BLOCK 4
AREAS OF APPLICATION OF COUNSELLING

UNIT 10 CHILD AND ADOLESCENT COUNSELLING*

Structure

10.1 LEARNING OBJECTIVES

After reading this Unit, you would be able to:

- *understand various types of disorders in children and adolescents;*
- *explain counselling techniques used in child and adolescent counselling;*
- *understand the concept of substance use; and*
- *describe basic counselling techniques used in substance use*

10.2 INTRODUCTION

Childhood and adolescence are the most crucial and sensitive stages in the human life span. They are considered as preparatory stages for the adulthood

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involving many types of developmental changes. A child is born with biological predispositions that serve as a template on which some changes are made in the physical, cognitive, emotional and social aspects. Adolescence is considered as a bridge between childhood and adulthood which is marked by swift changes in physical, cognitive and emotional aspects. It is generally said that an adolescent is on a "roller coaster ride" due to the pace of these changes. This is the reason why adolescence is labelled as the most vulnerable stage in an individual's life.

In this unit you will learn about various behavioural and developmental problems/disorders in children and adolescents. Further you will learn about the management of these issues with the help of various counselling techniques commonly used in clinical settings. Finally, you will specifically understand a common maladaptive behaviour of adolescents such as substance use and will learn their management.

10.3 DEVELOPMENTAL CHANGES DURING ADOLESCENCE

Childhood and adolescence are considered as important predictors of a healthy adulthood. Adolescence is characterized by several types of changes in their physical, psychological as well as social functioning. This phase is considered as the *zone of transition* within which the child gets on the journey to becoming an adult. According to the World Health Organization, adolescence covers age range of 10-19 years; whereas 10-24 years age group is described as young people which includes the youth age group of 15-24 years. Although children and adolescents pass through specific developmental changes and characteristics, there is diversity also in this age group influenced by various socio-cultural background and contexts. Hence this young population is dynamic in nature and counselling for this age group needs to take this into account. Counselor also needs to be aware of various developmental changes in adolescents.

The stage of adolescence is marked by rapid changes in cognitive, emotional, psychosocial and physical domain. Physical changes include bodily growth like height, mass, and secondary sexual characteristics like changes in voice pitch. Cognitive changes are related to the mental processes such as reasoning, abstraction, visuo-spatial orientation, and problem solving ability. Emotional changes include exhibiting more anger, hostility, fear, and anxiety, and lacking in emotional competence. Psychosocial changes are marked by changes with regard to independence, social relationships, autonomy, identity formation and future orientations.

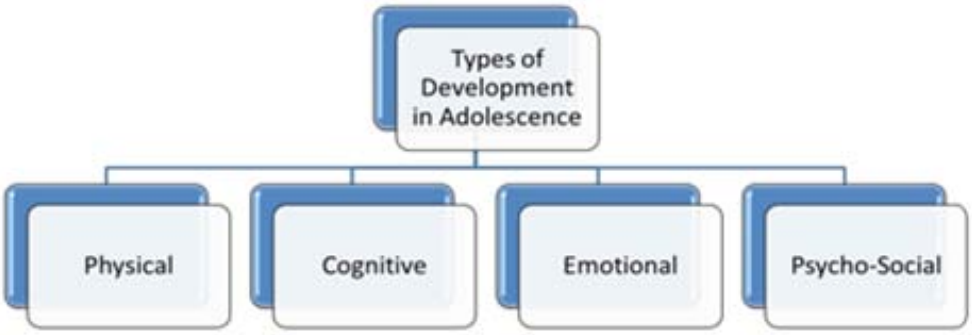

Fig 10.1: Aspects of Development in Adolescents

a) Physical Development in Adolescents

During adolescence, a spurt in physical growth occurs due to hormonal changes. The most prominent role is played by the pituitary gland in this process. It is known as the master gland and it controls the secretions of other glands in the body. It produces growth hormone, which is an essential part of overall physical growth of adolescents. Several bodily changes like growth of pubic hair, breast development, changes in the pitch of the voice, etc. occur at this time.

b) Cognitive Development in Adolescents

Adolescents are in the stage of formal operational thinking according to the theory of cognitive development by Piaget. Cognitive development in adolescents is marked by development of reasoning skills and abstract thinking. Reasoning is an ability to use the prior knowledge to find solutions to a problem or drawing conclusions. It is a higher cognitive function which is associated with problem solving skills.Adolescents with these skills tend to look for various alternative solutions to a problem while exploring a range of possibilities. These skills are based on logical thought processes.Abstract thinking is the higher level of thinking which helps in understanding complex concepts readily and helps in problem solving. Adolescence stage is also characterized by the development of metacognition ability. In this stage, adolescents develop a capacity to think about their emotional states, their feelings and start making interpretations about the perceptions of social elements about themselves. In simple terms it can be described as thinking about one's thinking.

c) Emotional Development

Emotions are the psycho-physical states of an organism which are associated with thought processes, feelings, behavioural patterns and sense of pleasure, anger, sorrow etc. As you know, a healthy person is known to possess an ability to manage his/her emotions with respect to time, place and person. This ability is known as emotional competence. However, the foundations for the development of emotional competence are laid during the period of adolescence. During this stage, adolescents learn about their feelings and emotional states more deeply and try to

label them as per the standards represented to them by their family members and other social elements in their respective societies.

d) Psychosocial Development in Adolescents

Psychosocial development in adolescents occurs in several area:

- *Autonomy:* During this age adolescents start defining their ways of living life and adopting certain behaviours which might be antecedents for their future development. They demand their privacy and independence to make certain decisions like being with their friends, making choices about food they consume, decisions related to their outfits etc. They start behaving like adults in late adolescence and demand for autonomy.
- *Identity formation:* In simple terms, identity stands for the perceptions created about oneself. This is related to an image in one's mind about himself/herself influenced by his/her background, skills, experiences, achievements, goals etc. It can also be related to one's ethnicity and a part of cultural heritage. The stage of adolescence is marked by the exploration of personal roles which adolescents are about to play into their adulthood.
- *Future orientations*:This area focuses on the future careers and vocational choices. These are much essential for opting a particular role as per the personality characteristics based on their self-identity formed during identity formation. It starts during later stages of adolescence i.e. around 16 to 18 years. Cognitive maturity is attained with the achievement of the autonomy which was previously perceived to be semi-autonomous in nature. At this age, adolescents are ready to start their journey as adults and thus, may have increased access to available substances like alcohol, tobacco and other drugs.

Points to Remember

- Childhood can be explained as a stage between the infancy and adolescence.
- Adolescence is considered as a bridge between childhood and adulthood.
- An adolescent is on a "roller coaster ride" due to the pace of changes in physical, cognitive, emotional and psychosocial aspects.
- Adolescence begins from the age of 10 years and may last up to 19 years.
- Physical changes in adolescence include bodily growth like height, mass, and secondary sexual characters like voice pitch.
- Cognitive changes include changes in mental functioning like reasoning, abstraction, visuo-spatial orientation, and problem solving.
- Emotional changes include emotional competence, anger, hostility, fear, and anxiety.

- Psychosocial changes include independence, social relationships, autonomy, identity formation and future orientations.

Self Assessment Questions 1

1) According to the WHO, what is the age range of adolescents?
   a) 9 to 18 years
   b) 10 to 19 years
   c) 11 to 18 years
   d) 12 to 18 years
2) What are the key areas in which cognitive development occurs in adolescents?
3) The ability to manage one's emotional states is known as_____.
4) Major areas of psychosocial development in adolescents are _____, _____, & _____.

10.4 BEHAVIOURAL AND EMOTIONAL DISORDERS

Behavioural and emotional disorders are characterised by affected behaviour and emotional states of the child or adolescents. They may include conduct disorders, autism, eating disorders, phobias, anxiety and depression. Brief description of these disorders is given in the table below.

Table 10.1: Types of Behavioural Disorders

Behavioural Disorders	Major Symptoms
Attention-Deficit Hyperactivity Disorder (ADHD)	This is characterised by inattention, impulsivity, hyperactivity and an inability to sit for required period of time. Children with ADHD have difficulty concentrating on the task at hand, and they may disrupt classroom functioning.However, it is not to be confused with overactive children who are more lively and it gets difficult for parents to control. It needs to be diagnosed properly.
Eating Disorders	Eating patterns of adolescents gets influenced by peer, media and social-cultural pressure. Eating disorders include anorexia nervosa where they have an irrational fear of gaining weight, so they starve themselves to remain thin; and bulimia nervosa, where they go on binge eating and then purge themselves out because of guilt feeling.

Conduct Disorder	It is characterized by repetitive and persistent cruelty towards people or animals, dishonesty, aggressiveness, destructiveness, a lack of remorse and callousness.It goes beyond the normal mischiefs of childhood.
Obsessive-compulsive disorder (OCD)	This disorder is characterised with repetitive and intrusive thoughts and compulsive behaviours, e.g., frequent thoughts of dirt/germs and compulsive washing of hands.
Separation Anxiety Disorder	It is associated with the development of extreme fear and nervousness or anxiety due to the perceived separation from parents.
Specific Phobias	These are intense irrational fears of some objects, places, activities, and or situations etc. that are persistent and obtrusive in nature.
Social Phobias	In social phobias a child/adolescent avoids social situations as they cause intense anxiety (e.g. fear of speaking and interacting within the class as others may make fun of him/her).
Depression	Depression is a mood disorder which is characterised by persistent low mood or sadness, lower levels of energy and loss in interests in pleasurable activities (e.g. child may stop participating in sports activities).

10.5 DEVELOPMENTAL DISORDERS

Developmental disorders generally occur at beginning of the childhood. These are related to delayed or retarded physical, cognitive, social or emotional development of the child. They may hamper activities of daily living and normal functioning of the child. Some commonly known developmental disorders are intellectual disability, learning disorders, cerebral palsy and down syndrome, etc. There is a strong association between the developmental disorders and genetic predispositions.

Some of the important developmental disorders/disabilities are mentioned below in Table 10.2:

Table 10.2: Types of Developmental Disorders

Developmental disorders	Major symptoms
Cerebral palsy	It is a non-progressive disorder marked mainly by developmental delays and motor dysfunctions. There are exaggerated/ poor reflexes, rigidity in limbs, and inability to maintain posture and coordination.
Autism Spectrum Disorder (ASD)	This is an umbrella term which may include various types of disorders (such as autistic disorder, pervasive developmental disorder, Asperger's syndrome) characterised by difficulties in carrying out effective social communication, stereotype/repetitive behaviours and lack of emotions (e.g. the child may not reciprocate to love and affection given by the parents).
Down's Syndrome	Down's syndrome is characterised by trisomy of 21st chromosome. Symptoms include Mongolian face, rough or thick skin, mild to moderate intellectual disability, inclination towards music and dance, friendly behaviour.
Intellectual Disability	Intellectual disability is characterised by IQ less than 70 and delay/deficiency in adaptive functioning. There is delayed developmental milestones, inability to learn, education beyond class 8th is not possible, dependence on others for daily chores. Intellectual disability can be categorised into mild (IQ: 50-69), moderate (IQ: 35-49), severe (IQ: 20-34) and profound (IQ< 20).
Learning Disability	Learning disability refers to varieties of learning problems like difficulty in reading (dyslexia), writing (dysgraphia) and calculation (dyscalculia). Intelligence may not be affected but processing of the information is affected, hence, they commit silly mistakes.

10.6 SUBSTANCE USE

Substance use is a major concern and issue among children and adolescents. Alcohol (beer, rum, whisky) and tobacco (cigarette, bidi, khaini, kuber, tulsi etc.) are widely consumed substances. Tobacco is considered as a gateway drug responsible for opening the gate for other potentially harmful drugs like alcohol, inhalants, cannabis, opioids, benzodiazepines, amphetamines, etc. Most of the adolescents initiate their drug use with tobacco use. Various factors impact the early starting of substance use such as peer pressure, media

influence, social class, economic status, poverty, neighbourhood etc. Let us first understand some basic terms related to substance use that are used in clinical settings.

- **Substance use:** In general terms, this is an occasional/recreational use of the substance which may not be associated to any immediate medical or psychological disorder (substance-induced disorders). This is generally carried out in social situations, under the influence of peers or just for the sake of enjoyment.
- **Substance abuse/harmful use:** This can be understood in terms of the intoxication of higher amounts/concentrations of the substance. This is associated with risky substance use behaviours like drunken driving.
- **Substance dependence:** It refers to an intense craving for the substance in its absence. It is marked by tolerance, withdrawal, compulsiveness for substance intoxication, and affected activities of daily life. Substance dependence is developed when almost daily use of the substance is started and tolerance is developed. When the substance is not available then the person may have withdrawal symptoms like headache, shivering, body ache and insomnia. The day-to-day functioning is affected due to regular use of substance use.

Risky behaviours associated with substance use: People consuming substances like alcohol generally indulge themselves in some risky behaviours like rash driving, getting indulged into brawls, theft, having unprotected sex etc.

The exact reason is not known about why some children and adolescents are more likely to develop dependency over psychoactive substances like alcohol, tobacco, cannabis etc. However, the bio-psycho-social model explains that people with biological predispositions are more likely to intoxicate themselves with certain substances. Though, very few studies have reported this pre-disposed inclination of humans towards substance use; there are certain psycho-social factors (like hostile environment, child abuse, personality traits, peer influence etc.) which are considered as strong predictors.

Social and psychological factors are major contributors to the substance use in human beings. Children born in families with a history of substance use are also more likely to start using substances. Moreover, peer groups act as the major influencing factor in the determination of the substance use patterns. However, some of adolescents quit substance use on their own without any kind of intervention or counselling after a certain time period. The need for intervention is felt when dependence is developed in those who are not able to quit on their own and have maladaptive or risky behavioural patterns.

Substance use is associated with several kinds of co-morbidities. Co-morbidity refers to the presence of a physical or mental illness along with substance use disorders (SUDs). Many a times, co-morbidities are the predictive factors for substance use. Conduct disorders and depression are commonly associated with SUDs.

As per ICD-10, diagnosis of Substance use disorder (SUD) must include at least three of the following listed criteria within 12 months period:

- *A strong desire or sense of compulsion to take the substance*
- *Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use*
- *A physiological withdrawal state when substance use has ceased or been reduced, as evidenced by: the characteristic withdrawal syndrome for the substance; or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms*
- *Evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses*
- *Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects*
- *Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to heavy substance use, or substance-related impairment of cognitive functioning. Efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm*

10.6.1 Impacts of Substance Use on Adolescents

The intoxication of any kind of addictive substances for longer periods is dangerous for the health of any individual; however, their most negative impact is seen among adolescents. The impact of substance use is linked to the age of initiation, frequency and overall time period of consumption from the age of onset. Lower the age of initiation, higher the insult to the brain, & associated components of the body. Therefore, chronic use is positively correlated with the presence of psychological co-morbidity in substance users.

Substance use can impact adolescents in the following areas:

- Affect cognitive functions leading to poor scholastic performance
- Affect physical growth and its associated negative impacts on physical as well as psychosocial aspects of development
- Interference with neurotransmitters

- Damage to vital organs like lungs, liver, kidney etc.
- Breathing problems in the case of inhalants and heat burn tobacco (cigarettes, bidis and marijuana)
- Negative consequences on digestive and reproductive systems
- Social risks like unplanned pregnancies, sexually transmitted diseases, brawls, criminal records, economic dysfunction, damage to close relations etc.

Points to Remember

- Common behavioural disorders: ADHD, Eating Disorders, Conduct Disorders, OCD, Separation Anxiety Disorder, Specific Phobias, Social Phobias, and Depression.
- Common developmental disorders: Cerebral palsy, ASD, Down Syndrome, Intellectual Disability, and Learning Disability.
- Risky and pleasure-seeking behaviours are responsible for getting indulged into experimenting substance use and adopting some maladaptive practices like lying, truancy, disobeying, etc.
- Affected emotional states result in increased impulsivity, irritability, aggression, destructive behaviour and substance use.
- Substance use: It is an occasional/recreational use of the substance which may not be associated to any immediate medical or psychological disorder (substance-induced disorders).
- Substance abuse/harmful use: This can be understood in terms of the intoxication of higher amounts/concentrations of the substance.
- Substance dependence: It refers to an intense craving for the substance in its absence. It is marked by tolerance, withdrawal, compulsiveness for substance intoxication, and affected activities of daily life.
- People consuming substances like alcohol generally indulge themselves into some risky behaviours like rash driving, getting indulged into brawls, theft, having unprotected sex etc.
- Children born in families with a history of substance use are more likely to start using substances.
- Peer groups act as the major influencing factor in the determination of the substance use patterns.
- Alcohol (bear, rum, whisky) and tobacco (cigarette, bidi, khaini, kuber, tulsi etc.) are widely consumed substances.
- Tobacco is considered as a gateway drug for other potentially harmful drugs like alcohol, inhalants, cannabis, opioids, benzodiazepines, amphetamines, etc.

- Total 14.6% school-going adolescents below the age group of 15 were found using tobacco. (GYTS,2009)
- Core symptoms used to diagnose substance dependence as per ICD 10 criteria: strong desire or compulsion to consume despite knowing its harmful use, evidence of tolerance accompanied by withdrawal symptoms, and consequent failed efforts to cut down the amount.
- Co-morbidity refers to the presence of a physical or mental illness along with SUDs.
- Substance use is associated with several kinds of co-morbidities like conduct disorders, anxiety and depression.

Self Assessment Questions 2

1) Which of the following is not a developmental disorder?
   a) Cerebral palsy
   b) Intellectual disability
   c) Generalized anxiety disorder
   d) Autism
2) Dyslexia is a type of learning disability which is associated to:
   a) Intellectual delay
   b) Emotional problems
   c) Repetitive behaviour
   d) Difficulty in reading
3) The condition in which daily functioning of life is affected due to substance intoxication is known as:
   a) Substance use
   b) Substance abuse
   c) Substance dependence
   d) None of the above
4) Mention the negative impacts of substance use.

10.7 COUNSELLING CHILDREN AND ADOLESCENTS

As you have already studied in Unit 1, counselling is a psychological process where one trained person establishes a professional relationship with the client to help him/her through purposeful conversation. Counselling intends to decrease the emotional conflicts and overall distress levels in the client through problem-solving and coping skills besides several other techniques.

Counseling children and adolescents in behavioural disorders targets maladaptive behaviours in children and adolescents. The counsellor helps to develop an understanding about maladaptive behaviours in children and adolescents, their impact on themselves and their close ones. On the other hand, counselling in developmental disorders is helpful in focusing on performance-based issues, determine strengths and weaknesses of a child/adolescent and adopt appropriate coping strategies for building up basic skills to perform daily tasks.

Certain considerations that need to be kept in mind while providing counselling to children and adolescents are:

- Mostly it is a referral case in case of children and adolescents when they come for counselling. They are referred either by parents or teachers or the school administration. Hence there may be issues of compliance with the counselling process. They may come for the counseling sessions, but they may not comply and cooperate with the counselling process.
- They may not also have awareness or understanding about the process of counselling, why it is required and their role in it.
- Vulnerability of children put them at risk. Counselor needs to ensure that counselling does not make them more vulnerable by asking the child to do something or the parents to do something which changes the equations at family and with elders. Hence parents and family need to be taken into counselling also.
- Children may not have the fully developed language capacity. Hence counselling needs to use non-verbal techniques such as play therapy, art therapy, bibliotherapy etc.

Let us now see a few counselling techniques and therapies that can be used for children and adolescents.

Family counselling:

Family counselling targets the dysfunctional roles of family members within a family system. Both child and family members are included in the family counselling. Children may adopt certain maladaptive behaviours due to underlying problems in the familial system. In family counselling, these problems are resolved by helping parents and family members to develop an understanding about these problems and adopt better coping strategies. Family counselling helps in managing behavioural problems like conduct disorders and OCD etc.

Applied Behaviour Analysis (ABA):

Counselling in ABA helps children and adolescents in managing their emotional aspects, activities of daily living, behavioural outcomes in certain social settings like classroom. This may include communication skills, self-help skills, adaptive learning skills, hygiene training, and dining manners,

time management etc. Counselling in applied behaviour analysis helps in managing intellectual disabilities and autism.

Play therapy:

Play therapy uses play as a communication. Children are not able to express their needs, emotions, thoughts and perceptions in precise words due to their limited vocabulary and abstract reasoning. Play acts as a medium of communication for developing an empathetic relationship between counsellor and child. Play therapies helps in managing anxiety, autism, trauma, depression etc. Play also serves as an important technique of counselling because it helps in catharsis by enabling children to express their feelings, anxieties and fear. It also enhances their interpersonal relationship and problem-solving skills.

Creative arts therapies:

Various forms of creative arts therapies may be helpful in developmental disorders like Down's syndrome and ASDs. Children and adolescents are involved in activities like music, dance, colouring, painting, pottering etc. for managing their out-social behaviours and activate their senses like touch, sight etc. This also helps in improving their cognitive abilities.

Mindfulness practices:

Mindfulness stands for an ability of being aware of their senses, feelings and their presence in a certain situation. Mindfulness practices help adolescents to understand their emotions and senses and help in resolving issues related to their psycho-physical aspects like body-image. Mindfulness practises help in managing depression and anxiety in children and adolescents.

10.8 COUNSELLING IN SUBSTANCE USE DISORDERS

Counseling for substance use disorders (SUDs) tries to first find out how motivated are the clients to change. Majority of interventions for substance use disorder are based on the stages of motivation for changing client's behaviour. The Transtheoretical model or the Stages of Change modelby James Prochaska andCarlo DiClemente indicate the client's readiness to change (Prochaska & DiClemente, 2005). There are mainly five stages in this model:

- ***Pre-Contemplation:***At this stage adolescents are usually unaware of potential harms/risks and/or problems associated with the substance. This is the reason that they do not want to quit their substance use. However, they may be receptive to the information provided in developing a better understanding about substance use. This sort of understanding helps either in reduction of the intensity or frequency of the substance use or quit it completely. For example, the adolescent client might say: I use

weed (cannabis) hardly once in a week. It is just the weed. And what harm would it cause it to me? It is not tobacco that can cause cancer. This clearly shows pre-contemplation stage of change. However, the client is receptive and open for further information related to the harms of cannabis or substances.

- ***Contemplation***: At this stage client has started noticing problems associated with their substance use pattern and start thinking about quitting but not immediately. For this purpose, he/she may be thinking and weighing the pros and cons of the substance use.
- ***Determination/preparation:*** This is the stage of planning to quit the substance in which plan is formulated for the next action phase. Counsellor helps the client in formulating realistic and practical goals for quitting the substance use.
- ***Action:*** This phase includes actions taken in order to quit the substance. In this phase, the counsellor plays the role of mediator and helps in mediating the process of quitting and providing motivation.
- ***Maintenance or relapse***: In this stage, counsellor helps the client to maintain the targeted behaviour. In case, client remains abstinent then the therapy/counselling is terminated. However, maintaining sobriety is not as easy as it seems. Due to cravings or some other factors, the client may fall back to the prior state and start consuming substance again which is known as relapse. The primary role of the counsellor in this stage is to prevent the possibility of relapse by keeping contact with the client and giving supportive sessions when needed.

10.8.1 PREVENTION AND TREATMENT

Any treatment starts with the screening for substance use with assessment tools like Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Some preventive measures have also been developed for curbing the substance use at community levels. Some of them are providing education about healthy life styles, managing peer pressure, learning to say 'No' and harms associated with substance use, psycho-education about the substance use for school going children, tele-shows for sensitizing and imparting knowledge in mass public about various bio-psychosocial issues due to substance use. These preventive strategies can be applied on the familial, schools and community levels with the help of various governmental as well as non-governmental agencies.

Apart from preventive measures, various treatment modalities like Motivation enhancement therapy or Motivational interviewing, Relapse prevention counselling, Family counselling, and Behavioural counselling (contingency management) have been developed for the treatment of SUDs in children and adolescents.

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched a comprehensive programme including Screening/assessment, Brief Intervention, and Referral to Treatment (SBIRT) which has been served as a stepping stone in the treatment of SUDs in clinical settings.

Self Assessment Questions 3

1) Play therapy acts as a medium of _____ between counsellor and child.
2) In which stage as per trans-theoretical model, people are reluctant to quit substance use but open to suggestions?
3) As per the trans-theoretical model, a failure to maintain the desired behaviour like substance abstinence can be regarded as _____.
4) ASSIST is tool that is used for _____ of substance use.

Now let us discuss some commonly used treatment modalities for SUDs.

10.9 COMMONLY USED APPROACHES TO TREAT SUBSTANCE USE DISORDERS

1) Psycho-education

Psycho-education is an evidence-based psycho-therapeutic intervention which includes educating the client or associated people about psychological disorders and factors responsible for them. It may also be used as a preventive measure for preventing the substance use in adolescents. It intends to provide an insight about the associated illness.

This helps the client to manage his emotional states and learn coping skills to change his maladaptive behaviours and attitudes towards the condition. It starts with providing general information about the substances, difference between use (habit) and dependence (illness), symptoms of illness, various causes, treatment or the management, prognosis and chances of relapse. This helps in normalizing the impact of illness on client and his closed ones.

Psycho-education can be imparted in various settings like,

- Individual settings
- Family settings
- Group settings
- Community settings

Individual settingoccurs in one-to-one sessions when the client is not comfortable in discussing his problems in the presence of others. In **group settings**, counsellor generally makes a group of 5 to 8 clients while focussing on their similar needs. In the session, clients share their experiences, difficulties and several other issues related to substance use

with other members of the group. It helps in providing them a supportive environment and overcoming shame and guilt.

Psycho-education in **family settings** aims towards providing an awareness about functioning of family members, their mental health states, interpersonal relations, and coping skills.

In**community setting**psycho-educationintends to impart knowledge to a larger population (either homogenous or non-homogenous) simultaneously by making use of mass media as a tool. It aims at schools, colleges, religious groups, and local community to provide psycho-social support.

2) Motivational Interviewing (MI)

Rollnick and Miller (2012) devised a client-centred technique called motivational interviewing to enhance the motivation of their clients (in the stage of pre-contemplation/contemplation) for adopting a goal directed behaviour change. It is a non-directive psychotherapeutic approach in which the counsellor helps the client to resolve ambivalence (if any) in choosing and adopting a better path for changing his/her problematic behaviour(s). He also makes sure that the client remains motivated throughout the counselling process. Thus the counsellor uses Motivational Enhancement Therapies (METs). Thus METs are based on MI approach and practices. The main goal here is to enhance the motivation for change. These are very useful for counselling adolescents as they are generally less motivated to change and are referred by adults to the counsellor.

For conducting sessions of MI, therapist must develop certain skills like *asking open ended questions, reflective listening, and providing affirmative responses*. It also provides the client a sense of respect and self-efficacy alongwith which builds a trustworthy professional relationship between client and counsellor. MI is efficient while dealing with alcohol use disorder or problematic alcohol use; however, it can also be used in the cessation of other substances like tobacco or cannabis.

There are five key components/techniques in MI:

- **Express Empathy:** Empathy is an ability of an individual to understand condition of another person from his/her frame of reference. This can be developed by gaining enough knowledge about the illness and adopting counselling skills like reflective listening. This provides a sense of genuineness and helps in establishing empathetic relationships between the counsellor and the client.
- **Decisional Balance:** Therapist helps the client in weighing the cost and benefit of continuing the substance and quitting it. There might be some benefits like relaxing effects, a feeling of high etc. perceived by the clients. However, many clients are unable to

recognize the cost (poor health, poor marks in exams, being abused etc.) they are paying for continuing the substance.

- **Develop Discrepancy:** It basically stands for the development of a discrepancy between the quality of life before initiating substance use and after becoming dependent on it. Counsellor intends to put the negative aspects and consequences of substance use on current life. For example, poor scholastic performance due to substance use. It helps in providing a better resolution to the problem.
- **Rolling with Resistance:** Some clients may not be willing to change their current problematic behaviours and show a resistance. The best way to tackle the resistance of the client is to roll with it. During such situations, argument must be avoided because this may hamper the rapport formation process and may lead to dropout by the client from counselling sessions.
- **Support Self-efficacy:** In most of the clients, there is a lack of self-efficacy probably because of multiple failures while changing their maladapted behaviours. The counsellor must highlight the strengths of the client on every establishment. These will help the clients to improve their sense of self-worth and gain confidence about changing their maladapted behaviours.

3) Relapse Prevention Therapy (RPT)

Relapse prevention therapy (RPT) is another evidence-based tertiary intervention which is intended to reduce the relapse rate after the cessation or reduction of the problematic substance use. Here we can differentiate between lapse and relapse. Lapse occurs when after remaining abstinent (drug free) the client takes substance (e.g. taking alcohol in a party) and then again remains abstinent.Whereas Relapseoccurswhen a client falls back to a previous way or pattern of substance use after the abstinence. It is a kind of setback for the client and poses challenges in attaining the desired goal, i.e., quitting substance use.

One main reason for the relapse may be lack of *healthy coping skills.* Clients in high-risk situations may become vulnerable to use of substances in the absence ofhealthy coping skills, leading to lapse. This lapse may induce guilt and feeling of failure which may lead to relapse. Since, SUDs are considered as chronic relapsing conditions, hence, relapse occurs many times before becoming substance free.

For instance, *a student of class 11th remained abstinent for six months from cigarette smoking. While going to school he came across one of his old friends with whom he used to smoke. His friend offered him a cigarette (high risk situation). Since, the student learned many healthy coping skills (refusal skills) during the treatment, therefore, he refused assertively and went to his school.*

Now suppose, the student has not learnt healthy coping skills then he might have felt vulnerable during the situation. He might have given some excuses for not smoking. But at the end, he might have succumbed to the pressure and ultimately accept the smoke (lapse).

4) Family counselling

Family counselling is one of the most sought-after modality in case of adolescents with behavioural problems or problematic substance use. Many a times, problem occurs due to family issues (e.g. poor parenting, communication gaps, etc.). To address these issues,family therapy includes both children and adolescents and their parents/guardians in the counselling sessions. Family counselling intends to incorporate changes in behavioural & emotional problems of children and adolescents, better improvement at the academic front and better functioning of the family. Dysfunctional families hurt the most and may cause damage to the teen in an irreparable sense. The main aim of the counselling is to resolve the dissonance and other issues within the family and thereby improving the psychosocial functioning of the family.

Therapist intends to reduce the defensiveness of the teen & parents/guardians and help them in perceiving their behaviours in a different sense. This helps family members to connect with each other more efficiently.

Family counselling is conducted in five phases:

*Engagement***:** In this phase, the therapist builds a working alliance & tries to connect with family members. An unconditional support is provided to the family to stimulate some hope for the betterment and continuing the counselling.

Family assessment: In this phase, counsellor tries to assess weak & strong points about behavioural patterns of family members.

Creation of motivation to change: Motivation for changing old behavioural patterns can be done by using some positive statements (for instance, quitting alcohol is not easy and most people during this journey fall back to their prior habits, but I appreciate that you have decided to seek help for quitting it. This shows that you are really determined to quit it) to develop some hope in both parents and the client.

Conductance of primary interventions: In this phase, counselling techniques are used to intervene and break the negative cycles of problematic behaviours of the client. The behaviour modification is the main objective of these interventions. For e.g., Multi-Dimensional Family Therapy (MDFT) can be used.

Termination: It is the last phase of the family therapy which includes briefing about the whole process. Questions are asked about any observed changes in behavioural patterns of the client. It must be noted that the chain of communication shouldn't be broken down at any cost

and the participants must be told that whenever they need, they can contact the counsellor for holding further sessions as per their need.

Multi-Dimensional Family Therapy (MDFT):

MDFT is a family-centred multidimensional approach used for treating psychological ailments in adolescents like substance use disorders, conduct disorders, emotional in-competencies, hostility, anger, depression and anxiety along with familial problems. It considers substance use disorder as a deviation from the healthy and adaptive functioning of an individual due to an impairment in the familial functioning. The likelihood of deviation from the normal path or substance use depends on four dimensions: (i) Substance user (child or adolescent), (ii) Parents, (iii) Familial interactions/ communication, (iv) Extra familial relations. An improved functioning in these domains result in a decreased risk for substance use and less problematic behaviours of the child or adolescent.

***Assumptions of MDFT**:*

- Problems of adolescents are multidimensional in nature like physical growth, finding a purpose of life, identity formation, state of autonomy, need of belonging, formation of emotional and sexual relationships, etc.
- Motivation is malleable and can be altered. Motivation refers to bio-psycho-social drive for fulfilling the needs and/or desires of a human being. It can be intrinsic and extrinsic in nature and can be altered by the help of external events or stimulus.
- Better and healthy familial functioning reduces depression, anxiety and distress levels and produces long-lasting changes in the adolescents.

***Anticipated outcomes of MDFT**:*

1) *Increased family stability:* MDFT helps in resolving latent issues within the family and thereby, strengthens parent-child relationships.
2) *Mitigation of substance use/abuse:* By using various techniques like drug testing, adolescent focussed sessions, parental counselling, etc, MDFT intends to decrease the likelihood of substance use in adolescents.
3) *Increased school performance:* betterment of the school performance in adolescents by imparting them healthy skills like time management, and pro-social behaviours.
4) *Reduced psychological symptoms:* Reduction of the symptoms like covert anger, stress, anxiety, etc. by learning to see things from different perspectives.

***Working Phases*:**

MDFT works in three sequential phases. These are as follows:

Phase 1: Forming a therapeutic alliance: This phase includes preparation of the family and adolescent for the process of intervention, projecting the process of intervention as a collaborative process, defining goals of intervention, and instilling hope and motivation in adolescent and family members.

Phase 2: Making changes: This phase includes behavioural modifications like decision making, teaching pro-social behaviours, development of the better social networks, getting more focussed towards school activities, and changing attitudes and beliefs substance use in both adolescent and family members.

Phase 3: Termination of the treatment: In this phase, behavioural, emotional and cognitive changes are maintained and the counsellor moves towards termination of the intervention process. The number of sessions depends upon the counsellor, however, standard form may include 25 sessions over 6 months in the case of non-opioid dependence in adolescents.

5) Behavioural Therapies (contingency management)

Behaviour therapies are based on learning theories in which desirable behaviours are reinforced and unwanted behaviours are targeted for their elimination. The basic goal of behavioural therapy is to help clients to adopt new healthy behaviours and reduce old problematic ones.Various behavioural therapies are:

Cue Exposure Therapy: In this therapy clients are exposed to external stimuli related to substance use such as Cigarette packet, empty bottle, advertisements, banners, wine shops, etc. The motive behind such exposure is to weaken the link between conditioned stimulus and conditioned response. In this therapy, clients are taught some coping skills which are required for controlling their substance use.

Aversion Therapy: In this type of therapy, undesirable behaviour such as substance use is paired with aversive stimulus. For example, the administration of disulfiram (a medicine) along with alcohol causes severe headaches, nausea, vomiting and anxiety. This medicine is prescribed by the doctor with the consent of the client. In past times, electric shocks were also used in combination to the alcohol consumption. However, due to ethical reasons it is discontinued and no longer used for the treatment of substance use disorders.

Contingency Management: This therapy is derived from the principles of operant conditioning. According to the principles of behaviourism, substance use is considered as an operant behaviour which is reinforced by some reinforcers like effects of substance and social or cultural approval. Contingency management aims to weaken the effects of such reinforcement. It also aims to towards providing the positive

reinforcement to healthy behaviours (e.g. spending time on hobbies like reading, painting etc.) for replacing the maladaptive ones like substance use.

Mainly two types of contingencies are used in this therapy- reinforcements (for increasing the likelihood of a behaviour) and punishments (for decreasing the likelihood of a behaviour) which can be further divided into:

1) **Positive reinforcement:** It involves using of a desired consequence (providing better services, monetary rewards etc.) contingent upon the anticipated/desired behaviour (increased attendance in school, pro-social behaviour, reduction in the substance use etc.)
2) **Negative reinforcement:** It involves the removal of an aversive stimulus (for instance, lifting the ban on sport) contingent upon the anticipated/desired behaviour.
3) **Positive punishment:** It involves using a form of punishment (grounding, suspension from the school, scolding etc.) contingent upon undesirable behaviours (substance use).
4) **Negative punishment:** It includes removing a positive condition or circumstance (reduction in pocket money, reducing levels of warmth, love and affection etc.) contingent upon undesired behaviour (substance use).

In case of problematic substance use, these therapies are the first choice of the counsellor. However, they are also effective in treating the problematic behaviours of adolescents along with SUDs.

6) Life Style Modifications – Yoga, Meditation, Sports, and Exercise

To remain healthy and maintain healthy life style, it is necessary to incorporate some changes in the daily routine. Adolescents must be engaged in some healthy activities like outdoor sports, yoga, breathing exercises, meditation etc. Any form of physical exercise is associated with better psychosocial functioning which has one of the strongest pre-determinants of mental as well as physical health of an individual. Life style modification helps in maintaining abstinence.

Thus various techniques such as behavioural, motivational enhancement therapy/interviewing, psycho-education and family-based counselling techniques are commonly administered for the treatment of behavioural, developmental disorders and substance use disorders in children and adolescents.

Points to Remember

- *Counselling is a psychological process where one trained person establishes a professional relationship with the client to help him/her through purposeful conversation.*

- *Counselling in developmental disorders is helpful in finding performance based issues, determine strengths and weaknesses of a child/adolescent and adopt appropriate coping strategies for building up basic skills to perform daily tasks.*
- *Various counselling approaches in behavioural and developmental disorders: family counselling, creative arts therapies, applied behaviour analysis, mindfulness practices and play therapy.*
- *Various counselling approached in substance use disorders: Psycho-education, motivational interviewing, relapse prevention therapy, family counselling, behavioural therapies (contingency management), life style modifications (yoga, meditation, sports, exercise etc.).*
- *Psycho-education is the process of educating the client or associated people with him about certain condition or situation which is responsible for causing any psychological distress in an individual by adopting a didactic approach. It includes: Individual, Group, Family, Community based psycho-education.*
- *MI is a non-directive counselling approach which intends to explore the possible direction that a client might adopt for the behavioural change. Five key components of motivational interviewing: express empathy, decisional balancing, develop discrepancy, rolling with resistance, support self-efficacy.*
- *Relapse prevention therapy is used for reducing the relapse rate after the cessation or reduction in the problematic substance use.*
- *Family counselling is used for the treatment of behavioural problems or problematic substance use in adolescents. It assumes that family is the primary system in life of an individual.*
- *MDFT is a family-centred multidimensional approach used for treating psychological ailments in adolescents like substance use disorders, conduct disorders, emotional in-competencies, hostility, anger, depression and anxiety along with familial problems.*
- *Five phases of family therapy are engagement, family assessment, creation of motivation to change, conductance of primary therapy interventions and termination.*
- *Types of behavioural therapies: cue exposure therapy, aversion therapy, contingency management*
- *Contingency Management is a form of behavioural therapy which is based on operant conditioning. Two types of contingencies are used in this therapy- reinforcements (for increasing the likelihood of a behaviour) and punishments (for decreasing the likelihood of a behaviour).*
- *Life style modification helps in maintaining abstinence.*
- *Any form of physical exercise is associated with better psychosocial*

functioning which has one of the strongest pre-determinants of mental as well as physical health of an individual.

Self Assessment Questions 4

1) In which setting, psycho-education can be provided to mass public?

- Individual
- Group
- Family
- Community

2) Why is it essential to provide psycho-education to parents in familial settings?

- To make them feel guilty over their behaviours with their children
- To provide them an option to initiate substance use with their wards
- To help them understanding consumption of some certain drugs like cannabis is legal in many countries now.
- To make them aware about various behavioural patterns of their children and their importance in curbing the substance use.

3) List the five key components of MI.

4) Why rolling with resistance is an important component of MI?

- It helps the therapist to control the thoughts of client
- It helps the client to vent out his/her anger and frustration
- It helps the client to verbalise inner conflicts and problems
- It helps the therapist in reducing of drop outs.

5) The main aim of the therapy is to resolve the _____ among the family members to improve their psychosocial functioning.

6) Contingency management is based on the principles of:

1) Operant conditioning
2) Classical conditioning
3) Both classical and operant conditioning
4) None of the above

10.10 LET US SUM UP

Both childhood and adolescence are considered as the most crucial stages in the life of a human being. These stages are associated with remarkable changes paving the path for adulthood. The combined role of genetics and environmental factors plays a vital role in determining the direction of the

growth of the child. This is an age when adolescents tend toexperiment and explore the world.They are influenced by their peers and parental and social pressure. All these may lead to behavioural and emotional disorders in the growing children and adolescents. The Unit also describes various developmental disorders in children. Substance use has been highlighted as an important mental health related problems in adolescents. Counseling for children and adolescents is described, specifically for emotional and behavioural disorders, and substance use disorders. Specific techniques for treatment of substance use disorders are highlighted.Some common psychotherapeutic intervention plans for treating substance use disorders are Motivational Interviewing, Relapse prevention therapy, behavioural therapies (contingency management), psycho-education and family-based therapies.

10.11 KEY WORDS

Cerebral Palsy is a non-progressive disorder marked mainly by developmental delays and motor dysfunctions. There are exaggerated/ poor reflexes, rigidity in limbs, and inability to maintain posture and coordination.

Learning disability refers to varieties of learning problems like difficulty in reading (dyslexia), writing (dysgraphia) and calculation (dyscalculia). Intelligence may not be affected but processing of the information is affected,

Substance dependence refers to an intense craving for the substance in its absence and is marked by tolerance, withdrawal, compulsiveness for substance intoxication, and affected activities of daily life.

Lapse: After remaining abstinent (drug free) when client takes substance (e.g., taking alcohol in a party) and then again remains abstinent.

Relapse: When a client falls back to a previous manner of substance use after abstinence. It is a setback for the client and poses challenges in attaining the desired goal of changes in the behaviour.

Psycho-education is an evidence-based psycho-therapeutic intervention which includes educating the client or associated people about psychological disorders and factors responsible for them.

Motivational Interviewing is a non-directive psychotherapeutic approach in which the counsellor helps the client to resolve ambivalence (if any) in choosing and adopting a better path for changing his/her problematic behaviour(s).

Aversion Therapyinvolves pairingundesirable behaviour such as substance use with aversive stimulus..

10.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1) 10 to 19 years
2) Reasoning skill, abstract thinking and metacognition
3) Emotional competence
4) Autonomy, identity formation, future orientation

Answers to Self Assessment Questions 2

1) Generalized anxiety disorder
2) Difficulty in reading
3) Substance dependence
4) Negative impacts of substance use are poor scholastic performance, negative consequences on reproductive potential, social risks like unplanned pregnancies, brawls, criminal records, economic dysfunction, damage to close relations etc.

Answers to Self Assessment Questions 3

1) Communication
2) Pre-contemplation
3) Relapse
4) Screening

Answers to Self Assessment Questions 4

1) Community
2) To make them aware about various behavioural patterns of their children and their importance in curbing the substance use.
3) Express empathy, Decisional Balancing, Develop discrepancy, Rolling with resistance, Support self-efficacy
4) It helps the therapist in reducing of drop outs
5) Dissonance
6) Operant conditioning

10.13 UNIT END QUESTIONS

1) Delineate behavioural as well as emotional aspects of development in adolescents. Why are they more likely to adopt risky behaviours?

2) Explain various types of behavioural disorders linked to the phase of adolescence.
3) What are the most common types of development disorders. Explain the affect of these developmental disorders on psychological functioning of the adolescent.
4) What are the various impacts of substance use on adolescents?
5) What is psycho-education? Mention the various types of psycho-education targeting substance use in adolescents.
6) Describe various techniques of Motivational Interviewing. How is it useful in improving the efficacy of a treatment modality?
7) What is relapse prevention? Explain it in detail.
8) What is family therapy? What are the primary goals of family therapy? Explain how these goals can be accomplished?
9) Explain MDFT in detail.
10) What is behavioural therapy? What are the different types of behavioural therapy used in adolescents? Explain contingency management in detail.

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UNIT 11 SCHOOL AND CAREER COUNSELLING*

Structure

11.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the importance of school counseling;*
- *Describe the role of school counselor;*

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- *Understand the scope of school counseling;*
- *Explain the nature of career counseling;*
- *Describe the theories of career development; and*
- *Highlight the Indian context in the field of school counseling and career counseling.*

Renu, a class 9th girl, has many aspirations, but she does not know how to fulfill them. Sometimes she doubts her abilities and at other times she yearns to venture into different things.

Prachi is in class 11th now, but she is still not sure about which courses to take up and career to pursue. Her parents who are not much educated do not have much idea about it. She sometimes gets frustrated and feels anxious about her future.

Harish took admission in class 6th in a new school as his parents shifted to another city. He is not able to form friendships with new classmates and feels isolated and lonely in the new school.

Raghav in class 10th now has started to argue and pick up fights with his classmates. He stays irritable and is not completing his school work properly. Teachers have complained about him to his parents in the parent-teacher meeting.

What do you think of the above examples? Do these students require counseling? Do you think availability of counseling services at the school would have helped them?

When you were studying in school, have you found such instances among your friends? How were those students helped at that time? Did you have a school counselor in your school?

Looking back, do you think that if there were a school counselor at your school, you would also have benefitted in terms of learning to relate with others, coping with stress, managing one's emotions, selecting courses and career etc.?

11.2 INTRODUCTION

School counselling has emerged over a century ago as a result of various socio-political, economic and cultural changes in the Western society. Similar trends seem to have shaped up school counselling or guidance all over the world including India (Jain, Agaskar, Kakkar, & Behl, 2019). Counselling or particularly, school counselling in India is still in its infancy stage. School counseling addresses the needs and concerns of all school students. Modern day living, globalization, economic reforms, evolving gender roles, changes in the family structure, changing socio-cultural norms and issues such as increase in divorce rate, single parenting, substance useetc.have led to various

emotional, social, vocational, and mental health problems in India especially in the last decade. Counselling at the school level can play a significant role in addressing the developmental dilemmas, concerns and various problems of school-going children and adolescents and promoting mental health in a community setting. This has the advantage of reaching a larger target group, has mainly a preventive approach, but also follows a remedial approach in taking care of the specific problems faced by the school students coming from diverse socio-cultural contexts. Since career selection and preparation occupies a central place in any student's life, career counseling has also become crucial in the school context especially in view of new and emerging career opportunities, emphasis on technology and the digital era.

The present Unit thus examines the nature and scope of school and career counselling, the role of the counselor in this context and the theoretical paradigms with specific reference to the Indian context.

11.3 SCHOOL COUNSELLING

The profession of school counsellingevolved in the late 1800s as an outcome of the Industrial revolution and the vocational guidance movement. This movement prepared young people mainly for getting into the world of work. Thus earlier the school counsellors were typically vocational counsellors who guided students toward employment.However, the role of school counselors have widened to include other aspects of functioning alongwith the vocational and career counseling. It is not limited to addressing only the guidance needsof the students, but also provides counseling related to various areas. Further, it focuses on addressing the needs of the individual students at the micro level, catering to groups of students at the meso level, and also collaborating with school management/authority on policy issues at the macro level.

11.3.1 Importance of School Counselling

Students come from different family backgrounds and contexts which have shaped their personality and development in particular ways. Some are ready to take up the academic challenge, whereas some are not school-ready. As they continue in school, they may face problems in adjusting and decrease in performance. Since school is another important environment in a child's life besides home where they need to learn to be independent, a feeling of safety, acceptance and connectedness is crucial for the child to grow, develop, take initiative, perform and excel in varied fields. This highlights the importance of school counseling.

Schools are uniquely placed to facilitate the growth and development of growing children. It offers an independent setting, and at the same time a community contextwhere there is a dynamic interaction among students, teachers and the parents aimed at optimal development of children. Research

has shown that school counselors and counseling interventions given in school environments significantly impact students' educational and personal development (e.g., Gysbers, 2011; Gencoglu, Demirtas-Zorbaz, Demircioglu, & Ekin, 2019; Pattison, & Harris, 2006).

School counseling assumes significance due to following:

- It offers a community setting.
- It acts as a protective factor for such children who may be from adverse background and environments.
- It offers a feeling of safety and promotes a sense of belongingness through it's different activities
- It is a system in place aiming at the optimal development and well-being of the child.
- It can be considered as a training ground for children to prepare for a successful personal-social and vocational life ahead.

The important thing here is for the school management and authorities to understand the crucial role of school counselors and accordingly make provisions for counseling activities and facilitate the counselors to undertake different activities related to this.

11.3.2 Role of the School Counsellor

School counselor have varied roles related to the students' academic achievement, career development as well as personal-social development. In fact, the school counseling services aim at the overall development of children through a comprehensive guidance and counseling programme. It helps them acquire effective learning skills, improve academic performance, and develop career aspirations. It facilitates in better adjustment and interpersonal skills, dealing with emotional and behavioural problems, and promotion of mental health and well-being.

Broadly, school counselling can be said to perform three general functions (McLaughlin, (1993):

1) *Educative* function: helps in the overall development of students in the context of the school.
2) *Reactive* function: looks into how the classroom practices, different aspects of the school environment and the socio-cultural environment of the school impact the students and contribute to their personal-social development and mental health.
3) *Welfare* function: addresses issues that impact students' welfare and takes responsibility to plan for the welfare of students.

According to the Manual of Policies, Procedures and Guidelines of the Special Education Services of British Columbia (2016, p.27), the counselor has the following roles:

- *Promotes* personal and social development appropriate to developmental level
- *Counsels* students, their families and the community to foster growth in the students' self-esteem individual responsibility, and in skills such as decision making and social skills
- *Ameliorates* factors which may precipitate problems for students
- *Enhances* students' educational achievement through goal setting, individualized education plans and activities such as promotion of effective work and study habits
- *Provides* appropriate interventions to assist students with school related problems and issues
- *facilitates*the goals of career education by assisting students and their families to explore and clarify the student's career options, through developmental activities that emphasize decision making, personal planning and career awareness

Historically, the role of school counselors have evolved from simply vocational guidance for the students to occupying a central place in the school system and being an important link in the school between the students, school authorities and the parents with an ultimate goal of student's welfare. In a study on school administrators' conceptions of the school counsellors' role, four role conceptions have been explained historically from the most contemporary version of the counsellor role to the most traditional one (Amatea & Clark, 2005). These are as follows:

- ***The Innovative School Leader***

  The school counselor in the role of an innovative school leader looks at things from the perspectives of all the stakeholders - students, parents, school staff, school management and community members involved in various school committees. They have a macro view of the school goals and vision. They take steps to plan and provide different activities for the development of students, and training the school staff for effective teacher-student engagement.

- ***The Collaborative Case Consultant***

  This role requires the counsellor to have specialized knowledge about the social, emotional, psychological, and academic needs of students, and plan necessary intervention strategies for them. The school counselor works with significant adults in a student's life- parents and teachers to make them aware and equipped to address the concerns of individual students.

- ***The Responsive Direct Service Provider***

  School counselors are required to provide direct service in meeting the needs of individual students by regularly providing preventative programs of psycho-educational nature, information related to educational and career guidance aspects and by helping students resolve problems or crises.

- ***The Administrative Team Player***

  In this role, the school counsellor is considered as a member of the administrative team and engaged as a support in various administrative responsibilities and other tasks, e.g., preparing of a event schedule, coordinating activities, involved in placement activity, serving as a substitute teacher etc. Thus the main job of using their specialized knowledge for the benefit of students' well-being and creating a conducive school environment gets neglected.

The innovative school leader role is the most contemporary of the four groupings. This typology of possible roles by school counselors points at analyzing and reflecting on the current role they are performing, the expectation of the school management and the desirable role the school counselors need to play.

Self Assessment Questions 1

1) Collaborating of the school counselor with school management on policy issues is an example of _____ level of functioning of the counselor.
2) School counseling assumes significance because it is offered in a _____ setting.
3) Focus on overall development of students in the context of the school denotes _____ function of counseling.
4) Counselor in the role of _____ has a larger picture of the needs of the school with regard to effective teacher-student engagement than most other staff members in the school.

11.3.3 Ethics in School Counselling

School counselors need to work with school teachers and school authorities on the one hand, and the parents and community level organizations on the other hand in an attempt to create a conducive school environment at school as well as home to promote holistic growth and well-being of children. They need to interact and collaborate with all the stakeholders with the main focus of promoting learning, achievement, adjustment and well-being of students. In the process, they may face ethical issues, dilemmas and challenges coordinating and catering to the needs of all.

There may be problems related to confidentiality of student information. The school counselor also needs to build trust with all stakeholders to function

effectively for student benefit. Many a times, school counselors are also required to perform administrative tasks and other tasks such as taking substitute classes, giving tests to students, maintaining records, assisting school principal and other teachers etc. which are not related to counseling.This may lead to conflicting situations and may leave the counselor too exhausted and deprived of time to focus on the main task of providing counseling support to the students.

Hence, the school counselors need to know and understand the ethical issues in their functioning so that they can keep their focus on their priority, that is the students. As Huey (1986, p.321) states, " the ethical responsibility is to the client first and the school (or other setting) second". Thus protecting the rights of the students should be the first task of the counselor in any dilemma or conflict situation.

The school counselor also needs to be cautious about ethical issues in the emerging use of online medium for counseling. Technology may facilitate online counseling but it has its pitfalls also that one needs to be aware of. Client information needs to be protected in the online media.

11.4 SCOPE OF SCHOOL COUNSELLING

School counseling mainly focuses on offering a comprehensive programme for all school students. It needs to follow a strengths based approach highlighting the strengths of each child rather than focusing on the deficits. The major areas of work of school counselors relate to academic, career, and personal-social functioning. The American School Counselor Association (ASCA) also conceptualizes academic achievement, career planning, and personal and social development as the three main functions of school counselors. Since school counseling caters to all students, the scope can include counseling at the elementary level, secondary and senior secondary level. The National Curriculum Framework (NCF, 2005) advocates specific activities related to guidance and counseling at each of these three stages. Children at each stage have unique characteristics, developmental tasks and skills to learn. School counselors need to address these specifically at each stage of education to facilitate healthy growth and development, necessary cognitive skills, effective coping skills, better adjustment, and a resilient attitude.

The Goverment of India has implemented the Sarva Shiksha Abhiyan (SSA), Universalization of Elementary Education (2000-2001), Rashtriya Madhyamik Shiksha Abhiyan (RMSA), focusing on secondary level of education (2009-2010) and Rashtriya Uchhatar Shiksha Abhiyan (RUSA), focusing on higher education level in 2012. All these schemes have aimed at providing increased access, equity and quality to students at each stage of educationalongwithproviding necessary skills and resources to facilitate optimal development and learning experience among students. The RMSA

describes school education in terms of Primary stage (5-11 years), Upper primary stage (11-14 years), and Secondary/Higher secondary stage (14-18 years). Primary and upper primary combined is also called as Elementary stage. Secondary and higher secondary stage can also be considered separately. RMSA has provided guidelines for providing guidance and counseling to students at different stages of education.

11.4.1 Counselling at Elementary Stage of Education

Elementary stage consists of both primary and upper primary classes, that is class 1 to 5 and from class 6-8 respectively. Primary school stage is crucial as there is a transition from the familiar home environment to a new school environment. The child is expected to gradually learn to function independently in the school setting and interact effectively with peer and teachers and others around. The focus here is to make the transition smooth for the child and develop a positive image of the school in the child so that the child feels welcome in the school and learns effectively. Hence joyful learning and play-way method become the most crucial methods here.

During the elementary stage, the school emphasizes on the development of learning skills, cognitive skills and nurturing an interest to learn, engage in creative pursuits. As the children are in the growing stage, the objective is to facilitate a healthy development in all aspects such as cognitive, social, and affective, develop a healthy self-concept, attitudes and cultivate good habits and values.

Thus school counseling during elementary stage focuses on the following:

- *Smooth transition from home to school*
- *Helping children to continue in school and prevent dropout*
- *Providing assistance and support to children from disadvantaged backgrounds*
- *Helping children with special needs learn and adjust to school environment*
- *Facilitate acquisition of basic learning skills*
- *Effective interpersonal relationships with teachers and peers*
- *Preventing and dealing with behavioural problems in children*
- *Developing a healthy self-esteem in the child*
- *Building healthy perception and attitude towards others*
- *Learning different life skills*
- *Awareness about the world of work*

14.4.2 Counselling at the Secondary Stage of Education

Secondary stage includes classes 9th and 10th. This marks the adolescence stage which is associated with lots of changes in physical, cognitive and emotional development of students. Alongwith increasing pressure to perform better academically, these students need counseling to help understand these changes in developmental aspects and adjust effectively to themselves and their surrounding. The transition from childhood to adolescence stage can become a major challenge for the students. The school counseling services can undertake different activities and strategies to ease this process of transition where parents and home environment are also taken into account.

Most students begin to consciously think about the courses they would take up in the higher secondary stage and the future career they want to get in. They actively explore various options. A systematic guidance and counseling system can help them explore themselves and the world of work to facilitate their choice of subjects and career.

The specific objectives of school counseling during the secondary stage of education can be as follows:

- *Help students adjust with the sudden changes in their physical growth and development*
- *Help them deal with the emotional changes during the transition phase*
- *Forming a healthy peer relationship*
- *Adjusting to the academic pressure*
- *Facilitating the relationship between the student and their parents*
- *Helping them understand and develop their assets/strengths*

14.4.3 Counselling at the Higher Secondary Stage of Education

The higher secondary stage consists of classes 11th and 12th, called as the senior students in the school. They consider themselves to be more independent and look forward to a more carefree life after school completion. At the same time they may be unsure of which courses to go for in college, getting into their choice of colleges and courses and starting a new life marked by less discipline and more flexibility. For some students, it may be the concern of getting into some source of earning, or taking up a vocational course so that they can start earning soon.

There is an increasing interest in the opposite sex during this developmental stage of 16-18 years of age. Peer pressure can have both positive and negative impact during this stage. Peers can motivate and inspire to study or

do different things together. They can be a significant source of emotional support. However, peer pressure can be a concern if it influences the student negatively, e.g., engaging in bullying, bunking classes, smoking, using drugs etc.

Counselling at the higher secondary stage thus aims at the following:

- *Dealing with the academic pressure to get good marks and pass successfully*
- *Getting into good colleges and courses of study*
- *Enhancing self-understanding in terms of one's interests, aptitudes, attitudes and abilities*
- *Developing career maturity and making realistic career choices*
- *Learning to handle negative peer pressure*
- *Ways to cope with stress and ensure good mental health*
- *Learning appropriate sex-role and responsibility, Developing healthy relationship with opposite sex*
- *Preventing bullying, substance use, inter-personal conflicts (with peer, parents, and teachers/authorities)*
- *Helping to create life goals and visions*

14.5 SCHOOL COUNSELLING IN INDIA

Education policies and commissions established in India have been emphasizing the importance of counseling in school set up. The first education commission known as the Secondary Education Commission or Mudaliar Commission (1952-53) recognized guidance in school as an integral part of education and consequently, the government established the Central Bureau of Educational and Vocational Guidance (CBEVGE) in 1954. However, the limited focus on vocational guidance was changed when the next Education Commission called as the Kothari Commission (1964-66) highlighted the adjustive and developmental functions of guidance along with academic and career guidance.

It considered the guidance and counseling needs of children at different stages of school education such as primary and secondary stage. Further, it delineated a minimum guidance programme for all secondary schools and a comprehensive model guidance programme in selected schools. Training of guidance functionaries and counselors was also highlighted. All teachers should have basic counselling skills to listen to pupils in an unbiased way and to respond in the emotional domain (Tammana, 2016). This promoted a focus on student–teacher interactions and the formation of good relationships between them. School counselling emerged as a more specialist activity where a teacher or counsellor worked with groups or at an individual level in

greater depth. Various initiatives were taken to train teachers to improve the development of counselling skills. Thus the focus of school counsellingwas providing intervention and prevention services catering to student development. The role of school counselor diversified to providing support for personal-emotional-social development, and dealing with behavioural and mental health related problems.

The National Policy of Education (1986) also highlighted the need of guidance for school students. National Curriculum for School Education (NCF, 2005) advocated the adoption of a guidance philosophy to education which facilitates taking a proactive and preventive approach for the personal-social-emotional-cognitive development of all students. Learning of life skills were emphasized which would equip the child with skills necessary to live life in an effective manner.

Recent National Policy on Education (2020) has ushered in many major changes in the field of education in India. It has put emphasis on monitoring the mental health and well-being of students as part of regular health check up.The schools need to take up the responsibility of making school counseling an integral part of the school system and culture.

Thus it can be seen that the need for guidance and counseling, and focus on mental health and all round development of school children has always been recognized and emphasized at the policy level. However, acceptance of counseling services by the general population has been very slow (Gladding & Batra, 2018).It points at the gap between policies and guidelines, and the actual implementationof these in the field. It indicates a requirement for an attitudinal change in accepting and approaching guidance and counseling services for all students. An all school approach to guidance and counseling program will help fight the hesitation, resistance and stigma attached to it. Advocacy is also required to highlight the psychological health of students as being equally important as physical health. The need for counselling in schools in India is surely seen to be on the rise, with an increase in the number of suicides of school children, incidences of bullying, drug abuse, and decline in academic performance.

School counselling is a relatively young profession in the Indian context. The first school mental health clinic was set up at Nair hospital in Mumbai in 1979. The Secondary education department have mandated the presence of a school counsellor in every school in Central Schools in India, run by the Kendriya Vidyalaya Sangathan, to deal with academic and non-academic issues of students from 2014. The Government of Delhi has started the Happiness curriculum in schools since 2018 for classes from Nursery to class 8th. Various initiatives and provisions are being implemented for addressing the counseling needs of school children.

School counsellingis often considered as guidance andlimited mostly to selection of courses and careers. However, it may be noted that counselling

has a more facilitative and curative function as compared to the developmental and informative orientation of guidance. Both guidance and counselling are necessary in Indian schools today (Kodad & Kazi, 2014). The role of a school counsellor extends beyond school students to parents of students, who may also feel the need of availing these counselling services to deal with issues stemming from their role as socialization agents (Ramakrishnan & Jalajakumari, 2013). Teachers and counsellors provide important sources of information on mental health. In a study to investigate knowledge, attitudes and practices related to mental health carried out in five states in India, the researchers (Gaiha et al., 2014) found that teachers and counsellors were influential in their ability to affect and encourage help-seeking behaviour.

National Council of Educational Research and Trainuing (NCERT) plays a crucial role here by training teachers through its' intensive and comprehensive Diploma in Guidance and Counselling course. The course helps the teachers in understanding the guidance and counseling needs of children at various stages of education and developing an enabling school environment that empowers students towards positive change.

Self Assessment Questions 2

1) In case of any dilemma or conflict situation, the ethical responsibility of the school counselor is to the school first and the client second. True or False.
2) The major areas of work of school counselors relate to _____,_____, and _____.
3) What is RMSA?
4) What are the three stages of education according to RMSA?
5) Getting into good colleges and courses of study is more an objective of counseling at the secondary stage of education. True or False
6) Central Bureau of Educational and Vocational Guidance (CBEVGE) was established in 1954 based on the recommendations of which commission?

11.6 CAREER COUNSELLING

School counseling involves career counseling, but given its importance in the life of an individual, it has become a specialized service in itself. Although it is considered as a separate service, career has implications for all other areas of our life and hence career counseling needs to be viewed in relation to other types of counseling also. For instance, personal-social issues faced by adolescent students that require counseling can also affect career related choices and decisions. Career counseling also needs to consider any relationship issues or emotional difficulties faced by students as they can

affect career related attitude and decisions. Self awareness can also influence the career maturity level of students. Thus development in cognitive, emotional and social aspects can impact their career maturity, decisions and career adjustment and growth. Personal and career counseling are thus inextricably intertwined (Krumboltz, 1996). Hence it is important that school counseling takes an integrated approach to counseling students in different aspects but at the same time gives due emphasis to career counseling services for the benefit of the students.

Counselling profession initially started with emphasis on vocational guidance and counseling. Frank Parsons (1909), the Father of Guidance, who started the vocational guidance movement, emphasized on preparing for a vocation rather than just focusing on getting into a job. He highlighted understanding the process of career selection and decision. One's occupation occupies a central place in one's life and affects all aspects of life. Hence it is important that we select our careers with informed knowledge and proper planning and goals. This makes it imperative that proper counseling is provided to the students at the school level itself so that they chart out their career path in an adequate way.

11.6.1 Nature of Career Counselling

What does career counseling involve? It is important to distinguish a few terms here that are often used interchangeably with career. *Career* is a broader term than vocation; it indicates a career path over the life span of the individual, and thus takes into account one's work as well as leisure and other life roles. Whereas *job* is a specific task one does to earn money. *Occupation* is broader than job, indicating a group of similar jobs.

At a basic level, career counseling involves three things: knowing about the world of work, developing awareness about oneself, and then matching the two and accordingly decide on a career. However, career counseling involves going beyond this simplistic matching and views career as a central factor affecting all other aspects and roles in life. Hence it considers career counseling as a process of developing a life-career and takes into account the life as a whole.

The underlying premise here is that various factors shape the career chart of a person and both personal and work factors interact with each other to determine career satisfaction and success. For instance, McDaniels (1984) formula C = W + L (Career = Work + Leisure) highlights the importance of one's leisure time activities, interest, hobbies etc. in one's career decisions. Other factors having an influence on career selection are age, gender, socio-economic background, resource availability, parental influence, peer pressure etc.

It needs to be noted here that career counseling involves both career guidance as well as counseling. As you must be clear by now that guidance is more

information-oriented, developmental in nature and educative in purpose; whereas counseling is more remedial in nature and involves changes in one's thoughts, affect and behavior, learning to adjust, adapt and cope with people and situations. Hence as part of career guidance, career counselor can help the student become well-informed about various educational and occupational opportunities; and can provide counseling how one's career choices are influenced by their specific personal and environmental factors and help the student make proper career choice.

The goals of career counseling can thus be described as follows:

- Collection of career information literature related to educational, training and occupational aspects
- Developing awareness about skill training and enhancing one's career prospects and avenues
- Dissemination of the career information or career data through display, career talks, invited lectures, career fairs, exhibitions and conferences, field visits
- Conducting psychological testing, assessment of students regarding their interests, aptitude, attitude, values and personality
- Counselling parents on career related choices
- Doing individual counseling as well as group guidance and counseling related to career choices
- Helping children with special needs in their career related and personal-emotional-social issues and difficulties as these are inter-related
- Helping develop individualized career plans for students who need it
- Facilitating the development of career maturity, work related values, discipline and decision making skills
- Helping the students to learn ways to cope with stress, resolve conflicts and acquire effective interpersonal skills

Thus career counseling involves not only theassessment of an individuals' interests, abilities, aptitudes, personality, and values, to facilitate them in selecting appropriate educational programs or suggesting occupational choices, but also emphasizing on the individual's life career path or development. It aims at equipping them with necessary knowledge and skills to deal with life's situations and progress in one's career while maintaining a life-career balance.

A preventive positive focus is essential to help individuals develop and use their strengths to create a better world for themselves and for the society (Snyder, Lopez, & Pedrotti, 2011).They statedthat individuals need to identify their strengths and move towards balance in their lives. An essential

characteristic of a happy and productive life is a sense of balance in one's views and actions.

11.6.2 The Structure of Career Counselling

As in any counseling situation, the relationship between the career counsellor and the client is important which needs to be characterized by warmth, genuineness, empathy and unconditional positive regard. Establishing the rapport is the first crucial step in career counselling. The next task is to consider a way to organize the working sessions of clients and counsellors in career counselling. The structure of career counselling can be described in two major phases:

1) *Problem Identification, Clarification, and Specification.* The first task is to establish a rapport between the client and the counselor. The client–counsellor relationship is defined. The roles and responsibilities of each are clarified. Informed consent is taken and other ethical guidelines are adhered to. The counsellor listens to the presenting problems of the client, their internal thoughts, feelings, concerns and anxieties. Psychological tests are also used to get additional data about the client's attitude, behavior and personality. The counsellor attempts to understand the clients' ways of making sense out of their life roles, preferred decision-making styles,interpretation of events in their life so that a mutual understanding can be developed. This facilitates further process of goal setting and intervention.
2) *Client Goal or Problem Resolution*. Using theoretical paradigms and research-based interventions, the client is assisted to achieve their goals or respond to their problems. A working alliance is formed and various strategies are employed to achieve the mutually decided goals. The environmental factors are also considered in this process as facilitating or hindering the intervention process. The outcomes are thus evaluated and intervention strategies are relooked into. Finally once the goals are attained, the counselor-client relationship is terminated.

11.7 THEORIES OF CAREER DEVELOPMENT

Four major theories on career development are described here that explain how we choose our careers and how our careers develop over the lifespan requiring us to make adjustments as we progress.

11.7.1 Trait-and-Factor Theory

As the name suggests, the theory talks about assessing the traits of the individual and matching these with the factors or characteristics of various occupations. A proper fit between the two will lead to career satisfaction in the individual. Holland (1997) has emphasized the interrelation between

career requirements and personal qualities and accordingly came up with six categories of personality and associated occupations. These are Realistic, Investigative, Artistic, Social, Enterprising, and Conventional (RIASEC) as given in the Fig 11.1 below.

Figure 11.1: RIASEC Model of Holland

Image Source: ged578 / Appropriate technologies for vocational students | Career assessment, Career counseling, Career development (pinterest.com)

The theory emphasizes the uniqueness of the individual in the way these personalities interact in an individual.The counselor gets a profile of the client indicated by a three-letter code on administering the test to the client based on this model. It may be, e.g., IES, that is, the person is most similar to Investigative type of personality, then enterprising type and then social type. These three interact and determine the personality make-up of the individual to influence their career selection and adjustment. Career counselors help the client in analyzing their personality types in relation to the suitable occupations related to these in the context of other factors such as developmental stage, socio-economic conditions etc.The model also shows the underlying dimensions as indicated in the diagram above all of which interact to influence the career choice of the person.

11.7.2 Developmental Theories

One of the most widely used developmental theories is that of Super (1957) who described career development in terms of the development of one's vocational self-concept (Super, 1984). Vocational self-concept refers to perceiving one's own vocationally relevant attitudes, values, needs and abilities (Barrett & Tinsley, 1977). According to Super, matching of this vocational self-concept with the one's nature of work is important for effective career decisions.

He suggested five stages of vocational development such as,

a) Growth (birth – 14 years): Focus here is on developing a general orientation and awareness about the world of work.

b) Exploration (14-24 years): There is exploration of the world of work and various career preferences. Either individuals take up some short-term assignments, internships or projects; or they get into proper jobs.

c) Establishment (24-44 years):The individual here attempts to establish themselves in the chosen occupation. They get promotions, new job positions and roles, or may change organizations, but they stay in the same area of occupations. Mostly, there is no major change to a different occupation or career.

d) Maintenance (44-64 years): Focus is on maintenance of what has been achieved in the career. So there is little or no venturing into new grounds. But sometimes they need to learn new things to keep themselves viable and contributing. For instance, the current COVID 19 pandemic necessitated learning of new technology, conducting online classes by teachers in the schools in India. Hence learning new things, being innovative is required to be able to perform their usual duties.

e) Decline (64 years and above):This stage is characterized mostly by retirement age. So work related activities decline and there is disengagement from work. The individual develops other interests and activities to engage themselves in.

Super has later formulated a Rainbow theory (Super, 1990) based on his career development theory which takes into account teight roles that we play (such as child, student, leisurite, citizen, worker, parent, spouse, and homemaker) and the five life stages mentioned above. It helps us in analyzing our work life balance, how much time we are spending for our personal life and work life which is significant for our good mental health and well-being.

11.7.3 Social–Cognitive Career Theory (SCCT)

Social-Cognitive Career theory is based on Albert Bandura's general Social cognitive theory.The theory developed by Lent, Brown & Hackett (1994) suggests that there is an interaction between the social-environmental aspects including one's age, gender, health conditions etc. and the individual

cognitive characteristics. The three important aspects of the SCCT are self efficacy beliefs, outcome expectations and goals. Self-efficacy, i.e., one's belief in oneself to be able to perform a particular task or activity.Outcome expectation is beliefs about the outcome or consequence of performing the activity. Thus your belief about your ability to do a task and the outcome you expect out of doing it will influence your effort and persistence in doing it and your experience of success in it.

Goals refers to setting a target of acquiring a certain level of achievement (performance goals) or accomplishing something, like completing a degree (choice goals). Goals set by an individual are influenced by beliefs of self-efficacy and outcome expectation. There is a dynamic interaction among these three components which ultimately influence the development of career interests, career selection, career adjustment and success.

11.7.4 Constructivist Career Theory

Constructivist career theory focuses mainly on deriving 'meaning' in one's career. Career counselor helps the client in understanding and interpreting the life themes of the client, that is, the meaning and purpose in client's life, values the client lives by and the self –concept they have. The choice of career evolves out of understanding of their own self-concept, based on their own learnings, experiences and behavior.

Career counseling based on the constructivist theory attempts to assign meaningto one's vocational behavior and experiences. It tries to understand and give meaning and direction to what one has done or engaged in and arriving at the 'why' of a career. Thus the theory is subjective in nature as it involves imposing personal meaning on past memories, present experiences, and future aspirations by weaving them into a pattern that portrays a life theme (Savickas, 2005).

Self Assessment Questions 3

1) Who started the vocational guidance movement?

   …….

   …….

   …….

2) Career counseling simply involves deciding on which job to do? True or False

3) Counselling parents on career related choices is part of career counseling at school. True or False

4) Write the full form of RIASEC.

   …….

   …….

5) What are the three important aspects of the SCCT?

……

……

……

6) Which theory focuses mainly on deriving 'meaning' in one's career?

……

……

……

11.8 CAREER COUNSELLING IN INDIA

Career counseling is being recognized more in India at present as compared to the earlier times. Career counseling is provided to the students in secondary and higher secondary stage especially in the bigger cities. However, it may not be in a comprehensive manner and there are many instances of wrong choice of careers and career dissatisfaction. Selection of subjects/stream at the higher secondary stage and career related decisions are a major source of stress for students as well as parents.

Various factors may influence the lack of awareness and/or understanding about the importance of career counseling in India (Gladding & Batra, 2018):

- Family decisions play a major role in career decisions
- Preference for being in a 'safer zone' instead of changing a job despite of dissatisfaction and suffering in the job.
- The attraction towards job security of a goverment job
- Attitude of seeing career as a means to earn money only
- Poor risk taking and fear of adjusting to new environment in case of a change in job
- Glorifying a few careers only as worth pursuing for, e.g., science, engineering, medicine, management, and discounting one's own interests and aptitude as relevant and important factors worth considering and pursuing careers in.

Lack of proper career counseling has implications for the mental health of students (NCRB, 2015). There is increase in competition resulting in stress, anxiety, depression and even suicide. Added to it the parental pressure and the requirement of coping to the academic pressure from school and the coaching centre where students compulsorily enroll to be on the edge, affects their mental health negatively (Deb, Strodl & Sun, 2015).

At present however, various initiatives have been taken by the Govt as well as Non-governmental organizations for career counseling to students.

In this regard, the National Institute for Career Service (NICS) (erstwhile Central Institute for Reaserch and Training in Employment service (CIRTES) was set up in October, 1964 under Directerate General of Employment (DGE), Ministry of Labour Employment. Also, under the aegis of Ministry of Education (erstwhile Ministry of Human Resource Development), government of india, the Central Board of secondary Education (CBSE) and the National Council of Education Reaserch and Training (NCERT) New Delhi have development TAMANNA an aptitude test for Senior school students to enable stakeholders know the aptitude of students of classes IX and X.

11.9 LET US SUM UP

In the present Unit, you learned about how school counseling can impact and promote the all-round development of students, serving both preventive and remedial functions. It has roles to play at the micro level, meso level as well as macro level. The scope of school counseling covering all the stages of education, the elementary, secondary and higher secondary is discussed. An important area covered by school counseling is providing counseling with regard to career selection. Careers are individual-specific and influenced by the choices we make with regard to different aspects in our lives. Both personal and environmental related factors influence our career related decisions. The nature of career counseling is elucidated and various pertinent theories of career development are explained. Career development and decisions are more holistic in nature as it involves the whole person - their needs, wants, skills, abilities, emotions, fear, anxieties etc. Hence it needs to be duly emphasized in the school context by having a systematic and properly organized process of career guidance and counseling which will help reduce a lot of anxieties and stress among students and their parents. The Unit also highlighted the Indian context in the discussion of school counseling and career counseling.

11.10 KEY WORDS

School Counselling: It refers to providing support to school students mainly in areas of academic, career, and personal-social functioning, thus having a facilitative and remedial orientation.

Career Counselling: It is a process of developing a life-career and takes into account the life as a whole, thus considering personal as well as environmental factors into account.

Career: It indicates a career path over the life span of the individual, and thus takes into account one's work as well as leisure and other life roles.

Job: It is a specific task one does to earn money.

Occupation: It is broader than a job, indicating a group of similar jobs.

Trait and Factor Theory of Career: The theory explains career process in terms of assessing the traits of the individual and matching these with the factors or characteristics of various occupations.

11.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1) Macro
2) community
3) educative
4) innovative school leader

Answers to Self Assessment Questions 2

1) False
2) academic, career, and personal-social functioning
3) Rashtriya Madhyamik Shiksha Abhiyan
4) Primary stage (5-11 years), Upper primary stage (11-14 years), and Secondary/Higher secondary stage (14-18 years).
5) False
6) Secondary Education Commission or Mudaliar Commission

Answers to Self Assessment Questions 3

1) Frank Parsons
2) False
3) True
4) Realistic, Investigative, Artistic, Social, Enterprising, and Conventional
5) Self-efficacy beliefs, outcome expectations and goals
6) Constructivist career theory

11.12 UNIT END QUESTIONS

1) Describe the objectives of school counseling at the secondary stage of education.
2) Discuss ethical issues in school counseling.
3) Explain the goals of career counseling.
4) Discuss Super's developmental career theory.

5) Elucidate the significance of constructivist career theory for one's career development.

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UNIT 12 COUPLE AND FAMILY COUNSELLING*

Structure

12.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Know the meaning of couple, marital relationship, and family;*
- *Describe the changing types of families;*
- *Explain the nature, scope and goals of couple and family counselling;*
- *Describe the key concepts used in couple and family counselling;*
- *Understand the developmental models of family life;*
- *Explain the techniques used in couple and family counselling; and*
- *Describe the different theoretical approaches and therapies of counselling.*

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12.2 INTRODUCTION

Mita and Suresh are both working and have been married for more than a year now. However, of late they have started to have arguments over small things. Mita is working in a corporate job since last three years and has to travel frequently for client meetings. Suresh is in a government job since last five years. He wants to have a set pattern of life and does not like Mitacoming home late or going on tours for office work. Since Mita wants to achieve promotions and rise faster in her job, she wants to put in more effort so that they can enjoy and have more comfortable life. This has led to arguments and conflicts between the two.

Arnab is 14 years of age and likes to do new things. However, his parents, being conservative in nature, do not like and pressurize him to study and secure god marks so that he can pursue medical or engineering degree. Recently, they have received complaints from the school about Arnab misbehaving and bullying other students in the school.

Mr. Kapoor has retired from his job as manger of a reputed company last year and lives with his wife who is still on the job. Their only daughter has been married two years back. The first year of retirement went by just like that, but now he has started to feel lonely and life seems directionless to him. He tried to speak to his wife, but she is too busy herself being the principal of a college. He does not have any hobbies as such and finds difficult to spend time.

What do you see in the above examples? In each of the cases, it points out to some issues in the relationship and lack of communication and connection therein. These need to be addressed in the context of the specific relationship, be it between the couples or among the family members. This points out the importance of couple and family counselling which puts emphasis on relationship as a crucial factor affecting all the aspects of our life. A good relationship makes one happy, healthy and productive. However, a poor relationship or problems in relationship results in stress. It affects both physical health and psychological well-being of people in the relationship. Hence it is important to focus on all the three aspects of a relationship, that is, starting/initiating a relationship, maintaining a relationship, and nurturing or enhancing a relationship.

Before we examine the couple and family counselling in detail, let us first understand the terms*couple, marriage and family*.

A **couple** refers to the union of two adult persons. This relationship between two persons may be between opposite sex or same sex, and gets established either by the family or by the partners themselves. **Marriage** makes this relationship sanctioned by the religion and/or society for socioeconomic and biological reasons (progeny). However, the relationship between a couple may or may not be marital relationship. Thus couple is a broader term which

can include many forms of relationship between two adults. It can be used to denote any two people (married or unmarried, opposite sex or same sex) in an intimate or unintimate relationship. Most often, the marital or couple relationship goes on to form a family.

Marital relationship is the building block of a family which in turn is the basic unit of the society. Hence for any society to be healthy and functional, the marital and family relationships should be healthy. Though every society has its own set of checks and balances to ensure its healthy functioning, marital relationship has specific demands and challenges which need to be addressed from time to time.

Put the below in a box -

"Oh! she is so stubborn, get her married and she will be fine."

"This boy is so irresponsible, cannot keep a job for even a few months, get him married and he will become responsible."

"Your son will be cured of all bad habits, just get him married."

Have you come across such dialogues in your day to day to life? Indian society views matrimony as a magic potion for curing all the problems, be it physical, behavioural, or psychological. It is considered a one stop solution for all the problems!

A **family** is an entity that is comprised of two or more than two people who share the biological, social, economic and the psychological bonds and perceive themselves as a coherent unit. Couples and families entail relationships that provide togetherness, comfort, support, sharing and caring. However, relationships may also become a source of strain, stress, and sorrow. While some of the conflicting issues in relationships are resolved through informal consultation with friends, family elders, clergy, community elders, some issues require formal consultation with trained professionals such as relationship counsellors.The field of family and couple/marital counselling has emerged over the last century to help people deal with demands and challenges entailed in relationships.

12.3 NEED FOR COUPLE AND FAMILY COUNSELLING

Relationship counselling includes couple and family counselling, a relatively new profession. It spawned interest in the counsellors due to several drastic social changes, such as redefining of women's role in family and work context, increased life expectancy and emergence of new types of the family in the present society (Gladding, 2018).

Redefined role of women in society

Changes from the traditional patriarchial society towards acknowleding and accepting the presence of more and more women in the public domain has brought forth changes in relationships also. Role of women in society has been redefined from silent caregivers, nurturing the progeny, with no or minimal role in family decisions to changed roles of providers and decision makers. The changing role of women in family and in society have brought new challenges to the couples and families as the relationships are being redefined.

Increased life expectancy

More and more people are living with their life partners for a longer time due to increased life expectancy as a result of advancement in the medical care. This has an impact on couple and family relationships as individuals have to learn to adjust not only to their own developmental stages but to their partners too. It has also redefined the roles in family as adults find themselves in several roles at the same time, such as children to their aged parents, and parents to their children. With grandparents, families had multiple caregivers for young children which could be a boon as it meant more support, but it could be a bane also as difference of opinions in child-rearing practices might lead to family conflicts.

Types of family

Globalization, industrialization, women emancipation, increased life expectancy etc. have led to several types of family (Gladding, 2018):

- Nuclear family consists of husband, wife, and children.
- Joint or multigenerational family consists of at least three generations, i.e., grandparents, parents, and children.
- Single parent family consists of either of a parent (husband or wife), where the other parent is absent due to death, separation, or divorce.
- Foster family consists of marital partners and children, where at least one partner has been married previously and has children from that previous marriage, so such a family has step- parents and siblings.
- Double income and no kids (DINKs) family consists of husband and wife where both are highly committed to their careers and have decided not to have children.
- Dual-career family consists of working husband and wife highly committed to their careers and have children.
- Aging family consists of a family where head of the family (father/mother or both) is above 65 years of age.
- Gay/lesbian family consists of same-sex partners with or without children.

- Multicultural and multi-religion family consists of the two partners belonging to different cultural and/or religious background with or without children.

The changing nature of couples and families makes the relationships more fluid and dynamic impacting the adjustment and harmony among the members. Hence couple and family counselling have become very crucial in the contemporary times.

Box 12.1 Moment to Reflect:

Identify the type, strengths, and weaknesses of your family.

Would you like to swap your family with another type?

Please give reasons if your answer is 'yes'.

12.5 NATURE, SCOPE AND GOALS OF COUPLE AND FAMILY COUNSELLING

As mentioned earlier, the main focus in couple and family counselling is on relationship. Problems in relationship can include the conflicts in the relationship, and also the psychological symptoms in individual members. What are the issues and problems in the specific relationship and how the factors related to each individual and their environment contribute to the relationship problems. The importance of family in an individual's life, nature of individual- environment conflict, and the developmental stages of the individuals and family are also considered.

It may be noted here that couple and family counselling differs from individual counselling and group counselling. While individual counselling treats the client outside the family, couple and family counselling treats the client within the family where other family members are involved. Further, the focus of couple and family counselling is to resolve the family conflicts and to make a family functional. Thus, individual counselling focuses on achieving the well-being of an individual and couple and family counselling focuses on achieving the well-being of the individual as well as the family. Family counselling also differs from group counselling in that the former is not just a group of people, but they relate to each other at different levels of power and status, and the ultimate objective is they need to function effectively as a whole unit.

In fact, the couple and family counsellors must work with and work around this very difference in power and status among the family members (Gladding, 2018). Also, there are stronger emotions exhibited by family

members as compared to other kinds of groups. The family members are closely related to each other and are most likely to share physical and psychological space. Further, while individual/group counselling emphasize on the linear causality, the couple and family counselling emphasize on dynamic and circular causality (you will learn these about causality in later section in this unit).

Both in couple and family counselling, the interventions suggested during the counselling sessions does not stay limited to it, but are applied in the relationship and family context.

Reasons for seeking couple/marital and family counselling

Changes at the level of global, nation, society and community have ramifications for relationship at the individual and family level. Relationship between the couples and among family members has become complex and nunanced. It has led to communication problems, anxiety and stress in the individuals. The peace and harmony in relationships have been affected. Following can be seen as some of the specific reasons for which individuals seek couple and/or family counselling, which indicates its scope.

- Frequent arguments and conflict between couples and family members
- Emerging family issues and responsibilities, e.g., taking exclusive care of the elderly, rearing the new born baby, issues related to finance, or taking additional responsibilities of some family relatives etc.
- Issues related to child rearing and their developmental needs and school related demands
- Strong differences in attitude, life goals and values
- Problems in sexual relationship
- Issues related to extra-marital relationship
- Lack of respect and caring for each other and doing shared activities
- Abusive relationship, including physical abuse, domestic violence, or emotional abuse

Goals of Couple Counselling

The broader goal of couple counselling is to save the relationship, be it marital or non-marital. Counselors in couple counselling work with three entities, i.e., two individuals and a couple.

The specific goals of the couple counselling are:

- To provide confidential environment for the couple to discuss their problems.
- To give equal opportunity to both the partners to talk and to hear each other.

- To identify the problem areas, such as conflicts, negative interactions, emotional baggage.
- To facilitate the resolution of conflicts, teach positive communication skills, coping skills, and to reorganize emotional responses.
- Encourage partners to develop acceptance and appreciation for each other, rekindle the connection and prevent habituation.
- To provide information about various cognitive, emotional, and behavioral techniques for dealing with problems in present as well as in future.
- To foster confidence, respect, trust, and attachment in couples.
- To terminate the counselling with planned follow ups so that the goals achieved in counselling could be maintained.

Goals of Family Counselling

Families may have several reasons for entering the family counselling, such as, aggressive parent, misbehavior of a child, substance abuse in a family member, domestic violence, etc. Most often, families approach a counsellor for treating an individual family member who is the identified patient (IP). The IP is viewed as the troublemaker in the family by the other family members. S/he is the person having symptoms for whom the family has sought counselling. Parents usually view the child as the cause of problems in the family and bring her/him for counselling. The child is scapegoated and considered as the source of the problem in family to avoid confronting the problems that exist in other members or the family as a whole. However, the counsellor does not view the IP as the source of problem in isolation and works with the whole family as a system.

The specific goals of family counselling are as follows:

- To understand the family structure and dynamics within the family, such as differentiation, cohesion and adaptability among the family members.
- To examine the reasons for the role played by a family member as the identified patient.
- To study the interactions among the family members and to identify the negative and nonproductive patterns.
- To identify the subgroups within the family and the roles played by such groups in causing and maintaining the family conflicts.
- To identify the problem-solving behavior and strategies employed by the family.
- To facilitate the understanding among family members regarding the role of the identified patient, faulty communication patterns and inappropriate problem-solving behaviors.

- To provide the information regarding effective communication, and appropriate problem-solving techniques to foster well-being and better functioning of the family.
- To terminate the counselling with planned follow ups so that the goals achieved in counselling could be maintained.

Box 12.2 Moment to Reflect

- Identify the situations where you would recommend couple or family counselling rather individual counselling.
- If you are working as a counsellor and one partner consults you for marital problems, what would you suggest to that person and why?

Self Assessment Questions 1

1) Multigenerational family consists of at least _____ generations.
2) Relationship between a couple indicates marital relationship. True or False
3) Counselors in couple counselling work with three entities. What are they?
4) Who is an identified patient (IP)?

12.6 KEY CONCEPTS IN COUPLE AND FAMILY COUNSELLING

a) Double Bind: Giving two messages (usually one verbal and the other nonverbal) to an individual, which are related but contradictory to each other. One message is relatively clear (often verbal) and the other message is vague and contradictory (often nonverbal) which creates a no-win situation for the recipient of the message (Bateson et al., 1956). A classic example of double-bind message is a mother saying to her son, "you don't love me, you don't care for me". When the son tries to show his affection by putting an arm around her or hug her, the mother stiffens and doesn't respond or brushes his hand aside. Such contradictory messages may confuse the son who is perplexed as to how to make his mother happy because whatever he does to please her backfires. This may affect the ability of the recipient to understand his/her own and other peoples' communication patterns.

b) Marital Schism and Marital Skew: Lidz et al. (1957) reported two types of marital discord in their client's families, namely marital schism and marital skew. Marital schism develops in a family where one parent undermines the worth of the other parent in front of children to get their sympathy and support. In marital skew, one parent either denies the

abnormal behavior of the other parent or tries to justify it as 'normal', e.g., an abusive father is never confronted by the mother who either denies the abuse or gives justifications for it. It also involves dominating of the family situation and interaction by one parent and there is neglect of the other parent. This puts pressure on children as their reality is distorted and they have to maintain status quo at any cost.

c) **Pseudomutuality:** according to Wynne, Ryckoff, Doy, & Hirsch (1958), families with emotionally disturbed members may play the roles superficially to maintain harmony and not to have open interactions with each other. Families may insist that they have open relationships where they give 'space' to each other to deny the actual lack of intimacy among them. There is limited or superficial interaction among the members.

All the above concepts, namely, double-bind, marital schism and skew and pseudomutuality are based on observations of communication pattern in schizophrenogenic families by researchers such as Bateson et al. (1956), Lidz et al. (1957) and Wynne et al. (1958).

There are some other key concepts in couple and family counselling (Sommers-Flanagan &Sommers-Flanagan, 2015; Gladding, 2018) which are described below:

1) **Feedback:** communication pattern within the subsystems of the family, i.e., parents are one subsystem, children can be another, mother and son yet another subsystem and so on. The feedback that we get from each other's communication can lead to linear or circular communication pattern. This is called linear causality or circular causality as shown in the Figure 12.1 below.

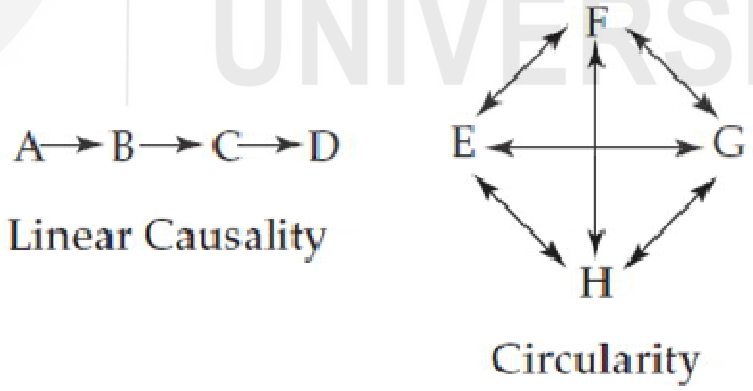

Figure 12.1. Linear and Circular Causality (Sommers-Flanagan &Sommers-Flanagan, 2015)

An example of a linear communication:

Mother paralysed ⟶ Father has to do household work ⟶ Daughter doesn't show concern about her family situation and returns home late every night ⟶ Father gets angry.

Example of circular communication:

Mother paralyzed ⟶ Daughter doesn't take interest in household chores ⟶ Father annoyed ⟶ daughter returns late ⟶ Father has to do household chores and says wife can do more, she is in chair all the time ⟶ Mother feels guilty

Thus linear thinking indicates straight line, logical thinking. Whereas in circular causality there is no beginnning or end. It indicates that one's communication is influenced by and also causes the response of the other.

2) **Equifinality:** Same destination can be reached by taking different paths. In the above example of the three-member family, the destination is stability, the family member can follow different paths to bring stability to their household.

3) **Homeostasis:** It implies maintaining the equilibrium so that the *temperature* of the family is not too high or too low. In family systems, homeostasis is achieved through feedback. The feedback can be positive or negative. Contrary to the general meaning of the words positive and negative, in family therapy, a positive feedback leads to disequilibrium and changes occur in the famiy, either desired or undesired changes. Whereas, a negative feedback leads to equilibrium. Again, refer to the previous example of the family with paralyzed mother, if father yells on his erring daughter that would further increase the rebellion behaviour of his daughter, leading to a more disturbed family. On the other hand, if the father sits and calmly discuss about the family issues and her reasons for coming late to home, that may reduce the daughter's disruptive behaviour. In this case, negative feedback has brought about more stability in family.

4) **Communication:** Both verbal and non-verbal messages exchanged within the family system are communication. Further, not only the 'context' of the message, but its 'delivery' is also important to understand the nature of family interactions.

5) **Family Rules:** Families have some implicit and explicit rules that each member must follow for playing their roles in the family. Often families have a small set of predictable rules which they follow. Since rigidly following these rules often lead to family problems, family therapist must help families to either expand the existing rules or define some new rules.

6) **Nonsummavity:** It is based on "Gestalt" principle, "whole is more than the sum of its parts", thus family problems have to be understood in the context of all the members rather than focusing on any one individual's specific behaviour pattern.

7) **Morphogenesis:** adapting to new situations by changing the family's functioning. It often includes first-order change, i.e., making surface behavioural changes or addressing the symptoms; and second-order change, i.e., changing deeper interactional patterns in the family

(Sommers-Flanagan &Sommers-Flannagan, 2018). The latter indicates new ways of functioning whch aims at changing the dynamics of the family system.

Box 12.3 Moment to Reflect:

- Think of examples of double bind communication from real life setting.
- Identify the implicit and explicit rules in your family. How do you think your family rules facilitate or impede your daily life activities?
- Will you like to change the existing rules or define some new ones? Why?

Self Assessment Questions 2

1) What is marital schism?

……

……

2) What is pseudomutuality?

……

……

3) Differentiate between linear and circular causality.

……

……

4) Explain nonsummavity.

……

……

12.7 DEVELOPMENTAL MODELS OF FAMILY LIFE

The Family Life Cycle

Just as an individual goes through the developmental stages in life, so does the family! The family systems develop and evolve over time. A family has a life cycle as it takes birth, grows, ages, and retires. The family life cycle is at the center of couple and family counselling. A nine-stage family life cycle has been developed by Becvar and Becvar (1999). It begins with the unattached adult individual and moves to retirement as it passes through various stages.

Table 12.1: Nine-stage Family Life Cycle (Becvar&Becvar, 1999)

Stage	EmotionIssues	Stage-CriticalTasks/Action
1) Unattached Adult	Accepting parent-adult offspring relationship	a) Differentiation from family of origin b) Developmentof peerrelations c) Initiationofcareer
2) Newly Married Couple	Commitment to marriage	a) Formationofmaritalsystem b) Making room for spouse with family andfriends
3) Childbearing	Accepting new member into the system	a) Adjusting marriage to make room b) Takingonparentingroles c) Making room for grandparents
4) Preschool-Age	Accepting the new personality	a) Adjusting family to needsof each child b) Coping with energy drain and lack of privacy
5) School-AgeChild	Allowing child to establish relationships outside the family	a) Extending family interactions with society b) Encouraging educational achievement
6) TeenageYouth	Increasing flexibility of family boundaries to allow youth's independence	a) Shifting parent-child relationship to balance freedom and limits b) Refocusing on mid-life career and maritalissues
7) LaunchingCenter	Accepting exits from and entries into the family	a) Releasing young adult children intowork,college,marriage b) Maintaining a supportive home base
8) Middle-AgeParents	Letting go and facing each other again	a) Rebuildingmarriage b) Realigning family to include spouses of children and grand children c) Dealing with aging of older generation

9) Retirement	Accepting retirement	a) Adjusting to retirement/old age b) Coping with death of parents and spouse c) Closing or adapting family home d) Maintaining couple and individual functioning e) Supporting middle generation

Source: Becvar, D.S., &Becvar, R.J. (1993). Family therapy: A systematic integration. P.128-129, Allyn& Bacon.

Some families and the family members are coordinated with each other in achieving stage-critical tasks on time. Well synchronized family and personal life cycles lead to a sense of greater well-being (McGoldrick, Garcia-Preto, & Carter, 2016). The life cycle of dysfunctional families on the other hand are not coordinated with the life cycles of individual family members. Such dysfunctional families are never able to achieve stage-critical tasks. For instance, children growing up in families with alcohol abuse do not have any positive role models to follow. Consequently, they tend to develop behavioral problems, such as aggression which leads to their isolation from society. They are also likely to suffer from substance abuse early in life.

In addition to the timely achievement of stage-critical tasks, functionality of a family depends on the two dimensions, namely, family cohesion and family adaptability. Family cohesion implies emotional bonding and family adaptability implies the ability to be flexible and change. Families extremely high or low on both the dimensions may become dysfunctional whereas families which are balanced are likely to be functional. For example, a family high in cohesion and high in adaptability will be highly enmeshed and chaotic. Though family members have emotional bonding with each other but being extremely close the boundaries among them are unclear which does not allow them to function effectively. This creates an imbalance in the family leading to chaos. The balanced families are in the middle position on both cohesion and adaptability.

Family genogram is also another developmental model of family life. It depicts the development of a family through the life cycle of at least three generations of family. It indicates various information including members of the family, relationships, birth order, death, issues etc. in the form of a family tree.

Thus it is important for the couple and family counselors to be aware of the stage of family life cycle and also the developmental stages of the family members. This will help them to formulate a global view of the problem as arising out of the prevailing family structure and functioning.

Box 12.4: Moment to Reflect:

- In a family known to you, identify the developmental stages of the family and its individual members.
- Is there a congruence between the family and its members for the developmental stages?

12.8 TECHNIQUES USED IN COUPLE AND FAMILY COUNSELLING

The first important task is to focus on the communication pattern. Dysfunctioal communication patterns create conflicts and hamper the affectional aspects of the relationship. Following techniques can be used with a focus to improve the relationship and address the issues.

Behaviour exchange: This is used in couple counselling. It includes doing small positive things for each other aiming at creating good feelings between the partners. This can then help address the specific issues and conflicts. The activities need to be very specific, clear and easy to do.

Effective communication skills: The couple are trained to improve their expressive and receptive communication skills. Listening, being aware of one's emotions, empathic understanding facilitate effective communication.

Reframing: Issues in relationship arise because of the specific way in which couples and family members interpret a thing and they are not ready to change their way of thinking. Reframing or reinterpretation is thus a cognitive technique which helps to focus on whether one's thinking is irrational/dysfunctional, what meaning one is asccribing to other's behaviour, and being aware of one's thoughts, emotions and actions/behaviour. Bringing in a different perspective on the problem helps to shift focus from negative to positive.

Problem solving skills: Relationship issues/conflicts are considered as problems to be solved. It involves knowing or identifying the specific problem, and then finding the solution strategies for it. Problems are viewed in an objective manner, breaking it down into different aspects rather than subjective experience of it.

***Expressing care and appreciation*:** Partners and family members need to deliberately plan for showing care and appreciation to other members. Celebrtingocasions, small outing or vacationcan be planned.

In addition to the above techniques used for both couple and family counselling, following are certain techniques specific to family counselling:

Family sculpting: It involves physically arranging the family members like you are making a sculpture. This indicates the power balances and perception of the client with regard to each of the members at a specific period of time. It is a powerfool tool to non-verbally depict relationship dynamics of members.

Family choreography: It goes beyond the sculpting and shows how the family members would like the family situation to be. The members reenact a situation and show their preferred way of it.

Family floor plan: Parents draw the family floor plan for their family of origin, and the information fro it can be discussed to gain perspectives on the family dynamics. All the family members themselves can also draw the floor plan together for their own family. This indicates their relationship with each other in terms of comfort, power, closeness and subsystems.

Family photos: Family therapist can gain a lot of information about family traditions, structure, relationships and issues from the use of family photos and albums. The members can go through the photos together or single out photos to tell about them. Therapist observes their communication patterns and body language to assess the issues.

Family council meetings: It involves bringing all the members together at a particular time to discuss a specific issue. Members disucss and share with each other under some agreed rules, (e.g., no criticising etc.) and the decisions arrived are abided by all.

Unbalancing: Here the therapist takes side with a particular subsystem which is weaker one in the family system. This leads to unbalancing of the existing structure and creating a new family structure with different alignments.

12.8 FAMILY COUNSELLING: THEORETICAL APPROACHES AND THERAPY

Couple and family counselors/therapists can choose from a wide variety of therapies with different foci, such as, background, emotions, and problem-solving to achieve their goals (Seligman &Reichenberg, 2017). The major theoretical influences on family counselling and therapy are described below.

12.8.1 General Systems Theory

Developed by Ludwig von Bertalanffy (1950), the general systems theory views humans as a living system and also part of several subsystems and a general larger system. There are different subsystems within the individual, e.g., cells, tissues, circulatory system, respiratory system etc. Further, individuals themselves are part of different subsystems, e.g., parental subsystem, sibling subsystem, grandfather-grand daughter subsystem etc.

Subsystems refer to smaller units within a larger system. Various subsystems affect the family functioning. Further, family is also a part of other larger systems such as community, school, different clubs, organizations, state, country and the world, and areaffected by these.

The major emphasis in the systems theory is that human systems are open with permeable boundaries and can influence the other systems and be influenced by those systems also. Thus, instead of a mechanical linear relationship, i.e., A leads to B and B leads to C, a circular loop like relationship exists among systems where A can lead to B but it can also lead to C and C can lead to A. The general systems theory helped in understanding family as a system with many subsystems with permeable boundaries within it.

It considers the family as a whole and focuses on the communication pattern among family members with an aim to achieve homeostasis.

Ecological Systems Theory was given by UrieBronfennbrenner (1979) who describes five systemic forces as impacting the development of a child in a dynamic way. These are,

- *Microsystem*:Refers to the setting/context in which the child lives, e.g., family, parents, siblings, classmates, peer group with whom the child interacts regularly.
- *Mesosystem*:Refers to the interaction between the microsystem and exosystem, e.g., interaction between family and school.
- *Exosystem*: Includes the systems outside the primary system of family such as family relatives, school, parents' workplace, media etc.
- *Macrosystem*: Indicates the larger systems such as the political, economy, laws and culture.
- *Chronosystem*: Reflects the time dimension in which the other five systems operate.For example, as children grow, their cognitive and other emotional spects change over time, relationship between couples may change over time, the political and socio-cultural changes etc. which affect the way families function.

12.8.2 Murray Bowen's Intergenerational Family Therapy

Murray Bowen was the founder and the first president of the American Family Therapy Association. His Intergenerational Family Therapy has psychodynamic roots in that it focuses on family interactional patterns and emotional system across the generations. Role of the therapist here is to identify the intergenerational family interaction style and guide them to achieve differentiation. ***Key concepts*** include differentiation, enmeshment, emotional cutoff, and triangulation.

Differentiation of Self: Achieving independence or separation from other family members at an emotional and intellectual level is differentiation. Individuals in a collectivistic society may tend to be less differentiated as compared to individualistic societies.

Triangulation: refers to a situation where a another member in the family, usually of lower position in family hierarchy, is brought in to relieve distress between a dyad in the family. For example, the parents in conflict may pull in their son into the subsystem and get concerned about his spending more time with friends of late and neglecting his studies. Thus they do not focus on their own problematic relationship issues and gets the cover of their son's issues to have a sense of connection.

Enmeshment: boundaries btween members are diffused. There is over dependence between the two members.

Emotional cut off: it is the opposite of enmeshment. There is physical and or emotional distance between the two members in the family. Meetings with family are cursory. According to Bowen, such emotional cut off is an indication of the family member's avoidance of attachment and denial of unresolved conflicts. Bowen has suggested that to resolve the family conflicts and mend the emotional attachments, emotionally cut off member should be sent back to the family and guided to work through his/her differentiation of self. This Bowen says is helpful not only for the present family but also helps to prevent cut offs in the future generations.

Enmeshment ← Differentiation → Emotional cutoff

Thus the ***goals of intergenerational family*** therapy is to increase differentiation of self, and to establish healthy emotional boundaries among the family members in the present family by studying the influences of the several past generations' cognitive, emotional, and behavioural patterns. Bowen used the tool of genogram for achieving this goal.

A ***genogram*** is a graphic representation of several generations of a family. It is a concise measure for gathering information about the family and its assessment regarding the existing relationships and communication patterns among the family members. It enables the counsellor to precisely understand a vast amount of information about the family within a short duration of time. A genogram of at least the past three generations is constructed to gain understanding of the structural relationships (marriages, births, and deaths) and emotional relationships (triangulation, fusion, emotional cut offs).

A list of symbols though not exhaustive has been given below in Figure 12.2.

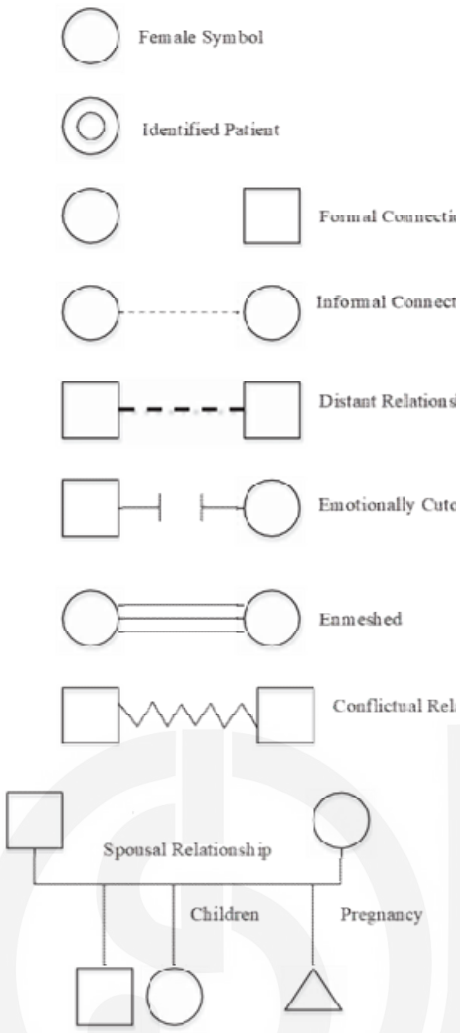

Figure 12.2. Example of symbols used in genograms (Adapted by Sommers-Flanagan &Sommers-Flanagan (2015) from McGoldrick, Gerson, &Shellenberger, 2005)

Box 12.6 Moment to Reflect

Construct a three-generation genogram of your family. Add information such as dates of births, marriages, separations, divorces and deaths (if any), strengths, such as educational, professional, and other qualifications, weaknesses, such as, substance use, mental illness, etc. Draw the relationship patterns among the family members.

12.8.3 Salvador Minuchin's Structural Family Therapy

Structural Therapy, developed by Salvador Minuchin (1974) focuses on family as a system and its structure within that system. Minuchin was interested in studying the organization of families according to their rules and guidelines and the process of decision-making within families by using those family rules. According to him, interactions among family members are indicators of the existing rigidity and flexibility within the family structure.

Minuchin (1974) introduced several concepts to study the problems within families and for providing therapy to them:

Family structure: Family structure is defined in terms of family rules that define the interactions among family members, e.g., father interacts with daughter while excluding the son out of this interaction, or mother interacts with son while excluding the father. Minuchin suggested that the family structure should follow a hierarchy where parents have more power than the children and older siblings have more responsibilities than younger siblings.

Family subsystems: Within a family system, several smaller systems known as subsystems are present consisting of two or more family members with their own set of rules, e.g., a husband-wife subsystem, a father-mother subsystem, parent-children subsystem, sibling-sibling subsystem etc. It is possible to have the same member in two subsystems with different set of rules and roles, e.g., a husband-wife (marital) subsystem can also be a father-mother (parental) subsystem with different roles in the two subsystems.

Boundary permeability: The rules for interactions within the family system, and within and among its subsystems define the boundaries in the family structure. Boundary permeability is defined in terms of who can interact with whom and to what extent. Female members not allowed to talk directly with family elders in the in-laws family is an example of a rigid boundary. Highly rigid boundaries are found in disengaged families whereas highly permeable boundaries are found in enmeshed families. Enmeshment is when there are no clearly defined boundaries between and within family subsystem, all the family members can step into each other's space whereas in case of disengagement, family members do not enter into each other's space even when it may be required. For example, in case of an enmeshed family, a younger sibling's academic achievement is discussed between and within all subsystems of the family, such as mother-father, parents-children, sibling-sibling. In case of a disengaged family, a son or a daughter may come home late or is not paying adequate attention to studies but none of the subsystems discuss about it.

Alliances and Coalitions: Family members make an alliance by supporting each other. Coalition refers to two or more family members joining together against another family member. Minuchin observed that families become dysfunctional when family rules become inoperational, boundaries become either too rigid or too permeable and hierarchies change so that instead of a powerful parental subsystem, older sibling subsystem becomes more powerful.

Goals of Structural therapy *includes understanding the family structure in terms of boundaries, alignments, coalitions, and triangulations; and supporting the parental subsystem as the primary decision maker and to re-establish this power hierarchy for the overall good of the family.*

To help the family become functional again, structural therapists use several steps, such as:

- Family Mapping: Minuchin (1974) described several symbols such as lines (straight, dashed, etc.) to represent the boundaries, alignments, coalitions and triangulations within the family. By drawing the family map using these symbols helps the therapist to understand the cause of dysfunction in the family.
- Enactment: the family enacts a conflict during the therapy which provides a clear picture of the existing boundaries and coalitions.
- Accommodating and Joining: To bring effective change in the family system, the therapist joins a family and accommodates to its interactions through 'Mimesis', which means imitating the family's style and its communication pattern, e.g., copying the body language gesticulations and tone of the family members.

Following these steps, the therapist develops a clear picture of the existing family structure and its sources of dysfunctions and uses several techniques for restructuring the family boundaries to make it a functional family.

Techniques of Structural Therapy

- Unbalancing: it refers to intentional formation of a coalition by the therapist with a less powerful family member against whom a coalition has been formed by other family members. This way, the therapist can empower the weaker family member who has powerful coalitions against him/her. For example, a therapist may align himself with a son who is weak with a mother-sister coalition against him. This would destabilize the mother-sister coalition and would provide an opportunity to restructure the family boundaries.
- Intensifying: the therapist encourages the strong emotional expressions in the therapy situation that intensifies the conflict. The intensified conflict becomes too painful to live with and the family has no other way but to resolve the conflict by changing family structure with the therapist's help. In other words, living with a conflict is more distressful than bringing a change in the family.
- Reframing: refers to rephrasing the problem form a different perspective. By restating the problem, the therapist helps the family members to view the problem from another perspective thereby developing empathy for each other's viewpoints. For example, a grandmother may feel left out in decision-making which infuriates her, causing her to be sarcastic and stubborn. The therapist can help to put the grandmother's point of view in front of the family members to help them understand the root cause of problem, that is, empathize with the grandmother rather than criticizing or avoiding her.

Structural therapy thus has a moderately directive approach. It is based on the premise that change the family structure and symptoms will relinquish.

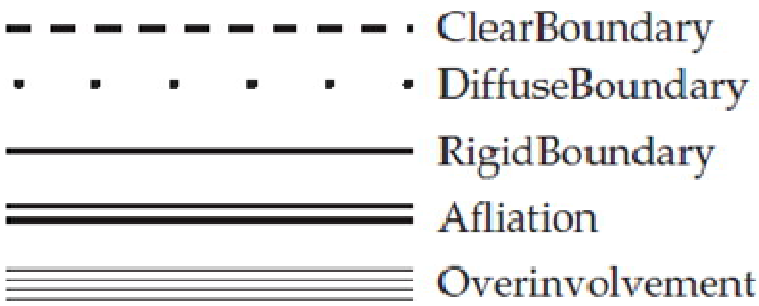

Figure 12.3. Symbols used by Minuchin for family mapping

12.8.4 Virginia Satir's Transformation System Therapy

It was developed by Virginia Satir which is an emotion-focused, strength-based and change directed approach to family therapy (Andreas, 2012). It is based on humanistic, process or experiential approach to counselling. Satir established the importance of congruent communication patterns in family relationships. Many times, there is an incongruence between our verbal and non-verbal language which may send conflicting messages to others for example, a spouse may verbally profess love to her partner while her non-verbal responses may reveal otherwise. According to Satir, congruence between our spoken expression and body language is particularly important for effective communication.

Virginia Satir believed in Carl Rogers' core conditions of unconditional positive regard, empathy, and congruence. She viewed development of self-esteem and self-worth as important for all the individuals. According to her, solution lie within people themselves and helping them to learn communication skills bring awareness to them about those solutions.

According to Satir, problem is not the stressful event but the ways of coping with it. Thus, by making family members focus on the process rather than the problem and help them to develop congruent communication skills can improve the family life and enhance family members' self-esteem.

12.8.5 Strategic Family Therapy

Strategic family therapy, developed by Jay Haley (1963) focuses more on problem-solving than on insight into the problem.

Theoretical Concepts

- Family interactions reflect the power relationships among family members.

- The therapist is especially interested in the way parents use power and the hierarchical relationships based on that power.
- Rather than developing an insight into the problem, the therapist puts more emphasis on problem-solution.
- According to Haley (1973), symptoms represent the communication patterns in the family. Symptoms are used as a metaphor to present a feeling or a behaviour by the family members (Madanes, 1981). Metaphorical messages have an explicit and an implicit component, e.g., a wife complaining about having a headache is the explicit component, whereas the underlying implicit component is, "you neglect me".
- The therapist must pay attention to the latent or hidden meaning is the symptom in order to understand and deal with the root cause of the problem.

Goals of the Strategic Therapy

- Therapist decides the goals of the therapy.
- The goals can be intermediate or final but must be clearly defined.
- Lately, the strategic family therapy has begun to focus more on helping family members to develop sharing, loving and caring feeling among themselves rather than focusing on power relationships among family members.

Techniques

Haley has suggested several tasks to achieve solutions of existing problems in families such as:

- *Straightforward Tasks:* sometimes straightforward tasks are given by the therapist to family members to achieve a goal, Tasks should be easy to accomplish, clearly defined and according to the ability level of the family members (e.g., for children as well as adults).
- *Paradoxical Tasks:* as the name suggests, the therapist asks the family members to do more of the things that he/she actually wants them to stop doing. The underlying assumption is that the family gets confused about the paradoxical tasks, i.e., why the therapist is not asking them to change, such as, "Argue more with each other". Thus, when they argue more as suggested by the therapist, they become conscious of their behaviour and can objectively evaluate it, which helps them to see the futility of such arguments, eventually leading to a change where they either stop arguing or argue much less than earlier.

Strategic family therapy thus has a directive problem-solving approach.

Self Assessment Questions 3

1) Explain the family life cycle.

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2) What is reframing technique?

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3) What is the meaning of family choreography?

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4) Explain the general systems theory.

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5) Differentiate between enmeshment and emotional cut off.

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6) Expain family mapping.

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……

7) What is paradoxical problem?

……

……

Time to test your skills!

Draw a genogram for the following case:
Aman is a 12-year-old male who has been referred to the therapist for his falling grades and behavioral problems in school. He lost his mother to a road accident two years back. Aman's father, Mr. Kumar remarried after 6 months of his wife's death as he faced difficulties in taking care of house-hold chores as well as his son. Aman lives with his biological father and a stepmother who has two daughters, aged 13 and 15 from her previous marriage. According to Mr. Kumar, his second wife was openly biased towards her own biological daughters and did not fulfill her responsibilities. She proved neither a good wife to him nor a good mother to his son. The step- daughters not only misbehaved with Mr. Kumar but also bullied Aman. Frustrated with the situation, Mr. Kumar took to alcohol and soon developed alcohol dependence. He has become aggressive and often becomes violent with his wife and children. Because of his alcohol dependence and violent behavior, Aman has grown apart from his father and feels abandoned.

12.9 LET US SUM UP

The present unit explains the concept of couple and family counselling. The emerging need for couple and family counselling is discussed along with the goals it aims to achieve. The different forms of family has brought in changes in the family dynamics, and relationship issues in couple and family are increasing. Family is cnsidered as a system which has its own structure and functions that impact the family dynamics. The family systems develop and evolve over time. The life cycle of family passes through different stages from the unattached adult individual to the retirement stage and affects interaction and relationship among members. The key concepts and techniques used in couple and family counselling are described. Finally the main theories and therapies related to family counselling are discussed.

12.10 KEY WORDS

Family is an entity that is comprised of two or more than two people who share the biological, social, economic and the psychological bonds and perceive themselves as a coherent unit.

Double bind refers to giving two messages (usually one verbal and the other nonverbal) to an individual, which are related but contradictory to each other.

Marital skew involves dominating of the family situation and interaction by one parent and there is neglect of the other parent.

Homeostasis refers to maintaining stability and equilibrium in any ststem.

Second-order change refers to changing deeper interactional patterns in the family which aims at changing the dynamics of the family system.

Family genogram depicts the development of a family through the life cycle of at least three generations of family. It indicates various information including members of the family, relationships, birth order, death, issues etc. in the form of a family tree.

Unbalancing refers to the therapist taking side with a particular subsystem which is weaker one in the family system. This leads to unbalancing of the existing structure and creating a new family structure with different alignments.

12.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1) three

2) False

3) two individuals and a couple

4) An identified patient (IP) is the family member viewed as the troublemaker in the family by the other family members.

Answers to Self Assessment Questions 2

1) Marital schism develops in a family where one parent undermines the worth of the other parent in front of children to get their sympathy and support.

2) Pseudomutuality refers to limited or superficial interaction among the members where families may insist that they have open relationships where they give 'space' to each other to deny the actual lack of intimacy among them.

3) Linear causality indicates thinking in a straight line, logical thinking. Whereas in circular causality there is no beginnning or end. It indicates that one's communication is influenced by, and also causes the response of the other.

4) Nonsummavity is based on "Gestalt" principle, "whole is more than the sum of its parts", thus family problems have to be understood in the context of all the members rather than focusing on any one individual's specific behaviour pattern.

Answers to Self Assessment Questions 3

1) The family life cycle refers to the life cycle of a family as it takes birth, grows, ages, and retires. Just as an individual goes through the developmental stages in life, the family systems also develops and evolves over time.

2) Reframing is a cognitive technique where the individual reinterprets things and views them from alternative perspectives.

3) Family choreography involves the members reenacting a particular situation in family and show their preferred way of it, i.e., how the family members would like the family situation to be.

4) The general systems theory, developed by Ludwig von Bertalanffy, views family as a system with many subsystems with permeable boundaries within it.

5) Enmeshment involves over dependence between the two members whereas in emotional cut off, there is extreme physical and/or emotional distance between the two members in the family.

6) Family mapping involves drawing the family map using several symbols such as lines (straight, dashed, etc.) to represent the boundaries, alignments, coalitions and triangulations within the family. These symbols helps the therapist to understand the cause of dysfunction in the family.

7) Paradoxical task is when the therapist asks the family members to do more of the things that s/he actually wants them to stop doing, e.g., telling the couple to 'argue more with each other'.

12.12 UNIT END QUESTIONS

1) Discuss the need for couple and family counselling.
2) Explain the nature, scope and goals of family counselling.
3) Discuss the family life cycle model and its' implications for family counselling.
4) Discuss the general systems theory of family counselling.
5) Explain the goals and techniques of strategic family therapy.
6) Discuss the key concepts and goals of intergenerational family therapy.

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UNIT 13 COUNSELLING AT WORKPLACE*

Structure

13.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Know the meaning of work, workplace and organization;*
- *Define workplace counselling;*
- *Delineate the history of workplace counselling;*
- *Describe the models of workplace counselling;*
- *Understand the need and purposes of workplace counselling;*
- *Explain the various challenges related to workplace counselling; and*
- *Describe workplace counselling in Indian context.*

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13.2 INTRODUCTION

Ankita is a young girl who has just joined a company which is of recent origin. Initially she liked the job, but gradually her workload increased. Seeing her work efficiency, her boss used to give her lots of work to her so that it would get done quicker and with efficiency. Initially she used to do it and did not complaint as she was a new employee, but she was feeling stressed and her personal life started getting affected. She was not sure of what to do as she needed the job very much.

The above example indicates the need for counselling. But how it is different from other situations which require counselling? Does the organization where Ankita is working has any role in counselling? Does the boss or the family members of Ankita need to be involved in counselling?

13.2.1 What is Workplace Counselling?

To know in detail about the above, let us first see what is counselling. You have already learnt this in unit 1. The British Association for Counselling and Psychotherapy, BACP (2016) has defined counselling as "Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing".

Now if you have to define workplace counselling, what would be your response? Based on the above definition of counselling, you may say, workplace counselling can be *counselling provided to people for their problems at their workplace"*.

However, the matter of workplace counselling is not so simple and involves several aspects such as,

- *Who should provide the counselling services? A counsellor trained in general counselling skills or a counsellor trained specifically to deal with issues at workplace? Or can even a manager in the organization can serve as the counsellor at the workplace?*
- *To whom should counselling be provided at workplace, i.e., who forms the clientele? Employers or the employees? Or both?*
- *Whether there should be an in-house counsellor or a counsellor sourced from outside the organization as a consultant?*
- *What kind of problems and issues should be addressed in counselling? Only workplace related problems or problems related to the employers' and employees' life outside the workplace?*
- *What could be disclosed during counselling and what about the confidentiality? In other words, how much personal and organizational*

information the employers, employees, and counsellors can disclose to each other?

We can see from these questions that workplace counselling entails several issues which need to be included in its definition.Before we learn about the definitions of workplace counselling, let us be clear about the related terms. The term workplace counselling has three intertwined concepts, namely, work, workplace, and counselling. Let us see what each term means:

Work

Work implies any activity undertaken by a human being with a goal to achieve a result, which can be tangible or intangible, positive or negative, for example, making a kitchen appliance, a software, a medicine, or a weapon. Work has been inseparable from humans ever since their very first step on this earth. Freud says that humans cannot exist without a civilization and civilization is not possible without work hence one can see the contingency of human existence on work.

The Freudian understanding of work can be elucidated with the help of an analogy of a harness and horses. Work is the harness that controls the horses of unconscious desires, wishes, impulses, and motivation which if left unchecked may endanger the existence of self as well as that of others. So, work protects us from ourselves as well as from others.

While Freud underscored the importance of work for human existence, he also recognized the humans' natural aversion to work. He wrote: "Men are not spontaneously fond of work." (Freud, 1927). That is, most of us do not work out of choice but out of necessity. While necessity is usually financial necessity, even choice cannot be seen as a pure volition or will but a psychological necessity. Some of us may not be pulled by financial necessity but pushed by psychological necessity to work!

Karl Marx (1844) has defined work as the 'alienation' of people fromtheir natural existence through the process of selling their labour toowners of production. Work forces humans to become inhuman assoon as they sell a part of their daily life to someone else for thebenefit of the person who buys it. There are four aspects to The concept of'alienated labour' consists of four aspects, that is, thelabour alienates: (a) nature from man; (b) man from himself, makes man passive and brings about self-alienation; (c) man from his own body, nature, his intellect and his humanessence; and (d) man from other men.

Marx's ideas about alienation and deprecation of humans are similar to Freudian idea about loss of a part of a 'self' due to membership of a group. As a group member, an individual must give up a part of him or herself sometimes explicitly (e.g., initiation ceremony) or implicitly (giving up questioning).

As we have understood the importance of work to human existence, it will not be surprising to know that work provides us with an 'identity' in the society. When asked about our introduction, most of us tend to respond in terms of the work that we do, such as, "I am a professor", "I am an engineer", "I am a chef", "I am a doctor". After knowing about our work, usually the next query is about our place of work and this brings us to the next part of our discussion, the workplace.

Workplace

A 'workplace' may refer to a specific location or space where an individual works to produce capital for oneself and/or for others. However, it has become difficult to define 'workplace' as it has undergone drastic changes from pre-industrial revolution to the post-industrial revolution and the digital era of today. We can say that life has come to a full circle, i.e., before industrial revolution many people worked from home as in cottage industries (a portion of the house usually had a workshop). Industrialization witnessed a huge workforce working outside their homes, in factories, offices, roads etc. Post industrialization, with more advanced technology emerged the era of multinational companies and outsourcing that reverted the workplace to home for many workers. The digital era now, especially after the COVID 19 pandemic, has put the focus on working from home culture.

Organization

Schein (1980) defined organization as, "the rational co-ordination of the activities of a number of people for the achievement of some common explicit purpose or goal, through division of labor and function, and through a hierarchy of authority and responsibility." In simple terms, a group of people working together for a common goal irrespective of the actual location/space of work and nature of work, forms an organization.

Organization can be viewed in two ways. *First*, it is a cognitive and purposefully acting entity where we talk about hierarchies, logical and rational thinking, coordination, decision-making, power, explicit goals etc. It does not emphasize on people having social relationships, interactions, and emotional expressions. It reflects a rigid business approach and paints the organization as a heartless enterprise. *Secondly*, an organization is viewed as a living entity with an amalgamation of cognitions, emotions, and actions which determine the nature and culture of an organization. It is made up of living beings and hence the individual needs to be considered in totality. The contemporary approach recognizes the dynamic nature of individual-organization interaction and relationship which contributes to employee satisfaction and productivity as well as the growth of the organization.

Box 13.1:Moment to Reflect

- Organizations have personality. Do you agree with this statement? Give reasons.
- Can you think of any workplace counselling issues in addition to the one mentioned in the beginning of this Unit? How can it be addressed through workplace counselling?

13.2.2 Nature and Culture of Organizations

Organizations are dynamic entities. Different aspects characterize it which are described below:

Organizations and Emotions

Emotions wield tremendous power over humans and at times may overpower our cognitions. Hence emotional expressions in organizations are often controlled by people in authority positions who set criteria for acceptable expression of emotions. Employees unable to follow such criteria can be pathologized and stigmatized and can be identified by the organization as in need of counselling.

Organizations as a System and Culture

Organizations may function as systems within four perspectives:

Socio-technical System: an interaction of technical activities and social interactions. Both should complement each other as technical advancement cannot be successfully applied without the positive and cooperative social interactions among the employees.

Open System: an organization consists of living people and it also interacts with living people in the outside world. Hence, it is influenced by the external factors and influences the external factors in return. Boundaries exist between the internal and external worlds of the organization. Similarly, within the organization boundaries exist among the various divisions, such as HR, accounts, production, etc. Permeable boundaries between the external and internal worlds of the organization as well as within the organization allow healthy interaction among the various divisions, thereby making the organization successful and amenable to work for the employees. However, rigid boundaries and closed groups make it difficult to work for employees which in turn may lead to frustration and aggression among the employees affecting their well-being.

Political System: Since an organization is made up of different divisions and sections, it must allocate power to these different divisions in different magnitudes. The differential power allocation to people and divisions makes the politics among them inevitable. As Aristotle says, "Man by nature is a political animal." There may be mistrust, jealousy and running down each other's contributions and devaluing each other.

Organizational Culture: Fineman (1993) defines 'culture' in terms of the feelings and the thoughts which characterize a particular organization. Culture can be pervasive within an organization as a whole; and different divisions or sections within the organization can also have a culture of their own which is unique to those divisions. Such culture can be explicitly defined in terms of the language used, logo, and organization's manifesto, for example, gender equality, or it can be implicit, such as vibes, minding one's own business, not encouraging employment of a specific gender (males/females), not giving importance to mental health, etc.

Survival Culture: Now-a-days in many cases, one is not employed for life but on a contractual basis, where renewal of the contract depends on the performance. Thus, to project oneself as competent and apt for the job or promotion, employees are constantly under pressure to please and abide by the superiors (as we saw in the example of Ankita given in the beginning of the Unit). This leads to work pressure, long working hours, not taking sick leaves even when direly required which usually has a negative effect on the employees' well-being. Thus, an employee's energies are spent on surviving rather than thriving in his/her job. Survival culture may also lead to corporate abuse and workplace bullying.

Corporate abuse: Some organizations cross the limits of acceptable behavior with their employees to achieve their targets. They may follow the 'divide and rule' policy by unduly favoring one employee over the other, thus, promoting insecurity and jealousy among the employees; rules may be illogical and twisted to be used against the employees, and to cut the costs, downsizing may be done so that one employee's workload is increased to double or more without any increase in the salary. Such working conditions may make the employee feel insulted, exploited, and abused. By the end of the day in the organization, the employee feels so drained out physically and emotionally that s/he is unable to contribute positively to their own personal life.

Workplace Bullying: People especially in supervisory or managerial positions in the organization may use their power and authority unfairly and harm their subordinates or colleagues physically and/or psychologically. The reasons may be to secure one's own position in the organization, to exercise control, to settle scores with someone, to pull someone down etc.

Thriving Culture: Fortunately, not all organizations promote survival culture. Some organizations promote thriving culture, where employees are

encouraged and supported to develop their potential. The employees and employers work for the success of each other. In such organizations, success is measured not only in terms of financial gains and increased productivity of the organization but also in terms of employees' satisfaction and well-being.

Thus we can conclude that a workplace or an organization is comprised of cognitions, emotions, and behaviors and can be said to have a personality like a human being. Personality is defined as having a unique pattern of thinking, feeling, and acting that helps an individual to adapt to his/her life situations. Just as an individual having stressors, challenges, and needs for achievement seek counselling or therapy to remediate problems and for personal growth, similarly organizations also have their unique problems, challenges and aspirations, and interact dynamically with those of the employees in the organization, and thus need counselling to address these issues. This indicates the emerging needs for workplace counselling.

13.2.3 Defining Workplace Counselling

According to Carroll and Walton (1997), organization and counselling are two different worlds and need to come together and understand each other for workplace counselling. Orlans (1996) has delineated the differences between organization and counselling (see Table 13.1):

Table 13.1 Differences between Organization and Counselling

Organization	Counselling
controlling	helping
objective experience	subjective experience
thinking (rational)	feeling and thinking
hierarchical	autonomous
political	personal empowerment
competitive	cooperative

Carroll and Walton (1997) have suggested that since the values of these two systems are different,both need to negotiate and discuss continuously to avoid clashes and to work meaningfully. The goal should be to understand, share, and integrate the values and concerns of each other.

Definition

"Workplace counselling refers to the ability to deal with issues that occur within an organization, such as conflict, stress-related absence, work-related trauma, and harassment/bullying" (Hughes & Kinder, 2007).

According to Donne (1990), workplace counselling does not imply 'treatment', but it involves sharing experiences and providing a set of attitudes or techniques by the counsellor to individuals to help them cope with the problem/crisis. So, workplace counselling is a situation- specific and time-limited endeavor that is focused on resolution of a current problem.

The British Association for Counselling and Psychotherapy (BACP, 2016) says that workplace counsellor must have the knowledge of the organization, its culture, and the factors that may affect the well-being of its employees. Also, workplace counsellor should neither give advice and action plans to employees, nor should they be judgmental or exploit the employees for their weaknesses, thereby harming the employees' career.

"Workplace counselling is any intervention in which the provision of counselling/psychotherapy is linked in some fashion to being an employee suffering from work-related psychological problems or where therapy has an impact on work functioning" (MacLeod, 2010).

Workplace counselling refers to, "Counselling provided in the work setting (whether this is internal or external service provision), to help employees with any mental health issues that have arisen from, or are worsened by, work" (Bajorek& Bevan, 2020).

Carroll (1996) gave a functional definition of workplace counselling, which refers to a three-way dynamic relationship between the organization, the employees, and the counsellor.

Thus workplace counselling is different from other types of counselling as,

- it is provided in the workplace setting.
- it focuses only on workplace issues or workplace related issues that might adversely affect the employees' productivity.
- workplace counsellors must understand the organizational processes, its culture, practices, and challenges that can influence the well-being of an organization and its employees.

Box 13.2: Moment to Reflect

Integrate the definitions of workplace counselling given here into a single, comprehensive definition by yourself.

Self Assessment Questions 1

1) An organization needs to avoid _____culture and encourage _____culture.

2) According to _____, the labor alienates the worker from their natural existence.

3) Alienated labor means the alienation of worker from the nature, self, his/her intellect and from_____.

4) Most of us do not work out of choice but out of necessity. Who said this?

5) Organization focuses on _____ experience whereas counselling focuses on _____ experience.

6) Carroll (1996) gave a functional definition of workplace counselling, which refers to a three-way dynamic relationship between the _____, _____ and _____.

13.3 HISTORY OF WORKPLACE COUNSELLING

The first documentary proof for employee counselling has been found from a company in USA, the Western Electric, used in Hawthorne Studies in 1920s. However, the counselling service was formally introduced to organizations between 1940s and 1950s for treating occupational alcoholism. The problem of alcoholism among workers was seen as a disease and Alcoholics Anonymous (AA) model was used as an employee assistance program (EAP) to treat with employees suffering from alcohol dependence. The encouraging outcome of this program led the counsellors to work with the relatives of such employees and gradually it was used with the employees having other life related problems (Bull, 1997). The goal of this program was economic rather than humanitarian as the idea was to get back the employees to work and make them productive as soon as possible (Battle, 1988). In USA, Hughes Act 1970, made it mandatory for the public services to take the responsibility of psychological health of the employees, thus boosting the development of workplace assistance and counselling. A movement from treatment to prevention approach occurred in 1980s when promotion of health took priority over medicalization of problems. According to Hawkins and Miller (1994), another important move occurred when counselling for the organization rather than only for an individual was suggested.

According to Bull (1992), the history of workplace counselling shows that it has passed through four stages:

1) The ‘disease stage’, where individuals are seen as victims of an illness whichthey must learn to manage, e.g., alcoholism.

2) The ‘client-centred stage’ (a move to a broad-brush approach), where thepost-war development of humanistic/existential therapies, in conjunction with more traditional approaches, enabled employee assistance to help individuals identify and meet their own needs.

3) The ‘employee-work stage’, where the workplace is acknowledged as influencing individual well-being.

4) The 'company as client stage', where the organization's policies and philosophy influence the individual, community and the planet. An extensive review of literature by Bull (1993) showed, however, that most of the counselling occurs at the individual level.

A historical understanding of the nature of workplace counselling was useful in identifying the focus of the counselling, i.e., individual or the organization and helped in finding the appropriate models of workplace counselling.

13.4 MODELS OF WORKPLACE COUNSELLING

Hughes and Kinder (2007) have identified the following models:

1) In-house service (organization employs a counsellor or hires a counsellor on a contract)
2) External Provision (Employee Assistance Program, EAP)
3) Hybrid (internal and external services)
4) Outsourced
5) Public sector
6) Contracting with a local counsellor for small and medium enterprises

Organizations can adopt a model which best fits their needs (Pompe et al., 2017).

In an *In-house model*, an organization directly employs the counsellor. This helps the counsellor to understand the processes, dynamics, and culture of that organization. The counsellor gets an access to workers at various levels, such as, Human Resource (HR) division, workers' unions etc. According to Pompe et al. (2017), an internal workplace counselling is more efficient as it provides the counsellor a greater insight into the organization that enables him/her to provide customized counselling services. However, since the counsellor is also an employee of the organization, so the issue of confidentiality and impartial counselling is of concern. Cost is another concern as having an onsite counsellor is more expensive.

Macleod and Henderson (2003) have delineated two models: external service and hybrid models. The *External service model* may consist of face-to-face counselling, telephonic, and web-based counselling. It can provide counselling not only for health and well-being of employees but also for legal and debt issues, family support and critical incidences occurring in an employee's life. While Pompe et al. (2017) finds external services cost effective in terms of financial expenditure, the BACP (2016) finds these as less effective in terms of counselling as according to BACP (2016), the external counsellors may not understand the working of an organization and

so will not be able to provide appropriate counselling within the context of the organizational culture.

Hybrid model, as the name suggests, is a mix of external and internal services, e.g., face-to-face (internal) counselling along with telephonic (external) counselling. Internal services help the counsellor to gain an understanding of the culture, processes and dynamics existing within the organization, and external services save the costs in terms of time, money, and energy. Thus, a hybrid model helps to maintain the balance between internal and external counselling services enabling the organization to avail the best of each service. That is, an organization can have a comprehensive flexible and confidential counselling service.

An *ad-hoc model* is also employed by small organizations for workplace counselling whenever the need for it arises. Though it is not available round the clock, however, it is helpful and cost efficient.

Carroll (1997) has enlisted the strengths and weaknesses of the internal and external models of workplace counselling which are given below:

Internal Models	
Strengths	**Weaknesses**
the counsellor is in touch with the culture of the company	the counsellor can be more subjective in his/her assessments
the counsellor can make assessments in the light of the various organizational systems	the counselling service can be vulnerable if re-organization takes place
the counsellor has access to the formal and informal structures of the organization	the counsellor can get pulled very easily into identifying with either the organization or the individual
the counsellor can build up greater credibility for the counselling service	the counsellor can be identified by employees with management and vice versa
the counsellor is able to get feedback into the system from the counselling work	the counselling provision can be isolated
the counselling work can be adapted to the organizational needs	the counsellor can be used by management to do its 'dirty work'
the counsellor has flexibility to adapt to client needs,thecounselling service can providemediation	the counsellor is involved in the politics of the organization
the counsellor is a visible, human face	counselling can be used by individuals against the organization
the counsellor can provide multiple roles	it is more difficult to maintain confidentiality: employees may be

	worried about leakage of personal information
External Models	
Strengths	**Weaknesses**
the counselling service is distinct from the politics of the organization	the counsellor may not be flexible in what s/he can offer
it can challenge what is taken for granted within the company	the counselling service has to make a profit
it can offer training as well as counselling	it may not adapt easily to individual companies
it can offer clear confidentiality	the counsellor can unwittingly get involved in the politics of the organization
it can provide a range of services	the counsellor may not understand the culture of the organization
it can offer a number of counsellors with different skills, backgrounds, etc.	the counsellor may be seen as an 'outsider' by potential clients
the organization is not responsible for malpractice of counsellors	the counsellor may not be able to educate the system about the meaning and process of counselling
	the counsellor may not have experience of workplace counselling
	the counsellor may know nothing about the organization from which clients come

Carroll (1996) has also provided the following workplace counselling models:

- Counselling-orientation models: Counsellors apply specific therapeutic approach to which they subscribe or have been trained. The main aim is to focus on the needs of an employee as a client and to bring a positive change.
- Brief-therapy models: in workplace counselling it is used where financial consideration is more important than the needs of the client.
- Problem-focused models: it is a time-bound approach where the focus is on the immediate presenting problem of the employee. The counsellor formulates the problem, generates a solution and creates an action plan. It can be beneficial as it can provide help within a short span of time. A specific problem solving model 'DASIE' developed by Nelson-Jones (1995), is a life skills counselling program. This five stage model includes,

D – Develop the relationship, identify and clarify problems

A – Assess problems and redefine in skills terms

S – State working goals and plan interventions

I – Intervene to develop self helping skills

E – End and consolidate self helping skills

- Work-orientated models: focuses only on the factors that are blocking the work of an employee at his/her workplace and excludes all the other underlying problems that are not work-related. However, sometimes it is difficult to clearly differentiate between work and non-work related issues.
- Manager-based models: some organizations may allocate counselling role to their managers. However, these two roles should be kept separate due to issues like confidentiality and professional expertise. Nevertheless,managers can be trained in counselling skills as it may make them more effective as managers (Nixon & Carroll, 1994).
- Welfare-based models: Welfare officers can also serve as counsellors, however, the effectiveness of such counselling depends on the skill of those welfare officers to work in multiple roles.
- Organizational-change models: counselling is specifically focused on organizational growth, development, and transition, with an aim to be integrated with the organization. This may prove to be an asset to organizations.

Self Assessment Questions 2

1) What are the four stages through which the workplace counselling has passed from historical perspective?

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2) Which model of workplace counselling involves the counsellor formulating the problem, operating a solution and creating an action plan?

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3) What is an ad-hoc model of workplace counselling?

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   .....

4) Explain hybrid model of workplace counselling.

   .....

   .....

13.5 PURPOSE OF WORKPLACE COUNSELLING

Is workplace counselling employee centric or organization centric, i.e., does it serve the employees' purposes (both work and non-work related) or does it serve the organizations' purpose by reducing absenteeism due to sickness, thereby reducing the overall cost for the organization.

Friery (2006) has suggested the following purposes of workplace counselling:

- To provide a safe and healthy work environment.
- To provide support to employees to deal with major changes in work and non-work-related areas of life.
- To reduce stress among employees.
- To work for welfare of the employees which enables the organization to attract as well as retain their valuable and efficient employees.

Based on a survey on HR managers to find out the reasons for providing workplace counselling in organizations, Bajorek (2016) reported the following purposes of workplace counselling. It provides,

- health and well-being plans for employees (67%);
- support to staff for specific issues (48%);
- helps in reducing the sickness leaves (49%); and
- improves the productivity of the organization (33%).

In qualitative interview responses while similar purposes were reported, Further, an additional response from qualitative interview of the managers was that, having workplace counselling gives the organization an image of a good employer and is seen as a "good practice".

Some of the Problems addressed by Counselor at Workplace

- Ineffective communication between team members
- Unable to work in a team
- Non-performance by the employee
- Conflict between the supervisor and the subordinate employee
- Argument between colleagues
- Absenteeism where employees do not turn up or come late
- Presnteeism where employees turn up to work even if they are sick mostly because of a sense of job insecurity
- Stress related to completing deadlines

- Anxiety about losing job or being transferred
- Poor or negative performance appraisal given by the supervisor which the employee feelsis not fair.
- Inability to manage personal and work life demands
- Lack of support to maintain work-life balance
- Misbehavior or discriminatory behavior based on gender, caste and class, race and ethnicity
- Inability to keep up with the new advances in the field to keep oneself relevant for the job

13.5.1 Benefits of Workplace Counselling

Workplace counselling has been found to be effective for a variety of clients and their problems (MacLeod, 2001; MacLeod, 2008; Mellor-Clark (2013). It helps in reducing stress, anxiety, and depression among employees and improving their well-being. Further, workplace counselling brings an improvement in other areas such as employees' motivation, job satisfaction, commitment and professional relationships. Yet another report by Chestnut Global Partners (2017) as well as data analysis by Attridge et al. (2018) showed that workplace counselling brought an improvement in employees' absenteeism, presenteeism, work engagement, workplace distress, and life satisfaction.

According to Van der Klink (2001), employee centered workplace interventions were more effective in reducing occupational stress than organization centered interventions. Further, techniques based on cognitive-behavior approach were more helpful for stress reduction than other techniques like meditation, relaxation, etc. A study by British Occupational Health Research Foundation (BOHRF) 2005, identified cognitive-behavior therapy as the most effective workplace counselling model.

Overall, workplace counselling has been found to be effective for employees as it reportedly reduces stress, anxiety, depression, and increases well-being and work engagement. However, the focus can be more on prevention of mental health problems so that it is more cost-effective for the organizations. Thus the scope of workplace counselling can include the remediation as well as the preventive aspects of counselling.

13.5.2 Setting up of Workplace Counselling in the Organization

Carroll (1996) has proposed the following six stages for setting up counselling service at workplace: Preparation, Assessment, Contract, Promotion, Termination of counselling services, and Evaluation of workplace counselling.

1) Preparation

The organization as well as the counsellor must prepare for workplace counselling in advance:

An ***organization*** must begin by clearly listing its needs and expectations from workplace counselling for which it can take the following steps:

- Set up a team with members representing all divisions or sections of the workforce to discuss and negotiate about the requirement of workplace counselling.
- Hire a consultant to work on the blueprint of workplace counselling with the team and to provide information about the workplace counselling and clear doubts of the team regarding counselling.
- Allocation of budget and facilities, such as a room for face-to-face counselling, setting up a portal for online counselling.
- The expectations from counselling, such as, does the organization only want counselling for its employees or will it be open to counselling for bringing about a change at the organizational level?
- Cost-benefit analysis
- Finding about response and support for counselling at different levels of organization, such as senior managerial level, employees' union etc.
- Making a list of workplace counsellors who are working as consultants in different organizations.
- enlisting the expected role and functions of the workplace counsellor

The ***counsellor*** must have an outline of the organization's needs, purpose, expectations from counselling, the facilities it will provide, its budget, if it will put some restrictions, will it make a contract with the counsellor, remains, etc.

2) Assessment

Assessing workplace counselling

The organization must assess the counselling service in terms of its feasibility at several levels, such as size of the organization, its nature of work, employees' demographic characteristics, cost effectiveness, support from the senior management etc.

Assessing the organization

The counsellor must also assess the organization in terms of its culture, its acceptance of counselling, its expectations from the counsellor, presence of value-conflict (e.g., organization believes in strict control while counsellor believes in autonomy for workers), the contact person for counselling services, whether senior management as well as other employees support the need for workplace counselling etc.

3) Contract

Signing a formal agreement or a contract that clearly mentions the role and responsibilities of the counsellor as well as the financial and other benefits for the counselor.

4) Promotion

This refers to introducing counselling into the workplace. Advertising about the counselling service available at the workplace and encouraging the employees to avail the service by assuring them about confidentiality and that it will not be used against the employees for their appraisals for increments and promotions.

5) Termination of counselling

Renewing or ending the contract based on the satisfactory outcomes and future needs of the organization.

6) Evaluation of workplace counselling

Feedback and evaluation can be undertaken by all the three parties, i.e., organization, employees, and the counsellor to understand the positive aspects as well as the limitations of counselling for future implications.

13.6 CHALLENGES TO COUNSELORS IN WORKPLACE COUNSELLING

Role of Organization

The role of the organization is crucial in developing a positive attitude towards workplace counselling by the employees. Further, it may also be possible that since the organization is providing the workplace counselling, it will not be held responsible for causing stress and other work-related problems due to its work culture. In other words, the organization, instead of owning responsibility for employees' stress and hardships and bringing about a change within it, the organization puts the onus of well-being on the employees' shoulders. "We are doing a great service by providing workplace counselling to the employees and they should be grateful for it!" The organization may be the very cause of the problems for which it is sponsoring the treatment, hence it will be much more beneficial to deal with the root cause of the disease than to first cause the disease and then provide its treatment and wasting resources in the process.

Bajorek (2016) has suggested that the way workplace counselling is introduced and promoted in the organization can affect the way it is used. The employees will not seek workplace counselling, if it is perceived as showing them in bad light (for instance, if an employee avails workplace counselling, he/she is not strong, is mentally unstable or sick). Thus, instead of being seen as a beneficial service, employees will see workplace counselling as negatively evaluating them and affecting their promotions

adversely. Hence, employees will avoid workplace counselling even if they genuinely require it. As Carroll (1996) points out, if the workplace counselling is not introduced and integrated with the organizational culture, it will not be positively accepted by the employees, thereby, it will remain on periphery and will not be effective.

Challenges to Counsellors in Workplace Counselling

MacLeod (1993) have identified the following challenges faced by counsellors working in organizations:

- *Being pressured to produce results desired by the agency rather than the client*
- *Maintaining confidentiality boundaries*
- *Justifying the cost of the service*
- *Dealing with isolation*
- *Educating colleagues about the purpose and value of counselling*
- *Justifying the cost of supervision*
- *Avoiding being overwhelmed by numbers of clients, or becoming the conscience of the organization*
- *Avoiding the threat to reputation caused by 'failure' cases*
- *Coping with the envy of colleagues who are not able to take an hour for each client interview*
- *Creating an appropriate office space and reception system.*

13.6.1 Ethical Dilemmas faced by Counsellors in Workplace Counselling

Several ethical dilemmas faced by counsellors working in organizations have been identified by researchers, such as confidentiality, loyalty, incompatibility between the aims of organization and counselling (Bond, 1992; Carroll, 1995; Sugarman, 1992). Lakin (1991) has enlisted the following ethical questions often faced by counsellors hired by organizations:

- *If the management pays, how can the counsellor serve the interests of employees?*
- *Can the targets of the interactions - the employees - share in designing interventions?*
- *How can the counsellor honestly describe what is proposed by the organization to those who are to be affected by it?*
- *What can be said regarding confidentiality?*
- *Can employees refuse to participate in counselling without penalty?*

- *Can the employee confront a manager/supervisor when the counsellor and the employee haveworked on this together?*
- *What safeguards are there for participants against retaliation from supervisors or aggrieved co-workers for what may take place as a result of counselling?*

You may recall from the previous sections that there are some inherent contradictions between organizations and counselling. While counselling is person centric, the organizations may focus on team work rather than on individuals. Organizations may require passive workers while counselling encourages individuals to be active. While organizations are concerned about production, funding, and finances, the counsellors are more concerned about the problems and well-being of the employees (Oberer& Lee, 1986; Dutfield&Eling, 1990; Gitterman& Miller, 1989). Such clashes among the values of business directed organization and human-oriented counsellor are to be continually faced and negotiated by both the organizations and the counsellors (Puder, 1983). A continual dialogue between the organization and counsellor can help to narrow the gap among organization, employees, and counsellor so that welfare of organization and employee could proceed together.

Box 13.3: Moment to Reflect

As a workplace counselor, how will you resolve an ethical dilemma of organizational interests versus employee's interests?

Self Assessment Questions 3

1) Describe the purposes of workplace counselling.

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2) What are the benefits of workplace counselling?

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3) Mention the main ethical dilemmas faced by counselors in workplace counselling.

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13.7 FUTURE SCOPE OF WORKPLACE COUNSELLING

Demand for workplace counselling is increasing with the increasing survival culture. Though many organizations have allocated a budget for workplace counselling however, they do not get a clear benefit in terms of financial return, for example absenteeism may get reduced but it is not reflected in increased production. So counsellors need to show a concrete cost-benefit to the organizations also to ensure the continuity of workplace counselling. Government policy may also support the counselling services in organizations either by direct funding, or giving subsidies and tax rebates.

The counsellors need to be trained in workplace counselling by introduction of new degree, diploma, and short-term certificate courses as well as hands on training opportunities for the students admitted in such courses.

The focus of workplace counselling is to treat the problem after it has already occurred rather than preventing the problem from occurring in the first place. Hence, the workplace counselling should aim for prevention rather than the treatment of the problem.

Organizations should be encouraged to do the "good work" or continue doing the "good work". That is, encouraging the 'thrive culture' by focusing on the strengths and well-being of employees, giving them opportunities to grow along with the organization.

13.8 WORKPLACE COUNSELLING IN INDIA

In USA, mental health issues indirectly cost the organizations about three times greater than their direct expenditure on absenteeism and medical issues. Indirect costs imply decreased productivity and presenteeism (the inability of employees to work to their full capacity despite being present for work). Such indirect costs in India can be higher as medical costs of treating psychological disorders are lower in India as compared to USA. Thus, mental health issues may lead to significant economic losses to companies due to reduced productivity and presenteeism (Bucksurveys.com). Faragher (2005) has reported an inverse relationship between job satisfaction and mental health problems like stress, anxiety, and depression.

India as a developing country is fortunate to have a large percentage of young population (less than 35 years old) (FICCI, EY, 2014), and thus can boast of having a huge young work force. However, this fortune is at the risk of being slipped away from the country's hands as suicide is the third leading cause of death in the age bracket of 18-35. More than 50% of the corporate employees aged below 30 years are reported to suffer from anxiety and depression (ASSOCHAM, 2015) and the graph is steadily rising. Some corporates have

taken an initiative to tackle the alarming rates of stress related disorders, like anxiety, depression by introducing stress management programs, EAPs, counselling programs, paid holidays, flexi-work, flexi-timings, etc. In this regard, as reported in a case study in 2017, Arogya World, an NGO has undertaken a project to encourage corporates to promote their employees' well-being.

As a part of its Healthy Workplace program, Arogya World has initiated an award, namely, 'Platinum Healthy Workplace Award'. This award is given to the organizations on the basis of their submitted reports regarding the costs of employee health program and the business benefits achieved due to investment in the employee health program (Arogya World, 2017).

In 2015 a leading IT services and management consulting firm, Wipro, was identified as a healthy workplace and in 2016 it won the Platinum Healthy Workplace Award. Wipro had initiated an emotional well-being program, named (MITR, a Hindi word which means Friend). It was a voluntary, peer-led program with a bottom-up approach that was successfully deployed to its large workforce consisting of 175,000 workers to deal with mental health issues.

Arogya World evaluated the MITR program and reported its several key points that has made it successful and popular:

The company introduced the program in the following steps:

- A needs assessment was done before starting the program.
- Analysis of health data of employees was done which showed high levels of gastrointestinal problems.
- Survey was conducted to assess the stress levels and the stressors for the employees.
- Counselling was identified as an effective intervention for stress and related issues.
- MITR was devised as a preventive measure to deal with the anticipated problems.
- MITR has both trained professionals for EAPs as well as 10-15 employees per year as volunteers.
- The employees are screened thoroughly before choosing them as volunteers.
- The volunteers are rigorously trained by the professionals.
- The volunteers are not paid for their counselling services and counselling is over and above their work timings.
- Volunteers do not have to log in for the counselling sessions.

- Confidentiality is strictly maintained so that nobody knows who contacted whom for problem and counselling.
- Hotline for MITR has been made.
- Facilities for Face-to face counselling are also provided where either the volunteer or the employee with the problem can book the room for counselling.
- Volunteers may take 4-5 sessions per case and can refer the client to the professional EAP counsellor if he/she is unable to resolve the problem.
- All the volunteers meet once a month with a professional counsellor to discuss the reports of cases that they have handled without disclosing the identities of the clients.
- Anecdotal reports as well as continued use of the program has shown it to be beneficial for both volunteers and employees seeking counselling. Volunteers get a feeling of satisfaction for helping their fellow worker, while the employee feels relieved that he/she has received counselling from a trained person who also understands the organizational culture.
- Volunteers can deal with 40% of the cases on campus which provides a cost-benefit for the company though Wipro has not analyzed the MITR program for its cost benefits yet.
- The program is strongly supported by the senior management of Wipro.
- Wipro conducts a detailed analysis of the program annually to identify stressors and train their volunteers accordingly to improve their counselling skills.

Overall, the MITR program has found to be economical for the company, provides satisfaction to the volunteers and quality counselling for the employees so it is a 'win-win' situation for all!

Report by Arogya World (2017) has suggested some additional steps to make the counselling program even more effective, such as:

- The company can use the prevalence data to set goals for program participation rates. This ratio of prevalence and participation can be used as an index to measure the effectiveness of marketing, communication,and mental health awareness strategies.
- Validated tools can be used to assess the effectiveness of the counselling program to calculate the net value of investment for such programs.

The case study report on Wipro's workplace counselling program by Arogya World (2017) concluded that Wipro module as a workplace counselling can be successfully replicated by other corporates also.

While the above case study of Wipro gives us an insight into a successfully implemented workplace counselling program in India, yet another report by

Nathan (2018) draws attention to a very important yet underrated part of our country's workforce, women.

According to the Wall Street Journal (2016), corporate employees in India spend an average of 52 hours per week at work, which is much more time than their counterparts spent in 25 countries. Long work hours, job insecurity, fierce competition, lack of growth opportunities and stressors in personal life, such as drastic changes, like marriage, parenting, caring for elderly parents has led to stress related mental health problems in many of the young employees, especially women. Often, women are expected to work inside the home as perfectly as possible even with a full-time job outside the home and surprisingly, this expectation is not mediated by the family's socioeconomic and educational status. Thus, whether a woman is highly educated and qualified or illiterate, unskilled worker, the expectations of the society are the same from both.

Though both men and women are equally qualified and ambitious about their careers, however, most of the times, women are expected to sacrifice their careers in case of getting married to a person from different city, or due to transfer of their spouse to other state, thus leading to a conflict between their personal and professional aspirations. Such difficulties could be one of the reasons for sharp decline of women employees (highly educated as well as illiterate) in workforce in India (World Bank Report, 2017). The Economist has reported that India could be 27 percent richer if it could retain its women in the workforce.

Some organizations in India have recognized the women employee related issues and have introduced policies to encourage and support the women employees, such as work from home, maternity leaves, counting the maternity leave period as a zero year so that women do not lose points for their job appraisal. However, a more in-depth intervention is required to empower women to prevent them from leaving their careers as well as to deal with tremendous home and job-related stress. One such intervention could be a workplace counselling, especially designed for women employees that specifically deals with their problems both at home and at workplace, decreasing their stress levels and increasing their awareness of their cognitive and emotional patterns and forging support systems for their personal and professional lives. Such a counselling program can be provided on a regular basis to women with a focus not only on treatment but on prevention of stress and stress-related disorders, like anxiety and depression and to enhance their skills personally as well as professionally. This can go a long way in retaining the women employees as well as encouraging more women to take up careers and contribute meaningfully to the nation's wealth.

Box 13.4: Moment to Reflect

- Find out the organizations in India which have applied workplace counselling successfully.
- With the help of one such case study, describe the effectiveness of workplace counselling for organization as well as employees.

13.9 LET US SUM UP

In the present unit, we learned about the nature and objectives of workplace counselling. The purpose of workplace counselling and various models of it were described. The counselor faces various challenges while providing counselling at the workplace related to organization's role, confidentiality, stigma etc. It may be noted that workplace counselling involves creation of an effective system of counselling within an already existing system, i.e., an organization with specified roles, hierarchies and boundaries. So, it is important that both organization and counsellor learn about each other's roles, values, expectations, and have regular interaction. This will help create awareness and acceptance of such counselling services at the workplace; and benefit all the three crucial aspects of workplace counselling –employees, organization, and the counsellor.

13.10 KEY WORDS

Work implies any activity undertaken by a human being with a goal to achieve a result.

Workplace counselling refers tocounselling provided to workers at their workplace for work related issues and problems having an implication for their mental health and well-being.

Organization refers to a group of people working together for a common goal irrespective of the actual location/space of work and nature of work.

Workplace Bullying refers to people especially in supervisory or managerial positions in the organization using their power and authority unfairly to harm their subordinates or colleagues, physically and/or psychologically.

Thriving culture refers to the culture in an organization where employees are encouraged and supported to develop their potential, and both employees and employers work for the success of each other.

Organizational Culture refers to explicit and implicit rules in an organization to work and interact at different levels: management to workers, workers to workers, seniors to juniors and vice versa.

13.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1) survival, thriving
2) Karl Marx
3) other people
4) Freud
5) objective, subjective
6) organization, employees, counselor

Answers to Self Assessment Questions 2

1) disease stage, employee stage, client centered stage and company as client stage.
2) problem-focused model
3) An ad-hoc model is also employed by small organizations for workplace counselling whenever the need for it arises.
4) Hybrid model is a mix of external and internal services, e.g., face-to-face (internal) counselling along with telephonic (external) counselling.

Answers to Self Assessment Questions 3

1) The purposes of workplace counselling are to (a) provide a safe and healthy work environment; (b) provide support to employees to deal with major changes in work andnon-work-related areas of life; (c) reduce stress among employees; and (d) work for welfare of the employees.
2) Benefits of workplace counselling include reducing stress, anxiety, and depression among employees, improving their well-being. increasing employees' motivation, job satisfaction, commitment and professional relationships.
3) Ethical dilemmas faced by counselors in workplace counselling include mainly confidentiality, loyalty, incompatibility between the aims of organization and counselling.

13.12 UNIT END QUESTIONS

1) Define workplace counselling and discuss the purposes.
2) Explain the models of workplace counselling and highlight their advantages and limitations.
3) Discuss the challenges faced by counselors providing workplace counselling.

4) Discuss the future scope of workplace counselling with specific reference to Indian context.

5) Examine the role of organizational factors in workplace counselling. the nature and culture of organizations.

6) "The two worlds of organization and counselling can be integrated for effective workplace counselling." Comment.

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UNIT 14 COUNSELLING FOR SPECIAL POPULATION*

Structure

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14.1 LEARNING OBJECTIVES

After reading this Unit, you would be able to:

- Describe special populations (geriatric, HIV/AIDS, terminally ill, and traumatized populations);
- Elucidate the impact of ageing, terminal illness, HIV/AIDS and trauma on psychological well-being of the client;
- Discuss common psychological problems associated with these special population; and
- Elaborate various types of counselling for psychological/mental health related problems faced bysuch special population.

14.2 INTRODUCTION

- *If you come to know that your friend is having HIV/AIDS, what will be your attitude towards him?*

- *You have an old person living in your neighbour. What perceptions and beliefs do you have about him?*
- *One of your family members is suffering from a terminal illness such as cancer. What kind of attitude will you have towards her?*
- *Your friend has suffered a trauma recently. How will you interact with her?*

The above instances indicate that one needs to have awareness and understanding of the issues and concerns of such people so that we can interact with them effectively and take proper care of them. So these can be described as special population who have common issues of universal significance. Special population is comprised of marginalised members who are highly sensitive and susceptible to many hazards and prejudices like gender, age, occupation, illness, substance use, etc. They are considered the most vulnerable part of a society.

In this Unit, we will learn about special population i.e. geriatric, HIV/AIDS, terminally ill and traumatized populations. We will try to understand some commonly associated psychological disorders with these populations. By the end of this chapter, you will be able to acquaint yourself with a basic knowledge about the management goals, some common types of counselling techniques and barriers associated with the counselling in special populations.

14.3 GERIATRIC COUNSELING

Geriatric counselling refers to counselling provided to older personsor those who are in the late adulthood stage of life. The word "geriatric" is derived from a Greek word called "*Geron"* which stands for "old man". From a developmental perspective, the old age is divided into three stages (Neugarten, 1978): the young-old (65-75 years), the old (75-85 years), and the old-old (85 years & above). Older people in the first two stages are usually active, though it is a little lesser for the second stage; however, the third stage is usually marked by decline, but the rate may vary for individuals.

As per a recent survey, total 727 million people who are 65 years old or above reside across many corners of the world (World Population Ageing, 2020). According to the population census (2011), nearly 14% (104 million) of total geriatric population of the World reside in India. It also predicts the older population to become 20% of the total population in India by 2050.

With an increased life span, they are vulnerable to physical and psychological problems though it also depends to some extent on the kind of life and their health status prior to the late adulthood stage. Several *facilitating factors*impact the health of the aged in a positive way such as *healthybehaviours, supportive physical & social environment settings*, *state*

of congruence among ideal and real self, roots and bonds/relations to the ethnic and cultural backgrounds, supportive familial environment, etc. However, if such facilitating factors are absent, then physical as well as psychological impacts are seen in old ages due to which critical care and management of elderly becomes a challenging task for mental health professionals.

14.4 PROBLEMS RELATED TO MENTAL HEALTH IN GERIATRIC POPULATION

14.4.1 Psychological Changes in Older People

In general, older people are viewed in a negative way with regard to their abilities and functioning, that there is loss, disabilities and dependency. However, it may lead to prejudices, discrimination, and marginalization of older people. Hence one needs to be aware that older stage is not always associated with debility and disability. As per Erikson's theory of human development, late adulthood stage is characterized by the challenge of ego integrity versus despair. If the older person has achieved all the developmental milestones at each of the previous developmental stages, s/he is satisfied and has a sense of fulfilment. However, if s/he has not achieved things, is not able to adjust with the changes in her/his life, and is not able to have a sense of meaning in their life, it may result in despair.

There are certain common changes that occur in geriatric population like decline in the memory (cognitive functioning), difficulties or problems in vision, hearing, walking – all physical changes which may result indecreased independence, low self-esteem and self-worth, increased vulnerability of being marginalised and physical or psychological abuse, inability to change with the continuously changing environment, decreased sleep or sleep related problems like insomnia, increased social isolation, and increased frailty. Thus the changes can be in physical and psychological – cognitive, affective and social aspects. There is also the changes brought about by retirement, loss of spouse, abuse etc. which affect their mental well-being.

The changes are not always negative; the older stage is also marked by positive changes. The older people gain in experience and wisdom. They have more leisure time to pursue their interests and passions. They revel in being grandparents and enjoy getting facilities and discounts. Further, the older people also elicit care and respect from the family and the society because of their age. Aging is thus marked by both positive and negative transitions and transformations (Myers, 1990, p. 249).

14.4.2 Common Disorders in Older Population and their Assessment

Geriatric people go through many changes as a part of ageing, but sometimes these changes may lead to the development of geriatric syndromes. These syndromes can be further subdivided into two broad areas:

Physical diseases: Vision and hearing problems, body aches, osteoarthritis, chronic obstructive pulmonary disease (COPD), diabetes etc.

Psychological disorders: Depression, anxiety issues, paranoia, loneliness (may contribute to the empty-nest syndrome), dementia or alzheimer's disease (the most common reason for a decline of the cognitive functioning) etc.

Assessment

The diagnosis of psychological issues in geriatric population requires expertise in the respective area. Sometimes it is a challenging task to differentiate between normal changes due to ageing and the presence of an actual disorder. Various tools are used by the counsellors in clinical settings for making their assessment more sensitive and efficient like in-depth clinical interviews (structured, semi-structured or unstructured), validated psychometric tests like questionnaires, and neuropsychological evaluation.

***Clinical interviews*:** Clinical interviews are special form of interviews used to gather information about the current mental status, marital discords, employment status, substance use, etc. The counsellor must have a good command over his communication skills. Clinical interviews can be of three types:

1 *Structured Interviews*: A structured interview includes asking certain questions in a predefined sequence. Counsellor sticks to the sequence and doesn't take any detours. This increases the sensitivity of structured interviews in terms of their reliability and validity.

2 *Semi-structured Interviews*: In semi-structured interviews, some specified questions are asked during the assessment phase but deciding the sequence is in the hands of the counsellor. As per the feasibility, other dimensions of the problem can also be explored.

3 *Unstructured Interviews*: In unstructured interviews, counsellor decides the topics, themes and questions to be asked during the session. Generally open-ended questions are asked. No predefined fixed pattern or set of rules are there to be followed.

Psychometric tests: Psychometric tests are structured, reliable and valid tests used for assessment of cognitive decline (memory loss etc.) and psychopathology (depression etc.) in geriatric population. Various types of psychometric tests are available which can be used on geriatric population

like-

- MMSE (Mini-mental state examination) for the assessment of cognitive functions
- Dementia Rating scale
- DASS (depression, anxiety and stress scale)
- Geriatric Depression Scale

***Neuropsychological evaluation*:**It is a comprehensive and systematic assessment of the functioning of the brain in relation to human behaviour. It aims at studying cognitive functions of individuals and their relationships with resulting behaviours. Thus it is not limited to studying only brain injuries or organic damage of the brain, but also assesses healthy brain functioning of individuals with psychotics or other disorders.

It differs from both neurological evaluation (which is done generally bedside) and standardized psychological assessment (which is done to diagnose psychiatric conditions marked by abnormality in behaviour, mood, thoughts and personality). Neuropsychological assessment is also different from neuroimaging (which is done by using MRI or CT scan).

Neuropsychological assessment usuallyincludes assessment of all the four lobes of the brain and several areas like:

- Attention
- Executive functions
- Memory & Learning
- Information processing
- Problem solving
- Motor functions (Ataxia) etc.

Diagnosis in neuropsychological assessment:

Neuropsychological assessment follows a hierarchical protocol to get a complete picture about the problem. It includes the following steps:

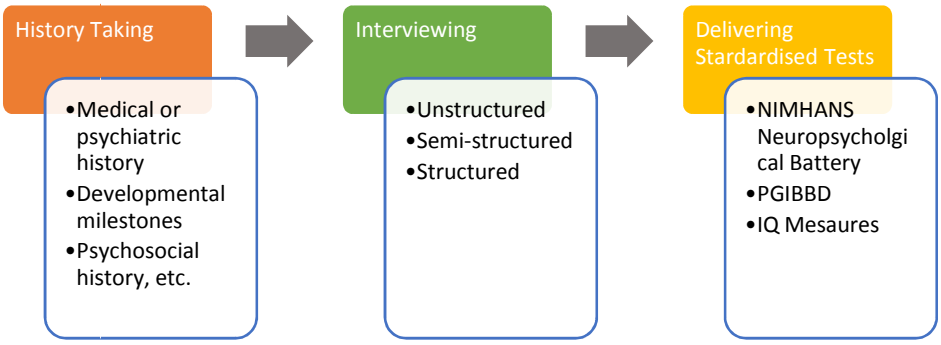

Fig. 14.1: Diagnosis in Neuropsychological Assessment

- History taking: It includes medical and/or psychiatric history of the patient, information about developmental milestones, psycho-social history etc.
- Interviewing: Psychologists use three types of interviews- structured, unstructured or semi-structured interviews in order to get a picture about the problem that patient might be experiencing. These interviews include many tools like Mini Mental State Examination (MMSE) and impairment scale.
- Standardized tests: Standardised tests are the measures which contain specified items arranged in a pre-defined manner to get a valid and a reliable score for the performance of the patient in comparison to the normally distributed population. Few commonly used standardized measures are:
    - NIMHANS Neuropsychological Battery
    - PGI Battery of Brain Dysfunction (PGIBBD)
    - Wechsler Intelligence Scale for Children (WISC)
    - Wechsler Adult Intelligence Scale (WAIS)

Thus, neuropsychological evaluation is an effective way to assess the brain functions on the given tasks, to quantify the impairment and to formulate effective treatment plans (e.g. cognitive retraining) to increase the rehabilitation potential of the elderly.

14.5 GOALS OF COUNSELLING IN GERIATRIC POPULATION

Counselling in geriatric population is intended to address cognitive decline and/or psychological problems like anxiety and depression, and adjusting with the physical changes. Since it is a specific stage of development with unique issues and concerns, most counsellors interested in working with the aged need additional professional training in this specialty (Kampfe, 2015). They need to have awareness about the general concerns of the older people. In India, decrease in joint family system, migration of the younger generation to bigger cities and outside the country, economic constraints, ill-treatment of the elderly, abuse etc. make the aged vulnerable to psychological problems.

Some of the anticipated outcomes of counselling are behaviour change, coping skills, ability to make decisions, improvement of the interpersonal relationship, and enhancing motivational levels.

1) ***Behaviour modifications in geriatrics:*** With advancement in age, the ability to adapt with the environmental changes reduces up to a certain extent which poses many problems. Sometimes, some peculiar behaviours may become problematic in nature and they can disturb the client or their loved ones attached with them. However, with the help of

some behavioural modification techniques in geriatric counselling, problematic behaviour(s) can be changed.

2) ***Enhancing coping skills:*** Dysfunctions due to old age cause problems in dealing with real-life problems. An inability to cope with these dysfunctions further increases distress and anxiety levels. Their management is essential to prevent any psychological damage to the client. Counselling helps in learning new adaptive coping skills like being assertive in nature, selectively attentive to external cues, adopting effective strategies.

3) ***Ability to make decisions:*** Sometimes, clients face difficulties in decision making due to their cognitive decline, personality traits or co-dependency. Counsellors can help improve their cognitive functions and rebuild their self-esteem for decision making.

4) ***Improvement of the interpersonal relationship:*** Interpersonal relationships give a sense of worth and meaning to the life, and increase the level of happiness. Counselling aims towards helping the elderly to form quality relationships with their family members or people associated with them like friends.

5) ***Enhancing motivational levels:*** Reduced levels of motivation are responsible for consistent failures and low self-esteem. Therefore, counsellor helps in improving levels of motivation so that the road to recovery becomes smoother.

The elderly are also put sometimes in the old age homes due to various reasons like being alone, inability of family members to take care of them, or disability etc. Rehabilitation programmes for the old age aim at helping the older people be self-sufficient to the extent possible, improve the overall quality of their life, making their life more meaningful.

14.6 COMMONLY USED COUNSELLING TECHNIQUES IN GERIATRIC POPULATION

Geriatric population is more prone to many types of psychological problems. These problems are responsible for disturbed psychological, physical and social functioning. Geriatric counsellors are concerned with resolving psychological issues by using various rehabilitation or counselling techniques. Counselling is conducted in mainly two settings, individual or groupfor the management of psychological problems in geriatric population.

Individual counselling: It includes certain number of personal sessions given to the client while maintaining confidentiality about what client shares with the counsellor. They generally share their thoughts, feelings and experiences during the session.

***Group counselling*:** This form of counselling includes the formation of a supportive group in whichclients having similar needs and relative life experiences are enrolled. Supportive groups provide an opportunity for mutual interactions between the group members that can help in discussing many daily life problems and challenges and provide two-way communication for finding their solutions.

Certain specific counselling techniques are described below.

14.6.1 Cognitive Behavioural Therapy (CBT)

While working with depressive clients, Aron T. Beck developed CBT in 1970s. It is used for the management of mild to moderate anxiety, depression, stress and insomnia etc. CBT emphasises inter-relationship among *cognition, emotions and behaviours* as they affect each other. It is assumed that mood and behaviours can be determined on the basis of perceptions and interpretations of events into one's life that may be responsible for a particular thought. These thoughts are automatic in nature. They generally arise from dysfunctional beliefs. CBT targets these beliefs for changing one's behaviour which is commonly regarded as cognitive restructuring. Cognitive impairment in geriatric population makes the process of treatment a challenging task for the counsellor. However, modified techniques of CBT have been used effectively in the treatment of depressive symptoms in elderly people.

14.6.2 Reminiscence Therapy

Reminiscent and life review counselling has been developed especially for the treatment of dementia in geriatrics. As the name suggests, this may include recalling and re-experiencing of major events and rebuilding perceptions related to them. The counsellor tries to slow down the process of forgetting of the client due to dementia. Several techniques can be used like storytelling, showing photograph or stimulation of sensory organs with the help of external cues like touch, sound, and smell. For increasing its effectiveness, the counsellor may use it in combination with cognitive or behavioural approaches. Reminiscence therapy has been shown to be effective in increasing satisfaction levels among geriatric population.

14.6.3 Interpersonal Counselling

It is intended to treat mood disorders such as depression. Main goal of this technique is to improve interpersonal relationships by reducing any form of distress in an empathetic way. For this purpose, the counsellor helps the client to become aware of his/her affected relationships and problematic thoughts responsible for them. The counsellor also helps the client in developing problem solving and communication skills for the improvement of psychosocial functioning. Brief interpersonal counselling is another evidence based approach which is generally used for resolving role conflicts and recovery from the major depression.

14.6.4 Gestalt Therapy

The basic aim of this type of counselling is to make people aware about various kinds of conflicts and ambiguities due to intra or extra-environmental cues. It emphasizes on teaching people about their personal responsibilities, and focusing on present contexts rather than digging out the issues from older times. It also helps geriatric clients to respond fully and reasonably to various environmental factors in their surroundings.

Points to remember: Geriatric Counselling

- *The word "**Geriatric**" was derived from a Greek word called "Geron" meaning old man.*
- *The population census (2011) predicts the older population to become **20% of the total population in India by 2050.***
- *If **facilitating factors** are absent, then physical as well as psychological abilities to perform effectively declines drastically with the age.*
- ***Changes occurring in geriatric population** are decline in the cognitive functioning, decreased efficiency of biological systems, loss of independence, increased vulnerability, inability to change with the environment, sleep related problems, increased social isolation, and increased frailty.*
- ***Geriatric syndromes** are of two types: physical disorders and psychological disorders.*
- *The **diagnosis** of psychological issues in geriatric population can be done by clinical interviews (structured, semi-structured or unstructured), validated psychometric tests and neuropsychological evaluation.*
- ***Goals of counselling in geriatric population:**behaviour modifications in geriatrics, enhancing coping skills, ability to make decisions, improvement of the interpersonal relationship, enhancing motivational levels, building congruence.*
- ***Counselling** is conducted in mainly two settings (individual or group) for the management of psychological problems in geriatric population.*
- *Commonly used counselling techniques in geriatric population: cognitive behavioural therapy, reminiscence therapy, interpersonal counselling& gestalt therapy*
- ***Cognitive behavioural therapy***
- *CBT emphasises inter-relationships among cognition, emotions and behaviours.*
- *CBT targets these beliefs for changing one's behaviour*
- ***Reminiscence therapy***
- *Include recalling and re-experiencing of major events and rebuilding perceptions related to them.*

- *Storytelling, showing photograph or stimulation of sensory organs with the help of external cues like touch, sound, and smell.*
- ***Interpersonal counselling***
- *It is intended to treat mood disorders such as depression.*
- *The counsellor helps the client in developing problem solving and communication skills.*
- ***Gestalt therapy***
- *It aims to make people aware of their conflicts and ambiguities due to intra or extra-environmental cues.*
- *It emphasizes on teaching people about their personal responsibilities, and focusing on present contexts rather than digging out the issues from older times.*

Self Assessment Questions 1

Tick the appropriate option.

1) Special population is
   - Highly sensitive to internal or external environment
   - Comprised of marginalised members
   - Vulnerable part of the society
   - All of the above.
2) With the advancement of the age, older people generally experience:
   - Flexibility in themselves as per their environment
   - Decreased social isolation
   - An increased vulnerability to physical and psychological disorders
   - Higher independence to fulfil their desires
3) In individual counselling there is a provision of:
   - One way of communication
   - Discussing life experiences only
   - Confidentiality
   - None of the above
4) The foundation of CBT are laid on the following:
   - Cognition, emotions, and behaviours
   - Cognition, life experiences and behaviours
   - Cognition, emotions, and life experiences
   - None of the above
5) Name different types of clinical interview used during assessment of a psychological disorder.

14.7 HIV/AIDS COUNSELLING

HIV (Human Immunodeficiency Virus) is a retrovirusthat infects T-lymphocytes (CD4 cells) in our body. These cells are responsible for activating our immune system. Once HIV enters into the system, it targets CD4 cells and starts killing them. This results in decreased immunity levels which further opens a window for other types of infections (*opportunistic infections*) like tuberculosis & pneumonia. It is known as Acquired Immunodeficiency Syndrome (AIDS). So AIDS itself is not a disease but a cluster of diseases.

Currently there are about 2.1 million people in India who are struggling with HIV/AIDS. As per a recent survey report, the overall prevalence of AIDS is declining in our country due to the continuous efforts of many governmental and non-governmental organisations like National AIDS Control Organization (NACO). But a steep rise in prevalence of AIDS was seen in some states like Andhra Pradesh in comparison to national data. (NACO, 2019).

Some common factors responsible for the contraction of HIV/AIDS:

- Unprotected sex
- Maintaining sexual contact with multiple partners or polygamy
- Illicit injectable drug use (using needles or injectable drugs like smack)
- Transmission of virus from infected mothers to child during pregnancy or during breast feeding, etc.

Major depressive disorders, bipolar disorders, substance use disorders, severe levels of stress and anxiety, suicidal ideation, and neuropsychological impairment are most commonly seen psychological disorders in the patients suffering from AIDS. These psychological co-morbidities are also responsible for low self-esteem, increased risk-taking behaviours which in turn affects the psychosocial functioning of an individual. An overall reduction in the quality of intimate relationships is often seen in the patients of HIV/AIDS which makes them emotionally fatigued and thereby leaves them in a vulnerable state.

14.8 GOALS OF COUNSELLING IN HIV/AIDS

- ***Psychosocial functioning:*** In HIV/AIDS counselling, the entire focus is laid on betterment of the psychosocial functioning of clients by reducing their agony, pain and suffering.
- ***To increase the efficiency of pharmacotherapy:*** HIV/AIDS counselling is often used in combination to pharmacotherapy to enhance its efficacy.

- ***To reduce the impact of social stigma:*** Due to marginalisation, clients may develop anguish and anti-social behaviours. They may also develop loneliness, guilt feelings and have suicidal tendencies due to stigma. Counseling helps in reducing the impact of stigma.
- ***To reduce frequency of dropouts:*** Non-adherence to medical treatment and frequent dropouts from the counselling sessions is quite common in such clients. Counselling aims towards decreasing the drop-out rates and rebuilding self-esteem in clients.
- ***Reduction of further transmission:*** One of the goal of counselling is prevention of transmission of the disease (as in *pre-test counselling*) and providing a support to the sufferer (*post-test counselling*) for reducing the likelihood of any psychological co-morbidity.

14.9 COMMONLY USED COUNSELLING TECHNIQUES IN HIV/AIDS

14.9.1 Client initiated counselling

As the name suggests, client initiate and seeks the intervention for reducing emotional conflicts and distress. He/she could be stigmatised and may be in a distressed state. This should be taken as a distress call by the counsellor and the counselling must be initiated on an immediate basis.

14.9.2 Provider Initiated Counselling

Here, the client is referred by physicians or any organisation that he/she may be associated with. Recommendation about the HIV/AIDS testing is also made in the case of antenatal care. There could be various prejudices and stigmas attached to the HIV/AIDS testing. Thus, counselling for reducing these prejudices must be the first priority of the counsellor.

14.9.3 Pre-test Counselling

Often, clients are in a dilemma about HIV testing. In pre-test counselling, counsellor provides precise and up-to-date information about the transmission and prevention of this disease and other sexually transmitted infections (STIs) so that client can make a sound decision about the testing procedure. Information about the window period is given to the client which is about 12 weeks between the testing period and last HIV exposure. During this stage, counselling skills of a counsellor are very important in establishing a good rapport and assessing whether how many post-test sessions are required. It also includes early identification of clients at high risk such as injectable drug users (IDUs).

14.9.4 Post-test Counselling

It involves handing over the results of HIV testing. The process must be simple and should be carried out in person so that confidentiality can be

maintained. The role of counsellor is of prime importance during this phase as he can redirect the client and remind about the coping strategies required for settling down with the required information. If test results are positive then the client must be provided with a thorough knowledge of transmission, safe-sex practices, psychosocial impacts of the disorder and future implications associated to it. Overloading with the information must not be done as it increases distress and anxiety levels in clients.

On the other hand, if the results are negative, then clients must be provided education about risk reduction strategies. There must be provision in the counselling to reinforce the client about managing themselves better and follow healthy life styles to prevent any STIs in future.

14.9.5 Crisis Intervention

Crisis intervention includes assessment of the problem to provide an immediate solution. This is a short-term intervention plan to resolve emotional, physical or psychological problems in clients. It also includes helping the client to develop help-seeking behaviour during their crisis. Counsellor encourages clients to get support from his/her closed ones so that the crisis can be easily dissolved. Counsellor also tries to help the clients to develop better coping strategies for current and future problems.

14.10 SPECIAL SCENARIOS IN HIV/AIDS COUNSELLING

14.10.1 Counselling of Children with HIV/AIDS

Counselling helps children in deciding their future goals, understanding the impacts of the disease, addressing stigma attached, transmission of HIV/AIDS, course of treatment etc. This reduces anxiety among them and develop a feeling of perceived support. Counsellor must consider the age of the child and their understanding of the disease while providing counseling. It helps in formulating better intervention plans. Various support systems help to decrease the overall impact of social stigma, discrimination and resentment because of being neglected. Further, therapies like family therapy, play therapy and behaviourtherapyaddress the fear, anxieties, conflicts and uncertainties in children and adolescents as well as their parents.

14.10.2 Counselling of Pregnant Women

To motivate pregnant women for HIV testing especially in their antenatal phases is the main task for the counsellors working with women. During initial stages of counselling, the counsellor tries to assess needs, knowledge levels and information gaps of the client. HIV-seropositive pregnant women undergoing Anti-retroviral therapy (ART) must be given information about its impacts on the growing foetus. Counsellor tries to impart some knowledge

about ART that may help in reducing any complications. It also helps in terminating unwanted pregnancies.

14.10.3 Couple Counselling

HIV testing can lead to various misunderstandings between partners. These can lead to violent behaviours against each other which often results in physical abuse. The main goal of counselling is to reduce such risks and help in establishing a healthy and respectful relationships among partners. Pre-marital counselling can also be used to remove any dilemmas attached to the prevalent notions about HIV/AIDS.

14.11 COMMON BARRIERS ASSOCIATED WITH HIV COUNSELLING

HIV infected clients are more prone to secondary infections due to an overall reduction of the immunity. To slow down the decline of immunity, they are put on medicines which again act as a constant reminder about their infection. Furthermore, the side-effects of such medicines may cause problems in their daily life functioning and thus, may affect their state of well-being. They may develop anxiety, depression and frustration. Some people also develop guilt while cursing their sexual acts with multiple partners, orientation like being gay or lesbian, injecting drugs, or feeling about being punished due to their choices/actions. These reactions may be associated with the mortality due to HIV/AIDS, losing hope for available treatments, isolation or abandonment, fear of social rejection, and life-style modifications as per the ART. All these factors may lead to early dropouts or non-adherence to the counselling and medical treatment.

Counselling for HIV/AIDS can be done on an individual basis and/or along with their partners or families. The aim of counselling in this stage is prevention of any further chances of infection, providing an effective care to the client, and helping him/her to develop better coping strategies to deal effectively with the barriers causing hurdles in the process of treatment.

Points to remember: HIV/AIDS Counselling

- *HIV is a retrovirusthat infects T-lymphocytes (CD4 cells) in our body resulting in a **cluster of diseases** called AIDS.*
- ***Some common factors responsible for the contraction of HIV/AIDS** are unprotected sex, maintaining sexual contact with multiple partners or polygamy, illicit injectable drug use, and transmission from infected mothers to child.*
- ***Psychological disorders** associated with AIDS are major depressive disorders, bipolar disorders, substance use disorders, severe levels of stress and anxiety, suicidal ideation, and neuropsychological impairment.*

- ***Goals of counselling in HIV/AIDS:*** *Psychosocial functioning, to increase the efficiency of pharmacotherapy, to reduce the impact of social stigma, to reduce frequency of dropouts, and reduction of further transmission.*
- ***Commonly used counselling techniques in HIV infected clients:*** *Client initiated counselling, Provider initiated counselling, Pre-test counselling, Post-test counselling, Crisis intervention,*
- ***Client initiated counselling:***
- *Client takes an initiating step and seeks the intervention for reducing emotional conflicts and their resolution.*
- *It should be taken as a distress call by the counsellor and the counselling must be initiated on an immediate basis.*
- ***Provider initiated counselling,***
- *A referral is made by an individual (e.g. physicians) or any organisation for the intervention.*
- *Counselling is given to reduce associated prejudices.*
- ***Pre-test counselling,***
- *Counsellor provides precise and up-to-date information about the transmission and prevention of this disease and other STIs so that client can make a sound decision about the testing procedure.*
- *It also includes early identification of injectable drug users (IDUs).*
- ***Post-test counselling,***
- *The process of handing over the result of HIV testing must be quite simple and should be carried out in person to maintain confidentiality.*
- *If test results are positive then the client must be provided with the knowledge the transmission, safe-sex practices, psychosocial impacts of the disorder and future implications of HIV/AIDS.*
- ***Crisis intervention,***
- *It includes assessment of the problem, understanding about the current problems and supporting clients for making a decision to solve them.*
- *Counsellor tries to help the clients to develop better coping skills to deal with their problems.*
- ***Counselling of children with HIV/AIDS***
- *It helps children in deciding their future goals, understanding the impacts of the disease, addressing stigmas attached to HIV/AIDS.*
- *Support systems and therapies like family therapy, play therapy and behaviour therapy used for decreasing the impact of social stigmas, discrimination and resentment.*
- ***Counselling of pregnant women***

- *Women are least motivated to opt for HIV testing especially in their antenatal phases.*
- *Counselling tends to enhance their motivation levels and imparts knowledge HIV/AIDS.*
- ***Couple counselling***
- *HIV/AIDS testing can lead to various misunderstandings between partners.*
- *Counselling helps in the establishment of a healthy and respectful relationships among partners.*
- ***Barriers:*** *There are many barriers in the path of HIV counselling. These are side-effects of such medicines, non-adherence to drug regimes, psychological reactions like anxiety, depression and frustration, social stigmas etc.*

Self Assessment Questions 2

Tick the appropriate option.

1) HIV in a human body targets:
   - B-lymphocytes
   - T-lymphocytes
   - Hepatocytes
   - Adipocytes
2) ART stands for:
   - Advance Rational Therapy
   - Anti-Response Therapy
   - Anti-Retroviral Therapy
   - None of the above
3) List three factors that are responsible for the contraction of HIV/AIDS.

   .....

   .....
4) List some available counselling techniques for the management of clients with HIV/AIDS.

   .....

   .....
5) List at least three barriers associated with HIV counselling.

   .....

   .....

14.12 COUNSELLING IN TERMINAL ILLNESS

A terminal illness can be described as a disease which is responsible for reducing the lifespan of an individual who may live up to a few months or even a few weeks. The experience is quite traumatic for the individual as well as for loved ones associated with him/her.Terminal illness like cancer causes disturbances in the daily routine and exposes the sufferer to certain odd experiences which might become unbearable at times like chemotherapy, radiation therapy, and surgery for instance. People with terminal illnesses start developing psychological problems like depression, anxiety, anger and frustration.

Counselling helps in providing a relief from the pain, sleep problems, fatigue, depression, anxiety and stress. It is to be worth noting here that most of the counselling techniques developed for the terminally ill clients focus on their needs (physical, psychosocial, emotional, spiritual, and practical needs) that may arise during their terminal stages of illness. Some basic interventions like psycho-education about the terminal disease can be beneficial. The supportive care focussing on terminally ill must be appropriate, realistic and practical in nature respective to their age groups and severity of the illness.

Terminally ill clients generally try to seek answers like 'why is this happening to me? Had I done any kind of sin? What kind of punishment am I bearing? Is god really fair to me?' The main task of the counsellor is to help clients to develop a sense of worth and add meaning to their lives. Counsellor plays an important role in the salvation of such clients and prepares them for their journey towards their death by lessening their pain and agony.

However, before discussing various types of counselling techniques used in terminal illnesses, let's have a look at various types of reactions shown by a dying person or the family members. This will help us to develop better understanding about various aspects of the counselling techniques.

14.13 PSYCHOLOGICAL REACTIONS SHOWN BY TERMINALLY ILL PEOPLE

Kubler-Ross (1969) proposed stage model for explaining psychological reactions shown by a dying person:

- ***Denial***: It is the first reaction shown by the client. The client in this stage denies about the terminal illness and discards that there is any problem with him.
- ***Anger***: A lot of anger and frustration develops during this stage which are associated with the feeling of injustice.

- ***Bargaining***: This is the third stage in which the terminally ill client tries to bargain for his life and starts worshipping and promising to the God for delaying his death or prolonging his life and forgiving his sinful deeds.
- ***Depression***: It is the fourth stage where the client is overwhelmed with the loss, hopelessness, sadness and guilt which is accompanied by the grief.
- ***Acceptance***: This is the final stage in which the client finally accepts the terminal illness or death as an inevitable event and gets ready to face it.

Fig. 14.2: Stages of Grief in Terminally Ill Patients (Kübler-Ross,1969)

Several researchers working with terminally ill clients have stated that the trajectory is somehow flexible, and it is not necessary that these stages may come one after another. There are many variations but the psychological reactions shown by the terminally ill clients are somewhat same as mentioned by Ross.

Now let us discuss the main goals of counselling in terminally ill patiens.

14.14 GOALS OF COUNSELLING IN TERMINALLY ILL PATIENTS

- To provide a thorough knowledge about the disease and associated physical & psychological symptoms. This helps in getting more knowledge about the transitions in one's body and mental processes.
- To help the clients in venting off their emotions, anger and reducing the state of frustration and irritation.
- To support the client for maintaining the quality relationships and preventing any decays into their psychosocial functioning.
- To make them aware about the fact that death is inevitable and the ultimate truth. One of the major roles played by the intervention is to accept this fact and start enjoying the remaining time they have with them.
- To help them getting a relief from their guilt proneness and making them to look for more brighter side about their lives and their achievements.

Now let's learn some common types of counselling techniques which are developed especially for improving the condition of terminally ill clients.

14.15 COMMONLY USED COUNSELLING TECHNIQUES IN TERMINAL ILLNESS

14.15.1 Grief counselling

It is also known as the ***bereavement counselling***. This form of counselling aims to help the client to cope with potential losses which may evoke physical, emotional or cognitive reactions and develop an understanding about internal conflicts. It is believed that there could be several ways to experience grief such as detaching oneself from social activities, developing anger, frustration and agony, etc. The intensity of the grief depends on the type of grief and the associated loss with it. There could be many types of griefs among which *normal, anticipatory, complicated and disenfranchised griefs* are commonly seen among terminally ill clients and their family members:

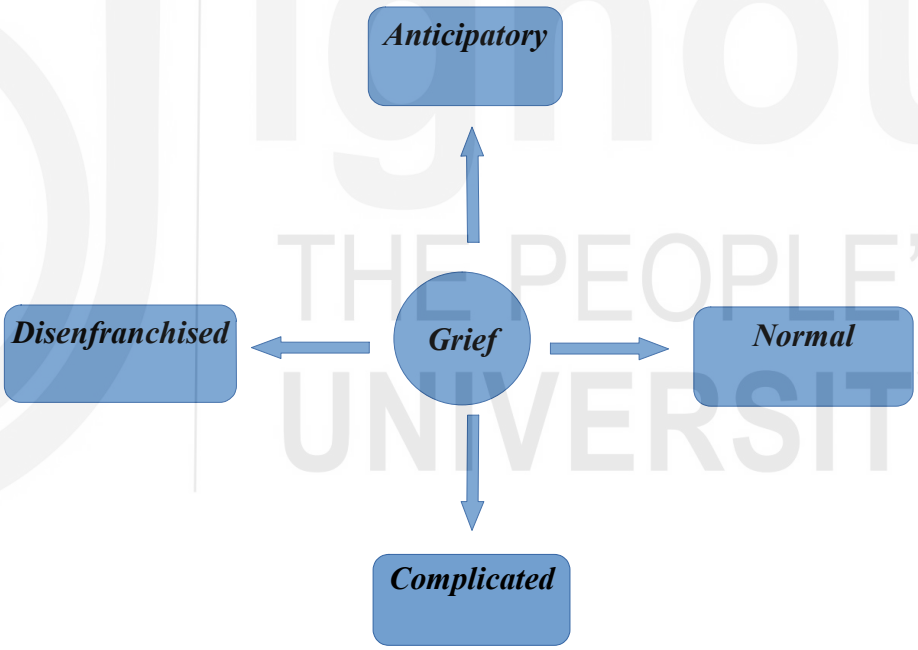

Fig. 14.3: Types of Grief

1) ***Normal grief:*** Natural experience of the actual loss which is accompanied by some emotional and physical reactions which may be reduced with time.

2) ***Anticipatory grief:*** It includes experiencing the loss before the actual one. For example, anticipation about the death when an individual is diagnosed with a terminal illness like cancer.

3) ***Complicated grief:*** This is a morbid form of grief which is most commonly seen among primary enablers in a family on losing a closed one. It becomes chronic due to which the person develops some

maladaptive coping styles like substance use disorders, suicidal tendencies, risk-taking behaviours, etc.

4) ***Disenfranchised grief:*** This is a hidden or latent grief which is not shown to other people. This is generally seen among cancer patients who do not want to disclose their illness to their loved ones.

According to Kubler-Ross, an individual goes through five stages of grief (psychological reactions) after being diagnosed with the terminal illness. These are *denial, anger, bargaining, depression and acceptance.* (Please refer to the section 14.1 earlier for details).The sequence differs for different individuals. However, the counsellor must be familiar with these stages for helping the client to come out of his grief. Grief counsellor helps the client to accept that death is the ultimate truth and an inevitable event. He also tries to minimise fears and anxieties associated with the terminal illness. This helps clients and their associated loved ones to vent out their latent feelings developed in response to the death.

14.15.2 Problem-focussed Counselling

Problem-Focussedcounselling gets its principle from psycho-educational and cognitive behavioural interventions. It mainly concentrates on coping skills and strategiesthat are required for living an effective life. The entire focus is laid on the current problems and anticipated techniques to solve them in an adequate manner. Counsellor promotes minimum adaptable changes in the client to solve the challenges or problems. For this purpose, some insight is developed to look the same problem with different point of views or lenses. It also helps in managing cognitive distortions and/or any dysfunctional thoughts that may arise due to terminal illness.

14.15.3 Supportive expressive counselling

One of the important goals of this counselling technique is to provide a supportive environment in which clients may express their negative as well as positive emotions and may learn to deal with their anxiety for uncontrollable events like death. This enables a person to tolerate various consistent and intrusive thoughts about dying. This form of counselling also helps clients in focusing on some important aspects about uncompleted and unresolved tasks.

14.16 COMMON APPROACHES TO COUNSELLING IN TERMINAL ILLNESS

Modern day counselling techniques for the treatment of terminal illnesses are based on the principles of classical concepts like psychodynamic, behavioural, family and humanistic approach. Main principles behind these therapies were somehow different, but these can be modulated as per the needs of dying clients.

14.16.1 Psychodynamic Therapies

Psychodynamic approach is primarily based on the resolution of emotional conflicts and target the reduction of defence mechanisms especially denial about the illness in the client. The main task of the counsellor is to help clients to recognize their perceptions and defenses and help them to become emotionally stable and psychosocially functional. This therapy also helps the client to build better insight about themselves and their psychological states.

14.16.2 Humanistic Approach

The underlying philosophical roots of humanistic and existential approach is based on the notion of *finding a purpose of life and giving it a literal meaning*. This approach aims to help a terminally ill client to live his or her life to the fullest and face the death without any fear. Counsellor helps the client to express hidden fears related to the death and if possible helps him/her to reach up to the self-actualization by building an insight.

14.16.3 Behavioural Approach

As the name suggests, behavioural approach is used for helping the client in gaining a perceived sense of control over his behaviours. It focuses on overt as well as covert behaviours. These behaviours are the direct result of maladaptive coping strategies that a client has developed in response to a terminal illness for reducing his stress and anxiety. Some commonly used behavioural techniques for reducing tension, fear, anxiety and distress in clinical settings are relaxation training, biofeedback, hypnosis and desensitization. These techniques are also helpful in controlling physical pain in somatic disorders having no physical root-cause.

14.16.4 Family Approach

Terminally ill clients often develop a need of belongingness, love and affection especially from their family members. However, such needs remain unsatisfied and generate hopelessness, frustration and guilt in the client. Family members of the dying person develop a feeling of anguish and fear related to the death of the client. They may detach completely from the client. This affects their relationships in a severe sense which further increases negative impacts of a terminal illness.

Family therapy intends to reduce the communication gap between family members by resolving hidden issues among themselves. This helps resolving dysfunctional roles in the family and improving harmony among them. Counsellor tries to develop an understanding among family members how their behaviours and perceptions complicates the journey of client and offers a little or no help in improving his medical or psychological condition. Family therapy also helps in providing a closure to the unfulfilled desires, wishes and emotional needs of both family members and the client. It is often

employed with several other therapies as an adjunct to provide a smooth road to recovery to the client.

***Points to* remember*:* Counselling in Terminal illness**

- ***Terminal illness:*** *A disease which is responsible for reducing the lifespan of an individual who may live perhaps up to some months or even a few weeks.*
- *Some prominent* ***psychological symptoms*** *commonly seen in clients with terminal illness are depression, higher levels of anxiety, and even rage and frustration.*
- *Counselling techniques focus on* ***physical, psychosocial, emotional, spiritual, and practical needs*** *of clients. Counselling techniques aim towards their self-fulfilment and resolving any resentments or conflicts.*
- ***Common forms of counselling used in terminal illness are:*** *Grief counselling, problem-focussedcounselling, supportive expressive counselling.*
- ***Grief counselling:***
- *It is also known as the* ***bereavement counselling****.*
- *Common types of grief seen in terminally ill clients:* ***normal, anticipatory, complicated and disenfranchised grief.***
- *According to Kubler-Ross, an individual goes through five stages of grief: Denial, anger, bargaining, depression and acceptance.*
- ***Problem-focussedcounselling***
- *Entire focus is laid upon current problems and techniques to solve them in an effective manner.*
- *It also helps in managing cognitive distortions and dysfunctional thoughts that may arise due to terminal illness.*
- ***Supportive Expressive counselling***
- *It is intended to deliver an emotional as well as social support to the clients suffering from terminal illness*
- *Counsellor enables a person to tolerate various intrusive thoughts about dying*
- ***Approaches to counselling:***
- ***Psychodynamic approach to Counselling***
- *It intends to find a resolution of emotional conflicts and defense mechanisms.*
- *To build better insight about the root problems.*
- ***Humanistic approach to counselling***
- *The main focus is laid on finding the purpose and meaning of life.*

- *Counsellor helps clients to express their hidden fears, reaching up to self-actualization and develop an insight and better social relationships.*
- ***Behavioural approach to counselling***
- *Behavioural techniques are useful for reducing the overall tension, fear, anxiety or any distress.*
- *Behaviouralcounselling aims to help the client in gaining a perceived sense of control over his body and mind.*
- ***Familial approach to counselling***
- *This form of counselling targets hidden problems and dysfunctional roles of family members.*
- *Client and family members are encouraged to express their hidden feelings and develop a congruence among them.*

Self Assessment Questions 3

Tick the appropriate option.

1) Counselling in terminal illness is based on:
   - Physical needs
   - Psychosocial needs
   - Emotional and spiritual needs
   - All of the above
2) Psychodynamic counselling is based on the concept of:
   - Emotional conflicts
   - Intrapsychic conflicts
   - Both of them
   - None of them
3) Problem-focussed psychotherapies are based on:
   - Principles of psycho-educational and cognitive behavioural interventions
   - Helps in resolving emotional conflicts
   - Finding effective solutions for problems posed in daily life.
   - All of the above.
4) What are the most common psychological symptoms associated with terminal illnesses?

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5) List the stages of dying person explained by Kubler-Ross.

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6) Explain the humanistic approach of counselling in terminal illness.

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7) Describe behavioural approach of counselling in terminal illness.

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8) Discuss the familial approach of counselling in terminal illness.

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14.17 COUNSELLING FOR PSYCHOLOGICAL TRAUMA

Psychological trauma or simply trauma is referred to the unique individual experience in which the ability to integrate emotional experiences is highly affected by an event. The event is perceived as a threat to the life support system and psychological integrity of an individual. It could be a natural disaster, physical abuse, an accident, etc.

People with psychological trauma may experience several types of exaggerated responses like insomnia, intrusive and unpleasant memories & flashbacks, poor self-esteem and severe distress.

These can be divided in three ***types of psychological trauma:***

- ***Acute trauma:***It is resulted from a single stressful event like a natural disaster or an accident.
- ***Chronic Trauma:*** In this type of trauma, an individual gets exposed to repetitive traumatic event(s) for a certain period of time, such as physical abuse or domestic violence.
- ***Complex trauma:*** It is also known as *vicarious trauma*. An individual gets exposed to multiple traumatic events. The effect of these events is cumulative in nature and is highly dangerous for the psychological well-being of an individual, for example, severe chronic child abuse.

Professionals dealing with traumatised clients explain emotions as a luggage. When a client is exposed to a traumatic event, all these emotions are dispersed around various corners of the mind. Packing this emotional luggage is not an easy job. However, when a person tries to pack this "emotional luggage", many emotions don't fit in so easily, as a result they start coming out of the bag so often. Managing these emotions is very tedious, energy consuming and stressful task which causes a lot of frustration. This results in several flashbacks, images and mood related problems in the long-term.

When problems related to activities of daily life persist for several weeks after the event, then there is a possibility that the person may be suffering from post-traumatic stress disorder (PTSD). It is a well-known fact that almost 70% of adults experience some or the other form of the trauma during their lives. However, only 20% of them develop severe symptoms which may contribute to post-traumatic stress disorder (PTSD) or any other psychological disorder.

PTSD is labelled as an anxiety disorder. The aftermath of the PTSD can lead to the development of various types of mental health disorders like drug abuse. There are several theories about how and why people tend to react to the trauma in different ways. Factors that play important role in the determination of the responses of people to a traumatic event are *personality traits like temperament, copying styles, previous experiences to any traumatic events, levels of perceived support and ability to understand about their behaviours and responses in certain situations.*

14.18 GOALS OF PSYCHOTHERAPY IN CLIENTS DEALING WITH TRAUMA

- Reducing impact of traumatic event which is responsible for affecting emotional balance of the client.
- Restoring levels of self-esteem in the client so that activities of the daily life can be restored back to normal.
- To help the client in developing better coping strategies to deal effectively with the environment.
- To reduce the impact of the flashes, and stressful and intrusive memories on the psychological well-being of the person to improve his/her psycho-social functioning.

14.19 COMMONLY USED COUNSELLING TECHNIQUES IN PSYCHOLOGICAL TRAUMA

Trauma counselling is a *patient-focused psychological intervention* which is solely meant for treating the agitated emotional and mental states of an

individual. For treating trauma and related psychological states there are some short-term as well as long-term modalities:

- Trauma-focused cognitive behavioural therapy (CBT)
- Cognitive processing counseling
- Prolonged exposure therapy
- Imagery re-scripting
- Eye movement desensitization and reprocessing (EMDR)
- Emotional freedom technique (EFT)

14.19.1 Trauma Focussed Cognitive behavioural Therapy (CBT)

Thinking and behaviour are directly linked to each other in human beings. In a traumatic incidence, generally thought processes of a person are affected. Trauma-focussed CBT assumes that emotional and behavioural outcomes in an individual are the direct result of one's thought processes and perceptions about an event. So, to change or modify emotional states and behaviour, one needs to understand cognitions. It also includes helping patients identify their dysfunctional thought patterns, providing another trajectory for the alternative thoughts and re-building beliefs and self-esteem of the client. It helps the person to think differently and attach different meanings to the incidence. It is generally conducted over a short period of time (about 8-12 sessions). Counsellor helps the patient to confront and overcome his or her fears and anxieties related to the traumatic event. Trauma-focussed CBT includes mainly two types of techniques i.e. behavioural (e.g. exposure to trauma-linked stimuli) and cognitive (e.g. cognitive restructuring).

14.19.2 Cognitive Processing Counselling

Cognitive processing theory assumes that the client tries to understand traumatic events and develop distorted notions as a part of aftermath. These notions are then integrated to the prior schemas which is known as assimilation. These altered schemas are then used to learn and unlearn things in life. This is known as accommodation. However, sometimes future learning is based on the distorted thought processes and altered notions & beliefs which could be detrimental to the psychological well-being of the patient known as over-accommodation. Counseling helps the client in activating memory based cognitive structures and identification of some maladaptive beliefs arising directly from the traumatic event. In other words, this counselling is based on cognitive restructuring which is an integral part of the cognitive behavioural therapy.

14.19.3 Prolonged exposure therapy

The main goal of the prolonged exposure therapy is to alter cognitive structures associated with fear so that they do not cause any trouble for the patient. This therapy works on the two main components i.e. imaginal exposure and in-vivo exposure. **Imaginal exposure** is all about present intrusive memories related to the traumatic event which were being avoided by the client. Client is told to re-establish these memories in present tense and enquired for emotional states attached to them. Then these emotional states are analysed and understood by the counsellor and patient for finding a further effective solution. ***In-vivo*exposure** involves exposing the client to physical stimuli consistently until the attached fear and impact of the intrusive memories or flashback reduces up to a certain level. New information can be incorporated into cognitive structures of traumatised clients with the help of these two types of exposures techniques. They are quite useful in the treatment of PTSD and associated co-morbidities.

14.19.4 Imagery Re-scripting

As the name suggests, imagery re-scripting is a technique in which clientis told to reimagine traumatic incidences by using his imagination. He/she is told to look for other possible trajectories so that the impact of actual incidence can become less distressing. For instance, the client may be told to re-imagine a traumatic event like the cyclonic storm 'Amphan' that hit two States of Odisha and West Bengal in India, by scaling down the water and the stormy winds. This technique emphasizes that the memories after the traumatic incidence are just like ghosts. The counsellor helps painting the picture in different colours so that it becomes less distressing for the client to live with his memories.

14.19.5 Eye Movement Desensitization and Reprocessing (EMDR)

EMDR counselling was designed to reduce distress levels associated with traumatic episodes and incidental memories. It helps in accessing intrusive memories and brings them on the surface. These memories and experiences are then resolved to relieve negative feelings associated with them. During sessions, the main goal of the counsellor is to remove obstacles in the path of mental healing by reducing physiological arousal and reformulation of negative beliefs. Counsellor adopts some gestures like lateral eye movements along with various external cues (audio stimulation and hand tapping).

14.19.6 Emotional Freedom Technique (EFT)

Emotional freedom technique was derived from Thought Field Therapy (TFT). It includes tapping some points on the upper half of the body by a counsellor. This technique is generally opted when there is a history of intrusive or unwanted touch. However, the literature is scanty and not many

researches have been conducted so far on emotional freedom technique. Therefore, it is hard to conclude about the efficacy of emotional freedom technique.

Points to remember: Counselling in Trauma

- ***Psychological trauma*** *is referred to the unique individual experience in which the ability to integrate emotional experiences is highly affected by an event.*
- *The event is perceived as a threat to the life support system and psychological integrity of an individual.*
- ***Types of psychological trauma:*** *acute trauma, chronic trauma, complex trauma.*
- *It is a well-known fact that almost 70% of the adults experience trauma during their lives, however, only 20% of them develop severe symptoms.*
- ***Goals of psychotherapy in clients dealing with trauma:*** *Reducing the impact of traumatic event, restoring levels of self-esteem, developing better coping strategies, reducing the impact of the flashes and stressful & intrusive memories.*
- ***Counselling techniques in Psychological Trauma:*** *Trauma-focused cognitive behavioural therapy, Cognitive processing therapy, Prolonged exposure therapy, Imagery re-scripting, Eye movement desensitization and reprocessing, Emotional freedom technique (EFT).*
- ***Trauma-focused cognitive behavioural therapy:***
  - *To change or modify emotional states and behaviour, one needs to understand cognitive aspects in depth.*
  - *It includes helping patients identify their dysfunctional thought patterns, providing another trajectory for the alternative thoughts and re-building beliefs and self-esteem of the client.*
- ***Cognitive Processing Therapy***
  - *CPT assumes that the client tries to understand traumatic events and develop distorted notions as a part of the aftermath.*
  - *Counseling helps the client in activating memory based cognitive structures and identification of maladaptive beliefs.*
- ***Prolonged exposure therapy***
  - *It assumes that traumatic events are usually followed by their emotional processing.*
  - *This includes two techniques: imaginal exposure and in-vivo exposure.*
- ***Image re-scripting***

- *In this technique, clientis told to reimagine traumatic incidences by using his imagination.*
- *It emphasizes that the memories after the traumatic incidence are just like ghosts.*

- ***Eye movement desensitization and reprocessing***
  - *The main goal of the counselling is to reduce physiological arousal and reformulation of negative beliefs.*
  - *It aims towards the reduction of distress levels associated with traumatic episodes and incidental memories.*
- ***Emotional freedom technique (EFT)***
  - *Emotional freedom technique was derived from Thought Field Therapy (TFT).*
  - *It is generally opted when there is a history of intrusive or unwanted touch*

Self Assessment Questions 4

1) What is trauma?

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2) What are the different types of trauma?

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3) List different types of counselling techniques used in Trauma.

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4) Trauma-focussed CBT helps the clients to identify their _____ thought patterns.

5) Prolonged Exposure Therapy works on the two main components: _____ and _____.

14.20 LET US SUM UP

Special population is mainly comprised of those people who have been marginalised. They are the most vulnerable part of a society. Their need for love, affection, affiliation, respect etc. are often neglected due to various

reasons which further deteriorate their health conditions and make their lives difficult with a feeling of guilt and frustrations.

In geriatric population, there is a decline in the effective functioning of bodily parts or organs with the age. This is the most common root cause of many problems in late adulthood like dementia, delirium, depression, anxiety, loss of independence, higher vulnerability, sleep issues, and increased social isolation. Commonly employed counselling techniques for the treatment of these issues are cognitive behavioural therapy, reminiscence therapy, interpersonal therapy, psychodynamic therapy, and gestalt therapy. These therapies reduce their agony and frustrations and helps them in the management of their emptiness and affected emotional states.

HIV/AIDS is one of the most debilitating and notorious form of disorder which decreases the overall immune levels in an individual. It opens a window for other types of infections (opportunistic infections) like tuberculosis and pneumonia. HIV/AIDS is also responsible for altering psychological states of an individual and causes some psychological disorders like major depressive disorders, bipolar disorders, substance use disorders, severe levels of stress and anxiety, suicidal ideation, and neuropsychological impairment. Some commonly used forms of HIV/AIDS counselling are client-initiated counselling, provider-initiated counselling, pre-test counselling, post-test counselling, crisis intervention, and couple counselling. These are very useful in decreasing the overall psychosocial impact of the disease and let clients live their lives with grace.

We also studied about terminal illnesses which are responsible for reducing the lifespan of an individual perhaps up to some months or even few weeks. Some prominent symptoms of certain psychological disorders like depression, higher levels of anxiety, and even rage and frustration are commonly seen in terminally ill patients. For reducing the intensity of these symptoms, various forms of counselling are used. These are grief counselling, problem-focused counselling and supportive expressive psychotherapies. These are primarily based on principles of psychodynamic approach, humanistic approach, behavioural approach, and familial approach.

Regarding psychological trauma, almost 70% of adults experience some or other form of the trauma during their lives. But only 20% of them develop severe symptoms like contributing to PTSD or any other psychological disorder. Some short-term or long-term modalities are available for reducing the harsh impacts of stressful traumatic events. These are trauma-focused CBT, cognitive processing therapy, prolonged exposure therapy, image re-scripting, eye movement desensitization and reprocessing, and emotional freedom technique (EFT).

Special populations are highly sensitive and susceptible to many hazards and prejudices. They are the struggling part of the society who need critical care and psychological management. All forms of counselling techniques

mentioned in this Unit are commonly used in clinical settings and are highly effective.

14.21 KEY WORDS

Geriatric: Refers to the study of older population.

Structured Interview: It includes asking certain questions in a predefined sequence.

Group Counseling: It refers to providing counselling in a group setting in whichclients having similar needs and relative life experiences are enrolled.

Reminiscence Therapy: It includes recalling and re-experiencing of major events and rebuilding perceptions related to them.

Crisis Intervention: It is a short-term intervention plan to resolve emotional, physical or psychological problems in clients

Bereavement Counseling: It aims to help the client to cope with the potential losses which may evoke physical, emotional or cognitive reactions and develop an understanding about internal conflicts.

Imagery Rescripting: It is a technique in which clientis told to reimagine traumatic incidences by using his imagination.

14.22 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) all of the above
2) an increased vulnerability to physical and psychological disorders
3) confidentiality
4) cognition, emotion and behaviours
5) structured, semi-structured or unstructured

Self Assessment Questions 2

1) T-lymphocytes
2) Anti-Retroviral Therapy
3) Unprotected sex, Illicit injectable drug use, from an infected mother to the child via breast feeding.
4) Pre-Test Counselling, Post-Test Counselling, Crisis Intervention, and Grief counselling.
5) Complex drug regiments and side-effects of medicines, Attached stigmas with HIV/AIDS, Social rejection

Self Assessment Questions 3

1) All of the above
2) Intrapsychic conflicts
3) All of the above
4) Some common symptoms of certain psychological disorders like depression, higher levels of anxiety, and even rage and frustration
5) Denial, Anger, Bargaining, Depression, Acceptance
6) It is based on the philosophy that death is an inevitable event. The main focus is on the purpose of the life and giving a meaning to the life. Counsellor helps to let the client express hidden fears, reaching up to the stage of self-actualization and develop better social relationships.
7) Behavioural approach focuses on overt as well as covert behaviour of a person. Behavioural techniques have been proved to be useful for reducing the overall tension, fear, anxiety or any distress. The main aim of the behavioural therapy is to help the client in gaining a perceived sense of control over his body and mind.
8) Person suffering from the terminal illness often develop a need of love and affection especially from their family members. Client and family members are encouraged to express their hidden feelings and develop a congruence among them.

Self Assessment Questions 4

1) Trauma is an exaggerated and intense response of an individual to highly stressful event like a natural disaster, physical abuse, an accident, etc.
2) Types of Trauma are Acute Trauma, Chronic Trauma and Complex Trauma
3) Trauma-focused cognitive behavioural therapy, cognitive Processing Therapy, Prolonged exposure therapy, Imagery rescripting, Eye movement desensitization and reprocessing, Emotional freedom technique (EFT)
4) Dysfunctional
5) Imaginal exposure & In-vivo exposure

14.23 UNIT END QUESTIONS

1) What are geriatric syndromes? How do they affect the quality of life of the individual?
2) List some changes that occur in older people as a result of ageing.
3) Delineate the concept of counselling in geriatrics. Explain important counselling approaches used in geriatric population.

4) Differentiate between pre- and post-test counselling in HIV/AIDS and highlight their relevance.

5) What are the common barriers associated with HIV counselling?

6) State the goals of counselling for terminally ill patients.

7) Explain grief counselling in detail.

8) Write a short note on problem-focussed psychotherapies in terminal illness.

9) Explain trauma and its types. How trauma can be fatal for the psychological well-being of the client?

10) Write a short note on trauma focussed CBT.

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