
UNIT 8 TECHNIQUES OF COUNSELLING

Structure

- 8.1 Introduction
- 8.2 Objectives
- 8.3 Counselling Skills
- 8.4 Behavioural Interventions
 - 8.4.1 Behavioural Counselling Techniques
- 8.5 Cognitive Interventions
 - 8.5.1 CBT techniques
 - 8.5.2 Rational Emotive Behavioral Therapy
- 8.6 Transactional Analysis
 - 8.6.1 Ego states
 - 8.6.2 Contamination of ego states
 - 8.6.3 Exclusion of ego states
- 8.7 Characteristics of Effective Counsellors
- 8.8 Let Us Sum Up
- 8.9 Unit-end Exercises
- 8.10 References and Suggested Readings
- 8.11 Answers to Check Your Progress

8.1 INTRODUCTION

After reading Units 1 and 4, you are familiar with the meaning of counselling and may have realized the importance of counselling services in our life and especially for school going children. We have discussed the goals and principles of counselling in schools. Counselling is a process and it goes through different stages. We have discussed different approaches to counselling which belongs to different schools of thought. Individual as well as group counselling are important in school settings. We have highlighted certain important areas in counselling that schools should engage in. The effectiveness of the counselling process depends on the skills of the counsellor and his/her ability to choose appropriate strategies for dealing with problems of the client.

Children spend a lot of their time with teachers in schools. When students have problems- academic, social or emotional- it is more likely that they approach a teacher whom they consider confidante as in most cases they have nobody else to turn to. Therefore, even if you had not prepared yourself for the role of a counsellor, students tend to see you as their confidante and counsellor. This is more so a telling reality in India as most schools do not have a counsellor. Teaching is a helping relationship and the teacher is a helper. In this Unit, we are going to discuss the skills required to be an effective counsellor and the various strategies that can be used for helping the clients deal with their problems.

8.2 OBJECTIVES

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

- recognize the need for providing counselling service in schools;
- appreciate counselling as a helping relationship and an extension of your teaching profession;
- explain the different skills of counselling;
- develop the various counselling skills and use them effectively in your professional setting;
- explain the various behavioral and cognitive techniques used in counselling;
- demonstrate the applications of different behavioral and cognitive interventions as a counsellor;
- explain the professional as well as personal qualities of an effective counsellor; and
- develop professional as well as personal qualities required to be an effective counsellor.

8.3 COUNSELLING SKILLS

Counselling is an extension of the helping relationship and the positive outcomes of the process depend largely on the helper. The counsellor's personal as well as professional qualities influence the counselling process. Self-awareness, understanding of others, the ability to relate to others, academic training, and a set of professional skills are essential qualities of a counsellor. In this section, we will focus on the professional skills required to be an effective counsellor.

Active Listening

Counsellors not only listen to the words spoken by the clients but also to the feelings, facial expression, emotion, gestures, and the unspoken thoughts of the clients. This means, when the client speaks the counsellor must give full attention. Active listening is essential for arriving at an objective assessment of the client's problem and determining appropriate strategies for starting the healing process.

Attending

In the counselling process, listening and attending skills go together. Active listening is possible only when the counsellor gives total attention to the client. Total attention giving behavior of the counsellor means using body language, facial expression, eye contact, head nod and such other non-verbal expressions. If the counsellor is attending to phone calls, writing on the note pad, not looking at the client, sitting away from the client with crossed arms, showing no facial expression or such other cues would be perceived by the client as devaluing him/her. Leaning forward towards the client indicates an attending gesture. On the other hand, if the counsellor sits or leans too closely, the client may feel intimidated and withdraws instead of opening about the problem.

Egan (1994) has summarized the useful non-verbal behavior in counselling as **SOLER**.

- S** - Facing the client *squarely* indicates total attention to the client.
- O** – **Open** posture; crossed arms/legs may indicate less involvement of the counsellor.
- L** – **Leaning** towards the client shows the counsellor’s interest.
- E** – **Eye** contact with the client.
- R** – **Relaxed** state of the counsellor which acts as social modeling for the client to achieve relaxation.

Paraphrasing

This is restating or rewording the content (what is said by the client) back to the client. This should not be mere parroting the words back to the client. Paraphrasing involves reflection of the content and feelings of the client. Paraphrasing and reflection help in confirming with the client if the counsellor has understood the problem as narrated by the client.

Empathy

This refers to the counsellor’s ability to sense what the client is feeling, experiencing and thinking. Empathic skill involves the use of attending, listening and interpersonal sensitivity of the counsellor.

Asking Questions

Counsellors ask questions for fact finding and engaging with the client. Fact finding questions are used for collecting data such as age, occupation, family status etc. regarding a new client. Open-ended questions help in engaging and establishing a relationship with the client. Open-ended questions are used to elicit a response from the client, probe and expand a response given by the client or explore deeper into the client’s problem.

Immediacy

Immediacy refers to the counsellor disclosing feelings about the client or the therapeutic interaction at that moment as it happens. For example, after listening to a student who suffered sexual abuse, the counsellor may share his/her feeling towards the student:

Counsellor: *“I appreciate you trusted me with one of the most traumatic experiences of your life. And I respect your courage for confronting the problem”*.

Self-disclosure

This refers to the counsellor stating feelings about a similar situation as the client is presently in. For example, the counsellor disclosing to a student seeking help for dealing with public speaking phobia:

Counsellor: *“When I had to speak before the class, I used to stutter”*.

The skills of self-disclosure and immediacy are closely associated. Self-disclosure promotes immediacy in your relationship with the client. Self-disclosure intervention should be used in appropriate context and time only. According to Kottler and Kottler (2007), “Self-disclosures are best employed when you wish

to (a) demonstrate that the student is not alone, (b) bridge perceived distance between you, and (c) model openness (p.58)". They maintain that self-disclosures should have the following features.

- *It should be concise.*
- *It should be devoid of self-indulgence.*
- *It should be used very conservatively (p.58).*

Summarizing

After listening to a series of statements or at the end of a session, the counsellor summarizes the content presented by the client. Through summarizing, the counsellor attempts to find out if s/he has properly understood the frame of reference of the client and also helps the client to place his/her problem in perspective.

Goal Setting

After assessing the problem, the counsellor works with the client to set realistic goals or behavioural changes the client wants to accomplish. It is important to set goals that are achievable. Goals are set depending on the nature of the problem and the client's ability to engage in the helping process. Time bound specific goals give a sense of purpose and accomplishment to the client.

Ending Sessions and Follow-up

Setting boundaries is important in a counselling relationship. Counsellors should begin and end sessions on time. Clients should be informed about the rules of the counselling contract and counsellors should not be lenient if the client is late for the session. The message to the client should be, being late means forgoing the session. This is necessary because it is the client's responsibility to work towards the set goals or behavioural changes. When ending each session, the counsellor may encourage the client to carry on the new behavior learnt in the session in the outside world. This may be followed up at the beginning of the next session by enquiring about the client's accomplishments in the world outside.

Termination of Counselling

Counselling or therapy relationship is a contract. Therefore, it must come to an end one day. Termination happens when the set goals have been accomplished, the client wants to move on or end the relationship, the counsellor wants to move on, the counsellor concludes that the therapy is not productive, or the counsellor gives the client referral to another professional in the field. Whichever way the termination happens the counsellor should prepare herself/himself and the client for the eventuality. Abrupt ending of the counselling relationship may adversely affect some clients. Therefore, it is better the counsellor discusses with the client about the termination plan two or three sessions prior to the actual event and prepares the client for the day. Morally a counsellor should terminate the contract if she realizes that the therapeutic relationship is not productive. After a few sessions, if the counsellor feels that the client is avoiding responsibility for working towards the desired change, the client should be told so and the contract may be terminated. Whatever be the reasons for termination, it should leave a positive feeling with the counsellor and the client.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

1) List the various counselling skills.

.....

.....

.....

.....

.....

2) Explain SOLER.

.....

.....

.....

.....

.....

3) What is paraphrasing?

.....

.....

.....

.....

.....

4) Explain goal setting skill.

.....

.....

.....

.....

.....

8.4 BEHAVIOURAL INTERVENTIONS

You have studied learning theories in BES- 123. You may recall classical conditioning and operant conditioning theories of learning here. Behavioural approaches to counselling take the view that all behaviours are learned. Behavior that is approved or reinforced, through childhood, provides satisfying experience and such behavior is likely to be repeated. In the same way, if a behavior is discouraged, not approved or not reinforced it tends to disappear. Therefore, if behavior is learned, it can be unlearned in a similar way. Behavioural learning

theories can, thus, help us understand behavioral patterns exhibited by the clients as well as modify them. There are positive and negative reinforcements. A reward(stimulus) that is presented during the behavior or immediately after the behavior is called a positive reinforcement. Similarly, if the stimulus is withdrawn or not given after the behavior, it is considered a negative reinforcement. Therefore, behavior counselling is based on the understanding that reinforcement strengthens the behavior which means positive reinforcement leads to the behavior occurring in the future whereas negative reinforcement resulting either in behavior modification or dropping of the behavior. Behavioural counselling aims at developing desirable behavior and modifying or removing undesirable behavior.

In behavior approach to counselling, the counsellor begins with the assessment of the client's behavior so that problem behavior can be identified. Behavioural analysis helps the counsellor in understanding the situations that lead to a behavior, the consequences of the behavior or if the behavior reveals any pattern. The counsellor then attempts to find out if the problem behavior changes when the situation leading to it or the consequences is altered. Let us understand behavioural analysis using the ABC model.

'A' refers to antecedent, which means what happens prior to the problem behavior occurs.

'B' refers to the problem behavior of the client.

'C' refers to the consequences of the behavior.

After the functional analysis of the behavior, the counsellor would assess if change in 'A' (antecedent) would result in a new (desirable) or modified behavior (B). Alternatively, the counsellor would assess if removing or change in 'C' would develop a new behavior (B). The focus of the behavioural intervention is in a) developing a new behavior, b) strengthening a newly developed behavior, c) weakening a problem behavior, or d) modifying the problem behavior (B). For designing a behavioural intervention plan you need to collect baseline data related to the problem behavior of the client. You can ask the client to keep a self-monitoring diary that will provide information about the frequency, length and intensity of the problem behavior. As your clients would be your learners, you can observe them regarding the problem behavior and maintain a diary. You can seek report from parents, teachers and peer group about the client's behavior.

8.4.1 Behavioural Counselling Techniques

Behavioural counselling techniques are based on the classical and operant conditioning theories. Exposure therapies are based on classical conditioning, which include systematic desensitization, *in vivo* desensitization, flooding and implosion.

A) Exposure Therapies

Some of the commonly observed behavioral problems among children are due to anxiety, fear, anger, phobia, etc. For example, a child may be fearful of entering a dark room, speaking in the class room, an insect, animal, elevator or heights. Exposure therapies are used to reduce these disabling feelings and emotions. The client is gradually exposed to the problem situations or in imagination under the supervision of the counsellor. The behavioural assessment should clearly indicate that the problem behavior is irrational and inappropriate which means

the problem behavior is not because of the inadequacy of skills. For example, if a child is fearful of swimming it should not be due to the lack of swimming skills. Let us now discuss some of the techniques used in exposure therapies.

Systematic Desensitization

In systematic desensitization and *in vivo* desensitization, the fearful situation is paired with a state of relaxation. The systematic desensitization is done in the following steps:

Constructing anxiety hierarchy

Training in relaxation

Desensitizing the anxiety inducing stimulus

Constructing Anxiety Hierarchy

The client is asked to list all the situations or events that induce anxiety and arrange it in increasing order of intensity. In the anxiety hierarchy, the client may be asked to construct 10-12 episodes/scenes that produce anxiety. The first scene produces the least anxiety and the last scene produces anxiety of the highest intensity. Given below is an example of a list of anxiety hierarchy created by a client fearful of spiders.

- 1) *Hear someone mention spider.*
- 2) *See picture of spider.*
- 3) *See a small spider on the wall.*
- 4) *See a small spider crawling on the floor.*
- 5) *See a big spider on the wall.*
- 6) *See a big spider crawling on the floor.*
- 7) *Spider crawling on the desk.*
- 8) *Spider crawling on the arm of the chair he is sitting.*
- 9) *Spider crawling on shirt sleeve.*
- 10) *Spider crawling on bare foot or arm.*

Relaxation training

Anxiety induces physiological stress. In some people anxiety may cause irregular heart beat, sweating or tightening of muscles. Counsellors use a variety of relaxation techniques to help their clients deal with anxiety. In step 2 of the desensitization process, the counsellor provides training to the clients in relaxation. Clients receive training to relax different muscle groups in the order starting with the small muscles (toes, feet) to the larger muscle groups (shoulder, neck, face).

Another relaxation technique is using mental imagery in which the client is asked to imagine herself/himself in a place or situation that is associated with pleasant memories. The pleasant imagery helps the client to move into a state of relaxation. When the client is in a state of relaxation, the physiological changes that happen are opposite to the physiological responses induced by anxiety. In relaxation

state, the heart beat and the respiration rate start returning to normalcy, and muscle tension begins to loosen.

Shavasana is yoga posture that can be practiced for relaxation. In this yoga posture, the client is asked to maintain the posture of a corpse and instruct the body to relax gradually from toe to head. *Vipassana* is a meditation technique which can be used for relaxation. *Pranayama*, the breathing technique which many of us are familiar with, is another relaxation technique.

Relaxation activity has to be done in a calm environment and in a comfortable posture in a chair or mat.

Desensitizing the anxiety inducing stimulus

This is the last step in the desensitization process. Following the counsellor's instructions, the client enters into relaxation state. When the client is in deep relaxation state, he/she is presented with the least anxiety provoking scene from the list constructed by the client earlier. The client is instructed to visualize each item in the list. Even if a scene produces tension, it would not be lasting as relaxation and tension cannot go together. However, if the tension stays longer the client is instructed to move away from the scene and asked to relax further. Once again when the client is in deep state of relaxation the scene that provoked anxiety is presented. The process is repeated with each scene till the time the most anxiety provoking scene fails to provoke anxiety in the client. When the client stays calm and relaxed while imagining the high anxiety provoking scene, there is little chance that the corresponding event in real life would provoke anxiety. Remember the state of equanimity is not achieved in one sitting but through a series of sessions, usually 8-10 sessions. Therefore, the counsellor must make the decision after assessing the severity of the case about the approximate number of sessions that would need for the desensitization therapy. The counsellor should also review the progress of the desensitization process periodically and make changes, if required.

In Vivo Desensitization

In cases where systematic desensitization fails, *in vivo* desensitization can be used. In *in vivo* desensitization, the client is gradually introduced to the real life anxiety provoking stimulus. Here too the client is asked to develop a hierarchy of fear inducing stimulus. The client receives training in relaxation techniques. When the client is in relaxation state, the counsellor gradually presents the fear producing actual stimulus. Some counsellors provide positive reinforcement in place of relaxation.

Flooding

This technique is usually used when the systematic and *in vivo* desensitization processes fail. As in the desensitization process, in flooding too the client is given training in relaxation. A few sessions are used for learning the relaxation techniques. The client may practice the relaxation techniques at home too. After the client has learned the relaxation techniques, the counsellor exposes the client abruptly to the anxiety provoking stimulus. Due to classical conditioning the client has learnt to associate fear with the stimulus. In flooding technique, the same principle is used to extinguish the fear response by replacing it with a feeling of relaxation. Unlike the systematic desensitization process, in flooding

the exposure to the fear inducing stimulus is rapid, abrupt and direct. Flooding is applied in real situation and the client cannot escape from the situation.

Mohan is afraid of spider. As soon as he sees a spider he starts screaming and shaking with fear uncontrollably. Even after the spider disappears, his discomfort and anxiety would continue for quite sometime. Mohan's parents approached a counsellor. The counsellor recommended flooding therapy to extinguish Mohan's anxiety. Mohan was first given training in relaxation. He also practiced relaxation techniques at home. After a few sessions, Mohan mastered the skill to relax himself. In the following session the counsellor exposed Mohan to the fear evoking real object (spider). As Mohan's fear of the spider is quite intense, it would not be easy for him to remain calm. Here, Mohan uses the relaxation techniques to lower his anxiety to a manageable level. Therefore, mastering the relaxation techniques before confronting the fear evoking stimulus is very crucial. In subsequent sessions, Mohan managed to reduce his anxiety level further and could confront the fear evoking stimulus minus the presence of the counsellor. This means Mohan eventually learnt to dissociate the stimulus (spider) from fear.

Implosion

Flooding is done in real situation whereas implosion is done using imagery. Let us try to understand implosion using Mohan's case described earlier. Here, Mohan may be asked to imagine a scene in which spiders are crawling around the room. The counsellor continues with exaggerated details of the scene that the spiders are crawling on Mohan's face and entering his nose. In implosion treatment the client may show strong emotional reactions. The treatment is continued till the client is assessed to have eliminated the anxiety behavior associated with spider.

Let us consider another example.

Sonam is fearful of public speaking. She doesn't ask questions in the class. When the teacher asks question, she doesn't say the answer although she knows it. In implosion therapy, Sonam is asked to imagine a scene in which she is addressing the school assembly, fumbling for words, students laughing, whistling and hooting, noise becoming louder, and principal and teachers angry and scolding her. Sonam goes through a few more sessions of intensive anxiety evoking imagery of public speaking till her public speaking phobia is eliminated.

B) Stimulus Control by Using Reinforcement and Punishment

Systematic use of reinforcement and punishment for stimulus control is based on the principles of operant conditioning. In stimulus control technique the focus is on the antecedent to the occurrence of a behavior. Let us understand stimulus control through an example.

Arunima teaches English in class IX. After the class also if the students have any academic problem they would go to her and discuss. She would listen and help them to deal with their problems. Mira teaches Science to the same group of students. But the students do not go to Mira although they experience difficulty in the subject. Initially when students would

approach Mira to discuss their subject related problems, Mira would scold them for not being attentive in the class. Gradually students stopped going to her. As Arunima listens and provides reinforcement to the students whenever they approach her, they continued to meet her and discuss their subject related problems. Here, Arunima's presence is an antecedent to the behavior of the students which is discussing their academic problems. Or we can say Arunima's presence is serving as stimulus control for the behavior of the students. As Mira did not reinforce the behavior of the students, it gradually stopped occurring.

C) Role Play

We learn a behavior by observing others and then imitating their behavior. As children we acquire certain behavior through modeling and imitating others. Counsellors use role play technique to modify a behavior. Role play can also be used to learn a new behavior. In role play, the counsellor and the client assume specified roles and enact a problem situation. Initially the counsellor plays the role of the client and the client does the role of the other actor (parent, teacher or principal) in the problem situation. In the following session, they exchange the roles which means the client plays his/her role and the counsellor plays the role of the other actor. In the second session, where the client is playing his/her original role in the problem situation, he/she attempts to model his/her behavior on the behavior demonstrated by the counsellor in the first session. Over time in subsequent sessions of role exchanges and modeling, the client learns a new behavior or modifies the existing behavior so that the situation is no more problematic. Consider the following case:

Ruhi is a class X student. Her academic performance is very good. She is also an excellent classical singer. She wants to pursue a career in classical music and become a vocalist. Her parents are doctors and own a hospital. They want her to pursue a career in medicine and eventually run the hospital when they retire. They are now planning to get her admission in an expensive coaching centre to prepare for the medical entrance exam after the 12th class. She has been so far unsuccessful in telling her mother about her desire to pursue a career in classical music. As soon as she begins to talk to mother about her future career plans, her mother would block her by saying that she is going to become a doctor and there was nothing more to discuss. Ruhi doesn't want her parents to be unhappy but she doesn't want medicine for a career either. But she has so far not succeeded in presenting her case to the parents. She feels unhappy and distressed. That is how she approached the school counsellor and discussed the problem. The counsellor suggested role play to Ruhi for dealing with the situation. Ruhi agreed to the suggestion. To begin with Ruhi was asked to enact her mother's role and the counsellor played Ruhi's role. In the next session, Ruhi assumed her own role and the counsellor played her mother. In this session Ruhi was expected to incorporate what she has learnt from the counsellor's behavior while playing Ruhi. Initially it was not very easy for Ruhi to model her behavior on the behavior of the counsellor as Ruhi in the earlier session. Because, she felt nervous confronting her mother. In subsequent sessions involving exchange of roles and modeling by the counsellor, gradually Ruhi has learnt to confront her mother and assert herself.

D) Token Economy

In this technique, positive reinforcement is used for behavior modification. Rules are established prior to the start of the treatment which specify the behavior to be modified and the reward to be given. Each time the client exhibits the desired behavior, it results in the reward of a token, for example a cartoon sticker. Undesirable behavior would result in the removal of a token. The token economy technique is found to be very effective with children. After collecting a certain number of tokens, the client may be given a more meaningful object in exchange for the tokens. In place of the meaningful object, the reward can also be something like a picnic, going for a movie or such other privileges. The token rewarding is gradually withdrawn as the client starts displaying independently the desired behavior.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

5) Explain the ABC model of behavioral analysis.

.....

.....

.....

6) List the different exposure therapies.

.....

.....

.....

7) Mention the steps involved in systematic desensitization.

.....

.....

.....

8) State the difference between systematic and *in vivo* desensitization techniques.

.....

.....

.....

9) State the difference between 'flooding' and 'implosion' techniques.

.....

.....

.....

.....

8.5 COGNITIVE INTERVENTIONS

Aron Beck is the proponent of cognitive therapy. Cognitive approach to counselling is based on the understanding that human behavior is influenced by cognition or thought process. Therefore, when individuals respond to events or situations they do so depending on their beliefs, attitude, or expectations. This means there is a pattern of thinking behind our manifested behaviour. That ineffective behavior is due to distortion in the thinking process. So if maladaptive behavior has to be unlearned, modified or a new behaviour has to be learnt, changing the thinking pattern is necessary. Thus, the client is helped to examine the rationality of assumptions behind his/her behavior. Most counsellors combine behavioural and cognitive therapy to deal with client dysfunctions or problems.

Beck (1976) and Burns (1980) have identified a list of some common fallacious and ineffective thought patterns people engage in.

- i) **All or none thinking:** This refers to thinking in the extreme, either good or bad. There is no middle ground here. For example, if a child is denied one of his/her many demands by the parents, s/he thinks that his/her parents don't love him/her. This means, my parents love me or they don't love me.
- ii) **Over generalization:** In this thinking pattern, people draw exaggerated conclusions, often based on a single event. An unpleasant event has occurred and you start thinking of it as the beginning of an unending series of disaster.
- iii) **Arbitrary inference:** This happens when people draw unjustified conclusion without adequate evidence. You went to meet the principal and she/he didn't smile at you. You concluded that s/he is angry with you.
- iv) **Jumping to conclusion:** You are a newly appointed principal of a school. You jump to the conclusion that the teacher from the same school who lost the job to you would be hostile to you. This is known as "**mind reading**", although you have no evidence to support your conclusion. Another associated cognitive distortion known as "**fortune telling**" is, when you conclude that your time as a principal in the school is going to be disastrous.
- v) **Magnification and minimization:** This refers to magnifying the intensity of the unpleasantness or negative effect of a situation or event. And shrinking or rejecting the pleasant experience or positive effect of the event.
- vi) **Personalization:** Whenever things go wrong you think you are responsible for it. See yourself as the cause of the negative effect of an external event over which you had no control.
- vii) **Should statements:** You keep saying to yourself, I should do this, or I shouldn't have done that. The emotional consequence of this kind of thinking is guilt.
- viii) **Labeling and mislabeling:** This is overgeneralization in its extreme form. "I am a loser". Here, instead of acknowledging your error or shortcoming, you attach a negative label to yourself. When you find someone's behavior unacceptable, you label him, "He is a jerk". Here, we use highly colored and emotionally loaded language to describe an event.

- ix) **Disqualifying the positive:** This is automatic discounting or rejection of your positive experiences. For example, when you are congratulated for a task done, you brush it aside as, “it is not so great”. This is due to your negative self-perception. By disqualifying your every day positive experiences, you maintain your negative belief about the self.
- x) **Emotional reasoning:** Here your reasoning is not objective but based on how you feel about a situation. “I am angry with you, therefore you have wronged me”. “I feel guilty, therefore it is my mistake”. You accept emotion as evidence for your thought and do not attempt to look for facts objectively.

A counsellor can help clients identify and correct cognitive distortions in their thinking process. Cognitive behavioural therapy (CBT) uses different techniques to help clients examine their dysfunctional thoughts to understand their non productive or self destructive behavior.

8.5.1 CBT techniques

Some of the techniques used by cognitive behavioural therapists are described below.

- **Cognitive rehearsal**

A client is fearful of travelling in metro train. S/he feels trapped inside the train. The client describes his/her negative thought patterns and feelings when s/he uses the train (daily to reach his work place) to a counsellor. The counsellor helps him/her to explore some things s/he can do to reduce the anxiety next time s/he boards the train. One of the things could be to do a breathing exercise as soon as s/he enters the train. Another thing could be to listen to his/her favorite music track.

- **Validity testing**

Rohan could not top the class in the annual examination. He was short of two marks compared to the topper in the class. His mother starts thinking, “I am to blame for Rohan’s poor performance. I should have spent more time teaching Rohan. I am a bad parent”. She feels depressed and approaches a therapist for help. The therapist asks her to list her behavior as bad mother and prove them so. As she does so the therapist helps her to confront and test the validity of her beliefs (bad parent) and exposes these negative thoughts as baseless.

- **Guided discovery**

The counsellor asks a series of specific questions about the client’s thoughts, feelings and emotions surrounding the maladaptive behavior. The counsellor then helps the client link the distorted thought patterns and the maladaptive behavior.

- **Writing in a journal**

The client is asked to note down her everyday anxiety behavior and the thoughts and emotions surrounding such behavior for about 2-3 weeks. The journal is then reviewed together by the client and the counsellor to discover the unhelpful thought patterns and emotions that induce the anxiety behavior in the client.

8.5.2 Rational Emotive Behavioral Therapy

Albert Ellis is the proponent of rational emotive behavioural therapy (REBT). He suggests that our emotional disturbances and dysfunctional behaviours are largely due to irrational beliefs/thoughts. It is not the reality out there, rather how we perceive the reality that is causing the emotional disturbance. He says irrational beliefs are unhelpful and unhealthy, whereas rational beliefs are more flexible, helpful and enhance our mental health. We allow ourselves to be 'disturbed' by having irrational beliefs. So, for resolving our problems, we have to take responsibility for changing our 'crooked' ways of thinking to rational ways of thinking. According to Ellis, the commonly held irrational beliefs are the following.

- It is essential to be loved and approved by every significant person in one's life.
- To be worthwhile, a person must be competent, adequate and achieving in everything attempted.
- Some people are wicked, bad, villainous, and should be blamed or punished.
- It is terrible and disastrous whenever events do not occur as one hopes.
- Unhappiness is the result of outside events and a person has no control over such despair.
- Something potentially dangerous or harmful should be a cause of great concern and should always be kept in mind.
- Running away from difficulties or responsibilities is easier than facing them.
- A person must depend on others and must have someone stronger on whom to rely.
- The past determines one's present behaviour and thus it cannot be changed.
- A person should get upset over the problems and difficulties of others.
- There is always a right answer to every problem, and a failure to find this answer is a disaster.

Ellis used the A-B-C-D-E therapeutic approach to help clients resolve their problems.

A is the activating external event. **B** is the beliefs (irrational or rational) the client has about the event. **C** is the consequences (feelings and behaviors) due to **B** (beliefs). The therapist helps the client to dispute (**D**) the beliefs (**B**) and modify them. **E** refers to the effect due to therapy resulting in modified behavior.

Let us consider the following example.

Your colleague entered the staff room looking very distressed. You enquired if everything was fine. She said, "The principal doesn't like me. I feel very depressed". What makes you think so, you asked her. When the principal saw me coming in, she didn't smile and looked away.

The activating event (A) is principal didn't smile and looked away.

The colleague's belief (B) is principal doesn't like her.

The consequence (C) is a state of feeling depressed.

The therapist helps her to dispute (D) her belief. Has such an event happened before? No. Is she certain the principal has seen her coming in? She is not certain about it. Could the principal have been mentally preoccupied by some other serious matter? Yes she could be. Is the principal's behavior (A) or client's belief (B), what has caused the depression (C)? The client's belief. What is the effect (E) of the therapy? The client acknowledges it is her belief rather than the external event which is responsible for the negative feeling. The client learns to dispute the irrationality of her beliefs.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

10) What is 'arbitrary inference'?

.....
.....
.....
.....
.....

11) Describe 'magnification and minimization'.

.....
.....
.....
.....
.....

12) What does it mean, 'disqualifying the positive'?

.....
.....
.....
.....
.....

13) Mention the different CBT techniques.

.....
.....
.....
.....
.....

14) What according to Ellis is the reason for emotional disturbances?
.....
.....
.....
.....
.....

15) Explain the ABCDE model of REBT.
.....
.....
.....
.....
.....

8.6 TRANSACTIONAL ANALYSIS

Transactional analysis, commonly known as TA, is a psychological tool that helps us to understand the constituents of our personality. The TA theory was originally proposed by Dr. Eric Berne who was a practicing psychiatrist. TA theories are based on life experiences and observable realities, therefore can be used by anybody to understand one’s personality. TA helps us to understand the effective and ineffective aspects of our personality. As a counsellor, you can train your clients to apply TA to improve their intra-personal and inter-personal effectiveness.

8.6.1 Ego states

According to Eric Berne, the proponent of *transactional analysis*, our personality is constituted of **ego states**. Here, ego means **I**, ego state means state of **I**. This means we keep shifting from one ego state to another from time to time. An ego state can be described as a set of patterns of behavior that include thinking, feeling, decision making which are experienced internally, and manifested as behavior of the individual. Each ego state has a set of behavior of its own. An ego state is a reflection of how we relate to ourselves and others at a particular moment or point of time. Eric Berne’s work revealed that every human being has three sets of behavior. He named these three sets of behavior as:

Parent ego state or **Parent(P)** refers to our personality characteristics, physiological and emotional attitudes and social behavior that we have internalized from our biological parents, parent figures (aunts, uncles or grandparents), any other authoritarian figures, or care givers.

Adult ego state or **Adult(A)** which refers to that part of our personality that deals with the reality of the here and now. **A** is manifested by objective recording and processing of the data, alertness of the outside world of reality and the psychological reality of the people we interact with in our daily life.

Child ego state or *Child(C)* which refers to that part of our personality we carry along from birth through childhood into the present moment of our life. It is revival from our early life experiences which means it is the repository of our feelings and emotions. Thus, the child ego state is the recording of events that unfolded around us and our responses to the outside stimulus, for example, sometimes gurgling with joy, going through distress, feeling sad or angry, feeling of amazement or fear. In short, the child ego state is the seat of all our feelings and emotional responses.

The TA model of personality structure is depicted diagrammatically as given below.

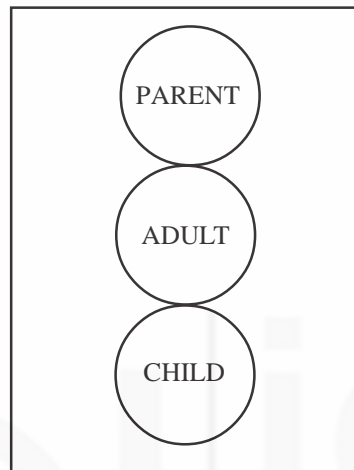


Fig. 8.1: A Structural Diagram

Let us now examine in detail the different dimensions of each of these ego states. In our discussion, we will use **Parent** with capital **P** which denotes the **Parent ego state**, not the biological parent. In the same way the **Adult ego state** will be represented by **A** and the **Child ego state** will be represented by **C**, both **A** and **C** are not the physiological adult and the child.

The P, A, and C are part of our personality that we have started developing early in our life. We have said earlier that TA is a psychological tool that helps us understand our personality and the personality of others. How do we experience ego states? Can we observe the ego state experiences of others? Can others observe our ego state experiences? Ego states are interior experiences that are not observable by others. That is why we may not know if there is a distressing, chaotic thought behind the calm exterior appearance of a person. The inner experiences of the ego states are perceived only within the self. By developing self-awareness and with practice, we can identify our inner thoughts, words, feelings, experiences, and expressions as originating from the Parent, Adult or Child ego states. Thus, self-awareness of the ego states experiences, which have their origin in our past, help us to sort out and bring positive and productive changes to our present day life experiences. Let us try to understand the ego states using the behavioural models of ego states.

The Parent Ego State(P)

As children, while growing up, we observe people around us and internalize many of their characteristics without being conscious of it. We pick up the gestures, postures, behaviours, or expressions of others we observe especially of

the significant others, parents or parent figures, in our life. Thus, we have a repository of values, feelings, attitudes, emotional expressions and behaviours that we have copied from the significant others in our life. These recorded messages in our brain later on become almost automatic behavior and responses to situations or events in our life. Therefore, when in Parent ego state we tend to behave like our parents or parent figures in our life. It is through Parent ego state we regulate and nurture our life as well as others. The Parent ego state is manifested in two ways as the controlling or nurturing behaviours.

- **Controlling Parent**

Also known as the Critical Parent, in this ego state we refer through the do's and don'ts, the good and bad, and the right and wrong in our life as well as others. The negative Controlling Parent in us is judgmental about ourselves and others. But the positive Controlling Parent in us regulates and provides us with a guidance system that helps us to be productive and constructive in our life. It is the positive Controlling Parent in you that tells you, "It is important to prepare a time table and study regularly for the B Ed programme". If you tell your student, "You are not working hard and it would reflect in your exam results", you are criticizing him/ her (negative Controlling Parent) and your student is likely to rebel which may prove counter-productive. This means the positive Controlling Parent is helping and productive while the negative Controlling Parent is not only non-productive but may turn out to be counter-productive and ineffective.

- **Nurturing Parent**

The Nurturing Parent ego state is about providing love, care, support and protection. It is concerned with the feelings and emotions of the people. It is founded in understanding and comforting others. In this ego state, we are accepting of others for what they are, which means in the Nurturing Parent ego state we are non-judgmental of the other person. We appreciate people for their achievements and positive behaviours. We don't criticize them. The Nurturing Parent in you would tell your student, "I know you are working hard for the exam and I am there for you whenever you need me". The negative Nurturing Parent in you would say, "You are intelligent and need not take the exam so seriously because you will be the topper anyway". Such over indulging (negative) nurturing behavior sends a negative message to the student that he/she doesn't need to regulate himself/herself and behave responsibly.

Reflection

- i) What is your dominant Parent ego state behavior? Controlling Parent or Nurturing Parent?
- ii) Ask a friend or family member to describe your dominant P behavior. Validate your P behavior using your self-assessment and assessment by others.
- iii) How will you optimize the positive aspects and minimize the negative aspects of your CP and NP?

The Child Ego State(C)

As mentioned earlier, the Child ego state is about gratifying the needs, wants and desires of the person.

- Natural Child(NC)

When our needs, wants and desires are met we express joy, if unfulfilled we become frustrated and angry. This is the Natural Child functioning of our Child ego state. This functioning is also known as the Free Child.

- Adapted Child(AC)

In addition to satisfying the needs, wants and desires, the child wants to survive. Therefore, when the child senses a situation as dangerous, it will try to comply or adapt to the situation. This functioning of the Child ego state is known as the Adapted Child. In the adapting behavior we try to modify our inclinations as a Natural Child to meet the demands from the significant authority. For example, if career promotion rules demand that you acquire a new skill, you would cut short your leisure time and get the required training. For example, you are pursuing the B Ed programme presently.

- Compliant Child

There is another behavioural aspect to the Child ego state which is the Compliant Child. In the Compliant Child ego state you surrender yourself to what others want you to do even if that is not what you want to do yourself. For example, the daughter of doctor parents wants to pursue liberal arts in higher education but submits to the demands of her parents and takes medical profession instead.

- Rebellious Child(RC)

There is a third dimension to the Child ego state functioning, which is known as the Rebellious Child. This functioning of the Child ego state rebels when it experiences any authority as imposing.

Reflection

- i) Identify your dominant Child ego state behavior.
- ii) Which of the C behavior is absent in your life?
- iii) How does the dominance or absence of a particular C behavior affect your life as well as others around you?

The Child Ego State(C)

As mentioned earlier, the Child ego state is about gratifying the needs, wants and desires of the person.

- Natural Child(NC)

When our needs, wants and desires are met we express joy, if unfulfilled we become frustrated and angry. This is the Natural Child functioning of our Child ego state. This functioning is also known as the Free Child.

- Adapted Child(AC)

In addition to satisfying the needs, wants and desires, the child wants to survive. Therefore, when the child senses a situation as dangerous, it will try to comply or adapt to the situation. This functioning of the Child ego state is known as the Adapted Child. In the adapting behavior we try to modify our inclinations as a Natural Child to meet the demands from the significant authority. For example, if career promotion rules demand that you acquire a new skill, you would cut short your leisure time and get the required training. For example, you are pursuing the B Ed programme presently.

- Compliant Child

There is another behavioural aspect to the Child ego state which is the Compliant Child. In the Compliant Child ego state you surrender yourself to what others want you to do even if that is not what you want to do yourself. For example, the daughter of doctor parents wants to pursue liberal arts in higher education but submits to the demands of her parents and takes medical profession instead.

- Rebellious Child(RC)

There is a third dimension to the Child ego state functioning, which is known as the Rebellious Child. This functioning of the Child ego state rebels when it experiences any authority as imposing.

Reflection

- i) Identify your dominant Child ego state behavior.
- ii) Which of the C behavior is absent in your life?
- iii) How does the dominance or absence of a particular C behavior affect your life as well as others around you?

The Adult Ego State (A)

The Adult ego state behavior is reflected as our concern with information, facts and data about the here and now of our living. In the Adult ego state, we collect, analyze and evaluate the old and new data. We formulate hypotheses and test them. Unlike the other two ego states, the Adult ego state deals with facts and data, not with feelings and emotions. There are two aspects to the Adult ego state, the Photographic Adult (PA) and the Combining Adult (CA).

- Photographic Adult(PA)

It is that part of our personality which records what is happening around us, remembers and reports it. In this functioning of the Adult ego state, our brain perceives the surroundings like a camera, clicks it, records it, and reports on it when needed. For example, when you tell someone that you had met her last Sunday at the theatre, you are using your photographic Adult ego state.

- Combining Adult (CA)

The Combining Adult part of our personality analyzes and evaluates the data collected by the Photographic Adult and what is stored in the memory.

Based on the analysis and evaluation of the data, the CA provides reasoning, probabilities and predictions. It is by using the combining Adult you take the decision, if a job offer to you is a winning or losing situation.

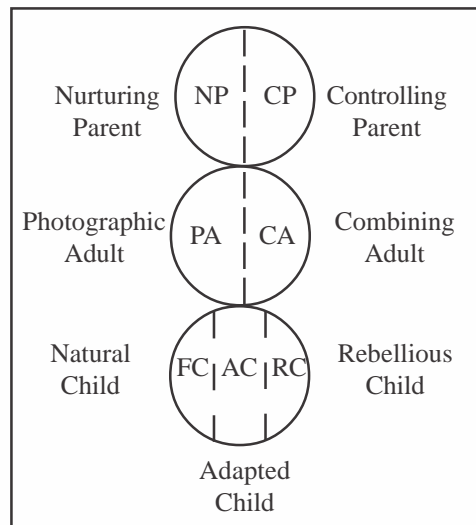


Fig. 8.2: A behavioural model of ego states

In summary, we can say that we have three ego states, each ego state has its own functions and each ego state has different behavioural dimensions to it. Children also have all the ego states and their various functions we have discussed here. For example, children exercise their adult ego state when they learn to use a knife safely, learn to cross the road safely, keep away from dangerous situations such as fire or assess if a touch by the other is appropriate or not.

For leading a healthy life we need all the ego states functioning in an integrated way. The **P** ego state provides direction to our lives according to certain values and judgments. It nurtures, safeguards, supports and regulates our life and others (children, students or employees) in our care. The **A** functions of collecting, analyzing, and evaluation of data in the present, help us in examining and updating our **P** and **C**. Thus, **A** provides a framework to examine, if our old values and practices (for example, caste system/ women should not work outside home/ dressing style/ child marriage, etc.) are applicable today. It also helps us in keeping our emotional expressions in checks and balances. The **C** helps us to meet our physiological as well as psychological/emotional needs, which is manifested as expressions of joy, sorrow, frustration, anger, creativity, etc.

Reflection

- i) We have discussed different ego state functions. Identify from which of the ego states you function most of the time.
- ii) Do you analyze and evaluate the data before judging others?

Which of the ego states is more effective? When we function more often from the Nurturing Parent, Adult, or Natural Child ego states, we are more effective as these ego states provide sustenance to our life and the well being of others around us. If we operate from the other ego states frequently, we are thought to be ineffective. In our daily life, as we interact with reality, it is necessary that we shift from one ego state to another as the context demands. Each ego state has its own function. Integrated functioning of all ego states make us effective. Can any

problem arise in the functional autonomy of the ego states and their integrated functioning? Let us discuss it next.

8.6.2 Contamination of Ego States

There can be disturbance in the integrated functioning of the ego states when ego states boundaries are crossed and functional autonomy of an ego state is restricted by the other ego state or ego states. (When ego states overlap, it causes confusion, lack of clarity, and develops blind areas in our personality. This is known as contamination of the ego states.) Contamination occurs when the Parent or Child ego states intrude into the boundary of the Adult ego state and inhibits its objective thinking. For example, when you say boys have superior intelligence compared to girls, you are operating from a contaminated Adult ego state. Here you have accepted the cultural prejudice of male supremacy as a fact. This means your Parent ego state has contaminated your Adult. Let us take another example of contamination of the ego state. In the case of Ruhi cited earlier, say she takes up the medical profession although that is not what she wished to do. Because she thinks this way she can please her parents and she is happy to take up medical profession. When she was a little girl, her mother would say, be a good girl and do as told because she knew what was best for Ruhi. Here, Ruhi's Parent ego state has contaminated her Child ego state. And the Child ego state has contaminated the Adult ego state when she says she is happy joining the medical profession although classical music is her passion.

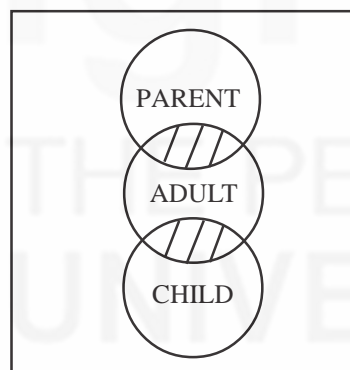


Fig. 8.3: Double Contamination

Reflection

- i) Identify contamination in your ego states.
- ii) Identify if there is exclusion of ego states in your functioning as well as in the functioning of people around you.

8.6.3 Exclusion of Ego States

Some people function as though one or two ego states are missing from their personality. This is known as exclusion of the ego states. A common example is a parent or a caretaker who is expected to look after everyone in the family and does not have any time for herself. Here the caretaker has excluded her Child ego state and operates from the Parent ego state. Another example is a parent who does not look after and provide for the family. This person has decommissioned his/her Parent and Adult ego states.

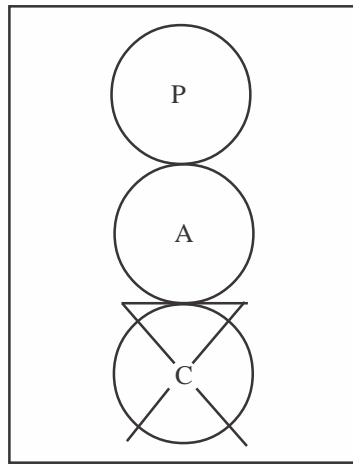


Fig. 8.4: Exclusion

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the block.

16) Define ego state.

.....

.....

.....

.....

.....

17) How many sets of ego states do we have? Name them.

.....

.....

.....

.....

18) What are the functions of Parent ego state?

.....

.....

.....

.....

19) Describe the behavioural models of ego states?

.....

.....

.....

.....

20)	What is contamination of ego states?
21	What is exclusion of ego states?

8.7 CHARACTERISTICS OF EFFECTIVE COUNSELLORS

Counselling is a helping relationship characterized by the personal as well as professional qualities of the helper/counsellor. So far we have discussed the skills and techniques a counsellor needs to have for facilitating the counselling process. Acquiring skills and knowledge to perform the job are part of the professional training. However, professional knowledge itself is not enough to make the counselling process effective. Numerous studies have shown that effective helpers have specific personal qualities that enable the helping process. Therefore the counselling process is effective when the counsellor possesses professional as well as personal qualities. Some of the characteristics of the counsellor that make the counselling process effective are described below.

- Effective counsellors are interested in specialized knowledge of the profession.
- They regularly update professional knowledge and skills.
- They innately like to help others.
- They are interested in the wellness of people.
- They are in harmony with others.
- They are able to involve objectively in the helping relationship.
- They demonstrate personal qualities such as self-awareness, equanimity, empathy, unconditional positive regard, and genuineness.

Self-awareness refers to the counsellor’s knowledge and understanding of the self. This means effective counsellors know about their strengths, weaknesses, feelings and emotions. Self-awareness helps the counsellors in identifying their feelings and emotions and in avoiding projecting them on to the clients.

Equanimity refers to the counsellor's ability to remain calm and composed during the counselling process even in times of extreme provocations by the client or when listening to the client's tortured past (for example, a child who is subjected to violent sexual abuse). Maintaining calm and composure during emotionally charged sessions is important. Because if the counsellor breaks down during the session, it would send a confusing signal to the client (the client may start thinking that it is her fault that the counsellor is crying or angry and the client may withdraw and clam up) and the focus may shift from the client to the counsellor. Clients feel safe and secure with counsellors who exhibit equanimity in their interpersonal interactions.

Empathy is the ability to understand the feelings of the other person. We have discussed empathy in earlier section.

Unconditional positive regard refers to accepting the other person (client) without conditions. The counsellor offers warm caring to the client irrespective of the behavior of the client.

Genuineness also known as congruence means what the counsellor conveys during the relationship, verbal or non-verbal, should be real. This means the counsellor should not be phony in the relationship. The counsellor should express only what is real.

We have discussed some of the characteristics of effective counsellors here. There are many more characteristics that are desirable for a counsellor. Capuzzi and Gross (2013, p.7) have compiled from numerous sources a list of desirable counsellor characteristics which is presented below. You can find out which of these characteristics you possess.

Desirable counsellor characteristics

Intelligent	Empathic
Energetic	Optimistic
Caring	Self-confident
Trustworthy	Self-aware
Genuine	Creative
Emotionally stable	Flexible
Resourceful	Hard-working
Unselfish	Insightful
Curious	Nonjudgmental
Good listener	Knowledgeable
Realistic	Ethical
Dependable	Friendly
Hopeful	Sense of humour
Respectful of individual differences	Comfortable with intimacy
Maintains balance in own life	Able to express oneself clearly

8.8 LET US SUM UP

In this Unit, we have tried to emphasize that the positive outcomes of the helping process depend largely on the helper. The counsellor's personal as well as professional qualities influence the counselling process. A counsellor is required to employ various skills adeptly in the counselling process to help the client work towards the desired change. We have discussed various counselling skills to help you develop as a counsellor. Apart from acquiring the skills, the counsellor should also have adequate professional knowledge to make appropriate interventions to facilitate the healing process in the client. We have explained the theoretical framework to behavioral as well as cognitive interventions in the counselling process. Next we have described various behavioral and cognitive techniques and strategies you can use for facilitating the helping process. Effective counselling is as much an outcome of the professional knowledge as that of the personal qualities of the counsellor. In the last section we have discussed the characteristics of an effective counsellor with the purpose that as budding counsellors you would aspire to acquire many of these qualities.

8.9 UNIT END EXERCISES

- 1) Practice the different counselling skills described in the Unit in your school setting. Ask your colleagues to observe you and give feedback.
- 2) Discuss the various intervention techniques given in the Unit with your colleagues. Try out the techniques, (for example, CBT techniques) to help your students or colleagues. Ask for feedback and improve your professional knowledge and skills.
- 3) Discuss the TA perspective of personality. In small group, identify and analyze the behavior of the members as originating from different ego states.
- 4) Identify contamination of your Adult by your Parent and Adult by your Child.
- 5) Recall the behavior of people you have known and identify anyone who seems to be operating from one ego state to the exclusion of others. Similarly locate in your behavior occasions when you have operated from one ego state to the exclusion of others.

8.10 REFERENCES AND SUGGESTED READINGS

Beck, A. T. (1976). *Cognitive therapy and emotional disorders*. New York: international Universities Press.

Berne, E. (1961). *Transactional analysis in psychotherapy*. New York: Grove press.

Burns, D. (1980). *Feeling good: The new mood therapy*. New York: Avon books.

Capuzzi, D. and Gross, D. R. (2013). *Introduction to the counselling profession*. New York: Routledge.

Egan, G. (1994). *The skilled helper: A model for systematic helping and interpersonal relating* (5th ed.). Pacific Grove, CA: Brooks/Cole publishing company.

Ellis, A. (1970). *Rational emotive therapy and its application to emotional education*. New York: Institute for rational living.

Hand Book on Vocational Guidance, Published by CIRTES, Ministry of Labour, New Delhi.

Hill, C. E. (2014). *Helping skills*. Washington: American Psychological Association.

Hutchinson, D. (2015). *The essential counsellor*. New Delhi: Sage.

IGNOU. (2003). Life enrichment and self development-1. *MES-002*. New Delhi.

IGNOU. (2011). Introduction to counselling psychology-2. *Group-1, BPCE-017*. New Delhi.

IGNOU. (2011). Interventions in counselling-2. Group B, *MPCE-023*. New Delhi.

IGNOU. (2011). Counselling psychology-2. Group B, *MPCE-021*. New Delhi.

Jayaswal, M. (1968): *Guidance and Counselling*, Prakashan Kendra, Lucknow.

Kochhar, S.K., (1980): *Guidance & Counselling*, Sterling Publishers, New Delhi.

Kottler, J. A. and Kottler, E. (2007). *Counselling skills for teachers*. Thousand Oaks, CA: Corwin Press.

Manual for Guidance Counsellor, NCERT, New Delhi.

Milner, P. (1980). *Counselling in education*. London: P. Milner.

NCERT. (2016). *The counselling process and strategies, module 2*. Delhi.

Occupational Information in Guidance, NCERT, New Delhi.

Occupational Information in Guidance, NCERT, New Delhi.

Occupational Literature, An Annotated Bibliography, NCERT, New Delhi.

Ramachandra, C. (1985). *Readings for career teachers*. National Council of Educational Research and Training, New Delhi.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality changes. *Journal of consulting psychology, 21, 95-103*.

Summerton, O. (1994). *Becoming ok: Transactional analysis basic concepts*. Mumbai: Alfreruby publications.

8.11 ANSWERS TO CHECK YOUR PROGRESS

Unit 5

- 1)
 - Rating Scale is an observational technique, an error in understanding the purpose of the rating of the responses by the observer may be possible.
 - It requires necessary expertise and understanding on the part of the observers and any one is not suited for this job.
 - Inter-rater variability.

- 2) Four types:
 - Descriptive rating scales
 - Graphic rating scales
 - Forced choice method rating scales
 - The paired comparison rating scales
 - 3) The form should be short and informal.
 - Reports should be of some significant episodes.
 - The anecdotes should be written about all students and not just about the stereotypes.
 - It should be the reports of the actual observations and written just after the events.
 - 4) – The physical, socio-economic and cultural environment.
 - The history and present status of the family.
 - The individuals self development and present status.
 - 5) – indicates the relationship of scholastic attainment and the mental abilities.
 - In classifying pupils in accordance with scholastic aptitudes and mental abilities.
 - Helps in identification of students who need individual attention, remedial teaching, enrichment teaching, etc.
 - Helps the teachers in writing reports about individual students.
 - 6) Refer Section 5.4
 - 7)
 - special aptitude tests
 - Vocational aptitude batteries
 - Scholastic aptitude test
 - 8) Refer to sub-section 5.5.2
 - 9) **Advantages**
 - Well adapted to vocational counselling.
 - Help counsellor in dealing with many other student problems.
- Limitations**
- Many students fail to show through their responses to interest inventories, strong likes and dislikes or clearly defined preferences.
 - Vocational choices cannot be predicted on the basis of even clearly defined patterns shown by the inventories alone.
- 10)
 - helps the students in proper educational and vocational choice.
 - Help the teacher and the counsellor to give the appropriate information and help the student on the basis of this informations.
 - Interview, observation, checklists, projective technique, daily diary.

- 1) A guidance programme constitutes a cluster of activities that help the student to solve his/her educational, vocational, personal and social problems at all phases of development.
- 2) Orientation Service
Counselling Service
Occupational Service
Pupil Inventory Service
Placement Service
Follow-up Service
- 3) a) d b) c c) a d) b
- 4) Follow-up Service
- 5) Pupil Inventory Service
- 6) F
- 7) T
- 8) F
- 9) **Placement**
 - 1) **Objective:** Is to find placement for the out-going students both in academic courses and job placement.
- 10) F
- 11) Orientation Service
 - a) Visit to school by students
 - b) Visit to school by parents
 Pupil Inventory Service
 - a) Obtains personal data
 - b) Conduct various psychological tests
- 12) Occupational Information
- 13) Planning of guidance programme
 - conduct survey to identify the needs
 - survey the staff members to identify their attitudes
 - statement of objectives
 - determine the functions
 - assign and define the duties
 - define the working relationships
- 14) ● conduct sessions to develop self-confidence in students
● conduct role playing sessions on “attending interview”.

Follow-up

- 2) Is to check the effectiveness of the guidance programme.

- 15) Determine the effectiveness
 - quality
 - feasibility
 - adaptiveness
- 16) – identification of objectives
 - Development of evaluation plan
 - Implementation of the plan
 - Utilization of the findings

17) Survey method

18) F

Unit 7

- 1) i) F ii) T iii) T iv) T
- 2) i) Group Guidance
 - ii) Instructional
- 3) i) T ii) F iii) T iv) F
- 4) i) Orientation, career talks, conferences, plant tours.
 - ii) Effective study habits, importance of homework
 - iii) Career in Chartered Accountancy
Career in Company Secretaryship
Law as a Career
 - iv) a) The topic should be of general interest.
b) Criticising, leg pulling should not be encouraged.
 - v) In phycho drama, greater emphasis is upon the private and personalized world of individual whereas in socio drama a problem common to many is taken.
 - vi) a) The topic should be according to the level and interest of students.
b) It should be presented in simple term taking examples from the daily life.
- 5) i) Orientation
- 6) i) F ii) F iii) F iv) F v) F vi) F
- 7) i) Some students may feel hesitant to come out with the personal problem in group.
 - ii) These activities are not taken seriously by some students.
- 8) i) Lack of co-operation on part of the teacher.
 - ii) A rigid unhelping type of administration is a major cause of trouble.

Unit 8

- 1) Active listening, Attending, Paraphrasing, Empathy, Asking questions, Immediacy, Self-disclosure, Summarizing, Goal Setting, Ending sessions and follow-up, and Termination of counselling.

- 2) **S** – Facing the client *squarely* indicates total attention to the client.
 - O** – **Open** posture; crossed arms/legs may indicate less involvement of the counselor.
 - L** – **Leaning** towards the client shows the counsellor’s interest.
 - E** – **Eye** contact with the client.
 - R** – **Relaxed** state of the counselor which acts as social modeling for the client to achieve relaxation.
- 3) This is restating or rewording the content (what is said by the client) back to the client. This should not be mere parroting the words back to the client. Paraphrasing involves reflection of the content and feelings of the client. Paraphrasing and reflection help in confirming with the client if the counselor has understood the problem as narrated by the client.
- 4) After assessing the problem, the counselor works with the client to set realistic goals or behavioural changes the client wants to accomplish. It is important to set goals that are achievable. Goals are set depending on the nature of the problem and the client’s ability to engage in the helping process. Time bound specific goals give a sense of purpose and accomplishment to the client.
- 5) ‘**A**’ refers to antecedent, which means what happens prior to the problem behavior occurs.
 - ‘**B**’ refers to the problem behavior of the client.
 - ‘**C**’ refers to the consequences of the behavior.
- 6) Systematic desensitization, *In vivo* desensitization, Flooding, and Implosion.
- 7) Constructing anxiety hierarchy, relaxation training, and desensitizing the anxiety inducing stimulus.
- 8) In *in vivo* desensitization, the client is gradually introduced to the real life anxiety provoking stimulus whereas in systematic desensitization the client may not be introduced to real life situation.
- 9) Flooding is done in real situation whereas implosion is done using imagery.
- 10) This happens when people draw unjustified conclusion without adequate evidence.
- 11) This refers to magnifying the intensity of the unpleasantness or negative effect of a situation or event. And shrinking or rejecting the pleasant experience or positive effect of the event.
- 12) This is automatic discounting or rejection of your positive experiences.
- 13) Cognitive rehearsal, validity testing, guided discovery, and writing in a journal.
- 14) It is not the reality out there, rather how we perceive the reality that is causing the emotional disturbance.
- 15) **A** is the activating external event. **B** is the beliefs (irrational or rational) the client has about the event. **C** is the consequences (feelings and behaviors) due to **B** (beliefs). The therapist helps the client to dispute (**D**) the beliefs (**B**) and modify them. **E** refers to the effect due to therapy resulting in modified behavior.

Techniques and Procedures

- 16) An ego state is a set of patterns of behavior that include thinking, feeling, decision making which are experienced internally and manifested as behavior of the individual.
- 17) Three. Parent, Adult, Child.
- 18) Through Parent ego state we regulate and nurture our life as well as others.
- 19) The Parent ego state is manifested in two ways as the controlling or nurturing behaviours. The Child ego state is manifested in the natural, adapting, complying and rebellious behaviours. The Adult ego state is manifested as our photographic (collecting, recording and reporting data) and combining (analyzing and evaluating data) behaviours.
- 20) When ego states overlap, it causes confusion, lack of clarity, and develops blind areas in our personality. This is known as contamination of the ego states.
- 21) Exclusion of ego states means missing of one or two ego states from the personality.



The School Counseling faculty members believe that professional school counselors are specialists in human behavior, development, interpersonal communication, consultation, and coordination. Future school counselors need to be change agents knowledgeable of counseling theory, developmental issues of children and adolescents, the changing role of the school counselor, and comprehensive school counseling programs which lead to enhanced learning and success.Â Spring 2011: Potential students are allowed to take up to 9 units of core counseling courses prior to full admission to program. Interviews to program implemented twice per year rather than only once a year.Â Study and application of counseling theory and techniques within school settings. Only RUB 220.84/month. Theories and Techniques of Counseling Chapter 8. STUDY. Flashcards. Learn. Write. Spell. Test.Â a vehicle for the technique of role reversal, which is useful in bringing into consciousness the fantasies of what the "other" might be thinking or feeling. You might also like ch.8 Gestalt Therapy. 28 terms. vivien_mcgrath. Gestalt Therapy. 36 terms. Unit-5:Techniques of Guidance. ĩf~ Observation. ĩf~ Case Study.Â ĩf~ Principles of Confidentiality Unit-7: Counseling Process. Unit-8:Evaluation of Guidance Program. ĩf~ What is Evaluation. ĩf~ Use of Evaluation in guidance program.