

Introduction to Counselling

COURSE CODE: B23PY03DE

Undergraduate Programme in Psychology
Discipline Specific Elective Course
Self Learning Material



SREENARAYANAGURU
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The State University for Education, Training and Research in Blended Format, Kerala

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Pathway

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Introduction to Counselling

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Semester - V

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Self Learning Material
(With Model Question Paper Sets)



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INTRODUCTION TO COUNSELLING

Course Code: B23PY03DE

Semester- V

Discipline Specific Elective Course
Undergraduate Programme in Psychology

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Edition
September 2026

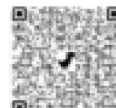
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ISBN 978-81-181334-4-5



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Warm regards.
Dr. Jagathy Raj V. P.

01-09-2026

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BLOCK

Fundamentals of Counselling



UNIT

Introduction to Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ define counselling
- ◆ explain the nature of counselling
- ◆ describe the historical development of counselling
- ◆ state the goals of counselling
- ◆ distinguish between guidance, counselling, and psychotherapy

Prerequisite

A young man is trying to untangle a set of earphones pulled hurriedly from his bag. The more he pulls, the tighter the knots seem to become. Frustration grows, not because the knots are impossible, but because they need patience, attention, and the right way of handling them. Human problems can often feel the same. Worries about studies, family, relationships, work, or identity may become so tightly knotted that a person no longer knows where to begin. In such moments, what is needed is not force, but understanding.

Life does not always move in a straight line. There are times when people feel lost, burdened, or uncertain, even when everything appears normal from the outside. They may look for someone who can listen carefully, help them reflect, and support them in finding their own direction. The importance of such helping processes has increased as modern life has become more demanding and emotionally complex. Understanding the foundations of counselling is essential for appreciating how professional helping relationships foster self-understanding, personal growth, and effective coping in the face of life's challenges.

Keywords

Counselling, Counsellor, Counsee, Guidance, Psychotherapy, Vocational Guidance, Educational Guidance, Mental Hygiene Movement, Psychoanalysis, Humanistic Approach

Discussion

Counselling is a professional helping process through which an individual is assisted to understand oneself, deal with difficulties, make meaningful decisions, and adjust effectively to life situations. It is a purposeful and systematic relationship in which the counsellor provides a supportive environment for the individual to express feelings, clarify thoughts, and explore possible ways of coping with personal, educational, vocational, and social concerns.

1.1.1 Definition of Counselling

Over the years, numerous scholars have attempted to define counselling based on their theoretical orientations and professional experiences. As a result, counselling has been described from different viewpoints, each highlighting specific aspects of the counselling process. Although these definitions differ in emphasis, they collectively portray counselling as a professional and purposeful process aimed at facilitating individual growth, adjustment, and effective coping. Some of the important definitions of counselling are presented below.

According to Glenn F. Smith (1955), “Counselling is a process in which the counsellor assists the counsee to make interpretations of facts relating to a choice, plan or adjustments which he needs to make.”

Krumboltz (1965) defined counselling as “Counselling consists of whatever ethical activities a counselor undertakes in an effort to help the client engage in those types of

behaviour which will lead to a resolution of the client’s problems.”

Burks and Stefflre (1979) defined counselling as “Counselling denotes a professional relationship between a trained counsellor and a client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their life-space, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature.”

Kottler and Brown (1996) defined counselling as “[Counselling is] an activity . . . for working with relatively normal-functioning individuals who are experiencing developmental or adjustment problems.”

According to the American Counselling Association, counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (American Counselling Association website, 2013).

1.1.2 Nature of Counselling

Understanding the nature of counselling involves examining its major characteristics. Counselling is a professional helping process that takes place within a purposeful relationship and facilitates self-understanding, decision-making, problem-solving, adjustment, and personal development.



What Counselling Is Not – Common Misconceptions About Counselling

Many people have misconceptions about the nature of counselling. Some assume that a counsellor's role is to give advice, make decisions, or tell people how to live their lives. In reality, professional counselling is a collaborative process that helps individuals understand themselves and make their own informed choices.

Counselling is not:

- ◆ **Giving Advice:** Counsellors do not provide ready-made solutions to clients' problems.
- ◆ **Being Judgmental:** Counsellors do not criticize, blame, or pass judgment on a client's thoughts, feelings, or actions.
- ◆ **Imposing Personal Values:** Counsellors do not force their own beliefs, opinions, or values on clients.
- ◆ **Telling Clients What to Do:** Counselling does not involve encouraging clients to behave in the same way the counsellor would behave in a similar situation.
- ◆ **Creating Emotional Dependence:** Professional counselling maintains appropriate boundaries and does not involve emotional attachment or dependency between the counsellor and the client.

The primary aim of counselling is to empower individuals to explore their concerns, discover their own strengths and resources, and make decisions that are appropriate for their unique circumstances.

1. Counselling is a Helping Process

Counselling is a helping process that assists individuals in understanding their thoughts, feelings, behaviours, and life situations. The counsellor does not provide ready-made solutions or make decisions on behalf of the individual. Instead, the counsellor facilitates the individual's understanding of the situation and helps them identify appropriate ways of dealing with it.

2. Counselling is Relationship-Based

Counselling takes place within a professional relationship between the counsellor and the client. This relationship is characterised by trust, empathy, respect,

acceptance, and confidentiality. A supportive counselling relationship provides a safe environment in which the client can communicate thoughts and feelings openly.

3. Counselling is a Purposeful and Goal-Directed Process

Counselling is a purposeful process directed towards specific goals. These may include resolving problems, making decisions, improving adjustment, managing emotional difficulties, and promoting personal development. The counselling process is therefore directed towards meaningful change rather than being merely a casual conversation.

4. Counselling Facilitates Self-Understanding

Counselling helps individuals develop a better understanding of themselves. It facilitates awareness of their thoughts, feelings, needs, abilities, difficulties, and patterns of behaviour. Such self-understanding can help individuals make appropriate decisions and deal more effectively with life situations.

5. Counselling is a Professional Activity

Counselling is a professional activity that requires appropriate education, training, knowledge, skills, and adherence to ethical principles. It differs from informal helping, advice-giving, or ordinary social interaction. The counsellor applies professional knowledge and skills within established ethical and professional standards.

6. Counselling Respects Individual Differences

Counselling recognises that individuals differ in their personality, experiences, abilities,

background, needs, and circumstances. Therefore, counselling is not the same for everyone. The counsellor considers the individual's unique characteristics and circumstances while planning and conducting the counselling process.

7. Counselling Facilitates Adjustment and Personal Development

Counselling helps individuals deal with personal and interpersonal difficulties, improve adjustment, make appropriate choices, and develop their potential. It is concerned not only with immediate problems but also with personal development and effective functioning in different areas of life.

1.1.3 Historical Perspectives of Counselling

The development of counselling has been influenced by changes in society, psychology, education, health care, and occupational life. Although formal counselling emerged as a professional field mainly during the twentieth century, helping and guidance

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<https://telemanas.mohfw.gov.in/home>

Remember, seeking help is not a sign of weakness—it is a positive step towards maintaining your mental health and well-being. Sometimes, support is just a phone call away!



practices existed in different forms across cultures for centuries.

Early Helping Traditions

The roots of counselling can be traced to early human societies, where individuals sought guidance and support from family members, elders, religious leaders, philosophers, and community healers. Ancient Greek philosophers emphasized self-knowledge, rational thinking, and self-examination. Religious and spiritual traditions also provided guidance for coping with emotional difficulties, moral concerns, and interpersonal problems. These informal helping practices reflected the continuing human need for guidance and emotional support.

Industrial Revolution and Social Reform

The Industrial Revolution of the eighteenth and nineteenth centuries brought major social and economic changes. Urbanization, occupational changes, poverty, unemployment, and weakening of traditional community support systems created new adjustment difficulties. Social reform movements also drew attention to child labour, poor working conditions, education, and the treatment of individuals with mental illness. These developments contributed to the emergence of organized forms of educational, vocational, and mental health guidance.

Emergence of Scientific Helping and Vocational Guidance

The late nineteenth and early twentieth centuries marked important developments in scientific approaches to human behaviour and helping. Sigmund Freud's development of psychoanalysis emphasized the influence of unconscious processes, childhood experiences, and emotional conflicts on behaviour. Although psychoanalysis differed

from modern counselling, it contributed to the development of systematic therapeutic approaches.

The early twentieth century also witnessed the emergence of vocational guidance. In 1908, Frank Parsons established the Boston Vocational Bureau and emphasized self-knowledge, knowledge of occupations, and the ability to relate the two when making career decisions. Jesse B. Davis introduced organized school guidance programmes, while Clifford Beers contributed to the Mental Hygiene Movement through his advocacy for improved treatment of individuals with mental illness. The establishment of the National Vocational Guidance Association in 1913 further contributed to the development of vocational guidance as a professional field.

Expansion and Professionalisation of Counselling

During the 1920s and 1930s, counselling expanded beyond vocational guidance to include educational, personal, and social concerns. E. G. Williamson's Trait-and-Factor approach emphasized the systematic assessment of abilities, interests, aptitudes, and personality characteristics in educational and occupational decision-making. The increasing use of intelligence, aptitude, and personality tests also contributed to the systematic development of guidance and counselling services.

Humanistic, Behavioural and Cognitive Developments

The 1940s marked an important change in counselling with the development of the humanistic approach. Carl Rogers emphasized the individual's capacity for growth and self-direction and highlighted empathy, genuineness, and unconditional positive regard in the helping relationship. This approach shifted attention towards personal growth and self-understanding.

From the 1950s onward, behavioural and cognitive approaches further broadened counselling. Behavioural approaches applied principles of learning to behaviour change, while Albert Ellis and Aaron T. Beck emphasized the role of thoughts and beliefs in emotional difficulties. These approaches introduced systematic methods for addressing a range of psychological concerns.

Community, Multicultural and Contemporary Counselling

From the 1960s onward, counselling increasingly recognized the influence of social, cultural, and environmental factors on individuals. The Community Mental Health Movement promoted accessible mental health services within community settings. The development of multicultural counselling during the later twentieth century emphasized the importance of understanding cultural diversity in counselling practice.

Since the 1990s, counselling has continued to develop as a professional and evidence-based field. Contemporary counselling emphasizes prevention, wellness, resilience, strengths, multicultural competence, and evidence-based interventions. Technological developments have also expanded counselling through online and other technology-assisted services. Counsellors now work in diverse settings such as educational institutions, hospitals, rehabilitation centres, community organizations, industries, and private practice.

Overall, the history of counselling reflects a gradual movement from informal helping practices towards a professional field incorporating diverse theories, assessment methods, intervention approaches, and service settings.

Table 1.1.1 Major Milestones in the Development of Counselling

Period	Major Development
Ancient Civilizations – 17th Century	Early Helping Traditions
18th – 19th Centuries	Industrial Revolution and Social Reform
1890s – 1900s	Psychoanalysis and Scientific Helping
1900 – 1920	Vocational Guidance and Mental Hygiene Movement
1920 – 1940	Expansion and Professionalisation of Counselling
1940s – 1950s	Humanistic Approach
1950s – 1970s	Behavioural and Cognitive Developments
1960s – 1990s	Community Mental Health and Multicultural Counselling
1990s – Present	Contemporary Counselling



1.1.4 Goals of Counselling

Counselling is a purposeful process directed towards helping individuals deal with personal, educational, vocational, social, and emotional concerns. Although the specific goals vary according to the needs and circumstances of the individual, counselling generally aims to promote self-understanding, problem-solving, adjustment, decision-making, personal growth, effective coping, behavioural change, and mental well-being.

1. Promoting Self-Understanding

Counselling helps individuals become aware of their thoughts, feelings, motives, abilities, difficulties, and patterns of behaviour. This understanding helps individuals recognise their strengths and areas that require attention.

2. Facilitating Problem-Solving

Counselling helps individuals understand their problems and consider appropriate ways of dealing with them. The counsellor facilitates the examination of the problem, its contributing factors, and possible alternatives rather than providing ready-made solutions.

3. Promoting Adjustment

Counselling helps individuals adjust effectively to different life situations, including family, educational, occupational, and interpersonal situations. It supports more effective ways of responding to difficulties and changes.

4. Facilitating Decision-Making

Counselling helps individuals make appropriate decisions regarding education, Weer, relationships, and other areas of life. It assists them in considering alternatives and making informed and independent decisions.

5. Supporting Personal Growth and Development

Counselling is not limited to dealing with problems. It also supports personal growth by helping individuals develop self-confidence, self-direction, emotional maturity, and greater awareness of their abilities and potential.

6. Improving Coping Ability

Counselling helps individuals develop effective ways of dealing with stress, conflict, loss, disappointment, uncertainty, and other life challenges. It supports individuals in managing difficulties more effectively.

7. Encouraging Behavioural Change

Counselling helps individuals recognise and modify maladaptive patterns of behaviour, attitudes, and responses. It encourages more adaptive and constructive ways of responding to situations.

8. Promoting Mental Health and Well-Being

Counselling supports emotional well-being and the maintenance of mental health. It helps individuals manage emotional distress and develop healthier ways of dealing with personal and life difficulties.

1.1.5 Counselling and Related Fields

The terms guidance, counselling, and psychotherapy are often used together in the field of helping professions. All three are concerned with helping individuals deal with difficulties and move towards better adjustment. However, they are not identical. They differ in their meaning, nature, purpose, and scope. A clear understanding of these differences is important for the proper study of counselling.

1.1.5.1 Guidance

Guidance refers to a process of assisting individuals in making educational, vocational, personal, and other important decisions. It involves providing relevant information, direction, and support to help individuals understand available alternatives and make appropriate choices.

Guidance has traditionally been associated with educational and vocational settings, where individuals are assisted in selecting subjects, educational programmes, occupations, and career paths. It is generally concerned with decision-making, planning, and adjustment to educational, occupational, and life situations.

Guidance and counselling are closely related, but their primary emphasis differs. Guidance focuses more on providing direction and assisting individuals in making choices, whereas counselling places greater emphasis on understanding personal concerns, feelings, thoughts, behaviour, adjustment, and personal development.

1.1.5.2 Counselling

Counselling is a professional helping process through which individuals are assisted in understanding themselves, resolving personal difficulties, making decisions, and improving their ability to cope with life situations. Unlike guidance, counselling focuses more deeply on the individual's feelings, thoughts, experiences, and behaviours. It involves a professional relationship between the counsellor and the client, characterised by respect, acceptance, confidentiality, and effective communication.

Counselling may address personal, educational, vocational, social, and emotional concerns. It helps individuals examine their thoughts, feelings, experiences, and patterns of behaviour and develop more effective ways of dealing with their concerns. Counselling may be developmental, preventive, or

remedial, depending on the needs and circumstances of the client.

1.1.5.3 Psychotherapy

Psychotherapy is a professional treatment process that uses psychological theories and therapeutic techniques to help individuals deal with emotional, behavioural, and mental health difficulties and improve their psychological functioning.

Traditionally, counselling and psychotherapy have been distinguished mainly on the basis of the nature and depth of the concerns addressed. Counselling has generally been associated with developmental concerns, adjustment difficulties, decision-making, and problems arising in everyday life. Psychotherapy, in contrast, has traditionally been associated with more persistent or complex emotional, behavioural, and mental health difficulties.

Counselling has generally focused on present concerns and adjustment to life situations, whereas traditional forms of psychotherapy have often involved a more extensive examination of emotional difficulties and underlying patterns of behaviour. Counselling has also often been viewed as a relatively shorter process, while psychotherapy has traditionally been associated with longer-term treatment. However, these distinctions are not absolute, as the duration and depth of both counselling and psychotherapy vary according to the approach and the needs of the client.

In contemporary practice, counselling and psychotherapy share many theories, techniques, and areas of application. Both may address emotional, behavioural, interpersonal, and adjustment-related concerns. Therefore, the distinction between counselling and psychotherapy is not always clear-cut and may depend on the professional context, nature of the concerns, theoretical approach, training, and scope of practice.



Table 1.1.2 Comparison of Guidance, Counselling, and Psychotherapy

Aspect	Guidance	Counselling	Psychotherapy
Meaning	Assistance in making appropriate choices and decisions	A professional helping process that facilitates self understanding and effective dealing with concerns	A professional treatment process for addressing emotional, behavioural, and mental health difficulties
Primary Focus	Educational, vocational, and other life decisions	Personal concerns, adjustment, problem-solving, and personal development	Emotional, behavioural, and mental health difficulties
Nature	Mainly developmental and preventive	Developmental, preventive, and remedial	Primarily therapeutic
Duration	Usually brief	Brief or extended, depending on the needs of the client	Brief or extended, depending on the approach and needs of the client
Methods	Information, direction, and decision-making assistance	Counselling skills and techniques such as interviewing, active listening, and reflection	Therapeutic techniques based on established psychological approaches
Main Outcome	Appropriate choices, planning, and adjustment	Self-understanding, adjustment, coping, and personal development	Reduction of distress and improvement in psychological functioning

Recap

- ◆ Counselling is a professional helping process.
- ◆ It helps individuals understand themselves better.
- ◆ It also helps them deal with different life problems.
- ◆ Counselling supports decision-making and better adjustment.
- ◆ It is not mere advice-giving.
- ◆ It is a planned and purposeful process.
- ◆ Different scholars have defined counselling in different ways.
- ◆ These definitions highlight help, self-understanding, and growth.
- ◆ Counselling is helping in nature.
- ◆ It is based on a professional relationship.
- ◆ It is also goal-directed and growth-oriented.
- ◆ It respects individual differences.
- ◆ The history of counselling shows a gradual development.
- ◆ It first grew from the guidance movement.
- ◆ Later, psychology and mental health movements influenced its growth.
- ◆ Today, counselling is an established professional field.
- ◆ The goals of counselling include self-understanding and problem-solving.
- ◆ Its goals also include adjustment, decision-making, and personal growth.
- ◆ Guidance, counselling, and psychotherapy are related fields, but they are different.

Objective Questions

1. What term refers to the professional process of assisting individuals in dealing with personal, educational, vocational, and emotional concerns?
2. What term refers to the process of assisting individuals in making educational, vocational, and personal choices?
3. Who is widely regarded as the father of vocational guidance?
4. Who established the Boston Vocation Bureau in 1908?
5. Who introduced a systematic school guidance programme in 1907?
6. Which approach emphasises unconscious processes and the influence of early experiences on behaviour?
7. Who developed the Trait-and-Factor approach to counselling?
8. Who introduced the Person-Centred approach to counselling?
9. Which quality involves understanding the client's feelings from the client's point of view?
10. What term refers to the professional relationship established between the counsellor and the client?
11. What is the primary process through which counselling helps individuals recognise their thoughts, feelings, abilities, and difficulties?
12. What term refers to the process of assisting individuals in dealing effectively with life situations?
13. What term refers to the ability to deal effectively with stress, conflict, loss, and other life challenges?
14. What type of process is counselling in terms of its direction towards specific goals?
15. Which characteristic of counselling refers to recognising the uniqueness of each individual?
16. Which type of counselling focuses on personal growth and the challenges associated with different stages of life?

17. Which type of counselling aims to prevent potential difficulties from becoming more serious?
18. Which type of counselling focuses on existing problems and difficulties?
19. What term refers to the professional treatment process that uses psychological theories and therapeutic techniques to address emotional, behavioural, and mental health difficulties?
20. Which field is closely related to counselling and has considerable overlap with it in contemporary practice?

Answers

1. Counselling
2. Guidance
3. Parsons
4. Parsons
5. Davis
6. Psychoanalysis
7. Williamson
8. Rogers
9. Empathy
10. Counselling relationship
11. Self-understanding
12. Adjustment
13. Coping
14. Goal-directed
15. Individual differences
16. Developmental
17. Preventive

18. Remedial
19. Psychotherapy
20. Psychotherapy

Assignments

1. A student says, “Counselling is only giving advice to people who have problems.” Critically examine this statement in the light of the meaning and nature of counselling.
2. “Counselling emerged because human life became more complex and demanding.” Discuss this statement by relating it to the historical development of counselling.
3. Analyse how counselling differs from ordinary helping, guidance, and psychotherapy. Why is it important to understand these differences clearly?
4. Discuss the major goals of counselling. How do these goals contribute to the overall well-being and development of an individual?
5. Imagine that a college student is confused about career choice, family expectations, and personal stress. Explain how counselling can help this student in ways that are different from guidance or psychotherapy.

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UNIT

Counselling Process

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ♦ define the counselling process
- ♦ describe the stages of the counselling process
- ♦ explain the importance of the therapeutic alliance
- ♦ explain the role of assessment, goal setting, and plan of action in counselling
- ♦ describe the process of termination and follow-up
- ♦ identify the variables affecting the counselling process

Prerequisite

In many areas of life, people expect solutions to come quickly. When someone is distressed or confused, others may assume that a few words of advice or a single conversation will be enough to bring relief. Yet lasting change is seldom so immediate. Understanding a person's difficulties, identifying what they truly need, planning the right course of support, and helping them move steadily towards greater clarity and strength all require time and thoughtful effort. The helping journey is therefore not random, but unfolds through a process shaped by human connection and purposeful direction.

At the same time, no two journeys are exactly alike. Some individuals open up easily, while others take time to feel safe. Some situations seem clear at the beginning, while others reveal their deeper meaning only gradually. The relationship between two people, the goals they form, the pace at which progress occurs, and the circumstances surrounding the individual all influence how the journey

moves forward. Thus, whenever human support is offered in a professional setting, it becomes important to understand not only what help is given, but also how it unfolds step by step.

This unit introduces helping as a structured yet flexible process. It explains the major stages of the process, the factors that influence it, and the importance of the counselling relationship, planning, and closure in making the process effective.

Keywords

Counselling Process, Assessment, Goal Setting, Therapeutic Alliance, Rapport, Termination, Follow-up, Counsellor-Related Variables, Client-Related Variables, Counselling Outcome

Discussion

The counselling process refers to the systematic way in which counselling progresses from the initial understanding of the client's concerns to the conclusion of the counselling relationship.

The counselling process is both structured and flexible. It is structured because it follows identifiable stages, while it remains flexible because the pace, goals, and methods of counselling may vary according to the client's needs and circumstances.

The stages of the counselling process are interrelated, with progress at one stage influencing the subsequent stages. Information gathered during the process helps in understanding the client's concerns, establishing goals, planning appropriate interventions, facilitating change, and evaluating progress. The process concludes with termination and, where necessary, follow-up support.

1.2.1 Stages of Counselling

Counselling is a systematic and goal-directed process designed to help individuals understand their concerns, develop effective

coping strategies, and achieve positive personal change. Although counselling approaches may vary according to theoretical orientation and client needs, the counselling process generally progresses through a series of interrelated stages. Each stage serves a distinct purpose while contributing to the overall goal of facilitating client growth and problem resolution.

The stages presented above provide a general framework for understanding the counselling process. Although they are discussed separately for instructional purposes, understand the fact that counselling is a dynamic process in which these stages often overlap and influence one another. The following sections examine each stage in detail.

Stage 1: Relationship Building: Building Rapport

The counselling process typically begins when an individual seeks professional help for concerns that may be causing emotional distress, confusion, interpersonal difficulties, or challenges in coping with life's demands.



The initial interaction between the counsellor and the client plays an important role in making the client feel comfortable with the counselling process. The counsellor may begin by greeting the client, introducing themselves, and engaging in brief conversation. The counsellor may also provide a simple introduction to counselling, including its nature, purpose, general process, and what the client may expect during the sessions. These initial interactions help reduce uncertainty and provide the client with a basic understanding of the counselling process.

Although clients approach counselling with the expectation of receiving help, many may also experience uncertainty and apprehension about the process. Such apprehension is natural because counselling may require individuals to discuss personal thoughts, emotions, experiences, and difficulties that they may not have shared with others. Consequently, clients may initially hesitate to communicate openly until they develop a sense of trust and acceptance within the counselling relationship.

Recognising these concerns, one of the counsellor's primary responsibilities during the initial stage is to create an atmosphere in which the client feels welcomed, respected, and comfortable. Through warmth, genuineness, empathy, attentive listening, appropriate questioning, and non-judgemental responses, the counsellor encourages the client to communicate openly and participate in the counselling process.

The development of trust, comfort, and mutual understanding between the counsellor and the client is known as rapport building.

Rapport forms an important foundation for effective counselling by encouraging openness, cooperation, and active participation. As rapport develops, clients become more willing to discuss their thoughts, feelings, experiences, and problems with the counsellor.

This open communication helps the counsellor understand the client's problems and difficulties in greater detail and provides a basis for the next stage of the counselling process, assessment and goal setting.

Stage 2: Assessment and Goal Setting

As clients explore their concerns in greater depth, counsellors begin the process of assessment. Assessment refers to the systematic collection, organization, and interpretation of information about the client for the purpose of understanding problems, strengths, needs, and resources.

Assessment is a collaborative process in which the client and the counsellor work together to gather information, clarify the concerns that have brought the client to counselling, and determine whether counselling is an appropriate intervention for addressing those concerns. It enables counsellors to develop a clearer picture of the client's situation and to plan appropriate interventions.

Assessment is not a single event that occurs at the beginning of counselling; rather, it is an ongoing process that continues until both the client and the counsellor arrive at a tentative understanding of the nature of the problem.

Think and Reflect

Suppose you decide to seek counselling for a personal concern. Would you immediately share your deepest worries with a counsellor whom you have just met? What qualities or behaviours from the counsellor would help you feel comfortable, safe, and understood? Reflect on your response and discuss it with your peers.

Assessment is an important component of the counselling process because decisions regarding counselling goals, intervention strategies, and action plans are based on the information obtained during assessment. If the assessment is incomplete or inaccurate, the counselling goals and interventions may not adequately address the client's actual concerns.

Areas of Assessment

To obtain a comprehensive understanding of the client's difficulties, counsellors often explore four important dimensions of functioning:

- ◆ **Affective Dimension:** The feelings and emotions experienced by the client, such as sadness, anxiety, anger, guilt, or fear.
- ◆ **Behavioural Dimension:** The actions, habits, and behavioural patterns associated with the problem, including the ways in which the client responds to challenging situations.
- ◆ **Cognitive Dimension:** The client's thoughts, beliefs, attitudes, perceptions, and interpretations of events.
- ◆ **Interpersonal Dimension:** The client's relationships with family members, friends, colleagues, and other significant individuals, as well as the social factors influencing the problem.

The information gathered through assessment helps counsellors answer several important questions:

- ◆ What is the nature of the client's concern?

- ◆ How severe is the problem?
- ◆ What factors contribute to the difficulty?
- ◆ What strengths and resources does the client possess?
- ◆ What forms of intervention are likely to be helpful?

Methods of Assessment

Counsellors use different methods to gather relevant information during assessment. These include interviews to understand the client's history, experiences, relationships, and concerns; observation of appearance, behaviour, speech, and emotional responses; psychological tests to assess areas such as aptitude, personality, and interests; self-report measures such as questionnaires and rating scales; and case history and records, including educational and medical records and previous counselling records.

The information obtained through these methods helps the counsellor understand the client's concerns, contributing factors, strengths, needs, and appropriate interventions.

Goal Setting in Counselling

Many clients enter counselling with a general desire to "feel better" or "solve a problem." While such aspirations are understandable, they are often too vague to guide effective counselling. Goal setting helps transform broad concerns into specific and achievable outcomes. Counselling goals provide direction for both the counsellor and client. They clarify what the client hopes to achieve and establish a framework for evaluating progress.

When Is the Client Ready for Goal Setting?



A transition from assessment and in-depth exploration to goal setting does not occur automatically. Certain indicators suggest that the timing is appropriate.

Among the most important indicators are:

- ◆ The client's problems have been clearly defined.
- ◆ The counsellor and client have reached a mutually acceptable understanding of the factors contributing to the difficulties.
- ◆ The obstacles that have prevented change have been identified.
- ◆ Further self-exploration is no longer producing significant new insights.

When these conditions are present, the counsellor can begin shifting attention from understanding the problem to identifying desired outcomes and planning for change.

Effective counselling goals are generally:

1. **Specific-** Goals should clearly describe the desired outcome.
2. **Realistic-**Goals should be achievable within the client's circumstances and available resources.

3. **Measurable-**Progress should be observable and capable of evaluation.

4. **Client-Centred-**Goals should reflect the client's needs, values, and aspirations rather than the counsellor's preferences.

5. **Collaborative-**Goals are developed jointly by the counsellor and client. The counselling process is most effective when clients actively participate in determining desired outcomes.

Stage 3: Developing a Treatment Plan

Following assessment and goal setting, the counsellor and client collaboratively develop a plan of action. A plan of action is a systematic framework that guides the counselling process and outlines how identified goals will be addressed. It serves as a link between assessment findings, counselling goals, and the strategies to be followed.

Planning is based on information gathered during assessment. The counsellor considers the client's presenting concerns, personal strengths, available resources, coping abilities, environmental influences, and counselling goals. Based on this understanding, appropriate ways of addressing the client's difficulties are identified.

Illustration

Consider a first-year college student who approaches the counsellor because she feels "unable to manage studies." If the counsellor responds only by giving study tips, the deeper issue may remain hidden. But through assessment, it may emerge that the student is facing loneliness, adjustment difficulty, and fear of disappointing her parents. Once this is understood, counselling goals may be framed more clearly: improving adjustment to college life, reducing anxiety, building confidence, and developing a manageable study routine. This example shows how assessment and goal setting give depth and focus to counselling.

An effective plan of action is individualised and tailored to the needs of the client. Since clients differ in their personalities, life circumstances, cultural backgrounds, resources, and presenting concerns, the same plan may not be appropriate for all individuals. Therefore, planning requires flexibility and professional judgement.

Characteristics of an Effective Plan of Action

A well-developed plan of action should:

- ◆ be based on a comprehensive understanding of the client's concerns;
- ◆ address clearly identified counselling goals;
- ◆ be realistic and achievable;
- ◆ be tailored to the client's individual needs and circumstances;
- ◆ make effective use of the client's strengths and available resources; and
- ◆ be flexible enough to accommodate changes as counselling progresses.

Collaborative Nature of Planning

Planning is most effective when it is conducted collaboratively. Rather than imposing

solutions, the counsellor involves the client in decision-making. The counsellor contributes professional knowledge and counselling skills, while the client contributes personal experiences, preferences, values, and aspirations. Together, they develop a plan that is appropriate to the client's needs and counselling goals.

The counsellor and client may also consider whether involving significant others in the plan of action would be beneficial. In some cases, family members, partners, teachers, employers, or other important individuals may provide support that facilitates goal attainment.

Planning as an Ongoing Process

Planning is not necessarily a one-time activity completed at the beginning of counselling. As new information emerges and circumstances change, the plan of action may need to be reviewed and modified. This helps ensure that the counselling process remains responsive to the client's changing needs and goals.

Thus, developing a plan of action provides structure and direction to the counselling process by connecting assessment and goal setting with appropriate strategies for addressing the client's concerns.

Stage 4: Building a Therapeutic Alliance

Once the plan of action has been developed, the counsellor and client work

Illustration

Suppose a working woman seeks counselling for constant stress and emotional exhaustion. During assessment, it becomes clear that the problem is linked to work overload, difficulty in setting boundaries, and feelings of guilt when saying no to others. A treatment plan in this case may include identifying stress triggers, helping her recognise unrealistic expectations, strengthening assertiveness, and introducing coping strategies for emotional regulation. Here, the plan gives a clear pathway for counselling to proceed meaningfully.

together towards the identified counselling goals. At this stage, the therapeutic alliance becomes important for maintaining effective collaboration throughout the counselling process. The therapeutic alliance refers to the working relationship between the counsellor and client based on mutual trust, cooperation, agreement on counselling goals, and active participation in the counselling process.

The counsellor and client collaboratively implement the agreed plan of action. Depending on the client's concerns and counselling goals, the plan may involve strategies such as problem-solving, cognitive restructuring, behavioural techniques, communication skills training, relaxation techniques, or self-reflection activities. The strategies selected depend on the client's needs, the goals of counselling, and the counselling approach being used. Counsellors may also use strategies drawn from more than one counselling approach when appropriate.

Between-session activities may also form part of the plan of action. These may include practising communication skills, maintaining a journal, monitoring thoughts and feelings, completing self-reflection exercises, or carrying out agreed behavioural tasks. Such activities provide opportunities for clients to apply what is discussed during counselling to relevant situations in their daily lives.

The counsellor provides appropriate guidance, support, and feedback, while the client actively participates in carrying out the agreed activities. Effective communication and cooperation are important throughout this process. The client is encouraged to express concerns, share experiences, and discuss difficulties encountered while working towards the identified goals.

The counsellor and client regularly review the client's progress towards the agreed goals. If difficulties arise, new concerns emerge, or circumstances change, the plan of action may be reviewed and modified through mutual

discussion. This helps keep the counselling process responsive to the client's changing needs.

Thus, the therapeutic alliance provides a collaborative basis for implementing the plan of action and facilitating progress towards the client's counselling goals. Once the identified goals have been addressed and the counselling process reaches its intended conclusion, it moves towards the final stage of termination and follow-up.

Stage 5: Termination and Follow-up

Termination and follow-up constitute the final stage of the counselling process. Termination refers to the planned and systematic ending of the counselling relationship after the counselling goals have been achieved or when the client has developed sufficient skills and resources to function independently. Follow-up involves subsequent contact with the client to monitor progress, reinforce positive changes, and address any emerging concerns after counselling has ended.

The termination stage begins when the counsellor and client recognize that significant progress has been made toward the goals established earlier in the counselling process. This does not necessarily mean that every problem has been completely eliminated. Rather, it indicates that the client has acquired the insight, coping skills, confidence, and resources necessary to manage challenges more effectively. The primary objective of termination is to help clients consolidate the gains achieved during counselling and prepare them to apply their learning independently in their everyday lives.

Several indicators may suggest that a client is ready for termination:

- ◆ The presenting problem has been adequately addressed or brought under control.

- ◆ Initial levels of distress have been significantly reduced.
- ◆ The client demonstrates improved coping skills.
- ◆ Greater self-awareness and self-understanding have been achieved.
- ◆ The client feels confident in managing future difficulties independently.
- ◆ Counselling goals have been substantially achieved.
- ◆ Changes in circumstances (e.g., relocation or illness) may also necessitate termination or referral.

When these indicators are present, termination becomes not an ending, but a transition. The counselling relationship concludes, while the growth, learning, and personal development achieved through counselling continue beyond the counselling setting.

Evaluating Progress Before Termination

Before counselling is terminated, it is important to evaluate the progress made towards the goals established during earlier stages. The counsellor and the client jointly review the counselling process to determine the extent to which the identified concerns have been addressed and the desired outcomes achieved. This evaluation may involve examining the progress made towards counselling goals, changes in thoughts, feelings, and behaviours, improvements in coping skills and problem-solving abilities, the client's level of self-awareness and self-understanding, and the client's ability to manage future challenges independently.

However, in practice, counselling does not always end under ideal circumstances.

Some clients discontinue counselling before goals have been fully achieved, while others may be forced to terminate because of external factors such as relocation, financial constraints, health concerns, or changing life circumstances. For this reason, counsellors should remain aware of the possibility of premature termination throughout the counselling process.

Ethical considerations are particularly important during termination. Counsellors have a professional responsibility to avoid abandoning clients and to ensure that services are concluded appropriately. Clients should be informed about the termination process and involved in decisions regarding the conclusion of counselling. When necessary, counsellors may provide referrals to other professionals or services to ensure continuity of care. Maintaining professional boundaries remains important throughout the termination process, even when a strong therapeutic relationship has been established.

Follow-up

The conclusion of formal counselling does not always mean that all contact between the counsellor and the client must cease immediately. In some situations, follow-up sessions may be arranged to monitor the client's adjustment and provide additional support if required.

Follow-up enables the counsellor to assess whether the gains achieved during counselling are being maintained and whether any new concerns have emerged. These follow-up contacts may occur after several weeks or months and are often scheduled at gradually increasing intervals.

Many counsellors also adopt an "open-door" approach, informing clients that they may return for assistance in the future if new challenges arise. Such an approach provides reassurance while still encouraging independence and self-reliance.



Follow-up serves several important functions. It helps counsellors determine whether the client has successfully applied newly acquired skills in real-life situations. It also allows for the early identification of potential setbacks or recurring difficulties. For clients, follow-up provides reassurance that support remains available if future challenges arise. In educational counselling, follow-up may involve reviewing a student's academic adjustment and performance. In career counselling, it may focus on career satisfaction and occupational adjustment. In family or mental health counselling, follow-up may assess the maintenance of behavioural and emotional improvements achieved during therapy.

1.2.2 Variables Affecting the Counselling Process

The effectiveness of counselling is influenced not only by the skills and techniques used by the counsellor but also by several factors related to the counsellor, client, counselling relationship, culture, and environment. These variables can facilitate or hinder communication, client participation, goal attainment, and counselling outcomes.

Counsellor-Related Variables

1. Professional Competence

Professional competence refers to the counsellor's knowledge, training, skills, and ability to apply appropriate counselling theories and techniques. Competence also requires continuous professional development and supervision.

2. Personal Qualities

Qualities such as empathy, genuineness, warmth, patience, emotional stability, and unconditional positive regard contribute to a supportive and accepting counselling relationship.

3. Self-Awareness

Self-awareness involves understanding one's own values, beliefs, attitudes, biases, strengths, and limitations. It helps counsellors recognise personal influences and avoid imposing their views on clients.

4. Ethical Practice

Ethical practice includes confidentiality, respect for client autonomy, appropriate professional boundaries, informed consent, and adherence to professional codes of conduct. These practices protect client welfare and promote trust.

5. Cultural Competence

Cultural competence refers to the ability to understand and respond appropriately to clients from diverse cultural, social, religious, linguistic, and socioeconomic backgrounds. It involves recognising the influence of culture on the client's experiences and concerns.

6. Communication Skills

Effective communication is essential for understanding the client and maintaining the counselling relationship. Important skills include active listening, empathy, questioning, reflection, paraphrasing, summarisation, and appropriate use of silence.

7. Professional Growth

Ongoing learning, supervision, self-reflection, and professional development help counsellors maintain their knowledge, skills, and ethical standards.

Client-Related Variables

1. Motivation and Readiness for Change

The client's willingness to seek help, participate in counselling, and work towards change influences engagement and counselling outcomes.

2. Self-Awareness and Willingness to Self-Disclose

The client's ability and willingness to recognise and communicate thoughts, feelings, and experiences facilitate deeper understanding and effective problem-solving.

3. Expectations of Counselling

Clients' beliefs and expectations about counselling influence their participation and satisfaction. Realistic expectations can

support engagement, whereas unrealistic expectations may lead to frustration or premature termination.

4. Cultural and Social Background

Cultural values, beliefs, language, family background, religion, socioeconomic conditions, and life experiences influence how clients perceive and express their concerns. Recognising and respecting these factors is important for effective counselling.

Recap

- ◆ Counselling is a professional helping process.
- ◆ Counselling develops through different stages.
- ◆ Assessment helps the counsellor understand the client's problem.
- ◆ Assessment helps identify the causes of difficulties.
- ◆ Goal setting gives direction to counselling.
- ◆ Counselling goals should be realistic and meaningful.
- ◆ A treatment plan helps organise counselling activities.
- ◆ Different clients require different treatment plans.
- ◆ The therapeutic alliance is the relationship between counsellor and client.
- ◆ Trust and empathy strengthen the counselling relationship.
- ◆ Termination means the planned ending of counselling.
- ◆ Proper termination helps clients become more independent.
- ◆ Follow-up helps review the client's progress after counselling.
- ◆ Counsellor qualities influence the effectiveness of counselling.
- ◆ Social and cultural background affects counselling.
- ◆ Counselling helps individuals achieve better adjustment and growth.

Objective Questions

1. What is the first stage of the counselling process?
2. What is the process of developing trust and mutual understanding between the counsellor and the client called?
3. Which counselling skill involves communicating interest and attention through verbal and non-verbal behaviour?
4. Who proposed the three core conditions of counselling?
5. Which core condition refers to understanding the client's experiences from the client's perspective?
6. Which core condition involves accepting and respecting the client without judgement?
7. Which counselling skill focuses on discussing what is happening in the counselling relationship at the present moment?
8. According to Egan, which counselling skill helps clients move from vague statements to specific descriptions?
9. What is the collaborative relationship between the counsellor and the client called?
10. Which stage of counselling involves gathering and interpreting information about the client?
11. What is the tentative understanding of the client's difficulties called?
12. Which dimension of assessment focuses on the client's thoughts, beliefs, and perceptions?
13. Which assessment method uses standardized instruments to measure psychological characteristics?
14. Which stage of counselling follows assessment and goal setting?
15. What is the systematic framework developed to achieve counselling goals called?
16. What term is used for the techniques and strategies employed to facilitate client change?

17. What are the tasks assigned to clients between counselling sessions called?
18. What is the planned ending of the counselling relationship called?
19. What is the process of monitoring the client after counselling has ended called?
20. Which counsellor-related variable involves understanding one's own values, beliefs, strengths, and limitations?

Answers

1. Establishing the counselling relationship
2. Rapport building
3. Attending
4. Carl Rogers
5. Empathy
6. Unconditional Positive Regard
7. Immediacy
8. Concreteness
9. Working alliance
10. Assessment
11. Diagnosis
12. Cognitive dimension
13. Psychological tests
14. Developing a treatment plan
15. Treatment plan
16. Counselling interventions
17. Homework assignments

18. Termination
19. Follow-up
20. Self-awareness

Assignments

1. Counselling is often described as a structured helping process rather than simple advice-giving.” Critically examine this statement with reference to the stages of counselling.
2. Analyse how proper assessment and goal setting influence the effectiveness of the counselling process. Illustrate your answer with suitable examples.
3. “A strong therapeutic alliance can influence counselling outcomes more than techniques alone.” Discuss this statement critically.
4. Explain how flexibility in treatment planning contributes to effective counselling. Why should counselling plans not be rigid?
5. “The counselling process may follow common stages, but no two counselling experiences are exactly the same.” Discuss this statement with reference to variables affecting counselling.

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Suggested Reading

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BLOCK

Counselling Process

SGS



UNIT

Fundamentals of Counselling Process

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ explain the importance of the counselling process
- ◆ describe the steps in initiating the counselling relationship
- ◆ explain the importance of confidentiality and information gathering
- ◆ describe the beginning of intervention and first session review
- ◆ explain the importance of the counselling environment

Prerequisite

Consider entering a room for the first time where you are expected to speak about personal matters. The surroundings, the tone of welcome, the sense of privacy, and the response of the other person can all influence whether you feel at ease or guarded. Before any deep exploration can happen, there must be a sense of trust. People need to feel that what they share will be treated with sensitivity, that their expectations matter, and that their concerns will not be dismissed or misunderstood. A meaningful helping relationship therefore does not arise by chance; it requires careful attention from the very first contact.

This unit introduces learners to that foundational phase. It helps them understand why the beginning of the counselling process matters, how the relationship is initiated, what elements shape the first session, and how the counselling environment itself can influence the quality and effectiveness of the process.

Keywords

Counselling process, Counselling relationship, Confidentiality, Expectations, Information gathering, Problem identification, Intervention, Goal setting, First session review, Counselling environment.

Discussion

The counselling process refers to the sequence of planned and purposeful interactions through which a counsellor assists a client in exploring concerns, identifying goals, developing strategies for change, and evaluating progress. It is considered a process rather than a single event because meaningful change rarely occurs instantaneously. Individuals often require time to understand their difficulties, examine alternatives, develop new perspectives, and implement constructive changes in their lives. Consequently, counselling unfolds through a series of stages, each contributing to the achievement of desired outcomes.

2.1.1 Importance of the Counselling Process

Counselling is a systematic and purposeful process through which the counsellor and client work together to understand the client's concerns, clarify goals and facilitate constructive change. Although the specific nature of counselling varies according to the needs of the client and the counselling setting, the process generally involves establishing a counselling relationship, understanding the client's concerns, setting appropriate goals, providing interventions and reviewing progress.

The counselling process is important because it provides a structured framework for guiding counselling in an organised and purposeful manner. It helps the counsellor

and client develop a clear understanding of the concerns, establish appropriate goals and determine suitable ways of addressing them. A systematic process also promotes active client participation and helps the counsellor maintain ethical and professional standards throughout counselling. The importance of the counselling process can be understood through the following aspects.

Provides Direction to the helping relationship

A structured counselling process helps organise the helping relationship in a purposeful manner. It guides the counsellor and client from understanding the client's concerns towards identifying goals and appropriate ways of addressing them.

Promotes Understanding of the Client

The counselling process provides opportunities to gather and organise relevant information about the client's concerns and circumstances. This helps the counsellor develop a clearer understanding of the client's difficulties and provides a basis for planning appropriate counselling.

Facilitates Goal Setting and Change

The process helps the counsellor and client clarify concerns and establish realistic counselling goals. These goals provide direction for intervention and enable both to review progress and make necessary adjustments when required.

Encourages Client Participation

Counselling is a collaborative process in which the client is an active participant. Involvement in understanding concerns, setting goals and making decisions can promote self-awareness, responsibility and engagement in counselling.

Supports Ethical and Professional Practice

A systematic counselling process helps the counsellor attend to professional responsibilities such as confidentiality, informed consent, appropriate boundaries and respect for client autonomy. It also provides a basis for reviewing the progress and effectiveness of counselling.

Thus, the counselling process provides structure and direction to counselling while allowing flexibility according to the needs of the client. It forms the foundation for establishing the counselling relationship and carrying out subsequent counselling activities.

2.1.2 Initiating the Counselling Relationship

The counselling relationship begins with the initial interaction between the counsellor and the client. Establishing an appropriate professional relationship is an important part of the counselling process because the quality of this relationship influences communication, cooperation, trust, and the client's involvement in counselling. The counsellor needs to create an atmosphere in which the client feels respected, accepted, and sufficiently comfortable to communicate.

Client Readiness and Resistance

Clients do not always enter counselling voluntarily. Some actively seek counselling because they recognize a need for support, personal growth, or assistance with specific

concerns. Others may attend because of pressure or referral from family members, educational institutions, employers, or the legal system. Therefore, clients may differ in their readiness and willingness to participate in counselling.

Initiative refers to the client's motivation and willingness to become actively involved in counselling, collaborate with the counsellor, and work towards meaningful change. Clients who enter counselling involuntarily may initially show reluctance, ambivalence, or resistance. A resistant client may be unwilling or unprepared to make the changes required through counselling. Resistance may be expressed through silence, superficial discussion, repeated responses such as "I don't know," refusal to make decisions, last-minute disclosures, excessive emotional reactions, or negative attitudes towards the counsellor or counselling sessions.

Counsellors should understand the reasons for such reluctance rather than viewing resistance simply as a lack of cooperation. Patience, empathy, acceptance, and a non-judgmental attitude can help reduce resistance and encourage participation. Appropriate use of confrontation, metaphors, silence, reflection, questioning, clarification, and self-disclosure may also help clients participate more actively.

The Initial Interview

The initial interview is the first structured interaction between the counsellor and the client and provides an important opportunity to establish the counselling relationship. Both the counsellor and client assess whether they can work together effectively. The counsellor considers whether the client's concerns fall within their professional competence, while the client considers whether they feel comfortable with the counsellor and whether a trusting relationship can develop.



Initial interviews may be client-initiated or counsellor-initiated. In a client-initiated interview, the counsellor may have little prior information about the client's concerns and can encourage discussion through open-ended questions such as, "What brought you here today?" In a counsellor-initiated interview, the purpose of the meeting should be explained clearly at the beginning to reduce uncertainty and facilitate rapport.

The initial interview may be information-oriented or relationship-oriented. An information-oriented interview focuses on obtaining relevant information about the client's background and concerns. A relationship-oriented interview gives greater emphasis to establishing rapport and understanding the client's thoughts, feelings, and experiences. These two orientations may overlap during the initial interaction.

Empathy and Rapport

Rapport refers to a sense of mutual understanding, comfort, and connection between the counsellor and client. It develops through attentive listening, empathy, genuineness, acceptance, encouragement, and respect. Attention to both verbal and nonverbal communication also helps create a supportive relationship.

Empathy refers to the counsellor's ability to understand the client's experiences, thoughts, and feelings from the client's perspective while maintaining professional objectivity. During the initial interview, primary empathy is particularly important. It involves responding in a way that demonstrates an accurate understanding of the client's immediate concerns and feelings. Advanced empathy goes beyond the client's immediate concerns and helps identify deeper feelings, experiences, and meanings that the client may not yet fully recognize. Since it requires greater trust and readiness, it is generally more appropriate during the working stage of counselling.

Counsellor attentiveness is expressed through verbal and nonverbal behaviour. Restatement, reflection, clarification, and summarizing encourage clients to express themselves, while appropriate eye contact, facial expressions, nodding, and an attentive posture communicate warmth and genuine interest.

Unhelpful Interview Behaviours

Certain counsellor behaviours may interfere with communication and the development of a positive counselling relationship. Four behaviours that should generally be avoided are advice-giving, lecturing, excessive questioning, and storytelling.

- 1. Advice-giving:** Excessive advice may discourage clients from exploring their own concerns and making independent decisions. It may also foster dependence on the counsellor. However, advice may be appropriate in emergency or crisis situations requiring immediate action.
- 2. Lecturing:** Lecturing or preaching may become a disguised form of advice-giving. It can create a power struggle and reduce the client's active participation in counselling.
- 3. Excessive questioning:** Too many questions may make clients feel that they are being interrogated. Questions should therefore be balanced with reflections, observations, and other encouraging responses.
- 4. Storytelling:** Unnecessary storytelling may shift attention from the client to the counsellor and distract from the counselling process. Stories or metaphors

should therefore be used only when they serve an appropriate counselling purpose.

Counsellors should also avoid interrupting, blaming, appearing rushed, yawning, or showing disinterest, as such behaviours can weaken rapport and discourage self-disclosure.

Processes Following the Initiation of the Relationship

Once the initial relationship has been established, the counsellor proceeds with several important tasks that provide a foundation for further counselling. These include assuring confidentiality, assessing the client's expectations, collecting relevant information, identifying problems, beginning appropriate intervention, and reviewing the first session. These aspects are discussed in the following sections.

2.1.2.1 Assuring Confidentiality

The initial counselling session may be associated with uncertainty, anxiety and hesitation on the part of the client. Clients may bring personal concerns, painful experiences, unresolved conflicts and other sensitive information to counselling. Concerns about being judged, misunderstood or having personal information disclosed to others may make it difficult for clients to communicate openly. Therefore, assuring confidentiality is an important part of initiating the counselling relationship.

Meaning and Importance of Confidentiality

Confidentiality refers to the counsellor's professional responsibility to protect information shared by the client and not disclose it to others without appropriate permission, except in circumstances where disclosure is ethically or legally required. It recognizes the client's right to privacy and

protects the personal nature of information discussed during counselling.

Confidentiality is important because effective counselling requires clients to communicate their thoughts, feelings, experiences and concerns openly. When clients have confidence that their information will be treated with respect and protected from unnecessary disclosure, they are more likely to participate actively and communicate honestly. Thus, confidentiality provides an important basis for trust and open communication in the counselling relationship.

Confidentiality and Informed Consent

Confidentiality should be explained clearly during the initial stage of counselling. The counsellor should inform the client about how personal information will be handled, who may have access to records and the circumstances in which confidentiality may be limited. This helps the client develop a clear and realistic understanding of privacy within counselling.

The explanation of confidentiality is closely related to informed consent. Informed consent involves providing the client with adequate information about the nature and purpose of counselling and obtaining voluntary agreement to participate. Information about confidentiality and its limitations is an important part of this process. Clear communication about confidentiality also respects client autonomy by enabling the client to make informed decisions about participation and disclosure.

Limits of Confidentiality

Confidentiality is an important ethical principle, but it is not absolute. There are certain circumstances in which information may need to be disclosed in accordance with applicable ethical and legal requirements.



These limitations should be explained to the client at the beginning of counselling.

Important circumstances that may limit confidentiality include:

1. Risk of serious harm to self:

When there is a serious and immediate risk of suicide or severe self-harm, appropriate action may be necessary to protect the client's safety.

2. Risk of serious harm to others:

When a credible and serious threat of harm to another person is identified, disclosure may be necessary to protect life and safety, subject to applicable ethical and legal requirements.

3. Abuse or neglect: Applicable laws may require reporting of suspected abuse or neglect, particularly when children or vulnerable persons are involved.

4. Legal requirements: In certain circumstances, courts or other legally authorized bodies may require the disclosure of relevant information or counselling records.

The extent of disclosure should be limited to what is necessary in the particular situation and should be carried out in accordance with relevant professional and legal requirements.

Maintaining Confidentiality in Practice

Confidentiality must be maintained throughout the counselling process and is not limited to verbal information shared during sessions. The counsellor should take appropriate care when handling counselling records, assessment reports, session notes

and other client information. Such records should be stored securely and accessed only by authorized persons.

The application of confidentiality may vary according to the counselling setting. Particular care may be required when counselling involves minors, family members or organisational contexts. In online counselling, electronic communication, videoconferencing and digital storage also require appropriate measures to protect client information and prevent unauthorized access.

Assuring confidentiality helps protect client privacy, promote trust and encourage open communication. At the same time, the counsellor has a responsibility to explain the ethical and legal limits of confidentiality clearly. Establishing this understanding during the initial phase provides an appropriate foundation for further counselling.

After confidentiality has been explained, the counsellor needs to understand what the client expects from counselling. This forms the basis for the next aspect of initiating the counselling relationship: assessing expectations.

2.1.2.2 Assessing Expectations

After the initial conditions of the counselling relationship have been established, attention is given to understanding what the client expects from counselling. Individuals enter counselling with different beliefs, assumptions, hopes and anticipated outcomes. Some may have clear and realistic expectations, whereas others may be uncertain about counselling or may hold assumptions that do not correspond to the nature of professional counselling. Assessing these expectations helps establish a clear and realistic understanding between the counsellor and the client.

Meaning of Expectations

Expectations are the beliefs, assumptions, hopes and anticipated outcomes that clients bring to the counselling relationship. They may be influenced by previous experiences, information received from family and friends, media representations, cultural beliefs and personal assumptions about counselling.

Expectations can influence the client's participation in counselling and their perception of the counselling process. Therefore, the counsellor needs to understand what the client hopes to achieve, what they expect from the counsellor and how they understand their own role in counselling.

Understanding and Clarifying Expectations

The counsellor can assess expectations through attentive listening and appropriate questions about the client's reasons for seeking counselling and the changes they would like to achieve. Questions such as "What brought you here today?" and "What are you hoping counselling will help you accomplish?" can help clarify the client's expectations.

Some clients may expect the counsellor to provide immediate solutions or make decisions on their behalf. Others may expect rapid relief from difficulties. Such expectations need to be discussed and clarified. The counsellor explains that counselling is generally a collaborative process in which clients participate in understanding their concerns, considering alternatives, making decisions and working towards change. Clarifying the nature and limitations of counselling helps develop realistic expectations and reduces possible disappointment.

Readiness and Motivation for Counselling

Assessing expectations also provides information about the client's readiness to

participate in counselling. Readiness refers to the extent to which a person is prepared to engage in the counselling process and consider changes in thoughts, feelings or behaviour.

Clients may differ in their motivation for counselling. Some seek help voluntarily and are prepared to work towards change, whereas others may attend because of pressure from family members, educational institutions, employers or other authorities. Clients may also experience uncertainty or ambivalence about change. Understanding readiness and motivation helps the counsellor respond appropriately and support the client's engagement in counselling.

Clarifying Mutual Expectations

Counselling involves responsibilities on the part of both the counsellor and the client. The client is expected to participate in the counselling process, communicate relevant information and work towards agreed goals. The counsellor is responsible for providing appropriate professional support, maintaining ethical standards and respecting the client's rights and autonomy.

Clarifying these expectations helps both parties develop a common understanding of their roles and responsibilities. It also provides a basis for a cooperative working relationship.

Cultural and Contextual Considerations

Expectations about counselling may be influenced by cultural beliefs, social experiences and the setting in which counselling takes place. Clients may differ in their views about help-seeking, the role of the counsellor and the extent to which they should participate in decision-making. Expectations may also vary according to whether counselling is provided in educational, career, family or mental health settings.



The counsellor should consider these influences while assessing expectations and avoid making assumptions about what the client expects. Understanding the client's perspective within their cultural and situational context contributes to appropriate counselling.

Expectations and Goal Setting

Assessing expectations provides a basis for establishing counselling goals. As the client communicates what they hope to achieve and the counsellor clarifies the nature of counselling, both can identify appropriate and mutually understood objectives. These objectives provide direction for subsequent counselling sessions.

Thus, assessing expectations helps clarify the client's understanding of counselling, identify unrealistic assumptions, understand readiness and motivation, and establish mutual expectations and appropriate goals. Once a common understanding has been developed, the counsellor can proceed to gather relevant information about the client's concerns, background and circumstances. This leads to the next aspect : collecting information.

2.1.2.3 Collecting Information

After the client's expectations regarding counselling have been explored, the counsellor collects relevant information about the client's concerns, experiences and life circumstances. Information gathering is an important part of the initial counselling process because an adequate understanding of the client is necessary for identifying problems, setting goals and planning appropriate interventions. The information should be gathered in a systematic and purposeful manner while allowing the client to describe experiences in their own words.

Clients often enter counselling with concerns that may appear confusing,

overwhelming, or difficult to explain. Some individuals can clearly describe the issues that brought them to counselling, whereas others may struggle to express their thoughts and feelings. The counsellor's role is to facilitate communication and help clients organize their experiences into a meaningful narrative. Through careful listening and exploration, the counsellor gradually develops a clearer picture of the client's situation.

Methods of Collecting Information

The counselling interview is a primary method of collecting information. It is a purposeful and flexible interaction in which the counsellor listens to the client, asks relevant questions and encourages the client to describe concerns and experiences. Unlike an ordinary conversation, the counselling interview is directed towards developing an understanding of the client's situation.

Active listening is essential during the interview. It involves giving careful attention to the client's verbal and non-verbal communication and responding in ways that demonstrate understanding. Active listening helps the counsellor identify relevant information and encourages the client to communicate experiences more openly.

Observation also provides useful information during counselling. Facial expressions, tone of voice, posture, eye contact and other non-verbal behaviours may provide information about the client's emotional experiences. However, such observations should not be interpreted in isolation. They should be considered along with information provided by the client and clarified through appropriate discussion.

Questioning is another important method of information gathering. Open-ended questions encourage clients to describe their experiences in detail, whereas closed-ended questions are useful for obtaining

specific factual information. Both forms of questioning may be used according to the purpose of the interview, with greater use of open-ended questions when detailed understanding is required.

Areas of Information

The information collected should extend beyond the immediate concern presented by the client. Relevant areas may include personal history, family relationships, educational and occupational experiences, social relationships, health-related information, coping strategies, strengths and available resources. The areas explored depend on the client's concerns and the counselling setting.

Family background may provide information about relationships and experiences that are relevant to the client's present concerns. Educational and occupational information may be particularly relevant in educational and career counselling. Social relationships, sources of support and the client's coping strategies may also contribute to an understanding of the difficulties being experienced.

Attention should also be given to the client's strengths and resources. Abilities, previous achievements, coping skills and supportive relationships can provide important resources for addressing difficulties. Considering both difficulties and strengths provides a more balanced understanding of the client.

Organising the Information

As information is gathered, the counsellor and client gradually develop a clearer understanding of the client's concerns, circumstances, contributing factors, strengths and resources. Information obtained through interviews, active listening, questioning and observation needs to be considered as a whole

rather than as isolated details. This helps identify patterns and clarify the issues that require attention.

Thus, collecting information provides the basis for developing an adequate understanding of the client's situation. Once relevant information has been gathered and organised, the counsellor and client can proceed to clarify the nature of the difficulties that require attention.

2.1.2.4 Identifying Problems

After sufficient information has been collected about the client's experiences, circumstances, strengths and concerns, the counselling process proceeds to identifying the problems that require attention. Clients may enter counselling with a general awareness that something is troubling them without having a clear understanding of the nature or causes of their difficulties. Feelings of distress, confusion or dissatisfaction may arise from several interacting factors, and the concern initially presented by the client may represent only one part of the situation.

Problem identification involves clarifying and understanding the difficulties affecting the client's functioning and well-being. It is not simply a matter of assigning a label or diagnosis. The counsellor and client examine the client's experiences, thoughts, feelings, behaviours, relationships and circumstances to develop a clearer understanding of the concerns that can be addressed through counselling.

Presenting and Underlying Problems

Clients often begin by describing a presenting problem, which is the concern that brings them to counselling. For example, a learner may seek counselling because of poor academic performance, an employee may report work-related stress, or a parent may seek help because of family conflict.



The presenting problem is important, but it may not represent the full nature of the client's difficulty.

Further discussion may reveal underlying concerns or contributing factors. A learner presenting with poor examination results, for instance, may also be experiencing anxiety, low self-confidence, family pressure or difficulties with study habits. Identifying these associated concerns helps the counsellor and client develop a more complete understanding of the problem.

Clarifying the Problem

Clients may initially describe their concerns in broad terms such as “I feel stressed” or “Nothing seems to be going right.” Such statements indicate distress but may not provide sufficient direction for counselling. The counsellor therefore helps the client clarify the nature of the concern.

Clarification may involve considering when the problem began, the situations in which it occurs, its frequency and intensity, its effects on daily functioning, and the ways in which the client has attempted to deal with it. This process helps transform a general or vague concern into a more clearly defined problem that can be addressed through counselling.

Understanding Contributing Factors

Identifying a problem also involves understanding the factors associated with its development and continuation. Client difficulties may be influenced by psychological, social, cultural, biological and environmental factors. The counsellor considers these factors in relation to the client's individual circumstances rather than viewing the problem in isolation.

For example, persistent anxiety may be associated with stressful life events, negative patterns of thinking, family expectations,

limited social support or difficulties in coping. Understanding such contributing factors provides a basis for deciding what aspects require attention during counselling.

Collaborative Problem Identification

Problem identification is a collaborative process between the counsellor and the client. The client contributes personal experiences and knowledge of their own circumstances, while the counsellor contributes professional knowledge and counselling skills. The client should therefore be involved in identifying and describing the concerns rather than having the problem defined solely by the counsellor.

Collaboration helps ensure that the identified concerns reflect the client's experiences and priorities. It can also promote self-awareness and active involvement in subsequent counselling activities.

Case Conceptualization

As information is organised, the counsellor develops a case conceptualization, which is an organised understanding of the client's concerns and the factors associated with them. It brings together relevant information about the presenting concerns, contributing factors, patterns of functioning, strengths and areas requiring attention.

Case conceptualization helps the counsellor and client understand how different aspects of the client's situation may be connected. It also provides a basis for selecting appropriate counselling goals and interventions. It should remain open to revision as additional information and understanding develop during counselling.

Identifying Strengths and Resources

Problem identification should not focus only on difficulties. The client's strengths, coping abilities, achievements, supportive

relationships and other available resources are also relevant to understanding the situation. These resources may contribute to the client's ability to manage difficulties and work towards change.

Considering both problems and strengths provides a balanced understanding of the client and helps identify resources that may be useful during subsequent counselling.

Cultural Context

The client's understanding of a problem is influenced by their cultural and social context. Cultural values and beliefs may affect how individuals interpret their experiences, express distress and seek help. Family expectations, gender roles, community values and other social influences may also shape the client's concerns.

The counsellor should therefore consider the client's perspective and cultural context while identifying problems and avoid imposing personal assumptions on the client's experiences.

Prioritising Problems

Clients may present with several concerns at the same time. After the concerns have been identified, it may be necessary to determine which issues require immediate or greater attention. Priority may depend on the seriousness of the concern, its effect on the client's functioning, the client's goals and other relevant circumstances.

Prioritising concerns helps provide direction to counselling and prevents the process from becoming unfocused. The priorities should be discussed with the client and revised when necessary as counselling progresses.

From Problem Identification to Intervention

Identifying problems provides a link between understanding the client and planning counselling interventions. A clear understanding of the concerns, their contributing factors, the client's strengths and the areas requiring attention provides a basis for establishing appropriate goals and selecting suitable interventions.

Thus, identifying problems involves more than identifying what is wrong. It includes clarifying the client's concerns, distinguishing presenting concerns from underlying issues, understanding contributing factors, recognising strengths and developing a shared understanding of the areas requiring attention. Once this understanding has been established, the counsellor and client can begin to work actively towards the agreed goals through appropriate interventions. This leads to the next aspect of initiating the counselling relationship: beginning intervention.

2.1.2.5 Beginning Intervention

Once the client's concerns have been identified and the relevant factors have been understood, the counselling process gradually moves towards intervention. Intervention refers to the purposeful use of counselling strategies and techniques to help clients address their concerns, achieve agreed goals and facilitate constructive change. Intervention does not necessarily begin only after the initial assessment is completed. Therapeutic responses such as empathic listening, clarification and appropriate feedback may begin to support change from the early sessions.

The movement towards intervention is based on the information collected and the problems identified during the initial interactions. The counsellor and client develop a shared understanding of the concerns and consider appropriate ways of addressing them. This transition helps give direction to counselling and connects the understanding of the problem with purposeful action.

Establishing Preliminary Goals

An important task at the beginning of intervention is establishing preliminary counselling goals. Goals provide direction to the counselling process and help the counsellor and client identify the changes they wish to work towards. Goals should be realistic, meaningful and related to the client's needs and priorities.

Goal setting is a collaborative process. Clients participate in identifying the areas they want to change, while the counsellor helps them formulate appropriate and achievable objectives. The goals established at this stage are not necessarily final and may be modified as the client's understanding of the concerns develops during counselling.

Early Intervention Strategies

Early intervention may include helping clients examine thoughts, feelings and behaviours that are related to their concerns. The counsellor may use appropriate questioning, reflection and guided discussion to help clients recognise patterns that contribute to their difficulties. This can increase self-awareness and provide a basis for developing more effective ways of coping.

Psychoeducation may also be provided when relevant. It involves giving clients information about psychological processes, emotional experiences, behavioural patterns

or coping strategies related to their concerns. Appropriate information can help clients understand their experiences and make informed decisions about managing difficulties.

The counsellor may also help clients identify their existing strengths, coping abilities and available resources. Recognising these resources provides a broader understanding of the client's situation and can support the development of effective coping strategies.

Problem-solving may form another part of early intervention. The counsellor helps the client identify possible alternatives, consider their consequences and select appropriate courses of action. Rather than imposing solutions, the counsellor facilitates the client's participation in decision-making and supports self-determination.

Beginning intervention is therefore a gradual process in which understanding, goal setting and purposeful action are connected. The strategies used should remain appropriate to the client's needs and may be modified as further information becomes available and counselling progresses. The foundations established during this stage provide direction for subsequent counselling sessions.

2.1.2.6 First Session Review

As the first counselling session comes to an end, the counsellor and client review the major issues discussed and clarify the direction of subsequent counselling. The first session usually includes establishing the counselling relationship, understanding the client's concerns, clarifying expectations, collecting relevant information, identifying problems and beginning intervention. A systematic review at the end of the session helps consolidate this work and provides continuity for future sessions.

Summarising and Clarifying Understanding

An important part of the first session review is summarising the major concerns, experiences and themes discussed during the session. Summarisation helps organise the information and allows the client to reflect on the understanding developed during the session.

The counsellor should also check whether the summary accurately represents the client's concerns. The client may be invited to clarify, correct or add information that has been misunderstood or overlooked. This helps the counsellor and client develop a shared understanding of the issues being addressed.

Reviewing Goals and Planning Further Counselling

The review provides an opportunity to clarify the goals and priorities identified during the session. When several concerns are present, the counsellor and client may determine which issues require attention first. The goals may remain preliminary and can be modified as further understanding develops.

The counsellor and client can also discuss the focus of subsequent sessions and any appropriate tasks or activities to be undertaken between sessions. If further assessment, referral or other services are required, these may also be discussed. Such planning gives continuity and direction to the counselling process.

Obtaining Client Feedback

Client feedback is an important part of the first session review. The counsellor may ask the client about their experience of the session, whether the discussion was helpful and whether any concerns or questions remain. Feedback can help identify

misunderstandings and guide adjustments in subsequent counselling sessions.

The first session review therefore brings together the work completed during the initial meeting and provides a clear basis for continuing counselling. By summarising the session, checking understanding, reviewing goals, obtaining feedback and planning the next steps, the counsellor and client can move forward with a shared understanding of the counselling process.

The next section considers another important factor that supports effective counselling: the counselling environment.

2.1.3 Counselling Environment

The counselling environment is an important factor in establishing effective communication and a productive counselling relationship. A suitable environment helps clients feel comfortable enough to communicate their concerns openly and participate in the counselling process. The environment includes both the physical setting in which counselling takes place and the interpersonal climate created through the interaction between the counsellor and the client.

Physical Environment

The physical setting should provide privacy, comfort and minimal distraction. Counselling sessions should be conducted in a space where conversations cannot be overheard or unnecessarily interrupted. Adequate lighting, ventilation, temperature, seating and appropriate arrangement of furniture can contribute to the client's comfort and concentration.

The seating arrangement should support communication and a sense of equality between the counsellor and client. A setting that is quiet, orderly and free from

unnecessary interruptions allows both to focus on the counselling interaction. Accessibility should also be considered so that the counselling environment can be used comfortably by clients with different needs.

Interpersonal Environment

The interpersonal environment refers to the quality of interaction between the counsellor and the client. Clients are more likely to communicate openly when they experience acceptance, respect, understanding and freedom from unnecessary judgment. A supportive interpersonal environment encourages self-disclosure and active participation in counselling.

Carl Rogers emphasised empathy, unconditional positive regard and genuineness as important conditions for a constructive counselling relationship. Empathy involves understanding the client's experience from the client's perspective. Unconditional positive regard involves accepting the client without judging their worth as a person, while genuineness refers to authenticity in the counsellor's interaction with the client. These conditions contribute to a trusting and supportive counselling relationship.

Cultural Inclusiveness

An effective counselling environment should respect the cultural and individual differences of clients. Culture can influence communication, beliefs, values, family relationships and attitudes towards help-seeking. Counsellors should therefore avoid stereotypes and assumptions and maintain respect for different backgrounds and perspectives.

Online Counselling Environment

The counselling environment also extends to online counselling. In such settings, privacy and confidentiality require attention to the digital platform as well as the physical locations of the counsellor and client. A reliable and appropriately secure communication system, together with a private setting for the session, helps maintain the conditions necessary for effective counselling.

An appropriate counselling environment therefore combines physical privacy and comfort with a respectful, supportive and inclusive interpersonal climate. These conditions facilitate communication and provide a suitable foundation for the counselling process.

Recap

- ◆ Counselling is a planned and systematic process designed to facilitate personal growth, adjustment, and problem resolution.
- ◆ The counselling process provides a structured framework that guides both counsellor and client toward meaningful change.
- ◆ Understanding the counselling process helps ensure that counselling sessions remain focused, purposeful, and effective.
- ◆ The initiation phase of counselling is critical because it establishes the foundation for trust and collaboration.

- ◆ Building rapport during the first meeting helps clients feel comfortable, accepted, and understood.
- ◆ Assuring confidentiality encourages clients to share personal information with greater openness and confidence.
- ◆ Confidentiality strengthens the counselling relationship by creating a sense of psychological safety and trust.
- ◆ Assessing expectations helps counsellors and clients develop a realistic understanding of the counselling process.
- ◆ Clarifying expectations promotes active client participation and reduces misunderstandings during counselling.
- ◆ Collecting information enables counsellors to gain a comprehensive understanding of the client's background and concerns.
- ◆ Effective information gathering relies on skills such as active listening, observation, empathy, and appropriate questioning.
- ◆ Identifying problems involves exploring both the presenting issues and the underlying factors contributing to them.
- ◆ Accurate problem identification provides the basis for effective planning and intervention.
- ◆ Beginning intervention marks the transition from understanding the problem to facilitating positive change.
- ◆ Early interventions may include emotional support, goal setting, psychoeducation, and collaborative problem exploration.
- ◆ The first session review helps summarize key issues, clarify goals, and plan future counselling activities.
- ◆ Reviewing the first session strengthens the therapeutic alliance and reinforces client motivation for change.
- ◆ A counselling environment should provide privacy, comfort, and freedom from unnecessary distractions.
- ◆ The psychological climate of counselling should promote trust, acceptance, empathy, and respect.
- ◆ An effective counselling environment enhances communication, supports self-disclosure, and contributes to successful counselling outcomes.

Objective Questions

1. What ethical principle assures clients that personal information shared during counselling will be protected?
2. What is the term used for the issue that brings a client to counselling?
3. Which counselling skill involves carefully listening to both verbal and non-verbal messages?
4. What process helps counsellors understand a client's background, experiences, and concerns?
5. What is the process of exploring a client's expectations about counselling called?
6. Which document explains the nature, purpose, and limitations of counselling to clients?
7. What term refers to the client's willingness to share personal thoughts and feelings?
8. Which stage of counselling involves clarifying the client's concerns and difficulties?
9. What is the collaborative process of understanding and defining the client's concerns called?
10. What term refers to a structured understanding of a client's problems and strengths?
11. Which stage marks the transition from understanding the problem to facilitating change?
12. What gives direction and purpose to the counselling process?
13. What is the educational technique through which counsellors provide relevant psychological information to clients?
14. What term is used for the professional relationship between the counsellor and the client?
15. What activity is conducted at the end of the first counselling session to summarize and evaluate progress?

16. Which quality enables a counsellor to understand a client's feelings from the client's perspective?
17. What term refers to accepting clients without judgment or criticism?
18. Which environmental factor ensures that counselling conversations cannot be overheard?
19. Which psychologist emphasized empathy, genuineness, and unconditional positive regard in counselling?
20. What type of environment promotes trust, safety, and open communication during counselling?

Answers

1. Confidentiality
2. Presenting Problem
3. Active Listening
4. Information Gathering
5. Assessing Expectations
6. Informed Consent
7. Self-disclosure
8. Identifying Problems
9. Problem Identification
10. Case Conceptualization
11. Beginning Intervention
12. Goals
13. Psychoeducation
14. Therapeutic Alliance
15. First Session Review

16. Empathy
17. Unconditional Positive Regard
18. Privacy
19. Carl Rogers
20. Counselling Environment

Assignments

1. Explain the importance of the counselling process in ensuring effective and ethical counselling outcomes.
2. Discuss the various tasks involved in the initiation phase of counselling. How do these tasks contribute to the development of a successful counselling relationship?
3. Examine the role of confidentiality in counselling. Discuss its significance, ethical implications, and major limitations.
4. Describe the methods used for collecting information during counselling and explain how they assist in understanding the client's concerns.
5. What is meant by problem identification in counselling? Discuss the importance of distinguishing between presenting problems and underlying concerns.
6. Explain the process of beginning intervention in counselling. How do goal setting, psychoeducation, and supportive responses facilitate client change?
7. Discuss the characteristics of an effective counselling environment. How do physical and psychological factors influence the counselling process?

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UNIT

The Counsellor

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ explain the counsellor–counsee relationship
- ◆ describe the skills and qualities of an effective counsellor
- ◆ explain the roles and responsibilities of a counsellor
- ◆ identify major professional issues and ethical standards in counselling
- ◆ describe important ethical and legal considerations in counselling

Prerequisite

Imagine a young man named Arun. He walks into a room, his mind clouded with worry. Every step feels heavier than the last, as though he is carrying invisible weights - regrets from the past, confusion about his present, and fears for the future. Sitting across from him is someone who does not judge, does not hurry, but listens. The atmosphere feels safe, almost like a shelter in the storm. Slowly, Arun starts to speak, his words stumbling at first, then flowing more freely. He notices that just being heard makes the burden a little lighter, and for the first time in weeks, he feels a flicker of hope.

Who is this person sitting across him? What makes him capable of helping Arun navigate his tangled thoughts? How does he know when to speak, when to guide, and when to just listen?

In this unit, we will uncover the answers—exploring the skills, qualities, and responsibilities of an effective counsellor. We will examine the delicate balance of ethical principles, the nuances of professional conduct, and the foundation of

the counsellor-counselee relationship. Before we dive into definitions and theories, keep Arun's story in mind: the journey of the counsellor begins with understanding, empathy, and a readiness to walk alongside another person in their most vulnerable moments.

Keywords

Counsellor, Counselee, Counselling Relationship, Professional Competence, Professional Boundaries, Code of Conduct, Informed Consent, Confidentiality, Ethical Decision-Making, Legal Considerations

Discussion

Counselling is often described as a professional helping relationship, but its effectiveness depends on much more than the application of techniques and theories. While theories provide frameworks for understanding human behaviour and techniques offer methods for intervention, the quality of the relationship between the counsellor and the counselee is an important factor in facilitating meaningful change.

The Counsellor and the Counselee

A counsellor is a trained professional who assists individuals in understanding themselves, addressing personal concerns, making informed decisions, and developing more effective ways of coping with life's challenges. The counselee is the individual who voluntarily or with appropriate referral participates in the counselling process to address personal concerns, understand their situation, make decisions, or work towards constructive change. The counselee actively participates in the counselling process by sharing relevant experiences, expressing concerns, and working with the counsellor towards identified goals.

Counsellors work with people experiencing a wide range of issues, including academic difficulties, career uncertainty, relationship conflicts, emotional distress, adjustment problems, and mental health concerns. Their primary objective is not to solve problems on behalf of counselees but to facilitate self-understanding, personal growth, and constructive change.

The role of the counsellor involves much more than listening to counselees' problems. Counsellors assess concerns, facilitate self-exploration, help counselees identify strengths and resources, support decision-making, and promote behavioural and emotional change. To perform these functions effectively, counsellors require a combination of professional knowledge, interpersonal skills, ethical awareness, and personal qualities such as empathy, patience, genuineness, and respect for individual differences.

2.2.1 Counsellor–Counselee Relationship

The counsellor–counselee relationship refers to the professional and purposeful

relationship established between the counsellor and the counselee to facilitate growth, self-understanding, problem solving, and psychological well-being.

One of the most important features of this relationship is its professional nature. The counsellor's primary responsibility is to facilitate the counselee's development rather than to satisfy personal needs or seek emotional support from the counselee.

The counsellor–counselee relationship is characterized by trust, respect, acceptance, empathy, genuineness, and collaboration. Trust forms the cornerstone of the relationship because counselees may need to discuss highly personal experiences, emotions, fears, and conflicts. Without trust, counselees may hesitate to disclose important information or engage fully in the counselling process. Trust develops gradually as counselees experience the counsellor as reliable, competent, respectful, and genuinely concerned about their well-being.

Closely related to trust is rapport. Rapport refers to a sense of mutual understanding, comfort, and connection between the counsellor and counselee. When rapport is established, counselees often feel more relaxed and willing to communicate openly. Rapport does not emerge automatically but develops through attentive listening, respectful communication, and the counsellor's ability to convey genuine interest in the counselee's experiences.

Cultural Factors

Cultural factors also influence the counsellor–counselee relationship. Individuals differ in their cultural backgrounds, values, beliefs, communication styles, and life experiences. Effective counsellors recognize these differences and strive to understand counselees within their cultural contexts. Cultural sensitivity involves

respecting diversity, avoiding stereotypes, and adapting counselling approaches to meet the needs of diverse populations.

Ethical and Professional Boundaries

Ethical boundaries are another essential aspect of the counsellor–counselee relationship. Although the relationship may involve warmth, trust, and emotional closeness, it remains a professional relationship governed by ethical standards. Counsellors must maintain appropriate boundaries to protect counselees and preserve the integrity of the counselling process. Relationships that extend beyond professional limits may create conflicts of interest, impair objectivity, and potentially harm counselees.

Professional boundaries also ensure that the counselling relationship remains focused on the counselee's needs and goals. Ethical guidelines concerning confidentiality, informed consent, competence, and professional conduct help maintain appropriate professional boundaries in counselling.

2.2.2 Skills and Qualities of an Effective Counsellor

Clients often approach counselling during periods of confusion, distress, uncertainty, or emotional vulnerability. Techniques themselves have limited importance in the therapeutic process. Wampold (2001) conducted a meta-analysis of many research studies on therapeutic effectiveness and found that the personal and interpersonal components are essential to effective psychotherapy, whereas techniques have relatively little effect on therapeutic outcome. The contextual factors—the alliance, the relationship, the personal and interpersonal skills of the therapist— are the primary determinants of therapeutic outcome.

2.2.2.1 Personal Qualities of an Effective Counsellor

1. Empathy

Empathy is the ability to understand a client's thoughts, feelings, and experiences from the client's perspective while maintaining professional objectivity. It involves accurately perceiving the client's inner world and communicating this understanding effectively. Empathy helps clients feel understood, accepted, and valued, thereby strengthening the therapeutic relationship.

2. Genuineness and Authenticity

Effective counsellors are genuine, honest, and authentic in their interactions. They do not hide behind artificial professional roles but communicate with sincerity and consistency. Authenticity encourages trust and helps clients feel comfortable expressing themselves openly.

3. Acceptance and Respect for Human Dignity

Effective counsellors accept clients as individuals of inherent worth regardless of their beliefs, behaviours, or life circumstances. They respect each client's dignity, uniqueness, and right to make personal decisions. Such acceptance creates a non-judgmental environment that encourages self-exploration and personal growth.

4. Self-Awareness

Self-awareness refers to understanding one's own emotions, beliefs, values, strengths, limitations, and personal biases. Counsellors who are self-aware recognise how their own experiences may influence the counselling relationship and consciously avoid allowing personal issues to interfere with client welfare.

5. Emotional Stability

Counsellors often work with clients experiencing intense emotions and difficult life situations. Emotional stability enables them to remain calm, patient, and emotionally balanced even under stressful circumstances. It allows counsellors to provide consistent support without becoming overwhelmed by clients' problems.

6. Patience and Emotional Warmth

Counselling is a gradual process, and clients progress at different rates. Effective counsellors demonstrate patience by allowing clients sufficient time to express themselves and work through their concerns. They also communicate warmth, kindness, and genuine concern, creating an atmosphere of safety and trust.

7. Open-Mindedness and Cultural Sensitivity

Effective counsellors respect diversity and remain open to beliefs, values, lifestyles, and experiences that differ from their own. They recognise the influence of culture, religion, gender, language, and social background on clients' lives and avoid imposing personal values or assumptions during counselling.

8. Flexibility

Every client is unique, and counselling situations vary considerably. Flexible counsellors adapt their communication style and helping approach according to the client's needs and circumstances rather than relying rigidly on a single method. Flexibility enhances the effectiveness of counselling interventions.

9. Effective Interpersonal Skills

Counsellors require strong interpersonal skills to establish positive helping relationships. These include active

listening, effective verbal and non-verbal communication, rapport building, sensitivity, and the ability to collaborate with clients. Good interpersonal skills promote mutual understanding and strengthen the counselling alliance.

10. Healthy Boundaries

Effective counsellors establish warm and caring relationships while maintaining appropriate personal and professional boundaries. They avoid becoming emotionally overinvolved or dependent on clients and recognise the limits of the counselling relationship. Healthy boundaries protect both the client and the counsellor and contribute to emotional well-being.

11. Positive Self-Concept and Confidence

Effective counsellors possess a realistic sense of self-worth and confidence in their abilities while recognising their personal limitations. They are comfortable accepting feedback, admitting mistakes, and seeking opportunities for personal improvement. Such confidence promotes trust and stability within the counselling relationship.

12. Openness to Personal Growth and Change

Effective counsellors recognise that personal development is an ongoing process. They remain open to learning from their experiences, reflecting on their attitudes, and modifying beliefs or behaviours when necessary. Their willingness to grow personally enhances their capacity to understand and support clients effectively.

The qualities described above represent the core personal characteristics of an effective counsellor, but they are not exhaustive. Other desirable qualities include optimism, resilience, humility, emotional maturity, creativity, tolerance for ambiguity,

enthusiasm for helping others, a positive outlook, willingness to learn from mistakes, an appropriate sense of humour, and the ability to remain hopeful during difficult circumstances. Continuous self-reflection and personal development help counsellors strengthen these qualities and enhance the quality of the counselling relationship.

2.2.2.2 Professional Skills of an Effective Counsellor

While personal qualities create the foundation for effective counselling, professional skills provide the practical tools through which helping occurs. These skills are learned through education, supervised training, and professional experience. They enable counsellors to understand clients more effectively, communicate accurately, and facilitate constructive change.

Attending Skills

1. Active Listening

Active listening is the ability to give complete attention to the client's verbal and non-verbal communication. It involves listening attentively, demonstrating genuine interest, and responding appropriately without interrupting or judging the client. Active listening helps clients feel understood and encourages them to share their thoughts and feelings openly.

2. Attending Behaviour

Attending behaviour refers to the counsellor's physical and psychological presence during counselling. It includes maintaining appropriate eye contact, adopting an open posture, using encouraging facial expressions, and minimizing distractions. Effective attending communicates interest, respect, and willingness to understand the client.

3. Observation Skills

Observation involves carefully noticing clients' non-verbal behaviours, including facial expressions, body language, tone of voice, gestures, and emotional reactions. These observations often provide important information that complements or clarifies what clients communicate verbally.

Exploring Skills

1. Questioning Skills

Questioning skills help counsellors gather information, clarify concerns, and encourage deeper exploration. Open-ended questions invite clients to express themselves freely, whereas closed-ended questions are used to obtain specific information. Effective questioning facilitates reflection without making clients feel interrogated.

2. Interviewing Skills

Interviewing is the structured process through which counsellors gather relevant information, explore concerns, assess strengths, and understand clients' needs. Effective interviewing integrates listening, observation, questioning, empathy, and communication skills within a purposeful counselling conversation.

Responding Skills

1. Reflection of Feelings

Reflection of feelings involves identifying and communicating the emotions underlying a client's statements. By reflecting feelings such as sadness, anger, fear, or frustration, counsellors help clients become more aware of their emotional experiences and facilitate emotional expression.

2. Paraphrasing

Paraphrasing involves restating the essential content of the client's message

in the counsellor's own words. This skill demonstrates attentive listening, checks the accuracy of understanding, and encourages clients to clarify or expand upon their thoughts.

3. Summarising

Summarising involves bringing together the major ideas, feelings, and themes discussed during a counselling session. It helps organise information, reinforces important insights, maintains focus, and provides a smooth transition between different stages of counselling.

4. Clarification

Clarification is used when the client's message is unclear, vague, or ambiguous. Rather than making assumptions, the counsellor seeks additional information to ensure accurate understanding. Clarification reduces misunderstandings and promotes effective communication.

5. Feedback Skills

Feedback involves providing clients with observations, impressions, or information that enhances self-awareness and promotes personal growth. Effective feedback is specific, constructive, respectful, and offered at appropriate times to facilitate insight rather than criticism.

Relationship-Building Skills

1. Rapport Building

Rapport building refers to establishing a trusting, respectful, and collaborative relationship with the client. Rapport develops through empathy, warmth, acceptance, consistency, and effective communication, forming the foundation for successful counselling.



Facilitative Skills

1. Goal-Setting Skills

Goal-setting involves helping clients identify realistic, meaningful, and achievable counselling objectives. Clearly defined goals provide direction, facilitate motivation, and enable both the counsellor and the client to evaluate progress throughout the counselling process.

2. Problem-Solving Skills

Problem-solving skills assist clients in identifying problems, generating possible solutions, evaluating alternatives, making decisions, and implementing appropriate actions. Rather than solving problems for clients, counsellors facilitate the client's ability to solve problems independently.

Although personal qualities and professional skills can be discussed separately for educational purposes, they function together in actual counselling practice. Technical skills alone cannot guarantee effective counselling. A counsellor may possess excellent interviewing skills but fail to establish trust if empathy, genuineness, and respect are lacking. Conversely, good intentions and caring attitudes alone are insufficient without the professional competence necessary to understand and address client concerns effectively.

2.2.3 Roles and Responsibilities of a Counsellor

Counsellors perform a variety of professional roles and responsibilities that facilitate clients' personal, emotional, social, educational, and vocational development. Their primary responsibility is not to solve problems or make decisions for clients, but to create a supportive environment in which clients can understand themselves, develop effective coping strategies, and

make informed choices. The major roles and responsibilities of a counsellor are outlined below.

1. Facilitating Self-Understanding and Personal Growth

One of the primary roles of a counsellor is to help clients develop greater self-awareness and insight into their thoughts, emotions, behaviours, strengths, and limitations. Through exploration and reflection, clients gain a better understanding of themselves, which promotes personal growth and psychological well-being.

2. Facilitating Decision-Making

Counsellors assist clients in making informed and responsible decisions regarding personal, educational, career, family, and social concerns. Rather than making decisions on behalf of clients, counsellors help them examine alternatives, evaluate possible consequences, and choose courses of action that are consistent with their values and goals.

3. Facilitating Problem-Solving

Clients often seek counselling when they encounter difficulties that they are unable to manage independently. Counsellors help clients identify problems, explore contributing factors, generate possible solutions, evaluate alternatives, and develop effective problem-solving abilities that promote independence and self-reliance.

4. Promoting Behavioural and Emotional Change

Counsellors help clients recognise behaviours, thoughts, and emotional responses that interfere with effective functioning. By facilitating the development of healthier coping strategies and adaptive patterns of behaviour, counsellors support positive behavioural and emotional change.

5. Establishing a Therapeutic Relationship

A fundamental responsibility of the counsellor is to establish a therapeutic relationship characterised by empathy, acceptance, trust, respect, and effective communication. A supportive counselling relationship encourages clients to express themselves openly and actively participate in the counselling process.

6. Providing Guidance and Psychoeducation

Counsellors provide clients with relevant psychological information that enhances their understanding of personal concerns, developmental issues, mental health, and coping strategies. Psychoeducation enables clients to make informed decisions and actively participate in the process of change.

7. Promoting Client Welfare and Empowerment

Counsellors are committed to promoting the overall well-being of clients by encouraging self-reliance, resilience, and personal responsibility. The counselling process aims to empower clients to utilise their own strengths and resources in managing life's challenges.

8. Facilitating Access to Resources and Support Services

Counsellors provide information about educational opportunities, career options, community resources, health services, and other support systems that may assist clients in addressing their personal and practical concerns.

9. Consultation and Collaboration

Counsellors frequently collaborate with teachers, parents, healthcare professionals, social workers, and other agencies to promote

client welfare. Through consultation, they share professional knowledge and contribute to the development of appropriate intervention strategies.

10. Conflict Resolution and Mediation

In situations involving interpersonal or family conflict, counsellors help individuals communicate effectively, understand different perspectives, and work towards mutually acceptable solutions. Their role is to facilitate constructive dialogue rather than take sides.

11. Crisis Intervention

Counsellors provide immediate psychological support to individuals experiencing crises such as trauma, bereavement, emotional distress, or other overwhelming situations. Crisis intervention aims to reduce distress, restore emotional stability, and help clients utilise available coping resources.

12. Referral to Appropriate Services

When clients require specialised services beyond the counsellor's professional competence, appropriate referral to qualified professionals or agencies becomes necessary. Referral ensures that clients receive the most suitable assistance for their specific needs.

13. Promoting Mental Health and Well-being

In addition to addressing existing problems, counsellors contribute to the promotion of mental health through preventive interventions, developmental programmes, life-skills education, and activities that foster resilience and psychological well-being.

14. Professional Development and Accountability

Counsellors have a responsibility to maintain and enhance their professional knowledge and skills through continuing



education, supervision, and professional development. They are also accountable for providing competent services and maintaining high standards of professional practice.

Although these roles and responsibilities can be described separately, they are closely interconnected in counselling practice. During the counselling process, a counsellor may simultaneously facilitate self-understanding, assist in decision-making, provide psychoeducation, promote problem-solving, collaborate with other professionals, and support clients in achieving positive change. The effective integration of these roles and responsibilities contributes to successful counselling outcomes and the overall well-being of clients.

2.2.4 Professional Issues and Code of Conduct

Professional counselling involves responsibilities beyond the use of counselling skills and techniques. Counsellors are expected to practise within their competence, maintain professional boundaries, respect the rights and values of counselees, protect confidentiality, maintain appropriate records, and follow ethical standards. Understanding these responsibilities helps counsellors provide safe and responsible services.

Professional Competence and Scope of Practice

Professional competence refers to the knowledge, skills, training, and experience required for effective counselling practice. Counsellors should work within the limits of their competence and seek consultation, supervision, additional training, or referral when a concern is beyond their expertise. Continuing professional development helps counsellors maintain and update their knowledge and skills.

Professional Boundaries and Multiple Relationships

Professional boundaries define the appropriate limits of the counsellor–counsee relationship. Counsellors should avoid relationships or activities that may exploit counselees, create conflicts of interest, or affect professional judgement.

Multiple relationships occur when a counsellor has another role or relationship with a counsee in addition to the counselling relationship. Such relationships may create confusion and increase the possibility of harm or exploitation.

Transference refers to the counsee's tendency to transfer feelings, attitudes, or expectations associated with significant people in the past onto the counsellor. Countertransference refers to the counsellor's emotional responses towards the counsee that may arise from the counsellor's own experiences or personal issues. Self-awareness, self-reflection, and supervision help counsellors manage these reactions and maintain appropriate professional boundaries.

Counsellor Values and Value Imposition

Counsellors have their own values, beliefs, and cultural perspectives. However, they should respect the counsee's autonomy and avoid imposing personal values on counselees. Self-reflection and professional consultation can help counsellors recognize and manage the influence of their personal values on professional judgement.

Cultural Diversity and Multicultural Competence

Counselees differ in their cultural, social, linguistic, religious, and family backgrounds. These differences may influence how they understand and express their concerns.

Counsellors should recognize their own cultural assumptions, avoid stereotypes and discrimination, and develop the knowledge and skills needed to work effectively with diverse counselees.

Referral, Consultation, and Professional Accountability

Counsellors should refer counselees to appropriate professionals when their needs fall outside the counsellor's competence. Consultation and supervision can provide professional guidance in difficult cases and ethical concerns. Counsellors remain responsible for their professional decisions and should make referrals in the best interests of counselees.

Record Keeping and Documentation

Counsellors should maintain accurate, relevant, and secure records of counselling and other professional activities. Records should be protected from unauthorized access or disclosure and maintained according to applicable ethical and legal requirements.

Technology-Assisted and Online Counselling

Online counselling and electronic communication create additional responsibilities concerning confidentiality, informed consent, professional boundaries, and security of information. Counsellors should use technology responsibly and maintain appropriate professional boundaries when using electronic communication and social media.

Self-Care and Continuing Professional Development

Counsellors should monitor their own well-being and recognize factors that may affect their professional functioning. Self-awareness, supervision, appropriate support, and healthy professional practices can help maintain effectiveness. Continuing

professional development through training, supervision, and professional education is also essential.

Code of Conduct for Counsellors

A code of conduct provides ethical and professional standards that guide counsellors in their professional relationships and decision-making. It helps protect the welfare and rights of counselees and promotes responsible professional practice.

American Counseling Association (ACA) Code of Ethics

The ACA Code of Ethics provides guidelines for ethical counselling practice. It addresses major areas such as the counselling relationship, client welfare, informed consent, confidentiality and privacy, professional boundaries, respect for values and diversity, professional competence, assessment, termination and referral, and the responsible use of technology.

The code emphasizes that counsellors should protect the welfare and dignity of counselees, avoid harm and exploitation, respect individual and cultural differences, maintain confidentiality within its limits, practise within their competence, and maintain appropriate professional boundaries. It also provides guidance on assessment, professional responsibility, referral, and technology-assisted counselling.

Counsellor Council of India (CCI) Ethics Code

The CCI Ethics Code identifies five general principles for ethical counselling practice:

1. **Competency and Adequacy:** Counsellors should possess appropriate knowledge, skills, and training and should practise within their areas of competence.



2. **Human Relations:** Counsellors should respect the dignity and well-being of counselees and maintain appropriate professional relationships.
 3. **Responsibility:** Counsellors should accept responsibility for their professional decisions and conduct and act in accordance with ethical standards.
 4. **Integrity:** Counsellors should demonstrate honesty, fairness, transparency, and trustworthiness in their professional activities.
 5. **Respect for People's Rights and Non-discrimination:** Counsellors should respect the rights, dignity, autonomy, and individual differences of all persons and avoid discrimination.
2. Identify the issues and persons affected.
 3. Review relevant ethical codes.
 4. Consider applicable laws and regulations.
 5. Seek consultation or supervision.
 6. Identify possible courses of action.
 7. Consider their possible consequences.
 8. Implement and evaluate the decision.

Professional codes therefore provide a framework for maintaining competence, respecting counselees' rights, protecting confidentiality, maintaining boundaries, and practising responsibly.

2.2.5 Ethical and Legal Considerations in Counselling

Ethical and legal considerations guide counsellors in situations involving professional responsibilities, rights, confidentiality, consent, assessment, and legal obligations. Ethical standards arise from professional values and codes, while legal responsibilities arise from laws and regulations.

Ethical Decision-Making

When counsellors face an ethical dilemma, they can follow these steps:

1. Identify the ethical problem.

Informed Consent

Informed consent involves providing counselees with adequate information about counselling, including its nature, purpose, procedures, benefits, limitations, and confidentiality. Counselees should have an opportunity to ask questions and voluntarily decide whether to participate. Informed consent is an ongoing process and requires special consideration when a person cannot provide consent independently.

Confidentiality and Privacy

Counsellors have a responsibility to protect information shared during counselling. However, confidentiality is not absolute. Disclosure may be required by law or may be necessary when there is a serious risk of harm to the counselee or another person. The limits of confidentiality should be explained during informed consent.

Privileged communication refers to legal protection that may apply to certain confidential professional communications, depending on applicable law.

Ethical Issues in Assessment and Diagnosis

Counsellors should use assessment

procedures appropriate to their purpose and within their professional competence. Assessment should consider individual, cultural, and linguistic differences, and findings should be interpreted carefully. Counsellors should avoid misuse of assessment results, inappropriate labelling, and conclusions based on inadequate information.

Ethical Aspects of Evidence-Based Practice

Counsellors should use interventions supported by appropriate research evidence and professional knowledge while considering the needs, preferences, and circumstances of counselees. They should recognize the limitations of available evidence and remain informed about developments in counselling practice.

Legal Framework for Counselling in India

Counsellors may encounter different legal responsibilities depending on the age and circumstances of the counsellee and the professional setting.

Mental Healthcare Act, 2017: Provides a legal framework for mental healthcare and emphasizes the rights and dignity of persons with mental illness, including relevant provisions concerning confidentiality and informed consent.

Protection of Children from Sexual Offences (POCSO) Act, 2012: Protects children from sexual offences. Counsellors working with children should be aware of applicable legal responsibilities and reporting requirements.

Rights of Persons with Disabilities Act, 2016: Promotes the rights, dignity, equality, and non-discrimination of persons with disabilities. Counsellors should provide services with appropriate consideration of individual needs and accessibility.

Juvenile Justice (Care and Protection of Children) Act, 2015: Provides a legal framework concerning children in need of care and protection and children in conflict with law. It may be relevant to counsellors working with children and adolescents in appropriate settings.

Counsellors may also be required to respond to court orders and other lawful requirements concerning disclosure of information, records, assessment, or participation in legal proceedings.

Thus, ethical and legal awareness is essential for responsible counselling practice. Counsellors should understand professional ethical standards, respect the rights and welfare of counselees, and comply with applicable legal requirements.

Recap

- ◆ Counselling is a professional activity that requires high ethical responsibility and accountability toward clients and society.
- ◆ Professional issues in counselling arise due to the complex and sensitive nature of human relationships and psychological needs.
- ◆ Counsellor competence ensures that professionals work only within their training, skills, and areas of expertise.



- ◆ The scope of practice defines the professional boundaries within which a counsellor is permitted to work.
- ◆ Confidentiality is essential for building trust and protecting client information in the counselling relationship.
- ◆ Informed consent ensures that clients understand the counselling process and voluntarily agree to participate.
- ◆ Counsellors are responsible for maintaining accurate, objective, and secure records of client interactions.
- ◆ Professional boundaries help maintain a structured and safe counselling relationship.
- ◆ Dual relationships can create conflicts of interest and may affect professional judgment.
- ◆ Cultural competence enables counsellors to work effectively with clients from diverse backgrounds.
- ◆ Counsellors must avoid imposing their personal values on clients during the counselling process.
- ◆ Referral and consultation are important when client needs exceed the counsellor's professional competence.
- ◆ Accountability ensures counsellors take responsibility for their professional actions and decisions.
- ◆ Technology-assisted counselling introduces ethical and legal challenges related to privacy and security.
- ◆ Self-care is essential for maintaining counsellor well-being and preventing professional burnout.
- ◆ Continuous professional development helps counsellors stay updated with new knowledge and skills.
- ◆ A code of conduct provides ethical guidance for responsible professional behaviour in counselling.
- ◆ Ethical codes promote client welfare and support consistent professional standards.
- ◆ Ethical principles such as autonomy, beneficence, and justice guide counselling decision-making.
- ◆ Ethical dilemmas in counselling often involve balancing competing responsibilities rather than simple right-or-wrong choices.

Objective Questions

1. What term refers to the ability of a counsellor to work effectively within their training and skills?
2. What defines the limits of a counsellor's professional work?
3. What principle ensures protection of client information?
4. What process involves informing the client before starting counselling?
5. What term refers to written records maintained by counsellors?
6. What are professional limits in the counsellor–client relationship called?
7. What situation arises when a counsellor has more than one role with a client?
8. What term refers to working effectively with different cultural groups?
9. What concept refers to not forcing personal beliefs on clients?
10. What process involves sending a client to another professional?
11. What term refers to responsibility for professional actions?
12. What type of counselling uses digital platforms?
13. What concept refers to maintaining emotional balance of the counsellor?
14. What process involves ongoing learning in the profession?
15. What document guides ethical behaviour in counselling?
16. What ethical principle refers to doing good for the client?
17. What ethical principle refers to avoiding harm?
18. What ethical principle refers to fairness in counselling?
19. What term refers to respecting client decision-making rights?
20. What kind of problem involves conflicting ethical responsibilities?

Answers

1. Competence
2. Scope
3. Confidentiality
4. Consent
5. Documentation
6. Boundaries
7. Dual relationship
8. Multiculturalism
9. Value imposition
10. Referral
11. Accountability
12. Online counselling
13. Self-care
14. Continuing education
15. Code
16. Beneficence
17. Nonmaleficence
18. Justice
19. Autonomy
20. Dilemma

Assignments

1. Explain the major professional issues encountered in counselling practice and discuss how they influence the effectiveness of the counselling process.

2. Critically analyse the importance of confidentiality in counselling and explain the ethical and legal limits associated with it.
3. Examine the concept of professional boundaries in counselling. Why are dual relationships considered ethically sensitive?
4. Explain the meaning and purpose of a professional code of conduct in counselling. How does it guide ethical decision-making?
5. Discuss the ethical principles underlying counselling practice. How do counsellors resolve ethical dilemmas when principles conflict in real situations?

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3
BLOCK

Theories and Techniques



UNIT

Theoretical Approaches to Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ♦ define the major approaches to counselling
- ♦ explain the key concepts of different counselling approaches
- ♦ describe the contributions of Freud, Jung, Adler, Rogers, Maslow, Skinner, Bandura, and Beck
- ♦ explain the therapeutic process and techniques of different counselling approaches
- ♦ compare the major counselling approaches

Prerequisite

Picture a young woman named Meera, standing at a crossroads in her life. She feels trapped in her old patterns - reacting the same way to challenges, carrying old fears, and struggling to connect with her true self. One day, she visits a counselling centre, hoping for some guidance.

The counsellor doesn't give her direct answers. Instead, they explore Meera's past experiences, uncovering hidden influences that shaped her beliefs. Another time, the counsellor helps her see her choices and potential in a new light, encouraging her to take small steps toward growth. Yet another session focuses on changing habits that no longer serve her, using practical exercises that challenge her thinking and behaviour.

Meera realizes something remarkable: there isn't a single path to understanding herself. Different approaches help in different ways - sometimes looking into the

past, sometimes focusing on the present, and sometimes reshaping the mind's patterns entirely.

In this unit, we will journey through the major theoretical approaches to counselling - from psychodynamic insights to humanistic perspectives, and from behavioural strategies to cognitive-behavioural techniques. Each offers a unique lens to understand, guide, and empower someone like Meera. Before we get into the theories, imagine the “toolbox” that each approach provides, ready to be used in the hands of a skilled counsellor.

Keywords

Psychodynamic Approach, Psychoanalysis, Humanistic Approach, Self-Actualization, Person-Centred Therapy, Behavioural Approach, Operant Conditioning, Social Learning Theory, Cognitive-Behavioural Therapy (CBT), Cognitive Restructuring

Discussion

Theoretical approaches provide the foundation for understanding human behaviour and guiding the counselling process. Each approach offers a unique perspective on the causes of psychological problems and the methods used to facilitate positive change. This unit introduces the major psychodynamic, humanistic, behavioural, and cognitive-behavioural approaches to counselling, highlighting the contributions of Sigmund Freud, Carl Jung, Alfred Adler, Carl Rogers, Abraham Maslow, B. F. Skinner, Albert Bandura, and Aaron T. Beck. It also examines the basic assumptions, key concepts, therapeutic process, and techniques associated with each approach.

3.1.1 Psychodynamic Approaches

The psychodynamic approach is one of the major traditions in contemporary counselling and psychotherapy. It emphasises

the importance of understanding the client's unconscious processes and the therapeutic relationship. Psychodynamic counselling focuses on the interactions that occur within the counsellor–client relationship to explore the feelings, conflicts, and relationship patterns that contribute to the client's difficulties in everyday life. The primary aim is to help clients gain insight into the underlying causes of their problems and use this understanding to develop healthier ways of coping with present and future challenges. To facilitate this process, the counsellor provides a safe, consistent, and supportive environment in which clients can openly express painful emotions, conflicts, impulses, and memories.

Although psychodynamic counselling originated from the work of Sigmund Freud, contemporary psychodynamic theory and practice have developed considerably beyond his original ideas. While Freud emphasised the role of unconscious conflicts and

repressed experiences in shaping behaviour, later theorists expanded the approach by placing greater importance on interpersonal relationships, early life experiences, and social influences. As a result, psychodynamic principles have been applied to a wide range of counselling settings, including individual, brief, group, family, and couples counselling.

3.1.1.1 Sigmund Freud (1856–1939)

Sigmund Freud was an Austrian neurologist and the founder of Psychoanalysis. He believed that human behaviour is influenced by unconscious thoughts, early childhood experiences, and internal conflicts. Freud's theory laid the foundation for the psychodynamic approach to counselling and has had a lasting influence on psychology and psychotherapy.

Introduction to Psychoanalysis

Psychoanalysis is based on the assumption that psychological problems arise from unresolved unconscious conflicts, often originating in childhood. Freud believed that bringing these unconscious conflicts into conscious awareness helps individuals gain insight into their behaviour and achieve psychological change.

Key Concepts of Psychoanalysis

Levels of the Mind

Freud proposed that the human mind operates at three levels of awareness: conscious, preconscious, and unconscious. These levels describe the extent to which thoughts, feelings, memories, and wishes are available to conscious awareness.

- ◆ **Conscious:** The conscious level includes thoughts, feelings, perceptions, and experiences of which an individual is aware at a particular moment.

- ◆ **Preconscious:** The preconscious level contains information that is not currently in conscious awareness but can be brought into awareness when needed, such as stored memories and knowledge.
- ◆ **Unconscious:** The unconscious level contains thoughts, feelings, memories, wishes, and impulses that remain outside conscious awareness but may influence behaviour and emotional responses.

Structure of Personality

Freud explained personality through three interacting components:

- ◆ **Id:** The instinctive part of personality that operates according to the pleasure principle and seeks immediate gratification.
- ◆ **Ego:** The rational part of personality that operates according to the reality principle and balances the demands of the id and the external world.
- ◆ **Superego:** The moral component of personality that represents internalised values and standards.

The id, ego, and superego continuously interact with one another. Conflict may arise when the demands of the id, superego, and external reality are difficult to reconcile. The ego attempts to manage these conflicts and reduce anxiety, including through the use of defence mechanisms.

Psychosexual Stages of Development

Freud believed that personality develops through five psychosexual stages. Unresolved conflicts at any stage may influence personality and behaviour in adulthood.



Stage	Age	Focus
Oral	Birth–1 year	Pleasure through sucking and feeding.
Anal	1–3 years	Toilet training and self-control.
Phallic	3–6 years	Identification with the same-sex parent and development of the superego.
Latency	6 years–Puberty	Social, intellectual, and emotional development.
Genital	Puberty onwards	Mature relationships and adult personality development.

Defence Mechanisms

Defence mechanisms are unconscious psychological processes used by the ego to reduce anxiety and protect the individual from psychological distress. Freud proposed that these mechanisms help the ego manage conflicts between instinctive desires, moral standards, and the demands of reality. Although they may help individuals cope with difficult experiences, excessive reliance on some defence mechanisms may interfere with realistic understanding and adaptive functioning.

The major defence mechanisms include:

- ◆ Repression: Keeping unacceptable or distressing thoughts, feelings, or memories outside conscious awareness.
- ◆ Denial: Refusing to acknowledge or accept a painful or threatening reality.
- ◆ Projection: Attributing one's own unacceptable thoughts, feelings, or impulses to another person.
- ◆ Displacement: Redirecting emotional responses from their original source to a safer or less threatening target.

- ◆ Rationalisation: Providing plausible explanations to justify thoughts, feelings, or behaviours that may be difficult to accept.
- ◆ Regression: Reverting to behaviours associated with an earlier stage of development when experiencing stress or anxiety.
- ◆ Reaction Formation: Expressing thoughts or behaviours that are opposite to an unacceptable underlying impulse or feeling.
- ◆ Sublimation: Redirecting unacceptable impulses into socially acceptable and constructive activities.

In psychoanalytic counselling, understanding defence mechanisms can help the counsellor recognize how individuals manage anxiety and respond to unconscious conflicts.

Therapeutic Process

Psychoanalytic therapy aims to increase awareness of unconscious conflicts and their influence on present behaviour. The counsellor helps clients examine childhood experiences, unconscious thoughts, dreams, and recurring relationship patterns. Through this process, clients may gain insight into

the sources of their difficulties and develop a better understanding of themselves.

The therapeutic process emphasizes bringing unconscious material into conscious awareness. Interpretation and other psychoanalytic techniques may be used to help clients understand the underlying meanings of their thoughts, feelings, and behaviours. Greater insight into unconscious processes can contribute to resolving emotional conflicts and facilitating psychological change

Therapeutic Techniques

Psychoanalysis emphasises that understanding unconscious processes and early childhood experiences helps individuals gain insight into their behaviour and achieve psychological growth.

3.1.1.2 Carl Jung (1875–1961)

Carl Gustav Jung was a Swiss psychiatrist and the founder of Analytical Psychology. Initially a close associate of Sigmund Freud, Jung later developed his own theoretical

approach. He believed that personality is shaped by both personal experiences and universal patterns inherited from humanity. Jung emphasised self-understanding, personality integration, and the development of psychological balance.

Introduction to Analytical Psychology

Analytical Psychology is based on the belief that psychological well-being depends on integrating the conscious and unconscious aspects of the personality. Jung believed that counselling helps individuals understand unconscious influences, develop self-awareness, and achieve psychological balance through the process of individuation.

Key Concepts of Analytical Psychology

The Psyche

Jung viewed the psyche as consisting of three components:

- ◆ **Conscious Mind:** The part of the mind associated with awareness, thoughts, and the ego.

Table 3.1.1 Therapeutic Techniques of Psychoanalysis

Therapeutic Technique	Description
Free Association	Clients express thoughts and feelings freely to uncover unconscious material.
Dream Analysis	Dreams are analysed to understand unconscious wishes and conflicts.
Transference	Clients project feelings associated with significant people onto the therapist, helping reveal unresolved conflicts.
Analysis of Resistance	The therapist identifies behaviours that prevent clients from exploring unconscious conflicts.
Interpretation	The therapist explains the unconscious meaning of thoughts, feelings, dreams, and behaviours to promote insight.

- ◆ **Personal Unconscious:** Contains forgotten or repressed experiences and emotionally significant complexes.
- ◆ **Collective Unconscious:** The inherited, universal part of the psyche containing archetypes shared by all human beings.

Archetypes

Archetypes are universal patterns and symbols that influence human thoughts, emotions, and behaviour. The major archetypes include:

- ◆ **Self:** Represents the integrated and balanced personality.
- ◆ **Persona:** The social mask presented to others.
- ◆ **Shadow:** The hidden or unacceptable aspects of personality.
- ◆ **Anima and Animus:** The feminine aspect in men and the masculine aspect in women.

Individuation

Individuation is the lifelong process of integrating the conscious and unconscious

aspects of the personality to achieve psychological balance, self-understanding, and wholeness.

Therapeutic Process

Jungian counselling focuses on helping clients become aware of unconscious thoughts, symbols, dreams, and personal conflicts. Through self-exploration and insight, clients integrate different aspects of their personality and move toward individuation and psychological well-being.

Therapeutic Techniques

Analytical Psychology emphasises self-awareness, personality integration, and the development of psychological balance. Through understanding the unconscious, individuals move toward individuation and personal growth.

3.1.1.3 Alfred Adler (1870–1937)

Alfred Adler was an Austrian psychiatrist and the founder of Individual Psychology. Initially associated with Sigmund Freud, Adler later developed his own approach, emphasising social relationships, personal responsibility, and goal-directed behaviour. He believed that individuals are capable of overcoming feelings of inferiority and

Table 3.1.2 Therapeutic Techniques of Analytical Psychology

Therapeutic Technique	Description
Dream Interpretation	Analysing dreams to understand unconscious thoughts, conflicts, and archetypal symbols.
Use of Symbols	Exploring symbols in dreams, fantasies, myths, and art to understand unconscious processes.
Word Association Test	Identifying unconscious complexes through clients' responses to stimulus words.
Active Imagination	Encouraging dialogue with unconscious images and symbols to promote self-understanding.

achieving personal growth through social interest and purposeful living.

Introduction to Individual Psychology

Individual Psychology views the individual as an integrated whole whose thoughts, feelings, and behaviours are directed toward personally meaningful goals. Adler believed that psychological well-being depends on overcoming feelings of inferiority, developing social interest, and adopting a healthy lifestyle.

Key Concepts of Individual Psychology

Holistic View of Personality

Adler believed that personality should be understood as a unified whole. Human behaviour is goal-directed and influenced by personal experiences, family relationships, and the social environment.

Inferiority and Striving for Superiority

Feelings of inferiority are a normal part of development and motivate individuals to improve themselves. Striving for superiority refers to the natural drive toward competence, achievement, and personal growth. Unhealthy development may result in an inferiority complex or a superiority complex.

Lifestyle

Lifestyle is an individual's unique pattern of thinking, feeling, and behaving, developed mainly during childhood. It influences how individuals pursue goals and deal with life's challenges.

Social Interest

Social interest is the ability to cooperate with others and contribute to the welfare of society. Adler considered it an important indicator of psychological health.

Basic Mistakes

Basic mistakes are irrational beliefs developed during childhood that interfere with healthy adjustment. Counselling helps clients identify and replace these mistaken beliefs.

Family Constellation and Birth Order

Adler believed that family relationships and birth order influence personality development, lifestyle, and social behaviour.

Therapeutic Process

Adlerian counselling helps clients understand their lifestyle, overcome feelings of inferiority, and develop greater social

Table 3.1.3 Therapeutic Techniques of Individual Psychology

Therapeutic Technique	Description
Lifestyle Assessment	Examining the client's beliefs, goals, relationships, and behaviour patterns.
Early Recollections	Exploring early childhood memories to understand lifestyle and personal goals.
Family Constellation Analysis	Assessing family relationships and birth order to understand personality development.
Encouragement	Building confidence and helping clients overcome feelings of inferiority.
Acting "As If"	Encouraging clients to behave as though they already possess the qualities they wish to develop.
Catch Yourself	Helping clients recognise and replace self-defeating thoughts and behaviours.

interest. Through encouragement and self-awareness, clients modify mistaken beliefs, make responsible choices, and adopt healthier patterns of behaviour.

Therapeutic Techniques

Individual Psychology emphasises personal responsibility, social interest, and purposeful living. By understanding their lifestyle and developing healthier beliefs, individuals achieve personal growth and contribute positively to society.

3.1.2 Humanistic Approaches

Humanistic approaches, often referred to as the third force in psychology, emerged as an alternative to psychoanalysis and behaviourism. They emphasise human potential, free will, personal growth, and self-actualization rather than focusing on psychological disorders or maladaptive behaviour.

Humanistic theorists believe that individuals are inherently capable of growth, possess the ability to make responsible choices, and strive to realise their fullest potential. These approaches view the individual as a whole and emphasise the importance of subjective experiences, self-awareness, and personal meaning.

In counselling, the therapist provides an accepting, empathetic, and supportive environment that encourages clients to explore their experiences, develop greater self-understanding, and achieve personal growth.

3.1.2.1 Carl Rogers (1902–1987)

Carl Rogers was an American psychologist and the founder of Person-Centred Therapy. He developed a humanistic approach to counselling that emphasises the individual's capacity for growth, self-understanding, and self-direction. Rogers believed that people

possess an innate tendency toward self-actualization and that a supportive therapeutic relationship enables them to realise their potential. His approach has had a significant influence on counselling, education, healthcare, and personal development.

Introduction to Person-Centred Therapy

Person-Centred Therapy is a humanistic approach that focuses on the individual's ability to understand and resolve personal difficulties. Rogers believed that people are inherently good and possess the capacity for growth when provided with a supportive and accepting environment. Rather than directing clients or offering solutions, the therapist facilitates self-exploration and personal growth through empathy, genuineness, and unconditional positive regard.

Key Concepts of Person-Centred Therapy

Actualizing Tendency

The actualizing tendency is the innate drive within every individual to grow, develop, and realise their potential. Rogers believed that this tendency promotes psychological well-being when individuals experience a supportive environment.

Self-Concept

Self-concept refers to the organised set of beliefs and perceptions that individuals hold about themselves. A positive self-concept promotes healthy adjustment, whereas a negative self-concept may contribute to psychological difficulties.

Congruence and Incongruence

Congruence exists when an individual's self-concept is consistent with their experiences, resulting in psychological adjustment. Incongruence occurs when experiences conflict with the self-concept,

leading to anxiety and emotional distress.

Conditions of Worth

Conditions of worth develop when individuals receive acceptance only if they meet the expectations of others. These conditions may prevent individuals from accepting their true feelings and interfere with personal growth.

Unconditional Positive Regard

Unconditional positive regard refers to accepting and valuing individuals without judgement or conditions. Rogers believed that this acceptance promotes self-acceptance, reduces incongruence, and facilitates personal growth.

Organismic Valuing Process

The organismic valuing process is the individual's natural ability to evaluate experiences according to what promotes

growth and well-being. Trusting one's own experiences supports self-actualization.

Therapeutic Process

Person-Centred Therapy emphasises a supportive therapeutic relationship that encourages self-exploration and personal growth. Clients are encouraged to express their thoughts and feelings openly while the therapist provides empathy, genuineness, and unconditional positive regard. As clients become more aware of their experiences, they reduce incongruence, develop greater self-acceptance, and move towards self-actualization.

Therapeutic Techniques

Person-Centred Therapy emphasises self-awareness, self-acceptance, and personal growth. By providing a supportive and accepting therapeutic environment, it helps individuals realise their potential and lead

Table 3.1.4 Therapeutic Techniques of Person-Centred Therapy

Therapeutic Technique	Description
Congruence (Genuineness)	The therapist is genuine, open, and authentic in the therapeutic relationship.
Unconditional Positive Regard	The therapist accepts and values the client without judgement or conditions.
Empathy	The therapist understands the client's experiences from the client's perspective and communicates this understanding.
Active Listening	Attentively listening to the client's thoughts and feelings to encourage self-expression.
Reflection of Feelings	Reflecting the client's emotions to promote greater self-awareness and understanding.
Paraphrasing	Restating the client's ideas to clarify thoughts and encourage exploration.
Clarification	Helping clients express vague or confusing thoughts more clearly.
Open-Ended Responses	Encouraging clients to freely explore their experiences without advice or direction.

more meaningful and satisfying lives.

3.1.2.2 Abraham Maslow (1908–1970)

Abraham Maslow was an American psychologist and one of the pioneers of Humanistic Psychology. He developed the Theory of Human Motivation and introduced the Hierarchy of Needs, which explains human behaviour in terms of the fulfilment of different levels of needs. Maslow believed that human beings are inherently good and possess an innate drive toward growth, self-development, and self-actualization. His theory has had a significant influence on counselling, education, management, and personality psychology.

Introduction to Maslow's Humanistic Approach

Maslow's humanistic approach emphasises the positive potential of human beings rather than psychological illness or maladaptive behaviour. He proposed that individuals are motivated by a hierarchy of needs, progressing from basic physiological needs to self-actualization. Counselling aims to help individuals satisfy unmet needs, overcome barriers to growth, and realise their fullest

potential.

Key Concepts of Maslow's Theory

Hierarchy of Needs

Maslow proposed that human needs are organised into five levels, with lower-level needs requiring reasonable satisfaction before higher-level needs become dominant.

Deficiency Needs and Growth Needs

Maslow classified the first four levels of the hierarchy as deficiency needs (D-needs), which arise from deprivation and motivate individuals to reduce unmet needs. Self-actualization is considered a growth need (B-need) that motivates individuals to develop their abilities and achieve personal fulfilment.

Self-Actualization

Self-actualization is the highest level of psychological development. It refers to the continuous process of developing one's talents, abilities, and potential to become the best version of oneself.

Therapeutic Process

Although Maslow did not develop a formal system of psychotherapy, his theory has

Table 3.1.5 Hierarchy of Needs

Level of Need	Description
Physiological Needs	Basic survival needs such as food, water, sleep, and shelter.
Safety Needs	Security, stability, protection, and freedom from fear.
Love and Belongingness Needs	Affection, friendship, family, and social relationships.
Esteem Needs	Self-respect, confidence, achievement, and recognition from others.
Self-Actualization Needs	The desire to realise one's fullest potential through personal growth and self-fulfilment.

Table 3.1.6: Therapeutic Techniques Based on Maslow's Humanistic Approach

Therapeutic Technique	Description
Self-Exploration	Encouraging clients to understand their thoughts, feelings, and personal experiences.
Identifying Unmet Needs	Helping clients recognise needs that interfere with growth and well-being.
Promoting Personal Responsibility	Encouraging clients to make independent and meaningful life choices.
Strength-Based Approach	Focusing on clients' abilities, strengths, and positive potential.
Self-Reflection	Encouraging reflection to promote self-awareness and personal development.
Facilitating Self-Actualization	Supporting clients in achieving their goals and realising their fullest potential.

greatly influenced humanistic counselling. The therapeutic process focuses on creating a supportive environment that promotes self-awareness, personal growth, and self-actualization. The counsellor encourages clients to identify unmet needs, recognise their strengths, and overcome barriers that limit their development.

Therapeutic Techniques

Maslow's humanistic approach emphasises personal growth, self-awareness, and the fulfilment of human potential. By helping individuals satisfy their needs and develop their strengths, counselling promotes psychological well-being and movement toward self-actualization.

3.1.3 Behavioural and Cognitive-Behavioural Approaches

The behavioural approach focuses on directly observable behaviour, the current factors influencing behaviour, and learning experiences that facilitate behavioural

change. It emphasizes the scientific study of behaviour and employs systematic assessment and evaluation to understand and modify maladaptive behaviours.

The behavioural approach emerged during the 1950s and early 1960s as a major alternative to the dominant psychoanalytic approach. It was based on the principles of classical conditioning and operant conditioning, emphasizing that behaviour is learned and can be modified through learning experiences. The development of the behavioural and cognitive-behavioural approaches has been significantly influenced by the contributions of B. F. Skinner, Albert Bandura, and Aaron T. Beck, whose work forms the foundation of contemporary behavioural and cognitive-behavioural practice.

3.1.3.1 B.F. Skinner (1904–1990)

Burrhus Frederic Skinner was an American psychologist and one of the leading figures of Behaviourism. He developed the theory



of Operant Conditioning, which explains behaviour in terms of its consequences. Unlike psychologists who focused on unconscious processes or internal mental states, Skinner believed that behaviour is learned through interactions with the environment. According to Skinner, behaviours that are reinforced are likely to be repeated, whereas behaviours followed by unpleasant consequences or no reinforcement gradually decrease. His work has had a major influence on behaviour therapy, education, counselling, and behaviour modification.

Introduction to Behaviour Therapy

Skinner's approach is based on the principles of Behaviourism, which emphasises observable behaviour rather than unconscious thoughts or emotions. He believed that behaviour is learned and can therefore be modified by changing environmental conditions. Psychological problems are viewed as learned maladaptive behaviours rather than symptoms of underlying mental conflicts. Behaviour therapy aims to eliminate undesirable behaviours and strengthen desirable ones by applying the principles of learning.

Key Concepts of Operant Conditioning

Operant Conditioning

Operant conditioning is the process through which behaviour is learned by its consequences. Individuals actively interact with their environment, and behaviours that produce favourable outcomes are strengthened, while those producing unfavourable outcomes become less frequent. Skinner believed that behaviour is controlled primarily by reinforcement and punishment.

Reinforcement

Reinforcement is any consequence that increases the likelihood of a behaviour occurring again.

Two types of reinforcement are recognised:

- ◆ **Positive Reinforcement:** A desirable stimulus is presented after a behaviour, increasing the probability that the behaviour will be repeated. For example, praising a child for completing homework encourages the child to continue studying.
- ◆ **Negative Reinforcement:** An unpleasant stimulus is removed after a behaviour, increasing the likelihood of that behaviour occurring again. For example, fastening a seat belt stops the warning alarm in a car.

Both forms of reinforcement strengthen behaviour, although they operate in different ways.

Punishment

Punishment refers to any consequence that decreases the likelihood of a behaviour being repeated. It discourages undesirable behaviour but does not necessarily teach appropriate alternatives.

Punishment may involve:

- ◆ Presentation of an unpleasant consequence following an undesirable behaviour.
- ◆ Removal of a desirable stimulus after an undesirable behaviour.

Skinner believed that punishment may temporarily suppress behaviour but is generally less effective than reinforcement in producing lasting behavioural change.

Extinction

Extinction occurs when a previously reinforced behaviour is no longer followed by reinforcement. As reinforcement is

withheld, the behaviour gradually decreases and eventually disappears.

Shaping

Shaping is the process of developing a new behaviour by reinforcing small steps that gradually approach the desired behaviour. Complex behaviours can be learned by rewarding successive approximations until the final behaviour is achieved.

Behaviour Modification

Behaviour modification is the systematic application of learning principles to change behaviour. Desired behaviours are strengthened through reinforcement, while maladaptive behaviours are reduced through extinction, punishment, or the reinforcement of alternative behaviours. Behaviour modification has been widely applied in schools, hospitals, rehabilitation centres, workplaces, and counselling settings.

Therapeutic Process

Behaviour therapy focuses on identifying specific behaviours that need to be changed rather than exploring unconscious conflicts or past experiences. The therapist first assesses the client's behaviour and identifies the environmental factors that maintain it. Treatment involves selecting appropriate behavioural techniques, monitoring progress, and reinforcing positive behavioural changes.

The therapeutic process is collaborative and goal-oriented. Clients learn new behaviours through repeated practice, reinforcement, and feedback. As adaptive behaviours increase and maladaptive behaviours decrease, clients develop more effective ways of coping with everyday situations.

Applications of Behaviour Therapy

Behaviour therapy has been successfully applied to a wide range of behavioural and psychological problems. It is commonly

Table 3.1.7 Behavioural Therapeutic Techniques

Therapeutic Technique	Description
Positive Reinforcement	Strengthens desirable behaviour by providing a rewarding consequence after the behaviour.
Negative Reinforcement	Strengthens behaviour by removing an unpleasant stimulus following the desired behaviour.
Token Economy	Uses tokens as rewards for desirable behaviours, which can later be exchanged for privileges or rewards.
Shaping	Develops new behaviours by reinforcing successive steps toward the desired behaviour.
Behavioural Contracts	Written agreements specifying target behaviours, rewards, and responsibilities to encourage behavioural change.
Time-Out	Reduces undesirable behaviour by temporarily removing access to reinforcing situations or activities.
Response Cost	Reduces undesirable behaviour by removing a valued reward or privilege following the behaviour.

used in the treatment of anxiety disorders, phobias, obsessive-compulsive behaviours, substance use disorders, developmental disorders, classroom behaviour problems, and behaviour management in children and adults. Behavioural principles are also widely used in education, organisational settings, and rehabilitation programmes.

Behaviour therapy is particularly effective because treatment focuses on clearly defined goals, measurable behavioural changes, and continuous evaluation of progress.

3.1.3.2 Albert Bandura (1925–2021)

Albert Bandura was a Canadian-American psychologist and one of the leading figures in Social Learning Theory, later known as Social Cognitive Theory. Unlike traditional behaviourists, Bandura believed that learning occurs not only through direct experience but also by observing others. He emphasised the interaction between personal factors, behaviour, and the environment. His theory has had a significant influence on counselling, education, personality psychology, and behaviour therapy.

Introduction to Social Learning Theory

Bandura proposed that individuals learn behaviours by observing and imitating others. Learning is influenced by cognitive processes, social experiences, and environmental factors. According to Bandura, behaviour is shaped through the interaction of thoughts, actions, and the environment. Counselling aims to help individuals learn adaptive behaviours, develop confidence, and improve self-control through observation and practice.

Key Concepts of Social Learning Theory

Observational Learning

Observational learning is the process of acquiring new behaviours by watching and imitating others. Individuals learn by observing the consequences of others'

actions without necessarily experiencing them directly.

Modelling

Modelling refers to learning through the behaviour of role models. Individuals are more likely to imitate behaviours demonstrated by competent, respected, or rewarding models.

Reciprocal Determinism

Reciprocal determinism is the continuous interaction between personal factors, behaviour, and the environment. Each influences and is influenced by the others.

Self-Efficacy

Self-efficacy is an individual's belief in their ability to perform a task or cope successfully with challenges. High self-efficacy promotes confidence, persistence, and effective problem-solving.

Self-Regulation

Self-regulation refers to the ability to monitor, evaluate, and control one's own behaviour. Individuals use personal standards and self-evaluation to guide their actions toward desired goals.

Therapeutic Process

Bandura's approach focuses on helping clients learn adaptive behaviours through observation, practice, and positive experiences. The therapist identifies maladaptive behaviours, provides appropriate models, and encourages clients to develop confidence in their abilities. Through repeated practice and feedback, clients strengthen self-efficacy and apply newly learned behaviours in everyday situations.

Therapeutic Techniques

Bandura's Social Learning Theory emphasises that behaviour is learned through observation, experience, and cognitive

Table 3.1.8 Therapeutic Techniques of Social Learning Theory

Therapeutic Technique	Description
Modelling	Demonstrating appropriate behaviours for clients to observe and imitate.
Role Playing	Practising new behaviours in simulated situations to improve confidence and skills.
Behavioural Rehearsal	Repeated practice of desired behaviours until they become more effective and natural.
Guided Mastery	Helping clients gradually perform challenging tasks with guidance and support to build self-efficacy.
Self-Monitoring	Encouraging clients to observe and record their own behaviours to increase awareness and self-control.
Self-Reinforcement	Teaching clients to reward themselves for achieving desired behaviours or goals.

processes. By strengthening self-efficacy and promoting adaptive learning, counselling helps individuals develop effective coping skills and achieve positive behavioural change.

3.1.3.3 Aaron T. Beck (1921–2021)

Aaron T. Beck was an American psychiatrist and the founder of Cognitive Therapy, later known as Cognitive Behaviour Therapy (CBT). Beck proposed that psychological problems arise from distorted patterns of thinking rather than unconscious conflicts or environmental factors alone. He believed that by identifying and modifying maladaptive thoughts and beliefs, individuals can improve their emotions and behaviour. CBT is one of the most widely used evidence-based approaches in counselling and psychotherapy.

Introduction to Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) is based on the principle that thoughts,

emotions, and behaviours are closely interconnected. Negative or distorted thinking leads to emotional distress and maladaptive behaviour. The aim of CBT is to help individuals identify, evaluate, and modify these unhelpful thought patterns, thereby promoting healthier emotions and behaviours.

Key Concepts of Cognitive Behaviour Therapy

Cognitive Triad

The cognitive triad refers to the pattern of negative thoughts about oneself, the world, and the future. Beck believed that this pattern contributes to depression and other emotional problems.

Schemas

Schemas are deeply held beliefs and assumptions that individuals develop through life experiences. They influence how people interpret situations and respond to events.

Automatic Thoughts

Automatic thoughts are immediate and often unconscious thoughts that occur in response to situations. Negative automatic thoughts can lead to emotional distress and maladaptive behaviour.

Cognitive Distortions

Cognitive distortions are irrational or inaccurate patterns of thinking that contribute to psychological problems. Examples include overgeneralisation, catastrophising, all-or-nothing thinking, and selective abstraction.

Therapeutic Process

CBT is a structured, collaborative, and goal-oriented approach. The therapist

helps clients identify negative thoughts, examine the evidence supporting them, and replace them with more realistic and balanced thinking. Through practice and homework assignments, clients learn new ways of thinking and behaving that improve emotional well-being.

Therapeutic Techniques

Cognitive Behaviour Therapy emphasises that changing maladaptive thinking leads to positive emotional and behavioural change. By developing healthier thought patterns and effective coping strategies, individuals improve their psychological well-being and daily functioning.

Table 3.1.9 Therapeutic Techniques of Cognitive-Behavioural Therapy

Therapeutic Technique	Description
Cognitive Restructuring	Identifying and replacing distorted thoughts with more realistic and balanced thinking.
Socratic Questioning	Using guided questions to help clients examine and challenge their beliefs.
Thought Records	Recording situations, thoughts, emotions, and alternative responses to identify negative thinking patterns.
Behavioural Experiments	Testing the accuracy of negative beliefs through planned real-life activities.
Homework Assignments	Practising cognitive and behavioural skills outside therapy sessions to reinforce learning.
Activity Scheduling	Planning meaningful and enjoyable activities to increase motivation and reduce negative mood.

Recap

- ◆ Counselling theories provide the foundation for understanding human behaviour and psychological problems.
- ◆ Psychodynamic approaches focus on unconscious processes and early childhood experiences.
- ◆ Sigmund Freud emphasized the role of the unconscious mind, defence mechanisms, and psychosexual stages.
- ◆ Carl Jung introduced concepts such as the collective unconscious and personality archetypes.
- ◆ Alfred Adler highlighted the importance of social interest and feelings of inferiority in personality development.
- ◆ Humanistic approaches focus on personal growth, self-actualization, and human potential.
- ◆ Carl Rogers emphasized unconditional positive regard, empathy, and genuineness in therapy.
- ◆ Abraham Maslow introduced the hierarchy of needs culminating in self-actualization.
- ◆ Behavioural approaches focus on observable behaviour rather than internal mental processes.
- ◆ B. F. Skinner explained behaviour through reinforcement and punishment principles.
- ◆ Classical and operant conditioning are key concepts in behavioural learning theories.
- ◆ Cognitive-behavioural approaches combine thoughts, emotions, and behaviours in understanding mental health.
- ◆ Aaron Beck focused on identifying and changing negative automatic thoughts and cognitive distortions.
- ◆ Albert Ellis also contributed to cognitive approaches through the idea of irrational beliefs (related conceptually).
- ◆ Albert Bandura introduced social learning theory, emphasizing observation and imitation.

- ◆ Bandura highlighted the importance of self-efficacy in behaviour change.
- ◆ Psychodynamic therapy focuses on insight into unconscious conflicts for healing.
- ◆ Humanistic therapy emphasizes a client-centred and growth-oriented therapeutic relationship.
- ◆ Behavioural therapy focuses on modifying maladaptive behaviours through learning principles.
- ◆ Cognitive-behavioural therapy integrates cognition and behaviour to produce structured psychological change.

Objective Questions

1. Which approach focuses on the unconscious mind?
2. Who developed psychoanalysis?
3. Who introduced the collective unconscious?
4. Who is associated with individual psychology?
5. Which approach emphasizes self-actualization?
6. Who developed client-centred therapy?
7. Who proposed the hierarchy of needs?
8. Which approach focuses on observable behaviour?
9. Who developed operant conditioning?
10. Who introduced social learning theory?
11. Who is associated with cognitive therapy?
12. What is the main focus of CBT?
13. What is the key concept in behavioural theory?
14. What is central to Rogers' humanistic approach?

15. What is the focus of psychodynamic theory?
16. What concept is associated with Bandura?
17. What is the highest level in Maslow's hierarchy?
18. What principle explains behaviour in Skinner's theory?
19. What type of thinking is targeted in CBT?
20. What is the main goal of counselling theories?

Answers

1. Psychodynamic
2. Freud
3. Jung
4. Adler
5. Humanistic
6. Rogers
7. Maslow
8. Behavioural
9. Skinner
10. Bandura
11. Beck
12. Cognitive Behaviour
13. Conditioning
14. Empathy
15. Unconscious
16. Modelling
17. Self-actualization

18. Reinforcement

19. Distortions

20. Understanding

Assignments

1. Explain psychodynamic approaches and discuss Freud's contribution to counselling theory.
2. Describe Jung's concept of collective unconscious and its relevance in counselling.
3. Explain Adler's theory of personality with emphasis on social interest.
4. Discuss humanistic approaches and explain Rogers' contribution to counselling.
5. Describe Maslow's hierarchy of needs and its application in counselling practice.

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SGOU



UNIT

Counselling Techniques

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ define the major counselling techniques.
- ◆ explain the principles and purposes of different counselling techniques.
- ◆ describe the procedures involved in active listening, empathy building, cognitive restructuring, behavioural activation, problem-solving, relaxation techniques, and SOLER.
- ◆ explain the applications of various counselling techniques in the counselling process.
- ◆ demonstrate the appropriate use of counselling techniques in different counselling settings.

Prerequisite

Imagine Ravi, a young man weighed down by anxiety and confusion. Every morning feels like a storm he has to walk through, and he doesn't know which way to turn. One day, he meets a counsellor who does something different:

Instead of giving advice right away, the counsellor listens deeply, noticing not just his words but the emotions behind them. They respond in a way that makes Ravi feel truly understood. Slowly, they help him untangle troubling thoughts, challenge unhelpful beliefs, and try small actions that bring a sense of control back into his life. In some sessions, they teach him to pause, breathe, and calm his racing mind, so the storm doesn't feel so overwhelming.

Ravi starts to realize that these moments of clarity, comfort, and guidance aren't random—they are the result of specific techniques, carefully chosen and applied

by the counsellor. Each technique is like a key, unlocking a door to understanding, relief, and growth.

In this unit, we will explore these essential counselling techniques—from active listening and empathy building to cognitive and behavioural strategies, problem-solving, relaxation, and the SOLER framework. Before we dive into definitions and procedures, imagine yourself holding these “keys,” ready to help someone like Ravi navigate the heavy storms of life.

Keywords

Active Listening, Empathy Building, Cognitive Restructuring, Behavioural Activation, Problem-Solving, Relaxation Techniques, SOLER, Therapeutic Alliance, Behaviour Change, Counselling Skills

Discussion

Counselling techniques form the practical foundation of the counselling process, serving as the specific methods and skills through which a counsellor engages with clients to facilitate psychological understanding, emotional expression, and behavioural change. While counselling theories provide the conceptual framework for understanding human behaviour and psychological distress, it is through techniques that these theories are translated into meaningful and effective action within the counselling setting. In this sense, techniques act as the bridge between theoretical knowledge and real-life therapeutic practice, enabling counsellors to respond to client needs in a structured, purposeful, and professionally guided manner.

The importance of counselling techniques lies in their ability to operationalize theoretical principles into observable counselling behaviour. Different psychological approaches emphasize different mechanisms of change, and techniques help in applying these mechanisms in a practical context.

For example, cognitive approaches focus on modifying thought patterns, behavioural approaches emphasize action and reinforcement, and humanistic approaches highlight emotional understanding and therapeutic relationship. Counselling techniques therefore become essential tools that allow the counsellor to translate these diverse theoretical orientations into interventions that are responsive to the client’s psychological condition and goals.

Within counselling practice, different techniques serve different therapeutic purposes. Some techniques are primarily directed toward emotional exploration and expression, helping clients gain awareness of their feelings and experiences. Others are focused on cognitive processes, enabling clients to identify and restructure unhelpful thought patterns. Certain techniques are behavioural in nature, aiming to promote adaptive actions and reduce maladaptive behaviours, while others strengthen relational and communication aspects of the counselling process. Together, these



varied functions highlight that counselling is a multidimensional process where emotional, cognitive, behavioural, and interpersonal domains are all addressed through appropriate technical interventions.

This unit introduces several key counselling techniques that are widely used across different counselling approaches. These include Active Listening, which enhances understanding and communication; Empathy Building, which strengthens the therapeutic relationship; Cognitive Restructuring, which helps modify distorted thinking patterns; Behavioural Activation, which encourages engagement in meaningful activities; Problem-Solving, which supports adaptive decision-making; Relaxation Techniques, which assist in managing stress and physiological arousal; and SOLER, which focuses on effective non-verbal communication in counselling interactions. Each of these techniques represents a distinct yet interconnected aspect of the counselling process, contributing collectively to effective therapeutic work.

It is important to understand that counselling techniques are not isolated or mechanical procedures, but interconnected professional competencies that function in coordination with one another. In actual counselling practice, a counsellor rarely uses a single technique in isolation; instead, multiple techniques are integrated based on the client's concerns, personality, and therapeutic goals. This integration reflects the dynamic and flexible nature of counselling, where professional judgment plays a central role in selecting and adapting techniques to suit individual client needs.

Ultimately, the effectiveness of counselling depends not only on the counsellor's theoretical understanding but also on their ability to apply appropriate techniques in a thoughtful and context-sensitive manner. The selection and combination

of counselling techniques must be guided by careful assessment, ethical awareness, and responsiveness to the client's unique situation. This unit, therefore, provides a foundation for understanding how different counselling techniques function as practical tools that support meaningful psychological change and facilitate the overall counselling process.

3.2.1 Active Listening

Active listening is a fundamental counselling skill used to understand the client accurately and strengthen the counselling relationship. It involves more than hearing the words spoken by the client. Hearing refers to perceiving sounds, whereas listening involves understanding the meaning of communication. Effective listening requires attention to the client's words, tone of voice, facial expressions, posture, gestures, and the personal and social context of communication.

Active listening involves both receiving the client's communication accurately and communicating that understanding back to the client. It was popularised by Thomas Gordon through his work on effective communication. In counselling, active listening is particularly important because the conversation is primarily focused on understanding the client's experiences, concerns, thoughts, and feelings.

Components of Active Listening

Active listening involves attention to both verbal and non-verbal communication. The counsellor should listen carefully to what the client says and also observe how it is communicated. The counsellor also needs awareness of their own thoughts and feelings so that internal distractions do not interfere with listening.

The major components of active listening include:

1. Attending to verbal communication – listening carefully to the client’s words and meaning.
 2. Attending to vocal cues – noticing tone, pace, volume, and other features of speech.
 3. Observing non-verbal communication – noticing facial expressions, posture, gestures, and eye contact.
 4. Understanding the client’s frame of reference – trying to understand experiences from the client’s perspective.
 5. Paraphrasing – restating the client’s ideas in the counsellor’s own words to check understanding.
 6. Reflection of feelings – identifying and communicating an understanding of the client’s emotional experience.
 7. Clarification and appropriate questioning – helping the client express unclear or incomplete thoughts.
 8. Maintaining respect and acceptance – communicating genuine interest without judgement.
- ◆ understand the client’s experiences and concerns;
 - ◆ encourage clients to disclose personal information;
 - ◆ identify relevant thoughts, feelings, and behavioural patterns;
 - ◆ reduce misunderstanding in communication; and
 - ◆ support clients in becoming more aware of their own experiences.

Active listening is also important when counsellors and clients differ in age, culture, gender, background, abilities, or life experiences. Careful listening helps the counsellor understand the client’s individual perspective rather than making assumptions based on personal experiences.

Therapeutic Uses of Active Listening

Active listening has several therapeutic uses in counselling. It creates an atmosphere of acceptance and understanding in which clients can communicate more openly. It can therefore support the following:

1. Establishing trust: Attentive and respectful listening helps clients develop confidence in the counsellor and the counselling relationship.
2. Facilitating disclosure: Clients may be reluctant to discuss sensitive experiences. Active listening communicates acceptance and encourages appropriate self-disclosure.
3. Promoting emotional awareness: Reflection of feelings helps clients recognize, express, and understand their emotional experiences.

Importance of Active Listening

Active listening contributes to the development and maintenance of an effective counselling relationship. When clients feel heard and understood, they are more likely to develop trust and participate actively in counselling.

It helps the counsellor to:

- ◆ establish rapport and trust;



4. **Gathering information:** Careful listening allows the counsellor to obtain relevant information without depending excessively on direct questioning.
5. **Promoting client responsibility:** When clients feel understood rather than judged, they may become more willing to examine their concerns, make decisions, and take responsibility for change.
6. **Bridging differences:** Active listening helps counsellors understand clients whose cultural backgrounds, values, or life experiences differ from their own.

Basic Skills of Active Listening

The following skills are important for effective active listening:

- ◆ showing respect and acceptance;
- ◆ attending to verbal and non-verbal messages;
- ◆ understanding the client's perspective;
- ◆ using appropriate eye contact and attentive posture;
- ◆ paraphrasing and summarising important messages;
- ◆ reflecting feelings;
- ◆ using suitable open-ended questions and clarification;
- ◆ responding appropriately to hesitation or resistance; and
- ◆ considering the client's personal, social, and cultural context.

Active listening is therefore not simply the act of remaining silent while a client speaks. It is an active process of receiving, understanding, and communicating the meaning of the client's verbal and non-verbal messages. It forms an important foundation for effective communication and the counselling relationship.

3.2.2 Empathy Building

Empathy building is a fundamental counselling skill that enables the counsellor to understand and communicate an accurate understanding of the client's thoughts, feelings, and experiences. In person-centred counselling, Carl Rogers identified empathy as one of the three core conditions necessary for effective counselling, the other two being unconditional positive regard and genuineness (congruence). Rogers believed that therapeutic change occurs most effectively when these core conditions are consistently present within the counselling relationship.

According to Rogers (1957), empathy involves perceiving the client's internal frame of reference with accuracy and understanding the client's feelings and personal meanings as if they were one's own, while never losing the "as if" quality. In other words, the counsellor attempts to experience the client's world from the client's perspective without becoming emotionally identified with the client. This "as if" quality distinguishes empathy from sympathy, as the counsellor understands the client's experiences without becoming personally overwhelmed or emotionally involved.

The primary purpose of empathy building is to establish a strong therapeutic relationship based on trust, acceptance, and understanding. When clients experience empathy from the counsellor, they feel valued, respected, and emotionally safe. This encourages them

to communicate openly, explore difficult emotions, and gain greater insight into their experiences. An empathic counselling relationship also reduces feelings of isolation, promotes self-acceptance, and facilitates emotional and behavioural change.

The counsellor plays a central role in demonstrating empathy throughout the counselling process. An empathic counsellor listens carefully to both the content and emotional meaning of the client's communication and seeks to understand experiences from the client's point of view rather than from personal assumptions or judgments. The counsellor communicates this understanding through sensitive and appropriate responses, thereby helping the client feel understood and accepted. Rather than directing or advising the client, the counsellor provides a supportive environment that encourages self-exploration and personal growth.

Empathy is not a separate therapeutic intervention with a prescribed sequence of procedures. Instead, it is a fundamental counselling condition that is maintained throughout the counselling process. It is primarily communicated through effective listening and empathic responding, including counselling skills such as attentive listening, reflection of feelings, paraphrasing, and summarization. Through the consistent demonstration of empathy, counsellors create a therapeutic climate that promotes client growth, self-understanding, and meaningful change.

3.2.3 Cognitive Restructuring

Cognitive restructuring is a process in cognitive therapy through which dysfunctional patterns of thinking are identified, evaluated, and modified. According to Beck, Davis, and Freeman (2015), cognitions can be categorized into four levels: automatic thoughts, intermediate beliefs, core beliefs,

and schemas. Cognitive therapy typically begins by focusing on automatic thoughts and gradually progresses to the identification, evaluation, and modification of intermediate beliefs, core beliefs, and finally schemas. This systematic process of changing maladaptive cognitions is referred to as cognitive restructuring.

Automatic Thoughts

Automatic thoughts are the stream of cognitions that constantly flow through an individual's mind. Throughout daily life, situation-specific thoughts arise spontaneously in response to experiences. Examples include: *"I don't think I'll ever be able to get all that work done," "I think I'll eat a healthy lunch today," "I don't think I should call my father yet," "I'm going to help Bill with his homework tonight,"* and *"That man makes me think of my brother."* Such internal conversations or self-talk are a normal part of everyday functioning. However, automatic thoughts are often biased, faulty, or extreme. When individuals pay attention to these thoughts, they become more accessible and can be articulated and evaluated.

Automatic thoughts mediate between a situation and an emotional response. For example:

- ◆ Situation: Michael learns that his sister has been in town but did not call him.
- ◆ Automatic thought: *"She finds me unlikable and doesn't want to be with me."*
- ◆ Emotion: Sadness.

In this example, Michael's sadness is not caused directly by the situation but by the meaning he assigns to it through his automatic thought. Therefore, understanding automatic

thoughts is essential in helping individuals change their emotional responses.

Intermediate Beliefs

Intermediate beliefs are underlying attitudes, perspectives, assumptions, standards, or rules for living that guide behaviour and influence automatic thinking and appraisal processes. They connect core beliefs to automatic thoughts and often reflect extreme and absolute rules and attitudes.

In Michael's case, examples of intermediate beliefs include: *"A sister should call her family when she is in town"* and *"Being ignored by your sister is a terrible thing."*

Core Beliefs

Core beliefs are central ideas about oneself, other people, the world, and the future that underlie many automatic thoughts and are often reflected in intermediate beliefs. According to Beck (2011), core beliefs are generally global, rigid, and overgeneralized. They usually develop from childhood experiences, are not necessarily true, and can be identified and modified.

Most negative core beliefs can be classified into two broad categories:

- ◆ Helpless core beliefs, such as *"I am weak"* and *"I am a failure."*
- ◆ Unlovable core beliefs, such as *"I am not good enough"* and *"I am bound to be abandoned."*

In the previous example, Michael appears to possess core beliefs related to being unlovable.

Schemas

Schemas, also referred to as cognitive schemas, are mental structures that organize information around core beliefs (Beck, 2011). They are overarching systems or information-processing filters that interpret, integrate,

organize, store, and assign meaning to lived experiences. Schemas extend beyond core beliefs in both breadth and depth and include cognitive, affective, behavioural, physiological, and motivational components. They possess both content and structural qualities such as breadth, flexibility, and prominence.

Beck viewed schemas as rules that govern information processing and, consequently, behaviour (Beck, Davis, & Freeman, 2015). Schemas influence expectations about experiences, events, and roles and lead individuals to interpret new information in ways that are consistent with existing beliefs. They function as mental filters that shape the perception of reality. Schemas represent habitual ways of viewing oneself, the world, and the future and may have personal, familial, cultural, religious, gender-related, or occupational origins.

Once activated, a schema readily incorporates information that confirms it while tending to ignore or discount contradictory information. For example, individuals who view themselves as incompetent are likely to accept negative feedback about themselves while overlooking or disputing positive feedback. Schemas also influence the retention and distortion of memories (Tuckey & Brewer, 2003). Individuals are more likely to recall observations that are either consistent or inconsistent with their schemas than observations unrelated to them. Furthermore, memory distortions tend to be schema-consistent, reinforcing existing beliefs even when those beliefs are inaccurate.

Schemas generally become amenable to analysis and modification after changes have been made in automatic thoughts, intermediate beliefs, and core beliefs.

Relationship Among the Four Levels of Cognition

The distinctions among automatic thoughts, intermediate beliefs, core beliefs, and schemas may appear confusing. The following example illustrates these four levels.

After experiencing several disappointing relationships, Joshua develops a rewarding relationship with Mia. After living together for two years, Mia proposes marriage, and Joshua agrees. He experiences the following cognitions:

- ◆ Automatic thought: *“I can’t be the sort of husband Mia wants, and our marriage will end.”*
- ◆ Intermediate beliefs: *“A good husband must be willing to sacrifice his own needs for those of his wife and children.”*
“Marriage is a difficult endeavour at which few succeed.”
- ◆ Core belief: *“I am not able to love another person and have little to offer in my relationships.”*
- ◆ Schema: *“I am inadequate and am destined to fail, no matter how hard I try. This makes me feel discouraged about my upcoming marriage; I feel disaster and shame hanging over my head. What’s the point of trying if I know I will fail at whatever I do?”*

Because of this maladaptive schema, Joshua is likely to focus on information that confirms his beliefs while ignoring or explaining away contradictory evidence. He is also likely to enter marriage with a negative attitude and engage in ineffective behaviours that contribute to relationship difficulties, thereby reinforcing and substantiating his existing beliefs.

Goal of Cognitive Restructuring

Cognitive therapy operates at several levels by helping individuals identify and modify symptoms, automatic thoughts, intermediate beliefs, core beliefs, and underlying schemas. Once healthier patterns of thinking have been established, therapists assist individuals in developing the skills needed to monitor, evaluate, and respond to their own cognitions, thereby enabling them to function more effectively in their daily lives.

3.2.4 Behavioural Activation

Behavioural activation is a counselling technique derived from the principles of behavioural therapy and is widely used in cognitive behavioural therapy (CBT), particularly in the treatment of depression. The technique is based on the assumption that reduced engagement in meaningful and rewarding activities contributes to the maintenance of depression and other emotional difficulties. By increasing participation in positive and goal-directed activities, individuals experience greater environmental reinforcement, leading to improvements in mood, motivation, and overall functioning.

Behavioural activation was originally based on the behavioural model of depression proposed by Peter M. Lewinsohn and was later developed into a structured therapeutic intervention by Neil S. Jacobson and colleagues. Rather than focusing primarily on changing thoughts, behavioural activation emphasizes changing behaviour to produce positive emotional and cognitive outcomes.

Purpose of Behavioural Activation

The primary purpose of behavioural activation is to help individuals reduce patterns of avoidance, withdrawal, and

inactivity while increasing engagement in activities that provide a sense of pleasure, accomplishment, or personal value. The technique aims to interrupt the cycle of depression by replacing avoidance behaviours with constructive actions that improve psychological well-being and daily functioning.

Role of the Counsellor

The counsellor works collaboratively with the client to identify patterns of inactivity, avoidance, and behaviours that maintain emotional distress. Together, they establish realistic and achievable behavioural goals based on the client's interests, responsibilities, and personal values. The counsellor encourages gradual participation in planned activities, monitors progress, helps overcome barriers to activity, and reinforces successful behavioural changes. Throughout the process, the counsellor provides encouragement and support while helping the client maintain motivation.

Techniques Used in Behavioural Activation

Activity Monitoring

Activity monitoring involves systematically recording the client's daily activities and associated mood. This helps identify patterns of avoidance, inactivity, and situations that influence emotional well-being. Monitoring provides valuable information for planning behavioural changes and evaluating progress during counselling.

Activity Scheduling

Activity scheduling involves planning specific activities that are likely to increase pleasure, achievement, or personal satisfaction. Activities are scheduled in advance and gradually incorporated into the client's daily routine. Beginning with

simple and manageable tasks helps increase the likelihood of successful completion and strengthens motivation for further behavioural change.

Graded Task Assignment

Graded task assignment involves breaking large or difficult tasks into smaller, manageable steps. Clients complete each step progressively, allowing them to experience repeated success while reducing feelings of being overwhelmed. This technique promotes self-confidence and encourages continued participation in meaningful activities.

Identifying and Reducing Avoidance Behaviours

Individuals experiencing depression often avoid activities, responsibilities, or social interactions that may improve their emotional state. Behavioural activation helps clients recognize these avoidance patterns and gradually replace them with adaptive behaviours that support recovery and improve functioning.

Increasing Positive Reinforcement

Behavioural activation encourages clients to participate in activities that provide enjoyment, satisfaction, mastery, or a sense of accomplishment. Increasing contact with positive environmental experiences strengthens adaptive behaviour and contributes to improvements in mood and quality of life.

Applications of Behavioural Activation

Behavioural activation is most commonly used in the treatment of depression and has also been applied in the management of anxiety disorders, stress-related conditions, chronic pain, and other psychological difficulties associated with behavioural withdrawal. The technique is suitable for use in individual, group, and community-based counselling settings and is often

incorporated into cognitive behavioural therapy programmes.

Behavioural activation is a structured, evidence-based counselling technique that emphasizes behavioural change as a means of improving emotional well-being. Through systematic planning, gradual engagement in meaningful activities, and reduction of avoidance behaviours, individuals develop healthier behavioural patterns that contribute to long-term psychological adjustment and improved quality of life.

3.2.5 Problem-Solving

Problem-solving is a counselling technique that helps individuals identify, analyze, and resolve problems in a systematic and goal-directed manner. It is based on the assumption that many psychological and interpersonal difficulties arise not only from the problems themselves but also from ineffective ways of dealing with them. By developing effective problem-solving skills, individuals become better able to cope with stressful situations, make appropriate decisions, and improve their psychological well-being.

Problem-solving has been extensively developed by Thomas J. D’Zurilla and Marvin R. Goldfried, who conceptualized it as a cognitive-behavioural process through which individuals discover or identify adaptive solutions to problems encountered in everyday life. Problem-solving training is widely used in cognitive-behavioural therapy (CBT) and has been applied in the treatment of depression, anxiety disorders, stress-related problems, adjustment difficulties, and interpersonal conflicts.

Purpose of Problem-Solving

The primary purpose of problem-solving is to enable individuals to approach life’s difficulties in a rational, organized, and constructive manner. It aims to reduce emotional distress by improving the

individual’s ability to identify problems accurately, generate appropriate solutions, evaluate alternatives, and implement effective courses of action. Problem-solving also promotes self-confidence, independence, and effective coping with future challenges.

Role of the Counsellor

The counsellor assists the client in developing a positive and realistic approach to problems rather than avoiding or reacting impulsively to them. The counsellor guides the client through each stage of the problem-solving process, encourages objective evaluation of alternative solutions, and supports the implementation of selected strategies. Throughout the counselling process, the counsellor provides feedback, encouragement, and opportunities for practice so that clients gradually develop confidence in their own problem-solving abilities.

Steps in Problem-Solving

Problem Orientation

Problem orientation refers to an individual’s general attitude toward problems and their ability to solve them. The counsellor helps clients develop a positive problem orientation by viewing problems as manageable challenges rather than insurmountable obstacles. Clients are encouraged to believe that effective solutions can be developed through systematic effort.

Problem Definition and Formulation

The first step in the problem-solving process involves identifying and clearly defining the problem. Clients gather relevant information, distinguish facts from assumptions, and specify the nature and causes of the difficulty. Accurate problem definition provides the foundation for selecting appropriate solutions.

Generation of Alternative Solutions



Once the problem has been clearly defined, clients are encouraged to generate as many possible solutions as they can without immediately judging or rejecting them. This process increases creativity and broadens the range of available options for dealing with the problem.

Decision Making

After generating alternative solutions, each option is carefully evaluated by considering its advantages, disadvantages, feasibility, and possible consequences. The client then selects the solution that is most likely to achieve the desired outcome while minimizing negative consequences.

Solution Implementation and Verification

The selected solution is implemented in real-life situations, and its effectiveness is evaluated. If the solution successfully resolves the problem, it may be continued or adapted for future situations. If it proves ineffective, the client returns to earlier stages of the problem-solving process to generate and evaluate alternative solutions.

Applications of Problem-Solving

Problem-solving training is widely used in individual, family, group, school, and rehabilitation counselling. It has demonstrated effectiveness in the management of depression, anxiety disorders, stress, adjustment problems, anger management, relationship difficulties, and chronic health conditions. The technique is also used to strengthen coping skills, improve decision-making, and enhance resilience in everyday life.

Problem-solving is a structured and evidence-based counselling technique that enables individuals to manage difficulties systematically and effectively. By developing positive problem orientation and following a sequence of problem-solving steps,

individuals acquire practical skills that promote adaptive coping, psychological adjustment, and long-term personal functioning.

3.2.6 Relaxation Techniques

Relaxation techniques are commonly used in counselling to help individuals reduce stress and anxiety and facilitate behavioural change. They are often combined with other therapeutic techniques such as systematic desensitization, abdominal breathing, hypnosis, and visual imagery. Teaching relaxation strategies during counselling sessions and encouraging individuals to practise them between sessions can enhance the effectiveness of therapy and support behavioural change.

Several well-established relaxation strategies are available. These include progressive muscle relaxation, in which each muscle group in the body is sequentially tensed and relaxed; the body scan, in which each part of the body is systematically assessed and relaxed; and simple relaxation exercises such as head rolls, shoulder shrugs, and shaking the body until it feels loose and relaxed.

Progressive Muscle Relaxation

Progressive muscle relaxation is a relaxation technique commonly used in behaviour therapy to help individuals manage anxiety and other stress-related concerns. Anxiety and stress are often associated with physical symptoms such as muscle tension, heart palpitations, dizziness, fatigue, and sleep disturbances. Progressive muscle relaxation (Jacobson, 1938; Lopata, 2003) assists individuals in calming their bodies and reducing these physical symptoms.

During the procedure, individuals are encouraged to breathe deeply while assuming a comfortable seated or lying

position with their eyes closed. The therapist then systematically guides them to tense the muscles of a specific body area for approximately five seconds, followed by releasing the tension and noticing the resulting state of relaxation. This process is usually carried out sequentially through the major muscle groups of the body, progressing from head to toe.

The most important component of progressive muscle relaxation is helping individuals distinguish between the sensations of muscle tension and relaxation. Through this process, they become more aware of how their bodies respond to anxiety. With continued practice, individuals learn to relax their muscles on cue when confronted with anxiety-provoking situations. As with other conditioning interventions, repeated practice is essential for achieving the desired therapeutic effect.

Example: Jacobson's Progressive Muscle Relaxation (JPMR)

Jacobson's Progressive Muscle Relaxation (JPMR) is a relaxation technique developed by Edmund Jacobson. It involves systematically tensing and relaxing different muscle groups of the body, usually while maintaining slow and comfortable breathing. The technique helps individuals recognize the difference between muscle tension and relaxation and learn to reduce physical tension.

Breathing Techniques

Breathing techniques are commonly used to help individuals manage stress, anxiety, sleep problems, and anger. One commonly used breathing technique is diaphragmatic breathing, which involves taking slow, deep breaths while focusing attention on the breath. During this technique, individuals breathe in through the nose, allow the diaphragm to expand, and then slowly exhale through the mouth. This pattern of breathing supplies the body with more oxygen, improves

concentration, and has been associated with increased self-control and mindfulness.

Another technique is breath focus, which involves imagining a calming image while repeating a word or phrase. Individuals are encouraged to visualize breathing in peace and calmness while breathing out stress and anxiety. They may also practise inhaling and exhaling for equal periods of time and gradually increase the duration of both inhalation and exhalation with continued practice.

Biofeedback

Biofeedback is a relaxation technique that involves the use of instruments to monitor bodily functions such as heart rate, sweat gland activity, skin temperature, and pulse rate. These instruments provide feedback through signals such as a tone or light, enabling individuals to become aware of their physiological responses.

Biofeedback helps promote relaxation by reducing tension and anxiety. It also offers several physical and medical benefits, including lowering blood pressure and improving pain control. In addition, biofeedback has been used in the treatment of brain injuries, sleep disorders, attention-deficit hyperactivity disorder (ADHD), and depression (Myers & Young, 2012).

A specialized form of biofeedback is neurofeedback, which enables individuals to monitor and regulate their brain wave patterns. Through this process, they can learn to modify their behaviour based on the feedback received.

3.2.7 SOLER Technique

The SOLER technique is a non-verbal attending skill introduced by Gerard Egan in 1975, to help counsellors communicate attentiveness, interest, and empathy during the counselling process. Introduced in *The Skilled Helper*, SOLER provides a simple



framework for effective physical attending behaviours that encourage clients to feel accepted, understood, and comfortable in expressing their thoughts and feelings. The technique emphasizes the counsellor's body language and non-verbal communication, which play a significant role in establishing rapport and strengthening the therapeutic relationship.

Purpose of the SOLER Technique

The primary purpose of the SOLER technique is to improve the quality of communication between the counsellor and the client by demonstrating attentive and supportive non-verbal behaviour. Appropriate attending behaviours help create a safe and trusting counselling environment, encourage clients to communicate openly, and facilitate the development of a strong therapeutic alliance.

Components of the SOLER Technique

S – Sit Squarely

The counsellor sits facing the client in a relaxed and attentive manner. Sitting squarely communicates availability, involvement, and readiness to listen. The position should appear natural and comfortable rather than rigid or confrontational.

O – Open Posture

The counsellor maintains an open posture by avoiding crossed arms, crossed legs, or other closed body positions that may communicate defensiveness or disinterest. An open posture conveys acceptance, openness, and willingness to engage with the client.

L – Lean Towards the Client

Leaning slightly towards the client demonstrates interest, attentiveness, and involvement in the counselling session. The movement should be subtle and appropriate,

reflecting genuine engagement without invading the client's personal space.

E – Eye Contact

The counsellor maintains appropriate eye contact throughout the interaction. Natural eye contact communicates attention, sincerity, and respect while allowing the counsellor to observe the client's emotional expressions. Eye contact should be culturally appropriate and should not become excessive or intrusive.

R – Relax

The counsellor remains physically and emotionally relaxed during the counselling session. A relaxed posture helps reduce tension, promotes client comfort, and communicates confidence and genuine interest. Relaxation also enables the counsellor to respond naturally and effectively to the client's concerns.

Applications of the SOLER Technique

The SOLER technique is widely used during the initial stages of counselling to establish rapport and throughout the counselling process to maintain effective communication. It is applicable in individual, family, group, school, rehabilitation, and mental health counselling. The technique is particularly useful for developing attending skills among counsellors, counselling trainees, psychologists, social workers, nurses, and other helping professionals.

The SOLER technique remains one of the most widely taught models of non-verbal attending behaviour in counselling. By demonstrating attentive body language through appropriate posture, eye contact, and physical presence, counsellors communicate empathy, respect, and genuine interest, thereby facilitating effective helping relationships.

Recap

- ◆ Counselling techniques are practical tools that help translate counselling theories into effective therapeutic action.
- ◆ These techniques form the applied skill base of the counselling process and guide counsellor–client interaction.
- ◆ Active Listening is a core communication skill that involves full attention, understanding, and response to the client’s message.
- ◆ Active Listening helps improve rapport by making clients feel heard, understood, and valued.
- ◆ Empathy Building involves understanding the client’s emotional world from their perspective without judgment.
- ◆ Empathy strengthens the therapeutic relationship by promoting emotional validation and trust.
- ◆ Cognitive Restructuring is a cognitive-behavioural technique that focuses on identifying and modifying distorted thinking patterns.
- ◆ It helps clients understand how thoughts influence emotions and behaviours in daily life.
- ◆ Behavioural Activation focuses on increasing engagement in meaningful activities to improve mood and reduce withdrawal.
- ◆ It helps break the cycle of inactivity and low mood commonly seen in depression.
- ◆ Problem-Solving is a structured approach that helps clients identify and resolve difficulties systematically.
- ◆ It supports clearer thinking and improves decision-making in challenging situations.
- ◆ Relaxation Techniques help reduce physiological arousal associated with stress and anxiety.
- ◆ These techniques promote emotional calmness through regulation of body and mind responses.
- ◆ SOLER is a non-verbal communication framework that enhances counsellor presence in sessions.

- ◆ SOLER improves engagement through attentive posture, orientation, and appropriate eye contact.
- ◆ Counselling techniques are interconnected and are often used in combination rather than in isolation.
- ◆ The effectiveness of counselling depends on selecting appropriate techniques based on client needs.
- ◆ Counsellors must use professional judgment to integrate techniques ethically and effectively.
- ◆ Overall, counselling techniques collectively enhance communication, emotional understanding, and psychological change in the counselling process.

Objective Questions

1. What technique focuses on fully attending to the client's verbal and non-verbal communication?
2. What skill involves understanding the client's feelings from their perspective?
3. Which technique helps in changing irrational or negative thoughts?
4. What technique increases engagement in meaningful activities to improve mood?
5. What approach is used for structured decision-making and solution finding?
6. What method helps reduce stress through body and mind calming processes?
7. What communication framework focuses on counsellor non-verbal behaviour?
8. What therapy approach forms the basis of cognitive restructuring?
9. What term describes distorted or unhelpful thinking patterns?
10. What technique improves therapeutic relationship through emotional understanding?
11. What process helps clients manage problems in a step-by-step manner?

12. What technique is used to reduce anxiety through controlled breathing?
13. What type of reinforcement maintains low mood in behavioural activation theory?
14. What skill involves maintaining open posture and eye contact in SOLER?
15. What counselling skill strengthens rapport through attention and presence?
16. What process helps clients replace negative thoughts with balanced thoughts?
17. What technique helps clients move from avoidance to active engagement?
18. What counselling outcome improves through relaxation techniques?
19. What psychological state is targeted by behavioural activation?
20. What is the main goal of counselling techniques in general?

Answers

1. Listening
2. Empathy
3. Cognitive Restructuring
4. Behavioural Activation
5. Problem Solving
6. Relaxation
7. SOLER
8. CBT
9. Distortions
10. Empathy
11. Problem Solving
12. Breathing

13. Avoidance
14. Eye contact
15. Presence
16. Restructuring
17. Activation
18. Calmness
19. Depression
20. Change

Assignments

1. Explain counselling techniques as essential tools in the counselling process and discuss how they translate theory into practice.
2. Describe Active Listening as a counselling technique and explain its role in building the therapeutic relationship.
3. Explain Cognitive Restructuring and describe how it helps in modifying maladaptive thought patterns in clients.
4. Explain Problem-Solving as a counselling technique and discuss how it improves client decision-making and coping skills.
5. Describe Relaxation Techniques and SOLER. How do non-verbal communication and stress reduction techniques contribute to effective counselling outcomes?

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BLOCK

Assessment, Testing and Diagnosis in Counselling



UNIT

Assessment and Testing in Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ define assessment and testing in counselling
- ◆ explain the need for assessment in the counselling process
- ◆ differentiate between assessment and testing
- ◆ describe the major tools of assessment used in counselling
- ◆ explain the applications of different assessment tools in counselling practice

Prerequisite

Imagine a teenager named Anya, who keeps feeling lost and unsure about her choices in school and life. Her parents and teachers notice her struggles, but no one really understands what is happening beneath the surface. One day, she visits a counsellor, who doesn't just ask a few questions and give advice. Instead, the counsellor begins a careful process—listening to her story, observing how she interacts, asking her to reflect on her feelings and thoughts, and sometimes even using small exercises to understand her thinking patterns.

Slowly, a clearer picture begins to emerge. The counsellor can see Anya's strengths, the areas where she needs support, and the patterns that might be holding her back. What seemed like confusion now starts to make sense—like a puzzle coming together. Each observation, each question, and each small activity acts like a piece of the puzzle, helping the counsellor understand the bigger picture.

In this unit, we will explore how counsellors use assessment and testing tools to gather this kind of meaningful information—from interviews and case studies to behavioural observations, checklists, rating scales, and cognitive assessments. Before diving into definitions and procedures, imagine yourself piecing together a puzzle—each tool helping you understand the person sitting before you, just like Anya, in a deeper and more complete way.

Keywords

Assessment, Testing, Counselling Interview, Behavioural Observation, Case Study, Rating Scale, Checklist, Self-Assessment, Relational Assessment, Cognitive Assessment.

Discussion

In the previous units, various theoretical approaches to counselling were discussed, each providing a different perspective on understanding clients and facilitating change. As evident from these approaches, the role of assessment varies according to the theoretical orientation adopted by the counsellor. Some counselling approaches place considerable emphasis on assessment as a prelude to the counselling process, while others regard formal assessment as less central and focus more on the counselling relationship and the client's present experiences.

Regardless of these differences, assessment occupies an important place in counselling practice. It enables counsellors to gain relevant information that supports effective understanding of clients and informed decision-making throughout the counselling process. Consequently, counsellors employ a variety of assessment methods depending on the purpose of counselling, the nature of the client's concerns, and the theoretical approach being followed.

This unit examines the need for assessment in counselling, distinguishes assessment from testing, and discusses the major assessment tools commonly used in counselling practice.

Assessment

Assessment is the systematic process of collecting, organizing, and evaluating information about a client to understand the client's concerns, strengths, needs, and resources for the purpose of making informed counselling decisions. It enables the counsellor to obtain relevant information that assists in understanding the client's presenting problems, planning appropriate interventions, and evaluating progress throughout the counselling process.

According to Erford (2019), assessment is the process of collecting, integrating, and interpreting information about a client to facilitate informed decision-making during counselling.

4.1.1 Need for Assessment

Assessment is an integral part of the counselling process. It enables the counsellor to obtain relevant information about the client, understand the nature of the client's concerns, and make informed decisions regarding counselling interventions. Assessment also provides a basis for planning, implementing, and evaluating the counselling process.

According to Cormier & Cormier (1998), assessment is needed for the following purposes:

1. To obtain information about the client's presenting problem and related concerns : Assessment helps the counsellor gather information about the client's presenting problem, its history, severity, and the circumstances surrounding it. It also provides information about other related concerns that may influence the client's current functioning.
2. To identify the factors contributing to the problem : Assessment assists in identifying the personal, social, environmental, behavioural, cognitive, or emotional factors that contribute to or maintain the client's difficulties. Understanding these factors enables the counsellor to develop an appropriate plan for intervention.
3. To determine the client's goals and expectations : Assessment helps the counsellor understand what the client hopes to achieve through counselling. Identifying the client's goals and expectations facilitates collaborative goal setting and ensures that the counselling process addresses the client's needs.
4. To establish baseline information for evaluating progress : Assessment provides baseline data regarding the client's functioning before counselling begins. This information serves as a point of comparison for evaluating the client's progress and determining the effectiveness of counselling interventions over time.
5. To educate and motivate the client : The assessment process helps clients develop a better understanding of their concerns

and the factors influencing them. Sharing assessment findings appropriately can increase the client's motivation to participate actively in counselling and facilitate therapeutic change.

6. To plan appropriate counselling interventions : Information obtained through assessment enables the counsellor to select suitable counselling strategies and interventions based on the client's specific problems, strengths, goals, and circumstances. Appropriate assessment contributes to more effective and individualized counselling.

4.1.2 Difference Between Assessment and Testing

The terms *assessment* and *testing* are often used interchangeably, but they do not have the same meaning. Testing is only one component of the broader assessment process.

According to Anastasi (1982), a psychological test is an objective and standardized measure of behaviour. Tests are designed to obtain specific information about an individual's abilities, personality, interests, aptitudes, or other psychological characteristics. The results are usually reported as test scores, which provide information about an individual's performance at a particular point in time.

Assessment, on the other hand, is a broader process that involves collecting, organizing, and interpreting information about the client using a variety of methods. In addition to psychological tests, assessment includes information obtained through counselling interviews, behavioural observation, case studies, rating scales, checklists, self-reports, and other relevant sources. The purpose of assessment is to develop a comprehensive understanding of the client and to facilitate informed counselling decisions.

Table 3.1.1 Differences Between Assessment and Testing

Assessment	Testing
Assessment is a comprehensive process of collecting and interpreting information about the client.	Testing is the use of standardized psychological tests to measure specific characteristics or behaviours.
It uses multiple sources of information, including tests, interviews, observations, and other assessment methods.	It primarily relies on standardized tests and test scores.
Assessment aims to understand the client's concerns, strengths, needs, and counselling goals.	Testing aims to measure specific psychological variables such as intelligence, aptitude, personality, or achievement.
Assessment is an ongoing process that may continue throughout counselling.	Testing is usually conducted at a particular point in time.
Assessment provides the basis for counselling decisions, treatment planning, and evaluation of progress.	Testing provides objective data that contribute to the overall assessment process.

4.1.3 Tools of Assessment

Assessment in counselling involves the use of a variety of methods to obtain comprehensive information about the client. Since no single method can provide a complete understanding of an individual's concerns, counsellors generally use a combination of assessment tools to collect information from different sources. The selection of assessment tools depends on the purpose of the assessment, the nature of the client's concerns, and the counselling context.

Assessment information may be obtained through counselling interviews, behavioural observation, case studies, rating scales, checklists, self-assessment measures, relational assessment, behavioural

assessment, cognitive assessment, standardized psychological tests, mental status examination, and reports from significant others, such as family members, teachers, medical professionals, or other relevant individuals. The use of multiple sources of information enables the counsellor to develop a more comprehensive understanding of the client.

The primary purpose of using different assessment tools is to gather relevant information that assists the counsellor in understanding the client's strengths, concerns, and current functioning. The information obtained through these tools provides a basis for identifying counselling needs, formulating intervention plans, and monitoring client progress throughout the counselling process.

The following are the major assessment tools commonly used in counselling practice.

4.1.3.1 Counselling Interview

The counselling interview is one of the most widely used tools of assessment in counselling. It is a purposeful and systematic interaction between the counsellor and the client through which relevant information is obtained about the client's concerns, experiences, feelings, behaviours, and personal circumstances. Unlike an ordinary conversation, the counselling interview is guided by specific objectives and is directed toward understanding the client's presenting problems and counselling needs.

The counselling interview serves as the primary means of establishing rapport and developing a therapeutic relationship. During the interview, the counsellor gathers information about the client's presenting concerns, personal and family history, educational and occupational background, social relationships, medical history, and other factors that may be relevant to the counselling process. The information obtained helps the counsellor develop a comprehensive understanding of the client and provides a basis for assessment, case formulation, and intervention planning.

Effective counselling interviews require the counsellor to use appropriate interviewing skills, including active listening, empathy, questioning, clarification, reflection, and summarization. The counsellor also observes the client's verbal and non-verbal behaviour throughout the interview to obtain additional information about the client's emotional state, attitudes, and patterns of communication.

Counselling interviews may be structured, semi-structured, or unstructured, depending on the purpose of the assessment and the theoretical orientation of the counsellor. A structured interview follows a predetermined

sequence of questions, ensuring that the same information is collected from each client. A semi-structured interview combines predetermined questions with flexibility to explore relevant issues in greater depth. An unstructured interview allows clients greater freedom to discuss their concerns while the counsellor guides the interaction according to the client's responses and the emerging needs of the counselling process.

Semi-structured Clinical Interviews

Until relatively recently, most clinicians, after training, developed their own methods of collecting information from patients. As a result, different patients consulting different psychologists or other mental health professionals often experienced markedly different types and styles of interviews.

Unstructured interviews do not follow any systematic format. Semistructured interviews consist of questions that have been carefully phrased and tested to obtain useful information in a consistent manner. This helps clinicians ensure that they have covered the most important aspects of particular disorders.

Although these interviews follow a planned format, clinicians may depart from the set questions to follow up on specific issues whenever necessary. This flexibility is the reason they are referred to as semi-structured interviews.

Because the wording and sequencing of the questions have been carefully developed over many years, clinicians can be confident that a semi-structured interview will effectively accomplish its purpose.

However, semi-structured interviews have certain disadvantages. They may reduce the spontaneous quality of a conversation between the clinician and the patient. If applied too rigidly, they may also discourage patients from volunteering useful information

that is not directly related to the questions being asked.

Because of these limitations, fully structured interviews, administered entirely by a computer, have not gained widespread acceptance, although they are still used in some settings.

The counselling interview is used throughout the counselling process. It assists the counsellor in obtaining assessment information, identifying counselling goals, monitoring client progress, and evaluating counselling outcomes. Because of its flexibility and ability to provide rich qualitative information, the counselling interview remains one of the most important assessment tools in counselling.

4.1.3.2 Behavioural Observation

Behavioural observation is an important assessment tool in counselling that involves the systematic observation and recording of a client's behaviour in order to understand how the individual responds in different situations. It enables the counsellor to obtain first-hand information about the client's behaviour rather than relying solely on the client's self-report. Observation provides valuable information about behaviours that may not be fully expressed during the counselling interview.

During behavioural observation, the counsellor pays attention to both verbal and non-verbal aspects of behaviour. These include facial expressions, eye contact, posture, gestures, voice tone, emotional expressions, level of activity, interpersonal interactions, and other observable behaviours. The counsellor also considers the situations or environmental conditions in which the behaviour occurs, as behaviour is often influenced by contextual factors.

Behavioural observation may be conducted in natural settings, such as school or workplace, where behaviour is observed

in everyday situations. It may also be carried out in structured or clinical settings, where the counsellor observes the client's behaviour during counselling sessions or in situations designed for assessment purposes. The choice of setting depends on the purpose of the assessment and the nature of the client's concerns.

The information obtained through behavioural observation assists the counsellor in identifying behavioural patterns, determining the frequency and intensity of specific behaviours, and understanding the antecedents and consequences associated with them. This information is particularly useful in behavioural assessment, treatment planning, and evaluating changes in behaviour during the course of counselling.

Although behavioural observation is a valuable assessment method, it is generally used in combination with other assessment tools, such as counselling interviews, case studies, rating scales, and psychological tests, to obtain a comprehensive understanding of the client. When conducted systematically and objectively, behavioural observation provides reliable information that contributes to effective assessment and intervention planning.

4.1.3.3 Case Study

The case study is an important assessment tool in counselling that involves the systematic collection and organization of detailed information about a client. It provides a comprehensive account of the client's personal background, presenting concerns, developmental history, family environment, educational and occupational experiences, medical history, social relationships, and other factors relevant to understanding the client's current functioning. The purpose of a case study is to develop a holistic understanding of the client and the factors contributing to the presenting problem.

Information for a case study is obtained from multiple sources, including counselling interviews, behavioural observations, psychological test results, school or medical records, and, where appropriate, reports from parents, teachers, employers, or other significant individuals. Using information from different sources enables the counsellor to develop a more complete and accurate understanding of the client.

The preparation of a case study requires the counsellor to organize the collected information in a logical and systematic manner. The emphasis is not merely on describing the client's problems but also on identifying the individual's strengths, resources, coping patterns, and environmental influences. The case study therefore serves as a basis for understanding the nature of the client's concerns and planning appropriate counselling interventions.

Case studies are widely used in educational, clinical, vocational, rehabilitation, and community counselling settings. They assist counsellors in case formulation, treatment planning, referral decisions, and evaluation of client progress. Since a client's circumstances and needs may change over time, the case study is regarded as a dynamic record that may be updated as additional information becomes available during the counselling process.

Although the case study provides valuable qualitative information, it is not used as the sole basis for counselling decisions. It is generally combined with other assessment tools, such as counselling interviews, behavioural observation, rating scales, checklists, and psychological tests, to ensure a comprehensive assessment of the client.

4.1.3.4 Rating Scale

A rating scale is an assessment tool used to measure the extent, frequency, intensity, or quality of a particular behaviour,

characteristic, or psychological attribute. It enables the counsellor to obtain systematic information by assigning numerical values or descriptive ratings to specific behaviours or traits. Rating scales are widely used in counselling because they provide a structured method for recording observations and evaluating client functioning.

A rating scale consists of a list of behaviours, characteristics, or statements, each accompanied by a set of response categories. The rater indicates the degree to which a particular behaviour or characteristic is present by selecting the most appropriate response. Ratings may be provided by the client, the counsellor, parents, teachers, employers, or other individuals who are familiar with the client's behaviour, depending on the purpose of the assessment.

Rating scales may be used to assess a wide range of areas, including emotional adjustment, social behaviour, academic performance, personality characteristics, adaptive functioning, and behavioural problems. They are particularly useful for identifying the severity of a problem, comparing behaviour across different situations, and monitoring changes during the counselling process.

One of the major advantages of rating scales is that they provide information in a standardized and organized manner, making it easier to compare observations over time or across different raters. They are relatively simple to administer, require less time than many other assessment methods, and can be used with individuals of different age groups and in a variety of counselling settings.

Although rating scales provide valuable assessment data, they are subject to the judgments and perceptions of the person completing the scale. For this reason, the information obtained should be interpreted carefully and considered along with data collected through other assessment methods,

such as counselling interviews, behavioural observation, case studies, and psychological tests.

4.1.3.5 Checklists

A checklist is an assessment tool consisting of a list of specific behaviours, characteristics, symptoms, or events that are marked as present or absent. It provides a simple and systematic method of collecting information about an individual and is widely used in counselling to identify concerns that require further assessment. Unlike rating scales, which measure the degree or intensity of a characteristic, checklists indicate only whether a particular behaviour or condition is present.

Checklists are used in a variety of counselling settings, including educational, clinical, rehabilitation, and community counselling. They assist counsellors in gathering information efficiently, screening for behavioural and emotional concerns, documenting observations, and monitoring changes in client functioning over time. Since checklists provide preliminary information, they are usually used in conjunction with other assessment methods such as interviews, behavioural observation, rating scales, and psychological tests.

Types of Checklists

Behavioural Checklists

Behavioural checklists are designed to identify the occurrence of specific behaviours in different settings. They are commonly completed by counsellors, parents, teachers, or caregivers and are widely used in the assessment of children's behavioural and emotional functioning. A well-known example is the Child Behavior Checklist (CBCL) developed by Thomas M. Achenbach, which is used to assess behavioural, emotional, and social problems in children and adolescents.

Symptom Checklists

Symptom checklists consist of lists of psychological or physical symptoms that help identify the presence of emotional or behavioural difficulties. They are primarily used as screening instruments and assist counsellors in determining whether further assessment is required. One of the most widely used symptom checklists is the Symptom Checklist-90-Revised (SCL-90-R) developed by Leonard R. Derogatis, which assesses a broad range of psychological symptoms.

Developmental Checklists

Developmental checklists are used to assess whether an individual, particularly a child, has attained expected developmental milestones. They provide information about development in areas such as language, motor skills, cognitive abilities, and social functioning. An example is the Denver Developmental Screening Test (Denver II), which is commonly used to identify possible developmental delays in young children.

Interest Checklists

Interest checklists are used to obtain information about an individual's interests, preferences, and activities. They are commonly employed in educational and career counselling to identify areas that may be explored further during vocational planning. These checklists provide preliminary information regarding occupational and educational interests and may be supplemented by standardized interest inventories.

Advantages of Checklists

- They are simple and easy to administer.
- They provide a systematic method of recording observations.

- They require relatively little time to complete.
- They are useful for screening behavioural and emotional concerns.
- They facilitate communication among counsellors and other professionals.

Limitations of Checklists

They indicate only the presence or absence of behaviour and do not measure its intensity or frequency.

The accuracy of the information depends on the observations and judgments of the person completing the checklist.

They should not be used as the sole basis for counselling decisions and are most effective when combined with other assessment methods.

4.1.3.7 Self-Assessment

Self-assessment is an assessment method in which individuals evaluate and report their own thoughts, feelings, behaviours, abilities, interests, values, or experiences. It is based on the assumption that individuals are valuable sources of information about themselves and are capable of reflecting on their own functioning. Self-assessment enables clients to participate actively in the assessment process and promotes greater self-awareness.

In counselling, self-assessment is used to obtain information that may not be readily observed by others, such as emotions, attitudes, beliefs, motivations, personal strengths, and perceived areas of difficulty. The information obtained helps the counsellor understand the client's subjective experiences and facilitates collaborative goal setting and intervention planning.

Types of Self-Assessment

1. Self-Report Questionnaires (Self-Rating Scales)

Self-report questionnaires are one of the most widely used methods of self-assessment in counselling. They consist of a series of standardized questions or statements that require individuals to report their own thoughts, feelings, behaviours, attitudes, or experiences. Most self-report questionnaires use self-rating scales, such as Likert-type scales (e.g., Strongly Disagree to Strongly Agree or Never to Always), through which individuals indicate the extent to which each statement describes them.

These questionnaires provide quantitative information about various aspects of psychological functioning, including personality traits, emotional states, stress, anxiety, depression, coping abilities, and self-esteem. They are easy to administer, score, and interpret, making them valuable tools for screening, assessment, diagnosis, treatment planning, and monitoring progress during counselling. In addition, they encourage self-reflection by helping individuals become more aware of their own feelings, behaviours, and experiences.

Examples of commonly used self-report questionnaires include the Beck Depression Inventory (BDI), which measures the severity of depressive symptoms; the Beck Anxiety Inventory (BAI), which assesses anxiety symptoms; the Rosenberg Self-Esteem Scale (RSES), which measures self-esteem; and the State-Trait Anxiety Inventory (STAI), which assesses both temporary (state) and long-term (trait) anxiety.

2. Self-Monitoring

Self-monitoring, also known as self-observation, is a method of self-assessment in which individuals systematically observe and record their own behaviours, thoughts,

feelings, or experiences over a period of time. It helps identify behavioural patterns, triggers, and situations that influence specific behaviours, making it a valuable technique in counselling and behaviour modification.

For example, individuals trying to quit smoking may record the number of cigarettes they smoke each day, along with the time, place, and circumstances in which smoking occurs. Similarly, individuals with bulimia may record episodes of binge eating or purging, while clients experiencing stress may keep a daily mood diary. Smartphone applications and digital diaries have made self-monitoring more convenient by allowing clients to record behaviours in real time.

Self-monitoring is particularly useful for behaviours that occur in private, as individuals are often the best observers of their own behaviour. It also promotes self-awareness and enables counsellors to obtain detailed information that may not be available through interviews alone.

An important feature of self-monitoring is reactivity, which refers to changes in behaviour that occur because individuals are aware that they are observing and recording their own behaviour. For example, people who monitor their smoking often reduce the number of cigarettes they smoke simply because they become more aware of the behaviour. Counsellors may use this effect to facilitate positive behavioural change during treatment.

Uses of Self-Assessment

Self-assessment is used to promote self-awareness, identify personal strengths and areas of concern, clarify counselling goals, monitor behavioural and emotional changes, and evaluate the effectiveness of counselling interventions. It also encourages clients to become active participants in the counselling process by increasing their understanding of their own thoughts, feelings, and behaviours.

Limitations of Self-Assessment

The accuracy of self-assessment depends on the individual's ability and willingness to provide honest and accurate information. Responses may be influenced by factors such as social desirability, lack of self-awareness, or intentional distortion. Therefore, self-assessment is generally used in combination with other assessment methods, such as counselling interviews, behavioural observation, rating scales, and psychological tests, to obtain a comprehensive understanding of the client.

4.1.3.8 Relational Assessment

Relational assessment is an assessment method used to understand the nature and quality of an individual's interpersonal relationships. It focuses on the client's patterns of interaction with significant others, including family members, partners, peers, colleagues, and other important people in the client's social environment. Relational assessment is based on the view that many psychological and behavioural problems are influenced by interpersonal relationships and social contexts.

In counselling, relational assessment helps the counsellor identify patterns of communication, roles, boundaries, emotional closeness, sources of conflict, and the availability of social support. It also assists in understanding how relationship dynamics contribute to the client's presenting concerns and overall psychological functioning.

Methods of Relational Assessment

Family Assessment

Family assessment examines the structure, roles, communication patterns, relationships, and functioning of the family. It helps the counsellor understand how family interactions influence the client's behaviour

and emotional well-being. A commonly used tool in family assessment is the Genogram, which provides a graphical representation of family relationships across generations.

Marital or Couple Assessment

Marital or couple assessment focuses on the quality of the relationship between partners. It examines areas such as communication, conflict resolution, emotional intimacy, role expectations, and relationship satisfaction. Information obtained through couple assessment assists the counsellor in identifying relationship strengths and areas requiring intervention.

Social Support Assessment

Social support assessment evaluates the client's relationships with friends, colleagues, and other significant individuals who provide emotional, social, or practical support. Assessing the client's support network helps determine the availability of resources that may facilitate coping and psychological adjustment.

Uses of Relational Assessment

Relational assessment enables the counsellor to understand interpersonal factors that influence the client's concerns. It is widely used in family counselling, couples counselling, school counselling, and community mental health settings. The information obtained assists in case formulation, treatment planning, conflict resolution, and strengthening interpersonal relationships.

Limitations of Relational Assessment

The information obtained through relational assessment may vary depending on the perspectives of different individuals involved in the assessment process. For this reason, counsellors often obtain information

from multiple sources and combine relational assessment with interviews, behavioural observation, and other assessment methods to develop a comprehensive understanding of the client's interpersonal functioning.

4.1.3.8 Behavioural Assessment

Behavioral assessment involves the formal use of direct observation to assess an individual's thoughts, feelings, and behaviors in specific situations or contexts. It extends the assessment process by focusing on how people think, feel, and behave and how these actions may contribute to or explain their problems.

Behavioral assessment may be more appropriate than an interview when assessing individuals who are not old enough or skilled enough to report their own problems and experiences. Clinical interviews sometimes provide only limited assessment information. For example, young children and individuals who are nonverbal because of the nature of their disorder or because of cognitive deficits or impairments may not be suitable candidates for clinical interviews.

In some cases, people deliberately withhold information because it is embarrassing. In other situations, individuals may unintentionally fail to report important information because they are unaware of its significance. Therefore, in addition to talking with a client in an office setting, some clinicians observe individuals directly in their homes, workplaces, or community settings. Others use role-play simulations in clinical settings to observe how individuals might behave in situations similar to those encountered in their daily lives. All of these methods are forms of behavioral assessment.

In behavioral assessment, specific target behaviors are identified and observed to determine the factors that appear to influence them. Although identifying the behavior that is causing difficulty may seem



straightforward, this aspect of assessment can often be challenging.

Behavioural assessment is based on the principles of behavioural therapy and is widely used in counselling, clinical psychology, educational settings, and rehabilitation services. It focuses on the client's current behaviour rather than attempting to infer underlying personality characteristics. Information obtained through behavioural assessment assists the counsellor in identifying target behaviours, establishing treatment goals, and evaluating the effectiveness of interventions.

Methods of Behavioural Assessment

Behavioural Observation

Behavioural observation is one of the most commonly used methods of behavioural assessment. The counsellor systematically observes and records the client's behaviour in natural or structured settings to identify behavioural patterns, antecedents, and consequences associated with the behaviour.

Self-Monitoring

Self-monitoring involves the client observing and recording his or her own behaviours, thoughts, emotions, or situations in which specific behaviours occur. It enables clients to become more aware of their behaviour and provides valuable information for planning behavioural interventions.

Behavioural Interviews

Behavioural interviews focus on obtaining detailed information about specific behaviours, including when they occur, how often they occur, the situations in which they occur, and the consequences that follow. The information obtained helps identify the factors maintaining the behaviour.

Functional Behavioural Assessment (FBA)

Functional Behavioural Assessment is a systematic method of identifying the purpose or function of a behaviour by examining the relationship between antecedents, behaviour, and consequences (ABC). It helps determine why a behaviour occurs and guides the selection of appropriate behavioural interventions. Functional Behavioural Assessment is widely used in behavioural counselling, educational settings, and behaviour modification programmes.

Uses of Behavioural Assessment

Behavioural assessment is used to identify target behaviours, determine the factors influencing behaviour, develop behaviour modification programmes, monitor behavioural change, and evaluate the effectiveness of counselling interventions. It is particularly useful in the assessment of behavioural disorders, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, and other conditions in which observable behaviour is a primary concern.

Limitations of Behavioural Assessment

Behavioural assessment focuses primarily on observable behaviour and may not fully assess internal experiences such as thoughts, beliefs, and emotions unless combined with other assessment methods. Therefore, counsellors generally use behavioural assessment together with interviews, self-report measures, rating scales, and psychological tests to obtain a comprehensive understanding of the client.

4.1.3.9 Cognitive Assessment

Cognitive assessment is an assessment method used to evaluate an individual's cognitive functioning, including thoughts,

beliefs, attitudes, perceptions, problem-solving abilities, memory, attention, and other mental processes. In counselling, cognitive assessment is primarily used to identify maladaptive or distorted patterns of thinking that may contribute to emotional and behavioural difficulties. The information obtained enables the counsellor to understand how clients perceive themselves, others, and their environment.

Cognitive assessment is an important component of cognitive and cognitive-behavioural approaches to counselling. According to the cognitive model proposed by Aaron T. Beck, psychological distress is influenced by dysfunctional thinking patterns. Consequently, cognitive assessment focuses on identifying automatic thoughts, intermediate beliefs, underlying assumptions, and core beliefs that contribute to the client's presenting problems.

Methods of Cognitive Assessment

Clinical Interview

The clinical interview is one of the primary methods of cognitive assessment. Through purposeful questioning and discussion, the counsellor explores the client's thoughts, beliefs, interpretations, and perceptions related to specific situations. The interview helps identify patterns of thinking associated with emotional and behavioural problems.

Self-Report Measures

Self-report measures are widely used to assess cognitive processes and related psychological characteristics. Clients respond to standardized questionnaires that provide information about dysfunctional thinking, cognitive distortions, depression, anxiety, and other emotional concerns. Common examples include the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and the Dysfunctional Attitude Scale (DAS).

Thought Records

Thought records are structured worksheets used to identify and record automatic thoughts, emotions, and situations associated with emotional distress. Clients record their thoughts as they occur in everyday situations, enabling the counsellor to identify cognitive distortions and patterns of maladaptive thinking. Thought records are widely used in cognitive behavioural therapy.

Cognitive Screening Tests

Cognitive screening tests are used when there is a need to evaluate general cognitive functioning, particularly memory, attention, orientation, and language abilities. A commonly used screening instrument is the Mini-Mental State Examination (MMSE), which is frequently employed to assess cognitive impairment in clinical and rehabilitation settings.

Uses of Cognitive Assessment

Cognitive assessment helps counsellors identify maladaptive thinking patterns, understand the relationship between thoughts, emotions, and behaviour, establish treatment goals, and monitor changes in cognitive functioning during counselling. It is widely used in the assessment and treatment of depression, anxiety disorders, stress-related conditions, and other psychological disorders in which cognitive processes play an important role.

Limitations of Cognitive Assessment

The accuracy of cognitive assessment depends largely on the client's ability and willingness to report thoughts and beliefs accurately. Self-report measures may be influenced by response bias or limited self-awareness. Therefore, cognitive assessment is generally used in combination with interviews, behavioural assessment,



psychological tests, and other assessment methods to obtain a comprehensive understanding of the client.

Recap

- ◆ Assessment and testing in counselling help in understanding a client's psychological functioning in a systematic way.
- ◆ Assessment provides a broad and holistic understanding of the client's concerns and life context.
- ◆ Testing is a structured component of assessment that provides measurable and standardized information.
- ◆ Assessment helps counsellors in case understanding and developing accurate case formulation.
- ◆ It supports planning appropriate counselling goals and selecting suitable intervention strategies.
- ◆ Assessment is not limited to diagnosis but also includes understanding client strengths and resources.
- ◆ Psychological interviews are key tools used to gather detailed client information.
- ◆ Behavioural observation helps in understanding observable actions and emotional expressions.
- ◆ Case studies provide in-depth and comprehensive understanding of client history and development.
- ◆ Rating scales help measure intensity and severity of emotions, behaviours, or symptoms.
- ◆ Checklists help in identifying the presence or absence of specific psychological indicators.
- ◆ Self-assessment tools encourage client reflection and increase self-awareness.
- ◆ Relational assessment focuses on understanding interpersonal relationships and interaction patterns.
- ◆ Behavioural assessment examines observable behaviours and environmental triggers.

- ◆ Cognitive assessment focuses on thoughts, beliefs, and cognitive distortions.
- ◆ Assessment is a continuous and dynamic process throughout counselling.
- ◆ Ethical principles such as confidentiality and cultural sensitivity are essential in assessment.
- ◆ Proper assessment ensures accurate, individualized, and client-centred counselling.
- ◆ Without assessment, counselling may become unstructured and ineffective.
- ◆ Overall, assessment and testing together strengthen decision-making and improve counselling outcomes.

Objective Questions

1. What process is used in counselling to systematically understand client functioning?
2. What is the structured component of assessment used for measurement called?
3. Which method involves direct verbal interaction between counsellor and client?
4. Which tool involves observing client behaviour in counselling?
5. What is the in-depth study of a client's life history called?
6. What tool is used to measure intensity of emotions?
7. What tool identifies presence or absence of symptoms?
8. What process involves client reflection on their own experiences?
9. What type of assessment focuses on relationships?
10. What type of assessment focuses on observable actions?
11. What type of assessment focuses on thoughts and beliefs?
12. What process continues throughout counselling sessions?
13. What type of data is produced by psychological tests?

14. What process helps in understanding client problems in detail?
15. What process helps in planning counselling goals?
16. What happens to counselling without assessment?
17. What principle ensures client information is protected?
18. What principle ensures respect for cultural differences?
19. What aspect of assessment identifies client abilities and resources?
20. What is the final aim of assessment in counselling?

Answers

1. Assessment
2. Testing
3. Interview
4. Observation
5. Case study
6. Rating scale
7. Checklist
8. Self-assessment
9. Relational assessment
10. Behavioural assessment
11. Cognitive assessment
12. Assessment
13. Quantitative
14. Assessment

15. Assessment
16. Ineffective
17. Confidentiality
18. Cultural sensitivity
19. Strengths
20. Counselling outcomes

Assignments

1. Explain the concept of assessment in counselling psychology and discuss its importance in understanding client problems.
2. Differentiate between assessment and testing with suitable examples from counselling practice.
3. Explain the role of case study method in counselling assessment with relevant illustrations.
4. Describe different rating scales and explain how they are used in monitoring client progress in counselling.
5. Discuss any four tools of assessment in counselling and explain how they contribute to effective counselling outcomes.

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UNIT

Diagnosis in Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ define diagnosis in counselling
- ◆ explain the diagnostic process and its importance for treatment
- ◆ differentiate between diagnosis and assessment
- ◆ describe the steps involved in formulating a diagnosis
- ◆ explain the use of clinical interviews, mental status examinations, and psychological tests in diagnosis

Prerequisite

Meet Sameer, a young professional who has been feeling increasingly anxious and overwhelmed at work. He struggles to focus, sleeps poorly, and notices his relationships are starting to suffer. Friends and family offer advice, but nothing seems to help. When he visits a counsellor, the first step is not immediate guidance or solutions. Instead, the counsellor begins to gather clues—listening carefully, asking targeted questions, observing subtle behaviours, and exploring his thoughts, emotions, and patterns over time.

Slowly, a clearer understanding starts to form. Some challenges are rooted in stress, some in habits, and others in deeper emotional patterns. The counsellor uses this information to identify what exactly is going on, so the support and strategies offered will truly fit Sameer's needs. Just like a doctor carefully diagnosing an illness before prescribing treatment, the counsellor is piecing together a map that guides the journey ahead.

In this unit, we will explore how counsellors formulate a diagnosis—understanding the steps, using clinical interviews, mental status examinations, and psychological tests, and learning how diagnosis differs from assessment. Before diving into technical definitions, imagine being a detective, carefully interpreting clues and charting a path that makes meaningful help possible.

Keywords

Diagnosis, Assessment, Diagnostic Process, Treatment Planning, Differential Diagnosis, Clinical Interview, Mental Status Examination (MSE), Psychological Tests, Case Formulation, Counselling.

Discussion

The word diagnosis commonly refers to the identification of the nature and cause of an illness. When a mental health professional diagnoses a client or patient, the first steps can be summarized as gathering information, narrowing down the options, and formulating a diagnostic impression.

The diagnostic process involves gathering relevant information from a person through a detailed interview that includes finding out the person's main concerns, their symptoms, and their life history. This information includes the results from psychological tests or questionnaires and may include information obtained from the person's family and/or from previous treatment records. Mental health professionals use this first phase of working with clients before proceeding with the treatment itself. More specifically, before a diagnosis is given, professionals determine whether the person's symptoms and clinical features meet the criteria for a particular mental disorder according to established diagnostic classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD), and whether

there is significant disturbance in cognitive, emotional, or behavioural functioning.

A diagnosis describes a client's condition at a particular point in time and should not be regarded as a judgment of the individual's worth or personality. Rather than defining the whole person, a diagnosis identifies the specific psychological or behavioural difficulties experienced by the client. Individuals are therefore described as *persons with* a particular disorder rather than being identified by the disorder itself. This person-first approach emphasizes that a mental disorder is only one aspect of the individual's overall functioning.

Diagnosis should also recognize that clients possess personal strengths, resources, and coping abilities in addition to their difficulties. Consequently, a diagnosis is not a fixed or permanent label but a clinical formulation based on the information available at the time of assessment.

In counselling practice, diagnosis serves primarily as a guide for treatment planning and intervention. It enables the counsellor to select appropriate counselling strategies,

monitor client progress, and communicate effectively with other professionals when necessary.

When a diagnosis is communicated to clients, it should be done with sensitivity and appropriate explanation. Counsellors should ensure that clients understand the purpose of the diagnosis and avoid presenting it in a manner that may create fear, misunderstanding, or negative self-perceptions.

Elements of diagnosis

By listening to clients as they describe the experience of their symptoms and following up with assessment tools (not always, but often), the mental health professional begins to formulate the principal diagnosis—or the reason for the visit. This means determining the single diagnosis that is most relevant to the person's chief complaint or need for treatment; this diagnosis will be the main focus of clinical attention or treatment.

After determining the primary reason the individual is seeking professional help, a differential diagnosis is commonly used. Two different diagnoses can be attached to a patient who is exhibiting symptoms that could fit into either diagnosis. For example, a patient who has been diagnosed with bipolar disorder may also be given a differential diagnosis of borderline personality disorder, given the similarity in the symptoms of both conditions. Where multiple alternatives are possible, this method is akin to the process of elimination or ruling out of alternative diagnoses, a crucial step in the diagnostic process.

Many patients have additional diagnoses. Comorbidity refers to the presence of more than one diagnosis occurring in an individual at the same time. In the context of mental health, comorbidity often refers to disorders that are often coexistent

with each other, such as substance use disorder and depression (the most common comorbidities involve the concurrence of substance use disorders with other mental disorders). Multiple diagnoses are usually presented in a hierarchy descending from the condition of most significance to that of the least concern.

4.2.1 Diagnostic Process and Its Implications for Treatment

The diagnostic process in counselling involves using assessment techniques to develop a clinical diagnosis. Based on the diagnosis, a treatment plan is created. The process also includes evaluating the effectiveness of the treatment plan. In many cases, counselors need to continuously monitor and evaluate the client's progress and make necessary adjustments to ensure the best possible outcomes.

Significance of Diagnosis in Counselling

Diagnosis plays a vital role in the clinical assessment process. Without an accurate diagnosis, it is difficult for a counsellor to develop an effective treatment plan. Through assessment and diagnosis, counsellors can design appropriate treatment strategies that support clients' growth and improvement over time.

Common Diagnostic Tools and Methods

The clinical diagnosis process generally involves the use of multiple diagnostic tools and methods. These include:

- Information provided by the client about their thoughts, experiences, emotions, concerns, and current feelings through clinical interviews.

- Observation of the client's appearance, habits, behaviours, speech, emotional expressions, and interactions during the assessment process.
 - Data gathered during the mental status examination (MSE), including the client's health history, personal history, family history, developmental background, current circumstances, and self-reported symptoms.
 - Psychological assessments and standardized tests, such as intelligence tests, personality inventories, neuropsychological tests, and symptom rating scales, when appropriate.
 - Collateral information obtained from family members, caregivers, teachers, or other healthcare professionals (with the client's consent) to gain additional insights into the client's functioning.
 - Medical and laboratory investigations, when necessary, to rule out physical, neurological, or substance-related conditions that may contribute to psychological symptoms.
 - Review of previous medical, psychiatric, educational, or treatment records to understand the client's history and previous interventions.
 - Application of standardized diagnostic criteria, such as those provided by the DSM and ICD, which are periodically revised, to determine whether the client's symptoms meet the criteria for a specific mental disorder.
- part of the assessment and diagnostic process. Some of the major ethical issues include:
- **Stigmatization:** Although awareness of mental health has increased, stigma still exists. Counsellors should ensure that clients do not feel stigmatized because of their diagnosis.
 - **Labelling:** A mental health diagnosis may become a lasting label that influences a person's identity. Presenting the diagnosis with sensitivity, along with factual information, can help prevent clients from feeling defined by their condition.
 - **Confirmation Bias:** Counsellors should approach every assessment with an open mind and avoid looking only for evidence that supports a diagnosis they already expect.
- Diagnosis is a systematic process that involves collecting, analysing, and interpreting information obtained through assessment in order to identify the nature of a client's psychological difficulties. The diagnostic process enables the counsellor to understand the client's current level of functioning and provides a basis for selecting appropriate counselling interventions. Since diagnosis is based on the information available at a particular time, it should be regarded as an evolving process rather than a fixed conclusion.
- An accurate diagnosis requires the counsellor to observe the client's behaviour, identify signs and symptoms, explore the client's concerns, and evaluate the extent to which these difficulties affect daily functioning. In making a diagnosis, the counsellor should also consider developmental, cultural, social, gender, and environmental factors, as these may influence the client's experiences and behaviour. Sound

Addressing Ethical Considerations in Diagnosis

Ethical considerations are an important

clinical judgment and cultural sensitivity are therefore essential components of the diagnostic process.

Diagnosis has several important implications for counselling and treatment. It provides a clear description of the client's current functioning and offers a common professional language for communicating with other mental health professionals. It also assists the counsellor in formulating appropriate treatment goals, selecting suitable counselling interventions, and monitoring the client's progress throughout the counselling process.

An accurate diagnosis helps the counsellor determine whether the client's concerns fall within the counsellor's area of competence or whether referral to another mental health professional is necessary. Since diagnosis guides treatment planning, it should be based on careful assessment and sufficient clinical evidence. Counsellors should avoid both overdiagnosis and underdiagnosis, as either may adversely affect the counselling process.

Diagnosis should always be interpreted with caution and should not be regarded as a permanent label. Rather, it serves as a clinical formulation that guides counselling and may be modified as additional information

becomes available during the course of treatment.

4.2.2 Difference Between Assessment and Diagnosis

Assessment, diagnosis, and treatment planning are essential elements of the counselling process, regardless of one's theoretical orientation. *Assessment* is the process of obtaining information for use in diagnosis. Assessment data are collected through several formal and informal techniques, including standardized tests, questionnaires, diagnostic interviews, personality measures, mental status examinations, behavioral observation, and reports by others (e.g., parents, friends, spouses, medical, educational, legal, social). *Diagnosis* is the meaning that is derived from assessment data when it is interpreted through the use of a diagnostic classification system. Diagnosis is a matching of the client's symptoms with the categories in a classification system to determine which category or categories best account for the presenting symptoms. Diagnosis is not a process that occurs at a fixed point in time during the counseling process, nor is it a static concept.

Table 4.2.2 Differences Between Assessment and Diagnosis

Assessment	Diagnosis
Assessment is the systematic process of collecting and evaluating information about the client.	Diagnosis is the interpretation of assessment information to identify the client's psychological condition or disorder.
It involves the use of various methods such as counselling interviews, behavioural observation, case studies, rating scales, checklists, and psychological tests.	It involves classifying and describing the client's condition based on the information obtained through assessment.

The primary purpose of assessment is to understand the client's strengths, concerns, needs, and functioning.	The primary purpose of diagnosis is to identify the nature of the client's difficulties and guide treatment planning.
Assessment is a continuous process that occurs throughout counselling.	Diagnosis is based on assessment findings and may be revised as new information becomes available.
Assessment focuses on collecting comprehensive information about the client.	Diagnosis focuses on interpreting assessment findings to reach a clinical conclusion.
Assessment may or may not result in a formal diagnosis.	Diagnosis cannot be made without adequate assessment.

Assessment and diagnosis are complementary processes in counselling. While assessment provides the information required to understand the client, diagnosis interprets that information to facilitate appropriate counselling interventions and treatment planning.

4.2.3 Formulating a Diagnosis: Steps

Formulating a diagnosis is a systematic process in which the counsellor integrates information obtained through assessment to identify the client's psychological condition and develop an appropriate treatment plan. A diagnosis should be based on adequate clinical information, sound professional judgment, and established diagnostic criteria. Although the specific procedures may vary across counselling settings, the following steps are generally involved in formulating a diagnosis.

1. Collect Relevant Information

The first step is to obtain comprehensive information about the client's presenting concerns, personal history, family background, medical history, developmental history, social relationships, and current functioning. Information is collected

through counselling interviews, behavioural observation, psychological tests, and other assessment methods.

2. Identify the Presenting Problem

The counsellor identifies the client's primary concerns and the symptoms associated with them. Particular attention is given to the onset, duration, severity, and frequency of the symptoms, as well as the extent to which they interfere with the client's daily functioning.

3. Analyse the Assessment Information

The information obtained from different assessment sources is carefully organized and interpreted. The counsellor identifies patterns of behaviour, thoughts, emotions, and environmental factors that contribute to the client's difficulties.

4. Compare with Diagnostic Criteria

The client's symptoms and level of functioning are compared with the diagnostic criteria provided in recognized classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* or the *International Classification of Diseases (ICD)*, to determine the most appropriate diagnosis.

5. Formulate the Diagnosis

Based on the available evidence, the counsellor formulates a diagnosis that best explains the client's presenting difficulties. The diagnosis should be supported by sufficient assessment findings and should accurately reflect the client's current condition.

6. Review and Revise the Diagnosis

Diagnosis is an ongoing clinical process. As additional information becomes available during counselling, the counsellor reviews the diagnosis and modifies it whenever necessary to ensure that it continues to reflect the client's condition accurately.

4.2.4 Differential Diagnosis

Differential diagnosis is the process of distinguishing one psychological disorder or condition from another that presents with similar signs or symptoms. Many psychological disorders share common features, making it necessary for the counsellor to carefully evaluate the client's symptoms before arriving at a final diagnosis. The purpose of differential diagnosis is to identify the condition that best explains the client's presenting problems and to rule out other possible conditions.

During differential diagnosis, the counsellor compares the client's symptoms, their duration, severity, pattern of occurrence, and the extent to which they affect daily functioning with the diagnostic criteria provided in recognized classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*. Information obtained through counselling interviews, behavioural observation, mental status examination, psychological tests, medical history, and other assessment methods is considered before reaching a diagnostic conclusion.

Differential diagnosis also involves considering medical conditions, substance use, developmental factors, cultural influences, and situational stressors that may account for the client's symptoms. The counsellor systematically excludes conditions that do not adequately explain the client's presentation until the most appropriate diagnosis is identified.

Accurate differential diagnosis is essential for effective treatment planning. An incorrect diagnosis may result in inappropriate counselling interventions or unnecessary referrals. Therefore, differential diagnosis requires careful assessment, sound clinical judgment, and, when necessary, consultation with other mental health or medical professionals.

4.2.5 Use of Clinical Interviews, Mental Status Examination, and Psychological Tests in Diagnosis

Accurate diagnosis in counselling is based on information obtained from multiple sources rather than a single assessment method. Clinical interviews, mental status examination, and psychological tests are among the most important methods used to collect information for diagnostic purposes. Each provides different but complementary information that assists the counsellor in understanding the client's condition and formulating an appropriate diagnosis.

4.2.5.1 Clinical Interview

The clinical interview is the primary method of obtaining information for diagnosis. It is a purposeful and systematic interaction through which the counsellor gathers information about the client's presenting problems, symptoms, personal history, family background, medical history, social relationships, and current functioning.



During the interview, the counsellor explores the onset, duration, severity, and course of the client's symptoms and evaluates their impact on daily life. Information obtained through the clinical interview provides the foundation for diagnostic formulation and treatment planning.

4.2.5.2 Mental Status Examination (MSE)

The Mental Status Examination (MSE) is a systematic observation of an individual's behavior. Such observation naturally occurs whenever one person interacts with another. Both clinicians and non-clinicians make informal observations of people's behavior in everyday life. However, clinicians organize these observations in a systematic manner to determine whether a psychological disorder may be present. Mental status examinations may be highly structured and detailed, but experienced clinicians often conduct them quickly during interviews or while observing a client.

The Mental Status Examination includes five major categories:

1. Appearance and Behavior

In this category, the clinician observes the client's physical appearance and overt behavior. Attention is given to factors such as dress, grooming, posture, facial expression, and motor activity. Observable behaviors, such as a leg twitch or other unusual movements, are also noted. Slow and effortful motor activity, commonly referred to as psychomotor retardation, may indicate severe depression.

2. Thought Processes

The client's speech provides important information about thought processes. The clinician evaluates the rate and flow of speech to determine whether the individual speaks unusually fast or slow. Continuity of speech

is also examined to assess whether ideas are logically connected or appear disorganized. In some individuals with schizophrenia, speech may show loose associations or derailment, where ideas lack a clear connection.

Clinicians may ask direct questions to clarify the client's thought processes, such as whether the individual experiences difficulty organizing thoughts or feels that thoughts are confused or slow.

The content of thought is also assessed. The clinician looks for evidence of delusions, which are false beliefs that are inconsistent with reality. Common examples include delusions of persecution, where an individual believes others are trying to harm them, and delusions of grandeur, where an individual believes they possess extraordinary power or importance. Another important feature is ideas of reference, in which individuals believe that the actions or conversations of others are directed toward them personally. Hallucinations are also assessed by asking whether the client sees or hears things that are not actually present.

3. Mood and Affect

Assessment of mood and affect is an important component of the Mental Status Examination. Mood refers to the individual's predominant emotional state. The clinician determines whether the person appears depressed, hopeless, unusually happy, or emotionally elevated, and whether the mood remains consistent over time.

Affect refers to the emotional expression displayed while talking about particular experiences. Normally, affect is appropriate to the situation, such as smiling when discussing pleasant events or appearing sad while discussing a loss. An inappropriate affect occurs when emotional expression does not match the situation. If an individual shows little or no emotional expression, the affect may be described as blunted or flat.

4. Intellectual Functioning

The clinician makes a general estimate of the client's intellectual functioning during the interview. This includes observing vocabulary, the ability to think abstractly, and memory. Intellectual functioning is generally noted only when it appears significantly above or below the average level.

5. Sensorium

Sensorium refers to an individual's general awareness of the surrounding environment. The clinician assesses whether the person knows who they are, where they are, the current date or time, and who the clinician is. Individuals with permanent or temporary brain dysfunction, including dysfunction caused by drugs or toxic conditions, may

have difficulty answering these questions. When a client is fully aware of person, place, and time, the sensorium is described as clear and the individual is said to be oriented to person, place, and time.

Significance of the Mental Status Examination

The Mental Status Examination provides clinicians with preliminary information about a client's behavior and psychological functioning. These observations help identify areas that require more detailed assessment and assist clinicians in developing initial hypotheses about possible psychological disorders. The findings from the examination provide direction for further assessment and diagnostic procedures.

Components of the Mental Status Examination (MSE)

Table 4.2.3 Major Components of the Mental Status Examination

1. Appearance and Behavior	- o General appearance - o Dress and grooming - o Posture - o Facial expressions - o Eye contact - o Overt behavior - o Motor activity (e.g., psychomotor retardation, agitation, persistent twitch)
2. Thought Processes	- o Rate of speech - o Flow and continuity of speech - o Organization of thoughts - o Content of thought (e.g., delusions, ideas of reference, obsessions) - o Hallucinations
3. Mood and Affect	- o Mood (predominant emotional state) - o Affect (emotional expression accompanying speech) - o Appropriateness of affect - o Range and stability of affect

4. Intellectual Functioning	- o Vocabulary - o Memory - o Attention and concentration - o Ability to think abstractly - o Use of abstractions and metaphors - o General level of intelligence
5. Sensorium	- o Awareness of surroundings - o Orientation to person, place, and time ("oriented ×3") - o Level of consciousness Alertness

These five components provide a systematic framework for evaluating an individual's current mental functioning and assist clinicians in identifying areas that require further assessment.

4.2.5.3 Psychological Tests

Psychological tests are standardized instruments used to obtain objective information about an individual's cognitive abilities, personality characteristics, emotional functioning, aptitudes, interests, and psychological symptoms. They

supplement information obtained through interviews and mental status examination and contribute to a more comprehensive evaluation of the client. Psychological tests are particularly useful when additional information is required to clarify a diagnosis, differentiate between disorders, or assess the severity of a client's difficulties. Test results should always be interpreted by qualified professionals and integrated with information obtained from other assessment methods rather than being used as the sole basis for diagnosis.

Table 4.2.4 Types of Psychological Tests, Their Purposes and Examples

Type of Psychological Test	Purpose	Examples
Intelligence Tests	Assess intellectual abilities and cognitive functioning	Stanford-Binet, Wechsler Intelligence Scales
Personality Inventories (Objective Tests)	Assess personality traits and psychopathology	MMPI-2, NEO-PI-R, 16PF

Projective Tests	Assess unconscious motives, conflicts, and personality	Rorschach Inkblot Test, TAT, CAT
Neuropsychological Tests	Assess brain functioning and cognitive deficits	Bender Gestalt Test, Halstead-Reitan Battery, Luria-Nebraska Battery
Aptitude Tests	Measure potential to learn specific skills or occupations	Differential Aptitude Tests (DAT), General Aptitude Test Battery (GATB)
Achievement Tests	Measure acquired knowledge or academic performance	Standardized educational achievement tests
Interest Inventories	Assess vocational and career interests	Strong Interest Inventory, Self-Directed Search (SDS)
Symptom Rating Scales / Clinical Rating Scales	Assess the severity of psychological symptoms	Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Hamilton Depression Rating Scale (HDRS)

Recap

- ◆ Diagnosis in counselling is a systematic process of understanding psychological conditions.
- ◆ It helps in identifying the nature and severity of client difficulties.
- ◆ Diagnosis is based on information gathered through assessment.
- ◆ Assessment provides the foundation for diagnostic decision-making.
- ◆ Diagnosis supports effective intervention planning in counselling.
- ◆ It involves clinical judgment in interpreting client symptoms.
- ◆ Diagnosis is not only about labeling but understanding psychological functioning.

- ◆ Clinical interviews are essential tools in the diagnostic process.
- ◆ Mental Status Examination helps assess current psychological functioning.
- ◆ Psychological tests provide standardized and objective data.
- ◆ Diagnosis integrates information from multiple sources.
- ◆ Differential diagnosis helps distinguish between similar conditions.
- ◆ It reduces the risk of misinterpretation of symptoms.
- ◆ The diagnostic process begins with identifying presenting problems.
- ◆ It involves systematic collection and organization of clinical data.
- ◆ Diagnosis helps in selecting appropriate counselling approaches.
- ◆ It contributes to predicting the course of psychological problems.
- ◆ Diagnosis is a dynamic process that may change over time.
- ◆ Ethical and cultural factors are important in diagnostic practice.
- ◆ Diagnosis strengthens the effectiveness of counselling interventions

Objective Questions

1. What is the systematic process of identifying psychological conditions called?
2. What process helps in understanding client difficulties in counselling?
3. What forms the foundation for diagnosis in counselling?
4. What is the interpretive process of identifying psychological conditions called?
5. What helps in guiding counselling intervention planning?
6. What is used to explore client history and present concerns?
7. What examination assesses current mental functioning?

8. What tools provide standardized psychological data?
9. What process distinguishes between similar disorders?
10. What type of judgment is important in diagnosis?
11. What process involves integrating multiple sources of data?
12. What helps in identifying severity of psychological problems?
13. What process links symptoms with psychological conditions?
14. What tool assesses appearance, mood, and cognition?
15. What helps in confirming clinical impressions?
16. What process begins with presenting complaints?
17. What is diagnosis NOT limited to, besides labeling?
18. What improves accuracy in diagnostic decision-making?
19. What type of process is diagnosis in counselling?
20. What helps in selecting appropriate treatment methods?

Answers

1. Diagnosis
2. Assessment
3. Assessment
4. Diagnosis
5. Diagnosis
6. Clinical interview
7. Mental status examination

8. Psychological tests
9. Differential diagnosis
10. Clinical judgment
11. Diagnosis
12. Diagnosis
13. Diagnosis
14. Mental status examination
15. Psychological tests
16. Diagnostic process
17. Classification
18. Integration
19. Systematic
20. Diagnosis

Assignments

1. How does diagnosis in counselling go beyond labeling and contribute to a deeper understanding of client problems?
2. Critically examine the interdependence between assessment and diagnosis in counselling practice.
3. How do clinical interviews, Mental Status Examination, and psychological tests together improve diagnostic accuracy? Explain analytically.
4. To what extent does diagnosis influence the selection of counselling interventions and treatment planning? Discuss critically.
5. Examine the ethical challenges involved in the diagnostic process and how counsellors can address them responsibly.

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BLOCK

Counselling Across Lifespan

SGOU



UNIT

Child and Adolescent Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ explain the developmental needs of children and adolescents
- ◆ describe common issues faced by children and adolescents
- ◆ explain behavioural problems, anxiety, depression, and trauma
- ◆ describe play therapy and family therapy

Prerequisite

Imagine a classroom where a 10-year-old boy, Arjun, sits quietly at the back. On the surface, he seems fine—he smiles when spoken to, he completes his assignments—but the teacher notices subtle signs: he flinches when corrected, avoids group activities, and sometimes bursts into frustration for no apparent reason. At home, his parents see similar patterns: sleepless nights, sudden mood swings, and moments of withdrawal.

A counsellor visits the school to understand what might be happening. Instead of giving immediate advice, the counsellor observes Arjun's interactions, listens to his small stories and drawings, and talks gently with his parents. Slowly, a picture emerges—not just of challenges, but also of strengths, interests, and needs that had been hidden beneath behaviour and words. By understanding his developmental stage, emotional world, and social context, the counsellor can plan ways to help him grow and heal.

In this unit, we will explore counselling approaches for children and adolescents, including developmental considerations, common emotional and behavioural

issues, and interventions like play therapy and family therapy. Before we dive into the theory, picture yourself entering Arjun's world: noticing the small clues, understanding the unseen struggles, and gently guiding him toward growth and resilience.

Keywords

Developmental considerations, child counselling, adolescent counselling, behavioural problems, anxiety, depression, trauma, play therapy, family therapy, counselling interventions.

Discussion

Child and adolescent counselling is a specialized area within counselling psychology that focuses on understanding and addressing the psychological, emotional, behavioural, and developmental needs of children and adolescents. This stage of life is characterized by rapid physical growth, cognitive development, emotional fluctuations, and significant social transitions, all of which influence how young individuals perceive themselves and interact with the world. Counselling in this context is therefore developmentally sensitive, meaning that it must be adapted to the child's or adolescent's age, level of cognitive maturity, emotional expression, and communication style.

In child counselling, the primary focus is often on behavioural patterns, emotional regulation, learning difficulties, family dynamics, and adjustment issues. Children may not always have the verbal ability to express their internal experiences clearly, so counsellors often rely on indirect methods such as play, drawing, storytelling, and behavioural observation to understand their concerns. The therapeutic relationship is built gradually through trust, safety, and consistency, allowing the child to express

emotions in developmentally appropriate ways.

Adolescent counselling, on the other hand, addresses a broader range of issues related to identity formation, peer relationships, academic pressure, emotional instability, and emerging autonomy. Adolescents experience a heightened need for independence while still requiring emotional support and guidance, which often creates internal and external conflicts. Counselling at this stage focuses on helping them develop self-awareness, emotional regulation, decision-making skills, and healthy coping strategies. The counsellor also plays a supportive role in helping adolescents navigate developmental challenges such as identity confusion and social comparison.

A key feature of counselling across these developmental stages is the importance of understanding the influence of family, school, and peer systems. Children and adolescents do not exist in isolation; their psychological wellbeing is closely linked to their immediate environment. Therefore, counselling often involves collaboration with parents, teachers, and caregivers to ensure consistency and reinforcement of therapeutic goals. Ethical

sensitivity is also crucial, particularly in maintaining confidentiality while balancing parental involvement and the minor's right to privacy.

Overall, child and adolescent counselling emphasize developmentally appropriate intervention strategies that support emotional growth, behavioural regulation, and healthy psychological development. It requires flexibility, patience, and a strong understanding of developmental psychology, ensuring that interventions are aligned with the unique needs of young individuals. The following sections will further explore specific issues, techniques, and approaches used in counselling children and adolescents in different contexts.

5.1.1 Developmental Considerations in Counselling Children and Adolescents

Developmental considerations in counselling children and adolescents refer to the understanding and application of age-appropriate psychological, cognitive, emotional, and social characteristics while planning and implementing counselling interventions. Since childhood and adolescence represent distinct phases of rapid developmental change, counselling practice must be carefully aligned with the client's developmental level. A child's way of thinking, expressing emotions, and understanding relationships is qualitatively different from that of an adolescent, and these differences significantly influence how counselling is conducted.

In childhood, cognitive functioning is still in the process of developing concrete logical thinking, and abstract reasoning is limited. As a result, children often express their thoughts and emotions indirectly rather than through structured verbal communication. They may communicate distress through behaviour, play, drawings, or symbolic

expressions. Therefore, counselling with children requires methods that are flexible and developmentally appropriate, allowing the counsellor to understand the child's internal world through non-verbal and creative modes of expression. Emotional regulation is also less developed in this stage, making children more dependent on external support from caregivers and the environment for stability and reassurance.

In adolescence, cognitive abilities become more advanced, with the development of abstract thinking, introspection, and self-reflection. Adolescents begin to form complex ideas about identity, values, and future goals. However, this period is also marked by emotional instability, heightened sensitivity to peer influence, and increased vulnerability to stress due to academic, social, and familial pressures. Counselling during adolescence must therefore balance support with autonomy, allowing the individual to explore identity-related concerns while also providing guidance and emotional containment.

Another important developmental consideration is the role of social context in shaping behaviour and emotional wellbeing. Children are strongly influenced by family systems, while adolescents are increasingly influenced by peer relationships and social identity formation. Counsellors must therefore consider the broader ecological system surrounding the young client, including parenting styles, school environment, peer dynamics, and cultural expectations. This ensures that intervention strategies are not only individually focused but also contextually relevant.

Communication style is another key developmental factor in counselling. Younger children may require simplified language, play-based interaction, and visual tools, whereas adolescents may respond better to conversational dialogue that respects their



emerging independence. The counsellor must adjust communication strategies to match the client's level of understanding while maintaining therapeutic engagement and trust.

Thus, developmental considerations are central to effective counselling with children and adolescents, as they ensure that interventions are appropriate, meaningful, and sensitive to the unique psychological needs of each developmental stage. A developmentally informed approach enhances engagement, improves therapeutic outcomes, and supports healthy emotional and psychological growth across these formative years. The following section discusses some of the common issues in children such as behavioural problems, anxiety, depression and trauma.

5.1.2 Behavioural Problems in Children and Adolescents

5.1.2.1 Oppositional Defiant Disorder (ODD)

Oppositional Defiant Disorder is characterized by a persistent pattern of angry or irritable mood, argumentative or defiant behaviour, and vindictiveness toward authority figures. In children and adolescents, this may appear as frequent temper outbursts, refusal to comply with rules, and deliberate attempts to challenge or annoy others. From a developmental perspective, such behaviour is understood in relation to difficulties in emotional regulation, frustration tolerance, and inconsistent environmental expectations. Counselling focuses on identifying triggers, improving emotional regulation skills, and working with caregivers to establish consistent behavioural boundaries.

5.1.2.2 Conduct Disorder (CD)

Conduct Disorder involves a more severe and persistent pattern of behaviour in which the basic rights of others or major

age-appropriate social norms are violated. This may include aggression toward people or animals, destruction of property, deceitfulness or theft, and serious rule violations such as truancy or running away from home. In adolescents, these behaviours are often associated with peer influence, family conflict, or exposure to adverse environments. From a counselling standpoint, Conduct Disorder requires comprehensive assessment of developmental history and environmental factors, along with structured behavioural interventions and family-based approaches.

5.1.2.3 Attention-Deficit Hyperactivity Disorder (ADHD)

Attention-Deficit/Hyperactivity Disorder is a neurodevelopmental condition characterized by persistent patterns of inattention, hyperactivity, and impulsivity that are developmentally inappropriate and impair functioning. Children may struggle with sustaining attention, following instructions, organizing tasks, or remaining seated, while adolescents may exhibit impulsive decision-making and difficulty managing academic responsibilities. From a counselling perspective, these behaviours are understood in terms of deficits in self-regulation and executive functioning rather than intentional misconduct. Intervention typically involves behavioural strategies, environmental structuring, skill-building, and collaboration with parents and teachers.

5.1.2.4 Intermittent Explosive Disorder (IED)

Intermittent Explosive Disorder is characterized by sudden episodes of impulsive aggression or verbal/physical outbursts that are disproportionate to the triggering situation. In children and adolescents, this may present as repeated anger outbursts, aggressive reactions, or difficulty controlling emotional responses. Developmentally, such

patterns are associated with poor emotional regulation and heightened sensitivity to perceived provocation. Counselling interventions focus on anger management, impulse control training, and helping the individual develop adaptive coping strategies for managing emotional escalation.

5.1.2.5 Disruptive Behaviour

Related to Adjustment

Difficulties

Some behavioural problems in children and adolescents do not fully meet diagnostic thresholds but still represent clinically significant maladaptive adjustment patterns. These may include school refusal, frequent rule violations, or persistent disruptive classroom behaviour linked to stressors such as family conflict, academic pressure, or peer difficulties. In counselling, these behaviours are conceptualized as adjustment-related responses rather than fixed disorders, and interventions focus on strengthening coping skills, emotional support, and environmental modification.

5.1.3 Anxiety

Anxiety is one of the most common emotional concerns encountered among children and adolescents in counselling. While occasional fear and worry are a normal part of development, anxiety becomes a significant issue when these feelings are excessive, persistent, disproportionate to the actual situation, and interfere with the child's or adolescent's academic performance, social relationships, family life, or daily functioning. Children and adolescents may experience anxiety in response to factors such as family expectations, academic demands, peer relationships, social situations, life transitions, or other stressful experiences. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR) and the *International Classification of*

Diseases (ICD-11), anxiety disorders encompass a range of conditions characterized by excessive fear, anxiety, and related behavioural disturbances that vary in their presentation, severity, and duration. Early identification and appropriate counselling interventions are essential to prevent anxiety from adversely affecting emotional, social, and developmental well-being.

5.1.3.1 Separation Anxiety

Disorder

Separation Anxiety Disorder is characterized by excessive fear or distress related to separation from attachment figures such as parents or caregivers. In children, this may manifest as school refusal, reluctance to sleep alone, persistent worry about harm befalling loved ones, and physical complaints like stomach aches when separation occurs. Developmentally, a certain degree of separation anxiety is normal in early childhood; however, it becomes clinically significant when it is persistent, developmentally inappropriate, and interferes with daily functioning. Counselling focuses on gradual exposure to separation situations, emotional reassurance, and strengthening the child's sense of security and coping ability.

5.1.3.2 Generalized Anxiety

Disorder (GAD)

Generalized Anxiety Disorder involves persistent and excessive worry about a variety of everyday situations such as academic performance, family issues, health concerns, or social acceptance. In adolescents, this often presents as constant apprehension, difficulty concentrating, restlessness, irritability, and sleep disturbances. From a counselling perspective, GAD reflects difficulties in cognitive control over worry processes and heightened sensitivity to perceived threats. Intervention strategies focus on helping the individual identify anxious thoughts, develop



realistic thinking patterns, and learn coping techniques such as relaxation and cognitive restructuring.

5.1.3.3 Social Anxiety Disorder

Social Anxiety Disorder is characterized by intense fear or anxiety in social situations where the individual may be exposed to evaluation, embarrassment, or rejection. In children, this may appear as excessive shyness, avoidance of classroom participation, or reluctance to engage with peers, while adolescents may experience fear of speaking in groups, meeting new people, or performing in public. Developmentally, this anxiety can significantly affect peer relationships and self-esteem. Counselling focuses on gradual exposure to social situations, building social skills, and restructuring negative beliefs about self and social evaluation.

5.1.3.4 Specific Phobia

Specific Phobia involves an intense and irrational fear of a particular object or situation, such as animals, heights, darkness, or medical procedures. In children, these fears may be expressed through crying, avoidance, or clingy behaviour, while adolescents may actively avoid situations that trigger fear responses. From a developmental standpoint, phobias are maintained through avoidance behaviour, which prevents the individual from learning that the feared object or situation is not actually harmful. Counselling interventions typically involve gradual exposure, reassurance, and supportive coping strategies to reduce avoidance and fear responses.

5.1.4 Depression

Depression in children and adolescents refers to a clinically significant mood disturbance characterized by persistent sadness, loss of interest or pleasure, and associated cognitive, behavioural, and physical

symptoms that impair daily functioning. From a developmental counselling perspective, depression must be understood in relation to the child's cognitive maturity, emotional expression patterns, family environment, academic stressors, and peer relationships. Diagnostic frameworks such as DSM-5-TR and ICD-11 classify depressive conditions under depressive disorders, emphasizing duration, severity, and functional impairment rather than normal mood fluctuations that are part of development.

5.1.4.1 Major Depressive Disorder

Major Depressive Disorder is characterized by a persistent depressed mood or irritability in children and adolescents, along with a marked reduction in interest or pleasure in activities. Additional features may include changes in appetite or weight, sleep disturbances, fatigue, feelings of worthlessness or excessive guilt, difficulty concentrating, and in severe cases, thoughts of self-harm. In children, depression may often present as irritability, school refusal, or somatic complaints rather than verbal expression of sadness, while adolescents may show withdrawal, academic decline, and social isolation. Counselling approaches focus on emotional expression, cognitive restructuring of negative thinking patterns, behavioural activation, and strengthening supportive relationships.

5.1.4.2 Persistent Depressive Disorder (Dysthymia)

Persistent Depressive Disorder is characterized by a chronic form of depression where symptoms are less severe than major depression but last for a longer duration, often for one year or more in children and adolescents. Individuals may appear consistently low in mood, have low energy, poor self-esteem, and reduced motivation, but the symptoms may

not be severe enough to meet criteria for major depressive episodes. Developmentally, this chronic pattern can interfere with identity formation, academic engagement, and

social development. Counselling focuses on long-term emotional support, restructuring negative self-beliefs, and enhancing adaptive coping skills.

Did You Know?

Mental Health of Adolescents

World Health Organization (WHO), 1 September 2025

- ◆ Globally, one in seven 10–19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group.
- ◆ Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents.
- ◆ Suicide is the third leading cause of death among those aged 15–29 years old.
- ◆ The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

5.1.5 Trauma

Traumatic experiences during childhood and adolescence can disrupt healthy emotional, cognitive, behavioural, and social development. Experiences such as abuse, neglect, violence, serious accidents, natural disasters, loss of a caregiver, or exposure to conflict may overwhelm a young person's capacity to cope, resulting in significant psychological distress. The effects of trauma vary across individuals and are influenced by developmental level, the nature and duration of the traumatic experience, previous life experiences, and the availability of supportive relationships. Understanding the impact of trauma on a child's thoughts, emotions, behaviour, and relationships is essential for identifying their needs and planning appropriate interventions that support recovery and healthy development. Diagnostic frameworks such as DSM-5-TR

and ICD-11 conceptualize trauma-related conditions under trauma- and stressor-related disorders, emphasizing exposure to actual or threatened death, serious injury, sexual violence, or severe neglect, along with the resulting psychological symptoms.

5.1.5.1 Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder is characterized by persistent psychological distress following exposure to a traumatic event. In children, symptoms may include intrusive memories, nightmares, repetitive play reflecting aspects of the trauma, heightened fear responses, and emotional withdrawal. Adolescents may experience flashbacks, avoidance of trauma-related reminders, negative changes in mood and cognition, and increased irritability or hyperarousal. Developmentally, trauma responses vary based on age and cognitive



maturity, with younger children often expressing distress through behaviour rather than verbal description. Counselling focuses on creating a sense of safety, gradual emotional processing of traumatic experiences, and strengthening coping and grounding strategies.

5.1.5.2 Acute Stress Disorder

Acute Stress Disorder occurs in the immediate aftermath of a traumatic event, typically within a period of days to up to one month. It is characterized by symptoms such as dissociation, confusion, intrusive memories, avoidance behaviours, and heightened anxiety. In children and adolescents, it may manifest as emotional numbness, clinginess, sleep disturbances, or behavioural regression. From a counselling perspective, this stage is critical for early intervention, as timely support can reduce the likelihood of progression to more chronic trauma-related conditions. Counselling focuses on stabilization, emotional support, normalization of responses, and restoring a sense of safety.

Adjustment Difficulties with Traumatic Exposure

Not all trauma-related responses meet full diagnostic criteria, yet many children and adolescents experience significant emotional and behavioural changes following stressful or adverse experiences such as parental conflict, bullying, accidents, or loss. These adjustment reactions may include anxiety, sadness, irritability, withdrawal, or academic decline. In counselling, these responses are understood as context-dependent coping difficulties rather than fixed disorders. Intervention emphasizes emotional expression, strengthening resilience, and helping the child or adolescent adapt to changes in their environment.

Developmental Expression of Trauma

The expression of trauma varies significantly across developmental stages. Younger children may show trauma through play reenactment, separation anxiety, sleep disturbances, or regression to earlier behaviours such as bedwetting or clinginess. Adolescents, on the other hand, may exhibit emotional numbing, risk-taking behaviours, anger outbursts, or avoidance of trauma-related reminders. These developmental differences are crucial in counselling practice, as they guide the choice of therapeutic techniques and communication methods. Trauma-informed counselling prioritizes safety, trust-building, emotional regulation, and gradual processing of traumatic experiences in a supportive environment.

5.1.6 Interventions in Child and Adolescent Counselling: Play Therapy and Family Therapy

Interventions in child and adolescent counselling are designed to address developmental needs, emotional difficulties, and behavioural concerns in a manner that is appropriate to the child's cognitive and emotional level. Since children and adolescents often express distress differently compared to adults, therapeutic approaches must be flexible, engaging, and sensitive to developmental stages. Among the widely used interventions, play therapy and family therapy are considered highly effective because they address both the individual's inner world and the relational environment in which the child is embedded.

5.1.6.1 Play Therapy

Play therapy is a structured therapeutic approach that uses play as the primary medium for communication and expression, particularly with children who may not have

the verbal ability to articulate complex emotions. From a counselling perspective, play is viewed as the natural language of children, through which they express thoughts, feelings, conflicts, and experiences in symbolic form. This intervention is especially useful for addressing emotional difficulties such as anxiety, trauma, behavioural problems, and adjustment issues.

In play therapy, the counsellor provides a safe and supportive environment where the child can freely engage with toys, art materials, storytelling, and role-play activities. These materials act as symbolic tools that allow the child to project internal experiences and work through emotional conflicts indirectly. The therapeutic process is guided by principles of acceptance, empathy, and non-directive or semi-directive interaction, depending on the approach used. The counsellor observes themes in the child's play, which often reflect underlying emotional concerns, unmet needs, or interpersonal experiences.

Play therapy is particularly effective in helping children develop emotional expression, improve self-regulation, and gain mastery over difficult experiences. It also strengthens the therapeutic relationship by creating a sense of safety and trust. Through repeated sessions, children gradually learn to process emotions, reduce anxiety, and develop healthier coping strategies.

5.1.6.2 Family Therapy

Family therapy is an intervention approach that focuses on understanding and modifying interaction patterns within the family system that contribute to a child's or adolescent's psychological difficulties. From a systemic perspective, children are viewed as part of a larger relational network, and their behaviours are often influenced by communication patterns, parenting styles, and family dynamics.

In family therapy, the counsellor works with family members to improve communication, resolve conflicts, and establish healthier relational boundaries. The approach emphasizes that behavioural and emotional problems in children and adolescents cannot be fully understood in isolation from their family context. Issues such as behavioural problems, anxiety, depression, and trauma-related responses are often linked to family stressors such as conflict, inconsistency in discipline, loss, or inadequate emotional support.

The counsellor facilitates open dialogue among family members, helps identify dysfunctional interaction patterns, and supports the development of more adaptive ways of relating to one another. Family therapy also enhances parental understanding of the child's developmental needs and encourages consistent caregiving practices.

Recap

- ◆ Child and adolescent counselling focuses on developmental and emotional needs across early life stages.
- ◆ Developmental considerations are essential in understanding behaviour and emotional expression.



- ◆ Children differ from adolescents in cognitive, emotional, and social functioning.
- ◆ Children often express distress through behaviour rather than verbal communication.
- ◆ Adolescents show greater capacity for abstract thinking and self-reflection.
- ◆ Family, school, and peer systems strongly influence child and adolescent behaviour.
- ◆ Behavioural problems include oppositional behaviour, aggression, attention issues, and rule-breaking.
- ◆ Oppositional Defiant Disorder involves persistent defiance and irritability toward authority.
- ◆ Conduct Disorder involves serious violations of social norms and others' rights.
- ◆ ADHD is characterized by inattention, hyperactivity, and impulsivity affecting functioning.
- ◆ Anxiety in children may appear as separation fears and school refusal.
- ◆ Adolescents commonly experience generalized and social anxiety.
- ◆ Depression may present as irritability, withdrawal, and academic decline in children.
- ◆ Major depressive disorder involves persistent sadness and loss of interest.
- ◆ Trauma refers to psychological responses to distressing life events.
- ◆ PTSD includes intrusive memories, avoidance, and heightened arousal.
- ◆ Acute stress disorder occurs shortly after traumatic experiences.
- ◆ Adjustment-related issues reflect emotional responses to life stressors.
- ◆ Play therapy helps children express emotions through symbolic play.
- ◆ Family therapy improves communication and relationships within the family system.

Objective Questions

- ◆ What type of counselling focuses on children and adolescents?
- ◆ What stage of development is marked by rapid emotional and cognitive change?
- ◆ What system strongly influences child behaviour apart from family?
- ◆ What type of expression do children commonly use instead of words?
- ◆ What disorder involves defiance and irritability toward authority?
- ◆ What disorder involves serious violation of social norms and rights?
- ◆ What condition includes inattention and hyperactivity?
- ◆ What behavioural symptom includes aggression and rule-breaking?
- ◆ What emotional condition involves excessive fear and worry?
- ◆ What anxiety involves fear of separation from caregivers?
- ◆ What disorder involves persistent sadness and loss of interest?
- ◆ What trauma-related disorder includes flashbacks and avoidance?
- ◆ What stress-related condition occurs immediately after trauma?
- ◆ What type of therapy uses symbolic expression through play?
- ◆ What therapy focuses on improving family relationships?
- ◆ What is the primary language of children in therapy?
- ◆ What behavioural response includes withdrawal and irritability in depression?
- ◆ What system includes parents, siblings, and home environment?
- ◆ What approach understands behaviour in developmental context?
- ◆ What counselling focus involves emotional regulation in children?

Answers

1. Developmental
2. Adolescence
3. School
4. Behaviour
5. ODD
6. Conduct Disorder
7. ADHD
8. Conduct
9. Anxiety
10. Separation
11. Depression
12. PTSD
13. Acute
14. Play Therapy
15. Family Therapy
16. Play
17. Withdrawal
18. Family
19. Developmental
20. Regulation

Assignments

1. Explain the developmental considerations in counselling children and adolescents with suitable examples.
2. Critically analyse behavioural problems in children using developmental and counselling perspectives.
3. Analyse depression in children and adolescents with reference to its developmental expressions and causes.
4. Discuss trauma in children and adolescents and explain trauma-informed counselling approaches.
5. Evaluate the effectiveness of play therapy and family therapy in managing child and adolescent psychological problems.

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UNIT

Adult and Geriatric Counselling

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ explain the counselling needs of young adults
- ◆ describe career, relationship, and identity issues in young adulthood
- ◆ explain common concerns of middle-aged adults, including stress and health issues
- ◆ describe counselling needs related to retirement, loss, and cognitive decline in older adults
- ◆ Identify appropriate counselling approaches for adults at different stages of life

Prerequisite

Think of three individuals, each at a different stage of life:

- ◆ Riya, a young adult, struggles with choosing a career path. She juggles expectations from family, doubts her abilities, and feels unsure about relationships and her place in the world.
- ◆ Vikram, a middle-aged professional, faces the pressures of work, balancing family responsibilities, and noticing changes in his health. He begins questioning life choices and feels the weight of unfulfilled dreams.
- ◆ Mrs. Leela, an older adult, has recently retired. She experiences the quiet ache of loss—the loss of daily routine, of friends, of purpose—and notices memory lapses that make her feel uncertain about herself.

Each of them seeks the guidance of a counsellor—but the support they need is very different. The counsellor must understand the unique challenges of each life stage, listen empathetically, and provide strategies that are tailored to the person's age, context, and needs.

In this unit, we will explore counselling approaches for young adults, middle-aged adults, and older adults, focusing on life-stage-specific challenges and interventions. Before diving into the theory, imagine walking alongside Riya, Vikram, and Mrs. Leela—understanding their worlds, noticing subtle struggles, and helping them navigate life's transitions with insight and care.

Keywords

Young Adulthood, Middle Adulthood, Older Adulthood, Career Development, Identity, Relationships, Midlife Crisis, Retirement, Loss, Cognitive Decline.

Discussion

Adult and geriatric counselling is a specialised area within counselling psychology that focuses on the psychological, emotional, social, and developmental needs of individuals in adulthood and later life. These stages of the lifespan are marked by distinct transitions, responsibilities, and challenges that shape mental health and wellbeing in unique ways. In adulthood, individuals often face concerns related to career development, work-life balance, intimate relationships, parenting responsibilities, identity consolidation, and coping with stress arising from multiple social roles. Counselling at this stage therefore emphasizes emotional adjustment, stress management, decision-making, and the enhancement of psychological resilience in the context of complex life demands.

Geriatric counselling, on the other hand, addresses the psychological needs of older adults who experience ageing-related changes

such as retirement, physical health decline, cognitive changes, loss of loved ones, and shifting social roles. This stage of life is often associated with issues of adjustment, loneliness, grief, existential concerns, and concerns about dependency and dignity. Counselling in geriatric populations is therefore directed toward promoting emotional wellbeing, enhancing quality of life, supporting adaptation to age-related changes, and strengthening a sense of meaning and purpose in later life.

A key feature of adult and geriatric counselling is the recognition that psychological concerns are deeply influenced by biological changes, social context, and life-stage transitions. Unlike earlier developmental stages, adulthood and old age require counselling approaches that are highly contextual, practical, and focused on coping with real-life challenges. The therapeutic process often involves helping

individuals reflect on life experiences, reframe difficulties, and develop adaptive strategies for managing ongoing changes.

Another important aspect of counselling in these populations is the emphasis on relationships and social support systems. Adults often navigate complex interpersonal dynamics within families, workplaces, and communities, while older adults may experience reduced social networks and increased dependency on caregivers. Counselling therefore also addresses relational functioning, communication patterns, and the strengthening of supportive connections.

Overall, adult and geriatric counselling provides a structured psychological framework for understanding and addressing the evolving needs of individuals across later stages of life. It integrates emotional, cognitive, and social dimensions of wellbeing, ensuring that individuals are supported in maintaining psychological balance, adapting to change, and achieving a meaningful and satisfying quality of life across adulthood and old age.

5.2.1 Counselling Young Adults

Young adulthood represents a significant phase in the life span, marking the transition from the relative dependence of adolescence to the responsibilities and commitments of adult life. Although the exact age limits vary, this period is generally regarded as extending from the late teens to the thirties. During these years individuals are expected to establish themselves educationally and vocationally, form intimate relationships, achieve economic independence, and assume the responsibilities associated with adult social roles. The decisions made during this period often influence the course of later life and therefore assume considerable personal and social importance.

Unlike adolescence, where the primary concern is the formation of identity, young adulthood is characterised by the practical application of that identity in everyday life. Individuals begin to translate their aspirations into realistic goals and are required to make choices regarding occupation, relationships, marriage, family life, and personal values. The transition is rarely free from difficulty. Rapid social change, increasing educational opportunities, changing occupational patterns, economic pressures, and family expectations often make decision-making more complex than in previous generations. Consequently, many young adults experience uncertainty and conflict while attempting to establish themselves in adult roles.

The concerns encountered during young adulthood are not isolated problems but are closely interconnected. Difficulties in occupational adjustment may influence personal relationships, while uncertainty regarding one's identity may affect career decisions and interpersonal commitments. For this reason, counselling during young adulthood is directed towards facilitating adjustment in the major developmental tasks of this period. Among these, career, relationships, and identity constitute the most important areas requiring attention.

5.2.1.1 Career Issues

The establishment of a career is one of the most important developmental tasks of young adulthood. Occupational choice is not merely the selection of a means of earning a livelihood; it also provides opportunities for personal growth, social participation, economic independence, and the development of self-esteem. The occupation an individual enters often becomes an important component of personal identity and determines many aspects of later family and social life.

Career choice is influenced by a wide range of factors. Intellectual abilities,



interests, aptitudes, educational qualifications, personality characteristics, socioeconomic background, parental expectations, cultural values, and employment opportunities all contribute to vocational decision-making. In many cases these factors do not operate in harmony. A young adult may possess the ability for a particular occupation but may be constrained by financial limitations or family expectations. Others may experience uncertainty because of inadequate knowledge of available educational or occupational opportunities. The increasing competitiveness of the labour market, changing patterns of employment, and rapid technological developments have further complicated the process of career planning.

Failure to make satisfactory occupational decisions may result in indecision, repeated changes in educational or vocational plans, dissatisfaction with work, or feelings of inadequacy. Prolonged unemployment or underemployment may affect confidence and reduce motivation for future achievement. Some individuals also experience difficulty in adjusting to the demands of their first employment, particularly when expectations differ considerably from the realities of working life.

Counselling in this area is concerned with facilitating informed vocational decisions rather than prescribing occupational choices. A careful study of the individual's interests, abilities, aptitudes, achievements, values, and personal circumstances provides the basis for realistic career planning. Educational and occupational information, opportunities for self-appraisal, and assistance in decision-making enable young adults to select occupations that are consistent with both their personal characteristics and the opportunities available to them. Counselling also assists in the adjustment to occupational roles and in dealing with difficulties encountered during the early years of employment.

5.2.1.2 Relationship Issues

The capacity to establish close and meaningful interpersonal relationships is another important characteristic of young adulthood. As dependence upon parents gradually decreases, relationships with friends, colleagues, and intimate partners assume increasing significance. Many individuals enter into long-term commitments such as marriage during this period, while others prepare themselves for future family responsibilities. The quality of these relationships contributes substantially to personal satisfaction and emotional well-being.

The establishment of intimate relationships requires emotional maturity, mutual understanding, effective communication, and the willingness to accept responsibility. However, differences in values, expectations, personality characteristics, and cultural backgrounds frequently become sources of misunderstanding and conflict. The demands of education or employment, financial limitations, and changing family roles may further complicate interpersonal adjustment. Young adults may also experience difficulties in balancing personal independence with emotional closeness, leading to tension within relationships.

Changes in family relationships are equally significant during this period. As young adults strive for autonomy, disagreements may arise regarding career decisions, marriage, financial independence, or personal lifestyle. Such conflicts are particularly evident in societies where family involvement in individual decision-making remains strong. Unless these differences are managed constructively, they may interfere with healthy emotional development and satisfactory interpersonal adjustment.

Counselling provides an opportunity to examine interpersonal difficulties within the context of the individual's developmental

needs and social environment. Greater understanding of communication patterns, expectations, emotional responses, and methods of conflict resolution enables young adults to establish more satisfying relationships. Counselling also assists individuals in adapting to changing family roles and in developing the interpersonal competence required for successful adult living.

5.2.1.3 Identity Issues

Although the foundations of identity are established during adolescence, the process of identity development continues throughout young adulthood. The commitments made regarding occupation, relationships, personal values, and life goals gradually contribute to the formation of a stable adult identity. Identity is therefore not a single achievement but an evolving process that becomes increasingly integrated through experience and responsible decision-making.

Many young adults continue to question their future direction even after completing their education or entering employment. They may experience uncertainty regarding occupational goals, personal values, religious beliefs, or social commitments. Conflicting expectations from parents, peers, and society often make it difficult to arrive at independent decisions. In some instances, frequent changes in career plans, relationships, or educational programmes reflect an underlying uncertainty about personal identity rather than dissatisfaction with external circumstances alone.

Failure to establish a reasonably stable sense of identity may lead to indecisiveness, lack of commitment, dependency upon others for important decisions, and uncertainty regarding future plans. Such difficulties may interfere with occupational adjustment, interpersonal relationships, and the assumption of adult responsibilities.

The counselling process seeks to facilitate a clearer understanding of the individual's abilities, interests, values, aspirations, and personal resources. Through systematic exploration of these aspects, young adults become better able to evaluate alternatives, make responsible decisions, and assume ownership of their life choices. As identity becomes more clearly defined, greater confidence is developed in meeting the demands and responsibilities associated with adult life.

Counselling during young adulthood is therefore primarily concerned with facilitating successful adjustment to the developmental tasks of this period. Assistance in vocational planning, interpersonal adjustment, and identity development enables individuals to negotiate the transition to adulthood with greater confidence and stability, thereby laying the foundation for healthy personal, social, and occupational functioning in later life.

5.2.2 Counselling Middle-aged Adults: Midlife Crises, Stress, and Health Issues

Middle adulthood occupies an important place in the life span because it represents a period of consolidation rather than preparation. During these years, the individual is usually established in an occupation, has accepted family and social responsibilities, and has acquired a fairly stable pattern of living. The demands of work, marriage, parenthood and community life often reach their highest level during this stage. At the same time, gradual physical changes associated with ageing begin to appear, children move towards independence, and responsibilities towards ageing parents become more prominent. Adjustment during middle adulthood therefore depends upon the individual's ability to respond successfully to these changing circumstances.



Although middle adulthood is frequently associated with stability and maturity, it is also a period during which many individuals reassess their achievements, relationships and future plans. Questions concerning success, personal fulfilment, health and security assume greater importance than they did in earlier years. The manner in which these concerns are resolved has an important bearing upon adjustment during the later stages of life. Counselling during middle adulthood is therefore directed towards facilitating adjustment to the developmental tasks and life changes characteristic of this period.

5.2.2.1 Midlife Crisis

The expression *midlife crisis* has been used to describe the emotional disturbance experienced by some individuals during middle adulthood when they become increasingly aware of the passage of time and the limitations imposed by age. It should not be interpreted as a universal experience, since many adults pass through this period without experiencing any marked crisis. For some, however, middle age becomes a time of self-evaluation during which earlier ambitions, present achievements and future possibilities are carefully examined.

This process of self-evaluation may give rise to feelings of dissatisfaction when personal goals remain unfulfilled or when achievements fall short of expectations. Career advancement may appear limited, family relationships may undergo change, and opportunities that once seemed attainable may no longer appear realistic. The growing awareness that certain life choices cannot easily be reversed often intensifies these feelings. For some individuals, such experiences are accompanied by anxiety, frustration or disappointment, while others use the same period as an opportunity to redefine personal goals and priorities.

Changes within the family may also influence adjustment during middle adulthood. The departure of children from the parental home requires many parents to adapt to a different pattern of family life. At the same time, increasing concern for elderly parents may create additional responsibilities. These simultaneous changes frequently require considerable emotional adjustment.

The purpose of counselling is not to regard middle age as a period of inevitable crisis but to assist individuals in understanding the developmental changes associated with this stage. Greater awareness of personal strengths, limitations and future possibilities often enables individuals to replace unrealistic expectations with attainable goals and to approach the later years of life with greater confidence and emotional balance.

5.2.2.2 Stress

Stress during middle adulthood is closely related to the multiple responsibilities that characterise this stage of life. Occupational demands generally increase as individuals assume greater responsibility within their profession, while family obligations continue through the education of children, financial commitments and the care of ageing parents. The simultaneous demands arising from work, family and society often require continuous adjustment.

The sources of stress differ from one individual to another. Occupational difficulties may arise from increasing workloads, changes in organisational structure, limited opportunities for advancement or uncertainty regarding future employment. Within the family, marital disagreements, financial problems, children's educational needs and the care of elderly parents may become persistent sources of concern. When several of these demands occur together,

the individual's capacity to cope may be seriously challenged.

Prolonged stress may influence both personal adjustment and family life. Fatigue, irritability, sleep disturbance, poor concentration and reduced work efficiency are frequently observed when stress remains unresolved. Interpersonal relationships may also be affected as emotional strain influences communication and social interaction.

Counselling is concerned with identifying the circumstances that contribute to stress and examining the methods by which the individual attempts to deal with them. Particular attention is given to patterns of thinking, methods of problem solving, family relationships and occupational adjustment. Through a better understanding of these factors, individuals are often able to organise their responsibilities more effectively and respond to life situations with greater confidence and emotional stability.

5.2.2.3 Health Issues

Health assumes increasing significance during middle adulthood because gradual physical changes become more evident during these years. Although many adults continue to enjoy good health, advancing age is commonly accompanied by reduced physical stamina, slower recovery from illness and an increased likelihood of chronic health conditions. Disorders such as hypertension, diabetes mellitus, cardiovascular disease and arthritis occur more frequently during this stage than in early adulthood. The adoption of unhealthy habits relating to diet, physical activity and substance use may further increase these risks.

Middle adulthood is also associated with certain biological changes that require adjustment. Women experience menopause, while men may notice gradual changes in physical capacity and energy. These changes are part of the normal ageing

process, although the manner in which they are interpreted varies considerably among individuals. For some, they are accepted as natural aspects of development; for others, they become a source of anxiety regarding health, appearance or personal competence.

The presence of a chronic illness often extends beyond physical discomfort. Long-term illness may alter occupational roles, restrict social activities and influence family relationships. The individual may become concerned about dependence, financial security and future well-being. Consequently, adjustment to illness involves psychological and social adaptation as well as medical care.

Counselling seeks to facilitate this process of adjustment by helping individuals understand the emotional reactions associated with illness and ageing. Attention is directed towards maintaining realistic attitudes, strengthening existing personal resources and encouraging patterns of living that contribute to continued physical and emotional well-being. Counselling also provides support during periods of major health-related change and assists individuals in adapting to the limitations that may accompany chronic illness.

Successful adjustment during middle adulthood depends upon the individual's capacity to respond constructively to changing personal, family, occupational and health-related circumstances. Counselling contributes to this process by promoting realistic self-understanding, informed decision-making and effective adjustment to the developmental tasks of middle adulthood.

5.2.3 Counselling Older Adults

Older adulthood constitutes the final stage of the human life span and is generally considered to begin at approximately 65 years of age, although the chronological boundaries of this stage are not rigid. Advances in medical science, improved nutrition, better



living conditions, and increased public health measures have contributed to a steady rise in life expectancy, resulting in a substantial increase in the proportion of older adults within the population. Consequently, issues associated with ageing have assumed increasing importance in the practice of counselling.

Ageing is a normal developmental process that involves gradual changes in physical capacity, psychological functioning, and social roles. These changes do not occur uniformly in all individuals. Older adults differ widely in their state of health, level of independence, social participation, and emotional well-being. While some continue to lead active and productive lives, others experience limitations arising from chronic illness, disability, or reduced social support. The diversity observed during later adulthood indicates that chronological age alone is not an adequate measure of an individual's functional ability or adjustment.

The developmental tasks of later adulthood differ from those encountered during earlier periods of life. Retirement from employment, changing family relationships, increasing concern for health, and the experience of bereavement require continuous adjustment. Erikson regarded this stage as one of ego integrity versus despair. According to his formulation, older adults seek to integrate the experiences of their lives into a meaningful whole. Individuals who are able to accept both their achievements and their disappointments with a sense of satisfaction are more likely to attain ego integrity, whereas those who remain preoccupied with regret, failure, or unresolved conflicts may experience despair and dissatisfaction. The successful resolution of this developmental task contributes to emotional stability and a positive adjustment to old age.

5.2.3.1 Characteristics of Older Adulthood

Later adulthood is characterised by gradual changes in physical functioning, cognitive efficiency, emotional adjustment, and social participation. These changes occur over an extended period and differ considerably in their rate and severity. Although certain age-related changes are inevitable, many aspects of functioning are influenced by lifelong patterns of health, nutrition, education, occupation, and social support.

Changes in family roles constitute an important feature of this stage. The transition from employment to retirement, the independence of adult children, the assumption of grandparental responsibilities, and increasing concern for an ageing spouse or other family members often alter established patterns of living. Social networks may also become smaller following retirement or the loss of friends and relatives. Nevertheless, many older adults continue to derive satisfaction from family relationships, community participation, religious activities, and voluntary service. The quality of these social relationships has an important influence on adjustment during later life.

Older adulthood is also characterised by increasing awareness of physical ageing. Declining stamina, reduced mobility, and the onset of chronic health conditions may necessitate modifications in daily activities. Such changes often require psychological adjustment because they influence independence, self-image, and patterns of social interaction. The significance of these changes depends not only upon their severity but also upon the manner in which they are perceived and managed by the individual.

Physical Health and Ageing

The physical changes associated with ageing become more evident during later adulthood. Muscle strength and endurance gradually decline, movements become slower, and flexibility is reduced. Bone density decreases with advancing age, increasing the risk of fractures and osteoporosis, particularly among older women. The cardiovascular and respiratory systems also undergo age-related changes that reduce physical stamina and prolong recovery following illness. Although these changes are characteristic of normal ageing, their extent varies considerably among individuals.

The prevalence of chronic illness increases during later adulthood. Cardiovascular disease, hypertension, diabetes mellitus, arthritis, osteoporosis, respiratory disorders, and malignant diseases are among the conditions most frequently encountered in this age group. These disorders often require prolonged medical care and may impose limitations upon mobility, self-care, and participation in everyday activities. Persistent illness may also influence family relationships, financial security, and the capacity for independent living.

Ageing is accompanied by gradual changes in sensory functioning. Visual acuity diminishes because of age-related alterations in the eye, making reading and night vision more difficult. Cataracts, glaucoma, and age-related macular degeneration occur more frequently during later life and may interfere with normal activities if left untreated. Hearing also becomes less acute, particularly for high-frequency sounds, making conversation difficult in noisy surroundings. Declining sensitivity to taste and smell may reduce appetite and alter dietary habits, while changes in touch and balance increase the risk of falls and accidental injury.

Reaction time also becomes slower with advancing age. Older adults generally require more time to perceive information, interpret environmental stimuli, and initiate appropriate responses. This slowing reflects normal age-related changes within the nervous system and should not be interpreted as evidence of intellectual decline. Experience, judgment, and accumulated knowledge frequently compensate for reduced speed of response. Nevertheless, slower reaction time may influence activities such as driving, operating machinery, and responding to unexpected situations.

The physical changes associated with ageing influence psychological adjustment in several ways. Limitations imposed by chronic illness, pain, sensory impairment, or reduced mobility may affect self-esteem, interpersonal relationships, and participation in social activities. For this reason, counselling with older adults requires an understanding of both the physical changes associated with ageing and the personal meaning these changes hold for the individual.

Retirement

Retirement is one of the major developmental transitions associated with later adulthood. It marks the end of regular occupational employment and the beginning of a new phase of life characterised by changes in personal roles, daily routines, social relationships, and economic circumstances. Although retirement is generally associated with advancing age, the age at which individuals retire varies according to occupation, organisational policies, health status, and personal choice. The experience of retirement is therefore not uniform, and its significance differs from one individual to another.

For many individuals, work provides much more than a source of income. It contributes

to personal identity, social status, self-esteem, and a sense of purpose. The workplace also offers opportunities for interpersonal relationships, achievement, and participation in activities that provide structure to everyday life. Retirement involves the loss of many of these experiences and requires the individual to establish new patterns of living. The adjustment demanded by retirement is influenced by the meaning that work has held for the individual throughout adult life.

The response to retirement varies considerably among older adults. For some, retirement is welcomed as an opportunity to pursue personal interests, spend more time with family, participate in community activities, or engage in leisure and recreational pursuits that were previously limited by occupational responsibilities. Individuals who enter retirement voluntarily, enjoy satisfactory health, possess adequate financial resources, and maintain supportive social relationships generally adjust more successfully to this transition.

For others, retirement may be accompanied by feelings of uncertainty, dissatisfaction, or loss. The absence of regular work may reduce opportunities for social interaction and diminish the sense of achievement associated with occupational life. Individuals whose identity has been closely associated with their profession may experience difficulty accepting the transition from employment to retirement. Financial concerns, declining physical health, or limited opportunities for meaningful activity may further complicate the adjustment process. In some instances, retirement may contribute to social withdrawal, loneliness, reduced self-esteem, or depressive symptoms, particularly when it is experienced as an unwanted or compulsory life event.

Adjustment to retirement is influenced by several personal and environmental factors. Physical health, financial security, educational

background, previous occupational experiences, personality characteristics, family relationships, and the availability of social support all contribute to the manner in which retirement is experienced. Older adults who maintain satisfying interpersonal relationships and continue to participate in purposeful activities are generally more successful in adapting to changes associated with retirement. The continuity of interests, values, and social involvement developed during earlier stages of adulthood often facilitates successful adjustment during this period.

From a developmental perspective, retirement represents not merely the termination of employment but a process of role reorganisation. The individual is required to redefine personal goals, establish new routines, and discover alternative sources of satisfaction and achievement. This transition frequently requires flexibility, realistic expectations, and the capacity to adapt to changing personal and social circumstances.

Counselling during retirement is concerned with facilitating successful adjustment to these developmental changes. The counsellor assists older adults in examining their expectations regarding retirement, recognising personal strengths and available resources, and developing realistic plans for the future. Attention is directed towards maintaining social relationships, encouraging participation in meaningful activities, strengthening family support, and promoting a balanced pattern of living. Where retirement is accompanied by emotional distress, financial insecurity, or difficulties in role adjustment, counselling provides an opportunity to explore these concerns and develop appropriate strategies for adaptation. The overall objective is to assist older adults in viewing retirement as a period of continued personal growth and social participation rather than as a stage of inactivity or dependence.

Loss

Loss is one of the most significant experiences associated with later adulthood. As individuals grow older, they are increasingly confronted with changes that involve the loss of people, roles, abilities, and opportunities that have formed an important part of their lives. Although loss is a normal aspect of human development, the frequency and cumulative nature of losses during later adulthood often make adjustment more difficult than in earlier stages of life. The ability to cope with these experiences has an important influence on emotional well-being and overall adjustment during old age.

The most profound form of loss in later adulthood is the death of a spouse. The loss of a life partner frequently brings about major changes in emotional, social, and practical aspects of living. In addition to the experience of grief, the surviving spouse may be required to assume responsibilities that were previously shared, adapt to living alone, reorganise daily routines, and establish new patterns of social interaction. The death of a spouse may also reduce emotional security and companionship, particularly after many years of marriage.

Older adults may also experience the loss of other significant relationships through the death of siblings, relatives, close friends, or contemporaries. Such losses often reduce opportunities for social interaction and emotional support, increasing the likelihood of loneliness and social isolation. Since friendships developed over many years are frequently based upon shared experiences and mutual understanding, their loss may be particularly difficult to replace.

Loss during later adulthood is not confined to bereavement. Retirement may involve the loss of occupational identity, status, and regular social contact. Declining physical health may result in the loss of independence and the ability to perform

activities that were once carried out without assistance. Limitations in mobility, chronic illness, or sensory impairment may restrict participation in family, recreational, and community activities. Financial changes following retirement or illness may also alter the individual's standard of living and contribute to feelings of insecurity. The accumulation of these experiences may have a considerable impact upon self-esteem and psychological adjustment.

The emotional responses associated with loss vary from one individual to another. Sadness, loneliness, anxiety, anger, guilt, and feelings of emptiness are common reactions, particularly following bereavement. These responses represent a normal part of the grieving process and gradually diminish as the individual adapts to the changed circumstances. The duration and intensity of grief are influenced by several factors, including the nature of the relationship, previous experiences of loss, personality characteristics, cultural beliefs, religious practices, and the availability of family and social support.

Although most individuals gradually adjust to loss, some experience prolonged or complicated grief that interferes with normal functioning. Persistent social withdrawal, hopelessness, severe depression, or an inability to resume everyday activities may indicate difficulties in the process of adjustment. Such reactions may be intensified by multiple losses occurring within a short period, inadequate social support, or pre-existing physical and emotional problems.

Counselling occupies an important place in assisting older adults to cope with experiences of loss. The counselling relationship provides an atmosphere of acceptance in which individuals are able to express feelings associated with grief without fear of criticism or misunderstanding. The counsellor encourages the individual



to recognise grief as a natural response to loss, to understand the emotional changes accompanying bereavement, and to identify personal strengths and available sources of support. Attention is also directed towards rebuilding social relationships, restoring confidence in everyday functioning, and gradually developing new interests and activities that contribute to a renewed sense of purpose. Through sensitive and supportive intervention, counselling facilitates healthy adjustment to loss while preserving the dignity, independence, and emotional well-being of the older adult.

Cognitive Decline

Changes in cognitive functioning constitute an important aspect of later adulthood. Although some decline in cognitive efficiency accompanies the normal ageing process, the nature and extent of these changes vary considerably among individuals. Many older adults retain satisfactory intellectual functioning well into advanced age and continue to participate effectively in occupational, social, and family activities. Consequently, cognitive decline should not be regarded as an inevitable consequence of growing old but as a phenomenon influenced by physical health, education, lifestyle, and the presence or absence of neurological disorders.

Normal ageing is commonly associated with gradual changes in the speed of information processing, attention, and memory. Older adults may require more time to learn unfamiliar information, recall recently acquired material, or perform tasks that demand rapid mental responses. Minor lapses in memory, such as forgetting names, appointments, or the location of personal belongings, become more frequent with advancing age. However, these changes generally do not interfere significantly with independent living or the performance of routine daily activities. Long-established knowledge, language skills, and accumulated life experience usually remain relatively well preserved.

More pronounced cognitive impairment may occur when age-related changes are associated with neurological disorders. Dementia is one of the major causes of severe cognitive decline in later adulthood. It is characterised by progressive deterioration in memory, thinking, language, reasoning, and judgment, eventually affecting the individual's ability to carry out everyday activities independently. Among the various forms of dementia, Alzheimer's disease is the most common. As the disorder progresses, difficulties in recognising familiar people, managing personal affairs, communicating effectively, and maintaining orientation to time and place become increasingly evident. Such changes gradually reduce the individual's capacity for independent functioning and increase the need for continuous care and supervision.

Cognitive decline has important psychological and social consequences. Older adults experiencing memory impairment frequently become aware of their increasing dependence upon others and may develop feelings of frustration, embarrassment, anxiety, or helplessness. Difficulties in communication and everyday functioning may reduce participation in family and social activities, resulting in withdrawal and isolation. Family members and caregivers also experience considerable emotional and physical strain as they assume increasing responsibility for supervision, decision-making, and daily care. The progressive nature of cognitive disorders often requires substantial adjustments within the family and may influence interpersonal relationships, financial planning, and long-term care arrangements.

The distinction between normal age-related forgetfulness and pathological cognitive impairment is of considerable importance. Occasional memory lapses that do not interfere with daily functioning are generally regarded as part of normal ageing, whereas persistent memory loss accompanied by deterioration in reasoning, judgment, language,

and the ability to perform familiar tasks requires comprehensive clinical assessment. Early recognition of cognitive disorders permits timely medical intervention, appropriate planning, and the provision of supportive services for both the older adult and the family.

Counselling forms an important component of the management of cognitive decline. In the early stages of impairment, counselling assists older adults in understanding the nature of their condition, coping with emotional reactions, and maintaining confidence in their remaining abilities. Family counselling assumes equal importance, as relatives

often require guidance in understanding behavioural changes, communicating effectively with the older adult, and adapting to the increasing demands of caregiving. Counselling also facilitates adjustment by encouraging realistic expectations, strengthening family support, reducing caregiver burden, and promoting the preservation of dignity and quality of life. Although counselling cannot prevent the progression of neurological disorders, it enables older adults and their families to respond more effectively to the emotional, interpersonal, and practical challenges associated with cognitive decline.

Recap

- ◆ Adult counselling addresses emotional and developmental challenges in adulthood.
- ◆ Geriatric counselling focuses on the psychological needs of older adults.
- ◆ Adults experience stress from multiple life roles and responsibilities.
- ◆ Young adults often face identity, career, and relationship concerns.
- ◆ Middle adulthood involves evaluation of life achievements and goals.
- ◆ The geriatric stage is marked by adjustment to ageing and retirement.
- ◆ Midlife concerns may include emotional dissatisfaction and life reassessment.
- ◆ Stress in adulthood often arises from occupational and family demands.
- ◆ Health issues increase psychological vulnerability in middle age.
- ◆ Chronic illness can affect emotional wellbeing and coping capacity.
- ◆ Retirement requires adjustment to loss of work identity and routine.
- ◆ Loss and bereavement are common experiences in older adulthood.
- ◆ Cognitive decline may affect memory and daily functioning in ageing.

- ◆ Mild cognitive decline is a normal part of ageing.
- ◆ Severe decline may indicate neurocognitive disorders like dementia.
- ◆ Social isolation is a major concern among older adults.
- ◆ Counselling focuses on improving coping and emotional regulation.
- ◆ Strength-based approaches are important in geriatric counselling.
- ◆ Life review and meaning-making are useful therapeutic strategies.
- ◆ Counselling enhances adaptation and psychological well-being across adulthood.

Objective Questions

1. What stage follows adolescence?
2. What counselling focuses on older people?
3. What is the transition from work life called?
4. What is a common psychological issue in midlife?
5. What refers to emotional exhaustion due to stress?
6. What refers to sadness due to loss?
7. What cognitive function declines with age?
8. What disorder involves memory loss in ageing?
9. What term describes lack of social contact in old age?
10. What life stage involves career establishment?
11. What psychological process helps adjust to loss?
12. What approach focuses on strengths in ageing?
13. What is evaluation of life experiences called?

14. What emotional state is linked with dissatisfaction in midlife?
15. What type of counselling addresses family dynamics in adulthood?
16. What is fear of ageing called conceptually?
17. What psychological issue arises from multiple roles?
18. What is adjustment to retirement called?
19. What therapy helps meaning-making in older adults?
20. What condition affects thinking and memory in ageing?

Answers

1. Adulthood
2. Geriatric
3. Retirement
4. Crisis
5. Burnout
6. Grief
7. Memory
8. Dementia
9. Isolation
10. Young adulthood
11. Coping
12. Strength
13. Review
14. Dissatisfaction
15. Family

16. Aging anxiety
17. Stress
18. Adjustment
19. Life Review
20. Dementia

Assignments

1. Critically analyse the psychological challenges faced during young adulthood with suitable counselling interventions.
2. Evaluate the role of stress in middle adulthood and its impact on physical and mental health.
3. Discuss how grief and loss influence emotional wellbeing in older adults and suggest counselling strategies.
4. Examine the role of cognitive decline in ageing and its implications for counselling practice.
5. Compare counselling approaches used in young adults and older adults with developmental justification.

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BLOCK

Specialised Areas in Counselling



UNIT

Counselling in Diverse Contexts

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ◆ explain the meaning and importance of counselling in multicultural settings
- ◆ describe the role of counselling in educational settings
- ◆ explain the purpose and functions of counselling in organisational settings
- ◆ identify the similarities and differences between counselling in multi-cultural, educational, and organisational settings

Prerequisite

Imagine three people, each walking into a counselling space from very different worlds:

- ◆ Sara, a student from a different cultural background, struggles to fit in at her college. Her language, traditions, and beliefs often make her feel isolated, even though she is capable and bright.
- ◆ Rahul, a high school teacher, faces students with varied learning needs and emotional challenges. Some are anxious, some defiant, and some silent—each requiring a different approach.
- ◆ Anita, a manager in a corporate office, notices that her team is under stress. Conflicts, performance pressure, and personal struggles are affecting workplace harmony and productivity.

Although all three face challenges, the context shapes the way counselling is needed. The counsellor must adapt strategies, understand the environment, and provide guidance that is sensitive to culture, age, and setting.

In this unit, we will explore counselling in multicultural, educational, and organisational contexts. Before diving into theories and methods, picture yourself as a counsellor stepping into these varied worlds—listening, observing, and applying insights that fit each unique context, like tailoring a key to unlock a different door every time.

Keywords

Multicultural counselling, culture, diversity, educational counselling, school counselling, student guidance, organisational counselling, workplace counselling, employee well-being, communication, ethics, cultural competence, counselling settings

Discussion

6.1.1 Counselling in Multicultural Settings

Counselling takes place within a cultural context. Individuals differ in their values, beliefs, traditions, language, family patterns, and ways of understanding their experiences. These differences can influence how they express concerns, seek help, understand counselling, and respond to interventions. Therefore, effective counselling requires attention to the cultural background and worldview of the counselee.

Multicultural counselling refers to counselling that recognises and responds appropriately to the cultural backgrounds and diverse experiences of counselees. It involves understanding cultural differences while recognising the individuality of each person. The counsellor should avoid making assumptions about a counselee based solely on membership in a particular cultural group.

6.1.1.1 Meaning and Importance of Multicultural Counselling

Multicultural counselling is a counselling process in which the counsellor considers the cultural background, values, beliefs, and social context of the counselee. It aims to provide counselling that is respectful and appropriate to the counselee's cultural context.

Culture may influence the way a person understands psychological concerns and expresses emotions. It can also influence attitudes towards help-seeking, family relationships, authority, and professional assistance. For this reason, understanding the cultural context is important for establishing effective communication and developing an appropriate counselling relationship.

Multicultural counselling does not mean treating every person according to the characteristics of a particular cultural

group. Instead, it requires the counsellor to understand cultural influences while recognising individual differences within and across cultures.

6.1.1.2 Cultural Awareness and Understanding

Cultural awareness begins with the counsellor's understanding of their own cultural values, beliefs, assumptions, and biases. Counsellors need to recognise how their cultural background may influence their perceptions and interactions with counsees. Awareness of personal biases helps reduce the possibility of imposing the counsellor's values on the counsee.

The counsellor also needs to understand the cultural worldview of the counsee. This includes considering the person's values, beliefs, family and social context, language, and experiences. The counsellor should not assume that all members of a cultural group think or behave in the same way. The counsee's own experiences and perspectives should therefore be understood through respectful communication.

6.1.1.3 Multicultural Counselling Competencies

Multicultural counselling competence refers to the knowledge, awareness, and skills required by counsellors to work effectively with counsees from diverse cultural backgrounds. Sue, Arredondo, and McDavis (1992) conceptualised multicultural counselling competencies in three major areas: awareness, knowledge, and skills.

1. Awareness of the Counsellor's Own Cultural Values and Biases

Counsellors need to be aware of their own cultural background, values, beliefs, assumptions, and biases. Such awareness

helps counsellors recognise how their personal and cultural perspectives may influence their understanding of counsees and the counselling process. Counsellors should avoid imposing their own cultural values on counsees.

2. Knowledge of the Counsee's Cultural Worldview

Counsellors need to develop knowledge and understanding of the cultural background and worldview of counsees. This includes understanding relevant cultural values, beliefs, traditions, language, family patterns, and social context. Counsellors should recognise that individuals within the same cultural group may have different experiences and perspectives.

3. Culturally Appropriate Counselling Skills

Counsellors need skills for communicating and working effectively with counsees from diverse cultural backgrounds. This involves adapting counselling communication and interventions when necessary, considering relevant cultural factors, and avoiding assumptions or stereotypes. The counsellor should use methods that are respectful of the counsee's cultural context.

6.1.1.4 APA Multicultural Guidelines

The American Psychological Association (APA) has also developed guidelines to support culturally responsive psychological practice. The *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017) emphasise the importance of understanding individuals within their cultural, social, and contextual environments. The guidelines recognise that individuals may have multiple and interacting aspects of identity and that these can influence their experiences.

For counselling practice, the guidelines emphasise awareness of the counsellor's own cultural perspectives, respect for diverse identities and experiences, attention to language and communication, and consideration of the social and cultural contexts in which counselees live. They encourage psychologists to develop culturally responsive practices rather than applying assumptions uniformly across individuals and cultural groups.

Thus, Sue et al.'s three competencies provide a foundational framework for counsellor competence, while the APA guidelines provide broader guidance for culturally responsive psychological practice. Together, they emphasise self-awareness, understanding of the counselee's cultural context, and appropriate professional skills.

6.1.1.5 Key Considerations in Multicultural Counselling Practice

Effective multicultural counselling requires the counsellor to consider the cultural and social context of the counselee throughout the counselling process. Important considerations include:

- **Cultural self-awareness:** The counsellor should recognise personal cultural values, assumptions, and biases.
- **Understanding the counselee's worldview:** The counsellor should understand how cultural values and experiences may influence the counselee's concerns and expectations.
- **Communication and language:** Differences in language, communication styles, and meanings should be considered.
- **Avoiding stereotypes:** Coun-

sellors should not generalise about individuals based on their cultural or social group.

- **Respect for values and beliefs:** The counsellor should respect the counselee's cultural values without imposing personal beliefs.
- **Contextual understanding:** Family, community, socio-economic circumstances, and other relevant social factors should be considered when they influence the counselling concern.
- **Flexibility in counselling:** Counselling approaches and techniques may need to be adapted to suit the counselee's cultural context.
- **Professional competence:** Counsellors should recognise the limits of their cultural knowledge and seek appropriate consultation, training, or other professional support when required.

6.1.2 Counselling in Educational Settings

Educational institutions are important settings for the intellectual, personal, social, and career development of learners. During their educational journey, learners may experience academic difficulties, adjustment problems, interpersonal concerns, emotional difficulties, and uncertainty about educational or career choices. Counselling services in educational settings provide systematic support to help learners understand and manage such concerns.

Counselling in educational settings refers to the provision of professional counselling services within schools, colleges, universities,

and other educational institutions. It aims to support learners in dealing with their academic, personal, social, and career-related concerns and to facilitate their overall development. The counsellor may work with learners individually or in groups and may collaborate with teachers, parents, administrators, and other professionals when appropriate.

6.1.2.1 Need for Counselling in Educational Settings

The educational environment involves several developmental and adjustment demands. Learners may experience difficulties related to academic performance, relationships, emotional adjustment, career decisions, and adaptation to new educational environments. Such concerns can affect their educational participation and personal development.

Counselling is therefore needed to:

- help learners manage academic difficulties and educational adjustment;
- address personal, emotional, and interpersonal concerns;
- assist learners in making educational and career decisions;
- support learners during developmental and transitional periods; and
- promote healthy personal and social development.

Counselling in educational institutions is not limited to dealing with problems after they arise. It can also serve preventive and developmental purposes by helping learners develop coping skills, decision-making abilities, interpersonal skills, and self-understanding.

Did You Know?

Competitive Examinations and Student Mental Health in India

India witnesses an increasing number of students appearing for competitive entrance examinations such as NEET-UG and JEE each year. Although several lakh to millions of students compete for admission, the number of available seats remains comparatively limited, making these examinations highly competitive. The academic pressure associated with preparation, repeated attempts, and uncertainty regarding future educational opportunities can significantly affect students' psychological well-being.

According to the National Crime Records Bureau (NCRB), 14,488 students died by suicide in India in 2024, accounting for 8.5% of all suicides reported during the year. While student suicides result from multiple and complex factors, the growing academic pressure experienced by many students has strengthened the need for accessible counselling and mental health support within educational institutions.

These developments highlight the importance of counselling services in schools, colleges, universities, and coaching institutions. Early identification of psychological distress, timely counselling, stress management programmes, career guidance, and referral to specialised mental health services can help students cope more effectively with academic demands and support their overall well-being.



6.1.2.2 Objectives of Counselling in Educational Settings

The objectives of counselling in educational settings extend beyond solving immediate problems. Counselling aims to support the learner's adjustment, development, and effective participation in the educational process.

The major objectives are:

1. To facilitate academic adjustment and learning by helping learners identify difficulties affecting their educational progress.
2. To promote personal development by helping learners develop self-understanding, confidence, and effective coping strategies.
3. To support social adjustment by helping learners develop healthy interpersonal relationships and deal with relationship-related difficulties.
4. To assist educational and career decision-making by helping learners understand their interests, abilities, goals, and available opportunities.
5. To help learners cope with developmental and transitional challenges associated with different stages of education.
6. To identify learners who may require additional psychological or specialised support and facilitate appropriate referral when necessary.

Thus, counselling contributes both to the immediate needs of learners and to their

long-term personal, educational, and career development.

6.1.2.3 Counselling in Different Educational Institutions

The nature of counselling varies according to the educational level, developmental needs of learners, and institutional context. Although the basic principles of counselling remain the same, the concerns addressed may differ across educational institutions.

School Settings

At the school level, counselling is closely related to the educational, developmental, personal, and social needs of children and adolescents. Learners may require support for academic difficulties, adjustment to school, peer relationships, emotional concerns, behavioural difficulties, and family-related issues.

School counselling may also introduce learners to educational and career choices appropriate to their developmental stage. The counsellor may work in coordination with teachers and parents while maintaining appropriate professional boundaries and protecting the learner's confidentiality.

College and University Settings

Learners in colleges and universities face different academic, personal, social, and career-related demands. They may experience difficulties in adjusting to higher education, managing academic workload, developing relationships, making career decisions, and adapting to greater independence.

Counselling services at this level may therefore focus on academic adjustment, personal and emotional concerns, interpersonal relationships, career planning, and transition to employment or further education. Counsellors may also provide

support during significant educational or personal transitions.

Open and Distance Learning Settings

Open and distance learning has distinctive counselling needs because learners may study with greater flexibility and may have limited face-to-face interaction with teachers and peers. Some learners may experience difficulties related to time management, academic engagement, isolation, balancing education with work or family responsibilities, and maintaining motivation.

Counselling and learner-support services in such settings can provide academic guidance, emotional support, career-related assistance, and help with adjustment to the demands of flexible and largely independent learning. Counselling may be provided through face-to-face, telephone, online, or other appropriate modes.

This section is particularly relevant to contemporary educational settings because counselling services increasingly need to respond to different modes of learning.

Initiatives in Educational Counselling in Kerala

In recent years, Kerala has taken several initiatives to strengthen students' mental health and psychosocial well-being across educational institutions. In addition to the Professional School Counsellor (PSS) Programme in selected schools and the Jeevani Student Well-being Programme in government colleges, educational institutions have increasingly established counselling cells, mentoring systems, student support centres, and career guidance units.

Schools and higher educational institutions regularly organise life skills education programmes, mental health awareness campaigns, anti-drug awareness initiatives, gender sensitisation programmes, anti-ragging activities, and career guidance programmes. Collaboration with the District Mental Health Programme (DMHP), healthcare institutions, and community mental health services has further strengthened referral mechanisms for students requiring specialised psychological support.

These initiatives reflect the growing recognition that counselling is an integral component of educational support services and contributes significantly to students' academic success, psychological well-being, and overall development.

6.1.2.4 Areas of Counselling in Educational Settings

Counselling in educational institutions covers several interconnected areas.

Academic Counselling

Academic counselling helps learners deal with difficulties related to learning and educational progress. The counsellor may assist learners in identifying factors affecting their academic performance, developing effective study habits, managing academic

demands, and making appropriate educational choices.

Academic counselling does not focus only on academic achievement. It also helps learners understand their learning needs and develop strategies for effective academic adjustment.

Personal and Social Counselling

Learners may experience personal and interpersonal concerns during different stages of education. These may include



difficulties related to self-confidence, emotional adjustment, family relationships, peer relationships, and adaptation to changes in the educational environment.

Personal and social counselling provides learners with an opportunity to understand their concerns, develop appropriate coping strategies, and improve their interpersonal functioning.

Career Counselling

Career counselling assists learners in understanding their interests, abilities, values, and career-related goals. It may help them make decisions regarding subjects, courses, further education, occupations, and career pathways.

The counsellor provides relevant information and facilitates decision-making while helping learners consider their individual characteristics and available opportunities.

Adjustment and Developmental Counselling

Transitions between educational levels and changes in academic or social environments can create adjustment difficulties. Counselling can help learners adapt to new situations, develop effective coping strategies, and deal with developmental challenges.

Developmental counselling also supports learners in developing self-understanding, decision-making skills, interpersonal skills, and other competencies needed for their educational and personal growth.

6.1.2.5 Counselling Services in Educational Institutions

Educational institutions may provide counselling through different forms of services according to the needs of their learners and available resources.

Individual Counselling

Individual counselling provides learners with an opportunity to discuss personal concerns in a confidential professional setting. It may be used for academic, personal, emotional, social, adjustment, or career-related concerns.

Group Counselling

Group counselling can be useful when learners have similar concerns or developmental needs. It provides opportunities for interaction, sharing of experiences, learning from others, and developing interpersonal skills under the guidance of a counsellor.

Guidance and Referral Services

Counsellors may provide guidance regarding educational and career choices and connect learners with relevant institutional or community resources. When a learner's concerns require specialised intervention beyond the counsellor's professional competence, appropriate referral should be made.

6.1.2.6 Role of the Counsellor in Educational Settings

The counsellor has an important role in supporting the educational and personal development of learners. The role is not limited to providing counselling when a learner reports a problem. It also includes preventive, developmental, consultative, and referral functions.

The major roles of the counsellor include:

Providing Counselling and Support

The counsellor provides individual and group counselling to help learners deal with academic, personal, emotional, social, adjustment, and career-related concerns. The counsellor creates a supportive environment

in which learners can discuss their concerns and consider appropriate ways of managing them.

Facilitating Academic and Personal Development

The counsellor helps learners understand factors that influence their educational progress and personal development. This may include developing effective study habits, improving decision-making, managing academic demands, and developing coping skills.

Supporting Career Development

The counsellor assists learners in understanding their interests, abilities, goals, and career possibilities. The counsellor can provide relevant information and facilitate informed educational and career decisions.

Identification and Referral

The counsellor may identify learners who require additional support based on their expressed concerns or observed difficulties. When the learner's needs exceed the counsellor's competence or require specialised intervention, appropriate referral should be made.

Collaboration with Others

Counselling in educational settings often requires coordination with teachers, parents, administrators, and other professionals. Such collaboration should be undertaken when appropriate and in accordance with ethical requirements, particularly regarding confidentiality and the learner's rights.

Preventive and Developmental Role

The counsellor may conduct programmes related to areas such as adjustment, study skills, interpersonal relationships, career development, and coping with educational

demands. Such activities help address concerns before they develop into more serious difficulties and promote the overall development of learners.

6.1.2.7 Challenges in Counselling in Educational Settings

Counselling within educational institutions may involve several challenges. Large learner populations and limited counselling resources can restrict the availability of individual attention. Some learners may hesitate to seek counselling because of stigma, lack of awareness, or concerns about confidentiality.

Counsellors may also need to balance collaboration with teachers, parents, and institutional authorities with the learner's right to privacy and autonomy. Differences in learners' backgrounds, needs, and circumstances require counsellors to adopt a sensitive and individualised approach.

In online and distance education, limited face-to-face interaction may create additional challenges in identifying learners who require support and maintaining regular contact with them.

6.1.2.8 Ethical Considerations in Educational Counselling

Ethical practice is essential because counselling in educational institutions involves learners who may also be subject to institutional rules and expectations. The counsellor should protect the rights, dignity, privacy, and welfare of learners.

Confidentiality

Information shared by learners during counselling should be kept confidential. The counsellor should explain the nature and limits of confidentiality at the beginning of the counselling relationship.



Informed Consent

Learners should be provided with appropriate information about the counselling service, its purpose, procedures, and relevant limits so that they can participate with an adequate understanding of the process. When counselling involves children or adolescents, applicable requirements concerning parental or guardian consent and the learner's assent should be followed.

Respect for Autonomy

Counsellors should respect learners' ability to participate in decisions concerning their own counselling. They should avoid imposing personal values or making decisions on behalf of learners unnecessarily.

Professional Boundaries

The counsellor should maintain appropriate professional boundaries in relationships with learners, teachers, parents, and institutional authorities. Personal, social, or other relationships that may interfere with professional judgement should be avoided.

Competence

Counsellors should work within the limits of their education, training, and professional competence. They should seek consultation or make appropriate referrals when a learner's needs require specialised services beyond their competence.

Protection from Harm

The counsellor has a responsibility to protect learners from foreseeable harm. Where there is a serious risk to the learner or others, relevant ethical and institutional procedures should be followed, including appropriate limits to confidentiality.

Cultural and Individual Sensitivity

Educational institutions include learners from different social, cultural, linguistic,

economic, and family backgrounds. Counsellors should respect these differences and provide services without discrimination or prejudice.

Record Keeping and Privacy

Counselling records should be maintained securely and accessed only by authorised persons for legitimate professional purposes. Information should be shared only when ethically and legally appropriate.

6.1.3 Counselling in Organisational Settings

Organisational counselling services comprise a range of interventions designed to promote employees' psychological well-being, facilitate adjustment to workplace demands, and improve organisational effectiveness. These services address both work-related and personal concerns that may influence employees' performance, interpersonal relationships, and quality of life. Depending on the size and nature of the organisation, counselling services may be provided through in-house counsellors, psychologists, Employee Assistance Programmes (EAPs), occupational health professionals, or external counselling agencies.

Individual Counselling

Individual counselling is one of the most frequently used counselling services in organisations. It provides employees with a confidential environment to discuss personal, emotional, interpersonal, or work-related concerns that affect their well-being or job performance.

Employees may seek counselling for stress, anxiety, work-life imbalance, family concerns, interpersonal conflicts, grief, adjustment difficulties, low self-confidence, career-related concerns, or other personal issues. Through counselling, employees are

assisted in understanding their concerns, identifying appropriate coping strategies, strengthening problem-solving abilities, and improving psychological well-being.

Stress Management Programmes

Stress management has become an important component of organisational counselling services. Such programmes aim to help employees recognise sources of occupational stress and develop healthy coping strategies. Counselling interventions may include stress management training, relaxation techniques, mindfulness practices, cognitive and behavioural strategies, time management, and problem-solving skills.

Recent workplace mental health guidelines also encourage organisations to provide programmes that strengthen employees' capacity to manage stress and promote psychological well-being.

Career Counselling

Career counselling assists employees in planning and managing their professional development throughout their working lives. Employees may require guidance while selecting career paths, preparing for leadership responsibilities, adapting to organisational changes, changing occupations, or planning retirement.

Career counselling helps employees identify their interests, abilities, strengths, and professional goals. It also facilitates informed career decisions, enhances motivation, and supports continuous professional development.

Crisis Intervention

Unexpected events such as workplace accidents, organisational restructuring, sudden loss of employment, violence, natural disasters, or the death of a colleague may create psychological distress among

employees. Crisis intervention provides immediate emotional support and assists employees in coping effectively with traumatic or highly stressful situations.

Counselling during crises focuses on reducing emotional distress, strengthening coping resources, restoring normal functioning, and facilitating referral for specialised mental health care whenever necessary.

Conflict Resolution and Interpersonal Counselling

Interpersonal conflicts may arise because of differences in personality, communication styles, work responsibilities, or organisational expectations. If left unresolved, such conflicts can affect teamwork, employee morale, and organisational productivity.

Counselling services assist employees in improving communication, resolving interpersonal conflicts, strengthening collaboration, and developing constructive approaches to problem-solving. Consultation and mediation may also be used to facilitate healthy workplace relationships.

Mental Health Promotion and Wellness Programmes

Organisations increasingly recognise that counselling should focus not only on resolving problems but also on promoting positive mental health. Wellness programmes are therefore becoming an important component of organisational counselling services.

These programmes include mental health awareness activities, life skills training, resilience-building programmes, stress management workshops, mindfulness sessions, yoga, relaxation training, and health promotion activities. Such initiatives promote emotional well-being, strengthen



coping abilities, reduce stigma associated with mental health concerns, and encourage employees to seek professional assistance whenever required. The World Health Organisation recommends that organisations strengthen mental health literacy, promote psychologically healthy workplaces, and provide interventions that support employees' well-being and work effectiveness.

Referral Services

Not all employee concerns can be addressed within the organisation. Employees experiencing severe psychological disorders, substance dependence, suicidal behaviour, or other complex mental health conditions may require specialised intervention.

In such situations, counsellors facilitate referral to psychiatrists, clinical psychologists, de-addiction centres, hospitals, or other specialised mental health services. Referral ensures that employees receive comprehensive assessment, treatment, and follow-up care while maintaining

continuity of support within the workplace. Organisational counsellors facilitate employees' psychological well-being while contributing to the overall effectiveness of the organisation. Their role extends beyond addressing individual problems to promoting healthy workplace relationships, preventing psychological difficulties, supporting career development, and fostering a positive organisational climate.

Assessment of Employee Concerns

An important responsibility of the organisational counsellor is to identify employees experiencing personal, emotional, interpersonal, or work-related difficulties. Assessment involves understanding the nature of the employee's concerns, the factors contributing to the problem, and their impact on work performance and well-being. Appropriate assessment enables the counsellor to plan suitable interventions or facilitate referral whenever specialised services are required.

Workplace Counselling Services in Indian Organisations

In recent years, many public and private organisations in India have expanded workplace counselling services in response to increasing awareness of employee mental health. Large organisations in sectors such as information technology, banking, healthcare, education, manufacturing, and corporate services have introduced Employee Assistance Programmes (EAPs), employee wellness initiatives, and mental health awareness programmes.

Many organisations provide confidential counselling through in-house professionals or external counselling agencies. Employee wellness programmes commonly include stress management workshops, mindfulness and yoga sessions, psychological counselling, financial well-being programmes, and work-life balance initiatives. Organisations are also placing greater emphasis on creating psychologically safe workplaces by addressing workplace harassment, discrimination, burnout, and excessive work-related stress.

These initiatives reflect the growing recognition that employee well-being is closely associated with organisational effectiveness, job satisfaction, productivity, and long-term organisational sustainability.

6.1.3.2 Emerging Trends in Organisational Counselling

The nature of work and organisations has undergone significant changes in recent years due to technological advancements, globalisation, changing workforce demographics, and increasing awareness of employee well-being. These changes have expanded the scope of organisational counselling beyond addressing individual employee problems to promoting positive mental health, healthy workplace relationships, and organisational well-being. Some of the important emerging trends in organisational counselling are discussed below.

Employee Well-being and Mental Health Promotion

Contemporary organisations increasingly recognise that employee well-being is closely associated with organisational effectiveness. Consequently, counselling services are no longer limited to managing psychological problems but also focus on promoting positive mental health, resilience, emotional well-being, and healthy work practices. Organisations are introducing wellness programmes, stress management initiatives, life skills training, and mental health awareness activities that encourage employees to maintain psychological well-being and seek professional support when required.

Digital and Online Counselling

Technological advancements have transformed the delivery of counselling services in organisations. Online counselling, tele-counselling, video consultations, email, and digital platforms are increasingly used to provide confidential psychological support to employees. These services improve accessibility, particularly for employees working in different locations or following hybrid and remote work arrangements. At

the same time, counsellors must ensure confidentiality, informed consent, and ethical practice while using digital modes of service delivery.

Employee Assistance Programmes

Employee Assistance Programmes (EAPs) have become an important component of workplace mental health services in many organisations. Initially developed to address specific employee concerns, these programmes now provide a broad range of services, including psychological counselling, stress management, crisis intervention, family counselling, financial and legal guidance, and referral services. EAPs contribute to early identification of employee concerns and support overall organisational well-being.

Diversity, Equity, and Inclusion

Modern organisations employ individuals from diverse cultural, linguistic, social, and professional backgrounds. Counselling services increasingly support organisational initiatives that promote diversity, equity, and inclusion by fostering mutual respect, reducing discrimination and workplace harassment, and facilitating inclusive work environments. Counsellors also assist employees in adapting to multicultural workplaces and strengthening effective interpersonal relationships.

Building Safe Workplaces

There is increasing recognition that employees perform more effectively in workplaces where they feel respected, supported, and safe. Organisations are therefore giving greater importance to creating work environments in which employees can express concerns, share ideas, seek assistance, and report workplace difficulties without fear of stigma or discrimination. Counselling contributes to this objective by promoting open communication, emotional support, conflict resolution, and mental health awareness.



Recap

- ◆ Counselling in diverse contexts addresses psychological needs across varied social and cultural settings.
- ◆ Human behaviour is strongly influenced by cultural, social, and environmental factors.
- ◆ Counselling must be flexible rather than applying a uniform approach.
- ◆ Cultural sensitivity is essential for effective counselling practice.
- ◆ Counsellors must avoid ethnocentric interpretations of client problems.
- ◆ Cultural competence involves knowledge, skills, and attitudes for diverse clients.
- ◆ Clients express emotional distress differently across cultures.
- ◆ Cultural identity influences coping, communication, and help-seeking behaviour.
- ◆ Acculturation challenges affect migrants and minority groups.
- ◆ Multicultural counselling addresses issues of identity conflict and adaptation.
- ◆ Social inequalities such as discrimination affect mental health outcomes.
- ◆ Counselling in educational settings supports academic, emotional, and social development.
- ◆ Students often face academic stress, learning difficulties, and adjustment issues.
- ◆ School counselling includes behavioural and emotional support services.
- ◆ Career guidance is a key component of educational counselling.
- ◆ Organisational counselling focuses on workplace mental health and productivity.
- ◆ Occupational stress is a major concern in organisational settings.
- ◆ Counselling improves employee adjustment and job satisfaction.
- ◆ Workplace counselling addresses interpersonal conflicts and communication issues.
- ◆ Counselling across contexts promotes wellbeing, adaptation, and inclusivity.

Objective Questions

1. What type of counselling focuses on cultural differences?
2. What term refers to working effectively with diverse cultures?
3. What influences beliefs, values, and behaviour in counselling?
4. What is avoidance of cultural bias called?
5. What concept refers to adapting counselling to client culture?
6. What term describes adaptation to a new culture?
7. What issue involves discrimination in society?
8. What counselling context focuses on students?
9. What setting refers to workplace counselling?
10. What process helps students with career choices?
11. What psychological factor is common in workplaces?
12. What term refers to job-related emotional exhaustion?
13. What school issue involves bullying among peers?
14. What developmental process occurs in adolescence?
15. What counselling helps improve communication at work?
16. What factor affects mental health in multicultural settings?
17. What system includes school counselling services?
18. What counselling focuses on employee wellbeing?
19. What issue arises from cultural identity conflict?
20. What approach focuses on inclusion in counselling?

Answers

1. Multicultural
2. Competence
3. Culture
4. Bias
5. Adaptation
6. Acculturation
7. Discrimination
8. Educational
9. Organisational
10. Guidance
11. Stress
12. Burnout
13. Bullying
14. Identity
15. Counselling
16. Culture
17. School
18. Workplace
19. Conflict
20. Inclusivity

Assignments

1. Critically analyse the importance of cultural sensitivity in counselling practice with suitable examples.
2. Discuss how multicultural counselling addresses issues of identity, acculturation, and cultural conflict.
3. Examine common psychological and behavioural issues among students and discuss counselling intervention.
4. Discuss the role of counselling in managing occupational stress and improving employee wellbeing.
5. Compare counselling practices in educational and organisational settings with reference to goals and interventions.

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UNIT

Counselling for a Specific Issue

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- ♦ define counselling for specific psychological issues;
- ♦ explain the basic concepts of addiction, trauma, crisis, marriage and family, grief, and suicide counselling;
- ♦ identify the common issues addressed through these counselling approaches;
- ♦ describe the role of counselling in managing these issues; and
- ♦ recognise the importance of professional counselling in promoting mental health and well-being

Prerequisite

Imagine a small counselling centre, where people arrive carrying invisible burdens:

- ♦ Rohan, struggling with addiction, walks in weighed down by guilt and fear, unsure if anyone can understand the grip of his habit.
- ♦ Anita, recently experiencing a traumatic accident, finds herself reliving the moments again and again, her emotions raw and unpredictable.
- ♦ Vikram and Priya, a married couple, come seeking help as conflicts that once seemed small now threaten their relationship.
- ♦ Meera, grieving the loss of a loved one, cannot find a way to move forward, feeling stuck in sadness and emptiness.

- ◆ Sam, silently battling thoughts of ending his life, feels isolated and desperate for understanding.

Each person's struggle is unique, yet all seek the same thing: someone who can listen, understand, and guide them through the storm. The counsellor's task is not just to offer advice, but to provide support that is sensitive to the nature of the issue, the person's context, and the emotional intensity involved.

In this unit, we will explore counselling approaches for addiction, trauma and crisis, marriage and family issues, grief and bereavement, and suicide intervention. Before we learn the methods and strategies, imagine yourself as the counsellor: noticing the hidden burdens, approaching each person with care, and choosing the right "path" to help them find relief, healing, and hope.

Keywords

Addiction counselling, Trauma counselling, Crisis counselling, Marriage counselling, Family counselling, Grief counselling, Bereavement counselling, Suicide prevention

Discussion

Individuals encounter a variety of psychological, emotional, behavioural, and interpersonal difficulties across the lifespan. While many of these concerns can be managed through personal and social resources, some become sufficiently severe to interfere with daily functioning and require professional counselling. Addiction, traumatic experiences, crises, marital and family conflicts, bereavement following loss, and suicidal thoughts are among the common concerns that frequently bring individuals to counselling services. These issues differ in their nature and causes, but each has the potential to affect psychological well-being, interpersonal relationships, occupational functioning, and quality of life.

Counselling for specific issues involves the application of specialised knowledge and interventions suited to the particular needs and circumstances of individuals, couples, families, or groups. Depending

on the nature of the problem, counselling may focus on crisis management, emotional support, behaviour change, relationship improvement, coping with loss, or suicide prevention. This unit introduces the principles and approaches used in addiction counselling, trauma and crisis counselling, marriage and family counselling, grief and bereavement counselling, and suicide counselling.

6.2.1 Addiction Counselling

Addiction is characterised by a persistent pattern of substance use or engagement in certain behaviours despite their harmful consequences. It affects the individual's physical health, psychological well-being, interpersonal relationships, occupational functioning, and quality of life. Dependence may develop on substances such as alcohol, nicotine, and other drugs, resulting in impaired control over their use and difficulty in stopping despite repeated attempts.

Addiction counselling is a specialised area of counselling that assists individuals in understanding the nature of their addiction, recognising its consequences, and working towards recovery. Counselling focuses on promoting motivation for change, developing healthy coping strategies, preventing relapse, and supporting long-term rehabilitation. Depending on the individual's needs, counselling may be provided on an outpatient or inpatient basis and often involves collaboration with family members, healthcare professionals, and community support services.

The following sections discuss counselling approaches used in the treatment of alcohol, nicotine, and other forms of substance addiction.

6.2.1.1 Treatment for Alcohol Abuse/Misuse and Addiction

Alcohol is a psychoactive substance that acts as a central nervous system depressant. It is discussed separately from other substances because alcohol misuse and alcohol dependence remain among the most common forms of substance use disorders encountered in counselling practice. Some professionals prefer to use the term alcohol misuse rather than alcohol abuse, as it describes a broad pattern of harmful drinking behaviour rather than a diagnostic category.

Effective treatment for alcohol misuse and addiction requires careful assessment of the individual's physical and psychological condition. Before counselling begins, it may be necessary for individuals with severe alcohol dependence to undergo detoxification or a period of abstinence under appropriate medical supervision. This process helps eliminate alcohol from the body, manage withdrawal symptoms, and prepare the individual for counselling and rehabilitation.

Counsellors generally provide treatment through outpatient, residential, or inpatient programmes, depending on the severity of the problem, the individual's physical condition, and the level of support required.

One of the best-known approaches to the treatment of alcohol addiction is Alcoholics Anonymous (AA). AA is a self-help fellowship that provides mutual support for individuals seeking recovery from alcohol dependence. It functions both as a support network and as a recovery programme in which members share their experiences, encourage one another, and work towards maintaining abstinence from alcohol.

The principles of AA have also been adapted for individuals experiencing other forms of addiction. However, some counsellors prefer approaches that are based on cognitive-behavioural or humanistic principles rather than a spiritual framework. Accordingly, a variety of recovery programmes are available to meet the diverse needs and beliefs of individuals seeking treatment.

Treatment for alcohol misuse should not be limited to the individual alone. Counselling often includes the family and, where appropriate, the wider social environment. A supportive family environment can facilitate recovery by encouraging healthy behaviour, improving communication, and reducing factors that may contribute to continued alcohol use.

Similarly, support from the community plays an important role in maintaining recovery. Self-help groups, family support groups, and community-based awareness programmes provide emotional support, education, and encouragement for both individuals recovering from alcohol dependence and their family members.

When counselling adolescents with alcohol-related problems, it is important to recognise that adolescent counselling



requires specialised knowledge and skills. Family members and other significant persons should be involved in the counselling process whenever appropriate. Adolescents also need to understand the purpose and process of counselling, and counselling interventions should be developmentally appropriate. Although establishing a therapeutic relationship is essential, the counsellor should maintain professional boundaries. Counselling with adolescents is generally more effective when it focuses on problem-solving, skill development, and providing opportunities for young people to express their thoughts and feelings. In addition, counsellors should recognise that progress in counselling may be gradual and that therapeutic gains may occur at different stages of the recovery process.

6.2.1.2 Treating Nicotine Abuse and Addiction

In addition to the approaches used for treating alcohol misuse and addiction, there are specific interventions designed for individuals with nicotine dependence. Since nicotine is a highly addictive substance, successful treatment often requires a combination of counselling, behavioural interventions, and continuous support to help individuals stop smoking and prevent relapse.

One effective approach is telephone counselling, which provides individuals with counselling and encouragement through scheduled telephone sessions. During these sessions, counsellors offer positive, supportive, and non-judgmental guidance to individuals attempting to quit smoking. Such counselling aims to strengthen motivation, enhance confidence in the ability to stop smoking, and provide continued support throughout the quitting process.

Another intervention is rapid smoking, a behavioural technique in which individuals,

following appropriate counselling, smoke cigarettes at frequent intervals until they develop an unpleasant physical response. The objective of this technique is to create a conditioned negative reaction to smoking, thereby reducing the desire to smoke. Although this approach has been used in smoking cessation programmes, its application should be carefully considered because of potential health risks.

Skills training is another important counselling strategy. Individuals are first helped to identify the cognitive, emotional, and environmental situations that trigger the urge to smoke. They are then taught coping skills to manage these triggers effectively. Common techniques include cognitive reframing, thought stopping, the use of positive self-statements, engaging in physical activity, using oral substitutes, and seeking support from family members, friends, or peers during the quitting process.

The use of self-help materials can further strengthen smoking cessation efforts. Informational booklets, educational materials, and other self-help resources provide practical guidance on preparing to quit smoking, coping with cravings, managing withdrawal symptoms, and maintaining a smoke-free lifestyle. These resources complement counselling by encouraging individuals to take an active role in their recovery.

Educational programmes also play an important role in preventing tobacco use among adolescents. Such programmes focus on both external and internal factors that influence smoking behaviour. External factors include the effects of smoking on physical appearance, personal hygiene, social acceptance, and financial costs. Internal factors focus on healthy lifestyle choices, decision-making, nutrition, stress management, and effective use of time. For younger adolescents, external factors may be more influential in discouraging the initiation

of smoking, whereas for older adolescents, internal factors related to health, lifestyle, and personal goals are often more effective in promoting tobacco-free behaviour.

6.2.1.3 Treating Drug Abuse and Addiction

Drugs are substances, other than food, that alter the functioning of the mind and body. They include stimulants, depressants, hallucinogens, opioids, cannabis, and prescription medications that may be used for medical or non-medical purposes. Misuse of these substances can lead to dependence and addiction, resulting in significant physical, psychological, social, and occupational problems.

The treatment of drug abuse and addiction involves both prevention and remediation. Preventive interventions are generally implemented at the community, school, or societal level to reduce the likelihood of substance use and prevent the development of addiction.

Effective prevention requires an understanding of risk factors and protective factors associated with drug use. Risk factors are conditions or circumstances that increase the likelihood of an individual using drugs. These may include poverty, poor academic performance, association with peers who use drugs, family conflict, and inadequate parental supervision. In contrast, protective factors reduce the likelihood of substance use. A supportive and well-functioning family, positive peer relationships, academic success, and healthy community environments serve as important protective factors. Environmental influences or triggers may strengthen either risk or protective behaviours.

A variety of drug prevention programmes have been developed to discourage substance use, particularly among children and adolescents. Many of these programmes focus on helping young people develop the confidence and skills to refuse drugs when they are offered. Such programmes emphasise assertiveness, decision-making, and refusal skills, enabling individuals to

Vimukthi Mission – Kerala Government Initiative

Vimukthi Mission, the Kerala State Government's de-addiction and anti-narcotic awareness programme, was launched in 2016 under the leadership of the Kerala State Excise Department. The mission was introduced with the aim of creating a "Drug-Free Kerala" by preventing alcohol and drug abuse through awareness programmes, counselling, treatment, and rehabilitation services.

The programme adopts a multi-level approach involving schools, colleges, families, local self-government institutions, and community organizations. It promotes early identification of substance-related problems and encourages individuals affected by addiction to seek professional help.

Under Vimukthi Mission, de-addiction centres and counselling services are supported to provide care for individuals struggling with alcohol and substance dependence. Counsellors play an important role in assessment, motivation for change, psychological support, relapse prevention, and family counselling.

avoid situations associated with drug use and respond appropriately to peer pressure.

Individuals who are dependent on drugs other than alcohol or nicotine may receive treatment through specialised de-addiction and rehabilitation programmes. Counselling is often provided along with medical care, behavioural interventions, and group support to facilitate recovery and prevent relapse. The selection of treatment depends on the type of substance used, the severity of dependence, and the individual's physical, psychological, and social needs.

Drug addiction may also be encountered among individuals receiving treatment within correctional and rehabilitation settings. In such situations, structured treatment programmes, including counselling, rehabilitation, and relapse prevention services, are provided to support recovery and facilitate successful reintegration into society. Effective rehabilitation reduces the likelihood of repeated substance use and contributes to improved personal and social functioning.

Despite the availability of treatment services, many individuals with drug dependence do not receive appropriate care because of factors such as lack of awareness, social stigma, limited access to treatment facilities, and reluctance to seek professional help. Strengthening prevention programmes, improving access to counselling and rehabilitation services, and promoting early intervention remain essential for reducing the burden of drug addiction

6.2.1.5 Process Addictions

Unlike substance addictions such as alcohol, nicotine, and drugs, process addictions refer to addictive patterns involving behaviours rather than the intake of a substance. These behaviours may appear normal or socially acceptable initially; however, they become problematic when

the individual loses control over them and continues the behaviour despite harmful consequences.

Process addictions may include excessive involvement in activities such as gambling, internet use, gaming, shopping, work, sexual behaviour, exercise, and other repetitive activities. A behaviour can be considered addictive when it serves two main functions: it provides pleasure or emotional satisfaction and helps the individual escape from unpleasant emotions such as stress, anxiety, loneliness, or sadness.

Two important characteristics distinguish addictive behaviours from normal activities:

- ♦ **Loss of control:** The individual finds it difficult to reduce, control, or stop the behaviour despite repeated attempts.
- ♦ **Continuation despite negative consequences :** The person continues the behaviour even when it creates problems in personal life, family relationships, social functioning, finances, education, or work.

Process addictions can affect both young people and adults. Among children and adolescents, problematic patterns may include excessive use of digital devices, online activities, gaming, food-related behaviours, gambling, and other compulsive activities. In adults, additional concerns may include excessive work involvement and compulsive spending.

1.Compulsive Gambling

Gambling may be a recreational activity for some individuals; however, for some people it develops into a compulsive pattern that negatively affects their personal, social, and financial life. Compulsive gambling involves an inability to control the urge to gamble despite experiencing harmful consequences.

Individuals with gambling addiction may experience strong excitement and emotional arousal while gambling. Over time, they may require increased levels of involvement or greater risks to experience the same level of excitement. Similar to substance addictions, individuals may develop strong cravings, repeated unsuccessful attempts to stop, and continued involvement despite negative outcomes.

Compulsive gambling can affect relationships, financial stability, emotional well-being, and overall quality of life. Individuals may experience feelings of guilt, anxiety, depression, and social isolation. Some may also hide their gambling behaviour or engage in dishonest actions to continue the activity.

Counselling and Treatment for Compulsive Gambling

Treatment for gambling addiction focuses on helping individuals understand the addictive nature of the behaviour, develop self-control, and learn healthier coping strategies. However, many individuals delay seeking help because they may feel shame, denial, or believe that they can manage the problem independently.

Counselling approaches may include:

- Helping clients recognize triggers and patterns related to gambling behaviour.
- Developing strategies to manage urges and prevent relapse.
- Addressing emotional difficulties such as stress, anxiety, or depression.
- Improving decision-making and problem-solving skills.
- Providing family counselling to repair relationships affected by gambling problems.
- Encouraging participation in

support groups and recovery programmes.

2. Work Addiction (Workaholism)

Work is an important part of life; however, excessive and uncontrollable involvement in work can develop into work addiction or workaholism. Work addiction refers to a compulsive need to work continuously, often at the expense of personal relationships, health, relaxation, and other areas of life.

Workaholic individuals may depend on work for self-worth and personal identity. They may find it difficult to relax, delegate responsibilities, or maintain balance between professional and personal life. Although they may appear highly productive, excessive work involvement can lead to stress, emotional exhaustion, family conflicts, and reduced psychological well-being.

Work addiction may show similarities with other addictive behaviours, including denial of the problem, difficulty controlling the behaviour, withdrawal from relationships, irritability, and continued involvement despite negative consequences.

Counselling and Treatment for Work Addiction

Counselling for work addiction aims to help individuals develop a healthier balance between work and other life responsibilities. Important areas of intervention include:

- Helping clients recognize unhealthy work patterns and their consequences.
- Encouraging relaxation skills and stress management techniques.
- Supporting the development of healthy routines involving sleep, nutrition, exercise, and leisure activities.
- Improving communication and relationships with family



members.

- Helping clients develop social connections beyond the workplace.
- Encouraging individuals to focus on present experiences rather than constant achievement.
- Strengthening self-care practices and self-esteem.
- Exploring personal beliefs and emotional factors that contribute to excessive work behaviour.

The goal of counselling is not to eliminate productive work but to help individuals develop a balanced lifestyle in which work becomes a healthy part of life rather than a compulsive activity.

3. Internet Addiction

Internet addiction refers to a pattern of excessive and uncontrolled use of the internet that begins to interfere with an individual's daily functioning and well-being. Although internet addiction is not recognized as a separate disorder in some major diagnostic classification systems, many mental health professionals consider it a significant behavioural addiction because of its increasing prevalence and impact on individuals.

Individuals experiencing internet addiction may spend excessive amounts of time engaging in online activities such as gaming, social networking, browsing websites, online communication, or other digital activities. Excessive internet use may reduce meaningful face-to-face interactions and lead individuals to spend more time in virtual environments rather than engaging with people and activities in their immediate surroundings.

Internet use itself is not harmful, as digital platforms provide opportunities for communication, learning, entertainment, and social connection. However, it becomes problematic when the behaviour becomes difficult to control and begins to negatively affect important areas of life. Excessive internet use may result in disturbed sleep patterns, neglect of meals, reduced academic or work performance, social withdrawal, emotional difficulties, and reduced physical and psychological well-being.

A person with internet addiction may continue excessive online activities despite recognizing their negative effects. Similar to other process addictions, the individual may experience difficulty reducing usage, strong urges to remain online, and repeated unsuccessful attempts to control the behaviour.

Counselling and Treatment for Internet Addiction

Internet addiction can be addressed through counselling and behavioural interventions. However, since it is not universally recognized as an independent addiction category, individuals may experience difficulty accessing specialized treatment services.

Counselling interventions for internet addiction may include:

- Helping individuals identify unhealthy patterns of internet use and their impact on daily life.
- Developing awareness about triggers that increase excessive online behaviour.
- Establishing healthy limits and balanced digital habits.
- Encouraging participation in offline activities, social relationships, and meaningful routines.

- Developing coping strategies to manage stress, loneliness, anxiety, or emotional difficulties that may contribute to excessive internet use.
- Improving self-control, time management, and decision-making skills.

Family involvement can also be important, especially among adolescents and young adults. Family counselling may help caregivers understand the nature of problematic internet use and provide appropriate support without excessive criticism or control.

The primary goal of counselling is not complete avoidance of the internet but the development of healthy and balanced internet use, where technology supports personal, educational, and social development rather than interfering with overall functioning.

6.2.2 Trauma and Crisis Counselling

Trauma and crisis are significant psychological experiences that can challenge an individual's emotional stability, sense of safety, and ability to cope with everyday life. Although the terms trauma and crisis are often used together, they represent different psychological experiences. A crisis refers to a situation in which an individual's usual coping strategies are insufficient to manage a stressful event, whereas trauma refers to the psychological impact that may occur following experiences that threaten an individual's physical or emotional safety.

Human beings encounter stressful situations throughout life; however, not every stressful event results in a crisis or trauma. The psychological impact of an event depends not only on the nature of the experience but also on the individual's personal meaning of the event, previous experiences, coping

abilities, available support systems, and social and cultural context.

Trauma and crisis counselling is a specialized area of counselling that focuses on helping individuals who experience overwhelming events, sudden changes, or situations that disturb their normal functioning. The primary aim of such counselling is to provide immediate emotional support, restore psychological stability, strengthen coping resources, and assist individuals in adapting to the consequences of difficult experiences.

6.2.2.1 Understanding Crisis

A crisis can be understood as a temporary state of psychological imbalance that occurs when individuals face a problem or situation that they perceive as beyond their ability to manage. During a crisis, individuals may experience intense emotional reactions, confusion, difficulty making decisions, and a sense of helplessness. A crisis does not necessarily indicate psychological weakness. Rather, it represents a situation in which the usual methods of coping are no longer effective, requiring the individual to develop new ways of responding to the challenge.

Crisis situations may arise from various circumstances, including sudden loss, accidents, serious illness, relationship breakdown, financial difficulties, natural disasters, violence, academic or occupational stress, and major life transitions. The same event may produce different levels of crisis among different individuals because people interpret and respond to experiences differently.

For example, the loss of employment may be experienced by one individual as a temporary difficulty requiring adjustment, while another person may experience it as a severe threat to identity, security, and future expectations. Therefore, crisis counselling focuses not only on the event itself but also

on the individual's perception and emotional response to the event.

6.2.2.2 Types of Crisis

Crisis experiences can be understood in different forms based on their origin and nature.

1. Developmental Crisis

Developmental crises occur as individuals move through different stages of life and encounter expected changes and challenges. Transitions such as adolescence, marriage, parenthood, retirement, and ageing may require individuals to adjust to new roles and responsibilities.

Although these changes are considered normal parts of human development, some individuals may experience difficulty adapting to them, resulting in emotional distress and the need for counselling support.

2. Situational Crisis

Situational crises occur due to unexpected events that create sudden disruption in an individual's life. Examples include accidents, sudden death of a loved one, diagnosis of a serious illness, divorce, job loss, or experiences of violence.

Because these events are unexpected and often beyond personal control, individuals may experience intense emotional reactions and difficulty understanding or accepting the situation.

3. Existential Crisis

Existential crises involve questions related to meaning, purpose, identity, values, and direction in life. Individuals may experience such crises during major life transitions or periods of personal reflection. Feelings of emptiness, uncertainty, or dissatisfaction may arise when individuals struggle to understand

their purpose or future goals.

4. Disaster-Related Crisis

Disaster-related crises occur following large-scale events such as natural disasters, accidents, conflicts, or community-level traumatic experiences. Such events may affect individuals, families, and entire communities by disrupting safety, relationships, and normal patterns of living.

6.2.2.3 Understanding Trauma

Trauma refers to the emotional and psychological response that occurs following experiences that are perceived as threatening, frightening, or overwhelming. Traumatic experiences may involve actual or threatened death, serious injury, violence, abuse, neglect, or other events that significantly affect an individual's sense of safety.

Trauma may be caused by a single overwhelming event, known as acute trauma, or by repeated and prolonged exposure to harmful experiences, known as chronic trauma. Examples of chronic trauma include ongoing abuse, domestic violence, childhood neglect, or prolonged exposure to unsafe environments.

The experience of trauma is highly individual. Two people exposed to the same event may respond differently depending on personality characteristics, previous experiences, coping skills, social support, and cultural background.

Trauma can affect multiple areas of functioning, including emotional regulation, thoughts, behaviour, relationships, physical health, and sense of identity. Individuals who experience trauma may develop feelings of fear, helplessness, guilt, anger, sadness, or emotional numbness.

6.2.2.4 Psychological Responses to Trauma

Following a traumatic experience, individuals may experience a range of reactions. These responses are normal attempts by the mind and body to manage overwhelming experiences.

Emotional responses may include fear, anxiety, sadness, anger, guilt, shame, or feelings of helplessness. Some individuals may experience emotional numbness or difficulty expressing feelings.

Cognitive responses may include repeated thoughts about the event, difficulty concentrating, negative beliefs about oneself or the world, and persistent worry about safety.

Behavioural responses may include withdrawal from others, avoidance of reminders of the event, changes in daily routines, increased substance use, or difficulty maintaining normal activities.

Physical responses may include sleep disturbances, fatigue, increased alertness, bodily tension, and changes in appetite.

While many individuals gradually recover after trauma, some may develop persistent difficulties that interfere with daily functioning. One such condition is Post-Traumatic Stress Disorder (PTSD), which involves prolonged psychological distress following exposure to traumatic events.

Crisis Intervention and Trauma Counselling

Crisis intervention refers to short-term psychological assistance provided to individuals experiencing acute emotional distress. The purpose of crisis intervention is not to provide long-term therapy but to help individuals regain stability, reduce distress,

and develop immediate coping strategies.

Trauma counselling involves a more specific focus on helping individuals process traumatic experiences, understand their reactions, restore a sense of control, and gradually integrate the experience into their life story.

Both crisis intervention and trauma counselling require sensitivity, empathy, and careful attention to the individual's emotional state.

Principles of Crisis Counselling

The first principle of crisis counselling is the establishment of safety. Individuals experiencing crisis may feel threatened, confused, or unable to manage their circumstances. Therefore, counsellors first help individuals feel physically and emotionally safe.

The second principle is providing emotional support. A crisis counsellor offers a calm, accepting, and non-judgmental environment where individuals can express their thoughts and feelings.

The third principle involves assessment of the individual's current functioning. The counsellor evaluates the nature of the crisis, available support systems, coping abilities, and possible risks such as self-harm or harm to others.

The fourth principle is helping individuals regain a sense of control. During a crisis, individuals often experience helplessness and uncertainty. Counselling focuses on identifying available choices, strengths, and practical steps for managing the situation.

The final principle involves strengthening coping strategies and connecting individuals with appropriate resources. Depending on the situation, individuals may require family support, medical assistance, community resources, or continued counselling.



Trauma-Informed Counselling Approach Stabilization

Trauma-informed counselling is an approach that recognizes the widespread impact of trauma and considers how traumatic experiences influence behaviour, emotions, relationships, and coping patterns.

A trauma-informed counsellor does not view individuals only through their symptoms or problems but attempts to understand the experiences that may have contributed to their difficulties.

Important elements of trauma-informed practice include creating safety, developing trust, promoting choice and control, respecting individual experiences, and avoiding practices that may recreate feelings of helplessness.

The counsellor's role is not to force individuals to disclose traumatic experiences before they are ready. Instead, counselling proceeds according to the individual's readiness and emotional capacity.

Process of Trauma and Crisis Counselling

Establishing Therapeutic Relationship

The foundation of trauma and crisis counselling is the development of a supportive therapeutic relationship. Empathy, acceptance, confidentiality, and genuine concern help individuals feel understood and supported during periods of vulnerability.

Assessment of the Crisis Situation

The counsellor gathers information about the event, emotional responses, current difficulties, available support systems, and safety concerns. Assessment helps determine the immediate needs of the individual.

During the stabilization phase, the counsellor helps individuals manage overwhelming emotions and regain psychological balance. Techniques may include grounding strategies, relaxation methods, emotional regulation skills, and problem-solving approaches.

Processing the Experience

Once stability is established, individuals may gradually explore the meaning of the traumatic experience. Counselling helps them express emotions, challenge unhelpful beliefs, and develop a more integrated understanding of what occurred.

Recovery and Growth

The final goal of trauma counselling is not simply returning to previous functioning but supporting individuals in developing resilience, renewed confidence, and healthier ways of coping with future challenges.

Role of the Counsellor in Trauma and Crisis Counselling

Counsellors working with trauma and crises require specialized skills and professional sensitivity. The counsellor must remain calm, supportive, and emotionally available while helping individuals manage intense experiences.

The counsellor's responsibilities include providing emotional support, assessing risk, facilitating coping strategies, maintaining ethical boundaries, and making appropriate referrals when additional services are required.

Counsellors must also be aware of their own emotional responses while working with traumatic material. Self-awareness and professional supervision are important to prevent counsellor burnout and maintain effective therapeutic practice.

6.2.3 Marriage and Family Counselling

6.2.3.1 Marriage Counselling

The early development of marriage counselling emphasized the importance of understanding the relationship between partners rather than focusing only on the difficulties of individual members. This approach introduced a broader perspective in which three important elements are considered: the two individuals involved and the marital relationship that exists between them. Therefore, marriage counsellors began to work with couples together through joint counselling sessions, a practice that continues in contemporary counselling.

Couples seek marriage counselling for various reasons, including difficulties related to communication, financial concerns, parenting responsibilities, trust issues, adjustment problems, emotional distance, and differences in expectations. Almost any challenge affecting the quality of the relationship may encourage couples to seek professional support.

When possible, it is important for the counsellor to involve both partners from the beginning of the counselling process. Working with only one partner may create additional difficulties, as the other partner may feel excluded, become resistant, or experience increased anxiety about the counselling process. If one individual attempts to change relationship patterns without the awareness and support of the other partner, conflicts may increase rather than decrease.

When both partners participate in marriage counselling, the counsellor may use different theoretical approaches based on the needs of the couple. Major approaches used in marriage counselling include psychodynamic approaches, behavioural approaches,

cognitive-behavioural approaches, family systems approaches, structural approaches, emotionally focused approaches, and narrative approaches.

Each approach provides different ways of understanding relationship difficulties and promoting change. Among these, approaches that are strongly supported by research, particularly emotionally focused approaches and behavioural approaches, have received considerable attention because of their effectiveness in improving relationship functioning.

6.2.3.2 Family Counselling

Families seek counselling for a variety of concerns, including communication difficulties, conflicts between family members, adjustment problems, behavioural concerns of children, life transitions, and relationship difficulties. Traditionally, families may identify one individual as the person responsible for the family problem. This person is sometimes referred to as the identified client or identified problem member.

However, most family counsellors do not consider one individual alone to be the source of the difficulty. Instead, they view the family as an interconnected system in which each member influences and is influenced by others. Therefore, family counselling focuses on understanding patterns of interaction, communication, roles, relationships, and emotional connections within the family.

Although some approaches may begin by working with an individual family member with the expectation that personal changes will influence the larger family system, most family counselling approaches emphasize a systemic perspective. From this viewpoint, the family is understood as an open system that develops and changes throughout different stages of the family life cycle within a social and cultural context.



Healthy family systems are flexible and capable of adapting to the needs of members and changes in the external environment. Family systems counsellors emphasize that family functioning cannot be understood by examining one person's behaviour alone. Instead, they focus on interaction patterns and relationships among family members.

Important concepts in family systems counselling include the following:

1.Nonsummativity

Nonsummativity refers to the idea that a family is more than simply the collection of individual members. The functioning of a family depends on the patterns of relationships and interactions among members rather than the actions of one person alone.

Therefore, family counselling focuses on understanding the entire family system instead of identifying one individual as the cause of the problem.

2.Equifinality

Equifinality suggests that different beginnings may lead to similar outcomes, and similar situations may produce different results. For example, families experiencing similar stressful events may respond in different ways; some may become stronger through adaptation, while others may experience increased difficulties.

Therefore, family counselling focuses on the interaction patterns and coping processes within the family rather than concentrating only on specific events or problems.

3.Communication

Communication is considered a central aspect of family functioning. From a family systems perspective, all behaviours communicate messages. Counsellors pay attention not only to the information being

expressed but also to the relationship meaning behind the communication.

The same message can have different meanings depending on how it is expressed, the emotional tone involved, and the relationship between family members.

4. Family Rules

Every family operates according to certain explicit and implicit rules that guide behaviour, responsibilities, roles, and expectations among members. These rules influence how family members communicate, make decisions, and respond to difficulties.

Many families develop predictable patterns of behaviour based on these rules. When family rules become unclear, rigid, or unhealthy, they may contribute to conflicts and difficulties. Family counsellors help members identify these patterns and develop healthier ways of functioning.

5. Morphogenesis

Morphogenesis refers to the ability of a family system to change and adapt according to internal and external demands. Families need flexibility to respond to developmental changes, unexpected events, and changing needs of members.

Effective change often requires more than repeating previous solutions. Families may need to develop new ways of thinking, communicating, and behaving to overcome difficulties.

Family Assessment and the Use of Genograms

Counsellors working from a family systems perspective use these concepts to understand family functioning and develop appropriate interventions. For example, when family rules are unclear or hidden, counsellors help family members identify and communicate these expectations openly.

Family counselling involves all relevant members in the process to improve communication and strengthen relationships. One important assessment tool used in family counselling is the genogram.

A genogram is a structured diagram that represents family relationships across generations. Usually, information from at least three generations is included. It may contain details such as family relationships, marriages, separations, important life events, occupations, and other relevant information.

Genograms help counsellors and family members identify patterns that may continue across generations, including relationship patterns, communication styles, and family influences that affect present functioning.

In multicultural settings, genograms are also useful for understanding the influence of cultural values, traditions, beliefs, and social factors on family relationships and behaviours.

Overall, the genogram is a valuable tool that helps both counsellors and families develop a broader understanding of family systems and recognize patterns that may contribute to present concerns.

The Process of Marriage and Family Counselling

The process of marriage and family counselling is based on several important principles. One important assumption is that counsellors working with couples and families should have psychological maturity and awareness of their own family backgrounds. Understanding one's own family experiences helps counsellors maintain objectivity and prevents unresolved personal issues from influencing the counselling process.

Another important principle in marriage and family counselling is that counsellors

should maintain balance in their therapeutic approach. They should neither give excessive importance nor insufficient attention to specific issues or interventions. This balance involves supporting family members while also maintaining professional boundaries and encouraging meaningful change.

A further important aspect of marriage and family counselling is the counsellor's ability to establish appropriate structure while allowing the couple or family to take responsibility for change. The counsellor needs to establish the framework of counselling, including the nature of sessions, frequency of meetings, duration, and participation of family members. At the same time, the motivation and willingness to change must come from the couple or family themselves.

Counsellors should also understand relationship difficulties within the broader context in which they occur. This requires awareness of human development, family life stages, cultural influences, and different life circumstances. Such understanding enables counsellors to recognize how couples and families may experience closeness, conflict, adjustment, or separation during different stages of life.

Pre-Counselling Preparation

Before beginning counselling with a couple or family, certain important aspects need to be considered. The expectations of the person who contacts the counsellor should be explored carefully. The person requesting counselling may describe the problem from their own perspective, which may not always represent the views of other family members.

During the initial contact, the counsellor should gather essential information about the concern, including a brief description of the problem and relevant personal details.



While collecting information, the counsellor should pay attention not only to what is communicated but also to what remains unspoken.

This initial interaction helps the counsellor begin to understand possible relationship concerns, family patterns, developmental issues, and cultural influences that may affect the family. By the end of the initial contact, an appointment for counselling is usually arranged.

Initial Session(s)

The initial counselling sessions are highly important because they establish the foundation for effective work with couples and families. A successful beginning requires the counsellor to develop a positive relationship with each individual as well as with the couple or family as a whole. This relationship, based on trust, cooperation, and shared therapeutic goals, is known as the therapeutic alliance. The therapeutic alliance may be developed through different counselling skills, including:

Maintenance

Maintenance involves the counsellor acknowledging, supporting, or validating the perspectives and experiences of family members.

Tracking

Tracking refers to the process of following the sequence of events, interactions, and experiences described by family members through careful questioning and clarification.

Mimesis

Mimesis refers to the counsellor adapting to the communication style, emotional tone, and interaction pattern of the couple or family. For example, the counsellor may respond differently depending on whether the family communicates in a relaxed, humorous, or serious manner.

While developing a therapeutic alliance, the counsellor attempts to understand how individuals and the family as a whole view the presenting concern. This understanding is referred to as the frame. A counsellor may examine or challenge this frame to help family members develop a broader understanding of their situation. This process of developing an alternative understanding is known as reframing.

During the initial sessions, the counsellor also observes the interaction patterns of the couple or family. This pattern of interaction is sometimes described as the family or couple dance, referring to the usual verbal and non-verbal ways in which members respond to each other.

If these patterns are not immediately visible, the counsellor can continue observing because repeated interaction patterns usually become apparent over time. During this process, the counsellor also examines whether any family member is being blamed or identified as the cause of family difficulties.

For example, a child or adolescent may be labelled as the source of family problems because of certain behaviours. However, the counsellor explores whether deeper issues such as communication difficulties, unclear boundaries, lack of emotional support, or family interaction patterns contribute to the problem.

Circular Questioning

One method used in marriage and family counselling to understand relationship patterns is circular questioning. These questions focus on relationships, connections, and differences among family members. Through circular questioning, counsellors help family members observe how their behaviours affect one another. This approach can reduce the focus on one person as the problem and increase awareness of the overall family system.

Circular questioning may also help identify triangulation, which occurs when a third person becomes involved in a conflict between two individuals. For example, one family member may seek support from another person during a conflict instead of directly addressing the issue.

Observing Family Patterns and Boundaries

During the counselling process, the counsellor observes how family members interact, including communication patterns, seating arrangements, emotional closeness, and decision-making patterns. These observations help the counsellor understand family boundaries. Healthy boundaries allow appropriate closeness and support among members, whereas unhealthy boundaries may involve excessive involvement, lack of independence, or one member controlling another person's communication or decisions.

Through observation and interaction, the counsellor develops an understanding of the relationship dynamics within the family. These patterns are often as important as the topics discussed during counselling sessions.

Overall, the initial session(s) focus on understanding family functioning, identifying concerns, developing initial goals, and planning further counselling sessions.

Middle Phase of Marriage and Family Counselling

The middle phase includes the sessions that occur after the initial assessment and before the termination of counselling. This is the stage where couples and families actively work toward change and develop healthier ways of interacting.

During this phase, family members explore new behaviours, communication patterns, and ways of responding to difficulties. Some families may make only limited changes

without deeper transformation. This is known as first-order change, where individuals modify certain behaviours but do not alter the underlying patterns.

For example, a family may make small adjustments without addressing the deeper reasons behind their conflicts.

A more significant form of change is second-order change, where the basic patterns, rules, and ways of functioning within the family are transformed. This type of change involves developing new approaches to relationships and communication.

During this phase, the counsellor remains actively involved through observation, discussion, guidance, and therapeutic interventions. The counsellor helps family members move beyond simply understanding their problems and encourages them to apply new ways of thinking and behaving.

The counsellor may also connect couples and families with appropriate external resources when required, such as support services or specialized treatment programmes.

Throughout the middle phase, attention is given to the ongoing interaction patterns within the couple or family. Families often make easier changes first; therefore, counsellors may encourage deeper changes that create long-term improvement.

Counsellors may focus on thoughts, emotions, and behaviours contributing to relationship difficulties. At appropriate stages, humour may also be used as a therapeutic technique after trust and rapport have been established.

The counsellor also observes signs that indicate whether change is becoming stable. Changes may be reflected through improved communication, changes in interaction patterns, increased cooperation, and healthier ways of addressing one another.



During the middle phase, counsellors must maintain balance and avoid moving faster than the couple or family is ready for. If the counsellor pushes beyond the family's readiness, members may become less involved in the counselling process.

To encourage continued progress, counsellors may provide homework assignments and psychoeducational activities. These may include communication exercises, relationship-building activities, reading materials, or tasks designed to encourage interaction outside counselling sessions.

Such activities help family members develop greater understanding of each other, strengthen relationships, and gain awareness of their patterns of functioning.

Termination/Closure

Termination or closure is the final stage in the process of marriage and family counselling. From a family systems perspective, termination does not mean that the family system comes to an end. Rather, it indicates that the formal therapeutic relationship between the counsellor and the family has reached completion, while the family continues to function and develop in its own environment.

Termination, including follow-up, represents the final phase of counselling with couples and families. The decision to end counselling may come from the couple or family, the counsellor, or through mutual agreement between both. There is no fixed rule regarding who should initiate termination or how the closure process should take place. However, termination should be planned gradually and should not occur suddenly. It should be viewed as a process of completing counselling goals rather than as the most important achievement of therapy.

The purpose of termination is to provide closure and to evaluate whether the goals

identified during counselling have been achieved. Before entering this phase, the counsellor and the couple or family should reflect on the reasons for ending counselling.

One reason for termination may be that sufficient progress has been made and the couple or family members are now able to manage their relationships and difficulties more effectively without continued professional support. Another reason may be that the family agrees that the concerns for which counselling was initiated have been addressed and that continuing sessions may no longer be necessary.

Regardless of the reason for ending counselling, the counsellor should help the couple or family review the progress they have made. Summarizing the counselling journey helps members recognize their efforts, strengths, and improvements. When appropriate, acknowledging and appreciating their achievements can help individuals leave counselling with greater confidence and awareness of their ability to manage future challenges.

An important part of termination involves discussing future goals and expectations. Couples and families may identify long-term goals, such as maintaining open communication, developing healthier relationships, and creating a supportive family environment. This process encourages members to continue working towards positive relationship patterns even after counselling ends.

Termination also involves preparing couples and families for possible future difficulties. Discussing possible setbacks helps members understand that challenges may occur and that temporary difficulties do not necessarily mean failure. This preparation enables them to respond to future problems more effectively.

Follow-up

Follow-up is an important component of the termination process. It involves contacting the couple or family after a period of time to review their progress and assess their current functioning. Follow-up communicates continued care and support from the counsellor. It also provides an opportunity for couples and families to return for additional assistance if unresolved concerns arise or if new difficulties develop.

Many couples and families benefit from follow-up because it reinforces their progress and helps them recognize their ability to maintain positive changes within their everyday lives. It also allows the counsellor to understand how effectively the changes achieved during counselling have continued over time.

Thus, termination and follow-up are not merely the ending stages of counselling but important processes that help couples and families achieve closure, recognize growth, and continue their development beyond the counselling relationship.

6.2.4 Grief and Bereavement Counselling

Grief is a natural emotional response to the experience of loss. Although grief is commonly associated with the death of a loved one, it may also occur following other significant losses such as the end of a relationship, loss of health, loss of employment, separation, or major life changes. Grief reflects the psychological, emotional, social, and behavioural responses that occur when an individual experiences the absence of something or someone meaningful.

Bereavement specifically refers to the state of experiencing the loss of a person through death. It is the period during which an individual adjusts to life after the death

of someone significant. Bereavement involves not only emotional reactions but also changes in daily routines, family roles, social relationships, and personal identity.

Grief and bereavement are unique experiences, and individuals differ considerably in how they respond to loss. The intensity and duration of grief may be influenced by factors such as the nature of the relationship, circumstances of the death, previous experiences of loss, cultural beliefs, available social support, and individual coping abilities.

Counsellors working with grieving individuals need to understand that grief is not a problem to be eliminated but a process of adjustment and adaptation. The aim of grief counselling is not to remove feelings of sadness but to support individuals in processing their loss, expressing emotions, developing coping strategies, and rebuilding their lives while maintaining a meaningful connection with what has been lost.

6.2.4.1 The Nature of Grief

Grief involves a wide range of emotional, cognitive, physical, and behavioural responses. Common emotional reactions may include sadness, anger, guilt, helplessness, loneliness, fear, and emotional numbness. Individuals may experience difficulty concentrating, repeated thoughts about the deceased person, changes in sleep and appetite, reduced motivation, and withdrawal from social activities. Grief does not occur in a fixed or predictable manner. Individuals may experience periods of intense sadness followed by moments of acceptance or normal functioning. These fluctuations are a normal part of the adjustment process.

The experience of grief is also influenced by cultural and social contexts. Different cultures have different beliefs, rituals, and practices related to death and mourning. Therefore, counsellors should consider the



cultural background, family traditions, and personal meanings attached to loss while providing support.

6.2.4.2 Models of Grief and Bereavement

Several theoretical perspectives have been developed to understand the grieving process.

Stages of Grief

One of the well-known approaches to understanding grief describes grief as involving different emotional experiences that may include denial, anger, bargaining, depression, and acceptance.

- **Denial:** Individuals may initially experience difficulty accepting the reality of the loss.
- **Anger:** Feelings of frustration, helplessness, or injustice may emerge.
- **Bargaining:** Individuals may engage in thoughts about what could have been done differently or imagine alternative outcomes.
- **Depression:** Awareness of the reality of the loss may lead to sadness, loneliness, and emotional pain.
- **Acceptance:** Individuals gradually begin to adjust to the reality of the loss and develop ways to continue life.

These experiences do not necessarily occur in a fixed order, and not every individual experiences all of them. Grief is a personal process that varies from person to person.

Tasks of Grieving

Another perspective views grief as an active process involving several tasks that

individuals gradually work through:

1. Accepting the reality of the loss :

Individuals need to recognize and acknowledge that the loss has occurred.

2. Experiencing and processing emotional pain :

Healthy grieving involves allowing oneself to experience and express emotions connected with the loss.

3. Adjusting to life without the deceased person :

Individuals gradually adapt to changes in roles, responsibilities, relationships, and daily living.

4. Maintaining a continuing connection while moving forward.:

Individuals develop new ways of remembering and maintaining emotional connections while continuing their own lives.

Grief and Bereavement Counselling

Grief counselling is a specialized form of counselling that provides emotional support and assistance to individuals experiencing loss. The counsellor helps individuals understand their grief reactions, express emotions, develop coping strategies, and adjust to changes resulting from the loss.

The goals of grief counselling include:

- Providing a safe environment for expressing emotions.
- Helping individuals understand normal grief reactions.
- Supporting acceptance of the reality of the loss.
- Encouraging healthy expression of sadness, anger, guilt,

- or other emotions.
- Helping individuals adjust to changes following loss.
- Strengthening existing coping resources and social support systems.
- Assisting individuals in finding meaning after loss.

The Process of Grief Counselling

Establishing Supportive Relationship

The first responsibility of the counsellor is to establish a supportive and trusting relationship. Individuals experiencing grief may feel emotionally vulnerable; therefore, empathy, acceptance, and sensitivity are essential counselling qualities.

Exploring the Meaning of Loss

Counsellors help individuals explore the significance of the lost relationship and understand how the loss has affected their emotional life, identity, family role, and future expectations.

Facilitating Emotional Expression

Counsellors encourage clients to express their feelings related to the loss. Providing opportunities to talk about memories, unresolved emotions, regrets, and concerns can support the healing process.

Developing Coping Strategies

Counsellors assist individuals in identifying effective ways of managing emotional distress and adapting to changes following loss. This may include strengthening social support, developing self-care practices, and rebuilding daily routines.

Supporting Adjustment and Meaning Making

An important aspect of grief counselling is helping individuals develop a new

understanding of life after loss. Counselling supports individuals in finding meaning, developing resilience, and continuing life while maintaining a connection with their memories.

Complicated Grief

Although grief is a normal response to loss, some individuals experience prolonged and intense grief reactions that interfere significantly with daily functioning. This may be referred to as complicated or prolonged grief.

Signs may include persistent inability to accept the loss, overwhelming emotional pain, extreme difficulty returning to daily activities, intense feelings of guilt, or continuous preoccupation with the deceased person.

Individuals experiencing complicated grief may require specialized counselling interventions to support emotional processing and adjustment.

6.2.5 Suicide

Suicide refers to the intentional act of ending one's own life. It is a complex phenomenon influenced by psychological, social, biological, cultural, and environmental factors. Suicide is not caused by a single factor; rather, it usually develops through the interaction of multiple difficulties and experiences. Individuals experiencing suicidal thoughts may feel overwhelmed by emotional pain, hopelessness, helplessness, or a belief that their problems cannot be resolved. Counsellors play an important role in identifying suicide risk, providing immediate support, and helping individuals access appropriate care.

Factors Associated with Suicide Risk

Suicide risk may be associated with several factors, including:



- Severe emotional distress.
- Depression and other mental health difficulties.
- Feelings of hopelessness and helplessness.
- Previous suicide attempts.
- Social isolation and lack of support.
- Major life stressors or losses.
- Relationship difficulties.
- Substance misuse.
- Experiences of trauma or abuse.

However, the presence of risk factors does not necessarily mean that an individual will attempt suicide. Assessment requires careful understanding of the individual's personal circumstances, thoughts, feelings, and available protective resources.

6.2.5.1 Suicide Assessment in Counselling

Counsellors must approach suicide-related concerns with sensitivity and direct communication. Asking about suicidal thoughts does not increase the risk of suicide; rather, it provides an opportunity for individuals to express their distress and receive help.

Suicide assessment generally includes exploring:

- Presence of suicidal thoughts.
- Intensity and frequency of thoughts.
- Presence of a plan or intention.
- Access to means.
- Previous attempts or self-harm experiences.

- Protective factors such as family support, personal values, responsibilities, and willingness to seek help.

6.2.5.2 Counselling Intervention for Suicide Risk

When an individual presents with suicidal thoughts, the primary goal of counselling is to ensure safety and provide immediate emotional support.

Important counselling interventions include:

- Establishing a supportive and non-judgmental relationship.
- Allowing the individual to express emotional pain openly.
- Assessing the level of risk carefully.
- Developing a safety plan with the individual.
- Strengthening social and family support systems.
- Encouraging professional mental health support when required.
- Addressing underlying emotional difficulties and developing coping strategies.

In situations involving immediate danger, appropriate emergency support and referral services should be arranged to ensure the individual's safety.

6.2.5.3 Role of the Counsellor in Suicide Prevention

Counsellors have an important role in suicide prevention through early identification, risk assessment, emotional support, and referral when necessary.

Effective suicide prevention requires empathy, careful listening, confidentiality within ethical limits, and awareness of available support systems.

The central aim of counselling in suicide-related situations is to reduce emotional distress, strengthen hope, increase coping abilities, and help individuals reconnect with meaningful relationships and sources of support.

6.2.5.4 Suicide and Cultural Sensitivity in Counselling

Suicidal behaviour cannot be understood separately from an individual's social and cultural environment. In India, family

relationships, community connections, religious beliefs, social expectations, and concerns related to stigma may influence how individuals experience and communicate emotional distress.

Therefore, counsellors must adopt a culturally sensitive approach. They should avoid judgmental attitudes and recognize that individuals may express psychological suffering differently depending on their background and circumstances.

Effective suicide counselling focuses on restoring hope, strengthening coping abilities, increasing social connection, and helping individuals identify meaningful reasons for continuing life.

Recap

- ◆ Counselling for specific issues focuses on clearly defined psychological problems.
- ◆ It is problem-focused and goal-oriented in nature.
- ◆ Assessment is essential for understanding the nature of the presenting issue.
- ◆ Counselling involves identifying severity, duration, and triggers of problems.
- ◆ Evidence-based approaches guide intervention planning.
- ◆ Cognitive-behavioural techniques are widely used in specific issue counselling.
- ◆ Addiction counselling addresses substance and behavioural dependencies.
- ◆ Motivation and relapse prevention are key components in addiction recovery.
- ◆ Trauma counselling focuses on emotional stabilization and recovery.
- ◆ Crisis counselling provides immediate psychological support.
- ◆ Marriage counselling focuses on improving couple relationships.

- ◆ Family counselling addresses systemic interaction patterns.
- ◆ Grief counselling helps individuals cope with loss and bereavement.
- ◆ Grief is a natural emotional response to loss.
- ◆ Suicide counselling focuses on risk assessment and safety planning.
- ◆ Psychological distress often underlies suicidal behaviour.
- ◆ Counsellors must ensure confidentiality and ethical practice.
- ◆ Cultural factors influence expression of psychological problems.
- ◆ Support systems play an important role in recovery.
- ◆ Counselling aims to restore functioning and emotional wellbeing.

Objective Questions

1. What type of counselling focuses on specific problems?
2. What counselling deals with substance use?
3. What term refers to emotional crisis intervention?
4. What counselling focuses on couples?
5. What counselling focuses on family systems?
6. What reaction follows loss of a loved one?
7. What term describes compulsive substance use?
8. What psychological state is linked to hopelessness?
9. What is immediate response to trauma called?
10. What process identifies severity of problems?
11. What therapy focuses on thoughts and behaviour?

12. What behaviour involves self-harm intent?
13. What emotional condition is common in addiction?
14. What counselling focuses on recovery after trauma?
15. What term describes sudden psychological disruption?
16. What system includes marriage and children counselling?
17. What term refers to preventing relapse?
18. What factor is essential in counselling ethics?
19. What process helps manage grief?
20. What outcome is expected from counselling?

Answers

1. Problem-focused
2. Addiction
3. Crisis
4. Marriage
5. Family
6. Grief
7. Dependence
8. Hopelessness
9. Stabilisation
10. Assessment
11. CBT
12. Suicide
13. Depression

14. Trauma
15. Crisis
16. System
17. Prevention
18. Confidentiality
19. Counselling
20. Recovery

Assignments

1. Critically analyse the role of counselling in managing addiction and relapse prevention.
2. Discuss trauma and crisis counselling with reference to immediate and long-term interventions.
3. Discuss the role of counselling in grief and bereavement with cultural considerations.
4. Examine suicide risk factors and the role of counsellors in prevention and intervention.
5. Compare different counselling approaches used across addiction, trauma, and family issues.

Reference

Corey, G. (2021). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.

Gladding, S. T. (2018). *Counseling: A comprehensive profession* (8th ed.). Pearson.

Neimeyer, R. A. (2016). *Techniques of grief therapy*. Routledge.

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. Guilford Press.

Suggested Reading

Capuzzi, D., & Stauffer, M. D. (2022). *Counseling and psychotherapy: Theories and interventions* (7th ed.). American Counseling Association.

Corey, G. (2021). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.

Erford, B. T. (Ed.). (2020). *Orientation to the counseling profession: Advocacy, ethics, and essential professional foundations* (3rd ed.). Pearson.

Gladding, S. T. (2024). *Counseling: A comprehensive profession* (9th ed.). Pearson.

MODEL QUESTION PAPER SETS



QP CODE:

Reg. No :

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FIFTH SEMESTER BA PSYCHOLOGY EXAMINATION

DISCIPLINE-SPECIFIC ELECTIVE COURSE

B23PY03DE (CBCS - UG) Introduction to Counselling

2024-25 Admission Onwards

Model Question Paper- Set - I

Time: 3 Hours

Max Marks: 70

Section A

Objective Type Questions

Answer any ten questions. Each carries one mark (10x1=10 marks)

1. What term refers to a professional helping process aimed at facilitating personal and developmental change?
2. Which stage of counselling involves deciding the direction and desired outcomes of counselling?
3. What term refers to the mutual working relationship between the counsellor and counselee?
4. Which professional principle requires a counsellor to maintain appropriate boundaries in the counselling relationship?
5. Which approach explains behaviour in terms of learning through conditioning and environmental influences?
6. Who developed the theory of individual psychology?
7. Which technique helps a counselee identify and change unhelpful thoughts?
8. What process involves collecting information about a counselee's concerns, background, and functioning?
9. Which assessment method involves studying and recording information about a person's history and circumstances?
10. What term refers to the identification of a disorder or condition based on assessment information?

11. Which intervention uses family relationships and interactions as an important focus of counselling?
12. Which issue may arise among middle-aged adults in relation to major life changes and changing roles?
13. What type of counselling helps individuals cope with bereavement?
14. Which context involves counselling employees regarding work-related concerns?
15. What type of counselling focuses on concerns involving intimate relationships and family functioning?

Section B

Very Short Answers

Answer any ten. Each question carries two marks.

(10X2=20)

16. Define counselling and state one of its goals.
17. Mention two factors that can affect the counselling process.
18. What is meant by assessing counsellee expectations at the beginning of counselling?
19. State two responsibilities of a counsellor.
20. What is meant by the behavioural approach to counselling?
21. Mention two major contributors to cognitive-behavioural approaches.
22. What is active listening? State one of its purposes.
23. What is behavioural observation in counselling assessment?
24. Mention two differences between assessment and diagnosis.
25. State two sources of information used in formulating a diagnosis.
26. Mention two common emotional or behavioural concerns among children and adolescents.
27. What is meant by counselling older adults?
28. Mention two concerns commonly addressed in counselling young adults.
29. What is counselling in organisational settings?
30. Mention two areas of specialised counselling?.

Section C

Short Answers

Answer any five. Each question carries four marks.

(5X4=20)

31. Explain the historical development of counselling.
32. Explain the variables that can affect the counselling process.
33. Describe the psychodynamic and behavioural approaches to counselling.
34. Explain the role of empathy, active listening, and SOLER in counselling.
35. Describe the major tools used for assessment in counselling.
36. Explain the difference between assessment and diagnosis in counselling.
37. Explain the common counselling issues among children and adolescents and the major interventions used with them.
38. Describe the counselling needs of older adults, with reference to retirement, loss, and cognitive decline.
39. Explain the importance of counselling in organisational settings and multicultural settings.
40. Describe addiction counselling, grief and bereavement counselling, and trauma and crisis counselling.

Section D

Essay/Long Answers

Answer any two. Each question carries ten marks.

(2X10=20)

41. Explain the nature, goals, and basic principles of counselling. Discuss the relationship between counselling, guidance, and psychotherapy.
42. Discuss the major stages of the counselling process, including assessment, goal setting, treatment planning, therapeutic alliance, termination, and follow-up.
43. Explain the major theoretical approaches to counselling, with reference to psychodynamic, humanistic, behavioural, and cognitive-behavioural approaches.
44. Discuss counselling for specific issues, including addiction, trauma and crisis, marriage and family concerns, grief and bereavement, and suicide..





QP CODE:

Reg. No :

Name :

FIFTH SEMESTER BA PSYCHOLOGY EXAMINATION
DISCIPLINE-SPECIFIC ELECTIVE COURSE
B23PY03DE (CBCS - UG) Introduction to Counselling

2024-25 Admission Onwards

Model Question Paper- Set -II

Time: 3 Hours

Max Marks: 70

Section A

Objective Type Questions

Answer any ten questions. Each carries one mark (10x1=10 marks)

1. What term refers to a professional helping process aimed at facilitating personal and developmental change?
2. Which stage of counselling involves deciding the direction and desired outcomes of counselling?
3. What term refers to the mutual working relationship between the counsellor and counselee?
4. Which professional principle requires a counsellor to maintain appropriate boundaries in the counselling relationship?
5. Which approach explains behaviour in terms of learning through conditioning and environmental influences?
6. Who developed the theory of individual psychology?
7. Which technique helps a counselee identify and change unhelpful thoughts?
8. What process involves collecting information about a counselee's concerns, background, and functioning?
9. Which assessment method involves studying and recording information about a person's history and circumstances?
10. What term refers to the identification of a disorder or condition based on assessment information?



11. Which intervention uses family relationships and interactions as an important focus of counselling?
12. Which issue may arise among middle-aged adults in relation to major life changes and changing roles?
13. What type of counselling helps individuals cope with bereavement?
14. Which context involves counselling employees regarding work-related concerns?
15. What type of counselling focuses on concerns involving intimate relationships and family functioning?

Section B

Very Short Answers

Answer any ten. Each question carries two marks.

(10X2=20)

16. Define counselling and state one of its goals.
17. Mention two factors that can affect the counselling process.
18. What is meant by assessing counsellee expectations at the beginning of counselling?
19. State two responsibilities of a counsellor.
20. What is meant by the behavioural approach to counselling?
21. Mention two major contributors to cognitive-behavioural approaches.
22. What is active listening? State one of its purposes.
23. What is behavioural observation in counselling assessment?
24. Mention two differences between assessment and diagnosis.
25. State two sources of information used in formulating a diagnosis.
26. Mention two common emotional or behavioural concerns among children and adolescents.
27. What is meant by counselling older adults?
28. Mention two concerns commonly addressed in counselling young adults.
29. What is counselling in organisational settings?
30. Mention two areas of specialised counselling. ?



Section C

Short Answers

Answer any five. Each question carries four marks.

(5X4=20)

31. Explain the historical development of counselling.
32. Explain the variables that can affect the counselling process.
33. Describe the psychodynamic and behavioural approaches to counselling.
34. Explain the role of empathy, active listening, and SOLER in counselling.
35. Describe the major tools used for assessment in counselling.
36. Explain the difference between assessment and diagnosis in counselling.
37. Explain the common counselling issues among children and adolescents and the major interventions used with them.
38. Describe the counselling needs of older adults, with reference to retirement, loss, and cognitive decline.
39. Explain the importance of counselling in organisational settings and multicultural settings.
40. Describe addiction counselling, grief and bereavement counselling, and trauma and crisis counselling.

Section D

Essay/Long Answers

Answer any two. Each question carries ten marks.

(2X10=20)

41. Explain the nature, goals, and basic principles of counselling. Discuss the relationship between counselling, guidance, and psychotherapy.
42. Discuss the major stages of the counselling process, including assessment, goal setting, treatment planning, therapeutic alliance, termination, and follow-up.
43. Explain the major theoretical approaches to counselling, with reference to psychodynamic, humanistic, behavioural, and cognitive-behavioural approaches.
44. Discuss counselling for specific issues, including addiction, trauma and crisis, marriage and family concerns, grief and bereavement, and suicide.

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ISBN 978-81-181334-4-5



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