



COUNSELLING PSYCHOLOGY

THE PEOPLE'S
UNIVERSITY

School of Social Sciences
Indira Gandhi National Open University

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COURSE CONTENTS

Blocks/ Units	Title	Page No.
BLOCK 1	INTRODUCTION TO COUNSELLING PSYCHOLOGY	11
Unit 1	Introduction to Counselling Psychology	13
Unit 2	Counselling Process	35
Unit 3	Assessment in Counselling	53
BLOCK 2	THEORETICAL APPROACHES TO COUNSELLING	77
Unit 4	Psychodynamic Approach	79
Unit 5	Existential-Humanistic Approach	106
Unit 6	Cognitive and Behavioural Approach	125
BLOCK 3	COUNSELLING SKILLS AND TECHNIQUES	153
Unit 7	Counselling Skills and Techniques-I	155
Unit 8	Counselling Skills and Techniques-II (Music Therapy, Art Therapy and Play Therapy)	175
Unit 9	Counselling Skills and Techniques-III (Dance/Movement Therapy and Drama Therapy)	200
BLOCK 4	AREAS OF APPLICATION OF COUNSELING	219
Unit 10	Child and Adolescent Counselling	221
Unit 11	School and Career Counselling	248
Unit 12	Couple and Family Counselling	272
Unit 13	Counselling at Workplace	300
Unit 14	Counselling for Special Population	329
BLOCK 5	CONTEMPORARY TRENDS	365
Unit 15	Indian Approaches to Counselling	367
Unit 16	Counselling and Technology	383

HOW THIS COURSE WILL HELP YOU

BPCE 145: COUNSELLING PSYCHOLOGY Course is in the Semester V of BA General Psychology programme. It is an Elective Course. The course will provide you an understanding of the field of counselling psychology. It will define counselling psychology and describe the process of providing counselling. The skills and techniques used for counselling will be explained. Applications of counselling to various areas will be elaborated and contemporary trend will also be highlighted in this regard.

The specific objectives of the course are as follows:

Objectives

1. To introduce the field of counselling psychology.
2. To explain the key concepts and process of counselling.
3. To elaborate the techniques used in counselling.
4. To introduce the different areas of application of counselling.

Learning Outcome

At the end of this course, the learner will gain knowledge about the field of counselling psychology. The learner will be able to explain the key concepts and approaches of counselling including the Indian approach. The learner will know about the assessment procedure in counselling. The learner will also learn about the various counselling techniques used in counselling. S/he will gain knowledge about the various areas in which counselling psychology can be applied ranging from school, career to family, workplace and other areas. Finally, the learner will also be able to develop an understanding of the implications of technology in the field of counselling.

Introduction

BPCE 145 consists of five Blocks and a total of 16 Units which you need to study and complete during the six months duration of your fifth semester. You will have continuous evaluation through assignment and a Term-End examination. Assignments are available on the IGNOU website. You can download the assignments on www.ignou.ac.in > student support > downloads > assignments. Refer to the instructional guidelines on the assignment for your assignment preparation and submission. You can also refer to the previous year question papers available under downloads to prepare for your term-end examination (TEE).

You will need to go through the course material in this book presented in different Blocks and Units to do your assignments and prepare successfully for the exam. Each Unit is like a chapter written in a structured way. It contains Self Assessment questions (SAQs) in between the sections in the Unit so that you can check your progress and go back to the content for more clarification. This will help make your learning better. Further, there are Unit

End questions also at the end of the Unit that facilitates your overall understanding of the Unit. Key Words section highlights the key words in the Unit that will help you recall the main terms and concepts learned in the Unit. References section will help you refer to specific studies and articles to gain more understanding of a particular point discussed in the Unit. At the end of each Unit, you are also provided with suggested readings for your further understanding of the Unit. Thus, the various aspects of this Self Learning Material (SLM) are designed to help you learn better. These features also ensure that the teacher is built into the course materials to help minimize the gap or distance between the learner and the teacher.

IGNOU follows a multi-pronged approach to teaching and learning. Thus there are printed course materials, audio and video materials. The soft copies of the course materials are also available on the IGNOU website through [egyankosh](http://www.ignou.ac.in/egyankosh). Interaction between the teacher and learner is also facilitated through Gyanvani (interactive radio counselling), Gyandarshan (tele conference) and web conference. Gyanvani is available on FM (105.6 channel). Gyandarshan is a television channel, a must carry channel for all the cable operators. Information about Gyanvani and Gyandarshan monthly schedule is available on the IGNOU website. Webconferences and online sessions are also held from time to time by the Faculty of Discipline of Psychology and you will get the information about the same from your Regional centre. You can make use of all these features of learning at IGNOU to take your learning to a new higher level and make it a truly enriching experience.

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BLOCK 1 INTRODUCTION TO COUNSELLING PSYCHOLOGY

Block I Introduction to Counselling Psychology will introduce you to the field of counselling psychology. The main aspects of counselling psychology are discussed including the meaning, process and assessment. The Block consists of three Units.

Unit 1 Introduction to Counselling Psychology

It defines counselling and describes the goals of counselling. Characteristics of an effective counselor are described. Training aspects of counselling are also highlighted. Further, different types of counselling are also explained.

Unit 2 Counselling Process

It focuses on the process followed in counselling and discusses the factors that may affect the counselling process. Various stages of counselling are described. The Unit also highlights the ethical guidelines to be followed in counselling.

Unit 3 Assessment in Counselling

This Unit describes the assessment procedure in counselling. It explains the importance of assessment in counselling and provides an historical background of it. Various methods of assessment are described and the areas of assessment are pointed out. Issues in assessment are also explained.

BLOCK 2 THEORETICAL APPROACHES TO COUNSELLING

BLOCK 2 Theoretical Approaches to Counselling focuses on three main approaches to counselling. The Block consists of three Units.

Unit 4 Psychodynamic Approach

The Unit focuses mainly on the concept, goals and techniques of psychoanalysis. The role of counselor and client are highlighted in the psychoanalytic therapy.

Unit 5 Existential-Humanistic Approach

It explains the existential therapy and person-centred therapy in terms of their meaning, goals, role of counselor and techniques/strategies used in the process of counselling.

Unit 6 Cognitive and Behavioural Approach

This Unit describes the behavior therapy and the cognitive behavior therapy. The theoretical assumptions of each therapy are described. Role of counselor and the techniques used by them in each therapy are explained.

BLOCK 3 COUNSELLING SKILLS AND TECHNIQUES

BLOCK 3 Counselling Skills and Techniques elaborates on the various skills and techniques that are used in counselling. It is very important to know about the skills and techniques so that counselling can be provided effectively. This Block will make you aware about the counselling skills that are important to connect with the client and progress in counselling. Knowledge of techniques will help in selection of appropriate techniques for counselling. The Block consists of three Units.

Unit 7 Counselling Skills and Techniques I

The Unit highlights the importance of rapport formation, case history taking and interview with the client as a first step towards counselling. Basic skills of counselling are described for the effectiveness of counselling. The Unit further explains counselling skills in case of special settings such as conflict resolution, crisis intervention, and grief and bereavement.

Unit 8 Counselling Skills and Techniques II (Music Therapy, Art Therapy and Play Therapy)

In this Unit, you learn further about specific counselling techniques such as music therapy, art therapy and play therapy. The meaning of each therapy, the process involved, and therapeutical benefits are described.

Unit 9 Counselling Skills and Techniques III (Dance/Movement Therapy and Drama Therapy)

This Unit focuses on dance/movement therapy and drama therapy. Significance of each therapy, the key concepts and techniques involved, and therapeutical benefits are discussed.

BLOCK 4 AREAS OF APPLICATION OF COUNSELING

BLOCK 4 Areas of Application of Counselling focuses on various areas in which counselling knowledge, skills and techniques are applied. The Block consists of five Units.

Unit 10 Child and Adolescent Counselling

In this Unit, you learn about counselling provided to children and adolescents for various behavioural and emotional disorders, developmental disorders and substance use.

Unit 11 School and Career Counselling

It highlights the importance of school and career counselling for students, especially in the context of India. The scope of such counselling is described and the role of counselors is emphasized for the optimal development and guidance of students in school context and regarding their career goals.

Unit 12 Couple and Family Counselling

It describes the nature and goals of couple and family counselling. The key concepts, and theoretical approaches are also explained. Further, the techniques used in couple and family counselling are discussed.

Unit 13 Counselling at Workplace

The Unit explains the meaning, nature and models of workplace counselling. The challenges and ethical issues in workplace counselling are highlighted. Finally the future scope of workplace counselling with a focus on Indian context is also pointed out.

Unit 14 Counselling for Special Population

This Unit describes counselling process and techniques for certain special population such as geriatric population, people having HIV/AIDS, terminal illness and psychological trauma. It explains the goals of counselling for such population and the various counselling techniques used to deal with mental health issues and improve their well-being.

BLOCK 5 CONTEMPORARY TRENDS

BLOCK 5 Contemporary Trends highlights the recent trends in the field of counselling psychology. The Block consists of two Units.

Unit 15 Indian Approaches to Counselling

It focuses specifically on Indian context and describes the Indigenous approaches to counselling. It highlights the implications of sociocultural context for counselling.

Unit 16 Counselling and Technology

This Unit discusses counselling in the light of recent trend of use of technology. The features, factors and ethical considerations of online counselling are explained.

BLOCK 1

**INTRODUCTION TO
COUNSELLING PSYCHOLOGY**

UNIT 1 INTRODUCTION TO COUNSELLING PSYCHOLOGY*

Structure

- 1.1 Learning Objectives
- 1.2 Introduction
- 1.3 Defining Counselling
 - 1.3.1 Guidance, Psychotherapy and Counselling
- 1.4 Historical Perspective of Counselling
- 1.5 Goals and Objectives of Counselling
- 1.6 Personal Characteristics of Effective Counselors
- 1.7 Types of Counselling
- 1.8 Training and Professional Aspects of Counselling
 - 1.8.1 Licensure in India
- 1.9 Counselling in India
- 1.10 Let us Sum Up
- 1.11 Key Words
- 1.12 Answers to Self-Assessment Questions
- 1.13 Unit End Questions
- 1.14 References
- 1.15 Suggested Readings

1.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the meaning of professional Counselling;*
- *Describe the goals and objectives of Counselling;*
- *Understand the historical perspective of Counselling;*
- *Explain the personal characteristic required to be effective in Counselling;*
- *Describe the different types of Counselling; and*
- *Describe the training requirements of a counselor highlighting the Indian context.*

* Dr. Priti Dhawan, Associate Professor, Department of Psychology, Lady Shri Ram College for Women (LSR), University of Delhi, Delhi

1.2 INTRODUCTION

You are doing your graduation degree now and have taken psychology as a subject. Some of your friends or classmates must be studying different subjects, some may be doing engineering, medical or any other course. Those whom you know have qualified engineering or medical entrance test would have been called for Counselling. You must be wondering, is that Counselling same as the Counselling course you are studying now in your graduation?

The term 'Counselling' has been over-used in the years by associating it with various fields such as advising students for selection of stream or courses, providing Counselling in finance related matters, for interior designing of house or office space, for buying of products like insurance policies and so on. Thus Counselling to some degree is provided by certain professional groups as part of their profession such as doctors, chartered accountants, lawyers, religious 'gurus' and leaders. Further, Counselling is also provided by other helping professional groups, such as, psychiatrists, social workers, psychiatric nurses, marriage and family therapists, and pastoral counselors. They make use of various Counselling skills and theories in their professional practice. Thus Counselling is both a generic and specialized part of the helping field. Counselling is a profession that has come of age and is still growing. There are various professional organizations, for example, the American Counselling Association (ACA), British Association of Counselling (BAC) who provide guidelines for ethical practices in this field.

1.3 DEFINING COUNSELLING

Counselors are people who listen to others and facilitate in resolving their difficulties. A few definitions that illustrate the meaning and process of Counselling as a profession are presented here.

"An effort to help the client engage in those types of behavior which will lead to a resolution of the client's problems" (Krumboltz, 1966).

"Counselling denotes a professional relationship between a trained counselor and a client. Relationship is usually person-to-person, and is designed to help clients to understand and clarify their views of their lifespace, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problem" (Burks & Steffle, 1979).

"An interaction in which the counselor offers another person the time, attention, and respect necessary to explore, discover and clarify ways of living more resourcefully, and to his or her greater well-being" (The BAC, 1999).

Counselling is a "face to face situation in which by reason of training, skill or confidence vested in him by the other, one person helps the second person to

face, perceive, clarify, solve, and resolve adjustment problems” (Williamson & Foley, 1949, p.92).

Counselling is a “warm, permissive, safe, understanding, but limited social relationship within which therapist and patient discuss the affective behavior of the latter, including the ways of dealing with his emotionally toned needs and the situations that give rise to them (Shoben, 1953, p.127).

These definitions lay the basic structure for our deeper and comprehensive understanding of Counselling. Thus Counselling can be described basically as a helping relationship between the counselor and the client which is marked by a professional standard and a therapeutic climate in which both counselor and client mutually decide and work towards goals that leads to solution of problems and client growth and adjustment.

In this context, let us understand how Counselling is similar to and differs from guidance and psychotherapy that will further our understanding of Counselling.

1.3.1 Guidance, Psychotherapy and Counselling

Guidance

Guidance is usually used interchangeably with Counselling. However, they are different. Guidance can be taken as a broader umbrella which includes a constellation of services that help in personal-social development, career development, growth and adjustment. Guidance is a relationship between the unequal, which implies that a counsellor provides information related to the client's dilemma, for instance about choosing a career. It is based on the client's aptitude, interest and personality assessment scores. It may be a direct, one-on-one session where necessary probes by the counsellor are answered by the client. Guidance also describes an overall school/college program where assistance is provided to students, teachers, parents and administrators. While Counselling is a process in which an individual who is experiencing a challenging situation requires assistance, usually through private discussion. Guidance centers on aiding people choose what they value most; counselling focusses on helping them make changes. Guidance is mostly information giving; Counselling is mostly change-oriented and remedial in nature.

Psychotherapy

Psychotherapy usually involves a complete change in the personality characteristics followed by a reconstructive process. Thus it emphasizes on the past to understand the aspects to be changed. In contrast, counselling is directed toward aiding our emotional growth and psychological wellness, and thus the process of counselling focuses on the present. Emotional and severe personality problems come under the domain of a psychotherapist where the objective is to treat the patient. Psychotherapy in general includes

20-40 sessions over the period of 6 months to 2 years; whereas Counselling sessions are less in number, i.e., 6-12 sessions over a period of less than 6 months. Psychotherapists practice independently or in hospital settings while counselors are more associated with educational settings. However, there may be overlap in the practice aspect, e.g., both can provide marriage Counselling and family therapy, Counselling for substance use, child abuse etc. So it is the professionals who decide whether clients receive psychotherapy or Counselling, though psychotherapists are mostly associated with clinical set up.

Counselling

Counselling is a professional relationship. It addresses concerns at the individual level as well as family and group levels. It aims at achieving educational, career, personal related goals and promoting better mental health and well-being in individuals. Thus Counselling is (i) a relationship between the client and a counsellor that is based on professionalism; it is not a social interaction and must be maintained so for effectiveness of therapy; (ii) the process of Counselling strengthens the client and allows for personal growth, fulfillment in mental and physical health, adjustment and coping with challenging situations; (iii) counselling deals with individuals, groups, families etc. and (iv), it is a diverse and multicultural process, as it engages with clients from varied social and cultural backgrounds.

You can refer to Figure 1 below which presents the entire process in Counselling and psychotherapy starting from establishing a rapport with the client till the Counselling goal is achieved and session is terminated, that is, the closing of Counselling relationship. Details about the process of Counselling will be discussed in the next Unit.

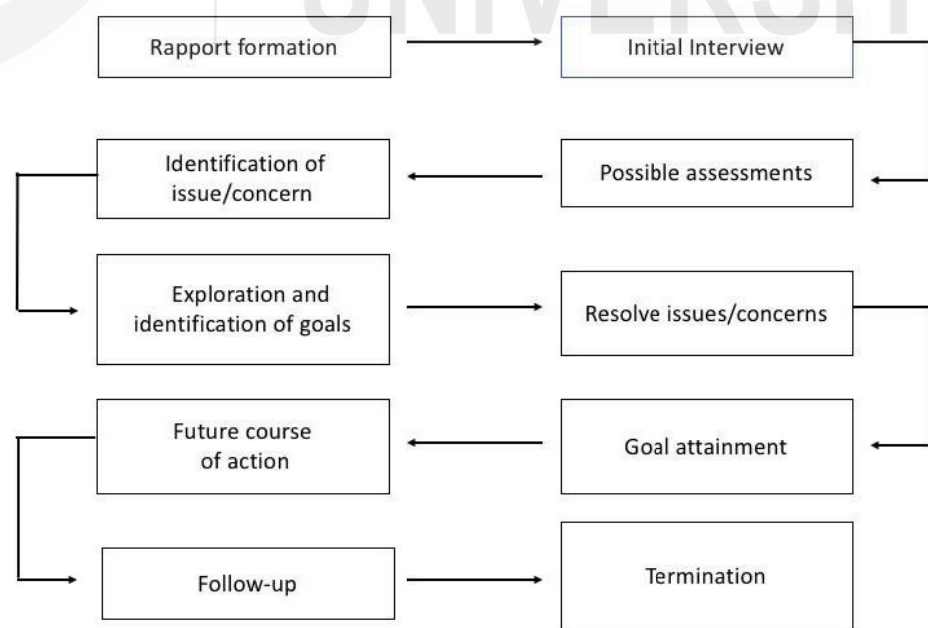


Figure 1: Process in Counselling and Psychotherapy

Self Assessment Questions 1

Write against each statement if it indicates guidance, Counselling or psychotherapy.

- 1) It helps people choose what they value most.
- 2) It focuses on helping the clients make changes.
- 3) It mainly provides information to the client.
- 4) It deals with severe emotional and personality problems.
- 5) It is applied mostly in hospital settings.
- 6) It is held through private discussion.

1.4 HISTORICAL PERSPECTIVE OF COUNSELLING

Counselling must have existed in one form or another since the very beginning of human civilization (Rao, 1999, p.2). It must have been through helping, sharing, advising, guiding, providing care and comfort in trying times, and helping the other person to overcome problems and challenging situations.

Counselling developed as a distinct profession in the 1940s in the form of advice, guidance and providing information after the two world wars to cater to the needs of the society. It can be seen as an extension to psychotherapy. It was interdisciplinary and evolved from understandings from diverse disciplines like anthropology, education, ethics, law, sociology, philosophy, medical sciences. In the United States, counselling stemmed out of a Humanitarian concern to benefit the lives of those adversely affected by the Industrial Revolution of the mid- to late 1800s (Aubrey, 1983). Counselling emerged as a part of the broader area of psychology, but is now a distinct field in itself.

Three leaders are credited for the development of counselling:

Frank Parsons who can be rightly called the founder of Guidance, established Boston's Vocational Bureau in 1908. He put forth three factors that are essential for young people while choosing a vocation:

- 1) Knowledge of work
- 2) Knowledge of self
- 3) True reasoning of the above two

Parson's vocational guidance was based on rationality and a reason with moral values(of the client) to guide young people in making their career decisions.

Jesse B. Davis

In 1898, Davis advocated for moral value of hard work and in 1907 introduced "vocational and moral guidance" as a curriculum into an English language composition course. A systematized guidance program in the public schools was set up by him. The main objective was to help students understand their personality and become responsible workers in future.

Clifford Beers

Beers' work is seen as a forerunner of mental health counselling. He exposed the deplorable conditions of mental health hospital through his book, *A mind that found itself*, in 1908, which became a best seller.

These examples of crucial moments in the emergence of counselling illustrate the trajectory of a distinct historical tradition, which has primarily arisen from a social action orientation rather than an individual pathology perspective. Counselling expanded rapidly in the later half of the twentieth century, in terms of the formation of counselling professional bodies, their objectives, scope being drafted and there was ease of public access to counselling. Theorists such as E. G. Williamson, Carl Rogers, Gilbert Wrenn, Donald Super, Leona Tyler, and Thomas J. Sweeney have contributed tremendously to shape the contours and broaden the horizon of counselling. The emergence of American Counselling Association (ACA) which was rooted in the National Vocational Guidance Association (NVGA) was a major leap in the growth of this profession.

In India, Counselling movement was originated in the form of vocational guidance. Initially, it was voluntary private agencies which were engaged in providing guidance. There was the establishment of Batliboy Vocational Guidance Bureau in 1941 in Bombay, and later on Vocational Guidance Bureau by the Parsi Panchayat, a voluntary organization in Bombay, and other such agencies. Next, Bureau of Psychology in Allahabad was set up by the Government of Uttar Pradesh which aimed at providing educational and vocational guidance to school students. The Central Bureau of Educational and Vocational Guidance in New Delhi was established in 1954 by the Government of India to provide financial assistance to set up or expand guidance bureaus at various States. Gradually, guidance and Counselling service started to be offered by departments of psychology of various universities, the forerunners being St. Xaviers College in Bombay and M.S. University in Baroda. There is also a one year diploma course in guidance and Counselling by the National Council of Educational Research and Training (NCERT).

1.5 GOALS AND OBJECTIVES OF COUNSELLING

The major goal of Counselling focuses on two aspects: developing a **rapport or relationship** with the client which is professional in nature. Forming rapport is the first crucial objective without which Counselling cannot progress further. Second, Counselling is a **process** which aims at creating a therapeutic climate in which the counselor and the clients engage to resolve issues, concerns or problems. This therapeutic climate is created based on genuineness, unconditional positive regard and an inherent trust.

The goals of Counselling can also be described as of three types based on their nature and time range: **immediate goals** which aims at addressing and resolving the immediate concerns and sufferings of the client. **Long-term goals** refer to the goals going beyond the immediate problems and anxieties of client. It focuses on how the client needs to be ultimately, that is, utilizing all the potentials, being independent and capable. This is preparing the client or developing such competencies in the client so that they can deal with any future problem. Thus the long-term goals aim at achieving self-actualization and making the client a 'fully functioning person', a concept given by Rogers. Another important goal is the **process goals** which refers to achieving a conducive Counselling environment or therapeutic climate that will facilitate obtaining the immediate and long-term goals.

Certain important goals and objectives of Counselling are as follows:

- **Facilitating behavior change:** Counsellor aims at behavioural change in the client so that it leads to reduction of stress, bringing harmony and fulfillment in relationships.
- **Resolution of problems:** Counselling aims at solving the problems with which the clients came to Counselling. It thus aims at changing maladaptive behavior, and learning effective strategies to solve and prevent problems.
- **Enhancing coping skills:** One pertinent aspect of Counselling is to strengthen clients' coping mechanisms so that they can use effective strategies.
- **Promoting decision making:** Techniques employed in Counselling help people make choices and solve problems. Client learns to make effective decisions.
- **Improving relationships:** Interpersonal as well as intra personal enhancement must be worked upon.
- **Facilitating the client's potential:** Every individual has the strengths to overcome discomforting situations. Counselling needs to facilitate exploring the inner potentials of client. The process of Counselling helps

in recognizing client's strengths and steers these toward effective problem solving and decision making.

- **Achievement of positive mental health:** Counselling not only aims at resolving problems and sufferings, but goes beyond it to highlight building up of resources and strengths in individuals. An important goal of Counselling is promotion of positive feelings, mental health and well-being.

Thus the goal of Counselling is not limited only to resolving problems, but also to build resources. It has moved from problem-focused and remedial orientation to a strengths-based and preventive approach. The ultimate aim of Counselling is make the client a self-actualized person, pulling out the best in her/him. As Rao(1999) has pointed out, it is not enough to maintain 'status quo', Counselling should go further to help the client transcend the 'status quo'.

One important thing to be noted here is that Counselling is usually considered to provide ready made direct solutions to the clients' problems. However, it is not so. As you must have understood from the definitions of Counselling, it is a helping relationship in which clients have equal responsibility to move towards the solution of their problems. It is not like you have fever and the doctor hands over you the medicine, you eat it and then you get well. Diverse factors are considered here – contextual factors, client characteristics, nature of the problem etc. and both clients and counselors mutually decide upon the goals and strategies to overcome the problem. The very essence of Counselling is based on the free will and rights of the individual client. Role of counselor is to be with the client and provide perspectives to the client and enable the client to make effective choices and decisions and solve problems.

Self Assessment Questions 2

- 1) What is rapport?

.....

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- 2) Name the three types of goals in Counselling.

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.....

- 3) Counselling provides direct solutions to client's problems. True or False.
- 4) Goal of Counselling is not only remedial focused but also follows a strengths-based and preventive approach. True or False.

1.6 PERSONAL CHARACTERISTICS OF EFFECTIVE COUNSELORS

Any profession requires certain typical characteristics to be present in an individual entering that career. Aspiring counselors also need to have certain personality characteristics to be effective in providing Counselling. Hence one must look inwards and reflect on their strengths and areas that require to be worked upon. An effective counselor is required to do the following:

- ⇒ Become aware of oneself, and one's fears, anxieties, concerns, motives for helping and strengths
- ⇒ Be open to receive supervision from senior professionals
- ⇒ Avoid the use of too many tests
- ⇒ Consult other professionals in the field when faced with an ethical dilemma
- ⇒ Be aware of ethical principles in Counselling and practice these
- ⇒ Be aware of one's limitations and expertise in providing service in different areas of Counselling and refer the client to appropriate professionals
- ⇒ Take care of one's psychological wellness

The characteristics and personal experiences of an individual can have an impact on providing of Counselling service. In order to understand the early experiences of an effective counselor, you can refer to the inspiring account of Gerald Corey below, an eminent figure in the field of Counselling and psychology who has described his feelings and experiences in the process of becoming a psychologist.

"When I was in college, I wanted to help others, and it was important for me to change the world. As a child and adolescent, I did not feel that my presence made that much difference. In college years, I experienced some success and found some positive routes to being recognized. Later, when

I began my teaching career, I began to see that I could make a difference. I also got personal satisfaction from knowing that I was a useful person. In fact, I think that I depended (and still do) to a large extent on my professional accomplishments for my sense of identity".

A description about how he felt when he entered into Counselling practice is as follows:

"In the beginning of my career, I did not feel confident, and I often wondered whether I was suitable for the field. I felt incompetent and inexperienced next to my co-leader".

"When I began as practicing counselor....I remember progress being very slow, and it seemed that I needed an inordinate amount of immediate and positive feedback. When after several weeks a client was still talking about feeling anxious or depressed, I immediately felt my own incompetence as a helper. I did not know what to say or do in front of my so effective supervisor".

"I had no idea of what ... my clients were getting from our sessions... What I did not know at the time was that clients need to struggle as a part of finding their own answers. My expectation was that they should feel better quickly. I also did not appreciate that clients often began to feel worse as they give up their defenses and open themselves to pain"

"I was more inclined to accept clients who were bright, verbal, attractive, and willing to talk about their problems than clients who seemed depressed or unmotivated to change...I learned in my supervision that working with depressed patients was difficult for me because of my own reluctance to deal with my own fears of depression. This experience taught me the important lesson that I could not take clients in any direction that I had not been willing to explore in my own life"

This reflective account indicates that one needs to integrate personal experiences with assessment of one's inner potentialities and scientific knowledge and skills to emerge as an effective counsellor.

There are personal qualities and characteristics that deem significant while thinking about counselors who are therapeutic (Norcross, 2008). No therapist will fully exemplify all the traits described here. However, the willingness to struggle to become a more therapeutic person is one crucial quality. Effective counselors exhibit the following characteristics:

- *a sense of distinctiveness:* Effective counselors know who they are, what they want out of life and what they are capable of becoming.
- *high on self-regard:* They are capable of giving and receiving help and love out of their own. They have a high sense of self-worth and regard. They feel completely adequate. So they are able to give and receive help and make others feel comfortable and powerful in their presence.
- *amenable to change.* They exhibit an openness and courage to adapt to various situations. They are able to make decisions and give a direction to their life in the way they want with a flexibility of revising their decisions.
- *Are life oriented:* They live life fully rather than mere existing.

- *genuine, sincere, and honest.* They are open and honest and do not put up any defenses or facades.
- *a sense of humor:* They have a realistic perspective and enjoy life with a sense of humor. They are able to laugh at themselves.
- *admit their mistakes:* They accept their mistakes, and improve on them instead of brooding over them.
- *live in the today:* They live in the present moment rather than bothering about the past or future.
- *acknowledge the influence of culture:* They are aware about cultural diversities and differences arising out of cultural practices, social class, caste, race, religion, sexual orientation, and gender; and how they influence our behavior and life.
- *an earnest interest in the welfare of others.* They exhibit care, concern for the welfare of others and; respect and value them.
- *efficient interpersonal skills.* They are able to form effective interpersonal relationships and work collaboratively to achieve common goals.
- *dedicated to their work and derive meaning from it:* They are committed to their work and make it meaningful for their life.
- *passionate.* They do everything with passion.
- *able to strike a balance:* They are able to balance their personal and professional life by not letting the client's worries and issues affect them emotionally. They are able to establish boundaries in their personal lives so that they can contribute effectively in their professional life.

This description of the attributes of effective therapists might appear monumental and unrealistic. These personal characteristics should not be viewed from an all-or-nothing perspective; rather, consider them along a continuum. A given trait may truly be characteristic of you, at one extreme, or it may be very uncharacteristic of you, at the other extreme. This list will help you to examine it and develop your own concept of what personality traits you think are essential to strive for, to promote your own personal growth. In a study by Duggal & Sriram (2016), 16 psychotherapists practicing in India (10 women and 6 men) with 6–25 years of experience were interviewed for what motivated them to join psychotherapy. Responses like an interest in the human mind, in healing and reading and in working with children, led therapists to enter the helping profession. Personal qualities such as being a people's person and being a patient listener also facilitated the choice. Further, experiencing life-changing events and personal distress, receiving professional help or adopting certain roles within the family were mentioned as facilitating factors. Interestingly, personal needs, the role of destiny and chance were also identified as contributing elements.

As Carl Rogers (1942), who has advocated a humanitarian approach to Counselling, pointed out, a good counselor needs to be sensitive to human relationships, possess an objective attitude, have positive regard for the client without any judgement, i.e., unconditional positive regard, believing in and providing freedom to the client to work out own solutions, understand himself/herself and have understanding about human behavior and personality. Thus, acceptance, empathy, sensitivity to feelings, trustworthiness and genuineness are some major qualities the counselor needs to have to be effective in Counselling.

Effective counselors take steps to maintain their mental health and well-being so as to avoid negative impact such as *compassion fatigue* and *burnout*. They undertake the following measures to overcome fatigue and burnout:

- Being in contact with healthy people
- Identifying the stressors and relaxers for self
- Engaging in personal therapy
- Be clear about counselling roles and expectations
- Balancing commitment to personal and professional life
- Setting aside some 'me-time'
- Believing in optimism and hope
- Cultivating an attitude of detached concern

Counselling competence

Counselling competence is the determination, facilitation, evaluation, and sustaining of positive therapeutic outcomes. It consists of a set of competencies, and each competency consists of subsets of micro-skills, both behavioral and cognitive. The counselor needs to coordinate and integrate these competencies and micro-skills in the process of determining, facilitating, evaluating, and sustaining therapeutic outcomes. One of the main tasks of Counselling psychologists or therapists is focusing on the client's strengths, assets, and potentialities that is in line with the main goal of Counselling. To achieve this, there is a requirement of continuous self-reflection and self-awareness by the counselor which will facilitate effective therapeutic relationship and professional development.

The relationship between the counselor and client, often referred to as a *therapeutic alliance* (Leibert & Dunne-Bryant, 2015) is affected by so many factors. For instance, it gets facilitated if the client and counselor are from the same culture or similar to each other in beliefs. An analysis on 61 Asian American clients at a university Counselling center showed that both a strong match on belief about problem etiology and a high client expectation for Counselling success seem to be associated with a strong client-counselor working alliance (Kim, Ng, & Ahn, 2009).

Studies have also shown that our attitudes toward seeking psychological help are associated with stigma. In a study, college students' experiences with class-ism were found to be positively related to public and social network stigma. This means that the more class-ism college students perceived, the more likely they were to report concern about stigmatization from their social network and from the public in regard to seeking psychological help. These experiences might lead to increased self-stigma, which has a negative relationship with attitudes toward seeking Counselling (Na-Yeun & Matthew, 2018). A remarkable study by Vogel et. al., 2017, is a first step to understanding help-seeking stigma in ten countries (Australia, Brazil, Canada, Hong Kong, Portugal, Romania, Taiwan, Turkey, United Arab Emirates, and United States). The findings suggest that even in international contexts, higher levels of public stigma are associated with higher levels of self-stigma and that higher levels of self-stigma are associated with more negative attitudes toward seeking help in most of these countries. Thus counselors need to reach out to the clients in culturally appropriate ways to communicate better about seeking psychological help.

As a counselor, one needs to examine one's motives for entering the Counselling profession. Some *beneficial motives* for becoming a counselor can be listed as humanism (a commitment to create a better world), being curious and sensitive towards human behavior in all its variations, and desire to help people suffering from mental health issues or maladjustment. People who have worked-through their emotional pain, are honest, constantly evaluate the Counselling process, upgrade their knowledge, engage in peer supervision, and conform to professional integrity, are well meaning intentions for choosing to be a counsellor.

On the contrary, some *harmful motives* for becoming a counselor are having unresolved personal trauma/ distress, seeking love and intimacy through Counselling relationship, having repressed feelings, having a desire for power and controlling others.

Hence a self-assessment of one's own inner true characteristic is crucial for all those who are inclined to opt for counselling. We all are aware of our thoughts and behavior patterns that guide us in our day-to-day functioning. Therefore, we are the best judge for evaluating ourselves before entering this professional service. It may help if we take a feedback from our significant relationships that are around us, such as, our mother, father, our siblings and who so ever you identify with. We may think that they will hold a biased opinion about us, but in reality, their account will be an accurate assessment of our self.

1.7 TYPES OF COUNSELLING

Broadly guidance and Counselling can be grouped into three types such as Educational, Vocational/Career, and Personal-Social Counselling.

Educational Counselling caters to the needs arising from the context of education. Present education system is challenged by diversities in classroom, technological advancement, competitive environment, overemphasis on academic achievement etc. which leaves the child anxious, confused and stressed. Educational Counselling becomes crucial to help the child acquire effective learning strategies, understand the importance of learning to 'learn', not learning to compete, and function adequately in a learning environment. It also addresses the issues and concerns of elementary school students, high school students and college level students.

Vocational guidance and career Counselling refers to Counselling related to the choice of a career, and deciding on pursuing a particular career. Career selection depends on understanding of oneself – personality characteristics, skills, interests, aptitudes, the contextual factors, the career itself – nature of job, scope, prospects etc., and matching between the two. Career Counselling is also required related to the work stress, adjustment at workplace, communication issues, interpersonal conflicts, and achieving job satisfaction and happiness at work.

Personal-social Counselling concerns issues related to the growth and development of oneself and functioning in a social context. It helps the person to develop awareness about herself/himself, achieve the potentials within and to develop fully in all aspects. Alongwith understanding oneself, the individual also needs to be aware about other persons around so that it can result in better interpersonal relationships and communication. Personal-social Counselling helps to develop emotional competence, resilience, good interpersonal relationship etc. which contributes to better mental health and well-being.

Under each of these broader types of Counselling, we can have further areas of concern. Thus based on the approach that is followed in Counselling, we can have four types of Counselling situations: ***Developmental, Facilitative, Crisis, and Preventive Counselling.***

Developmental:

This type of Counselling engages with the individual throughout the entire life span. It helps to deal with the various developmental stage related issues and concerns so that the individual is able to cope with these challenges, function effectively and progress optimally. Developmental Counselling deals with an individual's strength and aims at fully utilizing one's capacities. It encourages personalized learning and equips the client to be responsible for the decisions and choices made by them.

Facilitative:

This kind of Counselling involves facilitating or helping a client clarify the concerns and problems, promotes self-understanding and acceptance, and suggests ways to overcome undesirable behavior or situations. Dilemmas

related to jobs, marital adjustment, poor academic performance may benefit from facilitative Counselling process. This is 'remedial' or 'adjustive' type of Counselling that aids us in progressing from a deficit stage to a functional one thereby facilitating growth.

Crisis:

Crisis Counselling, as the name indicates, requires an immediate support from a counselor. Profound disruption of an individual's life cycles brings frustration which then requires professional understanding and appropriate help. Inability to cope with life's stresses, interpersonal dissonance, perceived inadequacies in self may lead to suicidal attempts and therefore necessitate hospitalization as a therapeutic intervention. Irrespective of the nature of crisis, the counselor must accept the situation and remain calm, poised and be self-assured. This helps reduce the level of anxiety in the client.

Preventive:

Preventive approach to Counselling focuses on self-awareness related to career preparations and decisions, drug awareness, retirement options, enhancing communicative skills, and so on. Thus it emphasizes on prevention of the problem before it appears by equipping the person to deal with the situation. The preventive counselor interacts with the clients in groups or individually and presents a road map. In preventive Counselling, the counselor gives the information to the client and the process of Counselling is complemented by the involvement of the client in the progress.

Self Assessment Questions 3

1) What is unconditional positive regard?

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2) What are the three types of Counselling?

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3) What is preventive approach to Counselling?

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4) Explain developmental Counselling.

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1.8 TRAINING AND PROFESSIONAL ASPECTS OF COUNSELLING

Counselling has arisen as a separate professional entity which mandates establishing its professional credentials. There are four types of professional credentials imperative for Counselling:

- 1) Inspection: it refers to examining of the activities of practitioners of a profession by an (government) agency to ensure establish that they are practicing in a manner consistent with the public safety, health and welfare.
- 2) Registration: Recognition as a profession requires its practitioners to register themselves with some professional organization. The organization has specific standards outlined for the practitioners to comply with and qualify these so as to gain legal recognition as 'registered professional counsellors.'
- 3) Certification: It refers to a professional statutory or non-statutory process wherein an agency or a government body grants recognition to an individual as a professional in the field who meets the prescribed qualifications.
- 4) Licensure: It is a process by which a government agency grants permission to the individual who meets the requisite qualifications to perform the specific functions as a professional.

Counselor preparation and training involves mainly two things – academic preparation and practical skills. Counselor needs to have proper academic qualification with a grounding in the basics of Counselling, various theoretical perspectives, understanding of human development, personality, maladaptive behaviours, psychological assessment etc. with a specialization in specific areas of Counselling. Training needs to involve supervised practice in actual field to gain first hand skills and experience. One crucial aspect here is awareness and adherence to the ethical standards in Counselling practice. The counselor needs to keep the confidentiality of Counselling and ensure that Counselling is characterized by benevolence (benefit and welfare of client) and non-maleficence (there is no harm to the

client). You will learn about the ethics in Counselling in detail in the next Unit. The current COVID-19 pandemic has given rise to newer dimensions in regard to ethical issues during Counselling process. The requirement of social distancing has taken Counselling-client interaction and the Counselling process from face-to-face to the online or virtual platform which has raised concerns about potential ethical issues and conduct (Chenneville & Schwartz-Mette, 2020).

1.8.1 Licensure in India

A lack of common curriculum for counselling or psychotherapy training in India along with the problem of lack of regulation of the profession, draws a grim picture. There is no central accrediting body or policy of licensure available at present to regulate counselling as a profession. Even ethical standards and practices are not regulated by any governing body. Since there are no available check upon private practitioners or their qualifications in India, professionalization of counselling has yet to be established. Although organizations such as the Rehabilitation Council of India (RCI) and the Counsellor Association of India (CAI) do indicate a step in that direction. In India, RCI is the only statutory council which documents details of all qualified professionals who work and deliver training and educational programs for the disabled, disadvantaged and special education requirement communities. Another non-regulatory body, association of counselors (CAI) in India, is a forum for counsellors working in different settings to share their knowledge and expertise with each other.

Recently, Government of India has enacted the National Commission for Allied and Health Care Professions Act (NCAHA, 2021) on 28th March 2021, which has specified standards of education and services provided by allied and healthcare professionals (<http://egazette.nic.in/WriteReadData/2021/226213.pdf>).

1.9 COUNSELLING IN INDIA

Counselling has existed in India since long back in the form of Bhagwad Gita, where Sri Krishna, considered as the greatest counsellor, has counseled Arjuna when the latter was in conflict over fighting with his own brethrens in war. Sri Krishna provided Counselling to him and facilitated self realization in Arjuna which helped him to take proper decisions and helped resolve his conflicts.

In India, counselors work in settings such as hospitals, schools, colleges, workplaces, private Counselling centers and may have their own private practice. Additionally, counsellors are trained in varied educational traditions such as social work, psychology, clinical psychology and psychiatry. This shared practice and blending of knowledge domains of counselors and other helping professions, coupled with the diversity within the Counselling

profession has, on the one hand, produced a rich, comprehensive and inclusive field; yet, on the other hand, it has contributed to a disjointed identity that lacks clear roles and functions (Bhola et al., 2012). Irrespective of the training, affiliations and credentials, social workers, psychologists and counselors often share the same clientele, apply a similar theoretical framework and compete for the same jobs, in which they are hired to perform the same tasks and at times, perform the same responsibilities.

To be able to better understand the experiences of counsellors in India, we must examine the cultural context where they practice. Undoubtedly, there is a growing need for counselling services in India. While the need for counselling in rural parts of the country is not deniable, it must be recognized that counselling in India is a phenomenon more easily available in urban, metropolitan areas and is still to penetrate into the hinterlands. The past decade has certainly seen the birth of many counselling programmes for various developmental stages across the life span as well as counselling for specific issues and contexts. Many Indian universities currently offer training in psychology, with a focus on psychotherapy and counselling. Research suggests that the number of professionally qualified counsellors is far less than would adequately meet the needs of the population (Manickam, 2010; Laungani, 1994). There is a great dearth of published research in the Indian context. Educational institutes in India teach counselling from material that is located in another culture that is either the mainstream American or British tradition.

Currently, counselling in India is largely a female dominated profession, with very few men seeking entry. This gender disparity may be partly accounted for by the fact that many colleges offering under-graduate education in psychology in cities such as Delhi, are colleges only for women. This limits the number of students eligible to enter into post-graduate training in disciplines such as counselling and clinical psychology. The remuneration that this profession gets is low, often offered as an honorarium instead of a salary and not paid on time, adding to the woes of the counsellor's role. Males, considered as bread winners, get further discouraged. While effective training of counsellors can help women counsellors to deal with a range of issues, male clients often indicate a preference for male counsellors and therapists; this preference can only be met if more men enter the profession.

This gender disparity in counselling services is not unique to India; it is something that is seen in other countries as well. In the United States, three times the number of women earn doctoral degrees in psychology as compared to men. The dominance of women over men in psychotherapy is likely to have an impact on the issues being dealt with in therapy and also the process of therapy itself. In the interest of the profession, the perspectives of men need to come to the forefront. Psychiatry, a male dominated profession, has been turning more towards medication for treatment of mental illness; and

women were more drawn to psychotherapy in its various forms (Carey & Dimmitt, 2008).

1.10 LET US SUM UP

As a profession Counselling is a relatively new one. It is a byproduct of the guidance movement that grew in opposition to the traditional psychotherapeutic intervention. The meaning of Counselling is explained; and it is differentiated from guidance and psychotherapy. Development of the field of Counselling and some main contributors and organizations in the field are described, both globally and in Indian context. Important goals of Counselling are described. It is important for the counselors to be aware about their own self and maintain a healthy life so as to contribute effectively to Counselling. Counselors need to learn from both their mistakes and their successes and must allow themselves to grow personally and therapeutically, to be able to concentrate fully and sensitively on clients' problems. Counselors also need to follow ethical guidelines to be legally protected from any adversity. Different types of Counselling are explained ranging from educational, career to personal-social. Finally the training and other aspects related to Counselling as a profession are described with a focus on Indian context.

1.11 KEY WORDS

Guidance: Focuses mostly on information giving which helps the individual to take decisions.

Counselling: Mostly change-oriented and remedial in nature, and focuses on resolution of problems and promoting psychological well-being.

Psychotherapy: Deals with severe emotional and personality problems and is treatment-based.

Unconditional Positive Regard: positive regard for the client without any judgement.

Process Goals: Refers to achieving a conducive Counselling environment or therapeutic climate that will facilitate obtaining the immediate and long-term goals.

Therapeutic Alliance: professional relationship between the client and counselor which helps in resolution of problems and client growth.

1.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

- 1) guidance

- 2) Counselling
- 3) guidance
- 4) psychotherapy
- 5) psychotherapy
- 6) Counselling

Answers to Self Assessment Questions 2

- 1) Rapport refers to establishing a relationship with the client in the beginning which is professional in nature.
- 2) Immediate goals, Long-term goals, and Process goals
- 3) False
- 4) True

Answers to Self Assessment Questions 3

- 1) Unconditional positive regard refers to positive regard for the client without any judgement.
- 2) The three types of Counselling are Educational, Vocational/Career, and Personal-Social Counselling.
- 3) Preventive approach to Counselling emphasizes on prevention of the problem before it appears by equipping the person to deal with the situation.
- 4) Developmental Counselling engages with the individual throughout the entire life span. It helps to deal with the various developmental stage related issues and concerns so that the individual is able to cope with these challenges, function effectively and progress optimally.

1.13 UNIT END QUESTIONS

- 1) Explain the meaning of Counselling and differentiate from guidance and psychotherapy.
- 2) Provide a historical perspective of Counselling.
- 3) Describe the characteristics of an effective counselor.
- 4) Describe the types of Counselling.
- 5) Discuss the status of Counselling in India.

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UNIT 2 COUNSELLING PROCESS*

Structure

- 2.1 Learning Objectives
- 2.2 Introduction
- 2.3 Counselling Process
 - 2.3.1 Importance of Counselling Process
 - 2.3.2 Stages in Counselling Process
- 2.4 Factors Influencing Counselling Process
 - 2.4.1 Physical Setting/Contextual Factors
 - 2.4.2 Process Factors
 - 2.4.3 Client Factors
 - 2.4.4 Therapist/Counsellor Factors
- 2.5 Ethical Guidelines in Counseling
- 2.6 Let Us Sum Up
- 2.7 Key Words
- 2.8 Answers to Self Assessment Questions
- 2.9 Unit End Questions
- 2.10 References
- 2.11 Suggested Readings

2.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- understand the significance of counselling process;
- have basic understanding and knowledge of counselling process;
- explain the basic stages of counselling processes;
- comprehend the factors influencing counselling process; and
- explain the ethical issues in counselling.

2.2 INTRODUCTION

In Unit 1, you have learned about the meaning of counseling. You also learned about who is a counselor and what do they aim at achieving in counseling. In this Unit, you will learn about how they go about attaining these goals of counseling. How does counseling happen and progress? In

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other words, what is the process of counseling? Counseling is a professional relationship which needs to be well-defined and structured so that the goals set during counseling can be achieved. A therapeutic relationship needs to be built between counselor and client which facilitates trust, confidence and a safe space for the client to open up and share their difficult emotions, anxieties, conflicts and challenges. Addressing these issues is important to bring positive outcomes in counseling.

2.3 COUNSELLING PROCESS

The counselling process is dynamic in nature. It is not a one time event but a process consisting of a series of steps with a beginning, a middle and an end, where the counsellor facilitates the client to understand different aspects of their life which they wish to change or modify or face difficulties in. There is a natural progression that takes place within the context of the helping relationship between the client and the counsellor. In the process of counselling there are definable stages with recognizable transitions starting with relationship building, assessing the situation /problem, setting the goals, selecting, and using counselling strategies to bring about the desired results and finally, termination and follow-up. In the counselling process, realistic goals are established and options are explored by the client with the help of counsellor. Together, they make the goal as specific as possible because it helps in achieving it faster. All these happen in the context of a therapeutic relationship of trust which helps the clients to identify their difficulties, concerns, fears and apprehensions and address these during the counseling process.

2.3.1 Importance of Counselling Process

The counselling process progresses through different stages which are not discrete but continue simultaneously. It takes time to build up a relationship of trust between the client and counsellor, it does not form overnight. It is a developmental process which progresses towards reaching to a conclusion or resolution of problem. The most significant element of the counseling process is the client-counselor relationship. As stated by Rao (1999), uniqueness-commonness comprises an important dimension of the counseling relationship. It is unique in terms of the attitudes, beliefs, characteristics, and background of client and counselor. It is common in terms of the generic and objective aspects of the client-counselor relationship. For instance, it includes the cognitive element of eliciting information and analyzing these; and conative elements of expressing feelings by the client.

The process of counselling helps the client learn problem solving and better decision making. It can help the client in different aspects of life such as personal, social, academic, or career concern. It can assist the clients to enhance their self-confidence, intrapersonal and interpersonal skills, and communication skills. It can also make the clients define their career goals

and path and acquire a deeper awareness into their and others beliefs, feelings, behaviour, perspectives and needs. Counselling can help them to establish meaningful and happy relationships with others and cope with day to day life's stress and other negative feelings more effectively.

Counselling is an active process where the client actively participates in the counselling session as well outside of the session to develop new insights and skills and make needed changes. The entire process of counselling is to enable the client to explore his/her concerns or difficulties or distress and to make his or her own decisions with the help of the trained and qualified counsellor. The counsellor does not provide advice or suggestion to the client. Rather, the counselling process aims at shifting the client's perspective from an attitude of victim to feelings of control over their life.

2.3.2 Stages of Counselling Process

Counselling is an active process influenced by various theoretical perspectives. Process can refer to the progression or development from one stage to another with recognisable transitions where counsellor and clients understand each other and form a trusting relationship, assess the needs and situation, set realistic and achievable goals and form a workable plan to bring about the desired positive outcomes. The natural progression from one stage to another is known as the counselling process. The process of counselling decides the success of counselling and it starts with forming a rapport building, moving towards identifying the problem, goal setting, interventions and then finally reaches to the termination and follow-up. Various counseling skills are used during this process. You will learn about the cse in Units 7 and 8 later on.

Let us now discuss the various stages in the counselling process.

1) Rapport establishment

The first stage in the process of counselling is building a relationship between the counsellor and the client which is a continuous process. It is also known as "rapport building" stage which is considered as the foundation of counselling. The counsellor begins with establishing the environment conducive to build mutual trust and respect where the client can feel free to have open communication about his/her issues/insecurities or fear. Genuineness, respect, empathy, effective communication, and being open-minded by the counselor will facilitate a psychologically safe, secure and supportive environment and a trusting relationship. The counsellor needs to assure confidentiality and have a non-judgmental attitude towards the client. The counsellor must keep it in mind that the purpose of counselling is to develop a therapeutic relationship which helps in identifying the needs of the client and assist the client in taking responsibilities for his/her problems as well as its decisions or solutions.

The initiation of counselling process begins with the following important goals on the part of counsellor and the client:

Counsellor needs to:

- Create a comfortable and positive relationship with the client.
- Brief about the counselling process and shared responsibilities to the client.
- Facilitate trust, open and an honest communication
- Find out and substantiate the client's concern that brought him/her to seek counsellor's help.
- Plan the strategies to get needed information or assessment data for continuing with the counselling process.

Client needs to:

- Understand and clarify, if required, the counselling process and his/her responsibilities in the process.
- Share and explain the reasons for seeking help and
- Cooperate in the assessment for understanding the problem/issues and self.

2) Understanding and assessing the client's problems

The second stage is the problem assessment stage. In fact, understanding of the client's problem starts during the process of relationship building itself. Assessment holds a crucial place in the process of counselling. During assessment process, information about the various aspects of the problem and about the person facing the problem as well as an understanding of the context is gathered. The process of assessment involves various skills such as observation, interviewing, taking case history, noting of information, forming hypothesis, etc. The counsellor needs to collect extensive details about all aspects of the client's life.

The gathered information must be validated by cross checking from other significant people in client's life such as family members, peers, colleagues, co-workers, etc. since the presenting or outwardly observed problems may be just the tip of the iceberg and may be used as a concealment for the deeper or actual issues. Once the client develops the trust and feels accepted, they may share their deeper issues, conflicts, doubts, fears, and insecurities. Thus, it is important that the counsellor uses an appropriate assessment procedure to find out the deeper problem and understanding about various issues.

Taking Case history and Interview

Taking history is an important step in assessing and defining the problem the client is facing. The process of taking history usually starts with collecting standard identification data about the client such as name, age,

sex, address, socio economic status, education, etc. Apart from this, it is also important to note the presenting problem, symptoms, and behaviour of the client. It is also important to note down the physical appearance, verbal, and non-verbal cues. Sometimes the body language and gestures can reveal more than what the client tells.

Before the process of taking case history, the counsellor needs to assure the client about the confidentiality and security of the personal information shared by the client to the counsellor. It needs to be reinforced that no information would be revealed to anyone without the permission of the client. The counsellor notes down the present problems and past problems if any, treatment, or help sought out before coming to the present counseling. Developmental history, medical history, and educational/occupational history of the client are taken. If needed, the counsellor may interview client's relatives and friends after taking consent from the client. It is also important to note that the counsellor should follow the ethical guidelines and legal rules pertinent for retaining such personal information of the client.

Along with case history and interview, the counsellor may use certain standardized tests to diagnose the problem. Thus the counselor gathers as much relevant information as possible through different methods and different sources and integrate it to understand the overall picture of the client's needs and concerns. This understanding is shared with the client as counseling process is a collaborative journey where the client also needs to develop self-understanding and self-responsibility for the change to happen.

The counsellor can use the following steps to identify and explore problems of the client:

- 1) *Describe the problem:* Identify the problem and define it very clearly, specifically and objectively. Find out the contributing and maintaining factors of the problem, severity and duration of the problem.
- 2) *Explore the problem:* Gather the information about the problem through different sources and methods. What all methods or ways clients have tried, which did work or which did not work, its background etc.
- 3) *Integrate the information:* Systematically organise and incorporate all the gathered information to make it meaningful that will help in understanding the client and his/her problem clearly and also to diagnose the problem and plan the possible course of action.

3) Diagnostic formulation

The next step in assessment is formulating the diagnosis. Counsellor's clinical decision making will help in the process of formulating a

diagnosis. The counsellor/practitioner uses the information gathered from the case/medical history and interviewing the clients and significant others. They observe physical characteristics and conduct mental examinations and/or psychological tests to develop a list of possible causes of the problem or the disorder which is also known as making differential diagnosis. The counsellor then decides what strategies or action must be planned and taken to help the client. Sometimes even after therapy/counselling has begun, the list of possible diagnoses may be revised further if the client does not progress as expected. The purpose of assessment and formulation of diagnosis is to help the client set goals and initiate action. If the client and the problems are correctly understood and the assessment is made properly, it can help in identifying the client's resources and ability to bring about the changes and to set realistic goals of counselling. This further helps in choosing appropriate therapy/ counselling to be provided by the counsellor.

4) Goal setting in collaboration with the client

Setting goals is an important step to get structure to the entire counselling process. It provides a structure and direction for the counsellor and client. The goal represents the desired outcome. Knowing that there is a goal to be reached through the counselling process generates a sense of hope and motivates the client. This in turn helps the client work towards realistic resolution of the problem and determine what can be achieved. Goals also help the counsellor to validate the outcomes of the counselling sessions. Both the client and the counsellor need to work in close collaboration to achieve the results. The main function of goal setting is to motivate, educate, clarify, and evaluate.

5) Selecting and applying counselling strategies

Once the client and the counsellor are able to identify goals, the next question is to accomplish these goals. The counsellor needs to identify and plan strategies or techniques to bring positive changes in the client and to enable them to resolve their difficulties and live more effectively and happily. The selection of counselling technique or intervention will depend upon many factors such as the counsellor's theoretical or philosophical orientation, the skills, and the insights of the counsellor in using a particular technique, nature of the client's problem, nature of the client, the insight gained by the client, the time client is having for counselling, etc. Sometimes a client will report on useful efforts they have already made and then such interventions or efforts can be further modified and tried during counselling sessions.

6) Termination and follow up

Therapeutic relationship between client and counsellor is not permanent and lasting relationship. Successful counselling has a criterion of successful termination as well. Termination is an important though often misunderstood phase of counselling. This is often ignored or taken for granted. Abrupt and unexpected break in relationship may become

traumatic for a client; therefore, the counsellor should prepare the client for the termination. As this helps the client to mentally prepare himself/herself for ending this important, secure, and trustworthy relationship. Some counsellors as well as client may feel attached to the relationship and may feel uncomfortable ending it. The client may feel insecure to end the counseling relationship. Therefore, counsellors need to plan for termination once the client reports some significant gains from counselling. The counsellor can start preparing their clients gradually for closure by making statements such as “it seems that now you are gaining good insight and skills to deal with your problems on your own”, “maybe very soon you may not require counselling”. Some clients may get upset at the possibility of facing their problems without help but they may accept it if the issue is discussed gently and gradually.

It is also advisable to make a follow up appointment, which would give them a sense of security and hope they are likely to meet the counsellor again and may contact the counsellor if needed. It is also scheduled for various reasons including evaluation, research, or checking the progress with the client. A formal termination of these counselling session serves three main functions:

- Counselling is finished and it is time for the client to face their life challenges on their own.
- The client has gained the insight into his problems and coping strategies. S/he has matured and thinks and acts more effectively and independently.
- Skills and strategies learnt during counselling session and changes which have taken place have generalized into normal behaviour of the client.

Self Assessment Questions 1

Write down if the following statements are **True/ False**.

- 1) Counselling is a passive process where the client just follows counsellor during the counselling session.
- 2) The purpose of assessment and formulation of diagnosis is to help the client set goals and initiate action.
- 3) Therapeutic relationship between client and counsellor is permanent and lasting relationship.
- 4) Termination of the counselling session should be planned when the client has gained the insight into his problems and coping strategies.

2.4 FACTORS INFLUENCING COUNSELLING PROCESS

Counseling is not a linear process, rather a dynamic process affected by so many factors.

Understanding these factors can help the counsellor to work on these and make the process more effective and beneficial to the client.

2.4.1 Physical Setting/Contextual Factors

To make the process of counselling effective, it is important to have a physical setting or the context which provides a place of confidentiality and feeling of safety to client to begin with. Although there is no universal standard that a counselling room should have, yet there are certain optimal conditions which can be created to have a conducive environment for both client and the counsellor. The counselling room should have comfortable sitting arrangements with good ventilation and right temperature. The room should have enough lighting and with soft and soothing colour. It should not be too cluttered as it may deviate the attention of the client. It should be a place where privacy and confidentiality can be maintained. If it is near the main office or in view of public, client will hesitate to approach. It should not be in a noisy place and no disturbances or distractions should be there.

The sitting arrangement should be in such a way that the distance between client and counsellor feels comfortable to both. Presence of table or any other furniture in between the client and counselor may create a physical and psychological or symbolic barrier which can affect the rapport building between the client and counsellor. The sitting arrangement could be arranged at a 90 degree angle from one another so that the client can either look at the counsellor or straight ahead (Benjamin, 1987). Different variations in physical setting can be adapted based on the client/counsellor's comfort level, available resources and most importantly, the socio-cultural context.

The counsellor should make sure that the session should not be disturbed or interrupted during counselling. The counsellor should put the phone on silent mode and can display 'do not disturb' sign outside the room for undisturbed session.

In addition to the physical setting, the counsellor should keep 'SOLER' technique (developed by Gerald Egan, 2014) in mind while attending the client to initiate a better relationship building and listening. These are as follows:

S – Face the client **squarely** that is to have a posture of involvement

O –Have an **open posture**. Sit with your hands open and kept on your lap or on side of arms of chair, feet on the ground. Don't cross your arms or legs.

L – Lean forward (at 60 degree) towards the client but be aware of their personal space needs

E – Maintain appropriate eye contact. Looking at the person suggest that you are interested and concerned. But don't stare or look away or down which may be perceived as disinterest or boredom.

R – Relax when you interact with client. If you are tensed, the client will find it difficult to relax and trust in your abilities as counsellor.

2.4.2 Process Factors

The process of counseling can be facilitated by putting in a structure to it so that the client is clear of what to expect in the counselling process. The structure gives a framework which both the client and counselor can refer to have a clear understanding of the counseling process. It reflects a mutual understanding between the client and counsellor regarding their respective roles and responsibilities, and also about the characteristics, conditions and procedures of counselling including the fees and ethical guidelines. Thus structure provides a sense of objectivity to the counseling relationship and the counseling process. It helps clarify counselor-client relationship, provides a direction to counseling process; protects the rights, roles and obligations of both counselor and client; and ensures the success of counseling (Brammer, Abrego & Shostrom 1993).

Structure is provided throughout different stages of counselling. However, it is more important to provide the structure of counseling in the beginning itself, so that client is well aware about what to expect from the counselling sessions and does not have any unrealistic expectation. Structure helps the client to know the *time limit* of the session, *action limits* i.e., what to express and how to express (for instance s/he is allowed to express but cannot be offensive, use abusive language or harm self or the counsellor), *role limits* (what is expected of the client and the counselor), and *procedural limits* (client is required to work on specific goals or needs during the counselling sessions). Thus structure helps to bring in some sense of order for the client who is otherwise faced with confusion, chaotic situation and conflicting issues in her/his life.

The counseling process is also influenced by proper use of counseling skills by the counselor. The bonding between client and counsellor with open listening and unconditional acceptance helps in exploration of problems and getting the awareness and insights on issues. Sensitivity and expertise in the use of counseling skills will provide the opportunity to the client for reflection, emotional catharsis and emotional vent out which fastens the healing process. Learning new models and ways of thinking helps the client to get empowered to deal with his/her life.

The process of counselling moves forward smoothly if the counsellor and the client know the boundaries of the relationship and what is expected. The

counsellor can be flexible and discuss the nature of the structure as per the need of their client.

2.4.3 Client Factors

The therapeutic relationship between the client and counsellor depends on how they perceive each other. The client who actively participates in the counselling process have more successful outcomes from counseling than those who are passive. So the *initiative* taken by the client is a crucial factor in determining the outcome of counseling. It refers to the motivation to change. Those clients who have positive expectation and faith in the counselling process and counsellor, they are more likely to continue in counseling and achieve success in counseling.

An important aspect here is the *source of referral* - whether the client is self-referred or referred by a third party. When self-referred or the client has come on her/his own, it is assumed that the client will take initiative and be motivated to change. However, this may not always be the case in referral by others – parents, teachers or school administrators or office boss. There may be reluctant clients or resistant clients. *Reluctant clients* may be there in referral cases, however, resistant clients can be in both self referred and other-referred cases. A reluctant client lacks motivation, is reluctant and does not take initiative. They do not want to be in counseling. They may report dissatisfaction and prematurely terminate the counselling. *Resistant clients* are those who may want counseling but are unwilling, unready, or opposed to change (Otanie, 1989), and want to avoid the emotional pain, change in perspective, or enhanced awareness that counseling demands (Cowan & Presbury, 2000). If the client is not involved in the counseling process or not doing assignments or work to change their thoughts and actions, they are being resistant to the counseling process. In such cases, the skill of the counsellor becomes very critical.

There are several ways in which counsellor can help the client to stop resisting and make them initiate and achieve success in counselling. The counsellor should be ready to anticipate some level of anger, frustration and defensiveness from the client which will help them to be more accepting, receptive, patient and understanding. When the counselor shows understanding, caring and non-judgemental attitude, the client feels accepted and is open to listen and participate in the counselling process. Once the relationship is formed the counselor may use techniques of persuasion, confrontation and other techniques to make the client work through.

Client's level of motivation, his/her personality, attitude, beliefs, intelligent, socio-cultural background, age, gender, educational status, comorbidity, etc. all can have an effect on the success of the counselling. The counsellor must understand the client and his/her background, verbal and non-verbal communication. Cultural background of the client needs to be kept in mind while evaluating the non-verbal communication such as body gestures,

postures, eye contact, facial expression, etc. as these may convey different meanings in different cultures. Further, the stigma associated with being in a counseling session, especially in the Indian context (Agrawal, 2015; Rajgopala, 2017), may prevent the client in continuing or getting involved in counseling sessions.

2.4.4 Therapist/Counsellor Factors

The counsellor has an important role to play in the outcomes of the counselling sessions. Their personal and professional qualities are very important in building up the relationship with the client. There are number of qualities which a counsellor should possess in order to be more effective such as they need to be encouraging, supportive, patient listener, warm, accepting, empathetic, and non-judgemental and having positive regards for the client. All these qualities of the counsellor are more likely to create the right conditions for success. They should also be interested in helping people. Apart from these, s/he should be well trained and expert in the methods that they practice, with a high professional ethics.

Okun and Kantrowitz (2015) specified five important characteristics a counsellor should possess. These are: Self-awareness, honesty, congruence or genuineness, ability to communicate and knowledge. Clients also look for expertise in the counselor. Counselors need to communicate in simple, jargon-free language, wear appropriate attire, and show genuine concern and interest in the client without being bossy, lecturing or criticizing the client. Most important, counselors need to develop a trusting relationship with the client which can serve as the foundation for the client to open up and share things with the counselor.

Self Assessment Questions 2

- 1) The physical setting provides a place of confidentiality and feeling of safety to client. True/False
- 2) The more insight and awareness in the client, lesser the success of counselling process. True/False
- 3) _____ and _____ qualities of the counselor are very important in building up the relationship with the client.
- 4) Name the aspects in 'SOLER' technique.
- 5) Okun and Kantrowitz (2015) specified five important characteristics a counsellor should possess. Name them.

2.5 ETHICAL GUIDELINES IN COUNSELLING

Counsellor like other professional also do have ethical responsibilities to follow because they deal with the human beings and their interaction and

decisions can harm or heal the client. Counsellor's own attitudes, beliefs and behaviour can affect the decision making and direction of the counselling process and hence the outcome of the counselling. Counsellors' thoughts, actions or behaviours are guided by their own moral values, personal and professional ethics and legal procedures. Without having the knowledge and awareness of these, the counsellor may harm the client unintentionally. Therefore, it is very important for counsellors and all helping professionals to have the knowledge of professional ethical guidelines.

Before we move towards explaining ethical guidelines, let's understand what we mean by ethics. According to Kitchener (1986), Ethics means, "making decisions of a moral nature about people and their interaction in the society". Ethics are normative in nature and focus on the principles and standards that direct relationship between counsellors and clients (Akinade, 2005). The important point to remember supporting ethical responsibilities of counsellor is that s/he must act in accordance with the client's rights.

Purpose of Ethical guidelines

Ethical guidelines help us in many different ways. These serve to provide certain basic guidelines for the professional behaviour of the members. There are many ethical and legal considerations which needs to be followed by the counsellors as helping professionals.

- Ethical guidelines helps the professional counsellors to regulate themselves and function independently.
- These ensures competent professional behaviour, clarify members' ethical responsibilities and avoid malpractice in the profession.
- Ethical standards helps to deal with ethical dilemmas, build professional character and virtues.
- These also can protect the professionals in case of legal procedures and precedents or processing the ethical complaints. These also help control internal disagreement.
- These help in establishing principles for behaviour and best practices among its members and serve as an ethical guide promoting the values of counselling profession.

Ethics are guidelines that are based on the basic principles of the counsellor/practitioner code of ethics. Corey (1996) briefly outlines *five principles* on which therapeutic boundaries are based upon:

- **Beneficence:** The principle of beneficence says that counsellor should act in the best interests of the client based on his/her professional assessment. The counsellor has the duty to see that s/he is competent and provide services based on adequate training or experience. The paramount goal of counsellor is to work in the best interest of the client. The counsellor have the responsibility for promoting or doing

good for the client with the anticipation that the client will benefit or get healed from the counselling sessions.

- **Non-maleficence:** "Doing no harm". The counsellor must avoid at all times, (even unintentionally) any activities or situations with the client that could harm the client or cause a conflict of interest. Hence the principle of non- maleficence is considered one of the most critical of all principles because not doing good is ok but doing intentional and/ or unintentional harm to client is unpardonable. It involves avoiding physical, emotional, financial, sexual, or any other form of client exploitation. The counsellor should avoid incompetency or malpractice; providing services when unfit to do so due to illness, personal difficult circumstances, or intoxication. The practitioner/counsellor has an ethical obligation to do his/her best to alleviate any harm caused to a client even when the harm is unavoidable or unintended. Counsellors have a personal responsibility to challenge, where appropriate, the incompetence or malpractice of others; and to help in any investigation pertaining to professional practice.
- **Autonomy:** the counsellor's must believe that the client is capable of solving his or her problems and ethical responsibility to encourage client independent thinking and decision-making, and to deter any kind of dependency of the client on the counsellor.
- **Justice:** The counselor must commit himself/herself to provide an equal and fair service to all clients regardless of their age, gender, race, ethnicity, culture, disability and socio-economic status. Thus the principle of justice states that a counsellor/practitioner needs to be just and fair to all clients and respect their human rights and dignity. S/he should not discriminate the treatment to the client based on their cast, creed, region, religion, educational and/or socioemotional status. Counsellors have a moral duty to ensure a fair provision of counselling and psychotherapy services, easily approachable, available, and appropriate to the needs of potential clients.
- **Fidelity:** being honest and trustworthy with clients and authentically honouring the counsellor's commitment to the client's progress.

Some of the *ethical standards* that need to be practiced by professional counsellor are :

- **Informed consent** needs to be taken before beginning of the counselling sessions where the client is provided with all relevant information pertaining to counseling. The client must have the capacity to make a rational decision, he/she must be able to comprehend the information and consent must be voluntary. The counsellee or client should have the freedom to decide about their participation without any coercion or excessive incentive or without any penalty, and the freedom to withdraw from counselling or psychotherapy once it has begun.

- **Confidentiality** of the client should be maintained. Whatever is shared between the client and counsellor should remain intact and will not be shared without the consent of the client. There are certain exceptions to maintaining confidentiality in case of a likelihood of physical harm to self (e.g., suicide) or harm to others (e.g., planning to kill others), illegal actions, evidences to be submitted in court cases, or child abuse.
- **Record Keeping.** Counsellors have an ethical duty to secure their records in a safe place with restricted access without compromising on the confidentiality and maintaining the privacy of the data. Extra security measures can be used such as using codes, numbers, fictitious names to keep notes from identifying the client.
- **Privacy** is the right of the client. The counsellor should make sure that the physical privacy is maintained of client. If the client is talking and sharing s/he should have separate place where others don't have access to intrude.
- **Alleviating client's distress and suffering** should be the only agenda of the counsellor and not gaining some personal favours or rewards or build personal relationships for benefit of self.
- **Integrity** of the practitioner-client relationship is important for building up the therapeutic relationship. Trust and respect are fundamental aspects in any relationship. The basis of trust and respect is integrity. If this basis or foundation of integrity is damaged or fragile, it is impossible to build the required trust to maintain a successful and positive relationship.
- **Respect for human rights and dignity.** Counsellors should be sensitive and aware about socio-cultural background of the client and respect the client's views and opinions without condemning them or being judgemental.
- **Professional competence** and skills are essential. The counsellor and the company which hires them must ensure that they are qualified and trained appropriate to the position they are hired for and should have licence to practice from a recognised body. The counsellor should practice within the limitations of his/her competency, in case s/he feels incompetent to deal with the client, s/he should either consult his/her supervisors, or more experienced professional colleague or refer to someone more competent.
- **Self-respect and Self-care of the counsellor:** It is the counsellor's duty to promote self-awareness and have good physical and mental health. The principle of self-respect means that the counsellor takes care of her/his own needs. The counsellor should also seek counselling or therapy for her/his personal issues and engage in opportunities for personal and profession development.

Counsellor needs to be sensitive to different cultural context, beliefs and practices to create a conducive and effective counseling climate. Disregard and/or non-consideration of specific culture of the client will hamper the counselor-client relationship and the entire counseling process may seem alien to the client. This is an important part of ethical practice in counseling that the counselor has multicultural competence in providing counseling to people from different cultures. The ACA ethical standards (American Counseling Association, ACA, 2005) has outlined multicultural guidelines, both in the practice of counseling and also in the training of counselors. For instance, aspects of confidentiality, assessment, training and supervision etc. need to include multicultural/diversity competence so that counselors develop perspective from other cultures also. The focus in multicultural competence is mainly on three areas – awareness of one-self, knowledge of multicultural issues and contexts, and culturally specific techniques.

Self Assessment Questions 3

- 1) Ethics are normative in nature and focus on the principles and standards that direct relationship between counsellors and clients. True/False
- 2) Informed consent must be voluntary in nature. True/False
- 3) Confidentiality of the client should be maintained under all circumstances. True/False
- 4) If the counsellor feels incompetent to deal with the client, s/he should refer the client to someone more competent. True/ False
- 5) The client cannot withdraw from counselling or psychotherapy once it has begun. True/False
- 6) The counsellor must avoid at all times, (even unintentionally) any activities or situations with the client that could harm the client or cause a conflict of interest. What is this ethical principle called?

2.6 LET US SUM UP

In this Unit you learned about the process of counselling, it's importance and characteristics. The counselling process progresses in definable stages with recognizable transitions. There is a natural development that takes place within the context of the helping relationship. The first important stage of building relationship or rapport is marked by laying foundations for trust, establishing the structure and forming the counseling/therapeutic relationship. The next stage focuses on identifying the problems and issues with the help of different assessment methods such as case history, interview and which leads to diagnostic formation. Setting the goal and implementation of the intervention helps the client to get empowered in the next stage of working in a counseling relationship. The last stage includes termination and follow up

which is the end of the professional relationship with the client when the session goals have been met. Counselling cannot be considered complete and successful without the follow up procedures. There are many important factors that influence the counselling process such as the physical setting or contextual factors, structure related factors, and factors related to clients and counsellors. Counsellors deal with human being which requires that they should work ethically and follow certain ethical guidelines laid out for them.

2.7 KEYWORDS

Attending skills: Refers to being physically and psychologically present with the client.

Active listening: Is engaged listening when you are listening for meaning and understanding.

Beneficence: Moral or ethical responsibility to act for the benefit or best interests of the client/others.

Competence: The effective deployment of the skills and knowledge needed to do what is required.

Confidentiality: Keeping or protecting the information shared by client unless the client gives consent for disclosure.

Congruence: Consistency in the person's thoughts, feelings, and actions which convey honesty or sincerity.

Counselling: A helping process where a professional therapist assists the clients in resolving their personal, social, or psychological difficulties and taking their own decisions.

Empathy: The ability to understand and share the other persons' feelings or perspective.

Non-maleficence: Refers to a moral or ethical responsibility not to cause any harm, intentionally and/ or unintentionally, to the client.

Non-verbal behaviour: A process of sending and receiving messages, without using words, through body language that is eye contact, facial expression, gestures, postures, etc.

Rapport Building: The process of building a relationship of trust and comfort with the client by the therapist.

Self-disclosure: Sharing personal information by counsellor such as his/her thoughts, fears, preferences, and experiences.

Unconditional positive regard: An attitude of complete acceptance and respect on the part of therapist no matter what the client says or does.

2.8 ANSWERS TO SELF-ASSESSMENT QUESTIONS

Self Assessment Questions 1

- 1) False
- 2) True
- 3) False
- 4) True

Self Assessment Questions 2

- 1) True
- 2) False
- 3) Personal and professional
- 4) Aspects of 'SOLER' technique are face the client squarely, have an open posture, lean forward slightly, maintain appropriate eye contact and relax
- 5) Self-awareness, honesty, congruence or genuineness, ability to communicate and knowledge

Self Assessment Questions 3

- 1) True
- 2) True
- 3) False
- 4) True
- 5) False
- 6) Non-maleficence

2.9 UNIT END QUESTIONS

- 1) Explain the counselling process and its importance in detail.
- 2) Describe different stages of the counselling process.
- 3) Differentiate between a reluctant and a resistant client.
- 4) Elaborate on different factors influencing the counselling process.
- 5) Discuss the ethical principles of counselling.
- 6) Explain the meaning of beneficence and non-maleficence.
- 7) In what circumstances confidentiality can be compromised?

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UNIT 3 ASSESSMENT IN COUNSELLING*

Structure

- 3.1 Learning Objectives
- 3.2 Introduction
- 3.3 Defining Assessment in Counseling
- 3.4 Historical Overview of Assessment Practices in Counseling
- 3.5 Difference between Assessment and Testing
- 3.6 Necessary conditions for Competency of Counselor to Use Assessment and Testing
 - 3.6.1 ACA Code of Ethics
- 3.7 Methods of assessment
 - 3.7.1 Standardized Tests
 - 3.7.2 Nonstandardized Techniques of Assessment
 - 3.7.3 Computer Assisted Online Testing
- 3.8 Areas of Assessment
 - 3.8.1 Intelligence
 - 3.8.2 Aptitude
 - 3.8.3 Interest
 - 3.8.4 Personality
 - 3.8.5 Achievement
 - 3.8.6 Neuropsychological testing
- 3.9 Issues in Assessment
- 3.10 Let Us Sum Up
- 3.11 Key Words
- 3.12 Answers to Self Assessment Questions
- 3.13 Unit End Questions
- 3.14 References
- 3.15 Suggested Readings

3.1 LEARNING OBJECTIVES

After studying this unit, you would be able to,

- Define assessment;

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- Know a historical overview of assessment practices in counselling;
- Differentiate between assessment and testing;
- Become familiar with the necessary conditions as prescribed by the ACA code of ethics and other guidelines for use of assessment and testing in counselling;
- Know various methods of assessment and areas of assessment; and
- Become aware of the controversial issues in assessment.

3.2 INTRODUCTION

As you know by now that counselling is a helping profession. It helps individuals, families, and groups to achieve wellness through remediation and growth, i.e., by weakening their weaknesses and strengthening their strengths. So, an effective counselor has to know the strengths and weaknesses of her/his clients. Since each client coming for counselling is unique with his or her own set of issues as well as abilities, interests, values, and life experiences, the counselling approach has to vary from case to case. It is rightly said, “The better you know the client, the better counselor you become”. It is, therefore, necessary to collect as much information about the client as possible. Here comes the role of assessment and testing. They help the counselor in knowing the client in systematic and objective ways; and using this knowledge for identifying the client's problems, planning interventions, and evaluating its impact. All counselors use assessment and testing in varying degrees depending on their theoretical backgrounds. Hence it is essential for an effective counselor to understand the process of assessing the clients and the issues related to it. The present unit deals with these aspects of counselling.

3.3 DEFINING ASSESSMENT IN COUNSELLING

Assessment is the process of gathering the needed information by the counselors for having a holistic knowledge of the client and her/his problems. The term can be defined as “a process that integrates test information with information from other sources (e.g., information from other tests, the individual's social educational, employment, health, or psychological history) used to draw inferences about characteristics of people, objects, or programs” (ARERA, APA, NCME, 1999). From this definition it is clear that assessment involves collection of data relating to the client from various sources, both direct (client) as well as indirect (family, friends, coworkers, etc.), using different formal and informal techniques such as standardized tests, rating scales, observations, and interviews. The latter part of the definition implies that counsellors use these data to formulate a comprehensive understanding of the client and the reason for the client's

seeking counselling services as well as planning intervention. Assessment is involved in each stage of counselling, i.e., identifying, analyzing, evaluating, and addressing the problems, issues, and circumstances of clients.

Closely associated with the process of assessment is testing. A *psychological test* is “an objective standardized measure of behavior” (Anastasi & Urbina, 1997). Counselors use a variety of tests to know the abilities, aptitudes, interests, and personality traits of their clients. Tests are used so frequently in counselling setups that they are often interpreted as assessments by many people, even by professionals. However, according to the “Standards for Educational and Psychological Testing” laid down jointly by the American Educational Research Association (AERA), American Psychological Association (APA), and National Council on Measurement in Education (NCME, in America), assessment includes much more than testing. Observations and interviews are also covered under assessments. The difference between assessment and testing is discussed in detail later in this chapter.

The term assessment is often used synonymously with ‘appraisal’ and ‘evaluation’. Although appraisal and evaluation may seem like same as assessment in that all of them use various formal and informal methods of data collection, in actuality, they are not, so far as the use of the collected data is concerned. While the goal of assessment is to describe the client and her/his problems, appraisal and evaluation are concerned with making judgments based on the collected data. Thus while assessment is largely an objective activity, appraisal and evaluation involve subjective judgment.

3.4 HISTORICAL OVERVIEW OF ASSESSMENT PRACTICES IN COUNSELLING

Assessment practices have been an integral component of professional counselling since the very beginning of the nineteenth century, from the days of Parsons till today. In the first decade of the last century Frank Parsons who is regarded as the ‘Father of Guidance’ established the Boston Vocational Bureau to provide assistance to young people in choosing a vocation and to train teachers to serve as vocational counselors. From Parsons’ work took birth the guidance movement which is the forerunner of counselling. In his book *Choosing a Vocation* (1909) he considered three factors to be necessary for the wise choice of a vocation: (i) knowledge of the work, (ii) knowledge of self, and (iii) a matching of these two based on ‘true reasoning’. Thus, he emphasized assessment for helping his clients have an understanding of themselves. His ideas were followed by development of methods to assess the abilities, aptitudes, interests, ambitions, resources, and limitations of students.

By then, in 1905, Alfred Binet and Theodore Simon, on French Government’s request, had created a test to identify the mentally retarded

children who were not likely to gain from ordinary schooling with the intention of providing special education to them. This test is popularly known as the *Binet-Simon scale* and is regarded as the first intelligence test. Subsequently, Binet's tests (originally in French) were translated to several other languages and were adopted internationally.

The First World War (1914-1918) is considered to have contributed a lot towards the development of testing and counselling. During the war, as a great number of military personnel were to be employed, the US Army developed and used a number of instruments, such as the *Army Alpha* and the *Army Beta* intelligence tests for selecting them. After the war, psychological testing gained popularity among the civilians. The testing movement provided the foundation for the development and growth of counselling as a profession.

The subsequent years witnessed the development of a number of other intelligence tests such as those of tests by Charles Spearman (1927) and Louis Thurstone (1938) based on their own theories and the famous *Wechsler-Bellevue Intelligence Scale* specifically geared for adults by David Wechsler (1939). Nevertheless, the popularity of intelligence testing extended to the assessment of other psychological phenomena like interest, aptitude, personality, etc.

Standardized vocational inventories like the *Strong vocational Interest Inventory* (1927), *Kuder Preference Record-Individual* (1932), and the *Differential Aptitude Test* (1947) were developed and used for assessing individuals' interests as well as aptitudes and helping them choose vocational career.

The Development of Freud's theory of personality in the late nineteenth century stimulated a number of researchers to give their own personality theories. Keeping pace with this development spawned a number of personality tests that were used both in clinical and counselling set-ups. In the 1920s, the *Rorschach Inkblot Test* (Hermann Rorschach, 1921) and the *Rotter Incomplete Sentence Blank* (Rotter & Raferty, 1950) and later the *Thematic Apperception Test* (Morgan & Murray, 1935) came into being.

The *Woodworth Personal Data Sheet* is regarded as the first self-report inventory. The U.S. Army began to use it in 1919-1920 for identifying the persons who are emotionally unfit to serve the military. In 1924 it was adapted for children. It also influenced the development of the *Minnesota Multiphasic Personality Inventory* or *MMPI* (Hathaway & McKineley, 1943), an objective and standardized measure of psychopathology. The MMPI was revised in 1989 as MMPI-II which is widely used by counselors and other mental health professionals for assessing personality. Later on, the *Millon Clinical Multiaxial Inventory* appeared in 1977 as a measure of personality issues corresponding with the DSM-III and gets modified regularly to remain aligned with the revisions of the DSM. Tests for general personality traits

(e.g., *16-PF*, *CPI*, *NEO-PI*) as well as measures of specific psychological constructs like depression and anxiety (*BDI*, *STAI*) have also been developed and used in multiple contexts including counselling.

The increased popularity of testing has raised several new issues as a result of which there has been a call for decreasing the use of standardized tests. This scenario led to the need for systematizing the assessment process in general and increasing the use of qualitative assessment methods, particularly in counselling. Today assessment processes have shifted their focus from diagnosis to identifying the problem areas and strengths of the individual. Now-a-days computer-based assessment procedures are heavily in use resulting in greater accuracy and precision in scoring. To make the procedure more valid, real-life behavior assessments based on the observation reports of parents, teachers, and/or other significant persons are being considered. Standards for proper usage of the tests have been prescribed by the American Psychological Association in the form of *Standards for Educational and Psychological Testing* (1985). The American Counseling Association (ACA), a professional organization of counselors, in section *Five* of its *Code of Ethics* also deals with ethical guidelines for evaluation, assessment, and interpretation of tests in counselling.

Thus, from the above discussion, you can notice that assessment/testing and counselling go hand in hand.

Self Assessment Questions 1

1) What is assessment?

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2) Who is regarded as the 'Father of Guidance'?

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3) Which is regarded as the first self-report inventory?

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3.5 DIFFERENCES BETWEEN ASSESSMENT AND TESTING

We discussed that assessment involves collection of client-related information from various sources. Techniques of assessment include Standardized Tests, Developmental Checklists, Rating Scales, Observation Records, Case History, interviews, and Parent/teacher/Peer reports, etc. Thus, they include both standardized and nonstandardized instruments. Standardized instruments consistently follow a specific set of rules related to administration, scoring, and interpretation so as to ensure accurate results over a period of time and across populations. Instruments such as intelligence tests, aptitude tests, and personality tests fit this description. Nonstandardized assessment may not adhere to a strict set of rules relating to administration, scoring, and interpretation process. Examples are clinical interviews in which depending upon the personal nature of the interactions and the client's personal needs the counselor changes the method of interviewing.

Very often the terms, assessment, and testing are used interchangeably. But by definition assessment includes information obtained from tests and other sources, implying the broader nature of the former. In fact, assessment is not the same thing as testing. It is more than testing. You can know the differences between the two from the table given below.

Table 1: Differences between Assessment and Test

Assessment		Test	
1.	Assessment is a broader and holistic evaluation covering a wide spectrum of behavior.	1.	A test is an instrument that measures a sample of behavior at a specific time.
2.	It uses multiple methods of collecting information like observation, interview, rating scales, and case history, etc as well as testing.	2.	It is ordinarily restricted to administering one or more tests.
3.	It involves a collection of data from multiple sources; both direct (client) and indirect (parents, teachers, friends, etc.).	3.	Testing involves a collection of data only from the direct source, i.e., the client based on her/his performance.
4.	The assessment uses both formal (standardized) and informal (nonstandardized) methods for gathering information.	4.	As per the definition given by Anastasi and Urbina, (1997), tests are standardized instruments.
5.	The contexts of assessment are usually natural.	5.	The contexts are usually artificial and controlled. Hence, they have less resemblance with

			real-world performance.
6.	The data collected can be quantitative as well as qualitative	6.	Tests are quantitative measures.

3.6 NECESSARY CONDITIONS FOR COMPETENCY TO USE OF ASSESSMENT AND TESTING IN COUNSELLING

If we go through the history of testing, we can know that by 1960 standardized testing movement became very popular, in schools, government agencies, and industries. This popularity also led to several misuses of tests, thus making their usage controversial. For example, inappropriate use of tests by inexperienced testers and unwarranted conclusions drawn from the test results raised a number of ethical and legal issues. Despite the criticisms raised against testing, an assessment still remains an integral part of counselling practice. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 2009 identified assessment as one of the “eight common core curricular areas”, the knowledge and skills of which are required by a counselor for professional competence. CACREP is an independent accrediting agency that assures high-quality, relevant education in graduate counselling programs throughout the United States and other countries. Simply saying, counselors have to receive training and practice in assessment and get a license from their state licensing boards before practicing assessment. Let us discuss the assessment competencies required by counselors.

3.6.1 ACA Code of Ethics

ACA (American Counseling Association), a professional organization of counselors in the United States has prescribed the *Code of Ethics* for professional counselors and counselors-in-training. All counselors who are ACA members are required to practice in agreement with it. The *Code of Ethics* (2014) has eight sections in total. Recognizing the importance of using formal and informal assessments as a part of the counselling process, the *Code of Ethics* in its fifth section (section E) deals with the evaluation, assessment, and interpretation. There are guidelines relating to the responsibilities of the counselor during assessment with respect to instrument selection, conditions of administration, scoring, interpretation, diagnosis, and diversity issues. Besides, the rights of clients, including informed consent, disclosure and safe keeping of assessment data are also covered. The Code prescribes that the counselors be trained and competent in using the tests and assessment procedures. Below is given a discussion of some of the guidelines prescribed by the *Code of Ethics*.

General

The primary purpose of assessment is to gather information regarding the client that can be used for client decision making, treatment planning, and forensic proceedings, etc. Counselors must prevent themselves and others from misusing test results. The client's right to know the purpose and result of the assessment must be respected.

Competence to Use and Interpret Assessment Instruments

Counselors must perform only testing and assessment services for which they are competent. They must have a thorough understanding of psychometrics before making decisions based on assessment results. Assessment instruments must be used in the prescribed manner.

Informed Consent in Assessment

Prior to the assessment, counselors must explain to the client about the nature and purposes of the assessment and the specific uses of results. Prior agreements in determining who receives the assessment results are required.

Instrument Selection

Instruments used for assessment must be reliable and valid.

Conditions of Assessment Administration

Counselors must ensure that assessments are administered under the standardized condition as mentioned in the manual. Unsupervised use of assessment instruments must be discouraged.

Multicultural Issues/ Diversity in Assessment

Demographic factors such as age, gender, socio-economic status, caste, race, ethnicity may affect the assessment process. Further, cultural context, language and disability of the clients also need to be considered by the counselor while administering and interpreting the assessment.

Scoring and Interpretation of Assessments

While reporting results, counselors must explain the limitations of the assessment in terms of its validity, reliability, and inappropriateness of the norms due to variations in the assessment conditions. The client's level of understanding and the possible impacts of the results on the client must also be considered. All assessment services must maintain their ethical responsibility to those being assessed.

ACA has a division namely the AARC (Association for Assessment and Research in Counseling) whose mission is “to promote and recognize excellence in assessment, research, and evaluation in counselling” (AARC, 2012). It develops assessment competency standards for various specialty areas of counselling, such as school counselling, marriage and family

counselling, substance abuse counselling, multicultural counselling, etc. The Joint Committee on Testing Practices (JCTP) represented by AERA (American Educational Research Association), NCME (National Council on Measurement in Education), and APA developed *The Code of Fair Testing Practices in Education*, *Responsibilities of Users of Standardized Tests (RUST)*, and *Standards for Qualifications of Test Users*. All these suggest guidelines concerning counselors' use of standardized assessment instruments. The RUST statement aims at educating counselors and educators on the ethical use of standardized tests with its set of guidelines relating to the selection, administration, and scoring of tests as well as interpretation and communication of test results to clients.

The *Standards for Qualifications of Test Users* emphasizes that assessment should be integrated into counselling theory. Counselors need to have knowledge and skill in areas of measurement, test development, administration, scoring, and communication of test results. They need to have awareness about the role of diversity and the legal as well as ethical implications of assessment. All this will promote fairness in assessment practices.

Practicing counselors should also be familiar with the competency standards prescribed in these documents.

Self Assessment Questions 2

1) Write the difference between standardized and nonstandardized instruments.

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2) What is the Code of Ethics?

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3.7 METHODS OF ASSESSMENT

You have read that the definition of assessment indicates the use of a broad range of evaluation methods for obtaining data about clients. On the basis of the extent of the fixed structure followed, assessments can be standardized or nonstandardized. A standardized assessment is one which strictly follows a specific set of rules and guidelines related to administration, scoring, and

interpretation. Since these rules are consistently followed, we can compare the results obtained by an individual with his own performance in subsequent times as well as with others who take the same test. Examples include standardized tests such as intelligence tests, achievement tests, aptitude tests, and personality tests. Nonstandardized assessment methods do not adhere to strict sets of rules or guidelines while gathering information from the client and interpreting them, for example, clinical interviews, observation, etc. Even if we try to structure them, deviations in methods are allowed if the situation demands.

Let us discuss both the standardized and nonstandardized methods of assessment.

3.7.1 Standardized Tests

The use of psychological tests has been severely criticized and also challenged many times in the court of law. Still, it is going on increasing rather than decreasing, particularly in schools. For most counselors, tests are the basic assessment device to know their clients. A psychological test (or simply, test) is defined as "essentially an objective and standardized measure of a sample of behavior" (Anastasi & Urbina, 1997). Standardization means uniformity in the procedure of administration and scoring the test. Testing conditions and instructions should be the same for all test takers. Objectivity means administration; scoring and interpretation of scores are free from the subjective judgment of the examiner. That means whoever may be the examiner, the test taker, ideally, should obtain the same score. The scores on a test represent the quantity of the particular behavior measured by that test.

Criteria for Selecting the Appropriate Test

Test scores help both the counselor and the client in understanding the latter. This understanding helps the counselor decide the appropriate counselling methods and evaluate the effect of the intervention.

However, an error in measurement or interpretation can lead to an erroneous decision and do more harm than good to the client. That is why it is very important on the part of the counselors not to make any mistake in testing the client. They should be very careful in selecting the appropriate test. In the first place, they should not go for using a test for which they are not competent to administer or interpret. Moreover, they should not go for administering a test which does not yield an accurate result. There are certain important qualities of a good test, such as reliability, validity, standardization, and norms, etc. Before selecting a test to use the counselor should consider these qualities.

Validity

The most important quality of a test is validity which is defined as "the degree to which the test actually measures what it purports to measure", i.e.,

“how well a test fulfills its function” (Anastasi & Urbina, 1997). If the test is not valid we cannot make a correct interpretation on the basis of test performance. For example, we cannot say a person is having anxiety on the basis of his/her high score on an anxiety scale whose validity is low. The validity of a test is usually determined by the correlation between the test score with measures of an independent criterion of what the test is meant to measure. That means, if a test is designed to measure an individual’s probability of success in a course (such as medicine or psychology), the ultimate success in the course as indicated by grades obtained in the final examination or teachers’ ratings are the criterion. The correlation coefficient between the test score and examination grades or instructors’ ratings is indicative of the validity of the test.

With the continuously evolving uses of testing, different methods of determining the test validity have been developed. The first type is **content validity** which refers to the extent to which the test content is a representative sample of the behavior domain to be measured. For example, if a test of mathematics consists of problems only from algebra leaving out other branches of mathematics, the results may not be an accurate indication of the test taker’s understanding of the subject. Many of you must have faced a test to get a driving license. Imagine, if you had been asked only questions on road signals, would it have been a valid test of your driving ability?

Content validity is sometimes confused with **face validity** which is concerned with what it appears to measure; whether the test looks valid to the test users.

Gradually, tests were designed to predict the behavior of the individual in a specific situation outside the testing context, either at present or at future times. Thus, came the concept of **criterion validity**. Here criterion is the person’s actual performance across time or situation. For example, for a college entrance test, the criterion might be grades obtained in the class examination. The correlation coefficient between test scores and independent measure of the criterion indicates the criterion validity of the test. This type of validity is appropriate for aptitude and interest tests, clinical diagnostic tests, and selection tests for jobs, etc. Moreover, when the criterion measure is the existing status of the individual and can be obtained at the time of testing, we can obtain the *concurrent validity*. The examples are diagnostic tests such as the MMPI-2. On the other hand, if we have to wait for the criterion measure after the test is administered, then *predictive validity* is obtained. One example is the Strong Interest Inventory.

The third type of validity is **construct validity** which was developed out of the orientation towards linking testing with psychological theories and hypothesis testing. It can be defined as the extent to which the test is measuring a theoretical construct. With gradual accumulation of information obtained from correlation with other similar valid tests, factor analysis, and

from studying developmental changes, many intelligence tests have gone for construct validation.

A somewhat recent type of validity proposed by Messick (1989) is **consequential validity**. Consequential validity of a test is concerned with the social consequences of testing with it. It has two components: (i) appraisal of the value implications of the consequences, such as labeling etc., and (ii) appraisal of actual and potential social consequences of applied testing. **The aftereffects may be positive or negative; may be short-term or long-term. For example, positive effects include** improved student learning and motivation. On the negative side, it may lead to differential opportunities and treatment on the basis of test results. Thus, consequential validity can be understood as the extent to which there is a “lack of differential impact across subgroups, and the presence of positive and absence of negative systemic effects resulting from the testing program” (The SAGE Encyclopedia of Educational Research, Measurement, and Evaluation, 2018). For instance, results of an intelligence test may lead to biased attitude against children from low socio-economic background.

Reliability

The second major quality to be considered while selecting a standardized test is reliability. If a student obtains a score of 40 on a test of Mechanical reasoning today and scores 20 on the same test after a week, we cannot know which score is the correct measure of her/his ability. That is, neither of the scores is dependable. We cannot infer anything about the student's behavior from her/his test scores. For the test to be able to understand the client or make accurate predictions about her/his behavior, must yield fairly consistent result on both the testing occasions. Reliability is a measure of the degree of “consistency of scores obtained by the same persons when retested with the same test on different occasions or with different sets of equivalent items” (Anastasi & Urbina, 1997). There are several methods of determining reliability.

The method which seems obvious from the above definition is the **test-retest** method. As the name suggests, the same test is administered on a second occasion after a period of time. The correlation between the scores obtained by a group of persons on the two administrations represents the reliability coefficient. In this case, the time gap between the two testing occasions is crucial, because both increases, as well as decreases in test scores, is possible if the interval is too long or too short.

The second type is **parallel-form** or **alternate-form** reliability, in which the same person is tested with two equivalent forms of the test on two occasions, one form is used on the first occasion and the other on the second occasion. The correlation between the two sets of scores obtained on the two forms is indicative of the reliability coefficient. The main problem is the unavailability of truly alternative forms of many tests.

The third form of reliability is the **internal consistency**. In this method, following administration, the test is split into two halves. Thus from a single administration, two scores for each person are obtained. The reliability coefficient is obtained from the correlation of the two sets of scores.

There is another type of reliability, namely, **scorer** reliability or **inter-rater** reliability. Many tests, such as projective tests, involve significant judgment on the part of the observer or scorer. Scorer reliability refers to the extent to which different observers are consistent in their judgments.

Norms

An individual's score on a psychological test is usually interpreted by comparing it with the scores obtained by others on the same test, i.e., referring to the norms. A norm is "the normal or average performance" (Anastasi & Urbina, 1997). Establishment of norms is an important step in the process of standardizing a test. Norms are prepared by administering the test to a large representative sample of the persons for whom it is made. The sample which was used for the establishment of the norm is known as the *standardization sample*. The average performance, as well as the number of persons obtaining scores (i.e., frequency of scores) of varying degrees of deviation from the average, are computed. A particular individual's performance can be interpreted as average, or above/below the average by comparing it with the norm. The raw scores are transformed into relative scores to achieve the precision of comparison. As a result, an individual's exact position in relation to the standardization sample can be known.

Norms are broadly of two types. One is the **developmental norms** which are helpful in interpreting test scores in terms of the developmental level attained by the test taker. Examples of developmental norms are mental age, grade equivalents, and ordinal scales, etc. The second category of norms is **within-group norms** which make it possible to evaluate an individual's score in terms of her/his relative position within a group of comparable individuals. Different forms of within-group comparisons are percentile ranks, standard scores, stanines, sten scores, and deviation IQ, etc.

The test constructor provides detailed information regarding the types, methods of measurement, and coefficients of reliability as well as the validity of the test in the test manual. The norm, information about the standardization sample, and detailed directions for administration and scoring as well as instructions to be given are clearly mentioned in the manual to ensure uniformity in testing conditions and objectivity. Hence a counselor must go through the test manual before going to use it.

Practicality

There are some practical considerations which the counselor must not ignore while deciding the test to be administered. The most important thing to be considered is whether the counselor himself/herself is competent enough to

administer, score, and interpret the test under consideration; if not, whether there is any trained personnel available to do these tasks. Secondly, the cost of the instrument is also to be considered. For a number of tests, scoring is done by the author/publishing agency on extra payment.

The counselor may take the assistance of the recent edition of the *Mental Measurement Yearbook* or the *Buros Institute of Mental Measurements Website* for a critical review of popular standardized tests.

3.7.2 Nonstandardized Techniques of Assessment

Counselors often use several assessment methods, to get qualitative information. These methods are not standardized, i.e., there is no uniformity in administration and scoring procedure. Let us discuss some of them.

Observation

Observation involves noticing and recording of behavior without formal manipulation of events involved. It can take many forms. In terms of the place of observation, it can be laboratory observation or naturalistic observation, if it takes place in the natural setting. On the basis of the role of the observer, it can be participant or non-participant. In participant observation, the observer is a part of the situation or activity to be observed. In non-participant observation, the observer without taking part in the event tries to remain as unobtrusive as possible. If the observer studies the outward activities of other persons, it is objective observation. On the other hand, if one looks within to observe/analyze her/his own thoughts or feelings, it is subjective observation or introspection.

There are a number of instruments used to record the information collected through observation, for example, checklists, rating scales, anecdotal reports, etc.

We can get a real picture of the behaviours and events through the observation method. But the major limitation is that observation may get influenced by the observer's bias.

Interview

Interview involves a direct verbal interaction between the interviewer and the interviewee, the former probing to obtain information about the latter.

There are three forms of interview: (i) Fully structured interviews in which a fixed set of questions are asked in a fixed order requiring the respondent to answer from a fixed series of options given by the interviewer; (ii) Semi-structured interviews consist of a pre-determined set of open-ended questions allowing the interviewee freedom to express their views in their own terms; (iii) Unstructured interview in which only one main question is asked to uncover the informant's views on the topic of interest.

Diaries and Daily Schedules

A diary is a method of collecting qualitative information self-written by the participants about her/his behaviors, activities, and experiences longitudinally over an extended period of time ranging from a few days to even a month or longer. This method allows participants to record events as and when they occur. The diaries that people are asked to keep for a purpose, especially for research, are called solicited diaries.

The insights gained through the diary method can be the informant's eating and drinking habits, sleeping patterns, sexual activity, travel behavior, living with a disability, daily stressors and coping strategies, etc.

Another technique of recording the client's daily activities is the daily schedule which is a simple listing of activities on an hour to hour basis.

Computer Assisted Online Testing

Now-a-days, there has been an increase in the use of online computer-mediated resources for providing counselling and guidance services to clients. This movement is driven by the necessity of being accessible to the persons who are in need of support, but cannot or do not access the service in a face to face mode due to some reason or other. The reason may be anything like being at a distant place or their concern for anonymity. Particularly during the COVID-19 pandemic situation in 2020-2021, the needs for online counselling services increased and consequently, are provided. If counselors deem it necessary, they also go for computer-mediated online assessments. Online assessments may be done either by presenting the paper-pencil questionnaire in a computerized form or through software. They have been found to be successful in several areas, like personality, job-related measures, and neuropsychological assessment.

However, the use of computers and technologies in assessment and counselling has been controversial. Firstly, the client (and the counselor also) may not have an adequate level of computer literacy. Secondly, it may not be suitable for persons with disabilities. Moreover, it is not clear whether paper-and-pencil and computer administration of tests would produce equivalent results, thus questioning the validity of the latter. French (1986) suggested establishing the equivalency of results from different types of administration for each instrument. Another potential limitation of computer-assisted test administration is that it may also result in errors in scoring.

Self Assessment Questions 3

1) How many types of validity are there?

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2) What is a fully structured interview?

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3.8 AREAS OF ASSESSMENT

We can classify the standardized tests into four broad types on the basis of the aspects of behavior they measure. They include intelligence, aptitude, achievement, interest, and personality tests. Let us discuss them.

3.8.1 Intelligence

Intelligence testing is one of the major achievements of psychology in the twentieth century. And testing movement gradually gathered its momentum keeping pace with the development of different intelligence tests. Intelligence tests are mostly used by school counselling services.

We have already discussed earlier in this unit that the first standardized test was an intelligence test. With the objective of identifying the retarded children in schools, in 1905 Alfred Binet and Theodore developed the first intelligence test, which is popularly known as the *Binet - Simon scale*. The American version of this test is the *Stanford-Binet Intelligence Test* (1916). After the success of the Binet- Simon scale, dozens of intelligence tests were developed and refined. Even the Stanford – Binet test is now in its fifth revised form (SB5). Though originally the Binet test was meant for children, over these revisions, this test has also been modified to be used with adults.

The first individual adults' intelligence test happened to be the *Wechsler-Bellevue Intelligence Scale* specifically developed by David Wechsler (1939). The latest revised version of this test is known as the *Wechsler Adult intelligence Scale-IV (WAIS-IV)*. Wechsler also developed two other scales, one for school-age children which are now available in its fifth revised form, the *Wechsler Intelligence Scale for Children-V (WISC-V)*, and one for preschool children, the *Wechsler Preschool and Primary Scale of Intelligence (WPPSI)*. The WPPSI has undergone three revisions and now is known as *WPPSI-IV*.

Some other popular individually administered intelligence tests are the Kaufman tests, such as *Kaufman Assessment Battery for Children (K-ABC)*, *The Kaufman Adolescent and Adult Intelligence Test (KAIT)*, and *Kaufman Brief Intelligence Test (K-BIT)*, and the *Das-Naglieri Cognitive Assessment System (D-N CAS)*, etc.

All these above-mentioned tests are individually administered. Group testing started with the use of the Army Alpha and Army Beta during World War-I and soon became popular. Examples of some group intelligence tests are the *Otis-Lennon School Ability Test (OLSAT-7)* and the *Cognitive Abilities Test (CogAT)*, Lohman & Hagen, 2001), etc. The *Raven's Progressive Matrices* is another popular nonverbal intelligence test which can also be administered in the group.

Some tests have also been developed in India. Examples include *CIE Verbal Group Test of Intelligence* (Uday Shankar), *Group Test of General Mental Ability* (S. Jalota), *Group Test of Intelligence* (Prayag Mehta), *Bhatia's Battery of Performance Tests*, and *Draw-a-Man Test* by Pramila Pathak, etc. There are also some western tests adapted for use in India. For example, the *Malin's Intelligence Scale for Indian Children* is an Indian adaptation of the WISC by Arther J. Malin. The WAIS-IV has been adapted and standardized in India by Pearson in the name of *WAIS-IV-India*. The Das-Naglieri Cognitive Assessment System is also suitable for use in India.

3.8.2 Aptitude

Since most intelligence tests measure primarily verbal abilities, numerical abilities, and abstract reasoning, they are of limited use in counselling, particularly in vocational and career counselling. Hence, special aptitude tests were developed to supplement the global intelligence tests. Aptitude refers to special abilities in a particular field, indicating a specific type of skill or knowledge. Counselors use aptitude tests for career counselling, curricular planning in schools, helping employers in personnel selection and on the job training.

Aptitude tests make prediction about the testee's future success. If we are interested in predicting academic success, we have to administer a scholastic aptitude test. If we are going to predict success in a particular job, we have to measure the individual's aptitude in that particular vocational skill needed for carrying out the job. There are special aptitude tests which measure an individual's potential ability to achieve proficiency in a specific type of job. They use a single specific ability. Examples of single aptitude tests are *Thurstone's Examination in Clerical Work*, *Minnesota Paper Form Board Test*, *Johnson O'Connor's Wiggly Blocks*, *Sharma's Mechanical Aptitude Test Battery*, *General Clerical Aptitude Test*, *Graphic Arts Test*, *Musical Aptitude Tests*, etc.

However, special aptitude tests have lost their popularity to some extent as multi-aptitude batteries are now available. These batteries consist of a number of subtests, each measuring a different aptitude. Thus, these batteries allow us to compare the potential of the individual across a variety of areas with one test. Counselors use these subtest scores to examine the person's suitability for vocations that require different skills in varying combinations. Some of the popular aptitude test batteries are the *General Aptitude Test*

Battery, the Differential Aptitude Test, the Armed Services Vocational Aptitude Battery, the Multidimensional Aptitude Battery, etc.

There are also aptitude tests that predict academic success. Famous among them are the *Scholastic Assessment Test (SAT)*, the *Graduate Records Examination (GRE)*, and the *Graduate Management Admission Test (GMAT)*, etc. These tests are used for admission, placement, and counselling of college students.

3.8.3 Interest

Many aspects of an individual's life, such as her/his educational and occupational achievement, interpersonal relations and leisure activities, etc. depend on her/his interests. The study of interest got attention mainly from the educational and career counselors. Interest inventories assess a person's preferences for activities and topics. The earliest interest measure was the *Strong Vocational Interest Blank (SVIB)* which has been modified six times and now is available in the name of the *Strong Interest Inventory*. This instrument is based on John Holland's theory which suggests that the closer the correspondence between people and the environment, the more satisfying is the relationship between the two.

Two other interest measuring instruments are the *Self-directed Search* (Holland, 1994) and *Kuder Occupational Interest Survey*. There are also inventories for non-college going people, such as *Minnesota Vocational Interest Inventory*.

For choosing the appropriate interest inventory, the counselor may refer to "Handbook of Vocational Psychology" (Walsh & Savickas, 2005) and "A Counselor's Guide to Career Assessment Instruments" (Whitfield, Feller, & Wood, 2009).

3.8.4 Personality

There has never been a consensus among psychologists regarding the meaning and nature of personality. Different psychologists developed different theories to explain it. They have also suggested ways to measure the concept. Interviews, observation, checklists, standardized personality tests that include inventories and projective tests are commonly used for personality assessment. Clinical psychologists and counselors rely heavily on personality assessment. Here we shall discuss the standardized personality tests.

You have read earlier in this chapter that in 1919-1920 the U.S. Army began to use the *Woodworth's Personal Data Sheet* for screening out the emotionally unfit persons from the military services. It required the respondent to answer themselves a number of questions about common psychopathological symptoms. The number of symptoms reported was counted to give the score. Soon after the First World War, civilian forms of it

were developed. Nevertheless, the Personal Data Sheet is regarded as the first self-report inventory. Since then, several personality inventories have been developed. The first among them was the *Minnesota Multiphasic Personality Inventory (MMPI)* developed in the 1930s and later in 1989 and 1992, the revised versions, i.e., the MMPI-2 and the MMPI-A (Adolescent form) also came out. Today, it is one of the most frequently used and most researched clinical testing instruments. Some well-known widely used personality inventories for use with normal people are the *Sixteen Personality Factor Questionnaire (16PF)*, the *California Psychological Inventory (CPI-III)*, the *Edwards Personal Preference Schedule (EPPS)*, the *Myers–Briggs Type Indicator (MBTI)*, the *Revised NEO Personality Inventory (NEO-PI-R)* and the *NEO-FFI*, etc. These self-report inventories are easy to administer and score, and have good psychometric properties, but are susceptible to social desirability effect as the respondent can lie.

A second approach to the assessment of personality is projective tests in which the task for the test taker is unstructured. It is believed that these tests fathom the deeper aspects of personality and the client cannot fake. The *Rorschach Inkblot Test*, developed in 1921, was the first significant projective test. It is still one of the most widely used tests in clinical and counselling set-up. Some other projective tests are the *Thematic Apperception Test*, the *Children's Apperception Test*, the *Rotter Incomplete Sentences Blank*, and the *SIS Inkblot Test*, etc. However, these tests are difficult to administer, score and interpret, though attempts have been made to standardize them.

3.8.5 Achievement

Achievement tests measure the outcomes of the instruction given in a subject or task. The results of achievement tests are used for making educational and career decisions. Traditionally, schools were relying on teacher-made achievement tests for these purposes. These tests were mostly essay-type tests and content-specific. But they were time-consuming and less reliable due to a lack of agreement among examiners in grading them. These issues were answered by replacing essay-type questions with objective multiple-choice items.

The first standardized achievement test was developed by Thorndike. A number of carefully constructed achievement tests with more general educational objectives have been developed and used for distinct purposes. With these tests, it is now possible to compare the test taker with a wider sample. There are general achievement batteries like the *Stanford Achievement Test*, the *Metropolitan Achievement Tests*, the *Iowa Tests of Basic Skills*, and the *Wide Range Achievement Test*, etc. which are used for measuring basic skills in schools.

Professionally oriented achievement tests, such as the *National Teacher Examination*, the *National Counselor Examination*, and the *Organizational*

Achievement Test (for secondary school teachers by Pratibha Sharma), etc. are used to ensure a minimum level of competency among the persons in the respective profession.

3.8.6 Neuropsychological Testing

Neuropsychological assessment primarily draws inferences about the functioning of the brain underlying behaviours shown by a person under structured conditions. Neuropsychological assessments cover a range of sensory, perceptual, motor, intellectual, and emotional functioning. The obtained information can provide clues about structural and functional brain defects. Examples of neuropsychological tests include the *Bender-Gestalt Test*, the *Luria Nebraska Neuropsychological Battery*, the *P.G.I Battery of Brain dysfunction*, the *P.G.I. Memory Scale*, *AIIMS Neuropsychological Battery* and the *DN-CAS*, etc.

Self Assessment Questions 4

1) Name the first intelligence test.

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2) Why are the neuropsychological tests useful?

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3.9 ISSUES IN ASSESSMENT

Assessment in counselling is crucial because if counselors do not have adequate assessment skills, they may overlook or underestimate important client-related information.

The most controversial issue is related to the use of tests. For example, while testing culturally different clients, the counselor must consider the appropriateness of the test for such a diverse population. Interpretation and scoring must be done with utmost care. While interpreting the scores of such people, the test-administrator has to be very careful, otherwise, the validity of the test will be at stake. Use of unreliable and invalid test results can make more harm than good to the client.

The socio cultural context needs to be taken into account while interpreting the test findings. Counselor needs to be aware of the adverse effect of

labeling of the client based on test scores. Especially in case of intelligence test, one may get labeled as being less intelligent or dull or good for nothing etc. based on low scores.

Another issue is use of computers and technology in counselling and assessment. Computer-mediated assessments may pose several problems. First, it may not be suitable for all types of clients. In a country like India, not all people are educated enough to use technology, nor the facility to use technology is available to all. Secondly, counselors are not unanimous regarding the comparability of computer-mediated assessment and traditional paper-pencil modes of assessment. While some studies report that both the methods yield identical results, others have obtained different results. Thirdly, psychologists have always emphasized the role of nonverbal cues in effective communication. In the absence of contextual and nonverbal cues, it may be difficult for the counselor to connect to the client and establish rapport with her/him. As the demand for online counselling is increasing, it is important to consider these issues for providing effective services to clients.

3.10 LET US SUM UP

Assessment is the process of gathering the needed information from various sources by the counselors for having holistic knowledge of the client and her/his problems. Though tests and assessments are often used as the same, in fact, they are not. Assessment is a broader term which includes both standardized and nonstandardized instruments. Standardized instruments consistently follow a specific set of rules related to administration, scoring, and interpretation. Tests are standardized measures of behaviour. While choosing to use a standardized test, a counselor should consider its validity, reliability, and availability of local norms. Nonstandardized assessment methods do not adhere to strict rules of gathering information and interpreting them, for example, observation, clinical interviews, diaries, and daily schedules, etc. In addition to these, another form of assessment, the demand for which is increasing these days, is a computer-mediated online assessment. Professional organizations like the ACA has prescribed the Code of Ethics for counselors. The Code of Ethics also deals with guidelines for the assessment of the client to ensure the counselor's competencies. Counselors use assessments mostly in the areas of intelligence, aptitude, interest, personality, achievement. Neuropsychological assessments provide clues about structural and functional brain defects. However, controversies remain with respect to the use of tests with culturally different clients and through online mode.

3.11 KEY WORDS

Assessment: A process of gathering the needed information by the counselors for having a holistic knowledge of the client and her/his problems.

Test: A test is an instrument that measures a sample of behavior at a specific time.

Norms: Norms are “the normal or average performance” (Anastasi & Urbina, 1997) which are prepared by administering the test to a large representative sample of the persons for whom it is made.

Reliability: It is a measure of the degree of “consistency of scores obtained by the same persons when retested with the same test on different occasions or with different sets of equivalent items” (Anastasi & Urbina, 1997).

Validity: It is defined as “the degree to which the test actually measures what it purports to measure.

3.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

- 1) Assessment is the process of gathering the needed information by the counselors for having a holistic knowledge of the client and her/his problems.
- 2) Frank Parsons
- 3) Woodworth's Personal Data Sheet

Answers to Self Assessment Questions 2

- 1) Standardized instruments consistently follow a specific set of rules related to administration, scoring, and interpretation to ensure accurate results over a period of time and across populations. Nonstandardized assessment may not adhere to a strict set of rules relating to administration, scoring, and interpretation process.
- 2) The Code of Ethics has been prescribed by the American Counseling Association. It is a set of ethical guidelines regarding the use of assessment instruments, responsibilities of counselors, and the rights of clients to be taken care of during counselling.

Answers to Self Assessment Questions 3

- 1) Content validity, criterion validity, construct validity, face validity and consequential validity
- 2) A fully structured interview is one in which the questions, their order and the series of options from which the answer is to be given, are fixed.

Answers to Self Assessment Questions 4

- 1) The Binet - Simon scale.
- 2) They provide clues about structural and functional brain defects.

3.13 UNIT END QUESTIONS

- 1) Give an historical account of assessment in counselling.
- 2) Discuss the criteria for the selection of the appropriate test for assessing the client.
- 3) Describe the different nonstandardized methods of assessment.
- 4) Briefly discuss the different areas of assessment.

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