Counselling Psychology	Punjabi University, Patiala, (Chandigarh) Arts Block No. 1, First Floor, Patiala - 147 002, India.
M.A. (Psychology)	Barakatullah Vishwavidyalaya, Bhopal, (Madhya Pradesh).
	Behrampur University, Bhanja Bihar, Orissa - 760 007.
	Bhagalpur University, (Bihar), Bhagalpur - 812 007.
	Devi Ahilya Vishwavidyalaya, MGM Medical College, AB Road, Indore - 452 001.
	Gujarat University, Ahmedabad, Gujarat - 380 009.
	Gurunanak Dev University, Amritsar, (Punjab).
	Himachal Pradesh University, Summer Hills, Shimla - 171 005.
	Jamia Millia Islamia, Jamia Nagar, New Delhi - 110 025.
	Jodhpur University, Jodhpur, (Rajasthan), Jodhpur - 313 001.
	Kurukshetra University, Kurukshetra, Haryana - 136 119.
	Lalit Narayan Mithila University, Darbhanga, Bihar - 840 004.
	Magadh University, Bodh Gaya, Bihar - 824 234.
	Maharaja Sayajirao University of Baroda, Vadodara - 390 002.
	Maharshi Dayanand University, Rohtak, (Haryana).
	Mahatma Gandhi (M.G) University, Priyadarsini Hills P.O., Kottayam, Kerala, India - 686 560.
	Mohanlal Sukhadia University, Udaipur - 313 001.
	North Eastern Hill University, (Meghalaya), Shillong - 793 001.
	Punjabi University, Patiala, (Chandigarh), Patiala - 147 002.
	Sambalpur University, Burla, Orissa - 768 019.
	Sardar Patel University, Gujarat, Gujarat - 388 120.
	Saurashtra University, Rajkot, Gujarat - 360 005.
	South Gujarat University, Surat, Gujarat - 395 007.
	University of Calicut, Kozhikode - 673 008.
	University of Delhi, Delhi, (Delhi), Delhi - 110 007.
	Utkal University, Bhubaneshwar, Orissa - 751 004.

Self Assessment Questions

1) When was the Central Bureau of Educational and Vocational Guidance set up?

   a) 1958 b) 1957

   c) 1954 d) 1945

2) Which of the following journals is not published by NCERT?

   a) Indian Educational Review

   b) N.I.E. journal

   c) Indian Journal of Guidance and Counseling

   d) None of the above

3) After how many years does the RCI registration no. for professional counselor needs to be renewed?

   a) 5 years b) 4 years

   c) 7 years d) 10 years

4) What are the minimum eligibility criteria for admission in a professional counseling psychology diploma or degree?

   a) Graduation with psychology

   b) Post Graduation in psychology with 55% Marks

   c) Post Graduation with 55% Marks

   d) Graduation in psychology with 55% Marks 5.

5) Which of these diploma courses is offered by the NCERT?

   a) International Diploma Course in Guidance and Counselling.

   b) National Diploma Course in Guidance and Counselling

   c) National Diploma Course in Counselling

   d) International Diploma Course in Guidance

6) Which of these states does not have a regional institute under NCERT?

   a) Bhopal b) Mysore

   c) Jodhpur d) Bhubaneswar

7) Which of these following Institutes provides degree in M.Sc. Holistic Psychology?

   a) University of Calcutta b) Sri Venkatehswara University

   c) University of Mysore d) Bangalore University

8) In India Guidance and counseling services at the Secondary stage are organized at which of the following levels?

   a) Central Government

   b) Guidance Services at the State Level

   c) Private agencies and schools

   d) All of the above

9) Which of the following university offers a Post Graduate Diploma in Counselling Psychology?

   a) Bangalore University, Bangalore

   b) Punjabi University, Patiala

c) Gurunanak Dev University, Amritsar

d) Maharaja Sayajirao University of Baroda

10) What is the name of department of psychology at NIMHANS, Bangalore.

a) Department of Mental Health and Social Psychology

b) Department of Mental Health and Psychology

c) Department of Neuropsychology and Social Sciences

d) None of the above

A lot of opportunities are also open for students of Psychology in the UK, the US, Australia and Singapore. Some Institutions are also running M.Phil. in counselling psychology.The profession of Clinical Psychology is in a very young stage in India but is set to expand more in the near future. Together with it, the career scope of students, who do a course in Clinical Psychology today, will also expand in the near future.

2.6 INDIA'S TWO LEADING ORGANISATIONS

2.6.1 Department of Mental Health and Social Psychology (NIMHANS, Bangalore)

It was started in the year 1954 as the Department of Psychology and Human Relations. It is one of the oldest and largest departments in National Institute of Mental Health and Allied Neuro-Sciences (NIMHANS), Bangalore. In tune with the guiding philosophy of NIMHANS, the department is engaged in clinical service, human resource development and research activities. The department has a sanctioned strength of 18 faculty members, 1 senior scientific officer, 2 junior scientific officers, 6 clinical psychologists and a teacher for the mentally-challenged persons.

Here Psychological intervention services are provided for adults, children and adolescents, couples as well as families. The approaches utilised for interventions include supportive, cognitive- behavioural, emotion-focused, interpersonal and brief dynamic psychotherapies, marital and family therapies, humanistic-existential therapies, behaviour modification as well as rehabilitation and cognitive retraining procedures. These services are individually tailored. In addition, the department is involved in providing various outreach services for mental health education, awareness and training. These include school mental health programs, stress management programs, training in basic counseling skills, parenting- skills training and other programs for the promotion of mental health and well being for various target groups in the community.

The department has been offering child and adolescent psychological services since its inception. At present, the services include assessment of cognitive functions such as attentional skills, intellectual abilities, memory, specific learning abilities/disabilities (academic abilities such as reading, writing, spelling and maths), self-concept, stress and interpersonal relations, fantasy life and internal world of children as well as parenting skills. The methods of intervention include play therapy, art and narrative work with children, individual psychotherapy for adolescents, parental counseling for children and adolescents with mental retardation, autism and learning disabilities and parent- management training for children with severe behaviour problems such

as conduct and oppositional defiant disorders. In addition, remediation-training for young children with learning difficulties and behavioural intervention for children with attention deficit hyperactivity disorder, emotional and behavioral problems are also utilised. Services are offered on appointment basis. Since the services offered generally involve in-depth assessment and individually-tailored, intensive interventions for addressing multiple problem- areas; the entire process for a given client may usually span two-to three months.In addition, the psychological services are offered to schools in terms of school mental health - workshops for teachers and parents to identify and deal with academic and psychological problems in children and adolescents. Programs for enhancing mental health of parents and children are also offered.

The clinical psychology services offered for clients with substance use /dependence are individually tailored and include psychological assessment of various domains such as intelligence, personality and interpersonal relationships. Neuropsychological assessments are also carried out when necessary. The range of psychological interventions offered includes motivation enhancement therapy, methods for relapse prevention, individual psychotherapy, marital/family therapy, parental counseling, cognitive retraining and yoga.

In the Family Psychiatry Centre, therapeutic services are offered for couples and families who may be referred from adult and child and adolescent mental health units as well as those who are self- referred. The services are offered on inpatient as well as outpatient basis. The clinical psychology consultants are an integral part of the multidisciplinary team and provide intensive inputs in the process of assessment, intervention and training. Systemic, structural, behavioural, emotion-focused, strategic and psycho-education are some of the therapeutic approaches utilised.

2.6.2 The National Council of Educational Research and Training

The National Council of Educational Research and Training (NCERT) was established for providing academic support in improving the quality of school education in India. The focus of the Council is reflected in its emblem. The three intertwined swans symbolise the integration of three aspects of the work of the NCERT, namely, Research an d Development, Training, and Extension. All these functions are tuned to achieve the main objective of improving the quality of school education. The activities taken up by the NCERT include development of curriculum, textbooks and instructional materials, training of the key functionaries and research in various dimensions of school education.

i) **Department of Counselling and Guidance**

Qualitative improvement of education, through the application of the disciplines of educational psychology and counselling and guidance, particularly at the elementary, secondary and senior secondary levels, is the major concern of the Department of Educational Psychology, Counselling and Guidance of the NCERT. It has been engaged in research, development and training activities related to counselling and guidance, identification and development of talent, behaviour technology and development of syllabi and instructional materials. Its projects/programmes aim at the optimal development and self actualisation of the learner, in all aspects of his/her potentialities and functioning. It took steps towards implementing the recommendations contained in the National Policy on Education (NPE) and Programme of Action (FOA), bearing on educational Psychology, counselling and guidance. (R.N. Sharma, 2004)

The NCERT functions through its eight constituent units, viz. (a) National Institute of Education (NIE), (b) Central Institute of Educational Technology (CIET) – both located at New Delhi, (c) Pandit Sunderlal Sharma Central Institute of Vocational Education (PSSCIVE), Bhopal and five Regional Institutes of Education (RIEs) at Ajmer, Bhopal, Bhubaneswar, Mysore and Shillong. This National Institution draws on the expertise of as many as 600 members of the faculty located in the network of its constituent units.

ii) **International Diploma Course in Guidance and Counselling (IDGC)**

NCERT, through the Department of Educational Psychology and Foundations of Education (DEPFE), has been training the in-service school teachers, teacher educators, educational administrators as well as untrained guidance personnel through its diploma courses for many years. In order to make the course accessible to larger numbers, this course has now been redesigned with components of both distance/ online as well as face-to-face modes. The course is developed and offered by DEPFE, NIE, New Delhi and other five study centres at Regional Institutes of Education of NCERT.

The course aims to train in-service teachers, teacher educators, educational administrators and untrained guidance personnel as counsellors/teacher counsellors to guide and counsel students in school and other related settings. The course provides opportunity for interaction among candidates from different cultures and helps to promote international understanding, harmony and peace among people from various regions of the world. It has therefore been designed with a special focus on counselling in a multicultural context.

2.7 COUNSELLING PSYCHOLOGY: AN OVERVIEW

Counselling psychology is not an established profession in India, at least in the formal sense. While psychology in India is represented by a number of key professional bodies, including the Indian Association of Clinical Psychologists, there has not been a move to develop a distinct identity for psychologists involved in counselling. A limited number of courses on counselling are on offer, but the quality of training is not monitored for these. What is apparent from a consideration of the situation in India regarding psychology and counselling, is the need for both western and Indian philosophies and ideas to come together to form theories and approaches that have greater face validity to the Indian population and which therefore might more adequately meet identified needs. For example, Arulmani (2007) draws attention to the fact that traditional Indian psychology, referred to as Mano Vidya, or 'mind knowledge', is recorded in ancient Indian writings documenting the existence of psychological ideas and techniques that 'bear a startling resemblance to ideas put forth by modern Western psychology and yet predate these efforts by two millennia' (p. 71). Apparently, there is now some activity in this direction, with the development of psychological inventories that draw on traditional Indian psychology (Wolf, 1998). The challenge that these developments present to counselling psychology highlight the need to contextualise concepts and approaches within a framework that can cope with different cultural subjectivities, and by doing so recognise the contextual nature of knowledge and research activity. (Counselling psychology in India).

2.8 LET US SUM UP

In this unit we have considered the current status of counselling with special reference to India. Development of Counselling and Guidance Centres in India. We traced the establishment of counselling psychology courses in the different universities in India such as the Calcutta University, Bombay University etc. Then we elucidated the efforts of the various governments in establishing counselling psychology in different institutions. Then counselling was discussed in the context of UP government, Delhi and how it was brought under the rubrics of secidary education commission. This was followed by the establishment of the Central Bureau of Educational and Vocational guidance and the State of Educational and Vocational guidance. Then we elaborated on the Secondary Stage services of Guidance and Counselling Psychology in India. We then took up the establishment of NCERT by the government, the National Employment Services, Guidance services at the state level and the establishment of the Educational and vocational guidance bureau of India. Also we took up the training for counselling in colleges and universities, in private guidance agencies etc. Then we took up the training issues concerned with counselling, the qualifications and eligibility requirements for undergoing training in counselling. We then delineated the Careers in clinical and counselling psychology and the list of colleges offering clinical and counselling psychology courses.

2.9 UNIT END QUESTIONS

1) What are the different Organisations offering courses on guidance and Counselling in India.
2) The department of mental health and social psychology, NIMHANS, Bangalore provides psychological intervention counselling services in which areas?
3) Explain the functions of State Bureaus of Educational and Vocational guidance in brief.
4) Discuss the current status of counselling psychology in India.
5) Write short note on functioning of NCERT.

2.10 SUGGESTED READINGS

Ram Nath Sharma (2004) *Guidance and Counselling,* Subjeet Publications, Delhi, India.

Careers in clinical and counseling psychology in India recruited on 19th January 2011 from www.winentrance.com/career_courses.

Counseling courses in India. recruited on 9th January 2011 from www.indiaedu.com/career-courses/

Counsellling psychology in India. from The Social and Historical Context of CounsellingHE SOCIAL AND HISTORICAL CONTEXT OFCOUNSELLING PSYCHOLOGY PDF file www.uk.sagepub.com/upm-data On 19th January 2011

Department of Mental Health and Social Psychology, Recruited on 9th January 2011 from www.nimhans.kar.nic.in

The National Council of Educational Research and Training (NCERT) recruited on 19th January 2011 from www.ncert.nic.in/announcements

2.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) c), 2) c), 3) a), 4) b), 5) a), 6) c), 7) d), 8) d), 9) b), 10) a).

UNIT 3 FUTURE DIRECTION

Structure

3.0 INTRODUCTION

In today's scenario counselling is not only advisable but has become the requirement of the individuals. Not only the person who is suffering from any type of mental problem, but many times counselling is a demand by the persons who feels any type of stress, conflict, pressure, frustration or any type of adjustment problems. Day by day new academic and training courses are being started in the area of counselling by different organisations. But still it is lacking in most of the sectors.

Now-a-days individual counselling can be received by the person working in any organisation related to any filed due to the appointment of trained counsellors in these fields. Also for managing the time and financial problems, the online counselling is also coming forward. Online counselling is also known as E-counselling. Individual counselling takes time to go to the place of counsellor and approach the counsellor regularly. In previous unit techniques of individual counselling have been discussed. In this unit focus would be more on E-counselling as it is modern up-coming approach.

3.1 OBJECTIVES

After reading this unit, you will be able to:

- Explain the masses about the development and advancement of counselling in different countries;
- Enlist the benefits and limitations of online counselling and career opportunities in this area; and
- Elucidate the necessity of counselling in different areas that may affect not only the mental health of the person but also to improve the growth of any individual, organisation or country.

3.2 APPLICATION OF COUNSELLING PSYCHOLOGY

Now-a-days the world is going very fast. Each and every child faces lot many hurdles in their growth and development. The child can not enjoy his or her childhood because he has to run in the race since beginning starts from his or her developmental stage. Some times they can face the problems and some times they can not cope up and feel stress. The elders can not understand the child psychology. In this way it is necessary that every school should have at least one counsellor with whom the child may share his feelings. Because of training the counsellors are capable to assess the problem of the child. They can help the child to release their emotions and they can help them to search a meaning in their life. With the help of the counsellor the child learns to cope up with their day to day life problems. Unfortunately only some schools has counsellors.

In college also a special wing should be of counselling which can deal with the emotional problems of the youths. Every second person in the world is dissatisfied with his or her day to day problems, environment or with job etc . If he or she is satisfied; may feel pressure of work or stress to complete the responsibility at hand. The people are facing interpersonal problems everyday. Every person at some time or other time needs counsellor who would have empathy and a positive unconditioned regards towards him. Who can listen the person carefully and who can let him motivate to adapt the best coping skills suitable for a person's further growth.

In industry or any organisation counsellor can work to improve for better interpersonal skills for the employer or can develop team spirit in a group or they motivate the employee or employer to control their emotional aspects so that over all growth of the individual and organisation can be enhanced.

In hospital setting not only in psychiatric wing but also in every department counsellors are required. In every chronic or terminal illness the chances to develop anxiety, depressive features, conflicts, stress, negative thoughts etc. are high. If the counsellor go to visit and counsel the patient like other doctors, the patient would feel good. But it should not be for the commercial purpose. In humanitarian ground the every person should take breathe of relief and feel satisfied with life.

In some countries they have arrangements like they have family counsellors or personal counsellors. In society and communities the members can also have a counsellors' club to deal with the emotional issues. The human being is some time tapped with emotions. They do every thing to make themselves happy but do not think about to control or cope up with their emotional issues. The counselling especially psychological counselling helps them a lot.

3.3 DEVELOPMENT OF COUNSELLING

Counselling psychology has now been given division status in the International Association of Applied Psychology (IAAP). This came about at the 2002 Congress of Applied Psychology in Singapore, where the Board of Directors of IAAP voted to create Division 16 of Counselling Psychology (Leong & Savickas, 2007). An International Review was planned, to consider the discipline of counselling psychology in 12 different countries across the world.

The USA has the longest established independent profession in counselling psychology. In 1946 the American Psychological Association (APA) reorganised Personnel and

Guidance Psychologists with Division 17. A change which reportedly came about through senior members of Division 17 using the term 'counselling' rather than 'personnel'. This was in large part driven by the awareness raised by Carl Rogers (a psychologist) who in 1942 had published his first book, Counselling and Psychotherapy, followed in 1951 by his major work Client Cantered Therapy. Following an important conference sponsored by Division 17 in 1951 on the training of counselling psychologists, the impetus was set in motion for a further name change to Division 17, Counselling Psychology and the confirmation of this field as a specialty (APA, 1956).

In 1974, the foundation of the National Register of Health Service Providers in Psychology focused on the training and accreditation of counselling psychologists in the USA and included the specification of 'psychology' in the title of accredited programmes and the doctoral level training for counselling psychologists.

In 2003, the Division changed its name to the Society of Counselling Psychology, emphasis was on 'unity through diversity'. The Society of Counselling Psychology has proved to be popular as a division within the APA, and currently has the second largest division membership after clinical psychology.

Two national organisations are recognised as having influenced the development of the profession of counselling psychology in **Canada**, the Canadian Psychological Association (CPA) and The Canadian Counselling Association (CCA) in 1986. The CPA outlines the requirements for training in the different regions, with requirements covering both doctoral and masters level One interesting aspect of counselling psychology in Canada arises from the fact that officially the country is bilingual and multicultural, yet the development of counselling psychology appears to have taken somewhat different routes in the French-speaking and English-speaking areas.

According to Brown and Crone (2004) the term 'counselling psychology' was first officially used in discussion at the **Australian** Psychological Society (APS) in 1970. The Division of Counselling Psychologists of the APS was formally established in 1976. In 1983 the division became the Board of Counselling Psychology. The current title, the College of Counselling Psychology, introduced in 1993. and pointing to the growth of private practice. Also, there are only five accredited training courses in counselling psychology throughout the country, all offered by universities. Notwithstanding these factors, counselling psychology as a profession is well recognised in Australia, with work opportunities across a wide range of domains.

The **New Zealand** branch of the BPS was made in 1947 and later the independent New Zealand Psychological Society (NZPsS) was established in 1967, the passing of the Psychologists Act in 1981, and its replacement with the Health Practitioners Competence Assurance Act of 2003. A Division of Counselling Psychology formally came into being in 1985 with an initial membership of 32. The Institute of Counselling Psychology was established at the annual conference of the NZPsS. Currently, the field of counselling psychology in New Zealand continues to expand to become a separate identity and the establishment of a solid training ground.

Counselling psychology in **Hong Kong, China, Korea and Japan** The Hong Kong Psychological Society (HKPS) now has four professional divisions covering the domains of clinical, educational, industrial/organisational, and the most recent one, the Division of Counselling Psychology established in 2006. Due to the relative lack of formal counselling psychology training opportunities in Hong Kong, this

professional group is made up of people who have done a first degree in psychology and then gone on to undertake counselling/therapeutic training

The situation in China is rather different from that in Hong Kong. Since 1978 China has opened its doors to a broader influence in the support of economic development; the influence of counselling psychology theories and practices have some way to go. In China, this helping profession is rooted in the medical model and medical settings. Also practice of psychological therapy e.g. psychoanalysis was carried out by medical doctors in hospitals as The Chinese Association for Mental Health (CAMH), established in 1985, was also composed mainly of medical practitioners. The rapid rate of change since the political shift from agriculture to industry is seen as positive for the growth of counselling psychology in China with the series of workshops in the late 1980s by the German–Chinese Academy of Psychotherapy.

Counselling psychology achieved its independence in 1987 with the establishment of its own division; entitled the Korean Counselling Psychological Association (KCPA).The division publishes the Korean Journal of Counselling and Psychotherapy since 1988. KCPA operates a certification system which demands evidence of high standards of training, practice and supervision and which has also been instrumental in promoting the image of a highly trained, ethical and professional group of practitioners.

Although there has been an influx of ideas derived from the American setting in Japan, there has been no concerted effort to establish a local professional identity.

Counselling psychology has been a recognised and legislated in South Africa since 1974, along with the specialties of clinical, research and industrial psychology. Originally established to report to the Medical and Dental Council, counselling psychology now reports to the Health Professions Council of South Africa (HPCSA), and has its own division within the Psychological Society of South Africa. According to Leach et al. (2003) six out of the 20 universities in South Africa offer training programmes in counselling psychology, three of these combining theoretical teaching relevant to counselling, clinical and educational settings. The profession first emerged in the context of Afrikaner nationalism, reportedly as a contrast to the more English and liberally identified field of clinical psychology, although the psychology profession as a whole was at that time regarded as racist.

Currently, counselling psychologists as a professional group comprise approximately one third of all registered psychologists; the majority of the profession as a whole are white, female and work in private practice. Watson and Fouche (2007) highlight a number of challenges facing the profession in the context of a transformation in South African society, drawing attention to foster more collaborative activities which could meet the needs of the society of which it is a part.

While psychology in India is represented by a number of key professional bodies, including the Indian Association of Clinical Psychologists, there has not been a move to develop a distinct identity for psychologists involved in counselling. A limited number of courses on counselling are on offer, but the quality of training is not monitored for these. There is the need for both western and Indian philosophies and ideas to come together to form theories and approaches that have greater face validity to the Indian population and which therefore might more adequately meet identified needs. For example, Arulmani (2007) draws attention to the fact that traditional Indian psychology, referred to as Mano Vidya, or 'mind knowledge', is recorded in ancient Indian writings documenting the existence of psychological ideas and techniques that 'bear a startling resemblance to ideas put forth by modern Western

psychology and yet predate these efforts by two millennia'. Apparently, there is now some activity in this direction, with the development of psychological inventories that draw on traditional Indian psychology (Wolf, 1998).

While counselling psychology as a specialty in its own right has not flourished in Israel, vocational psychology, as a related field, has been very successful. Activities subsumed under the banner of vocational psychology include career counselling, selection and assessment, and organisational psychology.

Counselling psychology does not exist as a recognised specialty in most of mainland Europe, although there are many psychologists who are working within a practice framework which bears comparisons with what counselling psychologists are doing, for example, in the UK. Although counsellors on the one hand work with the theme of 'accompanying' and 'connection', as a professional group there appears to be no interest in forming professional allegiances or identities. The term 'counselling' does not have a direct equivalent in the French language – the nearest work is 'conseil' which translates as 'advice'. While Rogerian ideas on counselling have found their way into French thinking and practice since the 1970s, the practice is generally regarded as very different from 'psychotherapy.

Although there are postgraduate programmes available for the training of counselling psychologists, there is no professional organisation of the field. Also, there appears to be significant competition from other groups of counsellors who have not come from a psychological background e.g. o career counselling teachers having no specialist training in that field.

The professional title in Germany is 'psychological psychotherapist'. In Germany a four year degree in psychology to masters level is followed by three-years of full-time training in psychotherapy and one full year of practice. The three main modalities covered are described as psychoanalysis, psychotherapy and behaviour therapy although no detail is given as to what is included in the psychotherapy modality.

The Hellenic Psychological Society (HPS) was founded in 1990 in Thessaloniki, with the aim of promoting teaching and research as well as supporting practice across different areas of psychology. HPS has ten divisions including the Division of Counselling Psychology. In Greece the term 'psychologist' and related professional activities are protected by law.

Association of Counselling Psychology was founded in 2006. This association recognises that most European countries do not have a formally recognized specialty in counselling psychology, but that there are many counselling psychologists in different European countries who have trained abroad and returned with that professional identity. The aim of the association is therefore to support the development and application of counselling psychology in Europe, and is likely to provide a forum for professional exchange as well as networking opportunities. The association already has members from Greece, Malta, Ireland, the UK, Italy and Spain.

3.4 COUNSELLING PSYCHOLOGY AND CAREER

Psychology is defined by the American Psychological Association as:

"The study of the mind and behaviour. The discipline embraces all aspects of the human experience — from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific

research centers to mental health care services, "the understanding of behavior" is the enterprise of psychologists."

The most recent official definition of counselling is as follows:

Although there are different branches of psychology, counseling psychology and psychotherapy are being used more frequently in person and online by e-mail to address the complex issues that are present in today's world.

'Counselling Psychology is a distinctive profession within psychology with a specialist focus, which links most closely to the allied professions of psychotherapy and counselling. It pays particular attention to the meanings, beliefs, context and processes that are constructed both within and between people and which affect the psychological wellbeing of the person'. (BPS website, 2007)

There is no area where the people are not suffering from any adjustment problems and day to day life stress. The counselling psychologist not only relaxes the person but make the person realise his or her abilities and limitations. Counsellors also train their client to improve the interpersonal relationships through many techniques. They make the client learn the new ways of coping strategies for their problems and growth.The practice of counseling, where one individual seeks guidance from another is an age-old concept and is defined as: "Guidance provided by professional counselors in academic, vocational, and personal matters."

Counselling psychologists, more than clinical psychologists, focus on issues that revolve around family, work and self, such as relationship and development issues, where clinical psychologists focus on mental health issues with more serious implications. A counselling psychologist is in essence a "problem solver." They evaluate role functioning, the possible results and the options available to achieve them. They listen to the problem; analyse it in terms of present events and conscious, rational thinking rather than unconscious motivations.

In the traditional method of counseling, an individual would seek the assistance of a psychologist in person at the office of the therapist. While this method of counseling is still in practice, the advent of the Internet has provided counselling psychologists and other mental health care professionals the means to offer their services online to individuals who may not be able or prefer not to participate in the traditional method of therapy.

To pursue this career, one has to have a genuine interest in people. As a science, it is a systematic approach to the understanding of people and their behaviour. As a profession, it is the application of the understanding of human behaviour to help solve human problems. Since psychology deals with human behaviour, psychologists apply their knowledge and techniques to a wide range of human services, management, education, law and sports. Counseling psychologists do many of the same things that clinical psychologists do. However, counseling psychologists tend to focus more on persons with adjustment problems, rather than on persons suffering from severe psychological disorders. There are some psychologists that hold the opinion that psychotherapy and counselling are not two separate fields of study.('A Guide to Psychology and its Practice' by Raymond Lloyd Richmond).

One can pursue his career by providing on line counselling sessions. Online counselling can help a person cope with life problems that affect men and women of all ages. These can include adjustments to difficult situations such as transitions, changes, loneliness, health conditions, chronic or life threatening illnesses, disability, relationship conflicts, job stresses, mid-life crises, parenting challenges, adoption searches and

reunions, unplanned pregnancies, marital problems, stepfamily or blended family issues, family conflict, weight struggles, anorexia, bulimia, disordered eating, or loss and grief following death, adoption relinquishment, pregnancy loss, separation, or divorce.

E-counselling is convenient and time efficient to sit at the home or office computer and compose an email. It is cost effective, at about half the cost of face to face therapy or counselling. Many individuals who choose e-counselling tend to present dilemmas that require brief solution oriented therapy with about 4-6 sessions to fulfil their needs. A smaller number of people seek ongoing sessions as they grapple with longer term issues.

3.5 E-COUNSELLING: AN INTRODUCTION

E-mail counseling is method of providing advice and guidance on a one-to-one basis from a professional counselor, psychologist or mental health practitioner to an individual privately via electronic mail instead of the traditional format of face-to-face consultation. The types of problems addressed cover the full range of the human experience, in relationship to self and others. In many cases e-mail counseling is supported by self-help behaviour modification exercises.

E-counseling just be a one time consultation or a series of e-mail sessions. It is convenient and time efficient to sit at home or office computer and compose an email. It is cost effective, at about half the cost of face to face therapy or counselling.

When many changes happen together in clusters, the result may be emotional overload. One may feel overwhelmed and need some time to reflect and reorganise one's life.

The privacy and anonymity provided by e-mail may be appealing, disinheriting and comfortable. The internet also breaks down obstacles for those who have challenges accessing resources due to physical disabilities or communication challenges such as hearing impairment, speech or language difficulties. One may live in a remote area where there is little access to qualified professionals for counselling. One of the real values of working online is being enabled to say what one might find difficult to say directly to someone

Some of the reasons for using e-mail counselling as follows:

1) E-mail counseling provides personal space, comfort and safety for individuals who have difficulty discussing their personal problems directly with another person. For some individuals, it is easier to express themselves in writing than face-to-face or on the telephone. E-mail counseling offers a level of personal privacy that goes beyond the capabilities of telephone therapy and face-to-face treatment provides.
2) With e-mail counseling, one can take as much time as he wants to compose his thoughts, reflect on his responses and those of the counselor, responding to them when he is ready. Counselling by e-mail provides an excellent way to track his progress and review past session notes.
3) E-mail or online counseling guidelines are set by professional organisations. The California Board of Behavioural Sciences sets stringent guidelines for licensed professionals and provides information to consumers at their website. (The California Board of Behavioral Sciences)

4) Online or e-mail counselling provides access to individuals who are physically handicapped, or those who will not or cannot access local treatment. People with speaking or hearing disabilities, those with concerns about the opinions of others can avail themselves of therapy.

5) Many misunderstandings and misinterpretations that occur in face-to-face therapy may be minimised using e-mail counseling. (Paul J. Hannig, PH.D. MFCC – Psychotherapy HELP)

Online counselling can be divided into five major categories:

1) Behavioural modification counselling provided by psychologists, psychiatrists and other mental health professionals via video conferencing systems.

2) Mental health advice or information, via e-mail to give specific requested information.

3) Online counselling used in conjunction to face-to-face services.

4) E-therapy: Regular counselling sessions provided online via chat applications or e-mail.

5) Full service counseling and mental health advice online.

The primary benefit of online counselling or e-mail counselling is the fact that the sessions are conducted in the privacy of the individuals' home or office. In addition to e-mail as the medium for counselling, some therapists also use telephone and video conferencing services.

E-mail counselling facilitates personal and interpersonal functioning in different phases of life span with a special emphasis on personal, emotional, social, vocational, educational, health-related and developmental issues

How to start E-Counselling Session

The process of counselling is one of self-discovery and interactive evaluation methods, such as an online relationship quiz and love test (Relationship Quiz and Love Test, by Alina Ruigrok) provide support to their one-on-one counselling by e-mail. Assessment tools such as this test help individuals to gain insight into how their behaviour translates into actions. There are many online therapists and counselors who provide other types of self-help tools in the form of CD ROMs, books and audiovisual exercises. Many therapists provide offline sessions in different formats as an adjunct to e-mail counselling.

The service administrator will ask the client to complete a registration and agreement form, which he can then e-mail back to the counselor. This will include information about the keeping of records and confidentiality arrangements of the Counselling Service. The client will then be informed about when to expect his first e-mail contact with the counselor.

If he feels comfortable to go ahead, a number of e-appointments (e-mail exchanges) will be agreed. Initially this would be up to 5 e-mail exchanges, and these will be at weekly intervals. Extended counseling of up to 10 further e-appointments is possible in some cases, and this will usually involve a waiting period.

Whilst e-mail counselling (e-counselling) can help with a wide range of difficulties, this is not a service for immediate crisis, for people feeling suicidal or with diagnosed mental illness.

There are many online or e-mail counselling services, however as with any medical service, it is important to check the references and be certain of one's payment responsibilities for online or e-mail counseling services.

Face-to-face consultations as video conferencing over the internet via webcams may be available. Some family therapy, couple or parental counselling sessions may take place in the home.

Many, however, were still uncomfortable with videoconferencing, with around 20-30% of participants rating it as not at all or a little helpful compared with face-to-face therapy.

Self Assessment Questions

1) In 1946 the APA give recognition to which branch of psychology?
   a) Personnel and Guidance
   b) Guidance and counselling
   c) Counseling and clinical
   d) None of the above

2) In which year the National Register of Health Service Providers in Psychology focused on the training and accreditation of counselling psychologists in the USA .
   a) In 1994
   b) 1974
   c) 1984
   d) 1966

3) Which is the most recent domain included in four professional divisions of the Hong Kong Psychological Society (HKPS) in 2006?
   a) Clinica
   b) Counselling
   c) Industrial/organisational
   d) Educational

4) The Chinese Association for Mental Health (CAMH), established in 1985, was composed mainly of which professionals.
   a) Medical practitioners
   b) Psychologists
   c) Professional Counselors
   d) Psychotherapists

5) Indian psychology is recorded in ancient Indian writings and documented as what?
   a) Mano Vidya
   b) Manovijyan
   c) Mansik Vikas
   d) None

6) A method of providing advice and guidance on a one-to-one basis from a professional counselor, psychologist or mental health practitioner to an individual privately via electronic mail, is best known as
   a) Face to face video conferencing
   b) E-counselling
   c) Online counselling
   d) Face to face counselling

7) E-counselling is not beneficial for the following.
   a) Computer illiterate
   b) For non verabal cues
   c) Visual cues
   d) All of the above

8) Especifcally Who listens to the problem; analyse it in terms of present events and conscious, rational thinking rather than unconscious motivations?
   a) Any mental health professional
   b) A psychiatrist
   c) A clinical psychologist
   d) A professional counsellor

9) In on line counselling behavioural modification, counselling is provided mostly by which system?
   a) Online individual counselling
   b) Online parental counselling
   c) Role modeling
   d) Video conferencing system

10) Regarding the ethical issue control which statement is not true?
   a) Less stringent ethical guidelines in E-counselling.
   b) Ethical issues can be more contrlled in face to face individual counselling.
   c) There is a more controll of ethical issues in e-counselling.
   d) In terms of takng of consent form and crisis management the e-counselling has brestricted boundaries.

3.6 E-COUNSELLING: BENEFITS AND CHALLENGES

There has been no shortage of benefits and challenges associated with online therapy identified in the literature to date. While limited empirical evidence exists regarding the perceptions of and/or the effects of these benefits and challenges in practice [Abbott, Klein, & Ciechomski (2008); Bischoff (2004); Casey & Halford ; Cavanagh & Shapiro (2004); Griffiths, Farrer, & Christensen (2007); Hunt, Shochet, & King (2005); Pollock (2006); Recupero (2005); Rochlen, Zack, & Speyer (2004); Syme (2004) from www.aifs.gov.au/afrc/pubs]

Benefits

1) Increased accessibility, for example, for rural and remote persons (although limited by bandwidth and availability of carriers), single or at-home parents, people with a disability, in cases of fear of violence or intimidation, people with agoraphobia, people who are relocating but want to work with the same therapist, fast-pace lifestyles, unusual employment hours.
2) Offers solution to shortfall in psychotherapy services.
3) When email is used, the written word may be expressive for some, can think through and reflect on content before sending.
4) Anonymity, privacy, convenience, often in comfort of own home.
5) Disinhibition and internalisation, that is, core issues addressed more quickly, matters expressed more freely.
6) Enhanced self-reflection, in the case of asynchronous communication. Can revisit treatment communications from therapists in own time.
7) Therapists can respond to specialist areas of concern, regardless of geographical location.
8) Available any time of day (where service models permit).
9) May be particularly viable for computer-savy young people and children.
10) Allows clinician time to be freed up for others and reduces the number of face-to-face sessions.
11) Increased flexibility of services.
12) Affordability.

Challenges

1) Practical and technical concerns, for example, skills deficiencies, computer illiteracy. Older people and those from a different cultural background may feel less comfortable.
2) Lack of visual cues, non-verbal cues, and misunderstandings arising from this. Not able to observe how couples or family members interact.
3) Time delays between contact and response in asynchronous communication.
4) Diminished capacity to deal with any crises.
5) Verifying credentials of therapist, verifying that therapist and/or client is the person online.
6) Technical failures, limited access to communications infrastructure, unreliable bandwidth connections.
7) Security risks - email misdirected through error in address, intercepted by hackers, computer programming errors.
8) Client may expect services to be free.
9) Legal and ethical issues, including confidentiality, privacy.
10) Lack of therapist training.

3.7 ETHICAL ISSUES IN E-COUNSELLING

Many ethical issues associated with the delivery of online therapy are noted in the literature. Issues are often similar to face-to-face therapy, but may be considered more difficult to address due to the nature of the online environment. Some authors, however, draw attention to the specific characteristics of the online environment that make it a safer alternative than face-to-face.

There is some concern that the unrestricted nature of the online environment is allowing therapists to operate under less stringent ethical guidelines than face-to-face therapy. For example, in the review of e-therapy websites conducted (Santhiveeran, 2009), few websites discussed limits to confidentiality, and only 12% of sites promoted how treatment records are maintained.

It is considered vital to give enough information so that consumers can provide informed consent to take part in online therapy (Abbott et al., 2008), including a standardised list of risks and benefits included in consent forms (Ybarra & Eaton, 2005)

Shearsby (2009) pointed out that mediums such as Facebook, with the ability to search for and invite other users to be “friends”, are uncharted territory for health professionals and may have implications for clients, for example, those who are marginalised or isolated.

Families experiencing difficult communication between members may also find Internet or e-mail communication a less threatening way to reconnect than telephone or face-to-face meetings (King et al., 1998).

Online dispute resolution is used to resolve varying disputes, such as family, workplace, e-commerce, insurance and political conflict (Conley Tyler & Raines, 2006), yet very little research has occurred so far which has examined its efficacy, and less still that is specific to its application to family dispute resolution (Raines, 2006).

May 2007. Katherine Graham, director of Resolution Online, reported that as yet no evaluation has occurred, but the business has grown considerably. Once couples are engaged and on board with the process, the sessions work as effectively as face-to-face and are particularly suitable for removing the emotion from a situation, and for relationships with a history of violence. The differing locations of parties is the main reason given for engaging with Resolution Online, and assessing parties' ability to use the online medium is considered important. A formal evaluation is planned for the future (K. Graham, personal communication, 17 March 2009).

3.8 LET US SUM UP

It is difficult to say that online counselling is more beneficial than face to face individual counselling. But as in today's world every person is busy and can not take time to resolve the emotional issues, e-counselling would be a demand after some time. But whether there is individual face to face counselling or e-counselling it should be taken by the trained professionals. The client should get benefited by it and in all counselling session ethical issues should also be taken care of.

3.9 UNIT END QUETIONS

1) Write down in short the development of counselling psychology in different countries?
2) Highlight the various scopes to make career in Counselling Psychology field.
3) What are the application of counselling psychology in different aspects of life and why?
4) What do you understand by E-counselling? What are the benefits and challenges of it?
5) What could be the ethical issues related to E-counselling and how it is different from face to face individual counselling?

3.10 SUGGESTED READINGS

Abbott, J., Klein, B., & Ciechomski, L. (2008). Best practices in online therapy. *Journal of Technology in Human Services*, 26 (2/4), 360- 375.

Arulmani (2007); Leong & Savickas (2007); Leach,Akhurst & Basson (2003); Watson & Fouche (2007); Wolf (1998). The Social And Historical Context of Counseling Psychology. recruited on 11/1/2011 from *www.uk.sagepub.com/upm...orlan*s.

Benefits and challenges. Retrieved from *www.aifs.gov.au/afrc/pubs/brefng* on 11 Jan 2011.

Conley Tyler, M., & Raines, S. (2006). The human face of on-line dispute resolution [Colloquy]. *Conflict Resolution Quarterly*, 23 (3), 333-342.

E-counseling online counseling E-therapy Patricia Roles. Retrieved from *www.e-mailtherapy.com* on 12 Jan 2011.

E-counseling. *how2.ecounselling@hud.ac.uk* Retrieved on 11 January 2011.

King, S., Engi, S., & Poulos, S. (1998). Using the Internet to assist family therapy. British *Journal of Guidance and Counselling*, 26(1), 43-52.

Online counseling. *www.aifs.gov.au/afrc/pubs/briefing/b15pdf/bp15.pdf* on 11 Jan 2011

Psychology Education and Career in India. Retrieved on 11/1/2011 from *www.indicareer.com*

Raines, S. (2006). Mediating in your pajamas: The benefits and challenges for ODR practitioners. *Conflict Resolution Quarterly*, 23(3), 359-369.

Santhiveeran, J. (2009). Compliance of social work e-therapy websites to the NASW Code of Ethics. *Social Work in Health Care*, 48, 1-13.

Shearsby, J. (2009). Facebook may lead to dual relationships [Letters to the editor]. *InPsych*, 31(2), 21.

The Social And Historical Context of Counseling Psychology. recruited on 11/1/2011 from *www.uk.sagepub.com/upm...orlans.*

Ybarra, M., & Eaton, W. (2005). Internet-based mental health interventions. *Mental Health Services Research*, 7(2), 75-86.

3.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) a), 2) b), 3) b), 4) a), 5) a), 6) b), 7) d), 8) d), 9) d), 10) c).

UNIT 4 RESEARCH FINDINGS

Structure

4.0 INTRODUCTION

According to John McLeod, 2003 research is a systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others.

In counselling research very few researches are empirical or based on scientific facts. Actually counselling is an art to deal with the individuals on one hand. On other hand it is a science also as counselor applies techniques in a controlled way and he is much trained to control and modulate a person's emotion, thought and behaviour. Although tools are not like parameters of medical science, but they are standardised and findings are inferred according to the norms. The criteria of emotional and mental problems are universally established, valid and reliable. This field looks very much subjective but the approach, the way by which the counselor deals with the client is every minute exploratory and challenging. It is hard to make the person change his own thoughts, behaviour or personality or way of dealing with interpersonal relationships. A professional counselor needs lots of training to deal effectively with the problems of the client.

4.1 OBJECTIVES

After reading this unit you will be able to:

- Describe the association of basic researches done earlier with the recent researches in the field of counselling;
- Discuss counselling researches as basically based on single case based follow up researches;
- Explain the pre and post evaluation experiment researches, outcome researches have also been done in this area;
- Define e-counselling is the leading area of research; and
- Elucidate the ethical issues related to the counselling researches to be taken care in future.

4.2 THE LEADING COUNSELLING RESEARCH APPROACH

In some way or other there is found connections between recent researches and the earlier researches.

The recent researches based on the experience of the client (e.g. Rennie, 1990) have similar approach to client-centered research carried out in the 1940s (e.g. Lipkin 1948). Similarly, current research into 'non-specific' or general characteristics (Grencavage and Norcross, 1990) can be traced back to Fiedler (1950) and Watson (1940). The explosion of studies of outcome and effectiveness that occurred in the 1960s and 1970s had its precursor in the 1940s (Eysenck 1952). Contemporary attention to the problems of intensive case-study methodology (Hilliard, 1993; Jones, 1993) represents a fascinating recapitulation of the dilemmas and challenges confronted by Henry Murray and his colleagues in the 1920s and 1930s (Murray, 1938).

The concept of 'non-defectiveness' that informed much of the early client-centered research has become replaced by ideas such as therapist 'reflection' in more recent studies. Research into the Rogerian 'necessary and sufficient' conditions of empathy, acceptance and congruence has for the most part been recast as the study of the 'therapeutic alliance'.

Malan (1973) surveys the history of psychodynamic research. Lietaer (1990) examines the history of c1ientcentred research. Treacher (1983) looks at the field from a politically informed radical perspective. Hill and Corbett (1993) approach the evolution of therapy.

The core assumptions and techniques characteristic of psychoanalysis were described by Freud in cases such as Dora (Freud, 1901/1979), the Rat Man (Freud, 1909/ 1979) and Schreber (Freud, 1910/1970). The founder of behaviourism, J.B. Watson, illustrated the applicability of behavioural concepts to problems of emotional disturbance through his famous study of Little Albert. Carl Rogers (1942, 1951) included several cases in *Counselling and Psychotherapy* and *Client-Centered Therapy*, the key books that defined the nature of the client-centred approach to counselling. The tradition of using case studies as a teaching tool is also apparent in the collections of cases brought together by Wedding and Corsini (1979), Kutash and Wolf (1986) and Dryden (1987) and in the widespread use of filmed sessions such as the famous 'Gloria' tapes.

4.3 SYSTEMATIC CASE STUDY RESEARCH

A key stage in the acceptance of case study methods was the publication in 1980 of a series of case studies by Hans Strupp (1980). Then a detailed analysis of a single case carried out by Hill, Carter and O'Farrell (1983a) was done. This was the first case study to be published in the *Journal of Counselling Psychology*, together with commentary pieces (Hill et al., 1983b; Howard, 1983; Lambert, 1983). The appearance of the Hill et al. (1983a) paper in a journal that had previously specialised in large-scale, 'extensive' rather than 'intensive' studies represented a breakthrough in legitimacy for this approach. The special section of the *Journal of Consulting and Clinical Psychology* devoted to single-case research in psychotherapy (Jones, 1993). More recently, the development of the 'assimilation model' of client change has largely relied on testing and elaboration of the model in the context of a series of case studies (e.g. Honos-Webb et aI., 1998, 1999).

Systematic case study research represents the best way of constructing a knowledge base that is relevant to practice. The issues involved in developing an appropriate methodology for single-case research in counselling and psychotherapy have been explored by Edwards (1998), Elliott (2001, 2002) and Schneider (1999).

4.3.1 Qualitative Single Case Study Research in Counselling

A qualitative research in this area is based on the experiences of the clients and these are descriptive by nature. Some of the procedures used for gathering this kind of material include recording therapy sessions, stimulated recall of sessions, interviews, diaries or journals, open-ended questionnaires, projective techniques, and observation of meetings. A set of narrative case studies that has been widely read is the *Love's Executioner* collection by Irvin Valom (1989). These case studies are characteristic of the case report written by a counsellor or therapist based on work with one of his or her own clients. Bolgar (1965) reviews the history and use of this type of clinical case study in therapy research. There is some research evidence to support the idea that counsellors and clients can sometimes diverge greatly in their interpretation of events (Kaschak, 1978; Mintz et al.).

Mearns and Thorne (1988), Dryden and Yankura (1992) and Yalom and Elkin (1974) have each produced case studies that are collaborations between counsellor and client. Dryden and Yankura (1992) and Mearns and Thorne (1988) both taped counselling sessions, and reviewed these tapes with the clients some months after the end of counselling. The participants in Yalom and Elkin (1974) kept diaries, and used these to stimulate their memories of the therapy process. However no systematic methods of qualitative analysis to interpret or check the data have been applied in these researches.

A more systematic narrative case study is the investigation by Etherington (2000) into the experiences of two male clients who had been sexually abused. This case report draws on a range of analytic strategies drawn from contemporary qualitative research. Other examples of narrative case studies can be found in McLeod and Lynch (2000) and McLeod and Balamoutsou (2000, 2001).

One of the central methodological issues in narrative case study research arises from the realisation that it is always possible to generate alternative interpretations of a life or case. The debate over the case of Schreber (Freud, 1910/ 1979) presents a dramatic example of the radically different interpretations of a case, Schreber, an

eminent German judge developed paranoid schizophrenia in later life. Freud used the evidence of this case in the construction of his theory of the origins of paranoia in repressed homosexuality.

Schatzman (1973), drawing on historical work by Niederland (1959), presented an alternative interpretation of the case, viewing the apparent delusions of Schreber as frustrated attempts to communicate about the extreme abuse he had received in early childhood. Another example can be found in the analysis by Runyan (1981) of 'Why did Van Gogh cut off his ear?' In a review of biographical writing on Van Gogh, Runyan (1981) found 13 competing, but plausible, psychological explanations for this *event* in the life of the artist.

Bromley (1981, 1986) suggests that researchers carrying out case studies should apply a 'quasi judicial' approach, for example seeking out alternative views on the data, or appointing an 'adversary' to the research team. Murray (1938) used a 'diagnostic council' (McLeod, 1992) of five or six researchers who met to consider different perspectives on a case. DeWaele and Harri (1976) have described a model for research in which two research teams study each case in parallel, coming together at regular intervals to compare findings. Bromley (1986) takes the *view* that the field of case study research must create a set of rules and 'case law' that can be applied in deciding the validity of competing explanations of a case. Murray and Morgan (1945) and DeWaele and Harri (1976) propose that competing interpretations can be used in generating hypotheses that guide a further cycle of inquiry and data-gathering. Mearns and McLeod (1984) argue that in some instances alternative interpretations represent different 'realities' that cannot be reconciled, and that these different viewpoints should all be respected in a research report. Within social psychology and psychoanalysis, there have been psychobiographical or psycho historical studies of famous people such as Luther, Gandhi, Lincoln, Shakespeare and many others. The book by Runyan (1981b) represents an excellent review of this field of study. The Narrative Study of Lives series, edited by Lieblich and Josselson (1997) and McAdams, Josselson and Lieblich (2001) provide excellent examples of the type of narrative case study research which has the potential to be highly relevant in the domain of counselling and psychotherapy.

4.3.2 Single Case Experiments

The method known as the 'n = l' or 'single-subject' study represents an application of the case study approach to evaluating therapeutic change in individual cases. Hilliard (1993) uses the term 'single-case experiment' to describe this type of research, since it employs the classic experimental principle of testing a hypothesis. This type of case study is usually based on the administration of a standard test or behavioural assessment on a number of occasions: before, during and after the treatment. The pre-treatment assessments constitute a 'baseline' measure of the target behaviour which it is wished to change. The on-going assessments carried out during treatment display the actual effect of the intervention, while the post-therapy or follow-up assessments give a measure of the stability or permanence of change. This kind of research design is known as 'time-series' analysis, and its simplest form is the 'AB' time series, where A is the pre-treatment baseline and B is the treatment period.

An example of an AB time-series case study is the report by Viens and Hranchuk (1992) on their work with a client with a severe eating disorder. The client was a woman of 35 who presented with a problem of vomiting after eating most types of food. In the past she had been severely obese, and had undergone two surgical

operations to remove part of her stomach and abdominal fatty tissue. After these operations her weight dropped considerably, but her pattern of binge eating continued. To maintain her weight, the client began to voluntarily vomit her food. Over time, this vomiting became an involuntary response over which the client had no control. On being accepted for treatment, the client was instructed to self-monitor her behaviour for a period of three weeks. She was required to write down what she ate, how many mouthfuls she took per meal, and how many times she vomited her food during or after each meal. On the basis of this baseline information, a behavioural programme was initiated which included continuing to record eating behaviour, beginning a physical activity schedule, regular weighing, practising pacing and relaxation techniques while eating, and reporting progress at weekly therapy sessions.

The Viens and Hranchuk (1992) paper also includes a descriptive account of the progress of therapy with this client, and this combination of quantitative and qualitative information can allow a broader consideration of the meaning of the results. For example, Viens and Hranchuk (1992) observed that the increase in vomiting between weeks 13 and 17 coincided with the absence of the therapist, while the sudden improvement around week 3 coincided with the introduction of some adjustments to the behavioural programme.

Houghton (1991), for example, has published a case study of a cognitive intervention carried out with an Olympic archer who experienced performance related anxiety in competitive situations. Houghton (1991) was able to graph the actual tournament scores achieved by the client before and after treatment. This type of objective data can provide highly convincing evidence for the effectiveness of a therapeutic technique.

McCann (1992) describes the use of the behavioural technique of eye movement desensitisation (EMO) in a case of Post-Traumatic Stress Disorder (PTSD). The client in this case was a man who had, eight years previously, survived burn injuries at work which had left him seriously disabled. The client reported that he 'still lived daily with the traumatic experience of being burned', through nightmares, flashbacks, insomnia, startle responses and avoidance behaviour. During one session, the use of eye movement desensitisation enabled the client to release these intrusive memories and images. At one-year follow-up, the PTSD symptoms had not returned.

Herbert and Mueser (1992), however, have pointed out that absence of standardised assessments and measures in studies of EMD make it difficult to evaluate its overall effectiveness. 1.

N = 1 researchers have devised some important adaptations of this method. The first is the ABAB design, in which there is a baseline period (A), followed by intervention (B), followed by another baseline period produced by withdrawal of the intervention (A), and finally a re-introduction of the intervention (B). In practice, most ABAB studies have been carried out in institutional rather than counselling settings (Heppner et aI., 1999; Peck, 1989), with clients

Some researchers have advocated the use of 'randomized' AB designs, in which an intervention is applied or not in different sessions at random (Heppner et al.,1999). Another variant on the time series method is known as the 'multiple baseline' study. In this form of n = 1 case study, the impact of an intervention is traced through its application to a series of problems reported by one client.

4.3.3 Single-Case Quantitative Studies

In single-case quantitative analysis (Hilliard, 1993) the aim is to use quantitative techniques to trace the unfolding over time of variables, but without, as in n = 1

single-case experiments, introducing any experimental manipulation or control of these variables.

An example of this type of research is the Hill et al. (1983) study of process and outcome in a client who received 12 sessions of time-limited insight-oriented psychological counselling. The outcome was assessed by a set of standard measures. The client and a significant other (her mother) both wrote summaries of their perceptions of the value of the counselling. Process measures included ratings of counselor and client verbal response modes, anxiety as expressed in client and counselor speech patterns, activity levels (number of speech acts) of both participants, counselor intentions, and counselor and client perceptions of session effectiveness and significant events. Best versus worst sessions were compared.

4.3.4 Combined Quantitative and Qualitative Case Studies

The final approach to case study method identified by Hilliard (1993) refers to studies combining quantitative and qualitative techniques of data-gathering and analysis within one study.

The originator of this approach to case study methodology was Henry Murray, whose 1938 book Explorations in Personality remains a landmark in the field of personality research.

Murray (1938) developed a process by which the key researchers working on a case would meet as a 'diagnostic council' (McLeod, 1992) to arrive at an agreed formulation of a case. The general approach to case study methodology pioneered by Murray is also reflected in the work of DeWaele and Harri (1976) and Bromley (1981, 1986).

It is often difficult to gather together a team of researchers all interested in collaborating on the same case. There can also be difficulties in finding research subjects or participants who are willing to spend many hours providing information about themselves.

Qualitative/Hermeneutic Single-Case Efficacy Studies

The approaches to case study research have been integrated into a coherent qualitative/hermeneutic single-case methodology by Bohart (2000), Elliott (2001, 2002) and Partyka et al. (2002). The primary aim of this type of case study is to investigate the effectiveness of therapy through analysis of a series of case studies.

Bohart (2000) and Elliott (2001, 2002) recommend the use of a research team. Once the data set is gathered together, members of the team analyse it in the light of a set of 'plausibility criteria'. These criteria operate as a kind of 'case law', by giving explicit rules for arriving at an agreed interpretation of evidence. One group of researchers seeks to assemble all the information that it can in support of the case that therapy has been effective and other speaks against it. The two teams then go through the arguments until a consensus can be reached.

This methodology is similar both to the approach developed by Henry Murray in the 1930s and to the method of consensual qualitative research used by Clara Hill and her associates (Hill et al., 1997).

Several strategies can be employed to address the issue of *generalisability* in case studies (Kazdin, 1981; Vin, 1994). No single experiment or survey provides conclusive evidence taken alone. It is only when a number of studies produce similar results. The concept of *replication* implies that each case must be seen as equivalent to a separate experiment or survey.

The logic of sampling is virtually impossible to achieve in case study research, because of the time and resources required to obtain case data of sufficient quality. The logic of replication, on the other hand, is central to systematic case study research. Ideally, the conceptual model generated in the first case study is tested in the second and subsequent studies. The series of case studies carried out by Strupp (1980) illustrate the use of the theoretically important concepts of success and failure to guide the selection of cases for replication. Yin (1994) gives other examples of this approach. The most ambitious attempt to carry out theoretical replication is the study by Murray (1938), in which a series of 50 cases was used in the development of an influential theory of personality.

Logically, a single instance or event can be enough to refute a general theory. For example, a theory such as 'all crows are black' will be refuted by a sighting of only one white crow.

A further critical issue in case study research arises from the communicability of case material. Often, researchers gather more case material than they know how to handle, and produce reports that are lengthy and impenetratable.

Case study research produces detailed accounts of individual cases that can be useful for practitioners. It is also a mode of research that enables practitioners to make a contribution to the research literature. It would seem reasonable to suggest that counselling and psychotherapy research is about to see a period of innovation and discovery in relation to the utilisation of systematic case study methods.

4.4 OUTCOME STUDIES

4.4.1 Types of Outcome Studies

1) **Client satisfaction studies:** A client satisfaction study *evaluates* the benefits of counselling by asking clients to complete a short, simple questionnaire once they have finished seeing their counsellor. The influential paper by Seligman (1995) illustrates an interesting application of satisfaction research methods, in the form of a client survey carried out by a consumer organisation in the USA. More detailed accounts can be found in Attkisson and Greenfield (1994), Berger (1983), Lebow (1982) and Webb (1993).

2) **Randomised controlled trials:** A randomised trial involves first of all finding a pool of people who are all seeking help and who have a similar problem (e.g. as diagnosed through a psychiatric interview or through their scores on a questionnaire). These clients are then randomly assigned to different 'treatment conditions' (as in the Sloane et aI., 1975 study). These conditions may comprise two or three different kinds of therapy, or a therapy compared with a control condition (e.g. remaining on a waiting list for six months) or a comparison with a placebo condition (e.g. being given regular meetings with a helper who does not use actual therapeutic skills or interventions). The client's level of anxiety, depression, phobias or other problems are assessed before therapy, at the end of therapy and then again at a follow-up period. Randomised controlled trials are widely used in medicine, for example in trials of the effectiveness of new drug treatments.

3) **Naturalistic outcome studies:** This kind of study is similar to a client satisfaction study in so far as it involves collecting data on every client who is seen in a clinic or counselling agency. In it before and after measures of change are taken, rather than relying on a one-shot questionnaire completed only at the end of counselling. Naturalistic outcomes are basically built around routine

administration of questionnaires or other data collection methods (e.g. target complaint forms) by the staff of counselling agencies. Naturalistic studies cost a lot less to set up and provide a picture of therapy as it is practised in real-life conditions, rather than in the somewhat artifical conditions of a 'trial'.

4) **Qualitative outcome studies:** Another way of evaluating outcome is to carry out qualitative, open-ended interviews with clients. Perhaps it has not been used any great extent in counselling research, probably due to the domination of quantitative, statistical methods in the outcomes literature. The use of qualitative methods in outcome research is explored in McLeod (2000, 2001).

4.4.2 Use of Tools

A completely different approach to demonstrating change in outcome studies involves using well-validated standardised scales, and arguing that the therapy being evaluated can be shown to be effective if the test scores recorded by clients move from the symptomatic range before therapy into the normal, asymptomatic range following treatment. An example of this type of study is the Barkham and Shapiro (1990) investigation of the outcome of very brief (threesession) therapy with moderately depressed white-collar workers. In this study, the criterion for success was that, over the course of treatment, a client would improve at least one standard deviation below the mean of scores obtained in pre-therapy administration of the test (in this case the Beck Depression Inventory or BDl). Being able to show that clients move from 'distressed' to 'normal' is a powerful demonstration of the effectiveness of a form of counselling or psychotherapy.

Tests such as the CORE, the Outcome Questionnaire (OQ), Beck Depression Inventory (BDI), Hopkins Symptom Checklist (SCL-90) and Minnesota Multiphasic Personality Inventory (MMPI) have been widely employed in outcome studies to provide an assessment of personality functioning and adjustment before and after therapy, and at follow-up.

An alternative approach, developed by Cheyne and Kinn (2001a, 2001b), has been to train the counsellor to administer a specially designed 'quality of life' tool within actual counselling sessions.

4.4.3 Control Groups

The control group formats has its distinctive advantages and disadvantages. DiMascio et al. (1979), for example, wished to study the effects of psychotherapy with acutely depressed clients, but were concerned about the ethical implications of denying help to research participants allocated to a control condition. They described it as non-scheduled treatment control, in which control group clients were told that many people spontaneously recovered from depression that they could enter therapy whenever they wished, and that they would be regularly re-assessed by an independent clinical evaluator to see if they needed immediate treatment. Under these very carefully planned conditions, only 33 per cent of the control clients remained in the control group at the end of the planned 16-week waiting period. It was highly respectful and caring in terms of responding ethically to the needs of clients, although not much scientific.

4.5 E-COUNSELLING RESEARCHES

Barak et al. (2008) concluded that online therapy was particularly effective for treating anxiety and stress, with lasting effects, and on average is as effective as face-to-face interventions. Individual online treatment was found to be more effective than group

therapy, chat or email more effective than forums or webcam, and there were no significant differences found between synchronous and asynchronous forms of communication. Closed access websites (require screening and personal authorization to enter the site) were more effective than open sites (anyone can use), which again highlights the importance of screening and assessment.

In a meta-analysis that examined randomized-control trials of Internet-based cognitive-behaviour therapy programs for depression and anxiety, Spek et al. (2006) found that treatment programs were largely effective. They suggested that the type of problem (symptoms of anxiety or depression) was less important than whether or not therapist support was available (e.g., monitoring, feedback or brief weekly phone calls).

Promising Australian research also indicates that online interventions for depression may be effective. Two programs, MoodGym and Blue Pages have been associated with improvements in mental health and knowledge and attitudes towards depression (Griffiths & Christensen, 2007; Mackinnon, Griffiths, & Christensen, 2008). Mackinnon et al. (2008) found that benefits remained for both groups of participants allocated to MoodGym and Blue Pages compared to the control group at a 12-month follow-up. Interventions based on cognitive-behaviour therapy appear to be particularly suited to online delivery, as it is a structured treatment approach (Barak et al., 2008; Spek et al., 2006).

Studies indicate that many clients and therapists hold positive views towards online therapy (Cavanagh & Shapiro, 2004; Skinner & Latchford, 2006) and are willing to contemplate its use (Skinner & Latchford, 2006).

The application of use of telecommunications to marriage and family counselling does exist (Hines, 1994; Pollock, 2006). King et al. (1998) suggested that the asynchronous nature of email allows family members to read and respond at a time that is suitable to them, and they can delay a response while they consider the contents of the communication.

The main challenges raised in the literature that are related to online family therapy or counselling centre on the lack of non-verbal cues (Gilkey et al., 2009; Jencius & Sager, 2001) and an inability to witness interactions (Pollock, 2006). The discouragement of impulsive, hostile or negative comments without a cooling-off period, for example, recognises and draws attention to the permanency of email records (King et al., 1998).

Syme (2004) suggested that the loss of information in telecommunications, in the case of online dispute resolution, may have an impact on issues such as trust. Online dispute resolution, however, may be appropriate where interpersonal dynamics are destructive - for example, where conflict, violence or abuse, confinement or imprisonment are involved (Conley Tyler & McPherson, 2006).Clients have breathing space in high emotional or distressing moments (Conley Tyler & McPherson, 2006).

Gilkey, Carey, and Wade (2009) found that computer literacy was not a consistent factor in reported comfort or ability to benefit from the videoconferencing therapy program under study.

Conferencing facilities have been used in family work. Within their clinical mental health practice, Looi and Raphael (2007) noted that teleconferencing has been a useful and well-received intervention to involve geographically separated family members in care plans. Gilkey et al. (2009) reported on the use of videoconferencing in family therapy for families of children with a traumatic brain injury.

Videoconferencing sessions were well received by participants, with 90% rating the website accompanying the sessions and 88% rating the videoconferencing itself as moderately to extremely helpful.

There are lingering questions regarding the right mix of online programs and face-to-face therapy, how it is best delivered and under what circumstances people will benefit (or not) (Cavanagh & Shapiro, 2004; Griffiths et al., 2007; Mackinnon et al., 2008) and how to effectively integrate online therapy with other models of care (Cavanagh & Shapiro, 2004). In the case of online dispute resolution, these considerations are in their infancy.

Several studies suggest a need for training for staff that is specific to the use of information technology in therapy (Gilkey et al., 2009; Proudfoot, 2004; Rochlen et al., 2004; Santhiveeran, 2009; Ybarra & Eaton, 2005).

Griffiths and Christensen (2007) reported a high level of use by rural users of MoodGym (a cognitive-behavioural therapy Internet intervention) and Blue Pages (a depression information website), Hand, Chung, and Peters (2009) recognised the positive potential of the Internet, if safety procedures are in place, for women who are seeking help regarding domestic violence and feel ashamed or need to find ways that will not alert the perpetrator to their accessing help. Hand et al. (2009) also pointed out the possible use of the Internet as an anonymous and private way for perpetrators of violence to seek help.

Marginalised people may be less likely to use online therapy, for example, refugees, culturally and linguistically diverse people, and those with no access to the Internet (Hand et al., 2009). In discussing online dispute resolution, Primerano (2004) drew attention to the fact that it may be particularly complicated for the culturally and linguistically diverse population, as there may be written language literacy as well as computer literacy issues.

As would be expected, people familiar with the online environment are more likely to use online counselling (Liebert, Archer, Munson, & York 2006). In a comparison of users of face-to-face therapy and Internet support groups by Skinner and Latchford (2006), the users of Internet support groups were more likely to think that computer-based communication with a therapist would have a positive impact on their mental health.

Abbott et al. (2008) reported that in early trials of Panic Online, an online treatment program, some participants lacked IT skills and hence had difficulties. Data from the Australian Bureau of Statistics (ABS, 2006) appears to support this assertion, with 93% of 15-17 year olds and 85% of 18-24 year olds reporting Internet use compared to 54% of 55-64 year olds and only 19% of those aged 65 years and over.

Abbott et al. (2008) in their clinical and research work at Swinburne University of Technology eTherapy Unit, found that therapeutic alliance was not compromised, and in fact proposed that online therapy allows greater contact with the therapist than face-to-face, increasing continuity of care. The absence of a face-to-face therapeutic relationship may be part of the attraction to online therapy for some individuals, for example, those with an avoidant personality (K. Halford, personal communication, 23 July, 2009).

Gilkey et al. (2009) noted that the loss of nonverbal information can be offset by the increased comfort that participants felt due to being in their own homes. In the case of videoconferencing, this comfort may also bring about family patterns of interaction that would not otherwise be seen.

In the e-therapy unit at Swinburne, it is mandatory to have contact details of the client and their general practitioners (Abbott et al., 2008). Pollock (2006) suggested counselors have client contact information as well as an email address, the name of a counselor in the geographical area in case of emergencies, and emergency contact details.

Comparisons of costs associated with online and face-to-face therapy are not clear-cut. Costs may also be shifted, for example, a videoconference can reduce travel costs for clients but increase overhead costs for the practitioner (Syme, 2004).

Therapists potentially serve more clients on a daily basis, reducing overall costs and cutting waiting time due to the decreased demand on therapist time (Proudfoot, 2004).

Self Assessment Questions

1) The the first case study to be published in the Journal of Counselling Psychology by whom?
   a) Treacher (1983) b) Kazdin (1981)
   c) Hill, Carter and O'Farrell (1983) d) None of the above

2) Rogerian 'necessary and sufficient' conditions of empathy, acceptance and congruence has for the most part been recast as the study of what?
   a) Therapeutic condition b) Therapeutic alliance
   c) Direct approach d) Non direct Approch

3) The detailed analysis of individual cases yields information that is immediately applicable to the counselling relationship is known as
   a) Systematic case study b) Single client study
   c) Quantitative case study d) All of the above

4) The method known as the 'n = l' or 'single-subject' study represents an application of the case study approach to evaluating therapeutic change in individual cases, is known as?
   a) Single case experiment b) Follow up study
   c) Single case study d) Qualitative case research

5) Evaluation of therapeutic change in individual cases is also known as?
   a) AB time series case study b) Single case experiment
   c) n = 1 single case study d) All of the above

6) The research which deals with the participants having same problems and getting different treatment strategy, known as:
   a) Randomised control trial b) Naturalistic outcome study
   c) Qualitative out come study d) None of the above

7) To rely on the fact that participants have been fully informed about research procedures and the risks entailed, what is to be taken?
   a) Confidentially b) Agreement
   c) Informed content d) None of the above

8) Which concept emphasises that each case must be seen as equivalent to a separate experiment or survey.
   a) Replication b) Generalisability
   c) Case Law d) Communicability

9) Who concluded that online therapy was particularly effective for treating anxiety and stress?

a) Abbott et al., 2008
b) Mackinnon et al. (2008)
c) Barak et al. (2008)
d) Hand et al. (2009)

10) What was established in the late-1990s, to promote the use of online technologies among mental health professionals?

a) A Society of Online mental health
b) Mental Heath Online
c) The International Society of Mental Health Online
d) None of the above

4.6 ETHICAL ISSUES IN COUNSELLING RESEARCH

In much of the discussion of ethical dimensions of applied disciplines such as medicine, education and counselling, writers have tended to focus on the implications of a small set of basic ethical principles (Beauchamp and Childress, 1979; Kitchener, 1984). These are: *beneficence* (acting to enhance client well-being), non *maleficence* (avoiding doing harm to clients), *autonomy* (respecting the right of the person to take responsibility for himself or herself), and *fidelity* (treating everyone in a fair and just manner).

There is a wide range of ethical issues associated with counselling research. Some of the more frequent dilemmas are: (John McLeod; 2003).

- studying experimental or innovative treatments that may cause harm to clients;
- excluding people from therapy unless they take part in a research study;
- compromising the confidentiality of the client-counselor relationship by making recordings of sessions that may subsequently be heard by several members of a research team;
- research interviews or questionnaires triggering off painful material for clients;
- counsellors in research studies feeling self-conscious or anxious and as a result not functioning at their best for clients;
- using archival information about clients (e.g. case records) without their consent;
- unconsciously manipulating therapy process or content to produce results that conform to a research hypothesis;
- the possibility of coercion arising from asking a current client to take part in a research study conducted by their therapist.

4.6.1 Informed Consent

The most important strategy to deal with ethical dilemmas is to rely on the fact that participants have been fully informed about research procedures, and the risks entailed, and therefore take personal responsibility for any negative consequences of participation. In many research studies participants are required to read and sign a consent form, which would usually include the following: (John McLeod; 2003).

- name, address and contact number of the person carrying out the study (if appropriate, the name of the research supervisor may be included);
- a description of the aims of the study;
- information about procedures, and what will be demanded of the participant;
- description of any potential risks to the participant;
- account of measures that will be taken to ensure confidentiality;
- information about what will be done with the data;
- statement about the right to withdraw from the study at any time;
- the name, address and contact number of the person or professional association to whom the research participant could make a complaint if necessary;
- information about the arrangements for de-briefing at the end of the study.

Participants would routinely be given their own copy of this contract to keep, after it had been signed by both parties.

4.6.2 Ensuring Confidentiality

A basic necessity in all research is to disconnect information about client identity. It is important that research data is identified only by a neutral code number, with the key to the code, along with biographical information about research informants, stored in a secure place. Other techniques for safeguarding confidentiality include:

- Remembering to lock rooms that contain research data;
- Checking that research assistants or technicians understand the importance of confidentiality;
- Destroying notes and tapes after the completion of a study, or offering to return tapes to informants;
- Omitting information from a report if it will compromise the identity of an informant.

If the research participant can see that the researcher is doing everything possible to protect confidentiality, then he or she will be more willing to be open, honest and forthcoming in the information that he or she discloses.

Many studies highlight confidentiality as a major issue related to online therapy (Chester & Glass, 2006; Hunt et al., 2005; Pollock, 2006). Santhiveeran (2004) discussed issues such as validating the identity of clients, the possibility that anyone accessing a computer could access and print messages, and the fact that backup systems are logically inconsistent with the permanent deletion of communication from computers. Chester and Glass (2006), however, pointed out that there is no situation that is risk-free - in face-to-face therapy, filing cabinets may be left unlocked or walls may be thin. In fact, online communication has particular safeguards that can be used, for example, email interception security risks can be virtually eliminated by the use of encryption (Chester & Glass, 2006; Santhiveeran, 2004).

The International Society of Mental Health Online was established in the late-1990s, to promote the use of online technologies among mental health professionals (Chester & Glass, 2006). Around this time, guidelines were also established regarding ethical online counselling, such as those created by the American Psychological Association in 1997, American Counselling Association in 1999 and, in 2005, the British Association of Counselling and Psychotherapy. The Australian Psychological Society published similar guidelines in 2004, which are available for members only.

4.7 LET US SUM UP

Counselling a person is itself difficult and needs lots of training. Doing research in the area of counselling, measuring and recording the behavior of the client is not an easy task. The researcher faces lots of ethical and confidentiality issues. Researcher maintains the objectivity of the study on one hand. On other hand he has to deal with the client in a therapeutic alliance, not technically.

Some practitioners may place high value on face-to-face, interpersonal communication, whereas others, particularly related to online dispute resolution, are anxious about witnessing displays of emotion and prefer the more structured online environment (Conley Tyler & McPherson, 2006; Syme, 2004).

4.8 UNIT END QUESTIONS

1) What do you understand by systematic case research? What are different types of it?
2) What is the difference between a qualitative and quantitative case research? How a combined report can be more scientific?
3) Discuss e-counselling researches in brief?
4) Discuss the different types of outcome researches.
5) Give ethical issues related to counselling researches?

4.9 SUGGESTED READINGS

John McLeod (2003). *Doing Counselling Research*. Sage Publication, New Delhi, 1-9.

John McLeod (2003). Systematic Inquiry in to Individual Cases. *Doing Counselling Research*. Sage Publication, New Delhi, 99-116

John McLeod (2003). Does it work? Evaluating the Outcomes of Counsellling. *Doing Counselling Research*. Sage Publication, New Delhi, 117-144.

John McLeod (2003). Exploring the Interior of Therapy: Method and Strategy in Process Research. *Doing Counselling Research*. Sage Publication, New Delhi, 145-166.

John McLeod (2003). An Ethical Framework for Research Practice. *Doing Counselling Research*. Sage Publication, New Delhi, 167-177.

E-counselling. www.aifs.gov.au/afrc/pubs/briefing/b15pdf/bp15.pdf Retrieved on 11 Jan 2011

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4.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) c), 2) b), 3) a), 4) a), 5) d), 6) a), 7) c), 8) a), 9) c), 10) c).