MANONMANIAM SUNDARANAR UNIVERSITY
DIRECTORATE OF DISTANCE & CONTINUING EDUCATION
TIRUNELVELI 627012, TAMIL NADU

B.Sc. PSYCHOLOGY - III YEAR

DJP3C - GUIDANCE AND COUNSELING PSYCHOLOGY
(From the academic year 2016-17)

Most Student friendly University - Strive to Study and Learn to Excel

For more information visit: http://www.msuniv.ac.in
UNIT I: BASIC CONCEPTS
Definition, process and goals -Guidance & Counselling - Advice & Counselling - Education & Counselling - Direction & Counselling - Instruction & Counselling - Need for counseling - Emergence and Growth of Guidance and Counseling -Status of Guidance and Counselling Movement in India.

UNIT II: COUNSELLING APPROACHES AND PRACTICES

UNIT III: COUNSELLING PROCESSES
Preparation for counseling - counselling relationship - content and process of counselling, counselling interactions, counselor-counselee relationship, factors affecting counselling process - Effective counselor's skills: characteristics & attitudes; Counselling Interview – Nature and significant features, setting and types of counseling interview, appropriate use of communication, interviewing techniques, degree of lead, silence, relationship techniques, sharing of experiences, resistance.

UNIT IV: COUNSELLING ISSUES
Professional preparation and training for Counseling: counseling preparation and professional issues, academic preparation, practical skills, selection and training of counselors, conception of professional worker, preparation of counselors; Ethics in Counselling:Codes of professional Ethics, legal considerations, Ethical Principles and Theory, Ethics and Law, Common Ethical Violations by Mental Health Professionals; Modern trends in counselling.

UNIT V: PSYCHOLOGICAL TESTING AND DIAGNOSIS
Tools & Techniques used in counseling and guidance: Testing & non testing devices, Types of psychological tests; Tools used in assisting individuals towards self discovery; test interpretation in counselling, factors affecting psychological test results, limitations of diagnosis.

REFERENCE BOOKS:
GUIDANCE & COUNSELLING PSYCHOLOGY

UNIT I:

BASIC CONCEPTS

1.1 Definition

Guidance and Counselling are twin concepts and have emerged as essential elements of every educational activity. Guidance and Counselling are not synonymous term.

Literally guidance means ‘to direct’, ‘to point out’, ‘to show the path’. It is the assistance or help rendered by a more experienced person to a less experiences person to solve certain major problems of the individual (less experienced) i.e. educational, vocational, personal etc.

Hamrin and Erikson says, Guidance is an assistance made available by a competent counsellor to an individual of any age to help him direct his own life, develop his own point of view, make his own decision and carry his own burden.

Ruth Strang says, Guidance is a process of helping every individual, through his own effort to discover and develop his potentialities for his personal happiness and social usefulness.

Guidance is an act of showing the way for some people, like adolescents, who cannot find the right path. It is directing, pointing, leading and accompanying. Guidance is saying "Yes" to someone who is asking for help. It is saying "Yes" to an invitation of someone who wants a temporary companion along life's way.

Guidance is giving directions to the lonely, confused, unloved, the suffering, the sick and the lost. It is pointing to some possibilities of thinking, feeling and acting. It is leading the person psychologically, emotionally and even spiritually to some newer ways of meaningful living. It is accompanying those who are fearful and uncertain, those who need someone along the rugged path of life's journey. Guidance in educational context means to indicate, point out, show the way, lead out and direct.

Though the term guidance and counselling is used interchangeably, both the terms have different meaning. We have studied about guidance, now we will know about counselling. In everyday life, we find counselling goes on at many levels. In a family, parents counsel their children, doctors counsel patients, lawyers to clients and teachers to students. There is no limitation to the problems or counsellors in providing counselling, so, let us know what counselling is.

According to Webster dictionary counselling is defined as —Consultation, mutual interchange of opinions, deliberating together.

Counselling is a dynamic and purposeful relationship between two people who approach a mutually defined problem, with mutual consideration of each other to the end that the younger or less mature or more troubled of the two is aided to a self determined resolution to his problem.
Counselling is an interaction process which facilitates meaningful understanding of self and environment and results in the establishment and or clarification of goals and values for future behaviours.

Counselling is an accepting, trusting and safe relationship in which clients learn to discuss openly what worries and upsets them, to define precise behaviour goals, to acquire the essential social skills and to develop the courage and self confidence to implement desired new behaviour.

Counselling is a process by which a troubled person (client) is helped to tell and behave in a more personally satisfying manner through interaction with an uninvolved person (counsellor) who provides information and reactions which stimulate the client to develop behaviour which enable him to deal more effectively with himself and his environment.

If all the definitions are analyzed we can come to the following conclusions. Counselling is a two way process. It involves two individuals. There is mutual relationships between the two individuals. It helps an individual’s to gain self understanding self acceptance and self realization

Counselling is guiding and more. It is a way of healing hurts. It is both a science and an art. It is a science because to offer counsel, advice or assistance, the counsellor must have the knowledge of the basic principles and techniques of counselling. The counsellor must be able to use any of these basic principles and techniques as paradigms in order for him to counsel well. However, it is not enough to use know these basic principles and techniques. The other important aspect is for the counsellor to know how to counsel-the art of counselling. This aspect considers counselling as a relationship, as a sharing of life, in the hope that the person who is hurting will be healed. As a relationship, counselling involves the physical, emotional, and psychical or spiritual dimensions. The counsellor must have the ability to relate to the counselee in an appropriate physical manner without being too intimate or too close for comfort or being too distant or aloof.

The emotional dimension in counselling includes empathy, sensitivity and the ability to interpret non-verbal clues of the counselee in order to understand unresolved complexes or pent-up feelings. The psychical or spiritual dimension embraces the counselee's "soul-content “what lies inside. This is what is called the interiority of the person. The counsellor must have the gift or grace of catching a glimpse of the interior world of the person, particularly his spiritual condition, for this is very important in healing the person's hurts. It helps an individual to become happier more creative and better adjusted.

Let us now discuss what Counselling is not. Counselling is a process which included a number of activities like giving information, advice & counselling etc. But it is not an individual activity like giving information / advice / suggestion / recommendation only.

1.2 Process and goals

Guidance is a concept as well as a process. As a concept guidance is concerned with the optimal development of the individual. As a process guidance helps the individual in self understanding (understanding one’s strengths, limitations, and other resources) and in self-direction (ability to solve problems, make choices and decision on one's own).
1.3 Guidance & Counselling

The terms Guidance ‘and Counselling ‘have been loosely or interchangeably used. Guidance is a term which is broader than counselling and it includes counselling as one of its services. Butter makes a logical separation of the counselling process i.e. (i) adjustive and (ii) distributive phase. In the adjustive phase, the emphasis is on social, personal and emotional problems of the individual, in the distributive phase the focus is upon educational, vocational and occupational problems. The distributive phase ‘can be most aptly described as guidance‘ while the adjustive‘ phase can be considered as description of counselling’. Guidance is one way exchange. It includes educating, influencing, instructing and showing the way. It is encouraging in nature. Counselling is two way exchanges, enabling clients to explore problems, understand problems and resolve, come to terms with problems. It is facilitative in nature.

1.4 Advice & Counselling

Advice does not require professional training unlike counselling. It has no psychological implication regarding individual development. Advice is a one way process. It includes giving opinion, making judgement and making a recommendation. It is persuasive in nature. A person in difficulty may seek advice on the problem confronting him at the moment.

In this stage the counsellor suggests appropriate courses of action. Here the counsellor will offer you several options and recommends one according to your aim or interest. For example if your aim is to be an engineer, the counsellor will suggest you a course related to applied mathematics.

1.5 Education & Counselling

The aim of education is to achieve the fullest possible realization of possibilities inherent in the individual. Education fosters all aspects of an individual’s personality. Guidance is an integral part of education and helps in achieving the goals of education. Guidance is quite essential for the development of individual which is the main objective of education. The Education Commission (EC-1964-66) observes —Guidance should be regarded as an integral part of education and not as a special, psychological or social service which is peripheral to educational purposes. It is meant for all students not just for those who deviate from the norm in one direction or the other.

The relationship between guidance and education observes, all guidance is education but some aspects of education are not guidance. Their objectives are the same the development of the individual but methods used in education are by no means the same as those used in guidance.

1.6 Direction & Counselling

Direction is the supervision of action or conduct.

In Counselling, the counsellor helps the students to clarify his needs, feelings or motivations so that he can make the appropriate decision for himself.
For example if you will tell, you have no aim or you cannot decide what you will do in the future. So the counsellor will ask you if you are not sure about what to do in future but you must want to do something interesting so describe about your idea. Like this the counsellor can motivate you to find out your idea & can recommend you the course according to your interest.

So counselling is student dependent rather than knowledge dependent. As a counsellor or a person needs skill rather than knowledge it needs high level of interpersonal skills. So counselling

1.7 Instruction & Counselling

Instruction is a direction calling for compliance. In Counselling, the role of the counsellor is to give appropriate and correct information to the clients. For example you are a student and you need counselling to select your course for the future. Here the role of the counsellor is to give you information about the availability of different courses & its future prospects.

1.8 Need for Guidance & Counselling

Guidance is needed wherever there are problems. The need and importance of guidance are as follows.

- Self understanding and self direction: Guidance helps in understanding one’s strength, limitations and other resources. Guidance helps individual to develop ability to solve problems and take decisions.
- Optimum development of individual
- Solving different problem of the individual
- Academic growth and development
- Vocational maturity, vocational choices and vocational adjustments
- Social personal adjustment
- Better family life
- Good citizenship
- For conservation and proper utilization of human resources
- For national development

The need for guidance and counselling for students emerges from the changes taking place in every sphere of life. Academic stress, poor academic performance, cut-throat competition, vast and varied educational and career opportunities and resulting confusion in making career choice, ever growing, changing and complex world of work, drop-out, suicide, anger, violence, drug abuse, child abuse, sex abuse, HIV/AIDs, crime, changes in lifestyle, divorced / single parents etc. are some of the concerns which require support of guidance and counselling services to school students. Helpline for students by various organizations like CBSE, few State level guidance agencies, NGOs etc. and popularity of these helplines point towards the need and significance of guidance and counselling requirement for the school system.

Like guidance, counselling has also three fold functions adjust mental, oriental and developmental.
Adjustmental Functions:

Rapid social change brought about by industrialization and urbanization has led to several perplexing problems. The pace of this change is ever on the increase, thus making adjustment a continuous process of grappling way with new situations. Counselling helps the student in making the best possible adjustment to the current situations be it in educational institution, occupational world, in the home & in the community. Professional and individualized aid is given in making immediate & suitable adjustment at problem points.

Oriental function:

Oriental function means to orient the person about his environmental constraints & resources and her personal constraints & resources by giving information and awareness in problems of career planning, educational programming etc.

Awareness of the need to plan in the context of the complexity of the world of work is an essential pre-requisite of going through education and preparation for after education. So oriental function is the important function in the counselling process. It is a link between adjustment and development function. If the person is properly oriented, he can develop his plan properly & adjust suitable with himself and society.

Developmental function:

Developmental function means not only to help the students having problems but also to help the students before the problems arise. For example, we are giving vaccination to the child as a preventive measure. Even then when the child suffers from a particular disease we take the help of special doctor to cure it. So both the processes are coming under health development. Likewise in the counselling process the function of counselling is to prevent emergence & maladjustment and cure the person having maladjustment to adjust with the problem situation. Therefore the development function helps in.

- Self-development
- Self-realization
- Development of society and
- National development

So we can say that counselling has not only it’s functions towards the individual but to the society & nation also.

To address the developmental needs and concerns of students at different stages of schooling, a professionally trained person, a counsellor or a teacher-counsellor is required to work within and with the system. The purpose of guidance and counselling services is to help each student develop as an individual in his/her own right, make choices and set goals on the basis of his/her strengths. By attending to the special needs and requirements of students belonging to different social, economic and cultural backgrounds, guidance and counselling helps students engage in the educational process and, thereby, benefit from the curricular experiences. Guidance and counselling not only helps students to develop an understanding of one self and of others, it also supports students to deal with their personal- social, academic and career related concerns.
It facilitates development of effective study habits, motivation, identifying learning or subject related problems, helping students to see the relevance of school years in life and for future, developing skills, right attitude and interests to help making a choice in career etc. Guidance and counselling, thus, promotes holistic development of every student. This signifies the need for every teacher to become a ‘guidance minded’ teacher and carry out his/her functions with guidance aim.

1.9 Emergence and Growth of Guidance and Counselling

Before the 1900s, most counselling was in the form of advice or information. In the United States, counselling developed out of a humanitarian concern to improve the lives of those affected by the Industrial Revolution in the 1850s to around the early 1900. The social welfare reform movement, women’s right to vote, the spread of public education, and various changes in the population makeup (such as the large entrance of immigrants) also influenced the growth of counselling as a profession.

**Pioneers of Counselling**

Counselling gradually grew in the early 1900s; and three individuals credited as pioneers in counselling emerged and they are: Frank Parsons, Jesse B. Davis and Clifford Beers. These three personalities identified themselves as teachers and social reformers. They focused on helping children and young adults learn about themselves, about others, and the world of work. Their work was built on the idea of moral instruction, on being good and doing right, as well as dealing with intrapersonal and interpersonal relations. These were turbulent times and they saw that American society needed help and took steps to do something.

(a) Frank Parsons (1854 – 1908)

Frank Parsons is often considered as the “Father of Guidance”. He was trained in multiple disciplines, being a lawyer, an engineer, a college teacher, and a social worker before becoming a social reformer and working with youth. He was characterised as a broad scholar, a persuasive writer and a tireless activist. He is best known for founding the Boston Vocational Bureau in 1908, a major step in the institutionalisation of vocational guidance. At the Bureau, he worked with young people who were making decisions about their career. In his book, *choosing a Vocation*, which was published in 1909 (one year after his death), he developed a framework to help individuals decide on a career, as outlined below:

According to Parsons, an ideal career choice should be based on matching personal traits such as abilities and personality, with job characteristics such as wages, requirements, prospects and so forth, through true reasoning. This is more likely to ensure vocational success. His framework later became the popular “Trait-Factor Theory” in career guidance (which is still used today). Parsons created procedures to help his clients learn more about themselves and the world of work. He designed an extensive questionnaire that asked about clients’ experiences, preferences and moral values. The idea of having vocational counsellors was implemented in many primary and secondary schools in the Boston area and it gradually spread to other major cities in the United States. By 1910, 35 cities had followed Boston’s lead.
Jesse B. Davis was the first person to set up a systematic guidance programme in public schools. Being the superintendent of Grand Rapids Michigan school system, Davis suggested teachers of English composition include topics on career guidance in their lessons once a week, with the purpose of building character to lessen student problems. Davis believed that proper guidance would help cure the ills of American society due to rapid urbanisation and industrialisation. What he and other progressive educators advocated was not counselling as known today, but more of the beginning of counselling called school guidance, which refers to a preventive educational means of teaching students how to deal effectively with life.

Counselling was conceived as a tool or technique to assist in the guidance programme. Between 1914 and 1918, school guidance programmes were initiated in several large cities around the United States.

Davis highlighted prevention and preparation for life and services were provided to both males and females and people from all backgrounds (Remember, this is America in the 1900s where equal rights was still a nascent idea). From this initiative by Davis, guidance programmes grew in American schools which later evolved into comprehensive school counselling programmes that addressed three basic areas, namely: academic development, career development, and personal/social development.

Clifford Beers, a former Yale student suffered from severe depression and paranoia several times during his life. After a failed attempt at suicide, he was committed to an institute for the insane, and remained in such asylums for three years. He found conditions in mental institutions deplorable and exposed them in his book, A Mind That Found Itself in 1908. The book became an instant best seller.

Beers used the book as a platform to advocate for better mental health facilities and reform in the treatment of the mentally ill by making friends with and soliciting funds from influential people of his day, such as the Fords and the Rockefellers. Beers’ work had an especially powerful influence on the field of psychiatry and clinical psychology. Beers’ work engineered the mental health movement in the United States, as well as advocacy groups that exist today including the National Mental Health Association and the National Alliance for the Mentally Ill. His work was also a forerunner of mental health counselling.

Events that Influenced the Development of Counselling (1900-1930s)

Besides the three pioneers in counselling, the first decade of the 1900s also saw certain events that had a significant impact on the development of counselling; namely, the founding of the National Vocational Guidance Association in 1913, the Congressional passage of the Smith-Hughes Act in 1917 and World War I.

The National Vocational Guidance Association (NVGA) was founded in 1913 and began publishing the National Vocational Guidance Bulletin which was later renamed the National Vocational Guidance Magazine in 1924 and the Vocational Guidance Journal in 1952. In
1984 it was renamed the Journal of Counselling and Development. Note how the emphasis shifted from “vocational guidance” towards “counselling”. This was due to the growing complexities of modern living in urbanised environments which prompted the realisation that the role of counsellors should go beyond just providing vocational guidance.

The Smith-Hughes Act of 1917

The second event was the passing of the Smith-Hughes Act by Congress in 1917. This act provided funding for public schools to support vocational education. This signifies the importance attached to counselling in American schools.

World War I

The third important event contributing to the development of counselling was World War I. During the war, counselling was used in testing and placement for great numbers of military personnel. In this process, the Army commissioned the development of numerous psychological instruments including the Army Alpha and Army Beta intelligence tests. Various screening devices were employed and psychological testing became a popular movement and early foundation on which counselling was based.

Education, Certification and Instruments

The 1920s was a period of consolidation for the counselling profession. Education courses were initiated in Harvard University in 1911, emphasising vocational guidance. The dominant influences were the progressive theories of education and the federal government’s use of guidance services with war veterans. Counsellors in Boston and New York were given certification. Another significant event was the development of the first standards for the preparation and evaluation of occupational materials. These were supplemented with the publication of new psychological instruments such as the Edward Strong’s Strong Vocational Interest Inventory (SVII) in 1927, which became a foundation for the use of assessment in counselling.

Two years later, the first marriage and counselling centre was established in New York City by Abraham and Hannah Stone. This was soon followed by the setting up of such centres across the country. This marked the beginning of marriage and family counselling as a specialisation of counselling. While the guidance movement gained acceptance by American society, the movement’s narrow emphasis on vocational interests began to be challenged. Counsellors were broadening their focus to include issues relating to marriage and family.

First Theory of Counselling

The 1930s was the era of the Great Depression. This raised the need for helping strategies and counselling methods related to employment. The first theory of counselling was formulated by E. G. Williamson and his colleagues at the University of Minnesota. Williamson modified Parsons’ theory and used it to work with students and the unemployed. His emphasis on a direct counsellor centred approach became known as the Minnesota point of view and sometimes referred to as the trait-factor counselling. His pragmatic approach emphasised the counsellor’s teaching, mentoring and influencing skills. Williamson proposed that all individuals have traits such as aptitudes, interests, personalities and achievements that could be integrated in a variety of ways to form factors (a group of individual characteristics).
Counselling was based on scientific, problem-solving, empirical method that was individually tailored to each client to help him or help stop non-productive thinking or behaviour, thus becoming an effective decision maker. Williamson believed that the job of the counsellor was to ascertain a lacking in the client, and then prescribe a procedure to rectify the problem. Williamson continued to write about his theory until the 1970s.

Every teacher should be a counsellor and guidance should focus on preparing students to live outside the school environment.

Another significant development in the 1930s was the broadening of counselling beyond occupational concerns. Back in the 1920s, Edward Thorndike and other psychologists began to challenge the vocational orientation of the guidance movement. John Brewer continued the emphasis on extending counselling to other specialties when he published a book in 1932 titled Education as Guidance. Brewer proposed that every teacher should be a counsellor and guidance should focus on preparing students to live outside the school environment. This emphasis made counsellors see vocational decisions as part of their responsibilities.

The American government also became more involved in guidance and counselling. Congress passed the George-Dean Act in 1938 that created the Vocational Education Division of the U.S. Office of Education. State supervisors of guidance positions in state departments of education were elected throughout the country. Therefore, school guidance became a national phenomenon. The government also established the U.S. Employment Service in the 1930s, which published the first edition of the Dictionary of Occupational Titles (DOT) in 1939. The DOT became a major source of career information for guidance specialists working with students and the unemployed which described known occupations in the United States and coded them according to job titles.

Counselling in the 1940s

Three major events in the 1940s radically shaped the practice of counselling. The first event was the practice of counselling by Carl Rogers who published his book Counselling and Psychotherapy in 1942.

(a) Carl Rogers

Rogers challenged Williamson’s counsellor-centred approach as well as the theory of Sigmund Freud who proposed the psychoanalysis approach. Rogers believed in non-directive approach to counselling, emphasising the responsibility of the client for growth and choice. He believed that if clients were accepted and listened to, they would begin to know themselves better and become genuinely in harmony. He pictured the role of the counsellor as being non-judgemental and accepting. The counsellor should act as a mirror, reflecting the verbal and emotional concerns of clients. Before Carl Rogers, the counselling emphasis was on vocational guidance, psychometric testing, and orientation procedures. Rogers introduced a new emphasis on techniques and methods of counselling itself, research, and refinement of counselling techniques, selection and training of future counsellors, and goals and objectives of counselling. Guidance suddenly disappeared from counselling and was replaced by full concentration on counselling.
The second event was World War II during which the U.S. government needed counsellors and psychologists to help select and train specialists for military and industry. Many women started to work outside the home as men went to war. Traditional occupational sex roles began to change and greater emphasis was put on personal and gender freedom.

The third impetus for the development of counselling was the American government’s involvement in counselling after the war. The government further promoted counselling when it passed the George-Barden Act in 1946, which provided vocational education funds through the U.S. Office of Education for counsellor training. The Veterans Administration (VA) also granted stipends and paid internships for students engaged in graduate study. The VA rewrote specifications for vocational counsellors and coined the term “counselling psychologist”. The funds greatly influenced teaching professionals in graduate education to define their curriculum offerings more precisely. Counselling psychology as a profession began to move further away from its historical alliance with vocational guidance.

Carl Rogers 1902-1987

Counselling in the 1950s

The 1950s saw dramatic changes to counselling. The Council of Guidance and Personnel Associations (CGPA) which operated from 1934 to 1951 was renamed The American Personnel and Guidance Association (APGA) in 1952. The Association was formed with the purpose of formally organising groups interested in guidance, counselling, and personnel matters. About 6000 associations registered with the APGA, which early in its history was an interest group rather than a professional organisation since it did not originate or enforce standards for membership.

Another development was the establishment of the Division of Counselling Psychology (Division 17) within the American Psychological Association (APA) in 1952. This division dropped the term guidance from its formal name. The idea emerged from APA members who wanted to work with a more “normal” population than the one seen by clinical psychologists. Counselling psychology was more concerned with normal human growth and development. Despite Super’s work, counselling psychology had a difficult time establishing a clear identity within the APA, yet its existence had a major impact on the growth and development of counselling as a profession.

The 1950s saw the passing of the National Defence Education Act (1958) which aimed to identify and develop scientifically and academically talented students. It also saw the establishment of counselling and guidance institutes to train counsellors. In 1952, the field of school counselling attained the status of a profession with the formation of the American School Counsellor Association. The ‘50s also witnessed the introduction of new theories on guidance and counselling. Before 1950, four major theories influenced the work of counsellors:
(a) Psychoanalysis and insight theory,
(b) Trait-factor or directive theories,
(c) Humanistic and client-centred theories, and
(d) Behavioural theories.

Aubrey argued that counselling should be organised and implemented in a developmental fashion. Teachers alone could not provide the necessary experiences required for optimal development of students, and guidance programmes were the most critical educational factor in enhancing student development.

Counsellors often debated whether to use directive (proposed by E. G. Williamson) or non-directive approach (proposed by Carl Rogers) in counselling. However, almost all counsellors agreed that certain assumptions of psychoanalysis were acceptable. Gradually, the debate shifted as new theories emerged. For example, applied behavioural theory, rational-emotive therapy, transactional analysis and research in career development and developmental psychology, contributed tremendously to the expansion of counselling in terms of its resources of theories and approaches.

Counselling in the 1960s

In his book Revolution in Counselling, published in 1962, John Krumboltz emphasised behavioural counselling which emerged as a strong counselling theory. He also promoted learning as the agent of change. These were turbulent times during which the civil rights movement, women’s rights movement and protests against the Vietnam War were most active. These issues led to a shift in the focus of counselling from a developmental approach towards addressing social crisis issues. More community mental health centres were established all over the United States. Counselling began to spread to involve alcohol abuse counselling, addiction counselling, and family counselling. Also, during this decade, group counselling began to gain popularity as a way of resolving personal issues.

In 1961, American Personnel and Guidance Association published its first code of ethics. The role definitions and training standards for school counsellors were further clarified. Also, a definition of counselling psychology agreed upon by the American Psychology Association followed by the publication of The Counselling Psychologist Journal with Gilbert Wrenn as its first editor in 1964. In 1966, ERIC Clearinghouse on Counselling and Personnel Services (CAPS) at the University of Michigan was founded. It was responsible for building a database of research in counselling. It has become one of the largest and most used resources on counselling activities and trends in the United States and throughout the world.

Counselling in the 1970s and 1980s

The 1970s saw the field of counselling extending its specialties outside the educational settings. As more counsellors graduated from colleges and universities, competition grew. Specialised training began to be offered in counsellor education programmes. New concepts of counselling were introduced. In 1977, Lewis and Lewis coined the term community counsellor to describe a counsellor who could function in various roles regardless of where he or she works. In 1976, the American Mental Health Counselling Association was formed and became one of the largest divisions within the American Personnel and Guidance Association. The Association started its own method of licensing counselling graduates
which led towards standardised training and certification and the formation of the Council for Accreditation of Counselling and Related Educational Programs (CACREP) in 1981.

This council standardised counsellor education programmes for masters and doctoral programmes in the areas of school, community, mental health, family and marriage counselling.

In 1983, the National Board of Certified Counsellors (NBCC) was established in order to certify counsellors at a national level. It developed a standardised test and determined eight areas for counsellors to be proficient in: human growth and development, social and cultural foundations, helping relationships, groups, lifestyle and career development, appraisal, research and evaluation, and professional orientation. Besides passing the test, candidates had to meet experiential and character reference qualifications. There was a growing awareness among APGA leaders regarding the inappropriate usage of the term personnel and guidance as the counselling profession had developed beyond its original focus. Thus, in 1983, the APGA changed its name to the American Association for Counselling and Development (AACD).

**Counselling in the 1990s and Onwards**

In 1992 the AACD changed its name to the American Counselling Association (ACA). During that year, counselling was put on par with other mental health specialties such as psychology, social work, and psychiatry. The field of counselling addressed topics such as spiritual issues, multicultural counselling and family influences more openly. The 1990s saw an increase in the number of programmes in counsellor education and counselling psychology at both doctoral and master levels, as well as an increase in the number of professional publications on counselling.

The 21st century saw a new emphasis on counsellors dealing with crises, trauma, and tragedies as a result of heightened violence in schools, abuse, natural disasters and terrorist attacks. The focus of counselling shifted to the effects and treatment of stress. Another emphasis is the promotion of wellness in physical, intellectual, social, psychological, emotional and environmental life of the individuals. Counselling has even extended its services over the Internet as evidenced with the availability of on-line counselling websites. Counsellors in the United States today identify more with the American Counselling Association as their professional organisation.

1.10 Status of Guidance and Counselling Movement in India

In attempts towards strengthening guidance and counselling services in the country, a historical summation is imperative. A view of guidance and counselling is provided as articulated in various policy documents, advances in establishment of guidance and counselling services across the states, existing status, locale, structure, functions and approach to offering guidance and counselling services.

**A Policy Perspective**

A relook at guidance and counselling, as emphasized in various policies/curriculum frameworks, indicates that concern for providing guidance and counselling services in schools for school students has continued throughout the years after independence. The
provision of guidance services by trained personnel or counsellors, or teachers and training of teachers for the purpose has also been emphasized. A number of Education Commissions and Curriculum Frameworks have laid special emphasis on guidance and counselling in school education. A brief look at the recommendations is mandated to augment efforts in this direction.

Secondary Education Commission (1952-53) of Education, the first Education Commission in independent India also known as Mudaliar Commission, recognized the importance of proper guidance for students as part of education. The specific recommendations included:

(i) establishment of centres in different regions of the country for training of guidance officers and career masters, and (ii) Central Research Organization for carrying out research in educational and vocational guidance. As an outcome of the recommendations of the Commission Central Bureau of Educational and Vocational Guidance (CBEVG), a Central agency, was set up in 1954 under Ministry of Education and several such bureaus at state level also. Establishment of All India Educational and Vocational Guidance Association in 1956 was a result of this. This gave impetus process to the idea of providing guidance services in the country in an organized manner.

Education Commission (1964-66) expanded the scope of guidance services beyond educational and vocational guidance. Guidance was viewed as both adjustive and developmental; therefore it was regarded as an integral part of education and not a special psychological or social service peripheral to educational purpose. Guidance, therefore, was seen as a continuous process aimed at assisting the individual to make decisions and adjustments from time to time. A detailed framework of guidance services describing the functions and strategies of guidance at primary and secondary school stages as well as training of guidance functionaries was given. It recommended guidance at the Primary Stage “to begin from the lowest class of the primary school to help pupils make satisfactory transition from home to school; to diagnose difficulties in the learning; identify pupils in need of special education (e.g., the gifted, the backward, the physically handicapped); and to guide pupils to develop insight into the world of work and favourable attitudes towards work”.

Guidance at the secondary Stage aimed to identification and development of the abilities and interests of adolescent pupils. The emphasis was laid on trained counsellor to provide guidance services in all secondary schools. However, it also recommended adopting a short-range programme consisting of

(i) A minimum guidance programme for all secondary schools through a visiting school counsellor assisted by the school teachers in the simpler guidance functions;
(ii) Comprehensive guidance programme in selected schools (one in each district) to serve as models;
(iii) Provision of necessary supervisory staff in the State Bureaus of Guidance to inspect and offer consultation to the school workers; and
(iv) All secondary school teachers to be introduced to guidance concepts through pre- or in-service training.

National Policy of Education (NPE, 1986) and Programme of Action (POA, 1992) linked guidance services with the vocationalization of education and the POA (1992) stated emphatically the need for a parallel infrastructure of guidance and counselling: “the centrally sponsored scheme envisages that vocational guidance will be available in the school for
providing necessary guidance to the students, parents and teachers regarding suitable educational and vocational choices. The guidance programme should be directed at informing the students about job opportunities in various courses, facilities for on-the-job training and placement by working in collaboration with employees” (p.109). The policy also recommended responsibility of Vocational Guidance Teachers for general foundation course and appointment of trained counsellor at district level (at state’s cost) to organize career advise centre and existing bureaus to train teachers. Later the revised scheme of Vocationalisation of Secondary Education (VOSE) (1993) suggested that Vocational Guidance Teacher (VGT) be appointed in each school for the purpose.

**National Curriculum Framework for School Education (NCFSE, 2000)** mentioned guidance services mainly for providing assistance to students for choice of courses and selection of a suitable career required at school leaving stage and not as an intervention to facilitate holistic development throughout the school years. Accordingly, NCFSE laid stress on provision of a guidance counsellor for every higher secondary school and one visiting school counsellor for a cluster of 3 to 4 secondary schools. In addition, it also laid stress on providing a career teacher for each secondary school wherever counsellor could not be appointed.

**National Curriculum Framework (NCF, 2005)** provided guidelines for facilitating healthy growth and development of students across are school stages and scope for guidance / counselling at each of these school stages from elementary through secondary and higher secondary stages. Recognizing the elementary school years as one of tremendous cognitive and affective development, NCF advocates the teacher’s guidance approach:

“Teachers with background in guidance and counselling can design and lead activities to meet the developmental needs of children, thus laying the foundation for necessary attitudes and perceptions towards self and the world of work. They can also provide needed support and guidance to children belonging to various groups and strata of society for their sustenance through the elementary school areas”. At secondary stage NCF states: “The courses at this level generally aim at creating an awareness of the various disciplines and introduce students to the possibilities and scope of study in them. Through such engagement, they also discover their own interests and aptitudes and begin to form ideas on what courses of study and related work they might like to pursue later. Such needs could be effectively met by Guidance and Counselling interventions of an organized nature with support of trained teachers and professional counsellors”.

Further focusing on Higher Secondary stage NCF states: “Given the developmental nature of this stage, guidance and counselling by trained professionals must be made available to children. Interventions to enhance self/career awareness, career exploration and planning are also essential. Besides, this stage coincides with adolescence, a period in an individual’s life that is marked by personal, social and emotional crises created due to the demands of adjustment required in family, peer group and school situations. The provision of these services in schools would help create the support system required to cope with increasing academic and social pressures” (p.70). NCF emphasizes that teacher education should develop the needed counselling skills and competencies to be a ‘facilitator’ and ‘helper’ of children needing specific kinds of help in finding solutions for day-to-day problems related to educational, personal and social situations. (108). In the context of ‘Reducing stress and Enhancing Success in the X and XII publication examination’ (p.113) it emphasizes G&C be made available in schools to deal with stress related problems and to guide students, parents
and teachers to lessen the students stress. Help lines in boards can also help students and parents”.

To meet the desired goals of guidance and counselling services the NCF delineates the responsibilities of states to augment guidance and counselling services. “The roles and functions of SCERTs need to include providing support not only in purely academic areas but psychological aspects as well. SCERTs must take steps to strengthen the guidance bureaus/units already existing with them by setting them up as resource centres at the state level for in-service teacher training in this area, production of psychological tools/ tests, career literature, etc. and make counselling services available at district/block and school levels by positioning professionally trained guidance personnel.”

Rashtriya Madhyamik Shiksha Abhiyan (RMSA, 2012) a recent initiative of government of India committed to Universalize Secondary Education at Secondary and Higher Secondary stage lays emphasize on guidance and counselling as one of the important areas to achieve the goals of USE, quality concerns and improvement in education at secondary stage.

As mentioned below:

“Guidance and Counselling, both as an approach and as service, will be an important strategy for promoting Universalization of Secondary Education in terms of its pro-active as well as remedial role. Guidance and Counselling services can help in promoting students’ retention and better scholastic performance in curricular areas, facilitating adjustment and career development of students, developing right attitudes towards studies, self, work and others”.

Counsellors, especially trained in theory and practice of counselling, can guide the students and help them develop the right attitudes and competencies to cope with educational, personal, social and career related problems and issues. The provision of these services in schools particularly at this stage would help students cope with increasing academic and social pressures. A multi-pronged strategy is needed to make available guidance services at school stage across the country”.
UNIT II:
COUNSELLING APPROACHES AND PRACTICES

The prospective counselors should be aware of major approaches to counselling so as to enable them to acquire a sound basis for developing their own personal brand of counselling. The current trends in this area are broadly classified into three approaches. They are:

- Cognitive approaches
- Affective approaches and
- Behavioural approaches.

The approaches are closely parallel with the three aspects of personality- cognition, affection and co-nation i.e. knowing, feeling and doing. In this unit we will discuss the cognitive and affective approaches to counselling.

2.1 Directive or authoritarian approach

The Directive or authoritarian approach also called —talking therapy involves analyzing the root causes of behaviour and feelings by exploring the unconscious mind and the conscious mind & relation of it. Many theories and therapies have evolved from the original Freudian psychoanalysis which utilizes free association, dreams and transference, as well other strategies to help the client know the functions of their own minds. Psychoanalysis ‘was developed in the late 19th century by Sigmund Friend. His therapy explores the dynamic workings of a mind understood to consist of three parts. The hedonistic id, the rational ego and the moral superego, Freud maintained that the condition of the unconscious mind is profoundly influenced by childhood experiences. So in addition to dealing with the defense mechanisms used by an overburdened ego, his therapy addresses fixations and other issues by probing deeply into client’s youth.

2.2 Relevance of psychoanalysis

Psychoanalysis has three main components:

1. A method of investigation of the mind and the way one thinks.
3. A method of treatment of psychological or emotional illness. Under the broad umbrella of psychoanalysis, there are at least 22 theoretical orientations regarding human development. The various approaches in treatment called psychoanalysis vary as much as the theories do. The term also refers to a method of studying child development.

Psychoanalytical counselling is concerned with how we deceive ourselves as to our intentions, desires and beliefs and how these deceptions creates conflict between our expressed goals and our actions. It also gives rises to psychodynamic counselling. The term psychodynamic means pertaining to the laws of mental action and its use pre-supposes that there are some principles that determine the relationship between mind and action and that these can be formulated as a basis for therapeutic intervention. Traditionally, the principles underlying psychodynamic counselling as presented as derivations of the psychoanalytic school founded by Sigmund Fend. But current psychodynamic counselling draws from a much wider range of theoretical influences. One of the most fundamental tenets is that we are
unaware of many of our motives and that if these are known to us we are able to make better, less conflicted choices. However, we are often resistant to or defended against recognizing these hidden motives termed unconscious by most psychodynamic theorists and hence are unable to change—indeed we seem to have a compulsion to repeat past behaviour. These repetitions are thought to arise because of earlier experience where our behaviour successfully enabled us to cope by ignoring or repressing difficult feelings. Psychodynamic counselling this has theory of why we are unable to change, how this inutility arises and how it affects our lives. Psychoanalysis is an intensive process, whereas psychoanalytic therapy is based upon psychoanalysis but is less intensive. Psychodynamic counselling evolve from psychoanalytic theory, however it tends to focus on more immediate problems, be more practically based and shorter term than psychoanalytic theory.

Goals of the psychoanalytic approach:

The goals of psychoanalytic approach are:

- To make the unconscious conscious
- To strive to probe into the deeper part of the psyche.
- To get the issues that was not resolved during cognitive development.
- To understand and experience the issues and to bring change in the character.

Principles of psychoanalytic theory:

The general principles are:

- Help the person to tell his or her story.
- Establish a solid working alliance
- Deal with resistance
- Gather background information and history.
- Select the problem or issues to be worked on explore the precipitating events.
- Collaborate with the client to form a diagnosis and treatment plan.
- Increase the client’s awareness regarding defensiveness.
- Revisit resistance to interventions.
- Explore the client's transference.
- Examine how the past is impacting the present.
- Help the client behave more effectively.
- Provide feedback and confront discrepancies.
- Negotiate with the client regarding home work assignments.
- Remind the client of the termination date.
- End therapy as agreed upon with the client.
- Schedule follow up as need

2.3 Non-directive approach:

Humanistic-Existential approach Roger’s self theory

Client- centered counselling of Rogers is perhaps the most well-defined technique in the affective approaches. It also highlights an issue in counselling; namely, how much responsibility can be placed on the client for his own problem solving?
Rogers believed that when the individual perceived himself as behaving in manner consistent with his picture of himself, he generally experiences feelings of adequacy, security, and worth. If on the other hand, he acts in a manner different from the way he defines himself, he experiences what is known as threat and feels insecure, inadequate, or worthless. Under pressure and with no other alternative, he may then defend himself against this threat using one or more of the commonly described defense mechanisms. Unless counselling eliminates this defensive chain reaction and strengthens his self-concept, the defensive behaviour would increase vulnerability to further threat, guilt, thereby creating more distortion and more self-defeating mechanisms.

The role of the therapist is not just eliminating the defense mechanisms. Rogers highlights the importance of Congruence. It means the close _matching of awareness and experience_. In this context, the client centered counsellors emphasizes the importance of accurate communication. If a client is aware of communicating a feeling which he is genuinely experiencing, his behavior is said to be congruent or integrated. In incongruent communication the awareness and experience of the client are two different if not opposing things. So also the recipient may experience an awareness of phony communication. The implication here for the counsellor is that the counsellor should help client to face courageously the incongruence between awareness and experience so that communication of his real experiences is in full awareness and not distorted with defense mechanisms and neurotic constrictions. The self-theory of Rogers also assumes a perspective called phenomenology.

According to this perspective, people's reality is that which they perceive. The way to understand individuals is to infer the phenomenological field from their behavior. In other words, the internal frame of reference of the client is used in counselling with the implication that counsellors must attempt to perceive client's perceptual worlds as closely as they can. This is known as the empathic skill of the counsellor. Individual client's need to strive for wholeness is the focus in Gestalt therapy and counselling. This school of counselling gives importance to the internal world of the individual. Striving for the gestalt or the wholeness is actually a striving for an integration of thinking, feeling, and behaving. The key concept here is awareness. It is believed that the counsellors help the clients work toward a total awareness of his experiences. Gestalt psychologists point out that such awareness permits self-regulation and self-control in the direction of increased integration and creativity.

Recently, one of the major forces that have come to occupy an important place in psychology is Existentialism. Unlike Psychoanalysis, existentialism is a temperamental way of looking at life. It is basically a philosophy of experiences which need not necessarily be categorized into cognitive compartments. Man is essentially an emotional being rather than a rational animal! The existence of man is unique because he is the only being who reacts to the fact of his existence. The awareness of one's own existence and the possibility of non-existence alters the inner world or the phenomenology. These new premises create new experiences and needs that are yet to be known. The predicament of human beings is such that it includes the individual's capacity for increased self-awareness, the search for unique meaning in a meaningless world, being alone and being in relation with others, freedom to choose one's fate, responsibility, anxiety, finiteness and death, and a basic urge for self-actualization. As a theory existentialism is sound and appealing, but the practice of counselling on the basis of this theory is difficult. However, the existential counsellor tries to understand the client as a being and as a being in the world. Counselors are supposed to expose his own inner reality.
and at the same time be human. This according to existentialists enables clients to become aware of similar conditions and qualities in themselves.

It is pointed out that through his process clients come to recognize their potentialities and achieve self-growth by accepting it as their responsibility. In a nutshell, it can be said that making the client accept responsibility for him selfish the aim of existential counselling. The three basic approaches (Cognitive, Affective, and Conative) with their differing foundations vary in their theory and practice of counselling. By about 1973, Patterson began to think in terms of commonalities among the approaches. Fortunately most of the controversies existed only as academic gymnastics at a theoretical level. The practicing counsellors were undergoing transformation as the clients were not interested in theories and their subtleties but were interested only in immediate problem solving. This demand of the client to the counsellor had made many counsellors to abandon their dogmatic approach. Orientation of the counsellors started changing towards a pragmatic approach.

The client and his needs became more important than the counselor's theory and dogma. This was how personal theory emerged. Here it is absolutely necessary to point out that training in some known approach is better than no training. The eclectic approach as a framework to begin with. However, point out that although beginning counsellors need a firm understanding of all the major approaches, they should start first with a thorough grounding in one theoretical approach to counselling. It is further pointed out that judicious integration and assimilation of techniques from other approaches could be done with experience.

2.4 Behaviouristic approach: reciprocal inhibition, behavior modification, counselling approach

Introduction to Behavior Therapy

The term behavior modification and behavior therapy are often used interchangeably, but they have slightly different meanings. Behavior modification is an approach to assessment, evaluation, and behavior change that focuses on the development of adaptive, pro-social behaviours and the decrease of maladaptive behavior in daily living. Behavior modification is used by therapists and paraprofessional workers to help individuals improve some aspect of daily life. Behavior therapy is a clinical approach that can be used to treat a variety of disorders, in various types of settings, and with a wide range of special population groups. The behavioral approach had its origin in the 1950s and early 1960s and it was a radical departure from the dominant psychoanalytic perspective. Contemporary behavior therapy arose simultaneously in the U.S., South Africa, and Great Britain in the 1950s.

In spite of harsh criticism and resistance from traditional psychotherapists, the approach survived. Its focus was on demonstrating that behavioral conditioning techniques were effective and were a viable alternative to traditional psychotherapy. In the 1960s, Albert Bandura developed social learning theory, which combined classical and operant conditioning with observational learning. During the 1960s a number of cognitive behavioral approaches sprang up, and they still have a significant impact on therapeutic practice. It was during the 1970s that behavior therapy emerged as a major force in psychology and made a significant impact on education, psychology, psychotherapy, psychiatry, and social work. In the 1980s behavior therapists continued to subject their methods to empirical scrutiny and to consider the impact of the practice of therapy on both their clients and the larger society.
Increased attention was given to the role of emotions in therapeutic change, as well as the role of biological factors in psychological disorders.

Two significant developments in the field were

(1) The continued emergence of cognitive behavior therapy as a major force
(2) The application of behavioral techniques to the prevention and treatment of medical disorders.

By the late 1990s, there were at least 50 journals devoted to behavior therapy and its many offshoots. Behavior therapy is marked by a diversity of views and procedures but all practitioners focus on observable behavior, current determinants of behavior, learning experiences to promote change, and rigorous assessment and evaluation.

The four areas of development are as follows:
(1) Classical conditioning
(2) Operant conditioning
(3) Social learning theory
(4) Cognitive behavior therapy

In classical conditioning (Pavlovian) certain respondent behaviours, such as knee jerks and salivation, are elicited from a passive organism. The focus was on experimental analysis and evaluation of therapeutic procedures. Classical conditioning (respondent conditioning) refers to what happens prior to learning what creates a response through pairing. Ivan Pavlov illustrated classical conditioning through experiments with dogs. Placing food in a dog’s mouth leads to salivation, which is respondent behavior. When food is repeatedly presented with some originally neutral stimulus, such as the sound of a bell, the dog will eventually salivate to the sound of the bell alone. However, if a bell is sounded repeatedly, but not paired again with food, the salivation response will eventually diminish and become extinct. Another example is Joseph Wolpe’s systematic desensitization.

Operant conditioning involves a type of learning in which behaviours are influenced mainly by the consequences that follow them. If the environmental changes brought about by the behavior are reinforcing that is, if they provide some reward to the organism or eliminate aversive stimuli, then the chances are increased that the behavior will occur again. If the environmental changes produce no reinforcement or produce aversive stimuli, the chances are lessened that the behavior will recur. B.F. Skinner contends that learning cannot occur in the absence of some kind of reinforcement, either positive or negative. Reinforcement involves some kind of reward or the removal of an aversive stimulus following a response. Reinforcement takes place when the consequences of a behavior increase the likelihood that the behavior will be repeated. For Skinner, actions that are reinforced tend to be repeated and those that are not reinforced tend to be extinguished. The social learning approach, developed by Albert Bandura and Richard Walters, is interactional, interdisciplinary, and multimodal. Behavior is influenced by stimulus events, by external reinforcement, and by cognitive mediational processes (thinking processes, attitudes, and values).

Social learning and cognitive theory involves a reciprocal interaction among the environment, personal factors (beliefs, preferences, expectations, and self-perceptions) and 3 individual behaviors. A basic assumption is that people are capable of self-directed behavior change. For Bandura, self-efficacy is the individual’s belief or expectation that he or she can master a
situation and bring about desired change. The theory of self-efficacy represents one of the first major attempts to provide a unified theoretical explanation of how behavior therapy and other psychotherapy procedures work. Cognitive behavior therapy and many techniques, particularly those developed within the last three decades, emphasize cognitive processes that involve private events such as the client’s self-talk as mediators of behavior change. Today, current behavior therapy tends to be integrated with cognitive therapy and is often referred to as cognitive behavior therapy. Today there are relatively few traditional behavioral practitioners. In modern behavior therapy, the current view is that the person is the producer and the product of their environment. Behavior therapy aims to increase people’s skills so that they have more options for responding. By overcoming debilitating behaviours that restrict choices, people are freer to select from possibilities that were not available earlier. Thus, as behavior therapy is typically applied, it will increase individual freedom.

Basic Characteristics and Assumptions

Behavior therapy is based on the principles and procedures of the scientific method (or a systematic adherence to precision and to empirical evaluation). Behavior therapists state treatment goals in concrete objective terms to make replication of their interventions possible. Treatment goals are agreed upon by the client and therapist. Throughout the course of therapy, the therapist assesses problem behaviours and the conditions that are maintaining them. Research methods are used to evaluate the effectiveness of both assessment and treatment procedures. Therapeutic techniques employed must have demonstrated effectiveness. Behavioral concepts and procedures are stated explicitly, tested empirically, and revised continually. Behavior therapy deals with the client’s current problems and the factors influencing them. Emphasis is on specific factors that influence present functioning and what factors can be used to modify performance. Behavior therapists look to the current environmental events that maintain problem behaviours and help clients produce behavior change by changing environmental events. Clients involved in behavior therapy are expected to assume an active role by engaging in specific actions to deal with their problems. They are required to do something to bring about change. Clients monitor their behaviours both during and outside the therapy sessions, learn and practice coping skills, and role-play 4 new behaviors.

Behavior therapy is an action-oriented approach, and learning is viewed as being at the core of therapy. It is an educational approach in which clients participate in a teaching-learning process. The behavioral approach emphasizes teaching client’s skills of self-management, with the expectation that they will be responsible for transferring what they learn in the therapist’s office to their everyday lives. Behavior therapy is generally carried out in the client’s natural environment as much as possible. The focus is on assessing overt and covert behavior directly, identifying the problem, and evaluating change. There is direct assessment of the target problem through observation or self-monitoring to determine whether the behavior change resulted from the procedure.

Behavior therapy emphasizes a self-control approach in which clients learn self-management strategies. Therapists frequently train clients to initiate, conduct, and evaluate their own therapy. Behavioral treatment interventions are individually tailored to specific problems experienced by clients. For example, “What treatment, by whom, is the most effective for this individual with that specific problem and under which set of circumstances?” The practice of behavior therapy is based on a collaborative partnership between therapist and client, and every attempt is made to inform clients about the nature and course of treatment. The
emphasis is on practical applications. Interventions are applied to all facets of daily life in which maladaptive behaviours are to be decreased and adaptive behaviours are to be increased. Therapists strive to develop culture-specific procedures and obtain their clients’ adherence and cooperation.

**The Therapeutic Process**

Goals occupy a place of central importance in behavior therapy. The client, with the help of the therapist, defines specific goals at the outset of the therapeutic process. Although assessment and treatment occur together, a formal assessment takes place prior to treatment to determine behaviours that are targets of change. Continual assessment throughout therapy determines the degree to which identified goals are being met. It is important to devise a way to measure progress toward goals based on empirical validation. The therapist assists clients in formulating specific measurable goals. Goals must be clear, concrete, understood, and agreed on by the client and the counsellor. This results in a contract that guides the course of therapy. Behavior therapists and clients alter goals throughout the therapeutic process as needed. The process of developing and implementing goals includes:

- The client identifies desired outcomes. The focus is on what the client wants to do rather than on what the client does not want to do.
- The client is the person seeking help, and only he or she can make a change. The counsellor helps the client accept the responsibility for change rather than trying to get someone else to change.
- The cost-benefit effect of all identified goals is explored, and counsellor and client discuss the possible advantages and disadvantages of these goals. Once goals have been agreed upon, a process of defining them begins. The counsellor and client discuss the behaviours associated with the goals, the circumstances required for change, the nature of sub-goals, and a plan of action to work toward these goals. Behavior therapists tend to be active and directive and to function as consultants and problem solvers. They use some techniques common to other approaches, such as summarizing, reflection, clarification, and open-ended questioning. Behavioral clinicians perform these other functions as well:

  - Conduct a thorough functional assessment to identify the maintaining conditions by systematically gathering information about situational antecedents, the dimensions of the problem behavior, and the consequences of the problem.
  - Formulate initial treatment goals and design and implement a treatment plan to accomplish these goals.
  - Use strategies to promote generalization and maintenance of behavior change.
  - Evaluate the success of the change plan by measuring progress toward the goals throughout the duration of treatment
  - Conduct follow-up assessments.

Another important function of the therapist is role modelling for the client. It is essential that therapist be aware of the crucial role they play in the therapeutic process. Behavior therapy provides the therapist with a well-defined system of procedures to employ. The importance of client awareness and participation in the therapeutic process is stressed. Behavior therapy is characterized by an active role for both therapist and client. A large part of the therapist’s role is to teach concrete skills throughout the provision of instructions, modelling, and performance feedback.
The client engages in behavioral rehearsal with feedback until skills are well learned and generally receives active homework assignments (such as self-monitoring or problem behaviours) and are expected to cooperate in carrying out therapeutic activities, both during therapy sessions and in everyday life. They are helped to generalize and to transfer the learning acquired within the therapeutic situation to situations outside therapy. It is clear that clients are expected to do more than merely gather insights; they need to be willing to make changes and to continue implementing new behavior once formal treatment has ended. Clients are as aware as the therapist is regarding when the goals have been accomplished and it is appropriate to terminate treatment.

A good therapeutic relationship increases the chances that the client will be receptive to therapy. Most behavioral practitioners contend that factors such as warmth, empathy, authenticity, permissiveness, and acceptance are necessary but not sufficient for behavior change to occur. Behavior therapists assume that clients make progress primarily because of the specific behavioral techniques used rather than because of the relationship with the therapist.

2.5 Eclectic approaches

Most counsellors work with their clients to determine the most effective treatment plan even when it does not include their preferred orientation or just one specific technique. This can sometimes involve elements of several different types of counselling approach, for example, a combination of behavioural approach and psychodynamic approach, becoming what is referred to as an “eclectic approach” to counselling. Eclectic Counselling is a style of Counselling that uses techniques drawn from several different schools of thought. At one time, most counsellors rigidly adhered to a single style, but today eclectic approach is the most common. It is a more flexible approach that allows the counsellors to adapt to each client’s individual needs. Some counsellors adhere largely to a single orientation, such as psychoanalysis or cognitive behavioural theory, but use eclectic techniques as needed. Others self identify as eclectic in orientation, utilising whichever techniques work best in any given situation. Either way, it is important that the therapist possesses a solid understanding of each theory for which techniques are being used.

Eclecticism Theory and Counselling

There are many forms of eclecticism, and in a way eclectic therapy is a pragmatic approach to therapy, meshing the various approaches together to fit the individual client who has approached for help.

Good eclecticism is neither messy nor confused. For example, a typical eclectic approach in counselling is to view an individual from a psychodynamic perspective, but to use more active interventions, such as you might find in a cognitive behavioral approach. In eclecticism, there is no one right or guaranteed way of approaching any given problem. Each problem is tainted and changed by that individual’s own history and way of viewing or perceiving his or her own problem. Counsellors are flexible, working as a teacher for one patient, as a guide for another, or as a combination of all of the above for yet another. Eclectics use techniques, as mentioned above, from all schools of therapy. They may have a favourite theory or therapeutic technique that they tend to use more often or fall back on, but they are willing and often use all that are available to them. After all, the main purpose here is
to help the patient as quickly and as effectively as possible. Eclecticism is not a new development.

Psychoanalysis and its derivatives were the first theories to develop and most of those therapists who were not eclectic adhered to some form of psychoanalysis or psychodynamic therapy. The so called Minnesota point of view was an eclectic position. The percentage of Counsellors who called themselves eclectic during the 1940’s and 1950’s is not known, however according to Kelly who conducted a survey found 40% of the respondents identified themselves as eclectic. It appears that 50% of the practitioners today claim themselves to be eclectic.

Definition of Eclecticism

Now let us see what eclecticism in psychotherapy / counselling is. Most discussions of eclectic therapy involve combining two theories or approaches and this is usually psychoanalysis and behaviour therapy. At the same time it is stated that there are as many eclectic approaches as there are eclectic therapists. Each therapist operates out of his or her unique set of techniques based on the particular training, experience and beliefs. There are no specific guidelines or principles for eclectic therapy. Yet it has been recognised for more than 5 decades (Patterson, 1989) that there are basic common factors or elements in the diverse approaches to psychotherapy. The common factor at the simplest but concrete level is that two persons talking to each other. The same therapy at the abstract level can be considered as an interpersonal relationship in which the therapist’s personality is the most important element. In between there are (i) therapist behaviours such as expertise, authority, rapport, support etc., and (ii) the therapist’s credibility, trustworthiness and attractiveness.

Certain common elements of therapy include catharsis, suggestion, reassurance, persuasion, guidance, advice and direction. Yet some more elements which may not be very common to all therapies include permissiveness, non judgemental, respect etc. pointed out three sets of characteristics which they called the central therapeutic ingredients and these were

i) The therapist’s ability to be integrated, mature, genuine and congruent

ii) The therapist’s ability to provide a non threatening, trusting, safe and secure atmosphere by his acceptance, nonpossessive warmth, unconditional positive regard or love

iii) The therapist’s ability to be accurately empathic, be with the client, be understanding or grasp the patient’s meaning.

Other Counselling Interventions It appears that there is a general agreement that the relationship provided by the therapist is the basic common characteristic of all approaches to psychotherapy.
UNIT III:
COUNSELLING PROCESSES

3.1 Preparation for Counselling

The Counselling process is influenced by several characteristics that help it become a productive time for the client and counsellor. Not all characteristics apply to all situations, but generally, the following help to bring about positive results.

- Structure
- Setting
- Client qualities Counselor’s qualities

Meaning of Counselling

Though the term guidance and counselling is used interchangeably, both the terms have different meaning. We have studied about guidance, now we will know about counselling. In everyday life, we find counselling goes on at many levels. In a family, parents counsel their children, doctors counsel patients, lawyers to clients and teachers to students. There is no limitation to the problems or counsellors in providing counselling, so, let us know what counselling is. According to Webster dictionary counselling is defined as — Consultation, mutual interchange of opinions, deliberating together.

Counselling is a dynamic and purposeful relationship between two people who approach a mutually defined problem, with mutual consideration of each other to the end that the younger or less mature or more troubled of the two is aided to a self determined resolution to his problem

Wren Counselling is an interaction process which facilitates meaningful understanding of self and environment and results in the establishment and or clarification of goals and values for future behaviors - Shertzer and Stone. Counselling is an accepting, trusting and safe relationship in which clients learn to discuss openly what worries and upsets them, to define precise behaviour goals, to acquire the essential social skills and to develop the courage and self confidence to implement desired new behaviours - Merle M. Ohlsen. Counselling is a process by which a troubled person (client) is helped to tell and behave in a more personally satisfying manner through interaction with an uninvolved person (counsellor) who provides information and reactions which stimulate the client to develop behaviour which enable him to deal more effectively with himself and his environment. - Edwin Lewis.

If all the definitions are analyzed we can come to the following conclusions.

Counselling is a two way process.

It involves two individuals.
There are mutual relationships between the two individuals.
It helps individuals to gain self understanding self acceptance and self realization

It helps an individual to become happier more creative and better adjusted.
Let us now discuss what Counselling is not. Counselling is a process which included a number of activities like giving information, advice & counselling etc. But it is not an individual activity like giving information / advice / suggestion / recommendation only. From this it is clear that what is counselling is.

Counselling constitutes the three activities like –

I - Informing
A- Advising and
C – Counselling

Informing: Here the role of the counsellor is to give appropriate and correct information to the clients. For example you are a student and you need counselling to select your course for the future. Here the role of the counsellor is to give you information about the availability of different courses & its future prospects.

Advising: In this stage the counsellor suggests appropriate courses of action. Here the counsellor will offer you several options and recommends one according to your aim or interest. For example if your aim is to be an engineer, the counsellor will suggest you a course related to applied mathematics.

Counselling: In this stage counsellor helps the students to clarify his needs, feelings or motivations so that he can make the appropriate decision for himself. For example if you will tell, you have no aim or you cannot decide what you will do in the future. So the counsellor will ask you if you are not sure about what to do in future but you must want to do something interesting so describe about your idea. Like this the counsellor can motivate you to find out your idea & can recommend you the course according to your interest.

So counselling is student dependent rather than knowledge dependent. As a counsellor or a person needs skill rather than knowledge it needs high level of interpersonal skills. So counselling is a process which constitutes information, advising and counselling. You can think of these three activities as a continuous spectrum of areas which merge into each other.

3.2 Counselling relationship

The Counselling relationship is the most important aspect of the Counselling process. However, it does not easily lend itself to a very clear definition. It conveys the essential sense that there is an inter-personal relationship. It is a relationship of mutual trust and confidence on the part of both the counsellee and the counsellor and the concern for the well-being of the counsellee on the part of the counsellor. There is an unconditional acceptance and a sense of commitment on the part of the counsellor. Thus the counselling relationship encompasses the whole of the counselling situation and affects its progress at every stage.

3.3 Content and process of Counselling

Counselling is a process. It means that Counselling involves a sequence of identifiable events spread over a period of time. The time taken, the sequence of events, and dynamics involved, the nature and extent of exploration, differ from individual to individual. However there are
certain basic stages, which form the essentials of counselling processes. The process of counselling comprises of certain concepts, they are as follows:

**STAGES OF THE COUNSELLING PROCESS:**

A process is an identifiable sequence of events taking place over time e.g. Process of human development from birth to death.

**The First Stage: Initial Disclosure:**

Initially the client expresses two sets of feelings i.e. i) I know I need help ii) I wish I weren’t here. Therefore central task of the counsellor in this stage is to allay the client’s fears and encourage self-disclosure. Attending paying careful attention to the client’s words and actions. Counsellor observes clients behavior for indications of content and feeling not expressed in verbal message. It is the first contact between the client and the counsellor, but it remains important throughout the counselling process. In this stage, clients are helped to articulate their personal concerns and to place those concerns in a context so that the counsellor can understand the personal meanings and significance the client attaches to them. The main aim of this stage is promote trust in the client. Following characteristics describe the helping relationship.

- **Empathy** - Understanding others experience as if it were yours.
- **Genuineness** - Being natural, consistent in behavior and dependable in the relationship.
- **Unconditional positive regard** - Caring without condition
- **Concreteness** - Using clear language to describe the client’s situation.

**The Second Stage: In-depth Exploration**

Client begins to formulate a new sense of hope and direction. Counsellor at first discusses the diagnostic impressions of the client's dynamic and coping behavior. As the relationship becomes more secure, the counsellor begins to confront the client with observations about his/her goals or behavior. This will help the client arrive at newly challenged and refined views of self. Immediacy - is referred to in 3 ways.

i) General discussions about the progress of counselling relationship. ii) Immediate response to the client’s statement disclosing current thoughts about counselling. iii) Counsellor’s personal response to a client in the present This stage becomes emotionally stressful, because client faces the inadequacy of habitual behaviours. In this stage client and counsellor come to a mutually acceptable diagnosis of the problem.

**The Third Stage: commitment to Action:**

How to accomplish goals that have emerged in the previous two stages. Client relates his behaviour to accomplish goals. This stage includes identifying possible alternative courses of actions (decisions) the client might choose. Once an action decision is made the client tries some new behaviours. The counsellor supports and reinforces the trying of new behaviours.
Counselling interactions

Listening

It is the process of hearing the other person. a) During listening it is important to show that the counsellor is listening through the ‘minimal prompts’ such as head nods, yes, no etc. They indicate that I am with you’. Overuse of these should be avoided. b) Behavioural aspects of listening - (SOLER) S - Sit squarely O - Openness L - Leaning E - Eye contact R - Relax

Aspects of Listening Linguistic aspects - words, phrases, figures of speech
Paralinguistic aspects - timing, volume, tone pitch, ums 'and errs’, fluency Non-Verbal aspects: facial expression, gestures, touch, body position, and proximity to the counsellor, body movement and eye contact.

Attending and showing receptiveness

It is the act of truly focusing on the other person. It involves consciously making ourselves aware of what the other person is saying and of what they are trying to communicate to us.

Observing Body Messages

Non-verbal aspects of communication refer to body language. The way the client expresses through the use of their body. They offer clues about the client’s internal status beyond the words. Morris calls it ‘Man Watching’. Body language depends on context in which it occurs, the nature of the relationship, individual’s personal style, personality of the person. Therefore avoid assuming what person is saying with their body languages.

Listening Blocks

Attraction: Attention is focused on what you are feeling rather than what client is saying.
Physical condition: Sick/tired, without realizing it you tune out certain things client is saying.
Concerns: Preoccupied with your own concerns.
Over-eagerness: Listen to only a part and respond.
Similarity of Problems: Same as your own problem. Your mind wanders.
Differences: Different experiences of yours and client.

Effective Listening

Attention focuses outward
Suspension of judgment
Attention to the behavioral aspects (SOLER)
Avoidance of interpretation
Development of free-floating attention

Communicating

It is the exchange of ideas and opinions between two or more people through speech, writing or signs. The communication included physical setting as well as psychological predispositions of the receiver. Communication = thoughts and feelings
**Questioning**

What it is? Questions are used to draw out information from others. How to use it? There are several types of question. Choose the most appropriate:

**Open-ended questions**

Open questions promote discovery and stimulate thinking. They are useful to help the other person to start talking about a topic, outline a situation, and give a broad description of what happened and how he or she reacted. There are three broad types of open question:

**Clarifying question**

What specifically does that mean to you?  
Can I make sure I understand that…?  
If I hear correctly, what you are saying is…

**Creative questions**

How have you seen others handle similar situations?  
What do you think about…?  
Would you like to talk more about it?  
I'd be interested in hearing more  
What would be your approach if there were no constraints?

**Process questions**

What would you like to get from this session?  
What do I need to communicate to ensure everyone understands your role?  
What authority do you think you need to complete this task?

**Follow-up or probing questions**

The purpose of follow-up questions is to get information, broaden decisions and understand reasons and motivations. Do not over use why’. It causes people to become defensive.  
In what way would this help achieve greater customer satisfaction?  
What other aspects of this should be considered?  
How would you involve others in accomplishing this plan?

Follow-up questions are useful for probing - getting to the heart of a topic, checking information and filling in detail. A particular type of follow-up question is the reflective question, useful for gaining a clearer understanding, revealing more information or uncovering feelings.

You say you were pleased….  
Incompetent….  
You say he reacted to this How did he react….?
Closed questions

Closed questions are those that lead to either yes’or no’. They are useful in checking facts quickly but can lead to a one-sided conversation.

Examples are:

Have you been shopping recently?
Is there enough money in the bank?
Have you done this sort of work before?

A closed question can be useful lead into open questions once an area to explore has been identified.

Less useful questions

Certain types of questions are less useful. Try not to use them - these include: Leading questions (I assume you…) Hypothetical questions (If you were in my place….) Multiple questions.

Counselor-Counselee relationship

Warmth: The Counsellor should communicate personal warmth and make the client feel welcome valued as individuals.

Acceptance: The Counsellor should accept the person & his feelings for what he is without criticizing him. He should also accept the person irrespective of age, race, sex, etc.

Genuineness: The counsellor should be very honest with himself and with client he should be very open, friendly and undefensive.

Empathy: Instead of showing sympathy to the person having problem, the counsellor should show empathy, which means to sense the feelings and experience of another person.

In order to make good relationship the above qualities should be acquired by a counsellor. He should imbibe these qualities to follow the principles of counselling properly.

3.4 Factors affecting counselling process

- Counsellor Variables
- General Characteristics of Counsellors
- Speculation
- Identifying effective and ineffective groups
- Hypothesized characteristics
- Correlational analysis
- Age
- Experience
- Sex
- Personality Characteristics of the Counsellors
• Interested in helping people
• Personal adjustment
• Personal security
• Genuineness
• Counsellor Attitude and Beliefs
• Beliefs
• Values
• Acceptance

3.5 Effective Counsellor’s skills – Characteristics & attitudes:

A good counsellor should be:

• Rapport
• Empathy
• A good listener & good communicator
• Respectful to other person’s feelings & point of view.
• Kind, caring and understanding
• Non-Judgemental
• Trustworthy & respectful of people’s confidentiality
• Relaxed and calm
• Warm & approachable
• The ability to motivate & inspire clients.

Counsellor is a specialist in education. Counselor’s responsibilities can be classified into:

a) Diagnostic,
b) Therapeutic
c) Evaluation and Research with specialized services and skills.

A counsellor is selected by virtue of interest, training, experience and competence. The specific functions of a counsellor are:

• Orientation of Students
• Student appraisal
• Educational and Occupational information service
• Holding counselling interviews
• Placement
• Research and Evaluation

The Counsellor:

Design and initiate a comprehensive career development programme Involve teachers, students, parents, community resources. Plans students competencies for use in the classroom Include Para professionals Assist students in career selection, prepare them and progress in it. The counsellor acts as a facilitator. The Counsellor need to keep up-to-date information regarding new career trends and to participate in professional experiences to improve their skills.
3.6 Counselling Interview

Nature and significant features

The purpose of interviewing is to know what going on in a person's mind. You interview people to find out from them those things you can't directly observe such as feelings, intentions and thoughts. You cannot observe things that happened in the past, or the meanings attached to things or incidents going on around. To obtain information about these you have to ask questions. This helps you to know another's perspective. In-depth, open-ended interviewing aims to capture the clients' experiences and perspectives on their problem in their own terms. Open-ended interviewing is based on the assumption that other's perspective is meaningful. It is important to remember that skillful interviewing involves much more than asking questions. Now, you will learn about the types of interviews content of interview, and guidelines on how to question to conduct an interview with the client.

Setting Counselling interview

Physical setting

Counselling can happen anywhere, but the professional generally works in a place the provides:

- Privacy
- Confidentiality
- Quiet and
- Certain comfort

When working with a client, you want to send a message that you are listening. This can be done by being attentive both verbally & non-verbally. The following SOLAR acronym will remind you about your physical setting which gives confidence to your client that you are listening. S: Face the client Squarely, that is, adopt a posture that indicates involvement. O: Adopt an Open posture sit with both feet on the ground to begin with your hands folded, one over the other. L: As you face your client, lean toward him or her. Be aware of their space needs. E: Maintain eye contact. Looking away or down seems that you are bored or ashamed of what the client is saying. Looking at the person suggests that you are interested and concerned. R: As you incorporate these skills into your attending listening skills, relax.

Privacy

Trust is an essential component in the development of helping relationships. Counselors regard the promise of confidentiality to be essential for the development of client trust. Most individuals seeking counseling services assume that what they divulge counseling will be kept in confidence by their counselor, with limited exceptions. This is most likely true for children and adolescents as well as adults. Managing confidentiality when counseling minors, however, is more complex than when counseling adults. School counselors must balance their ethical and legal responsibilities to their clients, clients’ parents and school systems. This complex balancing act is one reason that the topic issues in school counseling. In attempting to weigh their legal and ethical obligations, it is helpful for school counselors to clearly identify those they consider to be —clients. School counselors are part of an educational community. As such, they consult with teachers, administrators and parents. It is important
for school counselors to clarify that their consultation is on behalf of students and that only the students are their clients (except if school counselors offer counseling to students “families).

The Code of Ethics and Standards of Practice of the American Counseling Association (ACA, 1995) and the Ethical Standards for School Counselors of the American School Counselor Association (ASCA, 1998) are two resources available to help school counselors manage privacy and confidentiality in their counseling relationships. School counselors can also look to moral principles or —shared beliefs or agreed upon assumptions that guide the ethical reasoning of helping professionals upon which the codes of ethics are based.

The moral principles most often cited in relation to ethical practices of counselors include the following:

- Veracity or telling truth
- Justice or fairness
- Non-maleficence or doing no harm
- Beneficence or doing good
- Autonomy or respecting free choice
- Fidelity or keeping promises

The moral principle of beneficence refers to the responsibility to help clients gain something positive from engaging in counseling. It also includes counselors’ duty to —help society in general and people who are potential clients. Autonomy refers to respecting the freedom of clients to choose their own directions and make their own choices within the counseling relationship. Respecting a clients’ autonomy does not mean that counselors encourage clients to make decisions independent of significant others (e.g. parents) in their lives or regardless of community and cultural implications. It does mean that —counselors refrain from imposing goals, avoid being judgmental and are accepting of different values. Applying moral principles to situations involved in respecting the rights of minor clients served in school settings is not always easy.

To be effective advocates for their clients’ rights, school counselors must have a good grasp of issues related to the following concepts: the legal status of minors and the legality and ethics of privacy, confidentiality, privileged communication, and informed consent. Each of these are reviewed along with relevant ethical standards and factors that complicate school counselors’ ability to maintain a relationship based on student’s confidence that they can speak freely and without fear of disclosure. Finally, implications for the practice of school counselors are presented.

The Legal Status of Minors

The ACA (1995) Code of Ethics and Standards of Practice specifically references the term minor twice, both in relation to matters of consent. The Ethical Standards for School Counselors (ASCA, 1998) include standards specific to counseling minors throughout the entire document. Neither setoff ethical guidelines, however, defines the term minor. Typically, 18 is considered the legal age of majority, unless otherwise designated. Minors, therefore, can legally be defined as those persons under the age of 18. Amendment XXVI (1971) to the U.S. Constitution established the right of 18-year-old citizens to vote and by extension has influenced the generally accepted age at which minors are extended other adult
rights. For example, 18 is cited in the Family Educational Rights and Privacy Act (FERPA) as the age at which the transfer of rights from parents to students occurs (FERPA, 1974).

School counselors, therefore are faced with 18 as the age at which their clients are legally assumed to be mature, to have full ownership and control of their privacy rights. The legal concept of the age of majority has implications for minor clients’ rights to make choices about entering into counseling as well as their rights to privacy and confidentiality. Overall, although minor clients have —an ethical right to privacy and confidentiality in the counseling relationship… [the] privacy rights of minor legally being to their parents or guardians. It is noted that the Supreme Court has upheld parents’ legal right to make critical decisions about their children. (The term parents refers to all who function in the parental role and have the legal rights of parents.) Many people consider the decision to enter into counseling to be an example of a critical decision. Further, because counselling is considered to be a contractual relationship, —minors cannot legally agree to be counseled on their own. There are some exceptions to this. For example, many states have enacted laws allowing for individuals younger than 18 to receive counseling or medical services without parental consent. Additionally, most states have laws that allow minors to be declared —legally emancipated from their parents and a few states allow to be deemed a mature minor and capable of understanding the ramifications of counselling.

Record Keeping

Counselor’s record keeping practices are increasingly governed by legislation. In some provinces, new Freedom of Information and Protection of Privacy legislation and Personal Health Information acts have given counselors new guidelines about the way they keep records. The federal Youth Criminal Justice Act will also influence counselors’ practices on record keeping. For school counselors, legislation regarding the administration of public schools adds other imperatives. Some provinces have synthesized these various legislative requirements into policy statements that provide counselors with a guide for the management of their counseling records.

In schools, pupil records are typically held in three areas: the cumulative file in the main office; the young offender file if one exists, held in a secure location by the principal and the counseling or special education files normally maintained by the counselor and resource teacher. The cumulative file component includes things such as identification information, parent/guardian information, citizenship, school history, relevant health information, academic information on marks, attendance, awards and correspondence & legal documents. Some counseling information, such as results of psycho educational assessments that may inform programming decisions can also be included in this file. The counseling and special education files typically included additional such as: special education or resource information; clinician reports and meeting notes; referrals to other agencies; diagnostic testing results and reports from service providers outside of the school such as hospitals and treatment facilities.

The Youth Criminal Justice Act component contains information about a young offender that may be used; to ensure compliance with a court order; to ensure the safety of staff, students and others; and to assist in the rehabilitation of the young offender. Most legislation is in agreement that there are certain conditions under which a person may be refused access to information in a file. They are: if disclosure might cause an invasion of the privacy of a third party; if disclosure could be detrimental to the education of the pupil; if disclosure could
cause physical or emotional harm to someone; or if disclosure could interfere with an enactment or investigation. Personal Health Information legislation. (Manitoba's for example), adds additional conditions under which access may be refused. These include: if disclosure may endanger the mental or physical health or safety of a person; if disclosure may reveal information about person who has not consented to disclosure; if disclosure could identify a third party who supplied the info in confidence under circumstances where confidence could be expected; or if the information was compiled for legal purposes.

The Youth Criminal Justice Act demands that the offender's file must be kept separate from any other record or the young person; that on other person has access to the information except if authorized under the Act; and that the record be destroyed when the information is no longer required for the purpose for which it was disclosed.

In cases of divorced or separated parents, the Divorce Act of Canada states that, —Unless the court orders otherwise, a spouse who is granted access to a child of the marriage has the right to make inquiries, and to be given information as to the health, education and welfare of the child.1 Provincial family law usually supports this notion as in Manitoba’s legislation, for example, which states: —Unless a court otherwise orders, the non-custodial parent retains the same right as the parent granted custody to receive school, medical, psychological, dental and other reports affecting the child. (Family Maintenance Act Manitoba) While the legislation described about is very similar from province to province, it is important to check on the specific wording of these kinds of acts in your own jurisdiction.

Counselors are often concerned about transferring information when a student transfers to a new school. Generally, both the cumulative file and the counseling or special education file must go to the new school. A strategy that will help give counselors some sense of security is to retain the counselling records themselves, and place a notice in the cumulative file to the effect that counseling information exists on this student and may be obtained by contacting the counsellor directly. In this way, the records can go from professional to professional, and their security and privacy be ensured. Many schools have the parents or students, (if they are the age of majority), sign a release from to allow the transfer of these records. Lawyer, Robert Solomon and Consultant, Dennis Lucas have each offered suggestion about effective record keeping. These ideas include:

- Keeping all entries in chronological order;
- Recording information while it’s fresh.
- Making any alterations with a straight line, dated and initialed;
- Sticking to behaviors and concise description
- Staying away from diagnosis & interpretation
- Limiting records only to directly relevant info;
- Including record keeping information in your informed consent form, Record ingredients may include:
  - Name and date:
  - Presenting issue:
  - Past history of issue (if described in an earlier record);
  - Current status of issue changes since last visit:
  - Treatment/goals/homework/actions;
• Check-back date/time;
• Referral info: To whom, where, when, what was said;
• Administrative info: timetable, credits, etc.

To ensure the protection of your students and yourself, it is important to check your employer's policies on access to information, the CCA Standards of Practice on record keeping, and the privacy legislation in your province. If no workplace policy exists, it is critical that such a policy on record keeping be created. In some provinces, requests for information can be referred to the individual appointed as Privacy and Access Coordinator for your school board. This individual can, with input from you, decide to release the whole record, release parts of it, or deny access altogether. Parents then have the right of appeal to a provincial privacy adjudicator such as the provincial ombudsman in provinces where these procedures are not mandated, it is important to follow the CCA policy that school counsellors should make every effort to ensure that there is a school-based procedure in place to adjudicate any requests from parents or guardians for access to counselling records. As a proactive step to avoid misunderstanding with students and parents, it is essential to have a good informed consent form in place.

A consent form used in a school setting may say something like this: ―In all discussions between us you have a right to expect that anything we talk about will remain confidential. We will respect and guard your right to confidentially very carefully, but you need to know that are a few cases where that may not apply.

These are the situations where information may be shared with someone else:
1) If you ask me to speak with someone else for you or give them information you wish them to have
2) If I feel that you or someone else may being danger or in need or protection,
3) If a court orders the release of information,
4) If required by law, as in cases of child abuse.
5) To consult with another professional person in confidence to try to find solutions or answers for you.

*Types of Interviews:*

You will now read about the different types of interviews.

*Informal Conversational Interview:*

It relies on spontaneous questioning which may take place as part of the counsellor's participant-observation. Over the course of an informal talk, the client may not even realize that she / he is being interviewed. In such interviews, the data gathered would be on aspects that differ for each client depending on the issues that emerge from the conservation. The major advantage is that the interview is highly individualized to the client and produces information or insights that the counsellor/ interviewer may not have anticipated. This type of interview requires the counsellor to be experienced in the content area and strong in interpersonal skill.
Interview Guide Approach:

It involves deciding before the interview, the issues that are to be explored with the client i.e., identifies topics, but not actual wording of questions, thereby offering flexibility. These identified issues are used to guide the interview and keep it on track and ensure that they are covered. This kind of interview is focused and hence the data collected are more systematic and comprehensive than informal conversational interview.

Standardized Open-ended Interview:

This interview consists of set of questions arranged in a sequence, which are asked to each client. It minimizes the variation in the questions passed to the client at the same time provides scope to the client to give responses that are open-ended. This reduces the possibility of biases that come from having different types of interviews with different people. Data obtained from such interviews are systematic and thorough for each client but it reduces flexibility and spontaneity because the questions are predetermined thus leaving little scope for issues that may emerge during the course of the interview. The advantage of this type of interview is that it is the most structured and efficient of the qualitative interviewing techniques.

The Focus Group Interview:

In the interview the counsellor becomes a facilitator among the interviewees in a group setting where they hear and react to one another’s responses. Focus groups can be used by counsellors to assess the needs of a student group, obtain general background information about a topic or diagnose the potential problems of a group of students. In this type of interview the counsellor's role is of a moderator, directing the interaction and inquiry in a manner that the purpose of interview is served.

The common characteristic of all qualitative approaches to interviewing is that the people being interviewed respond in their own words and provide own personal perspectives.

Content of Interviews:

Before an interview is conducted it is important to plan the type of interview whether it will be the informal conversation, the interviewing guide approach, the standardized open-ended interview or the focus group. Then it is important to know about the different kinds of questions that could be asked while interview the client. The counsellor must decide what questions are to be asked, the sequence of questions, the details required, time of the interview and how to word the actual questions. The different kinds of questions that could be asked by the counsellor are behaviour / experiential questions, opinion/ values questions, feeling questions, knowledge questions, sensory questions, demographic questions.

How to Question:

The way the question is worded is important. There are no fixed rules of sequencing questions for an interview. Informal conversational interviews are flexible and, therefore, fixed schedule is not required. However, standardized open-ended interviews must have a sequence because of their structural formed.
Appropriate use of Communication

Factors Involved in the communication
- Purpose Specific
- Distribution:
- Environment
- Timing
- Feedback
- Follow-up

Causes of Communication Breakdown
Lack of consideration of the other person’s feelings and personality

Use of technical language
Not thinking about other, how they get affected (networking missing)
Lose human factor (envy, jealousy)

Clarification: To get definite information through this to help clarify the client’s thinking without pressurizing.

Concreteness: Using clear language to describe the client’s life situation. It promotes clear insight in client’s life and provides counsellor with a fuller sense of the uniqueness of the client’s experiences.

Restatement: Enables the counsellor to let the counselee realize that he is being fully understood and accepted. Counsellor exactly repeats as said by the client. Client thus gets a rest and a chance to collect his thoughts before going forward.

Paraphrasing: The counsellor summarises. He chooses/selects those ideas and feelings which seem most important and relevant and feeds them back to the client in a more organized form.

Ways to Impede Communication
- Counselor’s predispositions
- Premature advice giving
- Lecturing
- Excessive questioning
- Story telling

Interviewing techniques

General Principle of Interview:

The following are the guidelines to make an interview successful.
- The counsellor should feel the need of interview and counselling.
- The counsellor should have all relevant data about the client before he starts counselling.
A rapport should be established between the counsellor and the counselee. It is a sort of personal relationship of mental trust and respect based on the feelings of confidence and security.

Discussion should be restricted to issue at hand.

When the counselee expresses himself he should be accepted. The counsellor will gain nothing by antagonizing or embarrassing the counselee.

The counselee should be allowed to take the lead in making decisions.

The interview should end with a constructive note.

Interview is an art and a skill that is developed with practice.

Degree of lead, silence, relationship techniques, sharing of experiences, resistance.

**Readiness**: The counselee are of two types i.e. one who seeks assistance voluntarily and the other who are referred. The Counselling presupposes a desire on the part of the counselee that makes him come for the assistance. This desire is referred to as readiness.

**Counter Will**: People experience difficulty in asking for help and accepting it, because they are reluctant to face the consequences of change or an admission of inadequacy of failure. The negative feeling that holds back one from seeking help is referred to as counter will.

**Case History**: Case History is a systematic collection of facts about the counselee’s past and present life. However focus of attention varies from case to case.

**Rapport**: It is a warm friendly and understanding atmosphere created by the counsellor, which is catalytical in the formation of an effective counselling relationship. Warmth of relationship and feeling of trust, which grows out of unconditional acceptance are important in contributing to the establishment of rapport.

**Transference**: It refers to the counsellor transferring emotions originally felt toward someone early in life. The counselee is encouraged to express his/her feelings and emotions freely. The counsellor acknowledges these feelings and handles in a therapeutic way.

**Counter Transference**: This occurs when counsellor project their unresolved conflicts upon the counselee. When counsellor feels uncomfortable and experience feelings of anger, resentment or become overemotional. This is unhealthy.

**Resistance**: It refers to counselee’s move to oppose the counsellor's attempt to work towards set goals. This influences counselling outcome positively. Resistance ranges from open hostility to passively resistant behavior like being late for an appointment.
UNIT IV:
COUNSELLING ISSUES

4 Professional preparation and training for Counselling:

4.1 Counselling preparation and professional issues

Some essential assumptions for counsellors to follow are:

1. Counsellors must have firm faith in human potential for self-growth in every counsellee. During counselling process counsellor himself try to discover and enhance this inner potential for self-growth in every counsellee.
2. Every individual has basic usage for forward growth and move up toward ‘Self-actualization’.
3. Counsellees must be given ‘freedom of choice’ for their own action plans for self growth.
4. The ‘freedom for own choice’ also puts the onus of responsibility for outcome of action on the counsellee, thus the counsellee learns to indulge in ‘responsible actions’. Gradually, he becomes ‘socially responsible’ person also.
5. Every person has the potential to learn a true sense of ‘Existence’ as his ‘Being’.
6. Every person has the capacity to grow more and more mature and have healthy personality with ‘good mental health, to become a ‘fully functioning person’.
7. Counsellor must have faith in possibility of ‘behaviour modification’.

   a) In most rigid and/or resistant persons also.
   b) As well as in most rigid and long duration problems and habits also.

   • Counselling Ethics
   • Anonymity
   • Confidentiality
   • Counsellee’s Rights as Consumers
   • No Exploitation
   • Equality Relationship
   • Legal Issue
   • Credentiality and Licensure

4.2 Academic preparation

It would do well to state at the outset the goals and objectives of Counselling. This will help to define the areas of Counsellor education and Counsellor training. Here it will be useful to distinguish ‘education’ from ‘training’. In some quarters there is a certain amount of displeasure in the use of the term ‘counsellor training’. It is argued that ‘counsellor education’ would be a better concept. A well educated person may not necessarily be efficient in professional skills and practices. Counsellor education refers to the academic training and broad-based knowledge and understanding concerning the nature of human development, motivation, learning, personality and the like. It also includes a thorough understanding and appreciation of the philosophy and the principles of Counselling and other useful and essential information. Counselling, like other scientific disciplines, comprises a
body of tested knowledge, theories, postulates and assumptions. The potential counsellor would have to necessarily equip himself with this knowledge so as to gain critical insights through understanding, analysis, synthesis and evaluation.

4.3 Practical skills

Counselling, besides the above, consists of a body of practices and skills concerning the several counselling processes, for instance, interviewing, case taking, choosing and administering tests, interpreting test results, etc. The skills cannot be mastered by mere intellectual learning and didactic understanding. What is vital is the acquisition of the skills of empathizing, diagnosing, resolving conflicts, understanding feelings, ideas, content, and a host of other subtle and sensitive skills. This constitutes training.

Counselling efficiency is closely related to the quality of counsellor preparation and training. The more carefully the programmes are drawn, the better is the counsellor service. It is sometimes argued that counselling skills are inborn rather than acquired. This kind of thinking is based on the notion that Counselling is an art and not a science. There is no gainsaying the fact that Counselling is both an art and a science.

In any professional field it is being increasingly recognized that entrants have to be carefully selected. It is not sufficient to only take into account the intellectual factors or the professed interest in the service by the client.

The objectives of Counselling can be succinctly stated as:
1. To identify the problem areas or difficulties of individuals, their potentialities and limitations.
2. To assist people to understand themselves and their situational factors as fully as is practicable.
3. To help develop the potentialities of individuals through a greater self-understanding to enable them to take full advantage of the environmental resources.
4. To help mitigate suffering, reach appropriate solutions, take responsible decisions and thus enable clients to become self-actualized individuals.

4.4 Selection and Training of Counsellors

Counsellors vary in the quality of help they can provide. Those who are highly competent and skilled are able to produce better results. Therefore, it is the primary obligation of the profession to provide the expertise to produce desirable results in the clients.

All professional fields attach considerable importance to the selection of suitable persons to be trained to become members of a profession, for example, medicine, engineering, etc. For proper criteria to be laid out it is necessary for the different functions of counsellors to be identified. Primarily, counselling is a helping function. Therefore, it is closely related to the needs and characteristics of the social system in which it is to function and operate, and also to the resources, Personnel and material, available to the system.

4.5 Conception of professional worker

Counselling in education is not an instrument for economic development but an instrument for the development of human resources. Counsellors have to help individuals think for
themselves, make decisions for themselves, and if necessary, reorient their lives. Therefore, counselling should never be narrowed down to counselling for a job, it has to be counselling for life, a life prepared for facing challenging changes. Thus counselling is an integral part of learning.

A pragmatic programme would aim at preparing professionals to function at different levels and activities in Counselling programmes. The competencies required for Counselling individuals would differ from those required for working with groups. Counselling in community situation transcends the ‘cubicle relationship’.

- Counselors need to accurately represent their credentials and qualifications.
- Counselors need to continue their education.
- Counselors need to only provide services for which they are qualified.
- Counselors need to keep up on current information of the field and especially in specialty areas.
- Counselors need to seek counselling when they have personal issues.

4.6 Preparation of Counsellors

A balanced and sound training programme should include:

1. Basic theoretical preparation – Understanding of motivation, psychodynamics of human adjustment, learning of principles and other concepts that underlie Counselling.
2. Technical and applied knowledge – Knowledge of test use and interpretation, interviewing skills and competencies in specialized procedures of intervention.
3. A broad-based practicum and training for enabling the Counsellors to meet any exigencies.
4. Practical training.

There is no finality with regard to training. But it can be stated without any hesitation that the counsellor must know the culture in which he functions and the cultural background of the clients. The programme could comprise four-semester Master’s course in counselling Psychology, augmented by a year’s professional training programme.

Counsellors need to have sound knowledge and critical understanding of individual differences and their significance. The importance of the study of culture arises from its impact on man’s development of his unique personality through imbibing the surrounding values and developing his own individual set of values. It is now recognized that cultural differences have far-reaching effects on individual values and personality development.

The earlier medical model emphasized the importance of remediation. With a greater appreciation of the significance of the cultural background and its influence on human development, the limited concept of remediation is fast yielding place to the perspective of developing positive values in the client.

Ethics in Counselling:

Ethical and Legal concerns: Major areas related to ethical and legal issues must focus on the following major areas:

- Informed consent
• Confidentiality
• Duty to warn/duty to protect

4.7 Codes of professional Ethics,

In situations like the following, you will be expected to apply legal principles and make difficult decisions that may conflict with your own values, the ethical principles of the profession, or the institution:
• When a client’s civil rights are violated, such as cases involving sex, age, or racial discrimination
• When clients are involved in custody battles or divorce action
• When clients are seeking eligibility for disability or unemployment compensation
• When you believe a client is a danger to himself or herself or to others
• When you receive a court referral
• When you suspect that child abuse has taken place
• When a client you are seeing is engaged in planning or carrying out criminal acts
• When you serve as an expert witness in a case
• When you are subjected to malpractice litigation because of claims that you caused harm or injury to a client or acted negligently

4.8 Legal Issues in Counselling

There are several other situations in which counsellors may find themselves embroiled in legal disputes:

1) There is a charge of sexual misconduct
2) There is a breach of confidentiality
3) A client has committed suicide
4) There is a violation of civil rights
5) There are accusations of libel or slander
6) There has been a failure to diagnose properly
7) There is a breach of contract
8) Client abandonment is alleged
9) The counsellor has exerted undue influence
10) There has been an accident on the premises

In addition, to guarantee the client’s rights in a number of circumstances:

1. The right to informed consent
2. The right to privacy
3. The right to protection against harm
4. The right to refuse treatment
5. The right to competent treatment

The risks can be significantly decreased by following several guidelines:

1. Study the ethical codes, state laws, and standards of care for profession very carefully. Review some of the “case books” that are available.
2. Make sure that you carry liability insurance to protect yourself from malpractice claims.
3. As a beginner in the field, do not attempt any treatments without adequate supervision by qualified experts.
4. Document carefully your case records. Be especially prudent in checking out suicidal/homicidal ideation, history, and intent.
5. Consult frequently with medical personnel and make appropriate referrals when there is a possibility of some underlying organic problem.
6. Take steps to improve your level of competence by pursuing continuing education and advanced training.
7. Alert yourself to signs of fatigue and burnout that may lead you to miss important information or make needless mistakes.
8. Avoid those high-risk situations that are most likely to result in litigation: failure to treat a needy client, sexual involvement with a client, breach of confidentiality, failure to warn someone of potential harm, negligence leading to suicide, inadequate record keeping, collecting unpaid fees, and failure to diagnose or treat properly.
9. If you believe you might be engaging in some ethical or legal violation, get some help for yourself. Often remedial therapy alone is not enough and other forms of rehabilitation may be required to counteract the chronic boundary violation, especially in the case of sexual contact.
10. Make yourself more knowledgeable about the differences and commonalities between ethical codes, the legal system, and the realities of everyday practice.

4.9 Ethical Principles and Theory, Ethics and Law

Need for ethical codes:

Ethical codes help professionalize and protect an association by government and promote stability within the profession. The need for ethical codes is:

- To control internal disagreement.
- To protect practitioners from the public
- To protect client from incompetent counselors.

Especially in mal practice issues. Clients can also use codes to evaluate questionable treatment from the counsellors.

Counselors like all professionals have ethical responsibilities and obligations. The principal rule supporting ethical obligations is that the counselor must act with full recognition of the importance of client's rights, the ethics of the profession. Counseling is not a value free or neutral activity. —It is a profession based on values, which are orienting beliefs about what is good and how that good should be achieved. The relationship of moral standards and values, individual or cultural, in the life of that client. Professional bodies of counselling have development ethical standards for which they have made available to the practitioners. Professional organizations for practicing counselling and psychotherapy are:

American Psychological Association (APA)
British Association for Counselling (BAC) and
American Counselling Association (ACA)
Ethical codes and standards of practice for counselors have been formulated by the American Counseling Association (ACA) and American Psychological Association (APA). Ethical codes are guidelines for what counselors can and cannot do. Each counselling situation is unique and sometimes the counselor must interpret the code.

Ethical Issues:

Ethical codes are not set in stone. They serve as principles upon which to guide practice. There are two dimensions to ethical decision making:

- **Principle ethics:** Overt ethical obligations that must be addressed.
- **Virtue ethics:** Above and beyond the obligatory ethics and are idealistic.

The problem concerns ethical behaviour which invariably accompanies the development of a profession. A profession implies ‘professional’ relations with the members of the society and since the Counselling relationship is a highly personal one, there is a danger of its abuse. It is true that few counsellors would deliberately misuse the Counsellor-Counselllee relationship. But we cannot be complacent and content with speaking in general terms and about some or most counsellors. A profession is greater and wider than most of its members, either taken individually or collectively. It is, therefore, essential that professional rules or ethics be laid out or spelled out in no ambiguous terms. This will create public trust and confidence in the profession.

The most important area of ethical concern in counselling is confidentiality.

1. It is unethical to discuss a client with other persons. While this is plausible, what about consulting with another professional person? In so far as this is done (as in a case conference) to help the Counsellor deal with his client’s better, discussing information about a client with professional persons is not unethical. There is the question of intention. If it is to help the client, there is nothing unethical about the matter. However, if the intention is questionable, then a discussion of the client’s information borders on the unethical.

2. Frequently Counsellors are approached for information by other persons (parents, relatives, friends, etc.) and institutions (schools or employers). Except in circumstances which clearly warrant such sharing of information, the Counsellor is not expected to divulge any part of it without first seeking the client’s unconditional permission. A Counsellor should not violate the principle of confidentiality, even if he were to believe that a discussion of the client with his/her parent, teacher or boss as the case may be, would be helpful in understanding the client better.

3. Should the Counsellor give information to the government or to the employers? Here again the Counsellor is not bound to please them for any reason and he has no business to violate the principle of confidentiality. His first and foremost obligation is to the client.

4.10 Common Ethical Violations by Mental Health Professionals

Ethical Issues that influence Clinical Practice

Client Welfare
Client needs come before counselor needs and the counselor needs to act in the client’s best interest.

Informed Consent

Counselors need to inform clients as to the nature of counseling and answer questions so that the client can make an informed decision.

Confidentiality

Clients must be able to feel safe within the therapeutic relationship for counseling to be most effective. What the client says stays in the session unless the client is threatening harm to self or others.

Dual Relationships

When a counselor has more than one relationship with a client (e.g. the counselor is a friend and the counselor).

Sexual Relationships

Professional organizations strongly prohibit sexual relationships with clients and in some states it is a criminal offense.

In situations like the following, you will be expected to apply legal principles and make difficult decisions that may conflict with your own values, the ethical principles of the profession, or the institution:

- When a client’s civil rights are violated, such as cases involving sex, age, or racial discrimination
- When clients are involved in custody battles or divorce action
- When clients are seeking eligibility for disability or unemployment compensation
- When you believe a client is a danger to himself or herself or to others
- When you receive a court referral
- When you suspect that child abuse has taken place
- When a client you are seeing is engaged in planning or carrying out criminal acts
- When you serve as an expert witness in a case
- When you are subjected to malpractice litigation because of claims that you caused harm or injury to a client or acted negligently

4.11 Modern trends in counselling.

Duty to Warn

You will be asked to assess the potential dangerousness of your clients, to determine whether they have the potential to harm themselves or others. This potential can include the threat of physical violence, or it could conceivably apply to the dilemma of working with a client who is HIV infected. If you believe there is imminent danger, you will be required to take action, which could involve warning potential victims, initiating commitment proceedings, or even
calling the police. All of those choices, of course, violate your vow of confidentiality, so our assessments must be accurate.

The duty to warn rules are often subject to legislative actions and court decisions: that is, regardless of your association’s ethical codes, judges and lawmakers in your state may either expand or narrow the conditions under which the counsellor is required to break confidentiality.

Reporting Child Abuse

The law is clear: If you suspect that emotional or physical harm is being inflicted on a child, you must report it to the authorities within 24 hours. The ethical dilemma, however, is not whether to report suspected abuse but when to report it.

Technology Usage

As more and more client information is stored on computers in schools and agencies, it is becoming increasingly difficult to restrict unauthorized access and guarantee the confidentiality of records. Although computers are making life easier for counsellors as a way to store records, access files, process paperwork, and look up needed information, they are also lacking in safeguards to protect clients’ rights to privacy. A number of ethical and professional hazards have been raised, including compromised confidentiality and the validity of information received. Internet communications are hardly secure and almost any self-respecting hacker could gain access to the record system to retrieve desired information.

Relationships with former Clients

Although ethical codes are quite clear about the inappropriateness of becoming romantically involved with a client, or even conducting a friendship with a client at the same time he or she is in treatment (dual relationship), there is a recent trend to also restrict relationships with former clients. This issue is complicated by confusion as to when counselling actually ends: is it after the last scheduled session? Or is it when the client stops thinking of you as a professional?

It is also important to keep in mind that it is not acceptable to end a therapeutic relationship expressly for the purposes of beginning a personal one. This is especially important because it is so difficult to determine when a therapeutic relationship is really over—not just with regard to the termination of scheduled sessions, but also with regard to the client’s fantasies about the relationship.

Managed Care

Now the counsellors must consider the realities of what third parties mandate in terms of counselling plans and even length of commitment. Two things are likely to occur:

1) Your client will not likely have treatment approved because these intractable conditions are not supposed to be amenable to counselling, and

2) Your client will be stigmatized for life with a label in the file that can be accessed by any number of sources in the future.
3) Managed care organizations are forcing them to amend the ways they are used to working. In some cases this is a good thing, because counsellors are now required more and more to demonstrate their effectiveness and to operate more efficiently. Yet sacred therapeutic relationships are now intruded on by administrators and review boards, who are telling counsellors, what they may do and how long they may do it. If they don’t follow their instructions, the organization may decide to cut off all support entirely.

Counselors have the duty to appeal adverse decisions regarding their clients’. Counselors have a duty to disclose to clients regarding the limitations of managed care and the limits of confidentiality under managed care. Counselors have a duty to continue treatment and are not supposed to —abandon a client just because the client does not have the financial means to pay for services.

Confronting Counsellor Impairment

In spite of best intentions and training, almost all clinicians experience some type of impairment or dysfunction in their lives. These lapses of conduct occur because of drug additions, life transitions, traumas, poor training, pathological personalities, burnout, or, stated more directly: “holes” in one’s conscience.

Even as a beginner you have an obligation not only to uphold ethical conduct but also to help other professionals who might be experiencing degrees of impairment. Although initially compassion and empathy should be employed to help an impaired counsellor get needed help, at times you may be forced to take more proactive steps that include reporting the ethical breach to licensing boards and professional organizations or even protecting clients who might be in jeopardy.

Resolving Ethical Conflicts

Most ethical codes specify that if you become aware of a colleague who is engaging in unethical or unprofessional conduct you must take appropriate steps to intervene and protect the safety of others who may be harmed by this behaviour. That guideline seems relatively clear but is, in fact, quite difficult to execute effectively.
UNIT V:

PSYCHOLOGICAL TESTING AND DIAGNOSIS

5 Tools & Techniques used in counselling and guidance

5.1 Testing & non testing devices

The goal of assessment is to help counsellors to develop an understanding of the client or an individual. By using assessment and appraisal procedures, you will be able to gain understanding of the individual and in turn foster individual’s understanding of himself or herself. In this sense, you will appreciate that assessment and appraisal processes and procedures are the means of obtaining comprehensive understanding of students thereby fulfilling the goal of counselling. It is essential that, you need to be familiar with the major tools and techniques of assessment, the purpose for which they are used and how the information provided by these can be used in understanding the individual. Psychological testing is one of the ways of assessment. The selection of any tool whether quantitative or qualitative depends on the type of information the counsellor is interested in gathering. In most cases both are required to be used for holistic assessment an appraisal. In this unit, you will read about psychological tests, which are the tools for quantitative assessment.

Psychological tests are designed to assess the characteristics of people such as their abilities, attitudes, motivations, interests, needs and values and so on. Psychological test can be defined as a sample of an individual’s, behaviour, obtaining under standard conditions and scored according to a fixed set of rules that provide a numeric score. In a standardized test, individual scores are compared with a norm or standard arrived at on the basis of performance of sample of individuals of the same age or grade level from around the country who took the same test when it was first developed. Good standardized tests are the result of years of research. Tests may take many forms. Usually, they comprise of a series of items / questions with well-defined correct answers such as in case of tests of intelligence or achievement, while others such as personality inventories, do not have right or wrong answers, but are designed to assess person’s pre-dispositions, tendencies and preferences.

Tests can be used to compare the same individual on two or more traits and also compare two or more individuals on the same trait. Such an assessment is usually quantitative. Although most of the psychological tests provide relatively objective and quantifiable scores such as tests of intelligence abilities / aptitudes. Some other tests may also provide descriptive and qualitative interpretations.

A standard test has a manual which provides complete information of how the test was developed, evidence of its consistency, accuracy and objectivity. It also consists of detailed instructions for administering, scoring, interpreting the test, its uses and possible misuses. The test manual thus, provides you the requisite information to allow you to make an informed judgement as to whether the test is suitable for your use. Besides, the requirement to select the appropriate psychological test, a counsellor needs to develop various skills in test administration, scoring, interpretation and communicating results to clients. The following section will describe some type of tests and the purpose for which they are used. Psychological tests are classified into different types depending on their content and the way they are administered. Tests vary in their content depending on the aspect of behaviour that is assessed, for example, some tests are designed to assess abilities, others assess motivation,
personality characteristics etc. Psychological tests are also classified into individual and group tests, verbal tests and non-verbal tests and performance tests. Let us discuss one by one quantitative methods and techniques.

5.2 Types of psychological tests

- Intelligence Test
- Interest Inventories
- Aptitude Test
- Achievement Test
- Attitude Scale
- Personality Test

Intelligence has been one of the most popular psychological terms used in identifying individual differences. It has helped to explain that people differ from each other in their ability to understand complex ideas or to learn from experience. Different theorists have tried to explain intelligence in different ways following different approaches. Theories by Binet, Weschler Spearman and Thurstone are based on the psychometric approach where intelligence is considered as an aggregate of abilities. It is expressed in terms of a single index of abilities. Howard Gardner's theory of multiple intelligences puts forth that intelligence is not a single entity and there exists multiple intelligences, each distinct from others. According to him, there are nine distinct intelligences that are relatively independent of each other. These different types of intelligences interact and work together to provide a solution of a problem. The nine types of intelligences proposed by Gardener are briefly discussed below.

1. Linguistic Intelligence: The capacity to use language fluently and flexibly, to express one's thinking and understanding others. Used in reading a book, writing a paper, a novel or a poem; and understanding spoken words. Poets and writers exhibit this ability.
2. Logical Mathematical Intelligence: Thinking logically, critically, using abstract reasoning to manipulate symbols and solve mathematical problems.
3. Spatial Intelligence: Abilities involved in forming, using and transforming mental images. Used in getting from one place to another, in reading a map, and is packing suitcase in the trunk of a car so that they all fit into a compact space. Pilots, sailors, interior decorators, surgeons, fashion designers generally exhibit this ability.
4. Musical Intelligence: Capacity to produce, create and manipulate musical patterns. Used in singing a song, composing a sonata, playing a trumpet or even appreciating the structure of a piece of music.
5. Bodily-Kinesthetic Intelligence: Ability to use one's body and muscle structure in a coordinated planned way. Used in dancing, playing basket ball, running a mile or throwing a javelin. Athletes, dancers, actors, gymnasts, sports person, surgeon exhibit this more than others.
6. Interpersonal Intelligence: Used in relating to other people, such as when we try to understand another person's behaviour, motives or emotions, counselor, psychologists, politicians, social workers, religious leaders are shown to be high on this ability.
7. Intrapersonal Intelligence: Knowledge of one's internal strengths and limitations and using that knowledge to relate to others.
8. Naturalistic Intelligence: Complete awareness to our relationship with the natural world, useful in recognizing the beauty of different species of flora and fauna and making a distinction in the natural world.
9. Existential Intelligence: Can be defined as the ability to be sensitive to, or have the capacity for, conceptualizing or tackling deeper or larger questions about human existence, such as the meaning of life, why are we born, why do you die, what is consciousness or how did we get here.

The multiple intelligences approach focuses on ways in which people can be intelligent. Theorists have also tried to explain intelligence in terms of information processing approach wherein the focus is on how an intelligent person thinks acts and solves problems. Sternberg’s information processing approach focuses on how solutions are arrived. According to Sternberg, the critical aspect of what constitutes intelligence is not necessarily the speed with which one arrives at a solution but the processes one uses. Processing information quickly does not mean it was done accurately or correctly. A relative rather than an impulsive style of problem solving has been associated with higher ability to solve problems. Jumping to conclusions without adequate reflection can lead to erroneous thinking. The notion of emotional intelligence broadens the concept of intelligence and involves;

i) Perceiving or sensing emotions,
ii) Using emotion to assist thoughts,
iii) Understanding emotions, and
iv) Managing emotions.

The concept of IQ dominated intelligence testing for a long time. With the emerging view of intelligence as multifaceted, the concept of intelligence as a single unitary ability or a composite of scores on different abilities is not considered valid. The concept of IQ has been found to be misleading. As counselors, the focus should be on a holistic assessment focusing on strengths and weaknesses of the client. This would help to plan remedial measures for intervention. The multiple intelligences approach is an alternative approach to assessment of intelligence. It emphasizes a variety of abilities and skills (and not just an aggregate of mental abilities), which are required for success in life situations. As the meaning of intelligence differs from one culture to another there is a need to understand the cultural context for measuring intelligence. Even though tests of intelligence assist counselors and other personnel in providing a view of the client’s abilities, the scores of these tests need to be used with caution.

Interest Inventories

In order to help students make vocational and educational choices, the counselor needs to know his/her interest for activities. The study of interest would help you as counsellor to better understand the students in terms of his/her likes and dislikes. In this section, you will learn about the concept of interest and its assessment.

Aptitude Tests:

Aptitude is thought of as a natural tendency, special ability, or capacity or cluster of abilities. Often these natural abilities are looked at in relationship to a person’s readiness to learn or their suitability for a particular career. For example, in order to be successful architect, one must possess the cluster of abilities such as a keen sense of observation, a sense of aesthetic visual memory, abstract reasoning, and an ability to sketch free hand. So, aptitude may be defined as a trait that characterizes an individual’s ability to perform in an area or to acquire the learning necessary for performance in a given area. It presumes an inherent or native
ability that can be developed to its maximum through learning or other experiences. However, it cannot be expanded beyond a certain point, even by learning. Although that may be a debatable concept, it is stated here as a basis on which aptitude tests are developed. In theory, then, an aptitude test measures the potential of one to achieve in a given activity or to learn to achieve in that activity.

5.3 Tools used in assisting individuals towards self discovery

We can use (i) formal assessment techniques and (ii) informal assessment techniques to discover a student’s interest.

i) Formal Assessment Techniques:

Interest inventories are formal techniques for measuring interests. They are considered more reliable at discovering on individuals interest than interviews as the inventories address a large number of questions representing a broad range of carriers. There are many inventories now in use and majority of them deal with occupational interest. Interest Inventories The Strong Vocational Interest Bank (SVIS) and Kuder preference Record (KPR) are significant milestones in the area of interest measurement and a number of revisions of the original forms have been undertaken. Both the interest inventories however better in terms of approaches in construction and purpose for which they are used. The SVIB is based on the assumption that a person who has the interest typical of successful people in a given occupation will enjoy and find satisfaction in that occupation. The KPR constructed by G. Frederic Kuder, assets preferences for specific activities. Each item contains three choices. The subject has to select one of the three choices as his first choice, and another as his third choice. An example of the choices given in an item is:

- Build bird houses
- Write articles about birds
- Drawn sketches of birds.

This particular item aims to test three types of interests, namely mechanical, literacy and an artistic. The main difference in the two types of inventories is that in Kuder preference record the subject is forced to say which one of the three activities he likes best and which one he likes least, even though he may not like any of the, hence it is called forced choice pattern type. In Strong Vocational Interest blank, the subject has to differentiate between L (like), I (indifferent) or D (dislike). Hence it is called category-response type of assessment. As counselor if you want a description of a person’s so that inferences could be done regarding suitability for one of the very large number of jobs, Kuder Preference Record is your preferable tool of interest assessment. On the other hand if the purpose is to appraise the individually interest for a limited number of specific jobs, then strong Vocational Interest Blank is more useful. It is important to remember that the SVIB and KPR tell nothing about the ability or aptitude of an individual. These to be assessed by other methods. Results of interest inventories or tests are particularly useful to the counselor as:

- The items of interest inventories are non-threatening and so the student is more likely to respond honestly.
- The student, with the assistance of the counselor, is helped to see the discrepancy, if any, between his/her view of one’s interests and those assessed by the interest inventories.
• It also provides the counsellor a view into whether the clients expressed interests are shifted to what s/he is pursuing.
• You have read about two distinct types of interest inventories. Besides, these two, some tools are available and used by the counsellor and the individual her / himself.

Informal Assessment Techniques:

It includes client’s expression of interests and observation. The clients interviews regarding his/her interests provide the counselor a good beginning for understanding the client. For example, the books s/he reads, and the amount of time spent on reading provides no indication of clients interests on the kind of reading s/he does. As counselors you can supplement this information by using qualitative techniques of assessment such as observation of the activities a client participates in or information gathered from anecdotal records and written works as sources informal information regarding client interests. Cautions on the use of Interest inventories as counselor, you should keep in the following cautions in mind while using the results of interest inventories.

• Interest data of an individual provides a profile of the pattern of their interests (what they like doing) and should not be taken as the strength of the individual).
• Interest results tell us only about the likelihood of an individual finding enjoyment in a particular type of activity or occupation and not s/he is capable of.
• A high score on an interest inventory so should not be considered analogues to success in a career.

You have read in the above section that assessment of interest indicates of a simple level what a person likes to do and enjoy. It is important to remember interests indicate the clients and not his or her strength. The emphasis of interest inventories is on self-exploration. One should know about one self and be able to relate this information to what one is doing. Thus the results of interest inventories should not be seen in an isolate manner but should be supplemented with information from other techniques such as observation, interview, informal talk etc. interest results are of little value themselves. They should be considered with achievement and aptitude scores to help individuals make educational and career choices.

Achievement Tests:

Achievement is what one successfully accomplishes in an area of study / activity / domain. In the case of students, it may be conceptualized as successful learning of the assigned educational material. Such learning is usually demonstrated to teachers and others either through a verbal presentation or a written examination. An achievement test measures knowledge and skills attained by the student in a particular area, usually acquired after classroom teaching or training. In an educational system, achievement test scores are often used to determine the level of instruction for which a student is prepared, to indicate academic strengths and weakness, and to indicate the relative standing of the student in a group/class. Achievement test data, in combination with other data, is used to help guidance counselors plan student’s future educational programmes.
Types of Achievement Test:

Achievement tests are of different kinds, each scoring a different purpose and providing different information on students' academic proficiency. These have been classified in various ways, and understanding of which helps the counselor to understand their functions.

Formative and Summative Tests:

Formative tests are used to measure progress made in knowledge and skills before and during instruction. Summative achievement tests are given at the end of course instruction, so as to assess the outcome of the instruction.

Prognostic tests:

Readiness or prognostic tests are used to predict how well an individual is expected to profit from training.

Diagnostic Test:

Diagnostic achievement tests provide information on performance of the students in different subjects and indicate their strengths and weakness in reading, arithmetic and language usage. Achievement test can be either criterion referenced (CRT) or norm referenced (NRT). The two tests differ in their intended purposes, the way in which content is selected, and the scoring process which defines how the test results must be interpreted. Norm Referenced Tests (NRTs) are designed to highlight achievement differences between and among students and provide a rank order of students across a continuum of achievement from high achievers to low achievers. These types of tests are used to help counselors/teachers to clarify students for remedial or gifted programmes. Criterion-reference tests (CRTs) determine the strengths of the test taker i.e. what they can do and what they know, not how they compare to others. They report how well students are doing relative to a predetermined performance level on a specified set of educational goals or outcomes included in the school curriculum. An achievement test is designed to measure how much a person knows about a specific topic or area such as math, geography or science. Achievement tests can be standardized test or teacher-made tests.

Uses of Achievement Test Data

Data from standard achievement tests can be used for promoting, classifying, diagnosing or evaluating students. Counselors can also use the achievement tests for:

- Helping clients in decision making. A counselor can use the achievement test scores to initiate decision on taking appropriate choices for a career.
- Assisting in diagnosis counselors can make use of achievement test data to diagnose problems faced by the students in different subject areas. Accordingly corrective remediation can be planned and carried out.
- Encouraging self-study. The student through achievement data is able to gain insight into his/her strengths and weakness in different subjects which can motivate him/her to put in the desire effort.
- Achievement test are used as learning measures of (1) the amount of learning, (2) the rate of learning (3) comparisons with others or with achievement of self in other areas, (4)
level of learning in sub-areas, and (5) strengths and workers in a subject matter area because of their extensive use and relatively easy task of identifying appropriate context measures.

- Achievement tests of both kinds i.e. standardized and teacher–made tests are based on the content taught and are considered valid. These are used to assess the level of overall proficiency to meet the entry requirements to certain programmes or the proficiency in a particular subject. The informal classroom achievement test is suited to a select performance of a group of students. It is flexible and accommodates testing students on a local curriculum. The two types of tests can be used in a complementary manner.

Attitude Scale:

Attitudes are expressions of how much we like or dislike various things. We tend to approach and seek out to be associated with things we like, we avoid, shun or reject things we do not like. Attitude represent our evaluations and performance towards a wide variety of objects, events, persons, and situations. The defining characteristics of attitudes are that they express evaluations along the lines of liking-disliking, pro-anti, favouring – disfavouring or positive – negative. By restricting the term attitude to evaluation, we distinguish attitudes from beliefs or opinions. Attitude includes certain aspects of personality as interests, appreciations and social conduct. Attitudes are learnt, they are adopted. They have aspects as directions, intensity etc. In the following section we will know how attitudes tested.

Types of Attitude Scales:

Attitudes need to be tested because our social life depends on some desirable attitudes. The success in certain vocations also depends on some attitudes. Attitudes can be tested through various techniques. Various scaling techniques have led to the development of different types of attitude scales which provide quick and convenient measure of attitudes. However, the _method of equal appearing intervals_‘ and _method of summative ratings_‘ have been extensively used in attitude or opinion research. The attitude scales which are developed using these scaling techniques consists of a number of carefully edited and selected items called _statements_. The method of _equal – appearing intervals_ was originally developed by Thurstone and Chave. The attitude score of an individual obtained by this method has an absolute interpretation in terms of the psychological continuum of scale value of the statements making up the scale. If this score falls in the middle range of the psychological continuum, the attitude of the individual is described as _neutral_. If it falls towards the favourable end of the continuum, it is described as _favourable_ and if it falls towards the unfavourable ends, it is described as _unfavourable_.

In the _method of summated ratings_ developed by Likert, the item score is obtained by assigning arbitrary weights of 5, 4, 3, 2 and 1 for Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D) and Strongly Disagree (SD) for the statements favouring a point of view. On the other hand, the scoring weights of 1, 2, 3, 4 and 5 are used for the respective responses for statements opposing this point of view. An individual’s score on a particular attitude scale is the sum of his rating on all the items. In addition to the above two scales, there some more techniques, such as, Error Choice Technique, Free Response Technique, Paired Comparisons, Opinion Polling or Surveying, diaries, auto-biographic etc. are used for testing attitude. Attitude scales are used to measure the degree of positive or negative feeling associated with any slogan, person, institution, religion, political party etc. Attitude scales are also used in public-opinion surveys in order to make some important and crucial decisions.
Educationists, for example, conduct opinion surveys to find out how people feel about educational issues.

Personality Test:

Often by persons use the term personality to indicate the physical make up of an individual. The term —Personality, however, signifies much more than simply the physical looks of a person and has a very broad meaning. It includes the emotional, motivational, inter-personal, attitudinal and even moral aspects of a person. Some researchers have included intelligence also as part of personality. Personality refers to a unique combination of characteristics of an individual, which pre-disposes the person to behave in a particular and consistent way. Personality testing is necessary to achieve the following purposes.

• It helps the students in proper educational and vocational choice. Personality plays an important role in an individual, personal, educational and vocational adjustment and success. It is, therefore, important to diagnose the individual’s personality pattern to see whether he posses the traits which are likely to contribute significantly to his adjustment to the course or career he is choosing.
• It helps the individual in resolving emotional conflicts. Personality diagnosis becomes essential when the difficulty the individual encounters in making proper adjustment with the educational and occupational choices, lies in emotional conflict about which the client has no knowledge. When the cause of the mental conflict is diagnosed, it may be possible for him to solve his problem in his own way.
• It helps the clinical psychologist. A clinical psychologist can use personality assessments to help choose the best therapy for his clients. Thus, personality assessment is important for educational, career, personal and social counseling.

Techniques of Testing Personality:

• A number of techniques are used for testing personality. The techniques are:
  • Interview
  • Observation
  • Self-report Measures
  • Checklists
  • Rating Scales
  • Situational Tests or Behavioural Tests
  • Projective Techniques
  • Anecdotal Records
  • Autobiography
  • The Daily Diary

Here we can discuss some of the techniques of assessment of personality like self-report measures, projective techniques and behavioral assessment.

Self-Report Measures:

Self-report measures are personality scales that ask individuals to answer a series of questions / statements about their characteristic behaviour. When you respond to a self-report personality inventory, you endorse statements as true or false as applied to you. You indicate
how often you behave in a particular way or you rate yourself with respect to certain qualities. The logic underlying this approach is simple. Who know you better than you do? A variety of personal characteristics can be measured through self-report inventories.

Projective Technique:

Projective techniques focus on a composite picture of the personality as a whole. This method is called the projective techniques because the individual is stimulated to project his personality into the test exercises. The stimuli used in projective techniques attempt to arouse responses that are a projection of the inner self or motives and personality traits that are usually hidden and often even unsuspected by the individual himself. The subject may be asked to respond to series of picture, inkbloths or similarly ambiguous stimuli. The interpretation of responses requires a long period of training and should be done only by those who are specially qualified. The most popularly known projective technique is the Rorschach Inkbloths Test and Thematic Apperception Test (TA).

Behavioural Assessment:

The manner in which a student / client behaves in different situations can provide you with meaningful information about his / her personality. Observation of behaviour, teacher reports, interviews, ratings and situations tests serve as the basis of behavioural analysis. The choice of a specific personality test is difficult but extremely relevant as different tests yield somewhat different, yet overlapping types of information. Some provide limited information while other provides a lot of information, some of which is very technical to understand. Of course, the more the information available, you may be able to help in more domains. You should choose a test that is relevant to clients. The test must have norms available. You should also be aware of the limitations of the test, particularly the conditions in which it may mislead the respondents or you. Even when a test is used the counsellor may interpret and use the test scores along with non-test information, keeping in mind the age, gender, social group, culture, language of the client.

5.4 Test interpretation in counselling

After a test is chosen and administered, the next vital step is the interpretation of test results. No client is content or satisfied unless he is given a sort of ‘low down’ regarding his performance. Several research studies indicate that the contextual factors in the interpretation of test data are of great significance. The Counsellor may discuss the test results individually or in groups. Several findings suggest that the interpretation of test results in groups is sometimes more effective. Similarly, the discussion of test results in groups is sometimes more effective.

Four dimensions of test interpretation:

1. Descriptive

It essentially provides, as the term indicates, descriptive information. How the subject compares with others, his likes and dislikes, whether he is sociable or likes to be left alone, and so on, are descriptive of human nature and largely depend on the construct, content and concurrent validities of the tests administered.
2. Genetic

The test data are interpreted in order to show the ‘how’ and ‘why’ of the subject’s behaviour or experience. In short, they show how he came to be what he is. In this type of interpretation, the counsellor generally uses the ex post facto approach. He employs, in other words, predictive validities for indicating what happened in the past, and that is, indications as to what happened previously are inferred from the present scores.

3. Predictive

In this kind of interpretation the counsellor tries to explain what is likely to happen in the future on the basis of the present test scores.

4. Evaluative

In the previous three types of interpretations the counsellor does not try to go beyond the test data. He merely interprets them as they are:

- Descriptively,
- Genetically or
- Postdictively

In evaluative interpretation the counsellor has to go beyond the test data. He may have to make a specific suggestion, recommendation or give professional advice. Therefore, this type of interpretation differs from the rest.

5.5 Factors affecting psychological test results

The testee-tester attitude fundamentally affects test results. There could be two categories of testees: the naive and the experienced. Some individuals have taken so many tests during their life time that they understand the ‘testee’s responsibility’. They need little assistance from the tester for they (testees) understand the objectives. Most testees are naive and strangers to the test situation. They require much help from the counsellor. They may have a number of apprehensions that would have to be dispelled. A testee may have certain attitudes or objectives, expressed or otherwise, regarding test taking. If the testee’s goal is self-understanding or self-knowledge, he will be candid and not be disposed to distort his responses. If his objective is to make a favourable impression, or at least not an unfavourable one, he may respond keeping the social desirability value in mind. He may fake or distort his responses.

Verbal psychological tests create another problem of comprehension for the testee. Most Psychological tests are ‘culture loaded’ and the expressions and idiom may be quite unfamiliar. For example, the apparently simple question, ‘Are you often in the blues?’ poses some difficulty to a testee with limited linguistic skills of comprehension. An item like, “Do you ‘gauffaw’ a lot?” is often incomprehensible to a testee. Here it is not a question of limited vocabulary of the testee. Furthermore, some tests require efficiency of performance while others are concerned with ability. Usually speed tests place certain categories of subjects at a disadvantage.

The choice of a test is important, but the more important issue is of interpretation.
For test administration and usage of tests the role of the tester is fundamental. Several conditions are prescribed by psychologists for the proper use of tests. The first responsibility of the tester is that he should know the tests thoroughly. The tester must be very clear in his mind with regard to the objective of testing—why he wants to use the test. Once this is determined he can choose appropriately from an array of available tests. In this context he is like a medical practitioner who chooses a particular drug rather than another because he knows what the two drugs contain, how they act and what particular action he desires.

No test is infallible. The counsellor knows this important truth more than anyone else. Test performance can be considerably affected by the test situation. Certain aspects of this can be controlled while certain others are beyond control.

Test performance can be considerably affected by the test situation. Certain aspects of this can be controlled while certain others are beyond control. The basic requirements of objective testing are
(1) The testee must be physically comfortable,
(2) He should be appropriately motivated and
(3) He should be willing to cooperate.

The tester on his part is expected to be patient, friendly, warm and understanding.

5.6 Limitations of diagnosis

The non-directivists reject diagnosis as a legitimate counsellor activity or function. They apprehend the dangers that are implied in the interpretative point of view of diagnosis. It is necessary to recognize that no diagnosis can be complete, fool-proof and infallible. Errors in diagnosis may arise from incompleteness or inaccuracy of data; biases of the counsellors; and from several such acts of commission and omission. The second possible danger of rigid diagnosis is that it could lead the counsellor to become overly preoccupied with the past history of the client to the neglect of the present. Some counsellors hold that diagnostic process must be rooted in the individual’s current psychological situation or milieu. Historically diagnosis has been intimately associated with pathology. A clinician may become preoccupied with morbidity rather than hygiology of behaviour. There is yet another danger in leaning heavily on diagnosis. It may shift the responsibility to the counsellor or psychotherapist who may be looked upon as an awe-inspiring superior. This runs counter to the view that the client should take full responsibility for his choices and actions.

Diagnosis is not static. Even in medical or psychiatric situations diagnosis is often considered as tentative.

Diagnosis should not, therefore, by implication, become the right to treat, correct or advise the client.

Some possible pitfalls:
1) Neglect of other possible methods of help
2) Overemphasis on diagnosis could result in the neglect of counselling.