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Lesson No.

- 2.1 : Counselling Interview : Its steps, Individual v/s Group method of counselling, special areas in Counselling
- 2.2 : Drug Abuse, Legal offenders and Victims of Violence
- 2.3 : Trends in Counselling, Evaluation in Counselling, Status of Counselling Movement in India

Department website : www.pbidde.org

Counselling Interview : Its Steps

Structure :

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2.1.1 Objectives :

After reading the lesson, the students will be able to :

- * Understand the Meaning of Counselling Interview.
- * Describe the steps of Counselling Interview.
- * Define Counselling Interview.

2.1.2 Introduction :

Counselling is called the heart of the Guidance Programme. The counselling interview is a face to face situation involving two persons, in which counsellor helps the counsellee in gaining insight into his problems and assists him in solving the same.

2.1.3 Meaning of Counselling Interview :

Counselling is a face to face interaction between two persons. The Counsellor is a trained and experienced person, and the client is an immature and weak person with a problem. The counsellor helps the client to solve his problem. Rapport is established before starting the Interview.

In the words of Erickson, "A counselling interview is a person to person relationship in which one individual with problems and needs turns to another person for assistance." Ruth Strang describes interview as the heart of the counselling process to which other techniques are contributory. The essential feature of the interview is a dynamic face to face relationship in which the counsellee is helped to develop insights that lead to self realization. It is a type of person to person relationship and communication to explore the problem of the client.

All interviews have three elements in common :

- (i) A person to person relationship.
- (ii) A means of communication with each other.
- (iii) An awareness on the part of at least one of the persons regarding the purpose of interview.

2.1.3.1 Steps in Interview

1. Preparation for the interview and establishing rapport.
2. The unfolding of the problem.
4. The joint working out of the problem.
4. The closing of the interview.
5. Evaluation of the interview.
6. Follow up of the interview.

1. Preparation and Establishment of Rapport : The counsellor should prepare himself with the detailed information from the record. In case it is not sufficient he can go in for the initial interview without extensive preparation. Tyler is of the view that the objectives of the initial interview are, getting a sound counselling interview started, opening up the psychological reactions of feeling and attitude with the person and classifying the structure of the helping process. This facilitates the process of establishment of rapport. Rapport is a technical term used to denote the feelings of friendliness, security and mutual confidence between the counsellor and the counsellee.

Davis and Robinson suggested that the counsellor should express sympathy for the counsellee and assure him that his problem will be solved. The counsellor can reveal some of his experiences in order to expedite the establishment of the rapport. He can also do so by putting experiences of other persons. The counsellor can do it by putting questions to stimulate the counsellee to think further about his problem. In case it is found that the interviewee is not co-operating, he may, at times, threaten him that the results may not be correct and pleasant. He may cite some examples to prove his point of view. The interviewer may appreciate good points of the interviewee and show surprise at some deeds and actions of the interviewee. When the interview is going on, all type of fatigue, pressure, irritation and anxiety should be avoided, so as to make the interviewee feel of home. Interview should start with friendly pleasant and cordial greetings. The Interviewee should be helped to approach the main issue himself of his own. The discussion should concentrate on the main issue. Side tracking be avoided. However, some temporary shifts may be made to ease the situation, and also provide time to recapitulate. The point of view of the interviewee should be appreciated and his self respect must always be maintained.

2. Unfolding of the Problem

The interviewer should keep in mind the following points :

1. *Observation* - The counsellor should very carefully observe the physical reactions, bodily tensions, blushing, excitability defections, etc., of the counsellee.

2. *Listening* - The counselee should be allowed to project his feelings and attitudes and the counsellor should patiently listen to the counsellee.

3. *Questioning* - A reasonable number of thought provoking questions should be asked in a simple language and with a sweet tone and a pleasing voice.

4. *Talking* - Adequate talking may be done by the counsellor.

3. The Joint Working Out of the Problem : It is to be kept in mind that the problem will be worked out only when both the interviewer and interviewee understand the point of view of one another and make genuine efforts towards that direction. The interviewer is to be clear in his mind that his judgement is not infallible. The point of view of the interviewee may be correct. He should avoid dominating atmosphere and should work on democratic lines. The interviewer should always avoid to take the responsibility of solving problem upon his shoulders.

The interviewer is always to be objective and thus to accept the interviewee as he is. He should have the requisite data in hand before the conduct of the interview. He should try to understand the problem and point of view of the interviewee. He is to be a good listener and exchange ideas in a congenial atmosphere. He should render a real service to the interviewee.

4. Closing the Interview : At the end of the interview, the interviewee should have the feeling of satisfaction and genuine help provided to him. If at any stage, it is felt that more time is needed for constructive help the interview should be terminated tactfully and date and time of the next interview fixed. Salient points of the interview should be immediately recorded. In case the problem is dug out and workable solution found, it should end up in a pleasant mood.

Ruth Strang writes, "The success of an interview depends upon the personality of the interviewer. His philosophy and attitude of respect for people and his genuine faith in their ability to use the resources within themselves determine to a large extent his successful use of techniques. Over and above this basic philosophy, technical training is necessary."

5. Evaluation of the Interview :

Interview may be evaluated under the following four heads :

1. Regarding the setting of the interview.
2. Regarding the interviewer.
4. Regarding the interviewee.
4. Regarding the outcome of the interview.

Strang suggests that the interviewer should ask himself the following type of questions after the interview is over :

1. Did I give sufficient time for the interview ?
2. Did I conduct the interview without any intervention ?
3. Was I mentally alert and physically good or was I fatigued at the close of a hard day or a long series of interviews ?
4. Did I possess sufficient data about the student ?

5. Was I in the possession of the information about the educational and vocational opportunities and other facts that the student might need?
6. Was my approach an appropriate one ?
7. Was I successful in establishing an atmosphere of friendliness with the student ?
8. Was the child free to express negative feelings ?
9. Was my attitude one of sympathetic objectivity ?
10. Was I free from bias ?
11. Did I help the child to gain helpful insight about himself and his relationships ?
12. Did I make the child willing to face his problem frankly during the course of the interview ?
13. Did the interview help to make the student more self-reliant?
14. Was the interview, a satisfying experience for the student ?
15. Did the student feel free to come back for further interview at any time ?

6. Follow Up of the Interview : The follow up should be made to find out if the problem of the counsellee been solved and if he is moving in the right direction. It is also essential for the improvement of the interview process on the basis of the results shown by it. This to be a continuous process.

2.1.4 For Individual Guidance read Counselling Interview

2.1.5 Group Counselling : Group counselling is a new approach for the school counsellor Group Counselling utilizes the dynamic phenomena of group interaction, group cohesion, patterns of leadership and group leadership. Although many definitions have been given by different psychologists, the most accepted definition is that a Goldman who has said... An meeting of counsellor with a group whose members exhibit various anxieties, concerns and needs. It is distinguished from teaching by the fact that the latter usually deals with academic content which comes from outside the group and which is presented by a person, usually the teacher, to the group. It is further distinguished from group guidance in that the latter group counselling process may vary, but it usually is a collaborative one dealing with various attitudes, opinions and concerns, school related and otherwise, which originate from within the group" while group guidance is recommended for all school students on regular schedule basis, group counselling is organized for those who experience temporary or permanent problem.

2.1.5.1 For individual Guidance read Counselling Interview Purposes of Group Counselling :

Under ideal conditions in group counselling, group members serve as multiple counsellors for each other. They assist one another in the expression of emotions, interpret feelings, give support and exert some influences on behaviour. The goals of the group counselling as identified by Dr. S.S. Chauhan (1982) are :

- a) To help each member of the group know and understand and to assist with identification seeking process.
- b) As a result of it coming to understand self, to develop increased self-acceptance and feelings of personal growth.
- c) To develop increased self-direction, problem solving and decision, making abilities and to transfer these abilities to use in regular classroom and social contracts.
- d) To develop social skills and inter personal abilities.
- e) To develop sensitivity to the needs of others.
- f) To Learn to be an emphatic listenes.
- g) To be congruent with self, and be able to offer accurately what one thinks and believes.

2.1.5.2 Advantages of Group Counselling :

1. Group counselling enables the counsellor to have contact with more students. It make the economic use of his time and service.
2. Students readily accept group counselling since other students are present the tendency to look different is crubed.
3. Group Counselling is economical in terms of time, use of the skill of counsellor and money.
4. It provides life-like and realistic social experiences useful for modifying personal habits and habaviour.
5. The establishment of counselling groups within the school may facilitate individual counselling and prepare a background for it.

2.1.5.3 Limitations of Group Counselling :

1. It is not applicable in case of children below the age of ten years.
2. It cannot be independetly used.
3. The areas where group counselling can be used have not yet been clearly defined.

2.1.6 Special Areas in Counselling :

1. **Counselling Children and Adolescents :** Counselling for this age is very important. Even counselling at adolescent period is much complex. There should be counsellors and guidance workers in the schools to guide the students.
2. **Mentally and Physically Challenged :** The problems caused by mental and physical disability are well known. A part from learning disability it leads to psychological problems such as behavioural, emotional, personality growth and related other problems and social problems such as social maladjustment, prejudice, discrimination, segregation and stigmatization. Counselling is necessary for such kind of students to adjust with the society.
3. **Psycho-Social Problems :** Emotional instability, excitability, depression, apathy, lack of honesty are some common psycho-social problems among the students. Guidance and counselling is the only way to help the students who are suffering with such problems.

- 4. Terminal Diseases/Chronic Illness :** Terminal illness is a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a short period of time persons who are suffering with such kind of diseases need more emotional support and some times it is not easy to tackle their emotional needs. In such cases an experienced counsellor can help the patient. So counselling plays an important role in such cases.
- 5. Counselling for the Aged :** It is necessary for every stager specially for the aged people. As aged people need much emotional support. So counselling helps them to adjust with the changes.

2.1.7 Self Evaluation :

1. Counselling Interview is a face to face interaction between two persons. Yes/No
2. Rapport should be established between the counsellor and the counsellee. Yes/No
3. Adequate talking may be done by the client. Yes/No
4. Follow up is a continuous process. Yes/No
5. The counsellor does not need much qualification and training in Guidance and Counselling. Yes/No

Answer Key : 1 (Yes), 2 (Yes), 3 (No), 4 (Yes), 5 (No)

2.1.8 Suggested Questions :

1. Explain the various steps involved in the counselling interview.
2. What is Group Counselling? Discuss its purposes in detail.
3. How can an interview be evaluated?

2.1.9 Suggested Readings and Web Sources :

1. Shertzer B. and Stone S.C. : Fundamentals of Guidance
2. Shostom, E.L. and Brammer L.M. : The Dynamics of Counselling Process
3. Aggarwal J.C. : Educational Vocational Guidance and Counselling
4. Suri S.P. and Sodhi T.S. : Guidance and Counselling

Web Sources

1. www.wiziq.com
2. www.blurtit.com

Drug Abuse, Legal Offenders and Victims of Violence

Structure of the Lesson

2.2.1 Meaning of the Drug Abuse

- 2.2.1.1 Symptoms of Drug Abuse
- 2.2.1.2 Reasons Promoted for Drug Abuse
- 2.2.1.3 Principles of Effective Treatment
- 2.2.1.4 The Role of Guidance

2.2.2 Meaning of Legal Offenders

- 2.2.2.1 Some Common Law Offences
- 2.2.2.2 Treatment Steps

2.2.3 Meaning of Victims of Violence

- 2.2.3.1 Who Are the Victims?
- 2.2.3.2 Psychological, Behavioural and Physical Symptoms to Identify the Victims of Violence
- 2.2.3.3 Guidelines when Supporting a Victim of Violence and Abuse
- 2.2.3.4 Do's and Don't

2.2.4 Summary

2.2.5 Suggested Questions

2.2.6 Suggested Books

2.2.1 Meaning of Drug Abuse

No one questions the severity of the drug problem and its devastating impact on youth in present Indian scenario. Dictionary meaning of Drug Abuse is “the habitual taking of illegal drugs”. Drug abuse, also called substance abuse or chemical abuse, is a disorder that is characterized by a destructive pattern of using a substance that leads to significant problems or distress.

Definition of Drug Abuse, “Compulsive, excessive, and self-damaging use of habit forming drugs or substances, leading to addiction or dependence, serious physiological injury (such as damage to kidneys, liver, heart) and/or psychological harm (such as dysfunctional behaviour patterns, hallucinations, memory loss), or death. Also called substance abuse..”

Drugs most often associated with this term include marijuana, heroin, brown sugar, L.S.D., alcohol, barbiturates, opioids and so on.

Substance abuse is widespread with an estimated 120 million users of hard drugs such as cocaine, heroin, and other synthetic drugs.¹ In 2013 drug use disorders resulted in 127,000 deaths up from 53,000 in 1990. The highest number of deaths are from opioid use disorders at 51,000. Cocaine use disorder resulted in 5,300 deaths and amphetamine use disorder resulted in 3,800 deaths. Alcohol use disorders resulted in an additional 139,000 deaths.

2.2.1.1 Symptoms

In many cases criminal or anti-social behaviour occurs when the person is under the influence of a drug. Academic results suffer and, even worse, drugs undermine health and destroy young lives.

Drug abuse, including alcohol and prescription drugs, can induce symptomatology which resembles mental illness. This can occur both in the intoxicated state and also during the withdrawal state. In some cases these substance induced psychiatric disorders can persist long after detoxification, such as prolonged psychosis or depression. Drug abuse makes central nervous system (CNS) effects, which produce changes in mood, levels of awareness or perceptions and sensations. Most of these drugs also alter systems other than the CNS.

The first signs in a person may include:

- increased confusion or mental impairment, mood changes (e.g., agitation, depression, irritability), sleep problems and daytime sleepiness, dizziness, changes in blood pressure, anemia, fatigue or weakness, altered liver function and other abnormal blood results, a fall.

Drug addiction is a brain disease. Although initial drug use might be voluntary, drugs of abuse have been shown to alter gene expression and brain circuitry, which in turn affect

human behavior. Once addiction develops, these brain changes interfere with an individual's ability to make voluntary decisions, leading to compulsive drug craving, seeking and use.

The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease can all be caused by drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use, however, some may occur after just one use.

2.2.1.2 Reasons Prompted for Drug Abuse:

Accelerated technological advancements, Social Upheaval, Family discord, Religious turmoil, Increased freedom, Encouragement to become independent, Confusion concerning the best type of child-rearing techniques, Excitement- seeking behavior, Isolation and Sense of non-belongingness.

2.2.1.3 Principles of Effective Treatment

Scientific research since the mid-1970s shows that treatment can help patients addicted to drugs stop using, avoid relapse, and successfully recover their lives. Some key principles have emerged that should form the basis of any effective treatment programs:

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for everyone.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- Remaining in treatment for an adequate period of time is critical.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Many drug-addicted individuals also have other mental disorders.

- Medically assisted detoxification is an addiction treatment and by itself does little to change long-term drug abuse.
- Treatment does not need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.
- A lasting and a long term solution of the problem, can only come through a better upbringing of children and youth, strengthening of the family and the peer group, involving youth in challenging problems and a social transformation which will reduce the need for using drugs.
- The role of guidance is prominent. Even when it can help to eradicate the drug abuse, it remains a fact, that in actual practice the uses are increasing.

2.2.1.4 The Role of Guidance

It is one of the functions of the guidance workers to be conversant with the types of the drugs and the behavior of the user so as to identify them who make use of the drugs. Their parents are also to be kept in confidence, as mostly those who use them they confine themselves to their rooms, and take it there. When they have been identified by the counselor before they are taken up by the counseling centre of the Health Department, the duty of the counselor is to make them individual guidance cases and to explore the reason for doing so by the way of establishing rapport with them. In this way many of the school going students can be checked to become drug abusers and drug addicts. It will be a joint enterprise of guidance of school and the family. As and when a student becomes aware of it again, once, he has taken to it. If parents, teachers and guidance workers make a combined effort to help him to get rid of these compulsions only then he will be able to get rid of it. All these segments of the social set up will have to be in continuous touch with the addicts. The fact, however,

remains that if proper guidance facilities are provided many of them will be reformed and will not become drug addicts or drug abusers.

It will be difficult to say that all the cases of drug addicts can be treated only with the help of guidance, even when the fact remains that it has its limited role to play in every case. However, some cases can be treated with different kinds of therapies, which will need the sources of other experts. However, many of them will have to be treated in de-addiction centres. Still there be some who will need special type of medical treatment.

2.2.2 Legal Offenders

Meaning :

Dictionary meaning of Legal Offender is “an accused defendant in a criminal case or one convicted of a crime”.

According to 35 CFR 500.5 (b) [Title 35 – Education; Subtitle B -- Regulations of the Offices of the Department of

Education; Chapter IV -- Office of Vocational and Adult Education, Department of Education; Part 500 -- Vocational and Applied Technology Education Programs -- General Provisions], the term criminal offender means “any individual who is charged with, or convicted of, any criminal offense, including a youth offender or a juvenile offender.”

The Judicial system in India is governed and regulated by 2 major legislations including the Indian Penal Code, 1860 (IPC) and the Code of Criminal Procedure Code, 1973 (CrPC). The IPC provides the substantive part laying out the rights and responsibilities and the CrPC lays down the procedure to be followed by a Court of Law in a criminal proceeding. The IPC has set the age of criminal responsibility at 12 years. An offence committed by a child under the age of 7 years is not punishable. Also, an offence committed by a child above the age of 7 years but below the age of 12 years will not be punishable if it seems that he does not possess sufficient maturity to judge the consequence of his actions. “Many juvenile sex offenders are themselves first victims, particularly street children and children in poor families would have been repeatedly abused by others and turned into offenders over a period of time,” says activist A Narayanan.

One proposed definition is that a crime or **offence** (or **criminal offence**) is an act harmful not only to some individual or individuals but also to a community, society or the

state. Such acts are forbidden and punishable by law. The state (government) has the power to severely restrict one's liberty for committing a crime. If found guilty, an offender may be sentenced to a form of separation such as a community sentence, or, depending on the nature of their offence, to undergo imprisonment, life imprisonment. They are either common law offences or they are statutory. Most crimes are now statutory.

2.2.2.1 Some Common law offences are:

- Doing an act tending and intended to pervert the course of public justice -perverting the course of justice, defeating the ends of justice, obstructing the administration of justice
- Contempt of court i.e. criminal contempt
- Fabrication of false evidence
- Escape
- Permitting an escape
- Breach of prison/breaking prison
- Rescue/rescuing a prisoner in custody
- Public nuisance
- Outraging public decency
- Conspiracy to defraud
- Conspiracy to corrupt public morals
- Conspiracy to outrage public decency

We believe that understanding legal offenders, the distorted thinking patterns, the risks and precautions to take, the technical therapeutic strategies, and not being misled by the offender's suave rationalizations requires specialized skills and training. All interaction with clients should be carried out according to high professional standards and ethics.

A strong therapeutic respectful relationship is important but offender therapy is more confrontive, closely monitored, focused, directive, and structured than even regular cognitive-behavioral therapy. Offenders are held to stringent rules, and if broken, there are financial and possibly probationary consequences. Of course, offenders come with other problems than just the offending such as major depression, suicidal attempts, anger control problems, poor

communication and conflict resolution skills, and dysfunctional thoughts that interfere with their developing healthy, productive, happy lives.

Taking all of the above elements into consideration, the issue at hand remains that India is indeed facing an increase in youth crime which covers not just minor offences but also grave and heinous offences.

2.2.2.2 Treatment Steps

Both offender assessment and treatment are empirically based.

1. Assessment –Assessment provide a very thorough assessment to determine whether or not he/she is appropriate for our therapy and our program

- a) An initial interview covering demographic data, family psychiatric history, history of sexual abuse and other traumatic events, work performance, social relationships with peers, children, and adults; and current behavioral symptoms.
- b) Standardized measures are given such as: Structured Interview looking at variables that have been found in research to relate to treatability and risk assessment, Lazarus' Multimodal Questionnaire, Minnesota Multiphasic Personality Inventory-II, Abel & Becker Cognitions Scale, Buss –Durkee Hostility Inventory, Shipley Hartford Institute of Living Scale, Beck Depression Inventory, and The Hare's Psychopathy Checklist, and a structured measure of relapse prevention skills.

2. Screening Criteria for acceptance into treatment are:

- a) client admits to a sexual offense,
- b) is willing to undergo alcohol and drug rehabilitation if needed,
- c) has not committed violent physical offenses or other criminal activity,
- d) are incest sexual offenders,
- e) are not psychotic,
- f) do not meet criteria for antisocial personality disorder,
- g) are not better treated at other facilities, and
- h) they wish to work hard and benefit from treatment.

3. Treatment Plan. Individualized treatment goals as well as specific offender related treatment goals are established in a detailed treatment plan.

5. It is determined what additional resources are needed to accomplish the plan.

5. Group Therapy. The group is our primary mode of treatment so that experienced group members can model appropriate behaviors, share their experiences and means of coping and handling their problems, and exert pressure on each other to comply to treatment and utilization of therapeutic techniques. We keep our group small from three to ten offenders where the group can more readily identify the offender's denial or minimization of the abuse and powerfully confront yet support the offender. The group focuses on confrontation, acceptance of responsibility, decreasing deviant arousal, covert sensitization, victim empathy, cognitive restructuring, anger management, role playing, relapse prevention, adult intimate relationship enhancement, and victim, family and society restitution. Weekly homework is required working through very structured and psycho educational workbooks.

6. Course of treatment:

- a) The initial sessions help the offender understand the treatment program and their role and responsibilities in treatment to set them up for success in the group.
- b) Disclosure. In order to begin to learn to control the abusive behaviors, the offender needs to not be in denial and be motivated to work. So the first step is disclosure of the offense to the group. Most offenders are initially unwilling to disclose full details of their sexual offending behaviors because of shame, guilt, fear of going to jail, and/or humiliation. These are quite normal reactions to facing up to a serious wrongdoing. Part of the need for full and honest disclosure is to begin to identify what the situation was, what led up to the abuse (including the thoughts, fantasies, justifications, rationales, feelings), and what were the consequences.
- c) Confrontation. Offenders need to develop the ability to give and receive feedback to and from the other group members and the therapists. This is difficult to learn as it may be the first time in their life that they have heard honest and empathic information about their personal characteristics and behaviors. If the offenders resist disclosure or feedback or try to get out of complying with the group rules, they are confronted directly, put on the "hot seat" and made to think about and face their responsibilities. Confrontation is done in a kind, respectful way not in a humiliating or aggressive "drill sergeant" manner.

- d) Emotional Control. Often offenders initially come into treatment with intense feelings generated by being caught and losing job, family, intimate relationships, and friends (depression, intense anger), and alcohol or drug problems. The offender needs to learn how to control these emotions and problems before the offender can deal effectively with the sexual offending.
- e) Skill training is provided as needed:
- impulse control skills
 - assertiveness and anger management training
 - problem solving and conflict resolution
 - anxiety reduction techniques
 - depression coping skills
 - communication skills

Conclusion

Medication and behavioral therapy, especially when combined, are important elements of an overall therapeutic process that often begins with detoxification, followed by treatment and relapse prevention. Treatment in a criminal justice setting can succeed in preventing an offender's return to criminal behavior, particularly when treatment continues as the person transitions back into the community. Studies show that treatment does not need to be voluntary to be effective.

2.2.3 Victims of Violence

Today violence is everywhere. It is in the news, on our favorite television programs, in the movies, and more and more it is in our homes. We see the results everyday in our classrooms and offices. But what can we, as teachers, do to stop the violence? How can we help the victims who turn to us for guidance? You may find yourself asking, "How can I make a difference? You can do a lot. Through this elaboration, you will not only learn the facts about domestic violence, but you will also learn how to best help your students recognize and escape violence in their personal lives.

2.2.3.1 Who Are The Victims?

Anyone can be a victim! Victims can be of any age, sex, race, culture, religion, education, employment or marital status. Although both men and women can be abused, most victims are women. Children in homes where there is domestic violence are more likely to be abused and/or neglected. Most children in these homes know about the violence. Even if a child is not physically harmed, they may have emotional and behavior problems. Since abuse can happen to anyone, some people can have special concerns, like:

If you are a person of color ...

You may be afraid of prejudice. You may be afraid of being blamed for going out of your community for help.

If you are a lesbian, gay, or transgendered person ...

You may be afraid of having people know about your sexual orientation.

If you are physically or mentally challenged or elderly ...

You may depend on your abuser to care for you. You may not have other people to help you.

If you are a male victim of abuse ...

You may be ashamed and scared that no one will believe you.

If you are from another country ...

You may be afraid of being deported.

If your religion makes it hard to get help ...

You may feel like you have to stay and not break up the family.

If you are a teen ...

You could be a victim of abuse, or at risk if you are dating someone who:

- is very jealous and/or spies on you
- will not let you break off the relationship
- hurts you in any way, is violent, or brags about hurting other people
- puts you down or makes you feel bad
- forces you to have sex or makes you afraid to say no to sex
- abuses drugs or alcohol; pressures you to use drugs or alcohol
- has a history of bad relationships and blames it on others

It is hard for teens to leave their abuser if they go to the same school. They cannot hide. Gay and lesbian teens are very isolated. They can be scared they may have to reveal their sexual orientation.

If you think you are being abused, think about getting help. If your family or friends warn you about the person you are dating, think about getting help. Tell friends, family members or anybody you can trust. Call a resource person who would help you. You do not have to suffer in silence.

If you are a child in a violent home ...

Violence in the home is dangerous for children. Children live with scary noises, yelling and hitting. They are afraid for their parents and themselves. Children feel bad that they cannot stop the abuse. If they try to stop the fight, they can be hurt. They can also be hurt by things that are thrown or weapons that are used. Children are harmed just by seeing and hearing the violence.

Children in violent homes may not get the care they need. A parent who is being abused may be in too much pain to take good care of their child.

Children who live in violent homes can have many problems. They can have trouble sleeping. They can have trouble in school and getting along with others. They often feel sad and scared all the time. They may grow up feeling bad about themselves. These problems do not go away on their own. They can be there even as the child gets older.

2.2.3.2 Certain psychological, behavioural and physical symptoms can help to identify the victims of violence:

Psychological Symptoms

Abusive relationships have a powerful psychological impact on the victims. Victims of an abusive relationship may experience some of the following emotions and behaviors:

- Agitation, anxiety and chronic apprehension
- Constant state of alertness that makes it difficult for them to relax or sleep
- A sense of hopelessness, helplessness or despair because the victim believes they will never escape the control of their abuser
- Fear that one cannot protect oneself or one's children. This person will turn down the assistance offered by relatives, friends or professionals.

- Feeling paralyzed by fear to make decisions or protect oneself
- A belief that one deserves the abuse
- A belief that one is responsible for the abuse
- Flashbacks, recurrent thoughts and memories of the violence and nightmares of the violence
- Emotional reactions to reminders of domestic violence

Physical Symptoms

Victims of domestic violence can also have physical symptoms that aren't directly caused by physical abuse. These symptoms are instead caused by the constant stress and tension of living in an abusive relationship. These symptoms include:

- Headaches, Asthma, Gastrointestinal symptoms, Chronic pain, Restless sleep or inability to sleep, Genital soreness, Pelvic pain and Back pain.

2.2.3.3 Guidelines when supporting a victim of violence and abuse

When supporting a victim of violence and abuse, it may help to follow these guidelines:

Support - If a victim tells you about a violent or abusive situation, listen, offer support and help them decide what the next step is.

Remember to be non-judgemental – Victims must not feel that they are being pressurised or judged by people they approach for help even if they have made a previous decision to return to or take back their violent partner

Give victims choice – When presented with options victims should decide for themselves what they do next so that they feel in control of their lives.

Remind victims that the violence and abuse is not their fault. Many who live with violence and abuse blame themselves. Whatever the circumstances violence and abuse cannot be justified. Violent partners will often blame the victim for their actions.

Reassure about children – Many victims do not seek help because of their fear that their children will be taken into care. Violent partners often play on this fear. It is important to stress that this will not happen unless there is indication of serious neglect or abuse.

Equal Opportunities – Domestic violence and abuse affects all victims regardless of age, race, disability and sexuality. It is important that victims are treated as individuals and that assumptions are not made about what a victim will or will not want because of their age, or because of ethnicity, disability, sexuality and or whether he/she has children.

Confidentiality - Victims must know that any information they give will be treated as confidential, including their whereabouts, and will not be passed on without their permission unless there are safeguarding or legal reasons for doing so. (Boundaries of confidentiality should be clearly identified – refer to your own agency and/or local multi-agency guidelines relevant to domestic violence and abuse and child protection.

Believe - Victims should not be required to provide proof of violence (e.g. bruising). Physical assault is only one aspect of domestic violence and abuse. Threats of violence and mental cruelty are equally as damaging as physical violence. Victims should be believed on the basis of their own statements and should not be required to provide supporting evidence from witnesses.

Never assume that the violence is not serious. Some victims will minimise their experience or only refer to less serious incidents. Always assume that they are at risk and give information accordingly, so that if an emergency occurs the victim will know what to do.

Reassure the victim that there are many agencies that can help. The important this is that the person feels supported. If you feel that you are not the best agency to provide advice, contact one of the specialist agencies in the Domestic Violence and Abuse Services handout.

If possible, talk to the victim somewhere in private. Ensure that anyone who may be the perpetrator cannot overhear the conversation and check with the victim in a discreet way if they would like someone to be with them e.g. a friend.

If an interpreter is needed make sure they are clear about their role and about the rules of confidentiality under which they are working. The victim must feel comfortable with who the interpreter is and the way they work and agree to them being present. Always speak directly to the victim and not to the support person.

Have as much information available as possible before the discussion begins. Basic information about options and agencies who can help is useful and will save you from having to keep interrupting the discussion.

2.2.3.4 Do's and Don't

DO's

- Listen carefully
- Prioritise the victim's safety and the children's safety
- Find out what the victim wants and let them choose what they need from you
- Find out if the victim would prefer to talk to someone else (e.g. a woman, an Asian woman)
- Provide information about options and don't make choices for the victim
- Tell the victim about services
- Focus on facts, keep opinions to yourself

- Believe the victim and reassure them that it is not their fault
- Be clear about confidentiality
- Be patient and respectful
- Ask the victim what is the safest way of contacting them
- Keep clear records and don't disclose any information that may put the victim at risk

DON'T:

- Panic
- Assume the violence is not serious
- Talk too much
- Tell the victim what to do
- Guess at the information
- Expect too much
- Moan about how things are
- Offer more than you can deliver
- Act as a mediator or contact point with the perpetrator.

Conclusion

Currently there are no official rules or regulations in place that stipulate what level of training a counsellor dealing with victims need. However, it is recommended that you check to see if your therapist is experienced in this area. A Diploma level qualification (or equivalent) in violence counselling or a related topic will provide assurance and peace of mind that your counsellor has developed the necessary skills. Another way to assure they have undergone this type of specialist training is to check if they belong to a relevant professional organisation representing counsellors dealing with violence.

2.2.4 Summary

Guidance is essential at every step to treat drug abuse, legal offenders and victims of violence. It plays a significant role. Indian youth is suffering because of the anti-social behavior of the person known as drug abusers, far from this, youth is indulged in an act harmful not only to some individual or individuals but also to a community, society or the state. Such acts are forbidden and punishable by law, termed as legal offenders. Most crimes or law offences are now statutory. Today violence is everywhere. How can we help the

victims who turn to us for guidance? Only one solution to all the above three said problems is to guide the youth psychologically as well as behaviourally. A single teacher cannot shoulder this responsibility. It is a joint venture where we can help the victims to become the useful member of the society.

2.2.5 Suggested Questions

1. What do you understand by Drug Abuse? What are its effective principles?
2. What is the meaning of legal offenders? What are its treatment procedures?
3. How victims of violence can be identified and what are its treatment guidelines?

2.2.6 Suggested Readings

1. Shertzer, B & Stone, S.C.: Fundamentals of Guidance.
2. Traxler, A.E.: Techniques of Guidance, New York: Harpar & Brother, 1957.
3. Smith, G.E.: Principles and Practices of Guidance Programme, New York; Macmillan, 1951.
4. Sodhi, T.S.: Educational and Vocational Guidance, Bawa Publications; Patiala.

Trends in counselling, Evaluation in Counselling, Status of Counselling Movement in India

Structure of the Lesson

2.3.1 Objectives of the lesson

2.3.2 Introduction of the lesson

2.3.3 Trends in Counselling

2.3.4 Evaluation in Counselling

2.3.5 Status of Counselling Movement in India

2.3.6 Summary

2.3.7 Suggested Questions

2.3.8 Suggested Books

2.3.1 Objectives of the Lesson

- i. Highlight the trends in counselling.
- ii. Acquaint students with the concept of evaluation in counselling.
- iii. Make students aware about Status of counselling movement in India.

2.3.2 Introduction of the lesson

Counselling is a process of enabling the individual to know himself and his present and possible future situations in order that he may make substantial contributions to the society and to solve his own problems through a face to face relationship with the counsellor. Counselling is a helping approach that highlights the emotional and intellectual experience of a client, how a client is feeling and what they think about the problem they have sought help for. The process that occurs when a client and counsellor set aside time in order to explore difficulties which may include the stressful or emotional feelings of the client. The act of helping the client to see things more clearly, possibly from a different view-point. This can enable the client to focus on feelings, experiences or behaviour, with a goal to facilitating positive change.

Research and evaluation are designed to determine the effectiveness of a counseling programme. Evaluation encourage counsellors to continue to find solutions to the problems of their clients. Counsellors can upgrade their programmes, to ensure that they address the needs of the clients. One of the most important reasons for carrying out an evaluation exercise is to improve on what has been established. There is the need to

evaluate what is on ground to ascertain its weaknesses and strengths. A number of changes are taking place in the society and with time it becomes difficult to predict them. In the changed circumstances, it is essential for the counsellors to deal with these challenges with new trends. For the counseling movement to grow and develop properly, educators should concentrate on an adequate programme for counseling. Implementation of research based counselling services may facilitate the all round development of the child and may prepare him to be a fully functioning individual, an efficient worker and a useful citizen of the society.

2.2.3 Trends in Counselling

Recent times have witnessed a resurgence of interest in and demand for counselling services. In a wide variety of settings--schools, colleges, agencies, business and industry--involving a range from elementary children to post-retirement adults, new programs and practices are being developed to respond to the diverse calls for counseling assistance. Unlike earlier periods, there is increase in demand in areas related to mental health, family issues, and adult agency settings, rather than the traditional areas of schools and colleges. These trends in growth resemble reveal the areas in which our society is seeking counselor assistance. An analysis of these areas can provide rare glimpses into the innermost hopes, aspirations, needs, and problems of our total population.

Integration of Life and Career Development:

There is an increasing understanding of the development of each individual's lifespan and the important transitions and challenges each individual will experience during his lifetime. At each of the major life transitions, people of all ages and all circumstances will increasingly seek and benefit from the intervention of counsellors. At these times, developmentally-oriented counsellors will assist them in developing life coping strategies that will better equip them to deal with the challenges and vagaries of life. The major emphasis in life and career development integration will be the increasing recognition of career development and the importance of viewing the interrelationship among work, education, and leisure. There is a need for all people to be constantly aware of and willing to prepare for the different roles that they will play at different stages of their lives. These roles will change with the age and circumstance of each individual and will have an impact on the individual in varying degrees throughout each individual's lifetime.

1. Developing New Tools and Techniques:

The changing shape of social setup and technologies are bound to change the type of programme of counseling. In order to face such changes, some new

techniques will have to be adopted and also to do away with many of the existing ones. This is because the services of counselling go on changing in the light of experimentation and researches carried out in it.

2. Use of Information Technology:

We are only beginning to comprehend the enormous inroads that computers and technology are and will be making into all phases of our life. With advances in artificial intelligence and the achievements occurring in computer and technological hardware, the capabilities for offering a variety of services to people are growing exponentially. There are major implications for how counsellors define and deliver their counseling in a time of rapid technological development. Technology clearly offers new avenues of assistance to clients in their learning and development. It also challenges the efficacy of many existing forms of delivery of assistance to clients.

Increasing use is being made to collect the data about the individuals, educational and professional activities. It is being used to analyze the information and to keep a record of it. With the use of computers, it will also become easy to keep the information of all the kinds needed in the execution of counselling programme.

3. Provision of Assistance to Larger Groups of Clients:

Economic as well as psychological forces will work to increase the number of people who receive assistance at any given time. Either through larger physical groupings or through the use of electronic means to link people who are separated geographically, counsellor contact and intervention will be less focused upon individuals and more upon clusters of individuals with shared interests and needs. Individual interaction between client and professional specialists will be a precious commodity and those interactions will increasingly deal with client concerns which are least well met by other means.

4. Changes in the Roles and Responsibilities of Counsellor:

Perhaps one of the greatest challenges of all will be the counsellor's ability to understand and respond to the new challenges as well as the new opportunities that exist for them. In many cases they will need to make a major paradigm shift. Merely small changes in how they think or act about a problem will not be enough, but radical changes in how they think and act in response to changed societal conditions and the availability of new technologies. There will be a need for greater risk taking and experimentation on the part of counselors. They will need to monitor their work as to what is effective and what is ineffective. They will need to continually improve the quality of the services they provide for their clients. In the end, counsellors will either flourish or perish based not so much on available resources, but on whether and how

counsellors choose to adopt and use the new resources, in how they think and respond to their user needs and interests.

5. Emphasis on Evaluation:

A strong evaluation program for counseling is the need of the time. As a result of it, changes are made in the process of counseling to make it more effective. A systematic evaluation programme is of great use for counselling. It will lead to an effective research which will prove to be fruitful for modification and improvement of counselling programmes in all its formats.

6. More Specialized Strategies and Resources for Responding to People in Need:

With improved means of detection and an increasing desire to alleviate problems in learning and adjustment, more specialized resources and strategies for dealing with people in need or at risk will be developed. Building upon the available research and knowledge regarding what has and has not worked with similar people in the past, educational institutions and community agencies will have available a greater array of resources and intervention strategists. They will enable them to respond and be helpful to people in need. Likely candidates for this increased developmental effort are poor student performers, those experiencing various forms of drug and alcohol abuse and those persons who are the victims and/or potential victimizers of physical abuse. There will be an increasing desire to bring together the knowledge and resources available to provide counselling assistance to people in need earlier in their time of travail. There will also be a need to follow through to ensure that the assistance has been effective in bringing about change and improvement in behavior.

7. Focus on Wellness Rather than Eliminating Problems or Overcoming Disabilities:

There will be an increasing recognition of the importance of dealing with the mind-body relationship and the need to consider the two in relationship with one another. Stress, personal vitality, creativity, even longevity, will increasingly be recognized as matters involving the mind-body interaction. They will require counsellors to respond to the totality of the individual, rather than the symptoms of a problem or condition. Counsellors will be challenged to expand their knowledge and to look for developmental orientations that help to build health and higher level living skills, rather than to respond solely to immediate problems or concerns.

2.3.4 Evaluation in Counselling

Evaluation of counselling is the process of finding the value of counselling. It is an attempt to find out to what degree the objectives of counselling has been attained. Evidences of success such as having developed the ability to be self-sufficient in solving

problems and improvement in academic achievement are some of the positive outcomes expected of counselling. It is a continuous monitoring program designed to evaluate the effectiveness of the intervention procedures in relation to client's progress and adjustments. This service is undertaken as systematic evaluation of whether the counselling service has satisfied the needs of clients.

Evaluation is designed to determine the effectiveness of a counselling programme. Further, it provides the counsellors with the opportunity to be resourceful and independent. Evaluation encourages programme leaders to continue to find solutions to the problems of their clients. It is through active research that counsellors can upgrade their programmes, to ensure that they address the needs of the clients.

Evaluation should be an on-going process. It provides an opportunity to modify the programme when necessary. Evaluation helps to check:

- a. Programme effectiveness
- b. Programme response to changing needs
- c. Strengths and limitations of the programme
- d. Staff development
- e. Reporting and follow-up

Evaluation determines what the programme achieves. It also provides a basis for identifying critical gaps in service delivery, and for planning programme changes. In evaluating the programme's effectiveness, the following can be measured:

- a. Client's awareness of the services.
- b. Satisfaction of clients involved in individual counseling.

The evaluation of individuals assesses their performance skills and proficiency, while the assessment of goal attainment focuses on the individual's programme and improvement efforts. It checks the quality of the programme, and its attempts to address the needs of clients. It is, therefore, important to evaluate ourselves in terms of skill application and programme leadership. This helps to determine professional competence, though it should not be considered judgmental.

Methods of Evaluation

1. 'Before and After' Method

This is when the programme progress is checked after a given period of time, and it checks the results of specific programme activities. For example, if students are introduced to a computer awareness programme, or career exploration, an evaluation of how much has been covered is carried out by the end of the year. It is at this point that the evaluation may check whether clients are different after the exercise.

2. Comparison Method

This is when groups are compared after different techniques have been used to achieve a goal. The comparative method may be used to judge the results in groups in different localities, e.g. checking the impact of a programme on rural and urban children, or boys and girls. It may also be used to compare the effects of teacher-pupil ratios on the attainment of goals.

3. The 'How Do we Stand?' Method

This helps to identify desirable programme outcomes. Various techniques are used to check how the programme has progressed in terms of goal attainment. It compares programmes with generally accepted standards, and offers an opportunity to make comparisons. The method compares a programme with a set standard, as there are certain features with which it will be expected to conform.

2.3.6 Status of Counselling Movement in India

Good teachers have always been interested in providing understanding assistance to students to help them overcome problems of learning and adjustment so as to ensure optimum achievement and profitable placement. In the ancient system of education, there were harmonious relations between the teacher and the taught. But these were possible because of the small number of students, simple courses of study, the limited job opportunities and the world of work which was almost stable. But now with the tremendous increase in the number of students, various types of courses of study vast curriculum and competitions in job opportunities, the students face more number of problems. Thus there is need for help in the form of guidance and counselling.

In India, Patna University was said to be the first institution which paid attention to the problems of college students and counselling service was provided by the Department of Psychological Research in 1946. In 1966, St. Xavier College, Bombay provided religious counselling and in 1960, the emphasis was given to the personal and social problems. M.S. University in Baroda established the first full time counselling for college students in 1968 and at the invitation of the UGC and with the approval of the UGC, the student counselling centre was setup in 1969. In 1961, Allahabad University organised a counselling centre for its students with the assistance of the United States Educational Foundation in India. In 1963, Wilson College, Bombay setup a counselling centre for its students. In 1966, Annamalai University, Chidambaram (Tamil Nadu) started a counselling centre for its students with the help of a fullbright professor. But in 1979, the Draft National Policy on Education of the Ministry of Education, Government of India did not contain anything on Guidance and Counselling service in schools or colleges. In the

recent years there are certain private agencies and personnels providing counselling for the vocationally and personally challenged people. Guidance and Counselling services consolidated their position in India after the recommendation of the Mudaliar Secondary Education Commission and the Kothari Education Commission, when they were implemented under a centrally sponsored scheme in the states. Due to this central financial aid during the 1960s and 1970s guidance service was then perhaps at their Zenith in the Country. During this period a number of state bureaus of guidance was established and the existing ones were strengthened under the guidance and supervision of the Central Bureau of educational and vocational guidance (CBVEG). During this period new guidance activities and programmes were launched. Researches were conducted in:

1. Organization and administration of guidance, which included work on its history, need, aims and objectives.
2. Concepts, view points and methods suggested and formulated from time to time for improving the methods and techniques used in the practice of guidance.
3. Vocational guidance covering the results of surveys planned from time to time.

Gradually attention was paid to research in other aspects such as counselling and information to follow up also in the late 1970s and 1980s and evaluation of guidance services or guidance interventions as well as some unexplored topics were also considered for research in India. With the neglect of guidance services during the late eighties and early nineties due to various reasons, interest in guidance research also dwindled. It is a matter of serious concern that research in the theory and practice of guidance and counselling has been scarce and insignificant in India. The effect of guidance and counselling should be studied on special groups of children such as slow learners, under achievers, the mentally retarded, spastics and the handicapped, on the one hand and gifted, creative and talented children on the other. Longitudinal studies should be conducted to test developmental models like that of career development. Some sound research has been conducted in the field, but it has not been utilized by policy planners and educational administrators and the findings and recommendations of whatever meaningful for framing the educational policies in the country.

2.3.6 Summary

Counselling is a learning oriented process carried out in a social environment in which the professionally competent counsellor attempts to assist the counsellee using appropriate procedures to become a happy and productive member of the society by formulating realistic and purposeful goals for total personal growth.

As no two individuals are alike, for any type of counselling, it is absolutely necessary to know the individuals problem which is different from person to person. Evaluation helps us to evaluate the problem of the client to a particular level. Trends in counselling helps us in solving problem at different levels with a new techniques and innovative methods. As counsellors encounter needs for assistance, they face numerous challenges and issues - whether to respond and how, what priorities to give to their services, and how to sort out the important from the urgent. What methods they use and the decisions they make will reflect their central values and will initiate a response trajectory which will illuminate the paths that counselors will follow for the near future. There is a need to charter new and emerging directions of counselling and the accompanying issues. The time is ripe now to give serious thought to the entire issue of revamping the counselling services at the national, state and school level, agencies and school level functionaries.

2.3.7 Suggested Questions

1. Describe the important trends in counselling programmes in India.
2. Write an essay on the Counselling movement in India.
3. Describe the use of technology in counseling programme.
4. Why evaluation of counseling programme is carried out.

2.3.8 Suggested Books

1. Suri.S.P, Sodhi.T.S and Sodhi.H.K :Guidance and Counselling, Bawa Publications, Patiala.
2. Bhatia,K.K.:Principles of Guidance and Counselling, Kalyani Publications, New Delhi.
3. Sharma, R.A : Fundamentals of Guidance and Counselling, R.Lall. Book Depot, Meerut.
4. www.unesco.org/