

II B.SC PSYCHOLOGY

21CPS4B-COUNSELLING AND GUIDANCE

UNIT I INTRODUCTION

Definitions of Counselling - Important periods in development of counselling - The potential of man – Counselling and Psychotherapy - Counselling and related fields – Counselling as helping relationships – Counselling as a Solution to Human Problems –Counselling for contemporary issues.

Definition of counseling

- Counseling is a scientific process of assistance extended by an expert in an individual situation to a needy person. Counseling involves relationship between two persons in which one of them (counselor) attempts to assist the other (counselee or client) in so organizing himself as to attain a particular form of happiness, adjusting to a life situation
- **Merriam-Webster-Professional guidance** of the individual by utilizing psychological methods especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes.

Important periods in development of counselling

- Human beings have found comfort in sharing their problems or telling their story to others.
- The old saying a problem shared is a problem halved' tells us one universal human truth that when things get difficult or we have to make decisions in our life.
- Sometimes we need someone to listen and hear our story so we can get a better idea of our options

FAMILY AND RELIGION

- The long tradition of counseling is first of **family members** helping with **advice**. Parents counsel their children.
- **Grandparents** and other family **elders offer the wisdom** of the years.
- In a close community, there may also be **tribal elders** or others with a concern for mental well- being.
- For the individual, the **priest offers confidentiality** that enables **discussion of family matters** or things that are secret from the family.
- The church tended to view mental illness as some form of possession and treatment, **including exorcism**, was of the soul rather than the body.
- Those with more incurable issues were generally tolerated. The village idiot was found a place in the fields and others were cared for or handled within the community.

THE INDUSTRIAL REVOLUTION

- With the age of the enlightenment and the rise of the industrial revolution through **the eighteenth and nineteenth centuries**, populations became mobile as they sought employment in towns and cities that were often far from their original homes, this **separated them from their natural counselors**, although **the religious support was still available**.
- Yet with the rise of science, the power of the **church declined** and it was not always able to give the help that was needed.
- Police forces were developed In small communities the power of shame and the threat of banishment is enough to sustain social control
- In the cruel days of misfit sideshows, the asylum was just another place to go and laugh at these less fortunate

THE RISE OF PSYCHOTHERAPY

- **Hypnotism** had been known about for some time (Mesmer lived around the turn of the eighteenth century), and was popular through the nineteenth century and was used as an informal therapeutic method.

- With the continued development and dominance of **scientific medicine. Medical science took** over as **the caretakers of the mentally disturbed** and a new age of and discipline of psychiatry arose towards the end of the nineteenth century

SIGMUND FREUD

- Perhaps the most **significant pioneer in seeking to understand and treat mental problems**, at least in those who lived in normal society but who suffered from emotional and behavioral difficulties.
- Rather than **try to treat mental problems as a physical issue, he chose to listen to them and try to work** out what was happening from what they said, and then apply treatment in the opposite direction, again through words.
- Freud was still trapped by notions of his day, such as the assumption that mental problems had an **emotional basis and the derivation of ideas such as libido came from nineteenth century biological theories**

BEHAVIORISM AND HUMANISM - In the way that a thing creates its opposite, the assumptions of psychoanalysis were challenged in the scientific search for hard evidence, and behaviorism and conditioning became popular for the focus on the **external, measurable behavior**

- **Carl Rogers, Albert Ellis, Eric Beme and Abraham Maslow.** Their experience at the middle of attention, as opposed to the more therapist and method focus of psychoanalysis. This may seem unfair but the humanist approach is just that-human. It sees the client as a collaborative partner, not as a patient to be treated by an expert Humanism, even more than Behaviorism and quite unlike Psychoanalysis, has a focus on the present rather than the past.

SECULAR SOCIETY

- With the **decline of the church as a social institution** that exists at the heart of the community and the lives of its people, there arose a vacuum of meaning and care.
- With family far away and tickle friends who enjoy the fun but step back when **emotional support is needed**, a person can be out and dancing yet feel terribly alone.
- It was this need, this pull, that created the new disciplines of therapy and counseling
- Those who wanted just to do good and those who saw the social imperative worked to develop ways and means of putting people back together and back into society

TWENTIETH CENTURY EXPANSION

- Psychotherapy first caught on in a significant way in the USA.
- Humanism in particular, as described above, was a particularly American approach.
- Counseling happens in the social community, in schools and colleges as well as homes. is often paid for by the community or is voluntarily offered (such as the Samaritans).
- Therapy is more likely to be a private practice. Therapy is largely found in the therapist's work room. Counseling addresses issues from small to large. Therapy tends to deal in the bigger issues. There have been views of counseling and therapy as a means to social change.
- The perception of the client can significantly affect the counselor's view and hence how they interact with them.

THE POTENTIAL OF MAN

- The innate ability of every person to live and perform in alignment with their highest self.

- Human potential is the capacity for humans to improve themselves through studying, training, and practice to reach the limit of their ability to develop aptitudes and skills

Human potential movement:

- Abraham Maslow is considered to be father of human potential and self actualization research
- In his well known hierarchy of needs he hypothesized that all human beings strive towards our higher self actualization
- But we are unable to move towards our higher selves if certain foundational needs aren't met.
- These includes our safety, security and connection of others.

Maslow's hierarchy of needs was first introduced in Abraham Maslow's 1943 paper, "A Theory of Human Motivation". Maslow later refined this theory in 1954 with his book, "Motivation and Personality".

PHYSIOLOGICAL NEEDS

Physiological needs are the lowest level of Maslow's hierarchy of needs. They are the most essential things a person needs to survive. They include the need for shelter, water, food, warmth, rest, and health. A person's motivation at this level derives from their instinct to survive.

SAFETY NEEDS

The second level of Maslow's hierarchy of needs consists of safety needs. Safety, or security needs, relate to a person's need to feel safe and secure in their life and surroundings. Motivation comes from the need for law, order, and protection from unpredictable and dangerous conditions.

LOVE AND BELONGING NEEDS

The third level of Maslow's hierarchy of needs is love and belonging needs. Humans are social creatures that crave interaction with others. This level of the hierarchy outlines the need for friendship, intimacy, family, and love. Humans have the need to

give and receive love; to feel like they belong in a group. When deprived of these needs, individuals may experience loneliness or depression.

ESTEEM NEEDS

The fourth level of Maslow's hierarchy of needs is esteem needs. Esteem needs are related to a person's need to gain recognition, status, and feel respected. Once someone has fulfilled their love and belonging needs, they seek to fulfill their esteem needs.

SELF-ACTUALIZATION NEEDS

The fifth and final level of Maslow's hierarchy of needs is self-actualization needs. Self-actualization relates to the realization of an individual's full potential. At this level, people strive to become the best that they possibly can be.

The need for self-actualization can manifest in different ways, such as:

- Obtaining skills (e.g., [financial modeling](#) skills)
- Continued education (e.g., [online training courses](#))
- Utilizing skills, knowledge, and talents
- Pursuing life dreams
- Seeking happiness

COUNSELLING AND PSYCHOTHERAPY

The term counselling and psychotherapy are often used interchangeably. Though they have similar meanings with considerable overlap, there are some important distinctions between the two that are helpful to keep in mind when looking for a mental health care provider.

COUNSELLING: Counselling sometimes called talk therapy is a conversation or series conversation between a counselor and client. Counselling usually focus on a specific problem and taking steps to address or solve it. Problems are discussed in the present tense without too much attention on the role of past experience.

PSYCHOTHERAPY: It is based on a healing relationship between a health care provider and client. Psychotherapy or therapy for short also takes place over a series

meeting though often it has a longer duration than counselling. Psychotherapy considers overall patterns, chronic issues, and recurrent feelings.

COUNSELLING	PSYCHOHERAPY
Counselling services can be provided in a variety of setting such as schools, college and mental health clinics.	Psychotherapy is typically offered in settings such as private practice, hospitals and mental health Centre.
Counselling is a short term process which focus on one individual issue at a time	Psychotherapy is a long term process which involves long period of working with the same client
Address issues in a less in depth manner	Address issues in a very deep manner
Counselling is used with normal individuals	It is used with those who are severely disturbed
Deal with client who are fit enough to think rationally and find solutions to their problems by themselves	Involve individuals who are dependent on the psychotherapist to gain control over their personality, emotion and behavior
It might be focused on one particular difficulty which is caused by current circumstance	Focused on a number of difficulties originating from past and present life
Works with conscious processes and thoughts	Works with the conscious, sub conscious and unconscious process and thought
Counselling is mostly directive	Psychotherapy is less directive

COUNSELLING AS HELPING RELATIONSHIP

- The helping relationship a constant throughout the counselling or psychotherapeutic process.
- The relationship must be present from the initial meeting between the client and the counselor or therapist and continue through close viewing the helping relationship as a constant throughout the helping process leads to visualizing this process from developmental perspective

Persons who experience the process of personal counseling seem to progress through several stages.

- First, there is an **increased awareness of self and others)**
- Second, there is an **expanded exploration of self and environment** (positive and negative behavioral tendencies)
- Third there is **increased commitment to self-enhancing behavior and its implementation,**
- Fourth there is an **internalization of new and more productive thoughts and actions**
- Fifth, there is a **stabilization** of new behavior.

FOUR DISTINCTIVE STAGES IN COUNSELLING:

Relationship development. This stage includes the initial meeting of client and counselor or therapist, rapport building, information gathering, goal determination, and informing the client about the conditions under which counseling will take place

Extended exploration. This stage builds on the foundation established in the in the first through selected techniques, theoretical approaches and strategies, the counselor or therapist explores in depth the emotional and cognitive dynamics of the person of the client problem parameters, previously told solutions, decision making capabilities, and a reevaluation of the goals determined in Stage 1

Problem resolution. This stage, which depends on information gained during the previous two stages, is characterized by increased activity for all parties involved. The counselor's or therapist's activities include facilitating, demonstrating, instructing, and providing a safe environment for the development of change.

Termination and follow-up. This stage is the closing stage of the helping relationship and is cooperatively determined by all persons involved. Methods and procedures for follow-up are determined prior to the last meeting.

It is important to keep in mind that people do not automatically move through these identified stages in a lockstep manner. The relationship may end at any one of these stages based on decisions made by the client, the counselor or therapist, or both. Nor is it possible to identify the amount of time that should be devoted to any particular stage. With certain clients, much more time will need to be devoted to specific stages.

COUNSELLING AS A SOLUTION TO HUMAN PROBLEM

- Counselling is an art, and just like any other profession it requires several years of theory- based training, practicums, hours of seeing clients, and supervision.
- Problem solving is the process of identifying a problem, prioritizing, selecting alternatives for a solution and evaluating outcomes.
- Helping the client notice these times can help reduce the feeling of being overwhelmed by the problem or challenge and can help identify things that they or others are already doing to help solve the problem or challenge.

Problem-Solving Therapy

- Problem-solving therapy is a treatment that helps people take action in their lives, helping them cope with difficulties, and teaching them to proactively solve their problems.

- Problem-solving therapy has been the subject of recent scientific research, showing it can be helpful not only with psychological problems, but with physical illness as well.

THE CORE COMPONENTS OF PROBLEM-SOLVING THERAPY ARE DESCRIBED BELOW:

Addressing problem orientation: Every person has learned to approach problems differently some people naturally take a more submissive avoid the problem or associated conflict. Others take a compulsive approach, addressing the problem aggressively, but without much introspection or creativity. During treatment, thoughts, attitudes, and strategies for solving problems are assessed, and weaknesses are addressed through cognitive and behavioral techniques.

Clearly defining problems: Often people are hindered from solving the problems they face because they cannot clearly define what the actual problem is. For instance, if you identify that you are constantly stressed out at work, you might think that the anxiety is the problem to be solved. In reality, it may be that a lack of assertiveness with your boundaries is the actual problem, resulting in others delegating more work to you, and ultimately in you feeling increased stress.

Brainstorming and evaluating solutions: People who come to therapy often feel so overwhelmed by the magnitude of the things causing them distress, they feel it is a hopeless task to do anything to address their difficulties. By considering a multitude of potential solutions, problems increasingly feel more solvable. Thus people are more likely to take act to solve them.

Taking Action: Breaking down a problem into a series of achievable steps further helps people to actively address their problems. And rather than identifying a goal that feels overwhelming, in problem-solving therapy people learn to only plan what they are

confident they can accomplish. Slowly and surely, by chipping away at large tasks, people solve their problems.

COUNSELING AND RELATED FIELDS

Counselors work in diverse settings, but they also can work in equally diverse fields. In most cases, a master's degree is required for a counseling job, with some background in the field you plan to enter, such as education, substance abuse, or rehabilitation.

VOCATIONAL COUNSELORS OR CAREER COUNSELORS:

- Help individuals and groups with career, personal goals, social and educational counseling.
- Many times, counselors in this field work with individuals who feel unsatisfied with their career choices, but who are afraid to make changes because of emotional issues or family or financial constraints.
- This type of counselor can work with people of all ages, from adolescents who want to explore career options to professionals who want to make career changes.
- Career counselors typically have a background in vocational, industrial, or organizational psychology.

SCHOOL COUNSELORS

- Help students at all levels to understand and cope with social, behavioral, and personal problems.
- School or education counselors emphasize preventive and developmental counseling to enhance students' personal, social, and academic growth and to provide students with the life skills needed to deal with problems before they worsen.
- School counselors often provide special services, including alcohol and drug prevention programs, conflict resolution classes, vocational counseling, and also try

to identify cases of domestic abuse and other family problems that can affect a student's development

REHABILITATION COUNSELORS

- Provide counseling, guidance and case management services to persons with disabilities to assist them in achieving their psychological, personal, social, and vocational goals.
- Such help may include providing education, and advocacy services to individuals, families, employers, and others in the community Rehabilitation counselors work toward increasing the person's capacity to live independently by facilitating and coordinating with other service providers.

MENTAL HEALTH COUNSELORS

- Work with individuals, families, and groups to address and treat mental and emotional disorders and to promote mental health.
- They are trained in a variety of therapeutic techniques used to address issues such as depression, anxiety, addiction and substance abuse, suicidal impulses, stress, trauma, low self-esteem, and grief.
- They also help with job and career concerns, educational decisions, mental and emotional health issues, and relationship problems.

SUBSTANCE ABUSE AND BEHAVIORAL DISORDER COUNSELORS

- Help people who have problems with alcohol, drugs, gambling, and eating disorders.
- They counsel individuals to help them to identify behaviors and problems related to their addiction.
- Counseling can be done on an individual basis, but is frequently done in a group setting and can include crisis counseling, daily or weekly counseling, or drop-in counseling supports

- Often, these counselors also will work with family members who are affected by the addictions of their loved ones

Directive Counseling: Under directive counselling the counsellor issues certain instructions for the counsellee or he is directed to do certain things eg he is asked to behave in a particular manner asked to abstain from alcohol or drug, asked to respect his colleagues and superiors

Non Directive Counseling: Under non directive counselling counsellor does not issue directions but observe the behaviour and attitude of the counsellee towards his work and his colleagues and superiors and subordinates. If he errs then counsellor comes to his rescue and corrects him realizing him that he was wrong. He will not issue him any instructions or will not direct him.

Cooperative Counseling This is a kind of counselling that can be done through extending full cooperation to the counsellee and makes him realize his mistakes relating to his behaviour and attitudes so that he himself will be back on the track and improve himself. It is winning the heart of the counsellee through cooperation. His confidence will be won by the counsellee and he in turn will extend his cooperation and become self disciplined.

Marital and Family Counseling Employees need counselling in respect of marriage and family problems. The troubled employees can discuss out their problems with the counsellor who can take them into confidence and prescribe solutions for their ills.

Grief counselors practice a form of psychotherapy that aims to help people cope with grief and mourning following the death of loved ones, or with major life changes that trigger feelings of grief, such as divorce. There is a distinction between grief counseling and grief therapy.

Financial counseling also is known as debt counseling, credit counseling, or financial advising, depending upon the type of financial requirements that a person or family

needs. While some counseling may deal with financial troubles, other forms of advisement can point to investments, asset allocation, and portfolio diversification. Counselors in this field should have some training in investments, banking, and budgets

Individual Counseling - Individual counseling is a one-on-one counseling process of a patient and a trained psychologist, where the patient seeks to achieve certain goals. It is mainly a process of self-discovery and overcoming your problems, where a person works out his/her issues under the guidance of an expert.

Employee counseling or Industrial counseling -. Employee counseling is a psychological health care intervention which can take many forms. Its aim is to assist both the employer and employee by intervening with an active problem-solving approach to tackling the problems at hand.

COUNSELLING FOR CONTEMPORARY ISSUES

Contemporary Issues: A contemporary issue refers to an issue that is currently affecting people or places and that is unresolved.

- Suicide
- Child abuse, Sexual abuse
- Covid 19 lockdown impact
- Loss of loved ones
- Unemployment
- Career guidance
- Social issue
- Economic issue
- Other current issue
- War

Suicide

Psychotherapy

Psychotherapy, or talk therapy, helps people understand how their thoughts, feelings, and experiences impact their mental health. It then helps people work through their emotions and find ways to move forward.

There are many types of psychotherapy. Some popular options include cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT).

CBT teaches people to identify and, over time, replace unhelpful thoughts that negatively affect their mood with more balanced, realistic alternatives. DBT helps individuals to recognize negative thoughts and learn skills that boost coping methods in unsettling situations.

Medication

Many people who think about suicide may have a mental health condition, such as anxiety, depression, or a substance use disorder. Medications may help treat the symptoms of these conditions and regulate a person's mood.

Grief Counseling

Grief counseling, also known as bereavement therapy, is a form of therapy intended to help you cope with loss, like the death of a partner, family member, friend, colleague, or pet.

Techniques

Grief counseling involves talking about the person you lost, your relationship with them, how they died, how their death has impacted you, and how you're coping with it. These are some of the techniques that grief counselors or therapists may use:

- **Acceptance and Commitment Therapy (ACT):** ACT is a form of psychotherapy that encourages you to accept negative feelings and

circumstances so you can begin to focus on healthier patterns that can help you reach your goals.

- **Cognitive Behavior Therapy (CBT):** CBT is also a form of psychotherapy. It involves identifying and changing thought patterns that can negatively influence your behavior.
- **Group Therapy:** This form of therapy is carried out in a group setting. It can be comforting to share your feelings with other people who are going through the same thing you are and work toward recovery together.
- **Art Therapy:** Art therapy uses creative forms to express your emotions and promotes healing. It can be helpful to people of all ages, including children, who may struggle to communicate their feelings.
- **Play Therapy:** Play therapy is often used to help gain insights into a child's thoughts and feelings in order to help them process unresolved emotions and build constructive behavior patterns

UNIT II APPROACH TO COUNSELLING

The Cognitive Approach - Psychoanalytical Approach - Humanistic Approach - Behavioristic Approach – Existential Approach - The Eclectic Approach.

COGNITIVE APPROACH

History

- Cognitive Therapy (CT) was pioneered by **Dr. Aaron T. Beck** in the 1960s, while he was a psychiatrist at the University of Pennsylvania.
- Having studied and practiced psychoanalysis, Dr. Beck designed and carried out several experiments to test psychoanalytic concepts of depression.
- As a result of his findings, Dr. Beck began to look for other ways of conceptualizing depression.
- He found that depressed patients experienced streams of negative thoughts that seemed to arise spontaneously.
- He called these cognitions “automatic thoughts.” He found that the patients’ automatic thoughts fell into three categories. The patients **had negative ideas about themselves, the world and/or the future.**
- Dr. Beck began helping patients identify and evaluate these automatic thoughts. He found that by doing so, patients were able to think more realistically.
- As a result, they felt better emotionally and were able to behave more functionally. When patients changed their underlying beliefs about themselves, their world and other people, therapy resulted in long-lasting change. Dr. Beck called this approach “cognitive therapy.” It has also become known as “cognitive behavior therapy.”

Philosophical Assumptions:

- Cognitions affect and cause behavior and emotions.
- Cognitions can be measured, monitored, and altered.

Key Concepts:

• **Automatic thought:** is a brief stream of thought about ourselves and others. Automatic thoughts largely apply to specific situations and/or events and occur quickly throughout the day as we appraise ourselves, our environment, and our future. We are often unaware of these thoughts, but are very familiar with the emotions that they create within us.

Intermediate Belief/ Assumption: These are attitudes or rules that a person follows in his/her life. Intermediate beliefs can often be stated as conditional rules: "If x , then y." They may be about oneself, Others and Life/World If... then, I need to.... (will be with conjunctions)

Core Beliefs

- Formed by our early/past experiences

Important Events

- Trigger our core beliefs to come up

Intermediate Belief

- Helps to predict what is going to happen in our life

Automatic Thoughts

What we do and what we feel

- **Core belief:** Core beliefs are often formed in childhood and solidified over time as a result of one's perceptions of experiences. Generally core beliefs tend to be rigid and pervasive. It can also be about oneself, others.

Techniques:

Cognitive restructuring: It involves four steps

1. **Identification of problematic cognitions** known as "automatic thoughts" (ATs), Intermediate beliefs and core beliefs which are dysfunctional or negative views of the self, world, or future based upon already existing beliefs about oneself, the world, or the future.

2. **Identification of the cognitive distortions in** the ATs and/or intermediate beliefs and/or core beliefs

3. **Rational disputation through persuasion**, suggestion, instruction and discovery of new ways of thinking

4. Development of a rational avoidance to the ATs

Cognitive Distortions:

Some common cognitive distortions (errors) are given below.

1. Filtering

A person engaging in filter (or “mental filtering”) takes the negative details and magnifies those details while filtering out all positive aspects of a situation.

For instance, a person may pick out a single, unpleasant detail and dwell on it exclusively so that their vision of reality becomes darkened or distorted. When a cognitive filter is applied, the person sees only the negative and ignores anything positive.

2. Polarized Thinking (or “Black and White” Thinking)

In polarized thinking, things are either “black-or-white” — all or nothing. We have to be perfect or we’re a complete and abject failure — there is no middle ground.

3. Overgeneralization

In this cognitive distortion, a person comes to a general conclusion based on a single incident or a single piece of evidence. If something bad happens just once, they expect it to happen over and over again. A person may see a single, unpleasant event as part of a never-ending pattern of defeat.

4. Jumping to Conclusions

Without individuals saying so, a person who jumps to conclusions knows what another person is feeling and thinking — and exactly why they act the way they do.

For example, a person may conclude that someone is holding a grudge against them, but doesn’t actually bother to find out if they are correct.

5. Catastrophizing

When a person engages in catastrophizing, they expect disaster to strike, no matter what. This is also referred to as *magnifying*, and can also come out in its opposite behavior, minimizing.

6. Personalization

Personalization is a distortion where a person believes that everything others do or say is some kind of direct, personal reaction to them. They literally take virtually everything personally, even when something is not meant in that way

Blaming

When a person engages in blaming, they hold other people responsible for their emotional pain. They may also take the opposite track and instead blame themselves for every problem — even those clearly outside their own control.

Shoulds

Should statements (“I should pick up after myself more...”) appear as a list of ironclad rules about how every person should behave. People who break the rules make a person following these should statements angry.

Emotional Reasoning

The distortion of emotional reasoning can be summed up by the statement, “If I feel that way, it must be true.”

Global Labeling

In global labeling (also referred to as mislabeling), a person generalizes one or two qualities into a negative global judgment about themselves or another person. This is an extreme form of overgeneralizing.

Always Being Right

When a person engages in this distortion, they are continually putting other people on trial to prove that their own opinions and actions are the absolute correct ones.

PSYCHOANALYTICAL APPROACH:

Developed by Sigmund Freud in 1896 inspired by Jean- Martin Charcot and Josef Breuer. 1873 – Freud joined to study M.D in Vienna, Austria. He was introduced to Breuer while he was doing his MD. Breuer was treating a patient with nick name ‘Anna O’. Anna O was suffering from Conversion Disorder/Somatoform Disorder. He used a method called ‘Talking Cure/Therapy’ and helped her to heal herself.

IMPORTANT CONCEPTS

1. Levels of consciousness

There are 3 levels of consciousness - the conscious, the preconscious, and the unconscious.

- The **conscious includes** *sensations and experiences that* the person is aware of at any point in time. Examples include awareness of being warm or cold and awareness of this book or of a pencil. Conscious awareness is a very small part of a person’s mental life.
- The **preconscious/subconscious** *includes* memories of events and experiences that can easily be retrieved with little effort. Examples might include a previous examination taken, a phone call to a friend, or a favorite dessert that was eaten yesterday. The preconscious forms a bridge from the conscious mind to the much larger *unconscious*.
- *The* **unconscious which is the** container for memories and emotions that are threatening to the conscious mind and must be pushed away. Examples include hostile or sexual feelings toward a parent and forgotten childhood trauma or abuse.

2. Structure of personality

structure of personality: the **id, the ego, and the superego.**

- Briefly, the **id represents** unchecked biological forces, the superego is the voice of social conscience, and the ego is the rational thinking that mediates between the two and deals with reality.
- When conflicts among the id, ego, and superego develop, anxiety is likely to arise.
- When the id has too much control, individuals may become impulsive, self-indulgent, or destructive.
- When the **superego is too** strong, individuals may set unrealistically high moral or perfectionistic standards (superego) for themselves and thus develop a sense of incompetence or failure.
- Anxiety develops out of this conflict among id, ego, and superego. When the ego senses anxiety, it is a sign that danger is imminent and something must be done.

Ego Defense Mechanisms

Repression. Repression serves to remove painful thoughts, memories, or feelings from conscious awareness by excluding painful experiences or unacceptable impulses.

Denial. Somewhat similar to repression, denial is a way of distorting or not acknowledging what an individual thinks, feels, or sees.

Reaction formation. A way of avoiding an unacceptable impulse is to act in the opposite extreme.

Projection. Attributing one's own unacceptable feelings or thoughts to others is the basis of projection. When threatened by strong sexual or destructive drives

or moral imperatives, individuals may project their feelings onto others rather than accept the anxiety.

Displacement. When anxious, individuals can place their feelings not on an object or person who may be dangerous but on those who may be safe.

Sublimation. Somewhat similar to displacement, sublimation is the modification of a drive (usually sexual or aggressive) into acceptable social behavior.

Rationalization. To explain away a poor performance, a failure, or a loss, people may make excuses to lessen their anxiety and soften the disappointment.

Regression. To revert to a previous stage of development is to regress. Faced with stress, individuals may use previously appropriate but now immature behaviors.

Identification. By taking on the characteristics of others, people can reduce their anxiety as well as other negative feelings.

Intellectualization. by using reasoning, blocking confrontation with an unconscious conflict and its associated emotional stress – where thinking is used to avoid feeling. It involves removing one's self, emotionally, from a stressful event.

4. Psycho Sexual Stages of Development

Stage	Ages	Focus of Libido	Major Development	Adult Fixation Example
Oral	0 to 1	Mouth, Tongue, Lips	Weaning off of breast feeding or formula	Smoking, Overeating
Anal	1 to 3	Anus	Toilet Training	Orderliness, Messiness
Phallic	3 to 6	Genitals	Resolving Oedipus/ Electra Complex	Deviancy, Sexual Dysfunction
Latency	6 to 12	None	Developing Defense Mechanisms	None
Genital	12+	Genitals	Reaching Full Sexual Maturity	If all stages were successfully completed then the person should be sexually matured and mentally healthy.

Goals of Treatment

The main goal is to bring the unconscious material to the conscious awareness.

To bring about changes in a person's personality and character structure. In this process, patients try to resolve unconscious conflicts within themselves and develop more satisfactory ways of dealing with their problems. Self-understanding is achieved through analysis of childhood experiences that are reconstructed, interpreted, and analyzed.

Techniques:

The insight that develops helps bring about changes in feelings and behaviors.

1. Assessment
2. Free Association
3. Resistance

4.Interpretation

Humanistic approach: Carl Roger's Person-centred approach

History

Key Concepts of PCT

1. Core Conditions of Counselling
2. Immediacy
3. Advanced Empathy

Core Conditions of Counselling

To encourage disclosure, Rogers described 4 trust promoting conditions otherwise called as core conditions of counseling

1. Empathy
2. Unconditional Positive Regard
3. Congruence or Genuineness
4. Concreteness

1. Empathy

Empathy.: Understanding another's experience as if it were your own without ever losing the "as if" quality.

2. Unconditional Positive Regard

Caring for your client without setting conditions for your caring. (avoiding the message "I will care about you if you do what I want")

3. Genuineness

- Patterson defined genuineness as being you seem to be, consistent over time and dependable in the relationship. Rogers defined genuineness as the

characteristic of transparency, realness, honesty, or authenticity. He has also used the term Congruence to suggest that a genuine counsellor behaved in ways that are congruent with his/her self concept and consistent across time.

4. Concreteness: Using clear language to describe the client's life situation. A concrete counselor promptly seeks specifics rather than vague generalities. Counselors should be interested in specific feelings, specific thoughts and specific behaviours. Counselor should identify the important themes to be pursued.

2. Advanced Empathy

Egan poses 4 questions to get the content to communicate advanced empathy

- What is this person only half saying?
- What is this person hinting at?
- What is this person saying in a confused way?
- What messages do I hear behind the explicit message?

3. Immediacy: Immediacy refers to the current interaction of the therapist and the client in the relationship. Immediacy is when a counsellor talks openly about something that is occurring in the present moment of the session. Immediacy is not dumping your feelings/thoughts/opinions on your client.

Three Steps:

1. **Awareness of** what is happening including the unspoken messages between the two of you.

2. **Accurately reading** clues and deciding which interactions or messages need attention.

3. **Communicating your awareness. Usually** starts with "I"

View of Human Nature

- Human Beings are basically good and trustworthy
- All humanity has but one basic motivational force: an inborn tendency toward actualization
- They have the ability to understand and guide themselves.
- **Every human being has a self-concept** that includes our perceptions of what is characteristic of “I” or “me”, perceptions of our relationships to others/world, and the values attached to these perceptions.
- Incongruence takes place when there is a difference between what is being experienced and what is symbolized as part of a person’s self-concept.

No techniques were given by Rogers.

BEHAVIOURISTIC APPROACH

Maslow Hierarchy Viewpoint

Maslow’s hierarchy of needs is a theory of psychology explaining human motivation based on the pursuit of different levels of needs.

The theory states that humans are motivated to fulfill their needs in a hierarchical order. This order begins with the most basic needs before moving on to more advanced needs. The ultimate goal, according to this theory, is to reach the fifth level of the hierarchy: self-actualization.



History

Maslow's hierarchy of needs was first introduced in Abraham Maslow's 1943 paper, "A Theory of Human Motivation". Maslow later refined this theory in 1954 with his book, "Motivation and Personality".

PHYSIOLOGICAL NEEDS

Physiological needs are the lowest level of Maslow's hierarchy of needs. They are the most essential things a person needs to survive. They include the need for shelter, water, food, warmth, rest, and health. A person's motivation at this level derives from their instinct to survive.

SAFETY NEEDS

The second level of Maslow's hierarchy of needs consists of safety needs. Safety, or security needs, relate to a person's need to feel safe and secure in their life and surroundings. Motivation comes from the need for law, order, and protection from unpredictable and dangerous conditions.

LOVE AND BELONGING NEEDS

The third level of Maslow's hierarchy of needs is love and belonging needs. Humans are social creatures that crave interaction with others. This level of the hierarchy outlines the need for friendship, intimacy, family, and love. Humans have the need to give and receive love; to feel like they belong in a group. When deprived of these needs, individuals may experience loneliness or depression.

ESTEEM NEEDS

The fourth level of Maslow's hierarchy of needs is esteem needs. Esteem needs are related to a person's need to gain recognition, status, and feel respected. Once someone has fulfilled their love and belonging needs, they seek to fulfill their esteem needs.

SELF-ACTUALIZATION NEEDS

The fifth and final level of Maslow's hierarchy of needs is self-actualization needs. Self-actualization relates to the realization of an individual's full potential. At this level, people strive to become the best that they possibly can be.

The need for self-actualization can manifest in different ways, such as:

- Obtaining skills (e.g., [financial modeling](#) skills)
- Continued education (e.g., [online training courses](#))
- Utilizing skills, knowledge, and talents
- Pursuing life dreams
- Seeking happiness

Growth vs. Deficiency Needs

Maslow separated his hierarchy into two different overarching types of needs: growth needs and deficiency needs.

The main difference between growth and deficiency needs is the change in motivation as needs are met. Motivation increases as growth needs are met. Conversely, motivation decreases as deficiency needs are met.

Viktor Frankl's Existential Approach/Logo Therapy

Logotherapy is a term derived from “logos,” a Greek word that translates as “**meaning,**” and **therapy**, which is defined as treatment of a condition, illness, or maladjustment. Founded by **Viktor Frankl**.

Logotherapy is based on the premise that the human person is motivated by a “will to meaning,” an inner pull to find a meaning in life.

The following list of tenets represents basic principles of logotherapy:

- Life has meaning under all circumstances, even the most miserable ones.
- Our main motivation for living is our will to find meaning in life.
- We have freedom to find meaning in what we do, and what we experience, or at least in the stand we take when faced with a situation of unchangeable suffering.

History

- Victor Frankl was born in Vienna in 1905. He trained as a psychiatrist and neurologist.
- During World War II, Frankl spent about three years in various Nazi concentration camps, an experience that greatly influenced his work and the development of logotherapy.
- Frankl observed that those who were able to survive the experience typically found some meaning in it, such as a task that they needed to fulfill.
- For Frankl personally, his desire to rewrite a manuscript that had been confiscated upon arrival at Auschwitz was a motivating factor.
- After the camps were liberated, Frankl resumed his work as a neurologist and psychiatrist.
- In 1946, he published *Man's Search for Meaning*, outlining his experiences in the concentration camps as well as the basic tenets and techniques of logotherapy.

Man's Search for Meaning

Frankl identifies three psychological reactions experienced by all inmates to one degree or another:

- (1) shock during the initial admission phase to the camp,
- (2) apathy after becoming accustomed to camp existence, in which the inmate values only that which helps himself and his friends survive, and
- (3) reactions of depersonalization, moral deformity, bitterness, and disillusionment if he survives and is liberated.

Key Concepts

Finding Meaning with Logotherapy

According to Frankl, life's meaning can be discovered in three different ways:

- By creating a work or accomplishing some task
- By experiencing something fully or loving somebody
- By the attitude that one adopts toward unavoidable suffering

Suffering is part of life

Frankl believed that suffering is a part of life, and that man's ultimate freedom is his ability to choose how to respond to any set of given circumstances, even the most painful ones.

Additionally, people can find meaning in their lives by identifying the unique roles that only they can fulfill.

Techniques

Dereflection:

- Dereflection is used when a person is overly self-absorbed on an issue or attainment of a goal. By redirecting the attention, or dereflecting the attention away from the self, the person can become whole by thinking about others rather than themselves.
- Logotherapy is meaning-centered. Rather than asking what I want from life the question is what life wants from me. The person in crisis is very self-absorbed.

Paradoxical intention:

- Paradoxical intention involves asking for the thing we fear the most.

- In the application of paradoxical intention we use our capacity for self-distancing or self detachment through humor, heroism and the defiant power. We can poke fun at a tragic situation. Animals do not know how to laugh. Only humans can laugh. Only humans have a hierarchy of values that gives them something to live for.

Socratic dialogue:

- Socratic dialogue is a technique in which the logotherapist uses the own person's words as a method of self-discovery. By listening intently to what the person says, the therapist can point out specific patterns of words, or word solutions to the client, and let the client see new meaning in them. This process allows a person to realize that the answer lies within and is just waiting to be discovered.

ASSOCIATIVE LEARNING

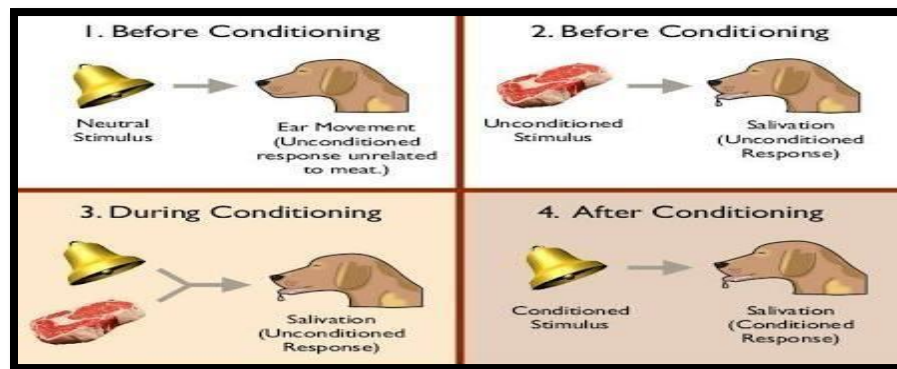
The first group of theory is association learning and learning basically involves making connection

- Classical conditioning
- Operant conditioning

CLASSICAL CONDITIONING

- The first experimental study is on the learning with the classical conditioning proposed by Ivan Pavlov the Russian physiologist in 1905 who was doing the research in physiology of digestion by using hungry dogs.
- The theory got the name classical because it is 1st experiment study of learning and before Pavlov's work. We had philosophical explanation like "tabula rasa" (blank slate) for learning.

- Conditioning refers to the process of connecting or joining the response to the unrealistic or artificial or natural stimulus.
- **Experiment:** Pavlov used the hungry dog for his experiment through the operation a tube was inserted into the salivary gland. So that saliva would be collected in measuring jar. The dog was made to stand on a table in a box .Pavlov presented the food to the dog and the dog salivated Pavlov called it has unconditioned stimulus [UGS]. The salivation to the food called as unconditional response[UR]. Then Pavlov presented the food alongwith the bell sound and after some trial the dog salivated to the bell sound. The Pavlov called the bell sound as the conditional stimulus [CS]. Salivation to bell sound conditional response[CR]
- ***This theory is also known as S-R theory.***



Principles of classical conditioning:

Laws of classical conditioning

- i. Law of acquisition
- ii. Law of extinction and spontaneous recovery
- iii. Law of generalisation
- iv. Law of discrimination

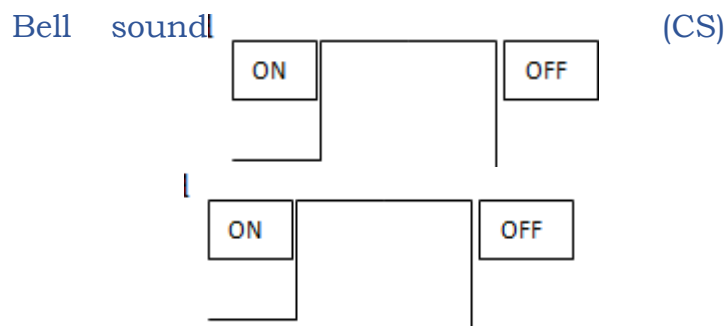
v. Law of higher order conditioning.

Law of acquisition: It explains how the learning takes place through practice or trial. A trial is a combination of food and the bells sound are “UCS AND CS”.

We have the variations of the combinations and based upon the variation, we have the following conditioning,

- Simultaneous conditioning
- Delayed conditioning
- Trace conditioning
- Backward conditioning

Simultaneous conditioning:

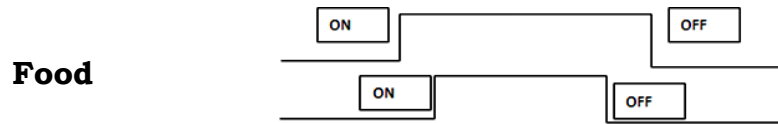


Food (VCS)

In simultaneous conditioning both bell sound and food are presented simultaneously

Delayed conditioning:

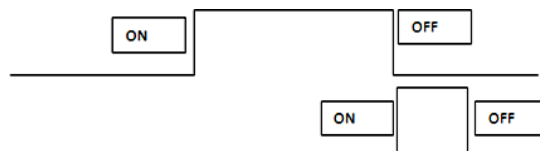
Bell Sound



In delayed conditioning the presentation of food or UCS is delayed

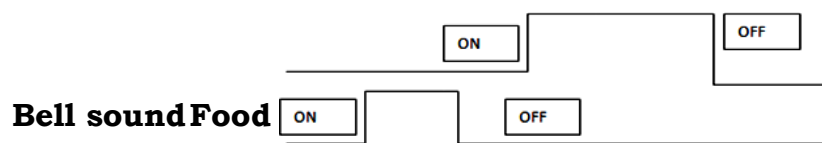
Trace conditioning:

Bell sound Food



Trace one after another. In trace conditioning the bell sound is presented first followed by presentation of food.

Backward conditioning:



In the backward conditioning the food is presented first followed by bell sound.

Learning will be more effective in the simultaneous conditioning and to some extent in delayed conditioning. Learning is poor in trace conditioning and will not take place in the backward conditioning.

Law of extinction:

In classical conditioning food plays a dual role

- a) Stimulus
- b) Reinforcement

If we don't give the food for many trials the learned response or CR or salivation gradually reduces and at one point it disappears. This gradual disappearance of learned response or CR is known as extinction.

One related event to the extinction is the spontaneous recovery. It refers to sudden reappearance of learned response or CR. It is also known as reconditioning. The reconditioning recovery is made possible by manipulating the food or UCS or reinforcement.

Law of generalization:

It is the law of stimulus generalization. The stimulus can also produce the response and both the responses must be given the reinforcement.

For eg: we have conditioned dog to salivate to the bell sound and not salivated to the buzzer sound. After some trial the dog will salivate both to the bell and buzzer sound. After some trials the dog will salivate both to the bell and buzzer sound because it received food for both sound.

Law of discrimination: The law of discrimination is the law of differentiation.

For eg: we have conditioned the dog to salivate to the bell and buzzer sound. Now the dog is presented only the bell sound and not the buzzer sound. After some trials the dog salivates only to the bell sound.

LAW OF HIGHER ORDER CONDITIONING

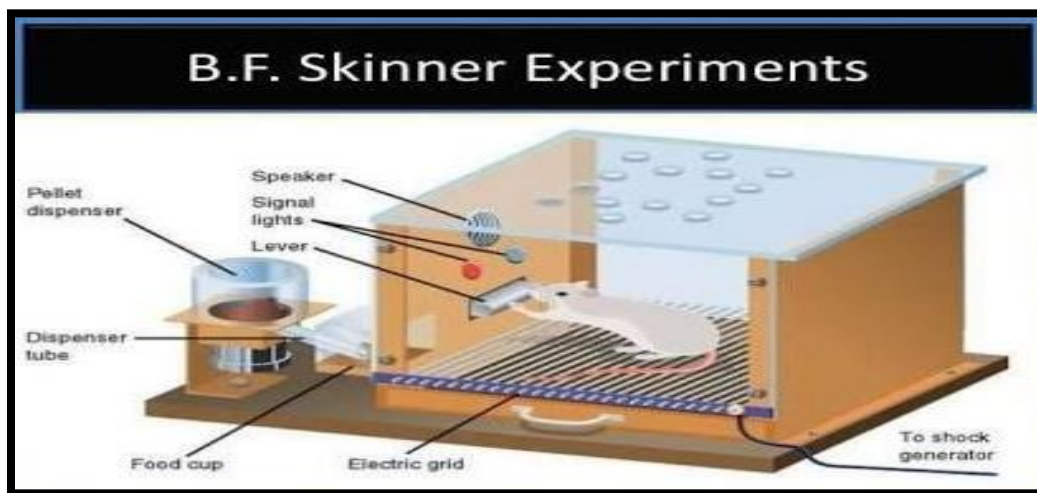
First we condition that the do to salivate to the bell sound and its known as first order conditioning. Add one more stimulus green light can be added and the do is presented with red light +bell+ sound +food. After some trial the do salivates to red light. It is higher order conditioning.

Green light+ red light +bell sound +food = salivation
Red light = salivation.

OPERANT CONDITIONING (or) INSTRUMENTAL CONDITIONING

It was proposed by American psychologist B.F. Skinner in 1930. Before skinner another American psychologist E.L.Thorndike proposed the instrumental conditioning. He proposed law of effect. Thorndike experimented with cat in puzzle box 1898-1911

Experiment: consists of wooden box with a grillwork at the bottom. It also have a tray and bar, skinner placed the hungry rat into the Skinner box and it ran randomly and accidently it pressed the bar food pellet was delivered in the tray. Here rat has leaned to press the bar. In Skinner experiment bar pressing is the response and food is the reinforcement .we connect the response to reinforcement this *theory called response – reinforcement theory*. In second part of the experiment a change was introduced when the rat pressed bar it not received the food but got electric shock but the rat learned to avoid the electric shock by not touching the bar. So, **it is avoidance learning**



REINFORCEMENT:

Both classical and operant conditioning makes use of the reinforcement. However operant conditioning is more important to the reinforcement.

Classification of reinforcement:

- ❖ Primary reinforcement
- ❖ Secondary reinforcement

Classification I:

Primary reinforcement:

It is the one which has the survival value. Eg: Food, Water, Shelter, air

Secondary reinforcement:

These are the reinforcement which has the acquired value. Eg: Money, food.

Classification II:

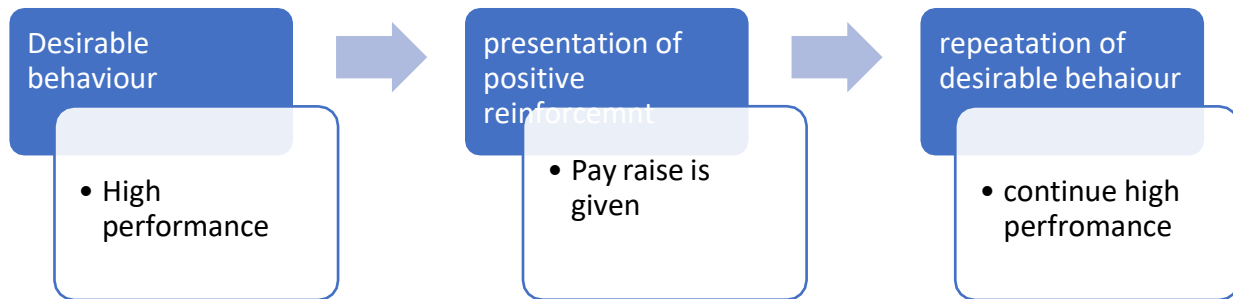
It includes

- ❖ Positive reinforcement
- ❖ Negative reinforcement

Positive Reinforcement is used to promote the desirable behavior and provides favourable consequences. It encourages the Repetition of the behavior.

For eg. Compliment, bonus.

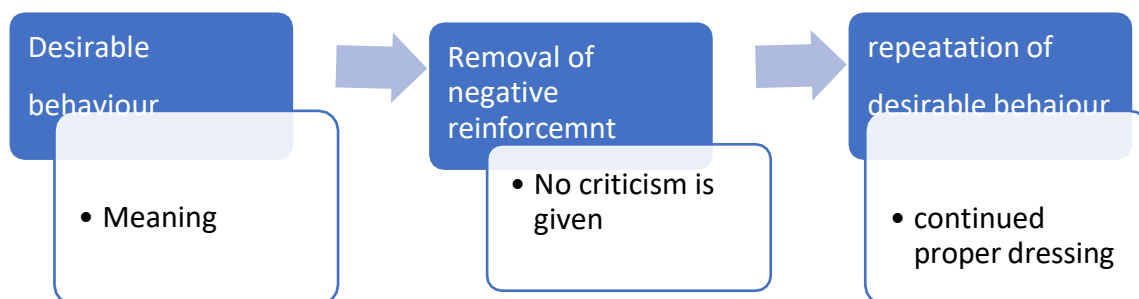
A compliment from boss after completing the difficult job is salary.



Negative reinforcement: Like positive reinforcement, it also focuses on increasing desirable behavior in a different way. Rather than receiving a reward follow in a desirable behavior the person is given an opportunity to avoid an unpleasant result.

Eg: The boss may criticize the individual to dress casually.

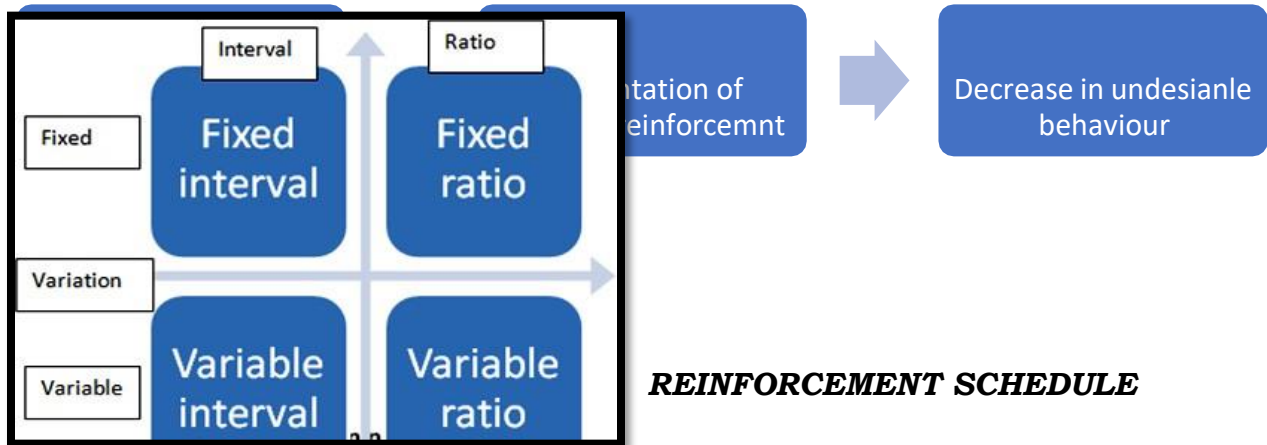
To avoid criticism the worker may dress well the worker is engaging in desirable behaviour to avoid an unpleasant result (Criticism). So its also known as avoidance.



PUNISHMENT

- Many people confused between negative reinforcement and punishment.

- Punishment is used to decrease the undesirable behaviour.
- In work place the unreserved behaviour like stealing, smoking, absenteeism. Eg for punishment: Pay cut, dismiss.



It can be given based on amount of response or work. It is also based on amount of time interval

Fixed interval- Reinforcement follows the 1st response emitted after a fixed time period eg: Every one minute reinforcement given.

Fixed ratio- on this schedule it occurs after a fixed number of reinforcement.

Eg: It occurs after every 20 responses

- **Variable interval-** in this schedule the amount of time varies to get the reinforcement.

Eg: Reinforcement varies between 0-2 minutes.

ECLECTIC APPROACH:

- Eclectic therapy is an approach that draws on **multiple theoretical orientations** and techniques.
- It is **a flexible and multifaceted approach** to therapy that allows the therapist to use the most effective methods available to address each **individual client's needs**.
- It is also sometimes referred to as **multi-modal or integrative therapy**.

Types of Eclectic Therapy

A number of specific types of eclectic therapy have also emerged. In each case, these approaches draw from a range of techniques in order to address the unique needs of the individual. Some of these types include:

- **Brief eclectic therapy:** As the name suggests, this is a short-term form of eclectic therapy that often incorporates aspects of psychodynamic and cognitive behavioral treatments that are applied over a limited number of sessions, often to address a specific problem.
- **Cognitive-interpersonal therapy:** This approach utilizes aspects of cognitive behavioral therapy to help people understand how their thoughts influence their relationships.
- **Multi-modal therapy:** This type draws on elements of social-cognitive learning theory and integrates a number of techniques from other therapies. An individual's specific needs are assessed by looking at their behavior, affect, senses, visualizations, cognition, relationships, and physical health.
- **Transtheoretical therapy:** This approach focuses on understanding the stages and process of making a change. Using this knowledge, people are then able to work on achieving their goals, improving their relationships, and creating positive changes in their lives.

Techniques

While eclectic therapy is flexible, therapists carefully create an intentional, individual plan for each client based on that person's unique needs. Theoretical approaches that an eclectic therapist might draw on include:

- Behavioral therapy
- Cognitive behavioral therapy (CBT)
- Dialectical behavioral therapy (DBT)
- Person-centered therapy
- Psychodynamic therapy

A therapist will also choose specific techniques from within that theoretical approach. Some examples of such techniques include exposure therapy, sensory therapy, relaxation therapy, acceptance and commitment therapy (ACT), and mindfulness.

What Eclectic Therapy Can Help With

Eclectic therapy can be utilized to help people with a wide range of needs. Some conditions and problems it can successfully treat include:

- Anxiety
- Bipolar disorder
- Coping and adjustment difficulties
- Depression
- Eating disorders
- Personality disorders
- Post-traumatic stress disorder (PTSD)
- Relationship problems
- Selective mutism
- Social issues
- Stress

Benefits of Eclectic Therapy: Eclectic therapy can have a number of important benefits. These include:

- **Individualized approach:** Because this approach to therapy is so adaptable, your therapist can design a treatment plan that is suited to your specific, unique needs.
- **Engagement:** The use of multiple techniques may help people feel more interested and engaged in the therapy process.
- **Flexible:** Because your therapist can assess your needs and select the approaches and techniques they think will help you the most, it is possible to switch between techniques to address one or more needs. For example, your treatment might involve treating a phobia but also address problems with chronic stress.

UNIT III: THE COUNSELLING PROCESS

Preparation for Counselling - **Counselling** process - Counselling interaction- **Variables** affecting the counselling process- **Counsellor** skills - **Portrait** of an effective counsellor- Counsellor factors.

Preparation for counselling:

- Setting
- Structure
- Counselor qualities and client qualities
- Readiness
- Precounselling interview

Setting:

- The room should be comfortable and attractive with **soft lighting, quiet colors** and comfortable furniture.
- The professional generally works in a place that provides **Privacy, Confidentiality, Quiet and Comfort.**
- A distance **of 30 to 39 inches** is the average range of comfort between counsellor and clients of both genders.
- The counsellor should keep in mind the SOLER technique.

S: Face the client squarely.

O: Adopt an open posture. Sit with both feet on the ground to begin with and with your hands folded, one over the other.

L: lean toward him or her.

E: Maintain eye contact.

R: As the counselor incorporates these skills into the attending listening skills

Structure

- Structure in counselling is defined as the “joint understanding between the counsellor and client **regarding the characteristics, conditions, procedures, and parameters of counselling**”.
- Its importance is most obvious when the client arrives for counselling with unrealistic expectations or with no idea what to expect.

- Counsellors need to stay flexible and continually negotiate the nature of structure with their clients.

Client Qualities

Counselling relationship starts with first impressions. Clients come in all shapes and sizes, personality characteristics degree of attractiveness.

Counsellors Qualities

- Self awareness,
- Honesty,
- Congruence,
- Ability to communicate, and
- Knowledge.

Readiness

- The initial step in counselling is readiness on the part of the potential counselee to be helped.
- The first among them is **ignorance**. Individuals may persist in certain kinds of habits without having the least idea that such habits are undesirable.
- The second factor is **Resistance**.
- The third factor is **lack of Motivation**.

Pre-counselling session

- It is meant to inform the client of his responsibilities, the frequency and the **time of the counselling sessions and also the amount of fees** (if charged).
- This session must concern itself with obtaining **personal data and other basic information regarding** the client.

Case history

- A case history is a systematic collection of facts about the client's current and past life. Counselors with different orientations place different degree of emphasis on case history methods.

COUNSELLING PROCESS:

- **1st Stage:** Initial Disclosure - Relationship Building
- **2nd stage:** In-depth Exploration - Problem Assessment
- **3rd stage:** Commitment to action - Goal Setting
- **Step 4:** Counselling Intervention
- **Step 5:** Evaluation
- **Step 6:** Termination or Referral

Initial Disclosure - Relationship Building

The first step involves building a relationship and focuses on engaging clients to explore issues that directly affect them.

EMPATHY

According to Rogers, empathy “means that the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this acceptant understanding to the client”.

GENUINENESS Refers to the counsellor’s state of mind. It means that you as a counsellor can respond to the client as a human being and not in terms of a therapist. You are comfortable with yourself and the counselling situation.

Congruence: which means that your words, actions and feelings are consistent. In other words, what you say corresponds to how you feel, look and act.

Spontaneous: this is the ability to express oneself and with tactful honesty without having to screen your response through some social filter.

Positive Regard: Rogers placed importance that the counsellor treat the client as a person with inherent worth and dignity regardless of the client’s behaviour or appearance.

c) Warmth

Warmth is the ability to communicate and demonstrate genuine caring and concern for clients. Using this ability, counsellors convey their acceptance of clients, their desire for client’s well-being, and their sincere interest finding workable solutions to the problems that clients present.

2nd stage: In-depth Exploration - Problem Assessment

While the counsellor and the client are in the process of establishing a relationship, a second process is taking place, i.e. problem assessment. This step involves the collection and

classification of information about the client's life situation and reasons for seeking counselling

Identifying Data

- Name, address, phone number [to enable the counsellor to contact and gives an indication of the conditions under which the client lives. Age, gender, marital status, occupation [gives an indication of the age of the client

Family History

Father and mother: age, occupation, personalities, roles, relationship with client ,Siblings: age, present life and relationship with client, Family stability: jobs held, family moves and reasons.

Personal History

Medical history: illness, injury

Education history: academic performance, extra-curricular activities, hobbies and interests, relationships with peers □ Career: jobs held, types of jobs, relationships with colleagues and fellow workers □ Client's personal goals in life

Description of the Client during the Interview

Physical appearance : posture, dress, gestures, facial expression

- How client related to counsellor in the session?
- Client's warmth, readiness, motivation, passivity, etc.
- Were the client's remarks logical? Connected to another.

Summary and Recommendations Connection between problem stated by the client and other information collected.

3rd stage: Commitment to action - Goal Setting

Setting goals is very important to the success of counselling. It involves making a commitment to a set of conditions, to a course of action or an outcome.

- With clear goals, clients are more likely or motivated to work toward achieving those goals.
- With goals clients learn how to structure their lives towards achieving the goals.

- With goals, it is easier for the counsellor to select and evaluate appropriate counselling interventions. When goals are stated clearly, both the counsellor and client have a better understanding of

what is to be accomplished. For example, “to help the client develop his or her self-esteem”.

WHAT PREVENTS A CLIENT FROM SETTING GOALS?

It is possible that a person who resists setting goals could be protecting the very behaviour that is in need of modification because that behaviour is also serving some desirable behaviour.

Step 4: Counselling Intervention

There are different points of view concerning what a good counsellor should do with client's depending on the theoretical positions that the counselor subscribes to.

For example, the person-centered approach suggests that the counsellor gets involved rather than intervenes by placing emphasis on the relationship. The Behavioural approach attempts to initiate activities that help clients alter their behavior.

Step 5: Evaluation, Termination or Follow Up

For the beginning counsellor, it is difficult to think of terminating the counselling process, as they are more concerned with beginning the counselling process. However, all counselling aims towards successful termination. **Terminating** the counselling process will have to be conducted with sensitivity with the client knowing that it will have to end.

Note that each of these steps continues even though the counsellor and the client moves to the next step.

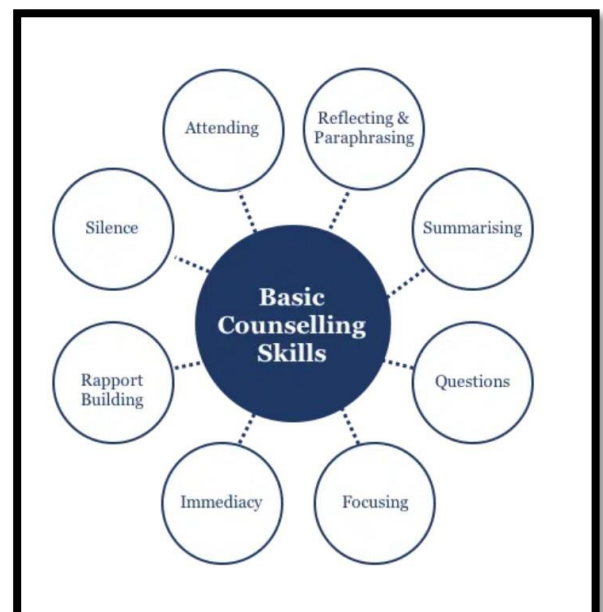
COUNSELLOR SKILLS:

Empathy

Being able to understand the client's problem from their perspective is an essential skill. Empathetic counsellors can quickly help a client overcome their problems.

Communication skills

You need excellent verbal communication skills to effectively talk to a range of different people. Counsellors will often have to question clients and



conduct interviews, and they need to be skillful in doing so as to not further upset or cause stress to clients.

Attending

Attending in counselling means being in the company of someone else and **giving that person your full attention**, to what they are saying or doing, valuing them as worthy individuals.

Reflecting and Paraphrasing

Reflecting in counselling is part of the 'art of listening'. It is making sure that the client knows their story is being listened to. This is achieved by the helper/counsellor by both **repeating and feeding a shorter version of their story back to the client**. This known as '**paraphrasing**'

Focusing

Focusing in counselling involves making decisions about what issues the client wants to deal with. The client may have mentioned a range of issues and problems and focusing allows the counsellor and client together to clear away some of the less important surrounding material and **concentrate on the central issues** of concern.

Building Rapport

Building rapport with clients in counselling is important, whatever model of counselling the counsellor is working with. Rapport means **a sense of having a connection with the person**.

Summarising: Summaries in counselling are longer paraphrases. They **condense or crystallise the essence of what the client is saying and feeling**. The summary 'sums up' the main themes that are emerging.

Immediacy Using immediacy means that the therapist reveals how they themselves are feeling in response to the client.

Interpersonal skills

Counsellors need to be able to work effectively with different groups of people, including clients and colleagues. You may have to work with a client for months or even years, so having the talent for building relationships is also important.

Respect for confidentiality

Respect for confidentiality is an essential trait of an effective counsellor because they should never share their client's personal information with anyone without the client's consent.

Questioning

To understand your client, you need to ask relevant questions. A counsellor should utilize both open-ended and closed-ended questions to interpret what a client is saying. Usually, open-ended questions can help you gather complex and detailed information, whereas closed-ended questions help you get specific answers.

Self-awareness

Counsellors should know how their body language, gestures and facial expression may affect the client's willingness to share their personal information.

Eye contact: Maintaining eye contact with a client showcases that you are listening to them and they have your undivided attention.

Gestures and body language: Your body language and gestures talk a lot about whether you want to build a professional relationship with the speaker.

Facial expression: Your facial expressions can help you create a warm, friendly and supportive environment for your client. So, avoid sitting with a frowning face and have a warm smile to build trusting relationships.

VARIABLES AFFECTING THE COUNSELLING PROCESS

1. General Characteristics of Counsellors

Speculation

- The **National Vocational Guidance Association** (1949) listed such characteristics as interest in people, patience, sensitiveness, emotional stability and objectivity as being important for good counselling.
- **Hamrin and Paulsen** (1950) listed the following characteristics: understanding, sympathetic attitude, friendliness, sense of humour, stability, patience, objectivity, sincerity, tact, fairness, tolerance, neatness, calmness
- **Mowrer (1951)** believes that personal maturity is the most important desirable characteristic for counsellors to progress.

- **According to the Association for Counsellor Education and Supervision**, the counsellor should possess six basic qualities: belief in each individual, commitment to individual human values, alertness to the world, open-mindedness, understanding of self and professional commitment.

Identifying effective and ineffective groups-Stefflre, King and Leafgren (1962) found significant samples on the four dimensions

studied, namely, academic promise, interests and values, personality characteristics and self-concept.

- The effective group obtained high scores on academic aptitude and performance and scored higher on Social Welfare Scales of Strong Vocational Interest Blank and Deference and Order Scores on Edwards Personal Preference Schedule, than did the ineffective group.

Hypothesized characteristics-. Bandura (1956) tested the hypotheses that competent psychotherapists are (1) **less anxious than those judged to be less competent and (2) possess greater insight into the nature of their own anxieties than do less competent therapists**. He concluded that "**the presence of anxiety in the therapist**, whether recognized or not, affects his ability to do successful psychotherapy and insight into his anxieties alone is not sufficient."

Correlational analysis-The fourth approach consists in exploring the relationship between counsellor variables and some criterion to measure the effectiveness derived from correlational

1. Effective Male counsellor trainees were confident, friendly, likable generally were satisfied with themselves and surrounding
2. Effective female counsellor candidates were outgoing, efficient and confident. They appeared to be assertive and were more person-oriented than object-oriented.
3. Effective male and female counsellor trainees showed similarities between themselves and were more like each other than like their counterparts from the less effective group.

Age- If the counsellor is younger than the client, the latter will have less confidence in him. However, it is not desirable for a beginner in counselling to attempt to alter his appearance and behaviour.

Experience- The counsellors who work in appropriate settings acquire experience through attending conferences, reading professional books and journals and conducting research.

Sex- Female clients prefer to discuss emotionally loaded problems with female counsellors. With some clients the sex of the counsellor may be important depending on the ease or difficulty with which they can discuss their problems with male and female counsellors.

II. Personality Characteristics of the Counsellors

Interested in helping people-Some investigators have reported that a '**social service need**' is necessary for success and satisfaction with a counselling job. This attitude makes the client feel comfortable in their presence.

Personal adjustment-It is natural for counsellors, as any other individuals, to have problems of adjustment. Snyder (1961) stated that they should be '**normally adjusted**' but not necessarily '**perfectly adjusted**'.

Personal security- The counsellor may feel secure in his counselling role and feel insecure in certain areas outside counselling. This indicates that the way he conducts himself in a counselling situation is important and not the way he behave in all life situations:

Genuineness-The counsellor should establish a genuine relationship with his clients by which they can achieve their counselling goals. Rogers (1958a) suggests that the counsellor should be "a real person" to his clients.

III. Counsellor Attitude and Beliefs

Beliefs-The dominant belief of the counsellor should be that the client be treated with dignity, equality and individuality. He believes in man's need for freedom and liberty. Here liberty means the power to strive for goals without any external constraints.

Values-Williamson (1958) points out that counsellors cannot be indifferent to social and moral standards and should not try to be neutral.

Acceptance-Rogers (1961) defines acceptance as "a warm regard for the client as a person unconditional self-worth and of value, no matter what his condition, his behaviour or his feeling

- (1) willingness to let individuals differ from one another in their behaviour,
- (2) realization that the experience of each person comprises a complex pattern of striving.

Understanding- Davis (1963) identifies four levels of understanding.

They comprise: (1) knowledge about another individual, his behaviour, personality, and interests,

- (2) a verbal or intellectual understanding and a behavioural or operational understanding,
- (3) knowledge of the individual's internal world, his fears, loves and anxieties, and (4) self-understanding. In a counselling situation, all the four levels of understanding are involved.

PORTRAIT OF AN EFFECTIVE COUNSELOR:

The three aspects by which an effective counselor can be distinguished from an ineffective one are experience, type of relationship established and non- intellectual factors.

Experience: Fiedler's (1950, 1951) studies reveal that counselors who are well **trained agree with each other** about their concept of an **ideal therapeutic relationship**. According to Rogers (1962) also, more experienced counselors offer more **congruence and empathy** and they are more successful in communicating with their clients.

Type of counseling relationship: The ability to communicate and understand their clients, maintain an **appropriate emotional distance and divest themselves** of status concerns in regard to their clients characterizes efficient counselors. (Fiedler).

Non-intellective factors: The effective counselor exhibits **tolerance for ambiguity, understanding (of the client)**, maturity, and ability to establish good social relationships with clients and non-clients. Wicas and Mahan (1966) found that high rated counselors were anxious, sensitive to the expectations of others and society, patient and non-aggressive in inter-**personal relationships and showed appropriate self-control**.

Practice ethically and professionally

- Due to the power differential that may often be experienced in the counseling relationship, an effective **counselor needs to be able to understand their duties as an ethical professional.**
- Doctoral and master's degree programs will include courses focused solely on ethics in healthcare, more specifically in mental health.

Educate yourself

- Alongside clinical experiences in the counseling field, counselor **education** helps mental health professionals be able to **extend the scope of their work.**
- Another great way to gain experience is to **attend a counseling conference, such as the ACA Conference.**
- **Study hard,** ask a lot of questions, and get all the experience you can while earning your undergraduate, Master of Arts in Clinical Mental Health Counseling, or doctoral degrees.

Have a flexible attitude

- Some clients will be late or may cancel, along with clients that are seeking an emergency session.
- An effective counselor must possess a **flexible attitude and unconditional positive regard to** ensure your **clients feel safe and understood,** which in turn becomes beneficial for the development of the therapeutic alliance.

COUNSELLEE FACTORS

- Counsellor and people, a The counselling outcomes can also be affected by **counselee characteristics,** such as **counselee expectations and readiness to communicate** and to respond.
- Introverted counselees with greater **tolerance for ambiguity** have greater promise of better results). The degree of **dependency expressed** by clients was found to be related to the degree of support provided by counselor

- The **congruence between the counsellor and counselee** was found to to "favorable outcomes of therapy".
- Heller, Myers and Kline (1963) tested five hypotheses, namely, that (1) dominant client behavior will evoke dependent interviewer behavior, (2) dependent client behavior will evoke dominant interviewer behavior, (3) hostile client behavior will evoke hostile interviewer behavior, (4) friendly client behavior will evoke friendly interviewer behavior and (5) hostile client behaviors will evoke interviewer anxiety. The first four hypotheses were supported by the data obtained.

COUNSELLING INTERACTIONS

- It would be helpful to discuss the types of inter-personal relationships that develop in counselling interviews
- **Mr. Datar**, the counsellor, by **systematic questioning**, learned that his choice of teaching was a rational one. But at the outset the counsellor had assumed that he was going to help the client by assembling comprehensive test information which would enable him (client) make the appropriate vocational choice. Test administration was found unnecessary, in this case, as the client had already made a rational choice feelings ne giver
- **Mr. Singh and his counsellor** shows another aspect of the **counsellor's style of functioning** in relating himself to his clients. In this interview the counsellor, unlike in the previous case, attempted to force interpretations and concepts on the client.
- **Mr. Singh's** counsellor gave importance only to the interpretation of feelings, that is, he was attempting feel a shine the ernte after a few sessions "because of the approaching public examinations" He appeared at this stage less anxious but more realistic.
- **Mr. Naik**, a significant piece of vital information was revealed the client was dominated by his mother. In the current interview sessions it was revealed that the client had been, in most of the early sessions, quite passive and had not been playing his part.

- **Miss Nair** offered her a lead and helped her to express and freely communicate her problem of not achieving a level appropriate to her ability in college. The counsellor naturally hypothesized that there must be some disturbing factor.
- **Seely** the counsellor let the client **recognize her problem**. The counsellor analyzed and helped her to recognize the reactions she had at present and to pull together various aspects of her positive feelings. In the process, she became aware of her negative feelings toward her situation.

UNIT IV EDUCATIONAL AND CAREER GUIDANCE

Guidance needs related to education- Aptitudes and interests - **Guidance at school level** - Guidance towards life goals. Career guidance - **Career** Development - **Career counselling process**. **Exploration and contract** setting- The **state of critical decision**.

GUIDANCE NEEDS RELATED TO EDUCATION

- Learning
- Preparation for vocation
- Physical and sexual changes
- Social and interpersonal relation

Learning

- Interested in a variety of things around him and comes to devote undue **attention to distractions**, to the detriment of his studies.
- Consequently, he may **perform poorly at school**/college.
- Some pupils may have **reading difficulties**, their rate of reading may be slow and **comprehension poor**.
- Poor performance may lead to other problems like **loss of interest** in studies, irregularity of attendance
- Counselling could help the pupil gain **insight into himself**, understand his **own problems in their** proper perspective and cooperate with the school/college authorities to overcome the problems and to promote academic excellence.

Preparation for vocation

- The guidance counsellor can help the pupils gain greater self-**understanding so that they know** what they want to do.
- A good guidance programme should cater to this vital need. The guidance counsellor, by employing **standard psychological** instruments, can assess the **abilities, aptitudes, interests**, etc., of the pupils, give them self-understanding and help them think for themselves with sufficient self-knowledge.

- Pupils may be given **informative talks on careers** and be made to participate in group discussions about their future.

Problems of Sex and Interpersonal Relations

- Pupils become more sensitive and self-**conscious their physical changes** and experience **emotional disturbances**.
- Physical growth opens up at world. The **imbalance between physiological and psychological** development leads to emotion difficulties and **maladjustment**.
- The young persons may become increasingly self-absorbed The counsellor understanding these problems can give them the required information, for understanding and guidance.
- Further, the social development of the **young has not received** necessary attention.
- A few young people may be aggressive ill-mannered and crude. This again is due **to lack of social adjustment**.
- It provides assistance in choosing, preparing for, entering into and making progress in an occupation.
- The fundamental objective is to help the youth occupations with knowledge and understanding and not to allow them to drift aimlessly.

APTITUDE AND INTEREST

- An aptitude is the potential for a **specific skill which can be improved** by suitable training.
- On the other hand, if a person has **no aptitude for music, no amount of training** can bring about any appreciable improvement in his performance.
- A comparison of the terms '**achievement**', '**aptitude**' and '**ability**' may help **understand them better**.
- **Achievement** depends on **past experience and training i.e.,** from an individual's present performance one can judge how much the individual has benefited or profited from the past training or learning.

- **Aptitude** is concerned with the **future performance**, i.e. what can be achieved if a certain type of training appropriate to the skill concerned is given to the individual.
- **Ability** is concerned with the **present**. It indicates what the individual capable of achieving in the present situation.

There are different kinds of intelligence tests

- Verbal and non-verbal
- Individual and group
- Performance
- Speed and power
- Verbal and non-verbal tests can be administered as **individual and group tests**.
- Performance type of non-verbal tests can be **administered only as individual tests**.
- Group tests are **speed tests**, i.e., those taking the tests are required to complete the test within a stipulated time-limit.
- Power tests can be strictly administered **as individual tests**.
- Speed tests assess the efficiency of performance (assuming that necessary care has been taken to ensure the motivation and sincerity of subjects taking the tests).
- Aptitudes are assessed by administering what are called "Aptitude tests which are usually a composite or battery of a number of tests. The most popular tests of aptitude are: the Differential Aptitude Tests (DAT), General Aptitude Test Battery (GATB), Multi-Aptitude Tests (MAT). etc. Aptitude for any task generally consists of several factors. This goal is impractical and cannot be achieved. Tests of Scholastic aptitude, Mechanical aptitude. Engineering aptitude, Medical aptitude, Legal aptitude, etc. are sometimes used.

INTEREST TEST

- Interest tests are tests that assess the interests of the individual. Interest provide useful information for guidance in educational and vocational area.
- It has been proved that interests are related to academic success and also job

satisfaction.

- Interests basically refer to activities that a person enjoys and likes to indulge in. Interest tests are classified into formal assessment techniques and informal assessment techniques
- Eg. Thurston's interest schedule , RAISEC test, Strong vocational interest bank for men

GUIDANCE AT SCHOOL LEVEL

- Elementary stage
- Secondary stage
- Higher secondary stage

Elementary Stage

- Counseling elementary school children is **critical in the sense** that this sets the stage for a **positive or negative attitude of the child** towards the school and academic activities.
- The goal of counseling at this stage is to make the **transition from home to school a smooth** experience for the child and learning a joyful exercise for the child.
- Counseling elementary school children involves helping them with their **learning problems**, and providing them with an engaging and enjoyable learning experience

The following can be mentioned counseling at the elementary stage.

- adjustment of students to the school
- improvement of teacher-student relationship
- acquisition of effective study habits and practices
- developing student potential
- inculcating basic academic skills
- improving test taking skills

ii) Secondary Stage

- This stage marks a **transition from childhood to adolescence**. With the onset of adolescence, there comes the accompanied physical and **physiological changes**, leading to an **identity crisis**.
- There is a need for greater **independence from the parents** and at the same time **dependence on the peer group**.
- The goals of counseling lies in expressing **warmth, understanding and friendliness** towards the adolescents and the counselor tries to help the adolescent gain **insight into his problems**, and **develop appropriate attitudes, interests and goals**.

Mentioned below are a few of the goals of counseling at the secondary stage.

- Development of proper academic skills
- Assisting in academic achievement
- Improving test taking skills
- Developing critical thinking skills
- Improve the decision making capacity of students

iii) **Senior Secondary Stage**

- Students at the senior secondary stage are in their **late adolescence** stage/phase.
- They are in a crucial stage of life where it is high time for them to think consciously about their **further educational plans and vocational avenues**.

The goals of counseling at this stage are as follows:

- helping the student to obtain, organise and apply academic information from a variety of sources
- helping the student to make further educational planning taking into account his abilities, aptitude, interests and attitudes.
- Helping to develop critical thinking and decision making skills
- Assisting student to make successful school-to-work or school-to-higher

studies transition

GUIDANCE TOWARDS LIFE GOAL

- Goals in life have to be **chosen and developed with great concern**.
- The choice is governed by several factors such as influence of **parents and home, teachers and school, community**.
- One's life-goals develop **slowly and subconsciously** during the **formative stages**.
- Factors such as calamities and disasters like famine, pestilence, war, earthquakes, etc. may change life-goals drastically, Guidance towards life-goals is invaluable.
- Young pupils at school are **growing and changing**. Naturally their goals also change correspondingly.
- A life-goal suggests a **striving towards something higher**, a value that permeates all the aspects of one's life at a given time.
- One's life-goals can be defined through an **understanding of one's self** and of one's obligations and responsibilities towards the society.
- This identified, life-goals serve to integrate the physical, emotional, social and intellectual aspects of an individual's life."
- Individuals may seek to attain several goals. However, all of them cannot be important. The major life-goals fall into three broad categories, concerning
 1. Self-realization be equally
 2. Service
 3. Satisfaction of one's needs.

Career guidance

Career guidance is a type of counseling undertaken by professionals to identify and explore the most suitable careers and occupations to start their career in the right direction. One should not shortlist a particular job based singularly on his/her interest or aptitude.

PROCESS OF CAREER COUNSELLING

- INITIATION STAGE
- EXPLORATION STAGE
- DECISION MAKING
- PREPARATION
- IMPLEMENTATION

Stage 1- Initiation

Clients become discouraged or lose hope and strategies to secure meaningful engagement is necessary. The initiation process addresses three core issues:

1. **Establishing an effective counseling relationship.** Traditional approaches to career counseling often overlook the importance of the therapeutic relationship. However, the establishment of a strong therapeutic alliance can be invaluable in motivating clients to take action.

2. **Determining current motivation for career planning.** This involves a detailed examination of presenting issues, with a particular emphasis on identifying client motivation for change and the context in which that change must occur. With this information, counselors can determine if clients are ready for specific career planning activities or if other interventions are needed.

3. **Building relevance for career planning.** Many clients who enter career counseling are discouraged and see themselves with limited opportunities. Counselors must encourage these clients and foster hope. Typically this is done by identifying issues of meaning for the client and by promoting a sense of the future.

Stage 2 - Exploration

- This is most effectively done by capitalizing on the **renewed sense of energy and hope** that arises during initiation. While formal assessment and occupational information sources may be useful, **informal strategies** tend to produce more meaningful, more **accurate, and more enduring results**. These include information **interviewing, relational networking, job shadowing, and** work experience.
- For example, clients who have completed the significant experiences exercise

described above will have a ranked list of skills and characteristics that were associate with a meaningful experience.

Stage 3- Decision-making

- Decision-making has one dominant issue: How to select the most appropriate option from the range of alternatives discovered to date.
- Formal decision-making models and strategies may be useful; however, these strategies by themselves rarely leave clients with a good feeling for the decision.

Most clients are more comfortable with decisions which “emerge” as a result of engagement in the career planning process.

Stage 4: Preparation

1. **Developing an action plan** which may include contracts between client and counselor that specify the next set of steps that will be taken by the client, and how those steps will be evaluated and reported; and time lines, or graphic action plans.

2. **Developing prerequisite skills and resources for** implementation. These may include: occupational (e.g., job searches); educational (e.g., study skills, applying for admission to educational institutions); personal (e.g., anger management, substance abuse).

Stage 5- Implementation

1. **Developing support.** Many decisions reached in the safety of the counselor’s office are never implemented because of lack of support in the client’s environment. Clients must learn both how to identify allies (as well as enemies) and how to nurture facilitative relationships.

2. **Developing systems for feedback and reward.** Clients also need to develop ways to monitor and reward their progress.

3. Merging the social support and feedback functions helps clients develop independence from counselors.

Summary and Conclusion

- The five processes model has been used with a variety of groups (e.g., Native Canadians in northern communities, street kids in urban settings, inmates of correctional facilities, youth in schools, adults in transition).

CAREER DEVELOPMENT

Career development is the process of choosing a career, improving your skills, and advancing along a career path. It's a lifelong process of learning and decision-making that brings you closer to your ideal job, skillset, and lifestyle.

Steps of Career Development

There are various steps or stages in a person's overall career development:

1. Self Assessment

The first step in career development is the self assessment which means that the individual has to assess oneself on the kind of career and growth one wants and what kind of skills and interests are there.

2. Career Awareness

This stage is when an individual explores various career paths which align with the self assessment done in the first step. Career awareness can be how a person can explore various domains and types of jobs/work available

3. Goal Setting

This is the most important step in career development because this is where one defines clear short term and long term goals to meet the career one aspires. Both short term and long term goals need to be defined to begin with.

Short term goals would be more actionable but long term goals can be changed or tweaked as per the growth.

4. Skill Training

Once the career and goals are set, one needs to acquire the right skills to achieve the growth. Skill training can be done through self training or joining a structured training program online or offline.

Performing

With all the right knowledge and skills, the important part is to perform the tasks and jobs in the career successfully to grow in the career path.

THE STATE OF CRITICAL DECISION

Ginzberg's Theory

According to the theory, a career is a long-term process. That requires education, vision, values, goals, skills, and interests. Due to this, Ginzberg also mentions that vocational choices of individuals are divided into 3 stages namely:

1. Childhood or infancy
2. Adolescence
3. Adulthood or maturity

Stage one – Childhood (2 to 11 years)

In this first stage, the child does a playful imitation. He role-plays and mimics many roles. Similarly, the roles include fire-fighter, policeman, doctor, racer, and many more. According to Ginzberg, children evolve from playful reproduction. In addition, they work simulation near the end of this stage.

Stage two – Adolescence (11-17 years)

In this second stage, kids start to become aware of their surroundings. Which help them start developing skills, abilities, and talents.

- **Interest:** Their fondness and dislikes.
- **Capacity:** The things they are better at. Compared to the ones at which they aren't.
- **Value:** What's important to them and what's not?
- **Changeover:** The person takes for granted, his responsibilities, for his own dealings.

Stage Three – Adulthood (Above 17 years)

In this last stage, the actual career begins to appear apparently. The kid becomes aware of college life and different paths.

Exploration stage: In this first part, the individual decides his trail. But remains untied to other choices.

Crystallization: In this second part, the individual becomes dedicated to one option. Alongside, he focuses on other options.

Specification: In this last part, the individual build-up fondness. Similarly, he takes precise interest for part of the profession.

Factors Influencing Vocational Choice

The choices of individual that influence vocational choices are as follows:

1. **Diverse life responsibilities:** Every person has to play different responsibilities at home and office. He decides and chooses the best role which is more significant to him.
2. **Traits and interests:** Every person is unique in his own way. Therefore, every aspect of personal life is different from others.
3. **Cultural Background:** The principles and the regional area also affect the personal choice for work preferences. The surrounding and the people around us also affect our choices of work.
4. **Economic and social circumstances:** It's natural that our choices get affected according to economic and social circumstances. The social and economic life plays an important role in changing your choices.
5. **Financial stability:** Money is one of the main reasons for some to change future choices. You make the correct and reasonable choices. You finalize your choices according to your financial status.
6. **Career guidance:** Some individuals do not receive proper career guidance which causes them to choose the wrong one. That leads them to a non-inspirational and boring career choice.

EXPLORATION AND CONTRACT SETTING

- It is necessary for the vocational counsellor to proceed with great care as he has to tread a fine line between two major limitations.
- The first limitation is that the **client may have a very restricted** set regarding what is relevant to his choice.
- The other limitation arises from the counsellor's efforts to counteract this **restricted set by appropriately offering** therapeutic help.
- The **personal** issues involved in the **choice of a vocation** raise questions about a

person's capabilities.

- An individual's **thoughts and feelings** are related to his **reactions** and observations of himself.
- He imagines himself in an occupation by eliciting such reactions which serve to establish his needs and desires and his anxieties about fulfilling them.
- The counsellor must keep in mind the developmentally based conflicts that might be provoked by the choice of a particular vocation.

UNIT-V: COUNSELLING OF SPECIAL GROUPS

Relationship Counselling **Counselling** women - **Counselling older** adults - Poly **substance** abuse -**Counselling in workplace issues** - **People with aids** - Counselling with differently abled and their caregivers - **People in poverty Counselling relating** to identify issues - **People prone** to suicide - Social **Network Addiction, Crisis intervention** counseling.

Relationship Counselling:

- Friendly relationship of mutual trust and confidence which underlies counsellor and client
- Rapport building
- Emotional bond established at the beginning of the counselling session and maintained throughout the counselling period
- Relationship should be mutually responsive

Stages of Relationship counselling

Commitment

In the initial stage, the patient and therapist make an agreement to devote time and energy to achieve specific goals. In this stage, the perception of the therapist, intensity of client motivation, and compatibility of personality/experiences are important factors.

2. Process

This is the most complex stage and is the body of treatment and the relationship. This is when the therapist searches for patterns, gathers information, and consolidates it.

3. Change

This stage represents a conclusion and success of the treatment plan. The client can accept their mental or emotional state and adopt habits to improve wellbeing.

4. Termination

During this stage, the client “graduates.” The therapist and client can recognize each other as autonomous and independent individuals.

Structuring :

- Counsellor should structure or define the role of the client and help them understand what is required of them. It is also necessary to communicate to the client what is expected of him and their relationship. Until positive rapport has been established the counsellor

Resistance:

Opposition to the goals of counselling is referred to as resistance. Self devaluation, intellectualization

Transference:

Transference is a phenomenon in which one seems to direct feelings or desires related to an important figure in one's life. Transference occurs in therapy when the client projects feelings they have (or are experiencing for another person in their life) onto the therapist.

Counter transference:

Countertransference is when the therapist projects their feelings onto the client. This can be detrimental to the therapeutic alliance and the client's progress.. The counsellor transfer his feelings to the counselee.

Language**Psychological barrier:****Self disclosure:**

Willingness to let another person know about what one think or feel. Relationship should be open and crucial.

Self hatred:

Economically weaker individual sometimes tend not only despise their group but also hate themselves for being in that group.

Personalism:

Individual are more interested in their consideration for people than for procedure.

Listening : Sympathetic listening

Modessty:

False sense of modesty which blocks natural emotional expression.

Intervention:

Prevention and corrective measurable is quite difficult. Show unconditional self regard towards his client.

WOMEN COUNSELLING

Perinatal depression – Depression that happens during pregnancy or within a year after delivery is called perinatal depression. According to the Center for Women's Mood Disorders, depression is one of the most common complications of pregnancy. Many women, 50-85%, experience some form of “baby blues” after birth but in up to 10% of pregnancies the baby blues may escalate into postpartum depression. Symptoms of Postpartum Depression include:

- Feeling sad, depressed, and/or crying a lot
- Intense anxiety; rumination, obsessions
- Feelings of guilt, worthlessness or incompetence
- Fatigue, sleep disturbance
- Change in appetite
- Poor concentration
- Feeling inadequate to cope with new infant
- Suicidal thoughts
- Loss of interest in usual activities

It's important to be aware of that these symptoms may escalate quickly and may show up even months after giving birth, although most common in weeks following delivery.

Premenstrual Dysphoric Disorder (PMDD) – PMDD is characterized by significant premenstrual mood disturbance to the degree that it may impair functioning and impact relationships. Women with PMDD may experience increased and even severe depression or anxiety during the week or two before each menstrual cycle.

Perimenopause-related Depression – The transition time between normal period cycles to the complete cessation of menses is called perimenopause. During this time of hormone fluctuation, there is an increased risk of depression.

Women and Trauma

About 1 in 3 women will experience some kind of sexual assault in their lifetime. Traumatic events and abusive relationships can be devastating and may lead to an increase in symptoms such as anxiety, depression, flashbacks, fear, loss of interest or pleasure in activities, guilt, insomnia or nightmares, or emotional detachment or unwanted thoughts.

Women and Eating Disorders:

According to the National Eating Disorder Association, women are twice as likely to experience an eating disorder as men. The rate of eating disorders has steadily increased since the 1950's and unfortunately, it does not look like it's decreasing anytime soon.

- **Postpartum Depression** – A form of clinical depression, postpartum depression occurs after childbirth. Postpartum depression can begin immediately following birth or can take some time to present develop. The most prevalent symptoms of postpartum depression include loss of appetite, low energy and motivation levels, irritability, anxiety, lack of bonding with the baby, and sleeplessness.
- **Domestic Violence** – There are many types of domestic violence, some of which can take place in childhood and others which a woman may face in her current situation. Domestic violence may be emotional, physical, verbal, or psychological.
- **Sexual Abuse** – Sexual abuse can take many forms, from sexual harassment to rape, but the underlying thread is that the abuser exerts power over their victim through unwanted sexual acts. And although a person of any gender can experience sexual abuse, women are, by far, most commonly victimized.
- **Discrimination** – Women still struggle with equal treatment and pay in the workplace, sexual harassment, derogatory comments from men, feeling unsafe in certain situations, and general feelings of oppression. When a woman is discriminated against or treated unfairly, it can take its toll, mentally, over time.
- **Hormonal Changes** – While every woman experiences hormonal changes throughout her life, some women can struggle with these changes and experience both mental and physical difficulties as a result.
- **Infertility** – Infertility can be a devastating experience for women who are trying to get pregnant. It's common for women who are struggling with infertility to experience

depression, emotional trauma, feelings of worthlessness, guilt, and jealousy or resentment.

- **Low Self Esteem/Self Worth** – Many women experience low self-esteem at some point in their lives, but for others, this is a more serious concern.
- **Psychotherapy** – Women's issues are often treated with psychotherapy, which is essentially talk-therapy or counseling. Psychotherapy may take place with a psychologist, psychiatrist, or other mental health professional. The goal of talk therapy is allowing women to understand their underlying issues, the concerns or mental health conditions they are currently facing, and to give them tools and strategies for changing their behaviors or dealing with painful experiences.
- **Behavioral Therapy** – While there are several different types of behavioral therapy, cognitive-behavior therapy (CBT) is one of the most commonly used (and effective) forms of therapy. For women's issues, CBT could be helpful in identifying the unhelpful thought patterns that lead to difficult emotions, and thus, unhealthy behaviors. CBT can also help clients then begin to replace those thoughts with more neutral or positive ones. and learn to change them to be more positive and realistic.
- **Medication** – Depending on the particular issue and the circumstances unique to the woman, some issues might be treated with psychiatric medications. There are many different classes of psychiatric medications such as anti-anxiety agents, antidepressants, mood stabilizers, antipsychotics, etc. Of course, it is vital to work with a doctor or psychiatrist to find the medication (and dosage) that is the best fit.
- **Alternative Therapies** – There are many alternative types of therapy that can be helpful for a wide range of issues, or as an excellent addition to more traditional treatment plans. Some common alternative approaches include mindfulness and meditation, diet and exercise, creative/art therapy, biofeedback, hypnosis, and social support groups.

Counselling for Older Adult

- They face feeling of isolation and may struggle with the problem of finding a meaning to life.
- Like adolescents the elderly often feel unproductive unneeded and unwanted society
- Another problem is that many older people have uncritically accepted myth about aging

- The more common problem is loneliness, social isolation, losses, poverty, feeling of rejection, dependency, feeling of uselessness
- Fear of death and dying, grief over another person, mental deterioration, depression.
- Acceptance through listening to their message

COUNSELLING NEED OF OLDER ADULT:

- Coping with changes in spousal relationship
- New roles in grand parenting, Changing perspectives toward siblings
- Coping with physical disability
- Coping with diminishing financial resources

Counselling for Older adults:

Interpersonal Therapy (IPT)

This therapeutic approach is a short-term, structured process in which the practitioner and client work on identifying the client's underlying problems and developing effective coping strategies.

Interpersonal Therapy, which has been found effective to treat depression, is implemented in the following three phases (Miller, 2008):

1. Exploration of the client's difficulties and how they are affecting them
2. Identification of positive coping strategies and ongoing review of how they are working during treatment
3. Consolidation of the benefits of the client's new coping strategies and preparation for the client to continue using them following treatment

2. Cognitive-Behavioral Therapy (CBT)

CBT is based on the assumption that "emotional disorders are maintained by cognitive factors, and that psychological treatment leads to changes in these factors through cognitive and behavioral techniques"

3. Exercise training

Staying physically active is essential for older populations, as it fosters emotional wellbeing, physical health, and longevity. Exercise training is also important for preventing injury.

4. Occupational Therapy (OT)

OT is an approach that involves “the use of purposeful activity or intervention designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence”

5. Animal-Assisted Therapy

Pets have an amazing way of calming anxiety and promoting compassion and tenderness. Many older people enjoy cats, dogs and other pets without realizing the many ways in which their non-human pals enhance emotional wellbeing. This idea is borne out in the substantive research.

6. Music Therapy (MT)

A person need not possess any musical talent to enjoy the benefits of music. For example, Okada et al. (2009) examined the impact of Music Therapy among elderly participants with dementia and cerebrovascular disease.

Counselling for differently able and their caregivers:

Types of disability

A disability can be any physical, cognitive, sensory, emotional or developmental condition that hampers or reduces a person's ability to carry out everyday tasks.

Physical

A physical disability can either temporarily or permanently affect an individual's mobility and/or physical capacity. Such disabilities include muscular dystrophy, epilepsy, ME, spina bifida, a spinal cord or brain injury or cerebral palsy.

Sensory

A sensory disability can affect one or more of an individual's senses, such as touch, taste, smell, sight, hearing and spatial awareness. Hearing loss, blindness and autism all fall under the 'sensory disability' category.

Mental health

Disabilities that affect an individual's mental health include obsessive-compulsive disorder (OCD), depression, bipolar disorder and schizophrenia. These fall under the Equality Act 2010 as they can affect the way a person thinks and behaves and can restrict their ability to carry out daily tasks.

Learning

A learning disability is a disorder of an individual's central nervous system, which affects their learning process. People with a learning disability may need support to develop new skills and understand complicated information. But, it doesn't mean that the individual is incapable of learning, it just means they learn in a different way.

1. Communication Disability:

Person with speech disorder mute or dumb, stuttering, lisping

2. Deficit in school behavior:

Maladaptive social behavior abusive, aggression

3. Multiple handicap:

Neuro motor disability, blindness, with MR and deafness

PROGRAMS FOR SPECIAL NEED STUDENT:

1. Handicapped person act was first passed in west later in India
2. Rights to education (RTE) act can be implemented in India but still many people not aware about this act.
3. Each one Teach one" slogan raised in literacy program in India
4. They can run sensitivity training workshop in school and college and university
5. Counsellor must guide teachers and train them with different skills for disabled students.
6. Parental guidance and counselling workshop, behavioral modification technique, Modelling, model behavior as a role model for disabled person.
7. Enlighted parents of the disabled person forth group and parental association, initiate, integrate and explore
8. Muskann NGO helps to improve quality of differently abled group.

ROLE OF COUNSELLOR

Implement and evaluate school program for the welfare of the disabled student

Role of Government:

Integrated Education programmes RTE Policy

SOCIAL SCIENCE RESEARCH:

Early Assessment, intervention for language and speech, self esteem and social adjustment

WORKPLACE ISSUE

- People spend nearly one third of their adult lives at work, and **workplace issues** are a common source of stress for many.
- It is impossible to have a workplace where everyone's roles, expectations, and personalities work perfectly together, without conflict. As such, certain workplace issues may cause negative psychological symptoms.
- Research shows perceived stress in the workplace, for example, is associated with a higher prevalence of mental health issues such as depression and anxiety.
- Workers may find discussing their workplace stress or challenges with a trained mental health professional is helpful to them both professionally and personally.

COMMON WORKPLACE ISSUES

Common workplace issues that employees face include:

- Interpersonal conflict, Communication problems, Gossip, Bullying, Harassment Discrimination, Low motivation and job satisfaction, Performance issues, Poor job fit

HIGH STRESS JOBS

Some jobs known to be particularly stressful include firefighter, airline pilot, enlisted military personnel, police officer, and event coordinator. Additionally, some jobs such as health care worker, teacher, social worker, and administrative support worker have been associated with increased levels of depression.

HOW PSYCHOTHERAPY CAN HELP WITH WORKPLACE ISSUES

There are various ways in which therapy may be useful to help resolve workplace issues. Therapy can effectively treat depression, anxiety, and other mental health symptoms that result from workplace issues. Therapists can also teach healthy coping skills that employees may use to manage work-related stress and other issues.

- cognitive behavioral therapy helps people identify and change unhealthy thoughts, which often results in improved mood and overall well-being.

- Mindfulness, meditation, and other stress management techniques can be taught in psychotherapy.
- individual's assertive communication skills
- conflict resolution skills.

These skills can then be applied in the workplace to improve one's experience at work.

Vocational counseling is a specific type of counseling that can be useful for workplace issues such as job **fit, performance, and satisfaction**. Vocational counselors help employees identify their specific skills and abilities in order to help them develop career goals and find jobs for which they are well suited.

Industrial and organizational (I-O) psychology is also particularly relevant to workplace issues, as it focuses on human behavior in the workplace.

I-O psychologists are sometimes brought into a workplace to identify areas of concern within an organization, as well as to help workers create a more collaborative, healthy work environment.

- Many federal agencies, offer counseling to their employees at no cost through **employee assistance programs (EAPs)**. These counseling sessions provide an opportunity for employees to discuss any issues that may be affecting their work performance with trained professionals.

DISCLOSING A MENTAL HEALTH CONDITION TO YOUR EMPLOYER:

The decision to disclose a mental health condition to an employer can be a difficult one. Although the Americans with Disabilities Act prohibits employers from firing employees with mental health conditions as long as they can perform the functions of their job, employees who make a disclosure may still face negative consequences such as not getting promoted, being treated differently, or even being fired. For this reason, many employees may not feel safe disclosing their mental health condition. While informing a supervisor about mental health issues can help an employee get additional support or necessary accommodations at work, there is also the potential for stigma and other negative effects.

PEOPLE WITH AIDS

SELF-CARE FOR HIV AND AIDS

Some of those affected by HIV might find it difficult to cope with their illness. While medication is necessary in most cases to manage symptoms and prevent the illness from progressing, self-care may also help people with HIV and maintain a healthy routine and keep up their mental health. They may use self-care methods such as:

- Meditation
- Eating well
- Getting adequate sleep
- Exercise
- Taking any prescribed medications
- Enjoying hobbies that facilitate relaxation

These methods may help some cope with HIV more easily. Being able to mentally cope with the challenges of a chronic illness may also help people have an easier time fighting off physical effects

COPING WITH HIV AND AIDS THROUGH THERAPY

In therapy, an individual can explore ways to cope with the mental health impacts of HIV and AIDS. Some mental health professionals may have particular training in treating people who have a life-threatening or chronic illness, and these therapists and counselors may be particularly suited to treat those who have been diagnosed with HIV or AIDS.

- **Family counseling** can be beneficial to those who wish to inform their family of their diagnosis, explain what it means, and help family members adapt to the news.
- **Couples counseling** may be helpful to people in serious relationships (relationships where one partner has HIV and one does not).
- **Individual or group therapy** can help an individual living with HIV to come to terms with the illness and cope with the challenges it adds to life.

SUPPORT GROUPS AND GROUP THERAPY FOR HIV AND AIDS

Some people with HIV or AIDS benefit from group therapy and/or support groups where they can connect and share with other people who are also living with HIV as well as

those who are not infected but may have a loved one who is. In this type of therapy, people may:

- Network with other people who have experienced life with HIV/AIDS
- Receive support that may be helpful when facing the challenges associated with an HIV or AIDS diagnosis
- Seek reassurance that life is still possible

HIV support groups often focus on developing healthy coping strategies and providing a community for people with the condition. Research connects these support groups with improved well-being and quality of life as well as reduced rates of mortality in group participants.

THERAPY FOR FAMILIES AFFECTED BY HIV AND AIDS

HIV can be passed easily between intimate partners, especially between those who are unsure of their HIV status. It can also be passed from mother to child during pregnancy, childbirth, and breastfeeding. While any chronic illness might have a significant effect on the family and friends of the person who is ill, HIV can be particularly difficult for family and friends to cope with.

PEOPLE IN POVERTY

Poverty is a serious problem that occurs when a person does not have adequate financial resources to meet basic needs. Women with children are the fastest growing population experiencing poverty.

FACTORS THAT CONTRIBUTE TO POVERTY

- An insufficient amount of jobs that pay a high enough wage to live on, or an individual's inability to work at an available job.
- High costs of education. Individuals who are able to finance their education through loans may find themselves in debt for many years.
- High costs of health care, which can contribute to low wages. Individuals who cannot afford health care may be ill for longer, be unable to work, and subsequently lose their jobs, which can perpetuate the cycle of poverty.

- High costs of childcare. In 2012, one year's tuition and fees at a four-year public university was less than the average annual cost of center-based childcare for one infant, and the median rent payments in each state were lower than the fees for two children in center-based childcare.
- A lack of public transportation, or lack of access to public transportation. Individuals who cannot afford a car and cannot afford to live in an area with easy access to public transportation may find limited employment opportunities.

POVERTY AND HOMELESSNESS

While not all individuals who live in poverty are homeless, the two conditions are often linked. Some people living in poverty are unable to afford stable housing

POVERTY AND MENTAL HEALTH

Poverty and mental health are often intimately related. Mental health issues can contribute to the development of poverty, as people with chronic mental health concerns, especially severe ones, and those who are coping with addiction or substance abuse may face challenges finding and maintaining jobs or managing their finances.

REDUCING THE IMPACT OF POVERTY

- The causes of poverty are many, and there is no one solution to reduce poverty or its impact on the population.
- It is often extremely difficult, if not impossible, for an individual living in poverty to rise up from poverty without help, especially if they are also responsible for a family.
- Government assistance programs such as food benefits, low cost health care and childcare, work assistance programs, and tuition reduction programs are all designed to help individuals living in poverty achieve a higher standard of living, but funding for these programs is often limited and insufficient to help all those needing assistance.

Identity Issues

Sometimes people find themselves feeling uncertain about multiple issues related to identity, such as long-term career goals, career choice, friendship patterns, sexual orientation and behavior, moral values, and group loyalties.

Signs of Identity Issues:

- Confusion about part(s) of your personal or group identities
- Discontentment about career choices and interpersonal relationships
- Decreased motivation and increased apathy about school, work, or life in general
- Feeling overly anxious about long-term career goals, friendships, or other interpersonal relationships
- Feeling a lack of belonging among your peers, family, and/or co-workers
- Experiencing a sense of hopelessness about the future
- Feeling depressed, which can include feelings of sadness and changes in your appetite, mood, ability to concentrate, and interest in activities that were once pleasurable

Things You Can Do:

- Work on increasing your self-awareness by identifying your likes, dislikes, values, the many roles you play (with family and friends), positive and negative past experiences that have impacted how you currently think/feel about yourself, strengths, and growth edges.
- Identify how you feel (e.g., frustrated, sad, overwhelmed, confused, angry, etc.) and acknowledge those feelings, accepting that it is okay to have these feelings.
- Treat yourself as you would a friend.
- Seek out support from friends, family, or organizations that would contribute to increased learning about parts of yourself or interests you are curious about.
- Seek support from the counseling center. Our clinicians are trained to provide you with the necessary support, guidance, and tools to help you become the best you can be.
- Remember that life is not only about finding yourself, but also about creating yourself. Seek out resources and opportunities to help you explore the many options you have.

HOW THERAPY CAN HELP WITH IDENTITY ISSUES

One may find themselves struggling with identity issues which lead to depression, hopelessness, addiction, and more. Psychotherapy offers a place in which people may discuss the issues related to their identity. Through psychotherapy, people may reduce their depression, find ways to cope with struggles associated with their identity issues, and ultimately find themselves in the process.

PSYCHOLOGICAL CONDITIONS ASSOCIATED WITH IDENTITY ISSUES

Certain mental health conditions may give an individual a distorted view of their identity. For example:

- Someone with codependency may rely on others' opinions to form their sense of self.
- Someone with depression may falsely believe they are "worthless" or unloved.
- Someone with delusions of grandeur might believe they are a spiritual figure or a celebrity.
- Someone with generalized amnesia may forget who they are altogether.

In dissociative identity disorder (DID), a person may develop multiple identities called "alters." These alters often have distinct personalities, mannerisms, and so on. A person may have gaps in their memory from when another identity was active. Therapy for DID often aims to integrate alters into one cohesive self.

PRONE TO SUICIDE

- Suicide defined as an act with a fatal outcome that is deliberately initiated and performed by the person in the knowledge or expectation of its fatal outcome
- It is a complex phenomenon
- Suicidal thoughts can be very frightening. If you do want to end your life the thoughts and emotions you feel right now probably seem unbearable
- Perhaps you feel worthless, like no-one cares about you, or that you are not even worth caring about.

- Perhaps you feel sadness, anger, shame, or complete hopelessness. (Refer Xerox)

SUICIDAL THOUGHTS CAN BE:

- Exhausting
- Confusing
- Terrifying
- All consuming and isolation

SUICIDAL THOUGHT CAN LEAD TO

- Change in appetite
- Significant weight gain or weight loss
- Feeling physically numb
- Feeling unreal
- Total loss of energy
- Lack of motivation
- Neglect of health and physical appearance

SOME OF THE MOST COMMON TRIGGERS FOR SUICIDE INCLUDE:

- Isolation or Loneliness
- Relationship Breakdown
- Loss and grief
- Bullying
- Work problem
- Under performance
- High pressure

Coping Mechanism:

- Focus your attention on all of your five senses
- Avoid drugs and alcohol
- Tell yourself like Suicide is permanent and depression is temporary
- Write things down
- Take everything one step at a time
- Talk to someone

MENTAL HEALTH CONDITION

- Severe Depression
- Bipolar Disorder
- Schizophrenia
- Borderline personality disorder
- Anorexia
- Generalized anxiety disorder

Counselling For suicidal thought:

- Acceptance technique
- Change technique
- DBT Dialectical behavior therapy
- Awareness and Prevention

SOCIAL MEDIA ADDICTION

At a basic level social media addiction is a compulsive need to spend excessive amounts of time engaged in social media activities such that other important areas of life (e.g., work, friendships etc.) are neglected.

Signs that you may have a problem include:

- Difficulty with sticking to limits you set for yourself on the use of social media or losing track of time while using social media e.g., intending to surf the net or use social media for 5-10 minutes and then feeling surprised an hour later that you are still logged on.
- Spending excessive amounts of time on social media such that other important life tasks are neglected e.g., no longer spending time with friends because you would prefer to be on social media, not meeting deadlines at work because you are constantly on social media, not doing regular essential household chores because all your spare time is dedicated to being on social media.
- Changes in mood when not engaged in social media e.g., an increase in irritability or decrease in mood when you are not logged on to social media.
- A marked increase in distress or anxiety at the thought of not being able to go on social media e.g., if the thought of going for half a day without social media is unbearable

- When other people think it is a problem. If your partner, parents or friends are constantly complaining that you spend too much time on social media then it may be time to consider making changes to your behaviour.

Why do people become addicted to social media?

At present there are a number of theories outlining why people may become addicted to social media including the following:

Biochemical responses: There is some evidence to suggest that the reward centre in the brain may be activated when we use technology, resulting in ‘feel-good’ chemicals being released into the brain.

Studies have shown that a higher level of these chemicals is released when we share personal information with others than when we talk about other topics.

This may be one reason why social media is so popular.

Managing unpleasant feelings: The internet provides opportunities to escape from the demands and difficulties of everyday life including the unpleasant feelings that are a normal part of being human e.g., anxiety, loneliness, depression, stress and boredom. Using social media also allows us to waste time and procrastinate from completing difficult or unpleasant tasks, allowing further avoidance of unpleasant feelings.

Image Management/Shyness: Social media presents many opportunities to establish new relationships and increase a person’s confidence in relating to others without the usual added social pressures.

It allows an individual to present themselves however they choose and to be in control of their own image. Social media also presents an opportunity for people who are concerned about how others evaluate them to get real life feedback about others’ perceptions of them.

This feedback also allows people to experience a sense of significance as others demonstrate interest in their opinions, interests, talents and daily activities.

What treatment is available?

Cognitive Behavioural Therapy (CBT) has been shown to be effective in treating problematic social media usage. Treatment will most likely include a combination of the following strategies:

Thought Challenging: This strategy will help you to evaluate unhelpful thoughts or beliefs which may be maintaining the addictive behaviours. Examples of such thoughts include “If I don’t check my Facebook I’ll feel anxious all day and won’t get anything done”, “If I don’t respond to a comment people will think I’m ignoring them”, and “If I don’t get enough likes then I’m not a good enough person”.

Behavioural Strategies: These include setting achievable behavioural goals in relation to social media usage and making changes to unhelpful behaviours such as reducing the frequency of checking or logging on. Additional strategies that break the pattern of behaviour such as changing the schedule of social media usage and using “stoppers” (i.e., activities that enforce limits on social media usage) are also discussed.

Values-Based Strategies: Often, as social media usage becomes more problematic, other interests and relationships are neglected or fail to develop as would be expected. Therapy will assist you to evaluate how social media addiction has monopolised your time and what other activities, interests, or relationships have been neglected as a result. Therapy will involve setting goals to re-engage in old interests that have been neglected and/or to develop new interests separate from technology and to assist you to live more in line with your values.

Managing Difficult Feelings: Therapy will involve teaching you alternative and more adaptive strategies for managing your emotional experiences so that you do not need to turn to the internet to improve your mood or reduce feelings of anxiety or stress.

Treatment for other conditions: Other mental health issues such as depression, anxiety and procrastination can leave you vulnerable to developing problematic internet/social media behaviour. If additional mental health difficulties are identified cognitive-behavioural interventions can be used to effectively treat these difficulties and reduce vulnerability to internet addiction

POLY SUBSTANCE ABUSE

WHAT IS POLYSUBSTANCE ABUSE?

Clinicians typically consider a case of polysubstance abuse to involve three or more substances. Moreover, the use of the drugs meets abuse standards. You know that using these substances causes problems. You want to quit, but you can’t.

Maybe you substituted one drug for another one in the hopes of quitting both. This is frequently the case with teen drug abuse that continues into adulthood. But instead of giving up one drug, you're now abusing multiple products. Examples include alcohol, benzos, and pain pills.

WHY GETTING HELP IS ESSENTIAL

Addiction is a disease of the brain. It manifests with physiological and psychological symptoms. Cravings and an inability to stop using are typical signs. That's why you need professional help to overcome the illness.

Don't assume that you can pull yourself up by your bootstraps. The disease is chronic, which means that it has a relapse potential. You need to learn how to anticipate pitfalls and then deal with them. When you get help, it's possible to overcome problematic behaviors.

TREATMENT STRATEGIES FOR POLYSUBSTANCE ABUSE

You added marijuana to the mix to build your appetite. Next, you realized that you had a hard time falling asleep. You noticed that taking your painkillers helps you fall asleep quickly. The group of drugs you abuse continues to grow larger.

At the facility, the intake counselor puts together a treatment protocol based on your input. Possible modalities include:

- Dual diagnosis assessment and treatment for program participants who may have co-occurring mental health conditions such as depression
- Trauma treatment, which helps you when you're dealing with unresolved situations from the past
- Cognitive behavioral therapy that assists with dysfunctions in reasoning or acting out
- Nutritional counseling and support to help you return to a healthy lifestyle
- Addiction education, which lets you understand how the drugs you used worked together to create a framework for your life

THE ROLE OF GROUP THERAPY IN SUBSTANCE ABUSE TREATMENT

Working with peers is advantageous. Although individual therapy is the staple of behavioral treatment, group therapy offers additional benefits. For starters, you learn from peers who understand you on a gut level. Next, you receive validation from those who're struggling with similar situations and put your suggestions into practice.

Crisis intervention

The term crisis intervention can refer to several different therapeutic approaches applied in a variety of critical situations affecting either individuals or groups of people.

Models of crisis intervention is what has been termed the trilogy (threefold) model of crisis. According to this model, a crisis has three parts or aspects:

- 1) a precipitating event;
- 2) intense distress on the part of a person involved in the event; and
- 3) a breakdown of the person's usual coping methods, causing the person to function at a lower level than before the event and have difficulty dealing with the stressor.

Crisis interventions refer to the methods used to provide urgent, short-term care that helps stop the downward spiral of dysfunction and return them to their prior level of pre-crisis functioning.

Types of crisis

Financial Crisis

A financial crisis occurs when a business loses value in its assets and the company can't afford to pay off its debt. Typically, this is caused by a significant drop in demand for the product or service.

Personnel Crisis

Personnel crises occur when an employee or individual who's associated with the company is involved in unethical or illegal misconduct.

Organizational Crisis

- **Crisis of Deception:** This type of crisis occurs when a company knowingly lies about public-facing product information or tampers with public-facing data.
- **Crisis of Management Misconduct:** This type of crisis is a result of management willingly and knowingly engaging in illegal activities.

- **Crisis of Skewed Management Values:** This type of crisis results when senior leadership emphasizes short-term financial gains over social responsibility and neglects the interests of stakeholders such as customers and employees.

Natural Crisis

If an earthquake destroys your office, you might call that a crisis. While it may be rare, natural disasters like hurricanes, earthquakes, and tornados can make a significant impact on your business

Goal of Crisis Intervention

- Identifying the main problems, including what precipitated the crisis
- Reducing the intensity of thoughts, emotions, and behaviors related to the crisis
- Fostering the return of pre-crisis functioning
- Teaching emotional self-regulation
- Promoting the development of coping and problem-solving skills
- Teaching prevention strategies for self-harm
- Building self-awareness and self-confidence

Elements Of Crisis Counseling

Step One – Define the Problem. In this phase, we help others figure out what the problem is that we are trying to solve. Very specifically, what is it that we are trying to create or prevent? During a time where fear and anxiety can be overarching and long-reaching, this phase is helpful in focusing people on exactly what is the specific issue they want to solve, or at least minimize/mitigate.

Step Two – Ensure Safety. While this phase really colors the other steps in the process, it is important at the very beginning to emphasize to oneself and to others that the safety of the people around us is our overriding concern. The safety of those that we lead, manage, and support must be paramount throughout the entire process from both the minds of the people that are providing this leadership, and the minds of the people that they are helping.

Step Three – Provide Support. During crisis intervention, it is important to communicate that one party is here to assist the other. The phrase used by the authors is, “Here is one person who really cares about you.” This demonstration of support has psychological factors of both reassuring the person and allowing them to enter a calmer state where they can help solve the problem with you, and it demonstrates the unconditional positive regard one party has for the other.

Step Four – Examine Alternatives. As we know, anxiety is the enemy of creative thinking. During this challenging time, there will be new problems to solve in new ways, and, by helping figure out what the alternatives are, as leaders we can help our teams be as clear-headed as possible. This is best accomplished, however, by proceeding through the previous three phases to get everyone in the state of mind where the creative thinking can be as productive as possible.

Step Five – Make a Plan. At this point, the alternatives have been weighed and the most likely approach has been decided upon. This should be done collaboratively with a group. In most cases, individual decisions are better informed when others are let in. A thorough weighting of the options usually arrives at best conclusions.

Step Six – Obtain Commitment. In this phase, individuals are given assignments, and leaders need to make sure that they understand what is being asked of them. This is often a good place to ask staff to briefly summarize the plan back to you to make sure that it is understood and the appropriate nuance has been added.