

INTRODUCTION TO COUNSELING

Diploma in Psychological Guidance and Counselling

Paper-II

Dept. of Psychology

Acharya Nagarjuna University

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FOREWORD

Since its establishment in 1976, Acharya Nagarjuna University has been forging ahead in the path of progress and dynamism, offering a variety of courses and research contributions. I am extremely happy that by gaining 'A' grade from the NAAC in the year 2016, Acharya Nagarjuna University is offering educational opportunities at the UG, PG levels apart from research degrees to students from over 443 affiliated colleges spread over the two districts of Guntur and Prakasam.

The University has also started the Centre for Distance Education in 2003-04 with the aim of taking higher education to the door step of all the sectors of the society. The centre will be a great help to those who cannot join in colleges, those who cannot afford the exorbitant fees as regular students, and even to housewives desirous of pursuing higher studies. Acharya Nagarjuna University has started offering B.A., and B.Com courses at the Degree level and M.A., M.Com., M.Sc., M.B.A., and L.L.M., courses at the PG level from the academic year 2003-2004 onwards.

To facilitate easier understanding by students studying through the distance mode, these self-instruction materials have been prepared by eminent and experienced teachers. The lessons have been drafted with great care and expertise in the stipulated time by these teachers. Constructive ideas and scholarly suggestions are welcome from students and teachers involved respectively. Such ideas will be incorporated for the greater efficacy of this distance mode of education. For clarification of doubts and feedback, weekly classes and contact classes will be arranged at the UG and PG levels respectively.

It is my aim that students getting higher education through the Centre for Distance Education should improve their qualification, have better employment opportunities and in turn be part of country's progress. It is my fond desire that in the years to come, the Centre for Distance Education will go from strength to strength in the form of new courses and by catering to larger number of people. My congratulations to all the Directors, Academic Coordinators, Editors and Lesson- writers of the Centre who have helped in these endeavours.

*Prof. P. Raja Sekhar
Vice-Chancellor
Acharya Nagarjuna University*

DDGC02: - INTRODUCTION TO COUNSELLING

PAPER – II

Unit-I - Nature, definition, scope and applications of counseling and need of counseling.

Unit-II - Characteristics of counselor – Counseling skills, Types of Counselling.

Unit-III - Process of counseling – Rapport building, initial stage, middle stage, and termination stage of counseling process.

Unit-IV - Counselor and client relationships.

Unit-V - Professional approach to counseling – Ethical needs of counseling.

Lesson 1: Nature, definition, scope of counseling.

Definition of Counseling Psychology

The discipline of counselling psychology did not become a separate specialisation until 1951. The job term of counselling psychologist was first used during this year.

The Northwestern Conference on the Standards for Training Counseling Psychologists was sponsored by APA Division 17 in 1951. Participants at this conference debated how to define the duties and functions of counselling psychologists. The name of Division 17 was likewise changed to the Division of Counseling Psychology during this time. The following were included in the new title's description of counselling psychologists:

"The counseling psychologist is to foster the psychological development of the individual. This includes all people on the adjustment continuum from those who function at tolerable levels of adequacy to those suffering from more severe psychological disturbances. The counseling psychologists will spend the bulk of their time with individuals within the normal range of functioning, but their training should qualify them to work to some degree with individuals at any level of psychological adjustment. Counseling stresses the positive and preventative. It focuses upon the stimulation of personal development to maximize personal and social effectiveness and to forestall psychologically crippling disabilities".

Counseling psychologists expanded their position beyond the primary boundaries of vocational counselling under this new definition, attempting to assist patients with all forms of life transitions. However, there were still disagreements about the new specialty's position and proper concentration. A second conference, held in Atlanta in 1987, clarified the purpose and position of counselling psychology. The "valued features" of counselling psychology were explained at this meeting. Positive mental health was emphasised, as well as strengths-based adjustment and coping, individual empowerment, advocacy, political involvement, and direct skill training.

Mental health promotion was advocated not only at the individual level, but also in groups and systems. Counseling psychology was thought to have an impact on development across the lifespan, to address adjustment and happiness in both professional and personal settings, and to include prevention and remedial measures. Furthermore, observing people and their behaviour in a sociocultural framework influenced by variables such as culture, ethnicity, gender, sexual orientation, age, and socio-historical viewpoints was deemed critical.

The American Psychological Association (APA) released the Archival Description of Counseling Psychology in 1999, which recognised and supported counselling psychology as a field of study. The following is a list of the profession's current definition and parameters:

"Counseling Psychology is a general practice and health service-provider specialty in professional psychology. It focuses on personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. Counseling psychology centers on typical or normal development issues as well as atypical or disordered development as it applies to human experience from individual, family, group,

systems, and organizational perspectives. Counseling psychologists help people with physical, emotional, and mental disorders improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis, and treatment of psychopathology. Within the context of life-span development, counseling psychologists focus on healthy aspects and strengths of the client (individual, couple, family, group, system, or organization), environmental/situation influences (including the context of cultural, gender, and lifestyle issues), and the role of career and vocation on individual development and functioning."

Work with persons and relationships that is developmental, crisis support, psychological, guiding, or issue solving is referred to as "counselling." Counseling's goal is to allow the 'client' to discover, explore, and define new ways of living that are more rewarding and resourceful. (1984, BAC)

A skilled counsellor and a client have a professional relationship known as counselling. This is usually a one-on-one relationship, though it can occasionally involve more than two persons. It is intended to assist clients in comprehending and clarifying their perspectives on their life space, as well as learning to achieve their self-determined goals through meaningful, well-informed choices and the resolution of emotional or interpersonal issues. Burks and Steffire (Burks and Steffire, 1979: 14)

According to Pepinsky and Pepinsky, "Counselling is a process involving an interaction between a counsellor and a client in a private setting, worth the purpose of helping the client change his/her behavior so that a satisfactory resolution of needs may be obtained"

Some Landmarks in the Evolution of Modern Psychological Counseling:

1900 Sigmund Freud develops Psychoanalysis.
1904 Ivan Pavlov wins the Nobel Prize for his work on digestive system that led to understanding of principles of development of responses.
1905 Intelligence test developed by Binet and Simon.
1912 Gestalt psychology is born in Germany.
1924 John B. Watson publishes 'Behaviourism', a book that led to the foundation of behaviourism.
1951 Humanistic psychologist Carl Rogers publishes Client-Centred Therapy.
1953 B.F. Skinner publishes 'Science and Human Behaviour', strengthening behaviourism as a major approach to psychology.
1954 Humanistic psychologist Abraham Maslow publishes 'Motivation and Personality'.
1955 National Institute of Mental Health and Neurosciences (NIMHANS) is established at Bangalore
1962 Hospital for Mental Diseases in Ranchi is established.

Meaning of Counseling in Psychology

Counseling is the process of providing professional counsel to an individual through the use of psychological procedures, particularly in the collection of case history data, the use of various personal interview techniques, and the testing of interests and aptitudes.

The term "counselling" refers to a type of "talk therapy." Counseling is a process that is done on a one-on-one basis. Counseling is a series of one-on-one interactions with an individual with the goal of assisting him in changing his attitudes and behaviours.

"Counseling is the application of mental health, psychological, or human development principles, through cognitive, affective, behavioural, or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology," the American Counselling Association (ACA) Governing Council declared in 1997. These other characteristics are also included in the definition:

Wellness, personal growth, career, and pathological problems are all addressed through counselling. Counselors, in other words, work in issues involving relationships (Casey, 1996). Intra- and interpersonal concerns about finding purpose and adjusting in situations such as schools, family, and employment are among these domains.

In their specialist Dictionary of Counselling, Feltham and Dryden gave the following definition of counselling in 1993: Counseling is a principled relationship characterised by the use of one or more psychological theories and a recognised set of communication skills to clients' intimate worries, problems, or ambitions, as modified by experience, intuition, and other interpersonal.

Its overarching philosophy is one of facilitation rather than advice or pressure. It might be short or long in duration, take place in an organisational or private practise environment, and coincide or not with practical, medical, or other personal welfare concerns. It is both a distinct activity and an emerging profession in which people agree to take on the roles of counsellor and client.... It is a service sought by people who are distressed or confused and want to talk about and resolve their problems in a relationship that is more disciplined and confidential than friendship, and perhaps less stigmatising than helping relationships offered in traditional medical or psychiatric settings.

Dictionary of Counselling, edited by C. Feitham and W. Dryden, 1993. London, The helpful relationship, according to Whurr Rogers (1961), is one in which "at least one of the partners has the aim of encouraging the growth, development, maturity, enhanced functioning, and improved coping with life of the other."

"As a hypothetical concept to denote the inferred character of the observable connection between the two individuals," Pepinsky and Pepinsky (1954) defined the relationship. English and English are two different languages (1958) Counseling is defined as "a relationship in which one person tries to understand and solve the issues of another." Educational counselling, career counselling, social counselling, and other areas of adjustment are frequently mentioned." - Counseling is a two-way conversation.

"Counselling is a dynamic and purposeful relationship between two people in which procedures vary depending on the nature of the student's need, but there is always mutual participation by the counsellor and the student with the focus on self-clarification and self-determination by the students," writes Wrenn (1951). Pepinsky & Pepinsky (Pepinsky & Pepinsky) (1954) Counseling is a private conversation between a counsellor and a client with the goal of assisting "the client in changing his behaviour in order to get a satisfying resolution of his needs."

Nature of Counselling

1. Is expected to be a process.
 2. Counselling is usually for normal people with problems.
 3. It is essentially a dynamic interaction between the client and the counsellor.
 4. Client is expected to be frank and forthright in his approach.
 5. It is the duty of the counsellor to keep confidentiality regarding the client.
 6. Counsellor is to show warmth and empathy while listening to the client's problems.
 7. Counsellor is expected to be non judgmental and non critical.
 8. The relationship between the client and the counsellor is expected to be genuine.
 9. Counselling usually works at the level of rapport and not at the level of transference.
 10. Client's conscious motives are explored rather than the unconscious motives.
- Counseling is a process in which a distressed person invites and allows another person to enter into a specific type of connection with them.
 - A person seeks such a relationship when they are confronted with a 'crisis in living' that they have been unable to overcome using their normal resources, and which has led in their exclusion from some aspect of full social involvement.
 - The individual seeking counselling asks another person to offer him or her with time and space that includes a number of characteristics that are not frequently available in everyday life: permission to talk, respect for difference, confidentiality, and affirmation.
 - The right to speak. This is a place where a person can share their storey, where they will be encouraged to speak up about aspects of their experience that have previously been silenced, in their own time and in their own way, including the expression of feelings and emotions.
 - Acceptance of diversity. In order to focus as totally as possible on helping the client define and act on his or her personal beliefs and aspirations, the counsellor sets aside, as far as they are able, their own perspective on the issues brought up by the client and his or her immediate requirements.

Confidentiality is a must. Whatever is discussed is kept private; the counsellor agrees not to share what they have learnt from the person with anybody else in the person's life.

- Affirmation is a powerful tool. Honesty, integrity, caring, conviction in the worth and value of individual beings, commitment to discussion and collaboration, reflexivity, interdependence of persons, and a sense of the common good are all essential principles that the counsellor enacts.

These are simple ideas, yet when combined, they form a unique space for support, reflection, and regeneration in modern communities. Within this realm, the client and counsellor use whatever cultural resources are available (conversation, ideas, theories, rituals, altered states of

consciousness, problem-solving algorithms, discourses, and technologies) to reach a satisfactory resolution of the initial problem in life that prompted the decision to seek help.

The Scope of Counselling:

The scope of counselling psychology is a discussion of the extent of the area or subject matter that something deals with or to which it is relevant.

It is very important to study the scope of any subject matter to a student, as the student will develop an idea how and where the subject matter can be applied. This will make student to further develop skills required practically to fulfil the subject application to the needy areas where it can be applied professionally.

Counselling psychologist usually learns the subject matter of counselling process, different problems, diagnosis, analysis, identification of the problem, and planning the counselling in the particular problem area. During the process the counselling psychologist use different techniques of the counselling process depending on the problem identified, area of the problem and other fact of the situation of the problem. The knowledge of scope of counselling psychology helps the student to be an effective professional psychologist.

The counselling profession - Is attentive to and responds to diversity and inclusiveness. Works in the best interest of individuals, couple, families, groups organizations, communities, and the public-at-large. Works in the domains of cognition, emotion, expression, somatics, human development, behaviour, learning, and interactive systems.

Counselors/counselor psychologists can work in schools, workplaces, family mediation, stress management, and mental health units. Clinical psychologists can work in both private practise and hospitals. There's always the possibility of doing research and/or teaching at a college or university.

Counseling for anxiety, anger management, children's worries within the family unit, sibling relationships, school experiences, peer connections, and depression, among other issues, has a lot of potential. Disaster victim management, counselling for Covid-19 virus impacted family victims, suicidal difficulties, and other areas with a lot of potential for psychologists are worth addressing.

Some of the Fields of counseling:

Academic Adviser Work in primary and secondary schools, colleges and universities, professional schools, healthcare and social services, and government agencies.

Counselor for Addiction Work in substance addiction treatment programmes, outpatient mental health clinics, nursing homes, residential care facilities, social service institutions, family services, correctional facilities, prisons, and juvenile detention centres, as well as public and private hospitals.

A behavioural counsellor works at a mental health clinic, treatment facility, psychiatric hospital, residential care facility, substance abuse programme, or other mental health context. assist clients in dealing with stress, identifying coping processes, and teaching better, more adaptive coping techniques

Private practise, prisons, high schools, colleges, and universities, social assistance facilities, career centres, employment agencies, and government agencies are all common places for a career counsellor to work.

Child psychologists, like child counsellors, provide mental health services to children and adolescents under the age of 18. Child psychologists diagnose and treat mental diseases, assess children for social, emotional, and intellectual issues, and do research on child development issues in addition to providing therapeutic treatments.

Family counselling is a type of counselling that focuses on improving family connections and is used to resolve conflict or concerns within the family unit. It is based on the idea that there are several persons involved in the conflict or family troubles, and that they must all be included in order to find an effective solution.

Counselor in Forensic Science Work can be found in a variety of places for someone with a forensic counselling experience. Those at a correctional facility or institution where offenders are kept are among the most popular.

Health in its entirety Counselors examine not only your physical well-being, but also your mental and spiritual well-being.

Marriage counsellors serve in a variety of settings, including families, individual and family services, and state and municipal government.

A mental health counsellor can help patients who are suffering from both acute and chronic mental or psychological issues.

Military counsellors assist soldiers and their families with a wide range of adjustment and psychological concerns, including depression, anxiety, generalised stress, battle stress, and post-traumatic stress disorder (PTSD).

Individuals with a disability or health condition that affects their capacity to work, learn, or live independently are helped by rehabilitation counsellors. They examine their customers' abilities and needs in order to determine whether or not they are eligible for assistance.

The most typical place for a sports counsellor to work is in a college or university's athletic department. Sports counselling is one of the fastest growing areas of counselling and psychology, according to the American Psychological Association.

The vast majority of veterans counsellors work for veteran's health centres, such as VA clinics and hospitals.

Lesson 2: Need and application of counseling

Learning Objectives:

1. The importance of counseling in life
2. how counseling helps in ones life time
3. Counseling helps us by making us know our selves.
4. Helps us in correcting our irrational thought processes, and develop rational methods of thinking.
5. Counseling helps us to break with unhealthy habits.

Need for Counseling

What is the need of counseling?

Counseling's goal is to assist the counselee in identifying and resolving his own issues on his own. The client's self-direction and self-acceptance are emphasised heavily. Counseling is concerned with both attitudes and actions. The importance of emotional feelings in counselling is paramount.

1. Personal development.

Counseling can assist you in becoming a better person and expanding your horizons in new ways. It's extra information that can help you grow both personally and professionally. You can concentrate on creating the traits and behaviours that any one want in counselling.

2. Prevention.

It's critical to look after own mental health. we don't wait until mind engine catches fire before changing oil of mental processes. It's also not a good idea to do so when it comes to mental wellness. Counseling might help any to stay ahead of problems in the future.

3. Understanding where you came from.

People are obsessed with ancestry kits these days as they try to figure out where they came from. In a counseling environment, this means looking at ones family and past to see how they have shaped who you are.

4. Breaking old relationship patterns.

After a big game, going over the replay tape with counselor coach to see what went wrong and how one can do things better in the future is like looking over the replay tape with counselor coach. Taking stock of one's past relationships can help client better prepare for future ones.

5. Ditching bad habits.

We all have habits that are difficult to break — whether it's stopping smoking, wanting to lose weight through improved portion control, or finally keeping to a gym programme, counseling can help us to get to the root of our resistance and overcome it.

6. Creating a new normal.

When one is being dealing with the effects of past trauma or troubles for a long time, they can start to feel normal. one don't appear to require counselling since one can't see things getting better and one is settling for less tranquilly than one could have.

7. Trying something new.

If one never talked to someone about his mental health before, one may be missing out on an important experience. He never know until he try, what do he have to lose?

8. Trying something different.

one may have had negative or neutral experiences with counselling in the past, but with a better counsellor fit, methodology, or delivery mechanism (such as online counselling rather than in-person counselling), he may discover it works better than the previous time you tried it.

9. Investing in you.

One is entitled to better feelings, a better life, and peace and happiness. He is deserving of encouragement and investment in hisself. Just because he isn't experiencing a crisis doesn't imply he isn't deserving of assistance. Discomfort isn't a race, and one don't have to be at the top of the bell curve to get help.

Even if one don't think he need counselling, it can be quite beneficial. Well it would be delighted to assist him on his path to better mental health and wellness. A therapist that can assist one with personal growth, prevention, understanding ones basic origins, changing old relationship patterns, quitting bad habits, building a new normal, trying something new, or investing in himself.

Counseling Psychology

Counseling psychology is a type of professional psychology that focuses on general practise and providing health services. It examines how people of all ages function both personally and in their relationships. Counseling psychology is concerned with people's emotional, social, job, school, and physical health difficulties at various phases of their lives, concentrating on common daily stresses as well as more serious challenges with which people may suffer as individuals, families, communities, and organisations. Counseling psychologists assist people with physical, emotional, and mental health problems in

enhancing their sense of well-being, reducing distress, and resolving crises. More severe psychological symptoms are also assessed, diagnosed, and treated by them.

Specialized Knowledge

Counseling psychologists focus on: Healthy characteristics and strengths of clients (whether perceived as individuals, couples, families, groups, or organisations) at all phases of development (i.e., childhood, adolescence, maturity, and older age). Influences of the environment/situation, (how cultural, gender, and lifestyle factors effect people's experiences and worries). Diversity and social justice issues, (e.g., advocacy). The importance of job and profession in people's life.

Problems Addressed

Counseling psychology approaches problems from developmental (lifespan), environmental, and cultural perspectives. Concerns about school and career/work adjustment are just a few examples. Making career and employment decisions, as well as transitioning from education to work to retirement. Relationship problems, such as marriage and family problems. Deficits in learning and skills. Stress management and coping with adversity are important life skills. Issues with the organization. Physical impairments, disease, or injury are dealt with and adjusted to. Personal and societal adjustment is required. The process of forming one's own identity, and being resilient in persistent problems relating to other people in general.

Skills & Procedures Utilized

Individual, family, and group counselling, as well as psychotherapy, are among the processes and strategies utilised in counselling psychology. Disaster and trauma management, as well as crisis intervention. Psychological problems are diagnosed using assessment tools. Programs/workshops that educate and teach the public on mental health, school, family, relationship, and employment difficulties in order to prevent or decrease problems before they start or worsen. Organizational consulting. Evaluation of the programme and treatment outcomes (e.g., client progress) Training. Clinical monitoring is required. Construction and validation of tests. For scientific inquiries, research approaches are used.

Population Served

Individuals, groups (including couples and families), and organisations are all handled by counselling psychologists. Counseling psychologists work with people of all ages, including children with behavioural issues, late adolescents with educational and career concerns, or substance abuse issues, adults dealing with marital or family problems, career changes, or overcoming disabilities, and seniors approaching retirement. They work with groups to help them find solutions to many of these issues, as well as to improve group members' personal

and interpersonal functioning. Counseling psychologists also work with organisations (e.g., corporations) and work groups to assist create a positive work environment and improve organisations' ability to increase productivity and effectiveness.

Counseling can help people develop resilience.

Resilience factors include

- Having meaning or purpose in life
- Experiencing positive emotions
- Hardiness
- Self-esteem
- Active coping
- Self-efficacy
- Optimism
- Cognitive flexibility

While there are particular resilience-training programmes that focus on these elements, many types of therapy also improve these components of resilience.

Various counselling processes provide a foundation for teaching and increasing resilience through discussion, role-playing, practical activities, and homework. For example, anxiety-related "stress inoculation therapy" has increased measures of resilience. Stress inoculation treatment is a type of positive cognitive behavioural therapy that teaches people more adaptive mental, emotional, and behavioural responses. Most clients seek counselling to address a specific issue in their lives, but they might walk away with new insights and techniques that provide meaning, pleasant emotions, coping abilities, and a better feeling of self-worth.

To improve mood, mental health, relationships, careers, student conduct, and education, counsellors employ a number of empirically supported strategies.

They can be found in a wide range of environments all throughout the world. Counseling offers a wide range of opportunities and rewards, from guidance to education, assessment and collaboration, diagnosis and treatment.

In a wide range of domains, there is a wealth of valid, scientifically supported research to support the usefulness of counselling. Counseling offers hope, healing, and health to anybody willing to attempt it, from treating mental health disorders to assisting entire communities in thriving.

There need for counseling from bloom to doom.

At every stage of life, – from pre-natal to death or womb to tomb .

In every decision making in one's life – from personal to professional decisions.

From cradle to deathbed – now psychologist are playing very important role, it is more than a need and purely depends on the person maturity to feel its need and his available situations.

There are numerous counselling sessions available these days. They are mostly separated into several fields. This enables consumers to select a counsellor based on their specific issue. Furthermore, this ensures that the therapist performing the service is an expert in their specialty.

The most prevalent types of counselling are as follows:

Marriage and Family Counselling

Educational Counselling

Rehabilitation Counselling

Mental Health Counselling

Substance Abuse Counselling

1.Marriage and Family Counselling:

People frequently face numerous issues in their marriages and families. These problematic individuals sometimes struggle to cope with their circumstances. As a result, they are always in conflict with their partners or family members. This is where marriage and family counselling comes in. To put it another way, it assists people with these issues. They put their trust in them and propose remedies to help them solve their problems.

2.Educational Counselling

A student who is fresh out of school or college is often clueless as to which career to choose. This is completely normal for kids of that age to feel like that. Furthermore, even working people can experience this feeling at times during their jobs. There's no need to be concerned. Educational counselling aids these individuals in deciding on a career choice. They hold lectures, orientations, or private meetings in which they explore their client's needs and provide solutions.

3.Rehabilitation Counselling

This is a sort of counselling in which the counsellor assists people with their emotional and physical problems. Furthermore, these counsellors teach these individuals how to live independently and find work. It assesses their patients' abilities and limitations. In summary, they support people in leading independent lives by guiding and assisting them.

4.Mental Health Counselling

Mental diseases have become increasingly widespread in recent years. People are more aware of the symptoms and are more likely to seek help from mental health professionals. Counseling for

mental health difficulties assists people in dealing with challenges that affect their mental health and well-being. Depression, PTSD, ADHD, Bipolar disorder, and other mental diseases are among them. This counselling focuses on these problems and assists in their resolution in order to live a healthier life.

5. Substance Abuse Counselling

Substance abuse counselling is a type of counselling that assists people in overcoming their drug and alcohol addictions by treating and supporting them. It assists people in discussing the origins of their addiction and getting to the bottom of the problem. As a result, the counsellor recommends coping skills that have a good impact on their life. They also give individuals with opportunities to practise skills and habits that aid in their recovery.

Finally, all sorts of counselling are equally important. They enable people to solve difficulties and live happier and healthier lives. There is no shame in seeking counselling because it only benefits an individual's development. Counseling also has the potential to save lives.

Counseling is a broad phrase that encompasses a wide range of life issues for which it offers a viable and long-lasting solution. Counseling has proven to be quite effective in treating a variety of issues, including low self-esteem, confidence, relationships, stress, trauma, and PTSD, as well as abuse in any kind, addiction, rage, loss, depression, and eating disorders. By actively and rationally listening to your difficulties, a professionally trained counsellor in specialised areas of therapy can help you cope with them in a more healthy way. If unaddressed, such issues can be detrimental to a

Abuse

Abuse is defined as wrong treatment or behaviour with the purpose of gaining advantage. Abuse can take many forms, including emotional, mental, physical, and sexual abuse in relationships, marriages, domestic life, between married couples, schools, workplaces, and other settings.

The abuser utilised his position of authority to dominate or control the victim. True, it might take a long time to recognise an abuse victim, and this has a significant detrimental influence on their lives. It can lead to major trust issues, low self-esteem, depression, and even suicidal tendencies later in life.

person's growth.

Addiction

Addiction occurs when a person develops a psychological and physical reliance on substances, drugs, or any activity such as smoking, sex, job, gambling, exercise, or shopping.

When a person's addiction begins to take control of their life, it causes warped thinking, life-threatening behaviour, and physical processes. Long-term substance misuse has been linked to impaired judgement, decision-making, memory, and behaviour control, according to studies. However, with the assistance of a trained counsellor, one can acquire long-term successful addiction

therapy and live a productive life.

It has also been observed that persons suffering from addiction are aware of their problems but unable to address them because chemical changes in the brain have resulted in an inability to control the impulse to use the substance, which has led to a slew of preventable illnesses and untimely deaths. As a result, the first step in treating any type of addiction is to recognise it and seek professional help from an addiction counsellor.

Anger management

It is critical to master anger before it masters us. While rage is a normal and healthy emotion, it also sends a message that the situation is distressing, unjust, and even dangerous.

Also, if you suffer from chronic anger and frequently display it in ways that injure yourself or others. And the truth is that you harm yourself more than others when you are angry. One can believe that expressing anger is beneficial, however this is only true if our anger is legitimate.

So, if you believe you have unmanageable anger issues, seek treatment from a certified anger management counsellor. Anger control can be achieved through psychotherapeutic programs that are specifically intended for this purpose. The therapist will sit and discuss with you to discover any self-defeating negative thoughts that are causing you to become angry.

Bereavement

Children and adults alike receive grief and loss counselling to help them cope with a big life transition such as the death of a loved one. When a grieving person avoids people out of shame or awkwardness, a grief counsellor's main function is to comfort them by understanding and listening.

While various people cope with loss in different ways, there is no one-size-fits-all moment when a person believes life is meaningless without the presence of a lost loved one.

And, because one tends to blame oneself, guilt can be a serious challenge in overcoming grief over loss. So, with the assistance of a qualified and certified grief counsellor, one can learn how to quit burdening one's life with sadness and instead live a fulfilling life.

Depression

When everything in life seems to be going wrong, depression sets in. Depression, often known as a mood disorder, is characterised by overt feelings of sadness, loss, or anger that interfere with a person's daily activities. It tends to rob a person of a significant portion of their life.

People are affected by depression in a variety of ways, and it gradually begins to interfere with daily tasks, resulting in lost time and lower productivity. It can also affect relationships as well as some chronic conditions.

Because depression is treatable, speaking with and receiving assistance from top depression counsellors in India is essential. Depression can be addressed with the correct assistance and

psychotherapy, such as cognitive behavioural therapy (CBT), interpersonal psychotherapy, and problem-solving treatment, to name a few.

Eating Disorders

Eating disorders are a more complex mental health condition that frequently necessitates medical and psychological care. The most typical indicators of eating disorders include inconsistent eating patterns, excessive stress, and body weight difficulties.

Some of the most common eating disorders are anorexia, binge eating disorder, bulimia, and compulsive eating disorder. They can affect both men and women, and they can appear at any age - childhood, adulthood, or old age. Despite the fact that every type of eating disorder is curable.

It's vital to remember that if the condition isn't treated, the repercussions and symptoms can be fatal, leading to anxiety, substance abuse, and even depression. A psychologist can assess the degree and complexity of the problem, as well as the underlying reason, and provide a detailed treatment plan based on the severity of the case.

Low self-esteem and confidence

Remember, low self-esteem and confidence issues are not your fault, and they can be overcome. Genes, cultural background, childhood experiences, and other life conditions such as abuse, bullying, harassment, or trauma can all contribute to a person's low self-esteem and confidence.

A qualified counsellor can help you get back on track and build confidence. If low self-esteem is causing mental health problems, it is time to get help from a skilled counsellor, as it can lead to anxiety and depression.

A counsellor can assist in identifying negative thoughts, challenging them, being kind to oneself, beginning to say no, focusing on what one is good at, and beginning to form constructive relationships.

Relationships

Couples counselling, divorce counselling, and difficulties surrounding sex, intimacy, and adultery can all be addressed with the guidance of a highly qualified counsellor.

Every relationship has its ups and downs, and these little concerns may be resolved with efficient communication. But what if the problems have been present for a long time and the couple has lost all respect for one another? What if, instead of a healthy debate, there are conflicts and arguments?

What if partner cheating?

You brawl in front of kids. These are symptoms that your relationship requires the assistance of a skilled couples counsellor who can effectively open doors of communication between you and your partner. If you're having trouble overcoming relationship tension and need a safe place to talk about your issues because abandoning the relationship isn't the only option, we can help.

Stress

Stress is the body's reaction to any threat. When you detect danger, whether real or imagined, your

body naturally defends itself by triggering an immediate flight-or-fight response, often known as a stress response.

A healthy level of stress keeps you focused, energetic, and alert. However, when it reaches unthinkable proportions and you become so accustomed to it that you believe it is the typical response, it begins to have a detrimental impact. It has a significant impact on us.

A counsellor can assist you in recognising the usual signs and symptoms of stress overload. Memory issues, inability to concentrate, poor judgement, seeing only the negative, despair, anxiety and agitation, moodiness, and loneliness are just a few of the symptoms to watch out for if you've been stressed. Aches and pains, diarrhoea or constipation, nausea, dizziness, chest pain, lack of sex desire, substance usage, and other symptoms might occur when one is stressed.

Trauma

While shock and denial are common immediate reactions, long-term effects include erratic emotions, flashbacks, strained relationships, and even physical symptoms like as headaches or nausea. And, in this case, if people are experiencing trauma, a psychologist can be quite beneficial.

It is critical to recognise that emotional and psychological trauma is natural in the aftermath of extremely stressful circumstances, to the point where it shatters one's feeling of security and makes one feel helpless in a dangerous environment.

A counsellor can also assist in dealing with lingering negative feelings, memories, and anxieties.

Rather than feeling numb, disconnected, and unable to trust others, it is critical that you seek treatment, since the more fearful and helpless you are, the more likely you are to be traumatised. Your trauma counsellor will assist you in combating negative thoughts, rebuilding trust, and regulating intense emotions when you attend trauma counselling.

Post-traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is another mental health issue that is frequently triggered by a horrific incident in the past, such as abuse, a shattered family, loss, divorce, and so on.

It can happen to someone who has either experienced it or who has simply witnessed it, such as during battle. Flashbacks, nightmares, and intense anxiety are all indicators of PTSD, as are uncontrollable thoughts about the event.

and, if people are having trouble adjusting or coping with the traumatic events that have occurred, it will take time and good self-care. Even so, if the symptoms worsen or last for months, if not years, and begin to interfere with daily functioning, you may have PTSD.

A competent psychologist should be consulted, since they can provide effective treatment that can greatly reduce symptoms and enhance function. So, if someone is experiencing intrusive memories, avoidance, unfavourable changes in thinking and attitude, and changes in bodily and emotional reactions, he or she is most likely suffering from PTSD.

Counseling is used differently depending on the person, situation, problem, and other aspects. Support, developmental, post-trauma, decision-making, crisis, and problem-focused counselling are some of the applications of counselling. Difficulties in relationships There are five main stages in counselling: disclosure, in-depth exploration, commitment, intervention, and evaluation. Based on the individual's mental health, the counsellor will recommend psychotherapy such as CBT or talk therapy.

Counseling's major purpose is to help clients make good behavioural changes, enhance their capacity to maintain relationships, improve their coping skills, and make better decisions. Relationship, trauma, PTSD, eating disorder, stress, anxiety, substance addiction, and more are three key categories of counselling under which we have different forms of counselling including educational, vocational, and personal growth.

Objective Type Questions

1. Counseling's goal is to the counselee in identifying and resolving his own issues on his own. (answer – **Assist**)
2. Counselee is the person who is undergoing counseling process. **TRUE** / False.
3. Counseling can take place individually as well as in group. **True** / False
4. Counseling psychologist must be a doctorate/ post graduate in psychology subject and must hold training or diploma in counseling. **True**/False
5. Knowledge of psychological testing, diagnosis and application of knowledge of counseling techniques is necessary for psychological counselor. **True** / False

Lesson 3: CHARACTERISTICS OF AN EFFECTIVE COUNSELLOR

Definition of Counselling:

Rogers (1961) defines the helping relationship as one "in which at least one of the parties has the intent of promoting the growth, the development, maturity, improved functioning, and improved coping with life of the other".

Counseling allows certified specialists to assist people who are dealing with grief, sadness, anxiety, addiction, relationship problems, and other common mental health difficulties. There are a number of qualities that a counsellor must possess in order to be effective.

The characteristics of an effective counsellor actually can be derived and judged from the ability in application of skills of counselling from the beginning stages of counselling to termination and follow up stage.

Characteristics of an effective Counsellor

Effective therapists have a distinct personality: They are aware of who they are, what they are capable of becoming, what they desire in life, and what is necessary.

Therapists who are effective respect and value themselves: They may give and accept affection and assistance based on their own self-worth and strength. They feel competent in the presence of others and allow others to feel powerful in their presence.

Effective therapists are willing to adapt to new situations: They show a desire and fortitude to leave the safety of the familiar if they are unhappy with their current situation. They make decisions about how they want to change and work hard to become the person they want to be.

Effective therapists make life-oriented decisions: They are conscious of their early choices about themselves, others, and the world. They are not victims of their hasty decisions, and they are willing to change their minds if necessary. Rather of settling for a mediocre existence, they are determined to living fully.

Authentic, true, and honest therapists are effective: They don't hide behind masks or fixed roles. They are the same person in both their personal and professional lives.

Therapists that are effective have a sense of humour: They have the ability to put life's experiences into context. They haven't lost their sense of humour, especially when it comes to their own flaws and paradoxes.

Therapists who are effective make mistakes and are willing to admit them: They do not casually disregard their mistakes, but they also do not choose to linger on them.

Effective therapists are usually present-oriented: They aren't stuck in the past, and they aren't focused on the future. They may be present in the "now" and experience it with others.

Effective therapists are aware of the cultural influence: They are conscious of how their own culture influences them, and they value the diversity of values held by different civilizations. They are aware of the distinct differences that exist according to social status, colour, sexual orientation, and gender.

Effective therapists are really concerned about the well-being of others: Respect, caring, trust, and a genuine value for others underpin this concern.

Effective therapists are able to communicate effectively with others: They can penetrate another person's world without becoming lost in it, and they endeavour to form collaborative partnerships with others. They are open to hearing other people's points of view and can work together to achieve common goals.

Effective therapists invest themselves in their profession and find purpose in it: They are not slaves to their work and can enjoy the rewards that come with it.

Effective therapists are enthusiastic about their work: They are courageous in pursuing their aspirations and passions, and they exude vigour.

Therapists that are effective are able to maintain healthy limits: Despite their best efforts to be fully there for their clients, they do not carry their clients' difficulties with them during their free time. They understand how to say no, allowing them to preserve a sense of balance in their life.

Personal 'fitness.' Lack of personal wants or irrational ideas that are harmful to counselling relationships, self-confidence, ability to bear powerful or uncomfortable feelings in relation to clients, stable personal boundaries, and the ability to be a client. Social bias, ethnocentrism, and authoritarianism are not present.

Technique mastery and know how: Knowledge of when and how to carry out certain interventions, ability to assess intervention effectiveness, comprehension of technique justification, and possession of a sufficiently broad repertoire of treatments are all required.

It is more appropriate to think of these areas of counsellor competence as part of a growth process rather than as permanent and static. It is stated that being a therapist is similar to embarking on a journey that begins in childhood and progresses through early experiences, training, and professional maturity.

CHARACTERISTICS OF EFFECTIVE COUNSELORS

The three main core conditions that Carl Rogers considered essential for effective counseling are:

- 1) **Unconditional positive regard**-Unconditional positive regard as a technique that involves showing complete support and acceptance of psychotherapy clients.
- 2) **Empathy**- The ability to understand and share the feelings of another.
- 3) **Congruence**- Congruence is a state in which a person's ideal self and actual experience are consistent or very similar. However, Rogers felt that it was rare for a complete state of congruence to exist and that all people experience a certain amount of incongruence.

1. Be organized

Excellent counsellors prioritise structure in their business, which makes providing effective counselling to new and existing clients much easier. clients will have peace of mind and confidence in counselling process because of the organisation of paperwork, scheduling, and careful storage of personal information. An effective and structured counsellor will experience a stronger sense of wellbeing and balance within themselves, which will enable space for a more effective counselling process, while also offering a greater sense of well-being to your clients.

2. Professional Ethics and professionalism.

A good counsellor must be able to understand their responsibilities as an ethical professional because of the power imbalance that can exist in therapy situations. In doctorate and master's degree programmes, courses devoted solely to ethics in healthcare, particularly mental health, will be given. Counselors who wish to study more about ethics outside of the classroom might use a variety of sites. Some of the instruments accessible include the American Counseling Association Code of Ethics, competencies, and mental health regulations.

3. Educate and keep learning:

If one decide to pursue a degree in professional mental health counselling, it is a wise option. It is one of the most important and necessary steps to becoming a successful counsellor. Counselor education, in addition to clinical counselling experience, permits mental health professionals to increase their field of practise. Attending a counselling conference, such as a conference or workshops on diagnosis, testing, and analysis, is another wonderful way to get knowledge. Work hard, ask a lot of questions, and obtain as much experience as possible when studying or being certified as a counsellor.

4. Be confident in your position and responsibility.

Whether been a certified professional counsellor for 20 years or are just starting out, one must have faith in your work. When a client comes to you for assistance, make sure to put your education and expertise to good use. Clinical supervision is also recommended and required to maintain competency and to examine circumstances that may arise in practise and lead to additional knowledge and confidence in the application of counselling abilities.

5. Maintain a respectful and nonjudgmental attitude.

"Counselors are conscious of — and avoid imposing — their own values, attitudes, beliefs, and behaviours," according to the ACA Code of Ethics (A.4.b). You must respect each client's beliefs and struggles as a counsellor, and you must never assert your own personal values or ideas. To strengthen the therapeutic connection, self-disclosure must be done responsibly and only when necessary. One of the strongest determinants of success, according to research, is the therapeutic alliance or therapeutic relationship. Trust, agreement on therapeutic goals created together on a treatment plan, and a collaborative approach to achieving those goals are all common characteristics of a healthy counsellor.

6. Understand the importance of communication.

Every client is unique; some may take some time to warm up to, while others aren't hesitant to share their life story right away. A good counsellor understands that each client's message needs to be tailored to them. Interpersonal abilities extend beyond the confines of therapy. Consider race, culture, and background differences, as well as personal biases that may obstruct or create barriers in the therapeutic partnership. When there is a cultural difference, this characteristic can be combined with the ability to educate oneself, and one can seek out the necessary clinical supervision or participate in an education training to gain the necessary education to effectively communicate with clients who may have different beliefs or cultural experiences. If the communication barrier persists despite seeking supervision and extra training, a good counsellor should consider making a more appropriate referral outside of their own practise.

7. Have a flexible attitude.

When working as a counsellor, you must be flexible in order to interact with clients that are unpredictable. Some clients may be late or cancel, as well as those who require an emergency session. To guarantee that your clients feel comfortable and understood, a good counsellor must have a flexible attitude and unconditional positive respect, which is beneficial for the development of the therapeutic relationship.

Qualities of a Good Counsellor:

1. Ability to communicate

Communication abilities will be crucial in your client relationships. Patients should be able to trust you to listen and deliver professional advice as a result of your communication.

2. Patience

As a counsellor, patience will become a valuable asset. As a counsellor, you must have the patience to guide people through their difficulties so that they can achieve a healthy lifestyle.

3. Confidence

Counselors must have faith in the services they give and the methods they use to assist clients. Knowing everything there is to know does not imply certainty. It does, however, imply knowing how to assist your clients and arriving at each session with a strategy and confidence in your knowledge.

Non-judgmental \s. If the client feels judged, it might be difficult for us to make progress together as a counsellor and client.

4.Observant

Your talents of observation, on the other hand, can assist you in filling in the blanks and identifying ways to further assist your clients. Learning to read body language, such as indicators of substance addiction and signals of domestic abuse, can give you significant information about your client.

5.Ability to Listen

Knowing how to sit and genuinely listen to what your client has to say can assist you and the client build trust and understanding. The patient will feel at ease and will be able to express their feelings, thoughts, and experiences. As a listener, you can obtain information that can assist you better understand your customer.

6.Trust

As a counsellor, you must demonstrate your dedication to assisting your client by employing effective listening skills, establishing a friendly environment, and displaying your commitment to them. Demonstrating your regard for essential ideals like confidentiality and demonstrating that they are important to you can also assist to develop trust.

7.Respectful

You should also work on demonstrating to your clientele that you value them as individuals. Although you may not be able to prevent a person from being humiliated by their acts as a counsellor, your response to such instances, as well as displaying respect regardless of their faults, can assist them in moving over their shame.

8.Acceptance

You must also show an open and receptive approach toward your customers as a counsellor. Accept them as they are and demonstrate that we wish to assist them in their recovery.

10.Self-aware

You must also be mindful of your own challenges as a counsellor. Many counsellors claim that their own personal experiences inspired them to pursue a career in counselling; therefore, understand how you may use your own personal experiences to strengthen your own profession rather than allowing them to become a problem.

11.Recognizing and appreciating differences

They will most likely come from a variety of cultural, ethnic, and socioeconomic backgrounds. Gender expression and identification, as well as sexuality, will be brought to

your attention. You must be accepting of this difference as a counsellor. Being appreciative of this diversity will enable you to be open and welcoming of each client, allowing you to provide them with the care they require.

12. Empathetic

While maintaining limits is crucial, show your clients that you care about their predicament by expressing sympathy and empathy. Demonstrate your commitment to assisting them in overcoming their difficulties so that they can achieve a healthier position.

Lesson 4: COUNSELLING SKILLS

The counselling skills play very important role in each every step of counselling process. The counsellor when taking up a client, first tries to understand the problem. For this the counsellor may make use of psychometric tests or psychological tests as and when required. The tests need to be organized and administered. Sometimes personal or group tests can be used based of the type of counselling, as it can be individual or group counselling process.

The analysis of results, assessment of the person and the problem, understanding the depth and nature of the problem, planning by isolating the most prioritised problem, planning the sessions by discussing with the client, recording the process, termination, or re-planning the sessions after evaluating the results, all this process needs mastery of skills, which will be acquired by the counsellor by experience and also by qualification and training.

What are counselling skills?

A counsellor's interpersonal and technical abilities are used to better comprehend and listen to their clients. A counsellor uses these abilities to assist a client in overcoming problems that are stopping them from living a happy life. These abilities aid in the development of rapport, the establishment of trust, and the assurance that your clients are heard and understood.

What are the three core counselling skills?

Counsellors need to use a wide variety of skills, but here are the three core skills they must possess:

1. Listening

. It is one of the most crucial abilities for a counsellor to possess. Listening is more than just paying attention to what your customer is saying; it also includes observing what he or she is saying.

The following are the two most important aspects of listening:

Verbal listening is the vocal proof that you are paying attention to your client's issues or problems. It's a good idea to use verbal signals or affirmations like "I understand**," "Go on," "***I see," "I agree," or repeating crucial points that your client said to make them feel at ease and indicate that you're paying attention.

Active listening is defined as paying full attention to what the client is saying, understanding their message, comprehending information, and responding wisely.

2. Self-awareness

Counselors should be aware of how their body language, gestures, and facial expressions influence a client's readiness to divulge personal information.

Focus on the following tactics to avoid showing signals of boredom or frustration by accident:

Maintaining eye contact with a client shows that you are paying attention to them and giving them your full focus.

Body language and gestures: If you want to create a professional relationship with the speaker, your body language and gestures say a lot. Disinterest can be conveyed by swaying restlessly and sitting with crossed arms. As a result, improving your body language and gestures is essential if you want to be a successful counsellor.

Your facial expressions can assist you in creating a welcoming, friendly, and supportive environment for your client. To develop trustworthy relationships, avoid sitting with a frowning face and instead grin warmly.

3. Communication

It's not always what you say that affects your client's comfort level; it's sometimes how you say it. A counsellor can better handle a client when they react to their query with clarity in their thinking. As a result, one of the most important skills of a counsellor is the ability to clearly communicate your thoughts to the client.

Other talents that can assist you in becoming a competent counsellor include:

4. Questioning

You must ask pertinent questions in order to comprehend your client. To interpret what a client is saying, a therapist should use both open-ended and closed-ended questions. Open-ended questions, on the other hand, can help you acquire complex and thorough information, and closed-ended questions can assist you get particular responses.

5. Observation

Being able to watch a **client's nonverbal behaviour can help you gain a deeper understanding** of them. When a client is asked a question that they are uncomfortable answering, they are inclined to glance away, lower their eyes, and lower their head. Observing such behaviours with care can help a therapist better comprehend a client's mental condition.

6. Ability to take notes

The ability to take organised notes during a counselling session can assist you **in recording significant points**. For in-depth examinations of the client's condition or problem, you can always refer to these notes.

7. Patience

Patience is one of the most important qualities you have when working with clients. The results may take many days or months to appear. Employers favour people who demonstrate patience while hiring for a counsellor position.

8. Empathy

Understanding the client's problem from **their point of view is a necessary ability**. Empathic counsellors can swiftly assist a client in resolving their issues.

9. Respect for confidentiality

The counselling process involves taking full information necessary from the client. That gathered information helps the counsellor to provide better service to the client. Such information is revealed to the counsellor, in order to get help or guidance, or help self through the counsellor. So that information is need based and it is personal information of the client. So the counsellor must keep this information very confidential on humanitarian grounds. Sometimes the information if leaked to others, either to authorities where the client is working or in his family, the client may face severe legal or personal problems. So it is very important for the counsellor to maintain confidentiality.

10. Interpretation

The ability to make inferences beyond what a client says can aid a counsellor in comprehending the issues that the client is dealing with. One can also assist the client to have a more favourable perception of their experience by using interpretation.

11. Trustworthiness

Clients are less inclined to reveal their concerns and personal details with a counsellor unless they trust them. As a result, you should be skilled at establishing and sustaining client trust.

Skill learning is different from theory learning.

Knowledge is information acquired through sensory input: Reading, watching, listening, touching, etc. The concept of knowledge refers to familiarity with factual information and theoretical concepts. Knowledge can be transferred from one person to another or it can be self acquired through observation and study.

Skills, however, refer to the ability to apply knowledge to specific situations. Skills are developed **through practice, through a combination of sensory input and output**. As an example, **social skills are developed through interaction with people by observing, listening, and speaking with them. Trial and error is probably the best way to achieve skills mastery.**

To make it simple, knowledge is theoretical and skills are practical.

You can know all the rules of a sport, know all the teams and all players, know all the statistics, but this only makes you knowledgeable about this sport; it does not make you any good at it. To become good at a sport you must play it, practice its techniques, and improve your skills through experience. You don't need to know all the teams or all the players to practice a sport and you can easily learn the rules as you play, through trial and error.

The same applies Professional Counsellor: One can know a lot about a subject matter, but might not have the skills required to apply that knowledge to specific tasks, since knowledge does not provide skills.

However, developing skills normally provides some knowledge, as practicing those skills results in sensory inputs. As an example, an aerospace engineer may know a lot about avionics and flight theory, but this alone does not make him an aircraft pilot.

On the other end, an aircraft pilot only requires a minimal level of knowledge about avionics and flight theory in order to be able to fly the plane, and this knowledge will continue to increase as he gains experience flying a simulator or an actual plane.

Developing Skills

As a result, more lectures aren't required to properly prepare folks for a desired performance. **More practise is what they require.**

Why are so many learning professionals still using lectures, online presentations, and other theoretical content to address performance gaps?

People must be given opportunities to undertake the behaviours required to obtain a desirable level of performance at a task so that they can improve their performance until they master it. While much of what is referred to as training is really information dump, it is unsurprising that such training programmes fail to produce outcomes. **Activities, situations, and simulations should all be a part of training.** When training consists solely of lectures, presentations, and exams, we end up with people who know a lot of information but are unable to use it effectively.

Of course skills can be developed more easily if one has prior knowledge of the task to be accomplished:

Practice is the only way to develop skills: The more you do something, the better you get at doing it. So attending workshops in counselling arranged by university, experts, taking practical classes seriously, writing records of psychological testing, doing case studies,

working under an expert counsellor, attending inservice training programs, working in different fields like special schools, mentally ill clinics, undergoing apprenticeship in counselling centres are some of the methods to acquire counselling skills.

How to improve counselling skills

1. Conduct mock counselling sessions

Conducting a practise counselling session with a friend or family member might help enhance these skills. Request that they act as dummy client, and that you conduct counselling and record the meetings. One can go back over the recording after the mock session to see where one can improve and ask friend what they liked and disliked about it. Make use of this constructive feedback to improve your abilities.

2. Hire a mentor

By having a mentor, one who is experienced counsellor. Consult them and learn about counselling techniques that will help better understand clients and deal with their issues.

3. Take part in job shadowing

It's an excellent approach to learn about a counsellor's obligations, talents, and duties. Select an experienced therapist and observe them as they provide care to their patients. one can learn how these professionals deal with emotional outbursts and how they try to fix a client's situation by shadowing them. It also allows to monitor and study the counsellor's body language and facial expressions when interacting with customers.

Counsellor skills in the workplace

Here are a few examples of how one can put counselling skills to use in the workplace:

Client information should never be shared or discussed with co-workers. Never share, discuss, or divulge any information about a customer to protect their privacy. When seeking the opinions of colleagues on a specific matter, try to generalise the case rather than divulging the client's facts.

Clients should never be asked for personal information. Instead of asking too many useless personal questions, attempt to construct a dialogue around what the client says to build trust and ensure that they readily reveal their difficulties with us. Wait for the client to provide with information.

Pay attention to body language and facial expressions of self. Maintain a friendly smile and expression to persuade them that they have whole attention and that are paying attention to them.

Examine the notes from the client. Always go through the prior session's notes for a specific client when preparing for an upcoming session. It aids in the recollection of knowledge and allows y to pick up where you left off in the last counselling session.

OVERVIEW OF THE MICROSKILL MODEL OF COUNSELLING

STAGE COUNSELLOR'S Wise Skill - COUNSELLEE'S TASK

1. Acquainting - Associating
2. Observing - Manifesting
3. Founding - Involving
4. Diagnosing - Investigating
5. Pacing - Exploring
6. Personalizing - Understanding
7. Reframing - Reorienting
8. Initiating - Acting
9. Evaluating - Reviewing

Counselling is based on number of principles. These principles are:

1. Counseling is a method. Counseling is a process, and it is important for the counsellor to recognise that it is a gradual one. Failure to grasp this will lead to frustration and disappointment.
2. Everyone can benefit from counselling.
3. Counseling is founded on a set of basic assumptions.
4. Every person on this planet is capable of adopting personal responsibility. Tests can be conducted to know clients abilities in this regard.
5. Based on the principles of free will, every individual has the right to choose his or her own path.
6. The counsellor does not take away one's right to choose; rather, he or she facilitates it.
7. The counsellor should treat the individual with respect and accept him or her for who he or she is.
8. Counseling is not the same as offering advise; it is thinking with the client rather than for the client. Counseling is with the purpose of enabling the client to think critically.
9. Counseling is not the same as problem-solving. The counsellor only supports the individual in finding a solution on his or her own.
10. Counseling is not an interview, but rather a conversation with the client to assist him or her gain self-awareness.
11. The counsellor must get the client ready to accept criticism, including self-criticism.
12. The counsellor's role is limited to that of a facilitator or catalyst. He cultivates an environment that is both permissive and non-threatening.
13. Counseling is best described as a method. Counseling entails a series of recognisable events spread out over a period of time. Individuals differ in terms of the amount of

time it takes, the sequence of events and dynamics involved, the nature and scope of exploration, and so on. However, each of these counselling processes has a set of basic stages that must be completed.

HIV/AIDS Counseling

AIMS of HIV/AIDS counseling

Counseling in HIV and AIDS has become a core element in a holistic model of health care, in which psychological issues are recognized as integral to patient management. It concentrates specifically on emotional and social issues related to possible or actual infection with HIV and to AIDS. With the consent of the client, counseling can be extended to spouses, sex partners and relatives (family-level counseling, based on the concept of shared confidentiality). HIV counseling has as its objectives both prevention and care (UNAIDS Technical Update, Geneva, 1997).

HIV and AIDS counseling can have two general aims:

- 1) Prevention of HIV transmission.
- 2) Provision of counseling services to the AIDS patients and their family.

Prevention of HIV Transmission

It is vital that HIV counseling should have these dual aims because the spread of HIV can be prevented by changes in behavior. One to one prevention counseling has a particular contribution in that it enables frank discussion of sensitive aspects of a patient's life-such discussion may be hampered in other settings by the patients' concern for confidentiality or anxiety about a judgmental response.

Also, when patients know that they have HIV Infection or disease, they may suffer great psychological and psychological stresses through a fear of rejection, social stigma, disease progression, and the uncertainties associated with future management of HIV.

Good Clinical management requires that such issues be managed with consistency and professionalism, and counseling can minimize both morbidity and reduce its occurrence. All counselors in this field should have formal counseling training and receive regular clinical supervision as part of adherence to good standards of clinical practice.

Thus prevention will include in the first place, creating awareness among the public about the HIV/AIDS. Then, after a person is infected with HIV, prevention can focus on providing counseling to the person on how to live his life being a HIV carrier.

General Awareness

A public awareness is the need of the hour to control the spread of this serious infection and disease which has physical, social, emotional and occupational implications. The behavioral changes that minimize the risk of developing AIDS are fairly straight forward, although making the changes is often more easier said than done (Coastes and Collins). The more sexual partners a person has the higher the risk that he or she will be exposed to the HIV Virus. Thus, people can reduce their risk by following the practice of safe sex and being careful in matters of blood transmission, use of syringes etc.

Counselling can aim at the following points to spread the awareness about HIV/AIDS:

- Determining whether the lifestyle of an individual places him or her at risk.
- Behavior that put people at risk for AIDS/HIV
- Helping to identify the meanings of high risk behavior
- Information about myths and facts for HIV/AIDS
- How AIDS/HIV is transmitted
- Civic right issues related to HIV/AIDS
- Prevention and treatment for HIV/AIDS

Counseling to HIV affected persons

Diagnosis of HIV infection brings with it profound social, emotional and medical consequences. The adjustment to HIV infection involves constant stress management in family life and work place. The counselor need to be very sensitive about the feelings of the patients and should have empathic and positive attitude towards AIDS patients. A good rapport must be made which will help in breaking the diagnostic news of HIV in a positive way. The counselor must discuss and remove the misunderstandings about HIV transmission.

Victims of HIV usually believe that nothing can be done now. These people have to be helped by developing a strong self-image, to cope with the hard ship of life without taking recourse to faulty methods of finding happiness or depression. Counseling should be given to prevent further deterioration or onset of full blown AIDS, so as to remain healthy and live longer, by taking good personal care in terms of food, medicines etc.

People are likely to be distressed when informed that they are HIV positive. The primary challenges that they face are a changed new life style that have to follow such as accepting the possibility of shortened life span: coping with stigmas attached to the illness; reactions of others: coping with personal relationships, adopting method to remain emotionally healthy:

initiating changes in behavior to prevent HIV transmission. Therefore behavioral and psychological services are an integral part of health care for HIV infected people.

Coping strategies give below may be suggested:

- Using counseling
- Problem solving
- Participation in discussions about treatment.
- Using social and family networks
- Use of alternative therapies, for example relaxation techniques, massage
- Exploring individual potential for control over manageable issues
- Disclosure of HIV status and using support options

The following are the different psychological responses to a HIV positive test result

Shock is seen in terms of diagnosis, recognition of morality, loss of hope for the future etc.

Fear and anxiety is a common feature which is seen in terms of uncertain prognosis, effects of medication and treatment/treatment failure. Isolation and abandonment and social/ sexual rejection, infecting others and being infected by them partner's reaction etc.

Depression is seen in adjustment to living with a chronic viral condition, absence of a cure, limits imposed by possible ill health, possible social, occupational, and sexual rejection if treatment fails etc.

Anger and Frustration is expressed over becoming infected, having to adopt new and involuntary health/lifestyle restrictions, incorporating demanding drug regimens, and possible side effects.

Guilt is the result of interpreting HIV as a punishment: for example, for being gay or using drugs, over anxiety caused to partner/family.

Counseling patients and partners together:

Counseling can also be offered to patients and their partner together. This should only take place with the patient's explicit consent, but it may be important for the following reasons:

- Adjustments to sexual behavior and other lifestyle issues can be discussed and explained clearly to both.
- If the patient's partner is HIV negative (i.e. a serodiscordant couple) particular care and attention must be paid to emotional and sexual consequences in the relationship.

- Misconceptions about HIV transmission can be addressed and information on safe sex given.
- The partner's and the patient's psychological responses to the diagnoses or result, such as anxiety or depression, can be explained and placed in a manageable perspective.
- There may be particular issues for couples who have children or who are hoping to have children or where the woman is pregnant.

Counseling the AIDS Patients and Family

AIDS is the final stage of HIV infection process, typically manifested about 7-10 years after the original infection (Carey & Vanable, 2002). With onset of AIDS, one is left virtually defenseless against a host of opportunistic infections agents. The stages of AIDS/HIV and its treatment are divided into three parts where the counselor should be very vigilant.

The first stage is known as asymptomatic stage, second is known as symptomatic stage and third is known as end of life stage.

- **Asymptomatic stage:** At this stage the counselor must remember to treat the patient on food nutrition, support, treatment with antiretroviral drugs prevention of onward transmission.
- **Symptomatic Stage:** At this stage the counselor must remember to help the patient on management of nutritional effects: treatment of HIV related infections, medical care and psychological support.
- **End of Life stage** In this stage, the counselor's role is very important because the counselor not only helps the patient but the family also. As the patient and family is under depression and grief. The counselor should make the patient emotionally strong for the trust(death) and prepare him for death by which, he/she not only enables the family to accept the fact of life but also help the patient to live the remaining life to the fullest.

Anxiety Counseling

People with anxiety tend to react to unpleasant thoughts, feelings and situations in a more extreme way and may try to manage those reactions by avoiding triggers. Unfortunately this type of avoidance only serves to reinforce fear and worries.

The goal of therapists approaches is to help you understand why you feel the way you feel, what your triggers are and how you might change your reaction to them. Some types of therapy even teach practical techniques to help reframe your negative thinking and change behaviors.

Cognitive behavior therapy : Is the most widely used therapy from anxiety. The goal of CBT is to identify and understand your negativity thinking and ineffective behavior. Patterns and replace the an with more realistic thoughts and effective actions and copying mechanism. Once you start to recognize your anxiety and your triggers, you can learn to apply the copying skills that you learn in CBT to mange fear panic and worries.

Exposure Therapy:

The basic premire behind the exposure therapy is that if you are afraid of something, the best way to conquer it is head-on i.e. is called the **systematic desemimization therapy**.

There are 3 steps

1. Relax: Practicing relaxation training i.e., deep breathing meditation, guided **immafery** and etc
2. List: Creating list of anxiety provoking triggers ranking them in terms of intensity.
3. Exposure: Gradual Exposure

Imaginary Exposure: Imagining anxiety provoking object

Virtual Reality Exposure:

Dialectical behavioral therapy:

DBT focuses on developing a dialectical (opposite) outlook, acceptance, and change

It is loving yourself and while trying to change yourself for better. It teaches 4 powerful skills like

- Mindfulness
- Distress Tolerance
- Interpersonal effectiveness
- Emotional regulation

Art Therapy:

It is a non verbal experience oriented therapy. It involves either using visual art (painting, drawing, sculpture) to express and process emotions or using art to practice mindfulness and relaxation

Interpersonal Therapy: (IPT)

Focuses on social roles and relationships. Therapist tries to identify the interpersonal issues like unresolved grief, conflicts with family or friends, change in work or social roles and problems relating to others. The healthy way to express emotions and effective communication methods are trained.

Child Protection and Child Rights Counseling

India a part to the UN declaration on the rights of the children in 1959. Accordingly it adopted a national policy on children in 1974. In order to ensure child right to practices and in response to Indian commitment to UN declaration to this effect, the government of India set up a national commission for protection of child rights (NCPCR). This commission is a statutory body notified under the act of parliament on December 29, 2006. NCPCR emphasizes the principle of universality and inviolability of child rights and recognizes the tone of urgency in all the child related policies of the country. India is also a signatory to the world declaration on the survival, protection and development of children.

Children Rights:-

Children rights and human rights that apply to all human being below the age of 18. According to the united national convention on rights of child (UNCRC) all persons below the age of 18 irrespective of race, color, gender, language, religion, origins, wealth, birth state or ability to apply to all people.

The four manor rights of every child are right to survival, right to protection, right to participation, right to protection, right to participation, right to development.

Along with this in India they have right to equality, right against dishimation and etc others.

Child Protection: -

UNICEF considers child protection as the prevention of or responding to the incidence of abuse, exploitation, violence and neglect of children.

Research documentation and interventions by government and the civil society groups in the past have clearly brought for the some of the child protection issues that deserve special attention.

1. Gender
2. Caste dissemination
3. Disability
4. Female feticide
5. Infanticide
6. Domestic violence
7. Child sexual abuse
8. Child marriage
9. Child labor

10. Child prostitution
11. Child sacrifice
12. Child trafficking
13. Corporal
14. Punishment
15. Examination pressure and student suicide
16. Natural disasters
17. War and conflict
18. HIV/AIDS

Child Rights Counseling:-

All children are vulnerable that means a child who is unable to protect themselves. The children's vulnerability comes from various factors like age, physical disabilities and mental disabilities, powerlessness, defenselessness, passivity, invisible ways.

The vulnerable children are those who are susceptible to abuse, exploitation and neglect. Child protection is derived out of the duty to respond to the needs of vulnerable group of children.

Counseling to child abuse:-

The growing complexities and challenges of life coupled with changes in socio economic conditions of people have played a major role in increasing the vulnerability of children to various forms of abuse. It includes to physical, sexual, emotional mistreatment or neglect of children. Child abuse has serious physical and psycho social consequences which adversely affect to health and the overall wellbeing of a child.

Counseling : Counseling to children who experienced abuse can be provided in the following ways.

Using profess : The abused child dramatize trauma and abuse by symbolically setting up fantasy world, using structured or instructed play situations, artwork, music, puppets or clay.

As the relationship between counselor and child matures, the child senses unconditional acceptance and begins to build new worlds, that offer hope and promise.

Educating caregivers: Ones the counselor has a solid understanding of the child's issues and needs, and then educating the child's caregivers becomes infoerative. The counselor becomes a teacher as well as a therapist, advising the child and caregivers about the course of recovery, which challenges both the child and caregiver at each major developmental stage – school, ferns, self sufficiently and parenting.

Street Children : Street children who live on the street by themselves or in groups and have remote access or contact with their families in the villages. Some travel to urban areas to work and return to villages. Children who have no ties with their families such as orphans, refugees and runaways.

Counseling to street children_: Street children have many problems related to substance use and sexual and reproductive health including HIV/AIDS and others STD.

1. As a street educator the interventions with implementing will focus on changing or influencing the life of the street child.
2. Interventions should aim at providing information, building basic skills, providing counseling, improving access to health services, creating a more positive and safe environment and involving the street children themselves in various activities.
3. Five skills like
 - Being assertive: Ability to say “no” to sex or substances.
 - Negotiate – Ability to discuss and get others to agree thoughtfully critically developing self awareness and self esteem making and building friendships are some of the skills in which the training is given.

Disability Counseling: Disability in children – Physical as well as mental disability leads to neglect and abuse of children.

There are different services linked therapeutic behavioral services (TBS). Behavior live coaching, transitional youth program. Behavioral consultations and family support and education services to counsel the children with disability

Drug addiction: Counseling plays an important role in drug addiction. It aims at cognitive understanding the problem and solution, Behavioral making new habits more comfortable than the old destructive habits. Family systems realizing the dynamics formed in childhood that affects adult actions and involving family members to strengthen new response pattern.

Thus counseling helps the abused children suffering with anxieties, street children, disabled children and children with drug addiction.

Lesson 7: Procedures in COUNSELLING PROCESS

Initial Stage: Client self-exploration

Clients are encouraged to explore themselves here, and their problems are addressed. The general counselling goals are formed, as well as the working alliance. The counsellor also arrives at some initial hypotheses about the nature and complexity of the problem by gathering information and observing the client. Psychological exams, questionnaires, inventories, and other evaluation tools are commonly employed to aid with these judgments.

The initial stage is sub-divided into (a) first interview and (b) initial counselling sessions.

First Interview

Its main goal is to lay the groundwork for a productive working relationship. This is the most difficult stage. The client comes to the counsellor with a sense of ambiguity and confusion. Counselors demonstrate their understanding and acceptance of the client, as well as their genuine interest in his situation, through their words, facial expressions, and overall behaviour. Simple courtesy, such as sitting clients comfortably and not interrupting phone calls, are critical in building rapport. During this interview, the counsellor must make an educated guess as to whether or not the task at hand falls within his area of expertise. If not, the customer must be referred to an appropriate professional agency.

Clients should be informed about what to expect from counselling and what they hope to achieve. Confidentiality, privacy rights, and other ethical and legal issues must be addressed. Discussions about the length of sessions, payment of fees, and scheduling mutually convenient meeting times are also taking place right now.

Initial Counselling session/ Assessment

The counsellor mostly listens to the client's worries and promotes the expression of sentiments without interrogating them excessively. As a result, information is obtained by active listening, paying attention to the client's self-talk, and observing his body language and other behaviours, which will be used later in more in-depth examinations. Non-threatening questions can help clients who are having trouble expressing themselves.

Middle Stage: Deeper exploration and Analysis

This stage is distinguished by a shift in the counsellor's focus from the client's exterior problem to his interior concerns, and from the cognitive to the emotional levels. As a result, the client's feelings are gradually revealed. Counselors dig deeper with clients, confronting them with inconsistencies, stronger interpretations of their comments, and so on. Some

counsellors utilise additional tests at this time to delve deeper into the client's cognitive or personality functioning. As clients' disclosure and awareness expand, counsellors and clients create emotional exchanges like as transference, counter transference, resistance, and so on. Experts believe that these are ubiquitous occurrences in all counselling partnerships, despite their psychoanalytic roots.

Final Stage: Implementation of goals through action

Clients would have started acting on reality at this point. They become more self-aware, forceful, and honest, and they begin to apply these traits in everyday situations. This is a stage in the process where knowledge is put into practise. The focus is on changing behaviour, attitudes, and abilities, which are set as goals in the beginning phases. Specific tactics such as role acting behaviour, rehearsal, assertiveness training, and others are utilised to help persons who put off making decisions.

Termination & Follow up

If the initial objectives are met, the project will be terminated. If the counsellor believes the matter has been resolved, he may bring it up again. Alternatively, if the client is certain that he has recovered, he may bring up the subject. Termination will take place if the counsellor agrees. However, the counsellor must be aware of the likelihood that due to a lack of development, an effort to terminate will be made. He should also be aware that clients signalling termination is a sign of resistance that should be treated with caution. If the termination is reasonable, the counsellor should use the last few sessions to wean the clients off of the counselling. They frequently experience a resurgence of symptoms, such as grief, sadness or separation, and worry. So the therapist observe for 2 to 4 weeks following the final session, can schedule a formal follow-up counselling session. This gives the counsellor and the client enough time to assess how things are progressing outside of session. Clients should be comfortable that if the need arises, they will be able to seek additional counselling services. They should also explain how they might seek these services in the future in a friendly manner.

Students learn the practical methods of counselling only by involving in the process.

Report writing by doing a case study helps students to acquire practical experience

How to initiate and how to terminate the counselling, the entire process can never be same for all clients.

The client and the counsellors have unique processes during counselling, but the experience definitely helps to be a successful counsellor.

To become a counsellor, first step is to be a counsellor practically than theoretically.

In initial stages taking help from senior counsellors will help a lot and it boosts confidence levels.

Factors Influencing counseling Process

The counseling process is influenced by several factors. The counselor need to know these so that he can help it be to make the counseling time a productive one both for the client and counselor. The major factors which influence the counseling process are as follows.

Structure

Structure in counseling is defined as the "joint understanding between the counselor and client regarding the characteristics, conditions, procedures and parameters of counseling" (Day & Sparacio, 1980). It helps in clarify the counselor client relationship and the give it direction. It protects the rights, roles and obligations of both counselors and clients and ensures the success of counseling.

Structure is provided throughout all stages of counseling but is specially important at the beginning. Its importance is most obvious when the client arrives for counseling with unrealistic expectations or with no idea what to expect. Counselors need to stay flexible to stay flexible and continually negotiate the nature of structure with their clients.

Initiative

Initiative can be thought of as the motivation to change. Majority of the clients who visit the counselors are relevant to some degree. Such client's lack initiative. Some counselors become impatient, irritated and insensitive and may ultimately give up trying to work with such clients. A role reversal exercise can help the counselor to understand the mental state of the involuntary, reluctant and resistant client.

A reluctant is one who has been referred by the third party and is frequently unmotivated to seek help. They do not wish to be in counseling, Many reluctant clients terminate counseling pre maturely and report dissatisfaction with the process.

A resistant client is one who is unwilling or opposed to change. Such an individual may actively seek counseling but does not wish to go through the pain that change demands.

There are several ways in which counselors can help clients to win the battle for initiative and achieve success in counseling. One way is to anticipate the anger, frustration and defensiveness that some clients display. A second way is to show acceptance, patience, and understanding as well as non judgmental attitude. A third way is to use persuasion and the fourth way is through confrontation.

Setting

Counseling can happen anywhere, but some physical settings promote the process better than others. Among the most important factors that help or hurt the process is the place where the counseling occurs. The room should be comfortable and attractive with soft lighting, quiet colors, an absence of clutter, and harmonious and comfortable furniture. The professional generally works in a place that provides privacy, Confidentiality, Quiet and Comfort. When working with a client, the counselor must want to send a message that he is listening. This can be done by being attentive both verbally and nonverbally. A distance of 30 to 39 inches is the average range of comfort between counselor and clients of both genders.

In addition to the above arrangements the counselors should not be interrupted during sessions. The counselor should keep in mind the SOLER technique. SOLER is an acronym which serves to remind the counselors how to listen:

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 and with your hands folded, one over 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 suggests 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 the counselor incorporates these skills into the attending listening skills, relax.

Client Qualities:

Counseling relationship starts with first impressions. The way the counselor and the client perceive one another is vital to the establishment of a productive relationship. Counselors generally like to work with clients who are most like them. They are influenced by the physical characteristics of one's best work to all clients.

The client: Client come in all shapes and sizes, personality characteristics and degree of attractiveness. The most successful candidates are said to be YAVIS: Young, Attractive, Verbal, Intelligent, and Successful(Schofield,1964) . Less successful clients are seen as HOUND: Homely, Old, Unintelligent, Nonverbal, and Disadvantaged,; or DUD: Dumb, Unintelligent and Disadvantaged(Allen,1977).

A counselor must consider a client's body gestures, eye contact, facial expressions and vocal quality to be as important as verbal communication. Cultural background of the client should keep in mind while evaluating the non verbal communication.

Counsellors Qualities

The personal and professional qualities are very important in building up relationship with the client. Okun(1992) lists five important characteristics that counselors must possess:

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

Clients depending on their culture initially like to work with counselors who are perceived as Experts, attractive and Trustworthy. Expertness is the degree to which a counselor is provided as knowledgeable and informed about his or her specialty. Attractiveness is a function of perceived similarity between a client and a counselor. Counselors can make themselves attractive by speaking in clear, simple sentences and offering appropriate self disclosure. Trustworthiness is related to the sincerity and consistency of the counselor. The counselor is genuinely about the client and shows it over time by establishing a close relationship with the client

Lesson 9 -Counseling – Rapport building and Trust development

To work well with a client establishing rapport with him is the most important aspect of counseling, whatever is the modes of counseling.

Rapport means “Act of having connection with the client that creates a climate of Trust and Understanding”.

Rapport will be helped and facilitated by how the counselor manages their own feelings towards the client without a sense of rapport; he will be unlikely to be able to work well with the counselor. To establish rapport with the client following are the some of aspects to be followed.

The counselor to be unrushed, calm, ready and prepared to be there for the client putting their own issues and problem out of the way, for the duration of the session

- Make a safe trusting environment by setting a clean uncluttered and pleasant environment.
- Counselor to be empathetic and non Judgmental
- Be patient
- Allow the client to appear smart and insightful
- Avoid behavior that is humiliating the client such as pointing out flaws etc.
- Put the counseling ego on back
- Show concern for and awareness of the clients feelings
- Find way to make the client feel at ease
- Use non verbal cues that convey warmth and understanding
- Break the ice with small task
- Integrate humor in to the conversations as appropriate
- Show empathy and compassion especially when the client is distressed
- Avoid being judgmental
- Treat the client as a collaborator in the treatment process
- Foster the clients sense of self efficacy
- Use reflective listening and paraphrasing
- Do not allow disruptions or distractions during sessions
- Maintain a positive, enthusiastic and supportive attitude
- Use positive affirmations
- Clarify client confidentiality and privacy right
- Be flexible and open minded
- Use a soothing tone and voice
- Use appropriate eye contact and body language

During the first stage of the relationship it is critical to be both predictable and consistent. If the counselor schedules an appointment to meet the client at a certain time, it is important to keep it. It is understandable that at times things come up and appointment cannot be kept. Consistency is the key to speed up the trust building process.

Young people generally do not trust adults as a result they use testing as a coping or defense mechanism to determine whether they can trust the counselor. They will test to see if the counselor really cares about them. A client might test the counselor by not reaching for a scheduled meeting to see how the counselor will react.

During the first stage of relationship, it is important to establish confidentiality with ones client. This helps in developing trust. The counselor should let the client know that whatever he wants to share with the counselor will remain confidential, as long as what the client tells the counselor is not going to harm the client. It is helpful to stress this point, within the first few meetings with the client.

It is helpful during the stage I to take the time to set at least one achievable goal together for the relationship. It is also good to help the client set personal goals. This activity enhances the trust in the client towards counseling process.

Lesson 10: The process of counseling – Initial stage, middle stage and termination stage

Counseling usually aids in the process of change

The method begins with a client's exploration of their obstacles before supporting them in overcoming developmental and situational issues. The counsellor assists clients with physical, emotional, and mental health problems, assisting them in resolving crises, reducing distress, and improving their overall well-being (American Psychological Association, 2008).

When Counseling is successful, it can alter how a client thinks, feels, and acts in response to a traumatic event or scenario.

Defining the Counseling Process

At some point in our lives, we all have to play the position of counsellor. We give informal counsel to family, friends, and coworkers on their relationships, finances, careers, and education.

A professional counsellor, on the other hand, is "a highly trained individual who is able to apply a variety of counselling procedures with their clients"

As a profession, counselling entails

Dedicated time set aside to explore a client's problems, unpleasant events, or emotional distress. assisting that client in seeing their situation and feelings in a new light, with the goal of facilitating change. Developing a trusting and confidential relationship.

Points should not be included in the counselling process:

Advisory services

Being judgemental

Trying to persuade the counsellor to adhere to his or her values

Encourage the client to act in the same way that the counsellor does in their own life.

Relationship between the counsellor and the client on an emotional level

According to the American Psychological Association (2008), counseling psychologists "help people with physical, emotional and mental health issues improve their sense of wellbeing, alleviate feelings of distress and resolve crises."

Counseling works with clients from childhood through to old age, focusing on

"developmental (lifespan), environmental and cultural perspectives," including (American Psychological Association, 2008): Concerns and issues in education and the workplace, Transitions to and from school, work, and retirement, Problems in marital and family relationships, Managing life's unpleasant circumstances, Dealing with illness and physical limitations and any disorders of the mind.

While counselling and psychotherapy are frequently used interchangeably, there are some subtle differences. Counseling is usually brief and focused on current difficulties, with a supportive approach that "highlights a client's emotional and intellectual experience," including how they feel and think about a problem or concern.

Psychotherapy is frequently a longer-term intense treatment, assisting the client in overcoming significant issues arising from their psychological past and asking them to revisit previous events. The counselling process has been regarded as both an art and a science, with the goal of assisting clients in changing their thoughts, emotions, and behaviours. (Sajjad, 2017).

The Stages of the Counseling Process

Stages of Counseling while counselling takes many forms and serves many purposes, most counselling theories include some variation of the three steps of relationship building, problem evaluation, and goal setting.

Both counsellors and clients must understand that the counselling process takes time. There is rarely a quick fix, and things may need to deteriorate before improving. Furthermore, the counselling process is a joint effort. The counsellor does not repair the client; the therapy necessitates both parties' participation and dedication.

The counselling process is a systematic and planned conversation between the client and the counsellor. The counsellor is a trained and qualified professional who assists the client in identifying the cause of their concerns or challenges, and then works with them to develop counselling strategies to address the issues Both the counsellor and the client travel through a five-stage paradigm proposed by Hackney and Cormier (2005) for characterising the counselling process.

Stage one: (Initial disclosure) Relationship building

Relationship development is the first step in the counselling process. The counsellor engages with the client in this stage to investigate the issues that directly affect them.

The crucial first interview can set the tone for the rest of the process, with the client inferring information about the counsellor and the procedure from the counselor's verbal and nonverbal signals. The counsellor emphasises the need of good listening skills and the development of a positive relationship. It ensures a firm foundation for future discourse and

the ongoing counselling process if it is successful.

Stage two: (In-depth exploration) Problem assessment

Another process is occurring while the counsellor and client continue to create a productive, collaborative relationship: problem assessment.

The counsellor carefully listens to the client and extracts information about their position (life, career, home, school, etc.) and why they are seeking counselling.

Identifying triggers, timing, contextual circumstances, stress levels, and other contributing elements are all important pieces of information for later phases of treatment.

Stage three: (Commitment to action) Goal setting

Setting suitable and achievable goals, building on prior phases, is critical to effective counselling. The client must commit to a series of steps leading to a certain end, which must be established and developed cooperatively.

Stage Four: Intervention with counseling:

This stage differs based on the counsellor and the ideas he or she is familiar with, as well as the client's condition.

A behavioural approach, for example, would propose engaging in activities aimed at helping the client change their behaviour. A person-centered approach, on the other hand, attempts to activate the client's self-actualizing propensity.

Stage five: Evaluation, termination, or referral

Termination may not appear to be a stage, yet it is an important part of the counselling process.

To ensure a pleasant outcome while avoiding anger, grief, or worry, bringing counselling to a finish must be planned well in advance (Fragkiadaki & Strauss, 2012). Early agreement on how the therapy will conclude and what success looks like is an important part of the process. If necessary, a referral may be made.

While the usual counselling process has distinct stages, each one, with the exception of termination, may be continuing. When creating goals, for example, new information or understanding may emerge that necessitates a re-evaluation of the problem.

Steps in the Counseling Process :

(including to the five steps model, there are clients aspects and counselor's aspects which are important in counseling process.)

The five stages of the counselling process are made up of several important steps. The success of each step and the final outcome of counselling can be influenced by how well they are executed (Krishnan, n.d.).

Both client and counselors roles are important in counseling process. The client possess some qualities as the counselor also must posses some qualities. So by mutually working together in their own roles by coordinating, results can b achieved.

The client's most important steps for counselling to be successful, the client must complete the following four actions (Krishnan, n.d.):

Willingness

A person's willingness to seek and attend counselling is a critical first step. It entails admitting that they need to change and that they will need assistance in doing so. Taking the next step frequently entails overcoming the fear of stepping outside of one's comfort zone and adopting new thought patterns and behaviours.

Motivation

Maintaining and sustaining motivation is required to be willing to make changes and participate in them. When the real work begins, the counselling process will falter without it.

Commitment

Even if the client is willing and motivated, change will not occur unless patience and dedication are maintained. Commitment can be defined as a sequence of decisions to persevere and move forward.

Faith

Counseling will not be effective unless the client believes in themselves, the counsellor, and the process. Taking the first move toward and continuing with counselling necessitates the idea that it will be fruitful

Key steps for the counselor

To build and sustain a good counselor–client connection, each step in the counselling process is critical. They work together to provide what Carl Rogers (1957) calls the "fundamental conditions for successful therapy":

Unconditional positive regard

The therapist creates room for the client's needs and treats them with dignity by accepting and nonjudgmental behaviour.

Empathy

Even if they disagree with the client, the counsellor demonstrates genuine empathy.

Congruence

The counselor's words, feelings, and actions are all consistent.

Counselors frequently assist clients in making significant and emotional life decisions. To develop **empathy**, they must immerse themselves in the client's inner world, or inscape.

Several well-executed stages can assist the counsellor in engaging with the client and ensuring that they **listen without judgement or expectation**.

To create and maintain the relationship with the client, the counsellor must work on the following measures:

They make a strong and friendly first impression.

Inviting the client to take a seat is a good idea.
Use the client's preferred name when addressing them.
Reduce anxiety by engaging in casual social conversation.
Pay attention to nonverbal signals to figure out how the customer is feeling.
Invite the client to describe why they've come to counselling by asking open-ended questions.
Allow the client to respond thoroughly and without being rushed.
Demonstrate that they care about the client as a person.
Each of the preceding steps is critical. They can help you build a valuable counselling relationship if you use them all together.
Finally, therapy is **a collaborative process that entails a series of ongoing steps**, some of which are taken by the client, others by the counsellor, and others by both. Appropriate resources, effort, and focus must be given to each one for a good outcome, and every win must be recognised and used to assist the next.
Each client's tale is distinct and distinctive.
While there are some general theories and guidelines to follow, the counsellor must tailor the counselling process to the individual.

Valuable Skills for Each Phase:

Ideally, skills should include:

All levels of counselling require effective communication

Listening attentively

Clarification

Reflection

Questioning that works

Counselors must also do the following in order to create rapport with their clients:

Being able to empathize and experience it (rather than sympathy)

Consider the client's point of view.

Have a genuine concern for the well-being of others.

. Self-reflection can be used to observe oneself and sympathise with others.

. During counselling sessions, be approachable and genuine.

. Be open to different points of view and ways of thinking when it comes to values and multicultural concerns.

. Ability to keep a sense of humour.

. Be resilient and capable of recovering from adversity.

A Look at the Process in Group Counseling

Counseling in a group "Group therapy is equally helpful as individual therapy for numerous problems, including depression, obesity, and social anxiety," according to research over the last few decades (Novotney, 2019).

For many individuals, group therapy might be an excellent alternative due to its high rate of effectiveness, low cost, and extensive availability.

It's important to note that group therapy is not the same as individual treatment delivered

in a group context; it employs distinct approaches and requires a different set of abilities. Unfortunately, training has not always kept up with group therapy's specialised needs (Novotney, 2019).

Get the right fit

Not every client is a good fit for group therapy. They might do better in a one-on-one situation. To ensure the individual's fit with the group and vice versa, high-quality screening is essential.

The Group Readiness Questionnaire was created to determine dropout risk factors and potential.

Explain expectations upfront

Individuals must have reasonable expectations of group therapy. Whether in a group or an individual context, change takes time. Clients must also be taught that group therapy is not about yelling and heated arguments. Sessions can be both entertaining and gratifying.

Build cohesion quickly

The subjects being discussed might influence the group's tone and bonding speed. Grief groups, for example, can rapidly come together, whilst others may require more effort and entail dividing into smaller groups or pairs.

Seek feedback

Early and frequent feedback can aid in determining how individuals and groups are performing and whether or not dropout is a possibility.

Identify and address ruptures

Disagreements might arise when working in a group. Concerns and rifts should be addressed as soon as possible, either directly with the members affected or more broadly as a group.

A Take-Home Message

Clients benefit from counselling because it allows them to make much-needed changes in their life (Sajjad, 2017).

While personal and theoretical approaches may differ, a professional counsellor would usually begin by establishing a rapport with the client before learning about their predicament and why they are seeking help. They can then work with the client to figure out how to move forward and help them change their thoughts, emotional responses, and behaviour.

Empathy and a collaborative approach are essential for therapeutic effectiveness, whether performed alone or in groups. The more solid the relationship and the more committed and motivated the client, the more likely a solid and appropriate result will be achieved.

Lesson-11 -Termination procedure of counseling

The counseling process most eventually come to end, the counseling process is one that is deep and requires personal investment. If it has gone well, then there will be significant personal growth and the next step will come easily. If some things occurs during termination that impeding personal growth and they the next step will be difficult.

Termination is the final stage of counseling and makes the close of the relationship. Termination is the ending of the therapeutic alliance of the counseling the client. The termination stage is as important as the initial stage of counseling. If the termination leaves a sour note, then client may look back on the time as a waste of effort and recourse. If the termination goes well, then this has a multiplying effect and the client sees that their time was well spent.

A formal termination serves 3 functions.

- Counseling is finished and it is time for the client to face their life challenge.
- Changes which have taken place have generalized into the normal behavior of the client.
- The client has matured and thinking and acts more effectively and independently.

Timing of termination:-

There is one answer for when termination is to take place. Questions the counselor to think of are

- Have the client achieved behaviors, cognitive or affective goals
- Can client consistently show their progress in what they wanted to accomplish.
- Is the counseling relationship helpful.
- Has the context of the initial counseling augments changed.

Resistance to termination:-

Client and counseling may not want counseling to end. In many cases this may be the results of feeling about the loss and grief or insecurities of losing the relationship. For client this is something to process. For counseling, this is an issue for supervision.

Premature termination:-

My clients may end counseling before all goals are completed. This can be seen by not making appointments, resisting new appointments etc. It is a good idea to try and schedule a termination session with the client so closure may take place. At this time a referred may be in

order. If the counseling has to end prematurely whatever the reasons for termination, a summary session is in order and referrals are made.

This is no absolute rule on time when the natural termination comes to a consensus. The question of termination can be approached by a counselor, which is counselor initiated termination. This would like to be done when the counselor feels the client no longer has sufficient reason to stay in counseling.

Ethics in termination:-

Ethically it is the counselor's duty to prepare clients to the counseling termination process and to termination services. When the client no longer is benefiting from the counseling.

Ending therapeutic relationship requires a great deal of thought, it done ethically and competently, termination can help solidify counseling gains, empower clients to integrate their experiences and bravely face their next chapter in life.

Termination can also help model healthy boundaries and a natural and appropriate end to relationship. Effective termination provides client with an opportunity for continued personal growth, whereas ineffective termination can actually harm clients.

Lesson 12: COUNSELOR AND CLIENT RELATIONSHIP

Counseling is about more than just delving into fundamental concerns and developing a fresh perspective on challenges and psychological issues. It's also essential developing a rapport and trust with the therapist so that the client feels free to open up and express their concerns. This relationship is based on trust and confidentiality, and it can be the difference between a good and bad counselling encounter.

Behavior Pattern

A counsellor will never impose or push their own views or ideas on a client, and will remain objective and non-judgmental throughout the process. The counselling process allows the client to examine their own values and views, as well as learn how to look to themselves to achieve positive changes in their lives.

A Code of Ethics and Practice, as well as the professional body to which they belong, binds all counsellors. The provisions say that no information is shared with a third party unless the client has given their permission beforehand. The client's counseling content is kept private and confidential. In rare cases where the counsellor is worried for the client's personal safety, the client is advised that confidentiality may be breached. To provide further help for the client, a Risk Help Plan might be prepared.

Developing a Relationship

Reciprocal trust : The relationship between the client and the counsellor must be established on reciprocal trust in order for the client to feel comfortable expressing himself/herself freely. The counsellor's role is to provide a safe, confidential atmosphere as well as empathy, understanding, and respect.

Verbal Gestures: The tone of the counsellor's voice, as well as the words they choose to greet the client, will have an impact on the relationship. Allowing the client adequate time to collect his or her thoughts and explain his or her concerns and challenges will allow the client to unwind and speak freely. Allowing enough time for a response also gives the client more opportunities to open up.

Maintaining a Comfortable Relationship

Reassurance: When it comes to explaining their problems, some clients may be more hesitant than others, and counsellors must be aware that these people require extra care. Clients will feel more at ease in a therapeutic situation if you provide reassurance, empathy, and honesty. It is only feasible to engage the customer after they are sufficiently calm and comfortable.

Open ended questions: The use of open-ended questions encourages a client's answer and should be a big component of the counselling script.

Seeking Advice

LISTENING - QUESTIONING: A one-sided talk is the foundation of a counsellor-client relationship. It is the counsellor's role to attentively listen to the client and gently confront them when necessary. It is not the obligation of a counsellor to provide advice unless the client actively requests it. All that a customer actually wants is support, understanding, and a sympathetic ear.

Boundaries

The establishment of limits is crucial in every professional relationship. Any ties between a therapist and a client should be kept to the therapeutic setting, and all social contact between the two should be avoided. A counsellor should never take on a client who is a friend or family member, or have a sexual relationship with a current or previous client. These limits are part of the contract between a therapist and a client, and they must be followed at all times.

RELATIONSHIP TECHNIQUES

Rapport Building

The core of the counselling relationship is the development of rapport. For a client to open up to a counsellor, a good rapport between the counsellor and the client is generally required. The "psychological atmosphere" between the counsellor and the client, according to Cormier and Hackney (1993). The building of trust, respect, and a sense of ease all contribute to positive rapport. Cormier and Hackney go on to say that a positive counselling relationship and psychological growth are built on a foundation of excellent rapport. A positive rapport is made up of several factors, including the counselor's interest in the client and the atmosphere created by the counselor's office.

Listening

Body language of attentiveness:

Listening entails more than just hearing what a client has to say. It entails giving the client your complete attention and demonstrating that you are engaged. A listener's entire body should convey to the client that he or she is fully involved in the talk. According to Kottler and Kottler (2000), the basic ability required for creating rapport is the appearance of attentiveness to what clients are saying.

Neukrug (2003) lists the characteristics of a good listener:

(1) talks minimally, (2) concentrates on what is being said, (3) does not interrupt, (4) does not give advice, (5) gives and does not expect to get, (6) accurately hears the content of what the helpee is saying, (7) accurately hears the feelings of what the helpee is saying, (8) is able to communicate to the helpee that he or she has been heard ... (9) asks clarifying questions ... and (10) does not ask other kinds of questions.

Being a good listener takes practice. It can be helpful to clear your mind of distractions before meeting with a client.

Reflection- Restating:

Reflection is when you repeat what the client has said in your own words. Kanel (2007) **defines reflection as "A statement that reflects the emotive element or emotional tone of the client's message,"** One of the purposes of reflection is to show the learner that you listened to and comprehended what he or she said. Another benefit of reflection is that it allows you to double-check that you're understanding the student accurately.

Acknowledge and explore Silence**Evaluating, lead, Distraction, paralanguage, refreshing, hesitancy**

Silent moments during a therapeutic session may appear to a new therapist to be silent hours, yet silence can have various meanings. The customer could be silently considering something that was discussed earlier or assessing some new information. The client may be expecting the therapist to take the initiative and pick what to say next, or the therapist may be expecting the client to do so. The client or the therapist may be preoccupied or distracted, or neither may have anything to say at the time. It's possible that the client and the therapist are interacting without saying anything. The silence may be both refreshing and overwhelming. Perhaps the interaction has only been on a superficial level, and both parties are afraid or hesitant to go further. Recognize and discuss the meaning of quiet with your client when it occurs.

Empathy:

Empathy can be defined in a variety of ways. "putting oneself in another's shoes," "entering another person's frame of reference," or "having the ability to experience life as the other person does by entering the person's universe of thoughts, feelings, emotions, and meanings."

Empathy is a reflection of the counsellor's care and respect for the client, whose experiences may be extremely different from the counsellor's own.

Carl Rogers(1969), the founder of person-centered counselling, concluded that the important elements of empathy are:

The therapist understands the client's feelings

The therapist's responses reflect the client's mood and the content of what has been said

The therapist's tone of voice conveys the ability to share the client's feelings.

Finally, it is only when you can really be open, clear, sensitive to the emotions and feelings of the other that authentic care begins.

Acceptance:

The term "unconditional positive regard" was coined by Carl Rogers, the founder of person-centered counselling. It's essentially a reference to the concept of accepting a client's way of life, or, as some therapists describe it, a "positive affirmation." Whatever terms we use as therapists, it's more than just a therapist loving something, or part of something, about their client. It's accepting the numerous parts that make up a person: the client's inherent uniqueness and rarity.

As a counsellor, one can be familiar with the first step of this path - accepting oneself, flaws and all – and this helps counsellors to assist clients in moving on in their lives. It's strange to trust and believe that every feature of a client is acceptable at first, but it's also tremendously empowering and liberating.

Who Is A Counselor?

A counselor is an individual who -

Understands the feelings of a client and treats it as fact

Keeps all information confidential

Facilitates discussions on the issues in question

Builds self-esteem of the client

Reassures if the client is insecure

Solicits the client's own feelings and ideas for solutions

Be empathetic to the client and show care

Has patience

Does not get distracted during interaction with client

Builds confidence

Considers the client's long and medium term goals

Avoids acting like an expert

Has a BIG ear and SMALL mouth so is able to listen more than speak

A good counselling relationship,

For both the client and the therapist, a situation in which the counsellor is genuinely **accepting of all the feelings, emotions, and life storey** that go into making the client, the person, is one in which the counsellor is genuinely accepting of all the feelings, emotions, and life storey that go into making the client, the person. It's warts and all – every complicated nuance (considered as positives or negatives) that are counsellor as the complete person, in a less than polite way of describing it. The counsellor's perception of the client might **help increase the client's acceptance of himself/herself** by really enjoying and appreciating the client and his/her uniqueness. **Rogers thought that accepting oneself** allows a **person to accept others and confirm their place in life** with unconditional positive regard.

In both adult and youth psychotherapies, the therapeutic contact has long been stressed as a vital component. **The therapeutic relationship is widely understood** to refer to the therapist and client's feelings and **attitudes toward one another**, as well as the method in which they are conveyed. The therapeutic relationship, according to the American Psychological Association's Presidential Task Force, is the overall construct that includes components like **shared goals, congruence, and collaboration on specific therapeutic activities**. The therapy relationship is regarded to be important in facilitating active participation and engagement with **emotionally taxing and skill-building tasks in youth CBT**. Because of their developmental stage, **teenagers can appear with distinct therapy resistant behaviours, overcoming these possible obstacles and creating a good therapeutic relationship is critical**.

The implementation of CBT techniques such as cognitive restructuring and behavioural trials **is based on a trusting and collaborative relationship in which a shared understanding of the client's circumstances and concerns is formed**. The development of a **good therapeutic relationship may also be important** as a stimulant for treatment participation among depressed teenagers, who are prone to despondency, negative cognitive biases, and low engagement. The concept of the 'therapeutic alliance,' which in Bordin's work concentrates on agreement on duties, goals, and the **personal bond, has dominated empirical research on therapeutic interactions** (Bordin, 1979).

Some studies looked at the **relationship between alliance and outcome in depressed adolescent CBT**, where the alliance was measured from both the therapist's and the teenager's viewpoints. Overall, **a weak self-reported alliance** by teenagers at session 3 substantially predicted a decline in depressed symptoms throughout the course of 12 individual CBT sessions for depression. However, few research investigating the **alliance-outcome association fully adjust for temporal confounds**, and those that do reveal less consistent alliance-outcome findings.

Nonetheless, in CBT for depressed teenagers, a strong therapy relationship is thought to play a role. Given the wide range of CBT clinical results, knowing what makes for a strong therapy relationship is critical in assisting therapists in developing positive therapeutic

relationships and so increasing the likelihood of effective outcomes.

The **client's point of view is crucial for determining what worked** and what didn't work in order to improve therapeutic practise. Until date, there has been little study into depressed adolescents' experiences of what builds a positive therapeutic connection, with no studies explicitly looking into their experiences of the therapeutic relationship in CBT. Understanding the viewpoints of teenagers on therapeutic agents, such as the therapy relationship, may help us better understand how to administer and effect CBT to these adolescents. **Reviewing the features and approaches of therapists that have a favourable impact on the therapeutic partnership.**

SPECIAL RELATIONSHIP PROBLEMS

Psychodynamic Approach **Transference**

Transference is a relationship that will be developed during the therapeutic process. The client finds the therapeutic situation as feasible, then only it takes place even without the knowledge of the counselee.

Psychoanalytic counsellors and therapists tend to behave towards their **clients in a neutral manner**. It is unusual for psychoanalytically trained counsellors to share much of their own feelings or own lives with their clients. The reason for this is that the counsellor is attempting to present himself or herself as a **'blank screen'** on to which the client may project his or her fantasies or deeply held **assumptions about close relationships**. The therapist expects that as therapy continues over weeks or months, the feelings clients hold towards him or her will be similar to the feelings they had towards significant, authority figures in their own past.

In other words, if the **client behaved in a passive, dependent way with her own mother as a child, then she could reproduce this behaviour with her therapist**. By being **neutral and detached, the therapist ensures that the feelings the client has towards him or her are not caused by anything the therapist has done**, but are a result of the client **projecting an image of his or her mother, father etc. On to the therapist**.

This process is called transference and is a powerful tool in psychoanalytic therapy, since it allows the therapist to observe the early childhood relationships of the client as these relationships are re-enacted in the consulting room. The aim would be to help the client to become **aware of these projections**, first in the relationship with the therapist but then in **relationships with other people, such as his or her spouse, boss, friends and so on**.

Counter Transference

Working with clients can affect counsellor in personal ways, and your own vulnerabilities and countertransference are bound to surface. If counselors are unaware of their personal dynamics, then counsellors are in danger of being overwhelmed by a client's emotional experiences.

Beginning counselors need to learn how to “let clients go” and not carry around their problems until we see them again. The most therapeutic thing is to be as fully present as we are able to be during the therapy hour, but to **let clients assume the responsibility of their living and choosing outside of the session**. If we become lost in clients’ struggles and confusion, we cease being effective agents in helping them find solutions to their problems. **If we accept responsibility for our clients’ decisions, we are blocking rather than fostering their growth.**

Countertransference, defined broadly, includes any of our projections that influence the way we perceive and react to a client. This phenomenon occurs when we are triggered into emotional reactivity, when we respond defensively, or when we lose our ability to be present in a relationship because our own issues become involved. **Recognizing the manifestations of our countertransference reactions is an essential step in becoming competent counselors. Unless we are aware of our own conflicts, needs, assets, and liabilities, we can use the therapy hour more for our own purposes than for being available for our clients.** Understanding selves is very important for counsellors. Because it is not appropriate for us to use clients’ time to work through our reactions to them, it is all the more important that we be willing to work on ourselves in our own sessions with another therapist, supervisor, or colleague. If we do not engage in this kind of selfexploration, we increase the danger of losing ourselves in our clients and using them to meet our unfulfilled needs.

The emotionally intense relationships we develop with clients can be expected to tap into our own unresolved problem areas. Our clients’ stories and pain are bound, way or reacting to affect us; we will be touched by their stories and can express compassion and empathy. However, we have to realize that it is their pain and not carry it *for* them lest we become overwhelmed by their life stories and thus **render ourselves ineffective in working with them by changing our planning**. Although we cannot completely free ourselves from any traces of countertransference or ever fully resolve all personal conflicts from the past, we can become aware of ways these realities influence our professional work. **Our personal therapy can be instrumental in enabling us to recognize and manage our countertransference reactions.**

Resistance

Identifying and analysing resistances and defences. As the client talks about his or her problem, the therapist may notice that he or she is **avoiding, distorting or defending against certain feelings or insights**. Freud saw it as important to understand the source of such resistance, and would draw the patient’s attention to it if it happened persistently. For example, a student seeing a counsellor for help with study problems, who then persistently blames tutors for his difficulties, is probably avoiding his own feelings of inadequacy, or dependency, by employing the defence mechanism of projection (i.e. attributing to others characteristics you cannot accept in yourself).

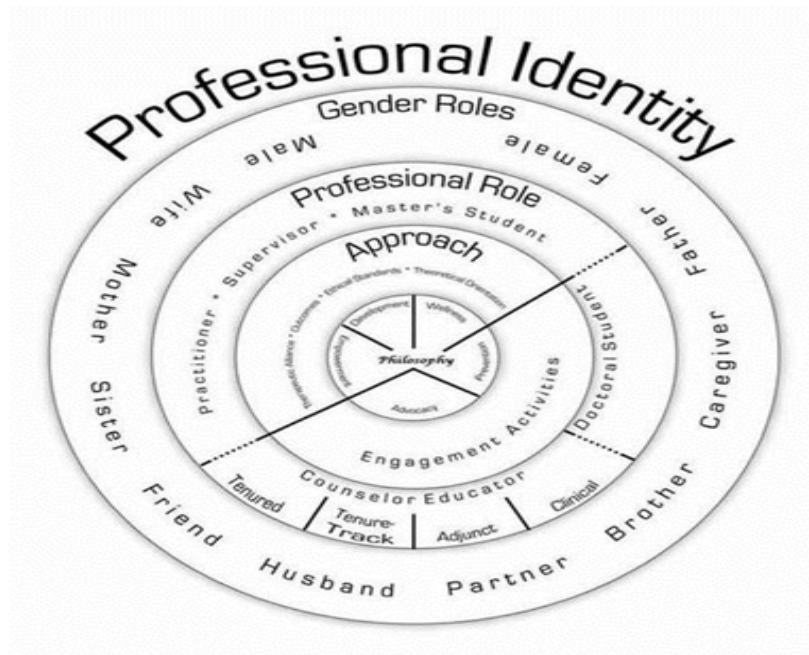
Lesson -13-Professional approach to counseling

“‘Professionalism’ is commonly understood as an individual’s adherence to a set of standards, code of conduct or collection of qualities that characterize accepted practice within a particular area of activity”. Counseling psychology is a general practice and health service provider specialty in professional psychology. It focuses on how people function both personally and in their relationships at all ages.

As stated earlier, the counselling profession is relatively new in comparison to other mental health professions . Therefore, having a clear sense of professional identity is important in the counselling profession as the profession continues to establish itself as a legitimate field with a distinct identity Models of counsellor development suggest that professional identity is strengthened in accordance with counsellor development and experience. In the **early stages** of their careers, counsellors tend to be insecure and rely on others for guidance. In the **middle stages** of their development, counsellors tend to experience confusion about their knowledge and theoretical orientation. **Finally, toward the end of their development**, counsellors develop a stronger sense of professional identity as they gain awareness, experience, flexibility and security. The development of professional identity is **therefore an ongoing process, evolving with continued experience in the field.**

(Ali Longstreet - <http://alilongstreet.weebly.com/about-me.html>) considers many different areas when contemplate counselors sense of professional identity. These include the following: philosophies about human nature, the nature of change and the nature of the change process

- theoretical orientation
- education
- work values, skills, and knowledge
- the client populations counsellor work with
- Personal responsibility of the counsellor to the profession
- conducting self ethically and morally
- counsellors personal values, attitudes, morals and beliefs
- experiencing feelings of pride for the profession as well as the consideration of innovation in the field
- a sense of unity among professionals in the field
- shared purposes and roles with allied mental health professionals



Courtesy - (Ali Longstreet - <http://alilongstreet.weebly.com/about-me.html>)

Some important information about the Counseling as profession:

The therapist refers to both the one helping in professionally the client, client and the therapy refers the treatment followed in helping the client.

1. Goal: To assist the client in resolving the psychological challenges that they are dealing with.
2. Objective: To assist the client in changing maladaptive behaviours, reducing personal discomfort, and improving his or her ability to adapt to his or her environment.
3. The relationship benefits the client's development of trust by allowing issues to be freely expressed.

Characteristics:

1. The concepts that underpin diverse philosophies of therapy are implemented in a systematic way.
2. Only individuals who have received practical training under expert supervision are allowed to perform psychotherapy.
3. The scenario had a therapist and a client seeking and receiving emotional counseling (this person is the focus of attention in the therapeutic process).
4. The therapeutic relationship between the therapist and the client is developed or solidified as a result of their encounter. This is a connection that is Confidential (personal), Interpersonal (dynamic), and Dynamic (confidential).

Goals:

- (i) Strengthening the client's resolve to improve.
- (ii) Reducing emotional stress
- (iii) Unveiling the good growth potential.
- (ii) Changing habits
- (v) Altering thought processes.
- (vi) A greater sense of self-awareness.
- (vii) Improving communication and interpersonal relationships.
- (viii) Making decision-making easier.
- (ix) Becoming conscious of one's life choices.
- (x) Having a more creative and self-aware relationship with one's social environment.

Therapeutic Relationship:

The therapeutic relationship or alliance is the special relationship that exists between the client and the therapist.

Components:

1. Contractual Nature of the Relationship: The client and the therapist form a partnership with the goal of assisting the client in overcoming his or her problems.
2. Therapy Has a Limited Duration: This partnership lasts until the client is able to deal with his or her problems and regain control of his or her life.

Properties:

- (i) It is a trusting and confiding relationship.
- (ii) The high level of trust enables the client to unburden herself/himself to the therapist and confide her/his psychological and personal problems to the latter.

PSYCHODYNAMIC THERAPY

(Sigmund Freud, Carl Jung, Neo-Freudians)

Methods of Eliciting the Nature of Intra-psychic Conflict

Psychodynamic therapy:

Psychodynamic therapy is a type of psychotherapy that involves the use of Therapy is perhaps the most well-known and widely used approach for counselling. This form of counselling, which is based on Freudian theory, entails forging strong therapist–client bonds.

The goal is to help clients acquire the psychological tools they'll need to deal with difficult emotions and situations. Freud was also interested in how early life experiences and unconscious urges influenced conduct.

The following remark exemplifies this focus:

"The conscious mind can be compared as a fountain dancing in the sun before sinking back into the great underground pool of sub-consciousness from which it emerges". Which means the present problems or non-adaptive behaviours can have its roots unconsciously in their childhood experiences.

In this type of therapy, the therapist keeps his personality out of picture. This is a vital aspect of psychodynamic psychotherapy. This enables therapist to be like a blank canvas onto which patients can transfer and project deep feelings about themselves.

Their parents and other significant players in their life. It is then up to the therapists to handle all the feelings and information that emerge, to gradually help patients to deal with all this "baggage". In this way the therapist helps patients gain a better understanding of what their disturbances are and how their mind works.

Silence: This is long term therapy, for some it may go on for years. In initial days of therapy, frequency of therapy may be more for each of a week. During therapy also in this psychodynamic or psychoanalytic therapy, most of the time the therapist will be very calm and client may be just sitting on couch for longer periods, even then the therapists assumes that the therapy went on as scheduled and an important work has been done in these quite sessions.

Dynamic role of unconsciousness: The therapists uses certain techniques or tests for facilitating the client to recover his memories to consciousness from unconscious state, or may be some childhood experiences.

Repression: Repression is the exclusion of upsetting memories, thoughts, or sensations from the conscious mind, according to psychoanalytic theory. These unpleasant mental contents are pushed into the unconscious mind, sometimes involving sexual or aggressive urges or painful childhood memories.

An adult who was bitten by a horrible spider/ scorpion as a child develops a severe phobia of spiders/ scorpion later in life with no remembrance of the incident. He or she may not comprehend where the phobia comes from because the memory of the spider/scorpion bite has been suppressed.

Sigmund Freud used the techniques like **-Dream interpretation, projective testing, hypnotism, and free association** are some of the methods used to uncover these urges.

Psychodynamic Therapy was once thought to be a lengthy process, but it is currently used as a very short-term solution. Long- and short-term psychodynamic therapy for psychiatric disorders has been shown to be successful in studies.

1. Free Association:

"The value of free association is that the patients spoke for themselves, rather than repeating the analyst's thoughts; they work through their own material, rather than

parroting another's suggestions," Freud explained.

The practice of free association was supposed to aid in the discovery of ideas that a patient had formed on an unconscious level, such as:

Transference - inadvertently passing feelings about one person to another;

Projection: Internal sentiments or motives are projected instead of being attributed to other things or persons.

Resistance: Holding a mental block against remembering or accepting certain events or thoughts is known as resistance.

The mental conflicts were examined from the perspective that the patients did not realise how such feelings were manifested on a subconscious level, deep within their thoughts, at first.

(i) The therapeutic relationship is established, and the client is at ease—the therapist encourages the client to lie down on the sofa – couch , close their eyes, and utter whatever comes to mind without censoring anything.

(ii) The client is encouraged to freely link one idea to another (free association).

(iii) The censoring superego is let go, as does the watchful ego—the client is free to say whatever comes to mind in a comfortable and trusting environment.

(iv) The therapist does not intervene; the unconscious mind's ideas, desires, and conflicts, which had been suppressed by the ego, flow freely into the conscious mind.

2. Dream Analysis:

Some dream laboratories are developed and exclusively dream based therapies are practiced. The dreams will be recorded from the subjects sleep time with help of placing electrodes and recording the graphical representations. The subjects or clients, narration for each recording also are recorded. The frequency, duration and intensity, involvement of area of the brain can also be recorded in the dream laboratory.

The dream analysis is done by taking in to consideration, many aspects of the dream, like what they felt, what they have seen in the dream, (sensory experiences) duration, intensity, behaviors attached to it, pre and post effects on the behavior of the client. (on cognition/ emotions etc)

1. Upon waking up, the client is instructed to write down his or her dreams.

2. Dreams are metaphors for the unconscious's unfulfilled wishes.

3. Dreams use symbols that represent intra-psychic forces because they are indirect representations that do not cause the ego to feel alarmed.

4. If unsatisfied needs are directly voiced, the ever-vigilant ego will suppress them, causing uneasiness.

5. Symbols are regarded as markers of unfulfilled wishes and conflicts, according to a widely accepted translation norm.

30 Common Dream Symbols :

Dream Interpretation according to Freud

Sigmund Freud had the theory that dreams were about wish fulfillment. Dreams about flying were about wish fulfillment. Or, more specifically, he thought they represented repressed wishes bubbling their way to the surface.

1. **Animals** often represent the part of your psyche that feels connected to nature and survival. Being chased by a predator suggests you're holding back repressed emotions like fear or aggression.
2. **Babies** can symbolize a literal desire to produce offspring, or your own vulnerability or need to feel loved. They can also signify a new start.
3. **Being chased** is one of the most common dream symbols in all cultures. It means you're feeling threatened, so reflect on who's chasing you (they may be symbolic) and why they're a possible threat in real life.
4. **Clothes** make a statement about how we want people to perceive us. If your dream symbol is shabby clothing, you may feel unattractive or worn out. Changing what you wear may reflect a lifestyle change.
5. **Crosses** are interpreted subjectively depending on your religious beliefs. Some see it as symbolizing balance, death, or an end to a particular phase of life. The specific circumstances will help define them.
6. **Exams** can signify self-evaluation, with the content of the exam reflecting the part of your personality or life under inspection.
7. **Death** of a friend or loved one represents change (endings and new beginnings) and is not a psychic prediction of any kind. If you are recently bereaved, it may be an attempt to come to terms with the event.
8. **Falling** is a common dream symbol that relates to our anxieties about letting go, losing control, or somehow failing after a success.
9. **Faulty machinery** in dreams is caused by the language center being shut down while asleep, making it difficult to dial a phone, read the time, or search the internet. It can also represent performance anxiety.
10. **Food** is said to symbolize knowledge, because it nourishes the body just as information nourishes the brain. However, it could just be food.
11. **Demons** are sneaky evil entities which signify repressed emotions. You may secretly feel the need to change your behaviors for the better.
12. **Hair** has significant ties with sexuality, according to Freud. Abundant hair may symbolize virility, while cutting hair off in a dream shows a loss of libido. Hair loss may also express a literal fear of going bald.

13. **Hands** are always present in dreams but when they are tied up it may represent feelings of futility. Washing your hands may express guilt. Looking closely at your hands in a dream is a good way to become lucid.
14. **Houses** can host many common dream symbols, but the building as a whole represents your inner psyche. Each room or floor can symbolize different emotions, memories and interpretations of meaningful events.
15. **Killing** in your dreams does not make you a closet murderer; it represents your desire to "kill" part of your own personality. It can also symbolize hostility towards a particular person.
16. **Marriage** may be a literal desire to wed or a merging of the feminine and masculine parts of your psyche.
17. **Missing a flight** or any other kind of transport is another common dream, revealing frustration over missing important opportunities in life. It's most common when you're struggling to make a big decision.
18. **Money** can symbolize self worth. If you dream of exchanging money, it may show that you're anticipating some changes in your life.
19. **Mountains** are obstacles, so to dream of successfully climbing a mountain can reveal a true feeling of achievement. Viewing a landscape from atop a mountain can symbolize a life under review without conscious prejudice.
20. **Nudity** is one of the most common dream symbols, revealing your true self to others. You may feel vulnerable and exposed to others. Showing off your nudity may suggest sexual urges or a desire for recognition.
21. **People** (other dream characters) are reflections of your own psyche, and may demonstrate specific aspects of your own personality.
22. **Radios and TVs** can symbolize communication channels between the conscious and unconscious minds. When lucid, ask them a question.
23. **Roads**, aside from being literal manifestations, convey your direction in life. This may be time to question your current "life path".
24. **Schools** are common dream symbols in children and teenagers but what about dreaming of school in adulthood? It may display a need to know and understand yourself, fueled by life's own lessons.
25. **Sex** dreams can symbolize intimacy and a literal desire for sex. Or they may demonstrate the unification of unconscious emotions with conscious recognition, showing a new awareness and personal growth.
26. **Teachers**, aside from being literal manifestations of people, can represent authority figures with the power to enlighten you.
27. **Teeth** are common dream symbols. Dreaming of losing your teeth may mark a fear of getting old and being unattractive to others.
28. **Being trapped** (physically) is a common nightmare theme, reflecting your real life inability to escape or make the right choice.
29. **Vehicles** may reflect how much control you feel you have over your life - for instance

is the car out of control, or is someone else driving you?

30. Water comes in many forms, symbolizing the unconscious mind. Calm pools of water reflect inner peace while a choppy ocean can suggest unease.

<https://www.world-of-lucid-dreaming.com/30-common-dream-symbols.html>

3. Projective Tests:

Projective tests are personality tests that allow people to respond to ambiguous stimuli, ostensibly revealing hidden emotions and internal conflicts that the person projects into the exam. Psychoanalysis claims that humans have both conscious and unconscious attitudes, which led to the development of projective tests. Motivations that are concealed or beyond human awareness.

It's an indirect method because the testee is talking about something that emerges from the self without conscious knowledge or editing.

Reduces the desire to imitate, it is less reliant on verbal ability. activates both conscious and unconscious personality features, The focus is clinical rather than normative, yet it has established norms through time.

Types of Projective Tests :

The Rorschach Inkblot Test- - ambiguous picture – no right or wrong answers

The Thematic Apperception Test (TAT) - enigmatic pictures

The Draw-A-Person Test- the subject's personality by projection of internal attitudes, traits, and behavior patterns upon the external stimuli.

House-Tree-Person - Children, adolescents, and adults aged 3 and up can take the Projective Drawing Test (HTP). The HTP's main goal is to assess components of a person's personality by interpreting artwork and responding to questions.

Hypnosis:

Sigmund Freud coined the phrase "tyranny of suggestion" to describe hypnosis, which he eventually abandoned. He reasoned that if one could induce symptoms by making suggestions to the unconscious, the unconscious might also be capable of producing sickness on its own.

Because the hypnotic state helps people to explore difficult ideas, feelings, and experiences that may have been suppressed from their conscious minds, hypnosis is sometimes used as a supplement to psychotherapy (counseling or therapy).

Hypnosis is a state of consciousness in which a person has focused attention (the selective attention/selective inattention hypothesis, SASI), limited peripheral awareness, and a greater ability to respond to suggestion. Modern hypnosis, on the other hand, began in the

late 1800s and was popularized by Franz Mesmer, a German physician recognized as the "Father of Modern Hypnosis." In fact, because it was named after Mesmer, hypnosis was once called as 'Mesmerism.'

Modality of Treatment: In Psychoanalytic approach

(a) Transference: The client begins to associate the therapist with former authoritative figures, usually from infancy.

1. The therapist maintains a **nonjudgmental and permissive attitude** toward the client, allowing him or her to proceed with the emotional identification process.

2. **Transmission Neurosis:** In the present, the therapist functions as a proxy for that person; the client expresses the frustrations, anger, and terror that he or she had towards that person in the past but couldn't express at the time.

- **Positive Transference:** The client idolises or loves the therapist and craves acceptance from him or her.

- **Negative Transference:** The client feels bitterness, hatred, and fury toward the therapist.

(B) Resistance: This is another crucial aspect of the counseling process. To protect himself/herself from the retrieval of traumatic unconscious memories, the client opposes the development of therapy.

1. **Conscious Resistance:** The client withholds some information on purpose. It is done on purpose.

2. **Unconscious Resistance:** During the therapy session, the client becomes silent, recalls banal events but not emotional ones, misses appointments, and arrives late for therapy sessions. The client may or may not respond to the session.

3. The therapist is able to overcome the barrier multiple times. **Addressing** the patient about it (resistance) and revealing the emotions that are driving the resistance, such as anxiety, fear, or humiliation.

(c) Interpretation: The therapist employs the exposed unconscious information to help the client understand the psychic contents and conflicts that have led to certain events, symptoms, and conflicts.

1. Interpretation is Psychoanalysis' pinnacle, the subtle process.

2. methods of analysis is done by exercising some methods of interpretation.

- **Confrontation:** The therapist draws the client's attention to a part of his or her mind that the client must confront.

- **Clarification:** The therapist separates and highlights vital information from inconsequential ones in order to bring a vague or confused incident into vivid focus.

Working Through: The process of confronting, clarifying, and interpreting a situation repeatedly. So, the therapist Assists the patient in comprehending the source of the problem and integrating the newly discovered information into his or her ego.

Insight:

Transference is a long-term process in which unconscious memories are gradually integrated into conscious awareness; through transference, these unconscious events and memories are relived and worked through.

1. The client has a new **viewpoint on himself** or herself at the end of psychoanalysis. Earlier conflicts, defense mechanisms, and bodily symptoms are no longer evident.
2. **Intellectual Insight:** The client obtains a better comprehension of herself or himself on an intellectual level.
3. **Emotional Insight:** An emotional knowledge of one's wrong response to previous traumatic experiences, as well as a willingness to change both emotionally and physically.

Duration of therapy:

- **A one-hour session**, repeated 4-5 times per week, can last several years.

- **Three-phase intense therapy:**

(i) First Phase: The client gets used to the routines, establishes a therapeutic relationship, and recalls surface material from the past and present from consciousness.

(ii) Middle Phase: The subject's transference and resistance are prominent during this phase.

All of these techniques lead to understanding on the client's part, as well as confrontation, clarification, and working through on the therapist's part.

(iii) Termination: The analyst-client relationship is broken up, and the client is ready to quit therapy.

BEHAVIOUR THERAPY OR BEHAVIOURAL PSYCHOTHERAPY

The behavior therapy is derived from learning theories. The classical conditioning, operant conditioning and social learning theories are very important theories on which these behavior therapies are based on.

Clinical psychotherapy that employs strategies developed from behaviourism and/or cognitive psychology is referred to as behaviour therapy. It involves of techniques based on learning theory, such as responder or operant conditioning, that look at specific, learned behaviours and how the environment, or other people's mental states, effects those behaviours. Behaviour analysts and cognitive-behavioral therapists are two types of behaviourists who use these strategies. They prefer therapy outcomes that can be measured scientifically.

Behaviour therapy is a broad term that refers to a variety of strategies that can be used to treat a person's psychological issues.

Functional Analytic Psychotherapy:

Functional analytic psychotherapy is a type of behavioural psychotherapy that is currently in use. A longer-term behaviour therapy is functional analytic psychotherapy. Functional analytic therapy is largely a relationally-based therapy that focuses on in-session reinforcement.

In its origins and character, functional analytic psychotherapy draws significantly on radical behaviourism and functional contextualism. Functional analytic psychotherapy is well-supported by research.

A functional analysis or functional assessment is completed by behaviour therapists and looks at four key areas: **stimuli, organism, reaction, and consequences**. These four elements are incorporated into a behaviour therapist's assessment.

1. A **stimulus** is a condition or a trigger in the environment that induces behaviour.
2. A person's **internal responses**, such as physiological responses, emotions, and cognition, make up an organism.
3. A person's behaviour is defined as a **response**.
4. The results of the behaviour are the **consequences**.

The majority of behaviour therapists employ objective assessment procedures such as

1. **structured interviews**, 2. **objective psychological exams**, or 3. **a combination of the two**.
3. **various behavioural evaluation scales**

These tests are used by behaviour therapists to figure out exactly what a client's problem is and to set a baseline for any maladaptive responses the client may have. With this baseline, the same measure may be used to monitor a client's improvement as therapy progresses, which can assist determine if the therapy is working.

Behavioral therapists are more concerned with the **how, when, where, and what questions than with the why questions**.

The observation of a person's **behaviour in their natural setting is more important in behaviour evaluation**.¹

The goal of behavioural assessment is to figure out what the environmental and self-imposed variables are. These elements are what allow a person to continue to have maladaptive feelings, thoughts, and behaviours.

In a behavioural evaluation, "person variables" are also taken into account. These "person factors" are derived from a person's social learning background and influence how the environment influences their behaviour. Behavioral competency is an example of a person variable. Behavioural competence examines whether a person possesses the requisite abilities and behaviours to conduct a specific response to a given scenario or stimulus.

The behaviour therapist wants to know two things while making a behavioural assessment:

1. **What are the many elements (environmental or psychological) that are supporting the maladaptive behaviour** - this entails examining all features of a person, which can be

summarised by the (acronym BASIC ID) - Behaviour, affective responses, sensory reactions, images, cognitive processes, interpersonal interactions, and substance usage are all represented by this acronym.

2. What form of behaviour treatment or technique can best assist the client in improving?

The following are just a handful of the many issues that behaviour therapy has functionally analysed:

Intimacy In Couples Relationships Forgiveness In Couples, Chronic Pain, (Stress-Related Behaviour)Child of Alcohol Use Disordered parent Chronic Distress	Substance Abuse, Depression, Anxiety, Insomnia And Obesity. Anorexia,
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Methods :

Relaxation training –

Relaxation training entails clients learning to lower arousal to reduce stress by tensing and releasing specific muscle groups throughout their body. This helps the client to be stress free and used as coping strategy.

Systematic Desensitization:

This method is also uses relaxation technique in practice of systematicall exposing the client to sensitive anxiety provoking situation as part of therapy.

Systematic desensitisation is a treatment in which the client gradually replaces a maladaptive response with a new taught response by going up a hierarchy of anxiety scenarios. Counter conditioning is used in part of systematic desensitization. Counter conditioning is the process of learning new ways to switch from one response to another, while desensitization is the process of switching from a maladaptive habit to a more relaxing one.

Desensitization has also been used to treat phobias, irritability, sleeping problems, and certain speech impairments.

Systematic desensitisation has been found to effectively treat phobias of heights, driving, insects, and any other form of fear. Social anxiety, public speaking anxiety, and test anxiety are all examples of anxiety. It has been demonstrated that systematic desensitisation is an effective strategy that can be used to treat a variety of disorders. The disorders and the phobia may be developed by client because of his anxiety. So the therapist by attending to the present problem of the client is also addressing to bring our the deep rooted anxiety in

counseling sessions.

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virtual reality exposure:

It is also a type of systematic decensitization but used in different way. The focus is to expose the client to base on his situation, to a variety of situating virtually. Virtual reality therapy uses computer-based simulations to create realistic representations of difficult situations. Fear of heights, fear of flying, and a range of other anxiety disorders are treated with virtual reality treatment. VRT has also been used to help patients with substance misuse issues lower their sensitivity to certain triggers that make them want to use drugs.

The use of virtual reality treatment (VRT) to treat a fear of heights has been proven to be helpful. It's also been proved to aid with a number of anxiety conditions. Because of the high expense of VRT, therapists are still waiting for the results of controlled trials to see which applications produce the best benefits.

Treatment for suicidal ideation is determined by the severity of the person's sadness and sense of hopelessness. If these things are severe, the person's reaction to tiny victories will be unimportant to them since they do not believe the victory to be a victory. This strategy has generally proven helpful in people who are not suffering from severe depression or dread, as completing basic activities increases confidence and helps them to advance to more challenging scenarios.

Exposure and response prevention techniques :

The basic strategy in which a therapist exposes a client to anxiety-provoking stimuli while preventing avoidance responses is known as exposure and response prevention techniques (also known as flooding and response prevention).

People with anxiety issues, as well as other anxieties or phobias, might benefit from exposure and preventative strategies.

A person normally needs five sessions of exposure therapy to determine the treatment's success. Exposure treatment has been demonstrated to assist the patient after five sessions. Treatment should, however, be continued beyond the initial five sessions.

Flooding :

The Psychologist Thomas Stampfl first introduced the concept of flooding in 1967. The origins are rooted in the exposure therapies and classical conditioning techniques developed by Ivan Pavlov and others in the early 1900s.

The difference between flooding and systematic desensitization is in systematic desensitization (SD), relaxation training is followed by gradual (usually imaginary) exposure to the feared stimuli starting with the least feared stimulus. In contrast, flooding involves immediate exposure to the stimulus. Exposure therapy has been described as the most effective way to treat fear.

Flooding usually employs either in vivo exposure or imaginal exposure methods of exposure therapy. A third option, virtual reality exposure, combines elements of in vivo and imaginal exposure to create a virtual simulation of a situation or object that looks real but actually is not.

Social skills training :

Clients learn how to acquire reinforcers and reduce life penalty through social skills training. In a meta-analysis, the biggest impact size for developing social skills was found in operant conditioning procedures, followed by modeling, coaching, and social cognition strategies in that order. Social skills training, in particular for schizophrenia, have some empirical support. Behavioral treatments, on the other hand, have fallen out of favor in the case of schizophrenia.

Modeling :

The modelling process entails a person being forced to observe other people who exhibit adaptive behaviour that the client should emulate. This exposure includes not only the "model person's" cues, but also the conditions in which a specific behaviour occurs, so that the relationship between the appropriateness of certain behaviour and the situation in which that behaviour occurs can be noticed.

Fears and phobias have been treated via modeling. Fear of snakes, as well as a fear of water and social learning abilities, have all been treated using modelling.

This technique is frequently likened to another behavioural therapy technique that use modelling procedures. The modelling technique appears to be less effective when compared to desensitisation. The more the interaction between the patient and the subject he is modelling, however, the more effective the treatment will be.

Behavioral rehearsal and home work :

A client receives a desired behaviour during a therapy session and then practices and records that behaviour between sessions with the behavioural rehearsal and homework treatment.

Aversion therapy and punishment:

Aversion treatment and punishment is a strategy that uses an aversive (painful or unpleasant) stimulus to prevent unwanted behaviours from occurring. Aversion therapy and punishment, also known as habit reversal training, has been found to be quite helpful in treating tics. Sexual deviance and alcohol use disorder have both been treated with aversive therapy strategies.

It is concerned with two procedures:

- 1) The techniques are used to reduce the risk of a given behaviour occurring frequently, and
- 2) Methods for lowering the attraction of particular behaviours and the stimuli that produce them.

Shock therapy treatments, unpleasant medication therapies, and response cost contingent punishment, which involves taking away a reward, are examples of negative stimulus or punishment that can be utilised. Aversive therapy techniques have been used to treat sexual deviations as well as alcohol use disorder.

Applied behaviour analysis use behavioural techniques to change certain behaviours that are deemed socially or personally significant.

There are four main characteristics of applied behaviour analysis:

1. The focus of the first behaviour analysis is on overt behaviours in a practical situation. Treatments are created in order to change the link between overt behaviour and its effects.
2. Another feature of applied behaviour analysis is the method by which it (behaviour analysis) evaluates treatment effects. The investigation is focused on the one individual being treated, and the individual subject is the centre of the study.
3. It focuses on what the environment does to produce major behaviour changes as a third feature.
4. The use of strategies derived from operant and classical conditioning, such as reinforcement, punishment, stimulus control, and any other learning principles that may apply, is the final characteristic of applied behaviour analysis.

Token economies:

Token economies are a sort of behaviour treatment in which clients are rewarded with tokens, which are a type of currency that may be used to purchase desired benefits, such as watching television or eating a snack, when they accomplish certain behaviours. Token

economies are mostly employed in therapeutic and institutional contexts. For a token economy to work, the entire workforce must be consistent in their administration of the programme. Procedures must be properly specified so that clients do not become confused. Instead of finding for ways to punish patients or deny them rewards, the staff should focus on reinforcing good behaviours so that the clients repeat the desired behaviour.

Over time, the tokens should be replaced with less tangible benefits, such as compliments, so that the client is prepared when they leave the institution and does not expect to be rewarded for every desired behaviour.

Token economies are usually prevalent in psychiatric facilities and are employed in restricted contexts. They can be used to assist patients with various mental diseases, but the focus is not on the therapy of the mental illness, but rather on the patient's behavioural elements.

When treating chronic schizophrenia patients in psychiatric facilities, token economies have been demonstrated to be successful. The patients' behaviour was controlled by contingent tokens, according to the findings.

contingency contracting:

Another method of behaviour therapy is to hold a client or patient responsible for their actions in order to modify them. This is known as a contingency contract, which is a formal written contract between two or more people that describes the particular expected behaviours that the therapist wishes to modify, as well as the associated rewards and sanctions.

A contingency contract must have five characteristics in order to be considered official.

1. It must first state what each person will receive if the intended behaviour is successfully completed.
2. Those participating must also keep an eye on their actions.
3. Third, if the desired behaviour is not being carried out in the manner agreed upon in the contract, the contract's consequences must be carried out.
4. Fourth, if the parties involved follow the contract, they must be rewarded with bonuses.
5. The final component entails documenting compliance and noncompliance when implementing this treatment in order to provide consistent feedback on the desired behaviour and the provision of reinforcers to all parties involved.

Contingency contracting has been utilised to deal with delinquents' behaviour issues as well as on-task behaviour in kids.

Contingency contracts have been shown to be useful in modifying individuals' undesirable behaviours. It has been shown to be beneficial in treating delinquents' behaviour problems

regardless of the contract's exact characteristics.

Response costs:

Response costs are a technique that is closely related to token economies. With or without token economies, this technique can be applied. Response costs **are the punishment side of token economies**, when a reward or privilege is taken away if someone engages in unfavourable behaviour. This strategy, like token economies, is mostly employed in institutional and therapeutic contexts.

The response cost technique has been used to treat a wide range of behaviours, including smoking, overeating, stuttering, and schizophrenic speech.

Response costs: has been demonstrated to operate in a number of clinical populations ranging from sociopaths to school children in suppressing a variety of behaviours such as smoking, overeating, or stuttering. When the penalty contingent is removed, these behaviours that were suppressed via this strategy frequently do not rebound. In addition, when applying the response cost technique, unwanted side effects that are common with punishment are rarely observed.

Using shaping and grading task assignments:

When a person believes that something in their lives cannot be altered and that life's obligations are overwhelming, they engage in this behaviour.

When complex behaviour needs to be learned, shaping and graded task assignments are used.

The more complicated behaviours that must be acquired are broken down into smaller levels in which the user can achieve small goals before progressing to the more complex behaviour. Each step gets closer to the end aim and allows the user to gradually increase their activity.

This is utilised when a patient feels hopeless and unable to change their circumstances. This pessimism is exacerbated by how the person behaves and responds to others and specific situations, as well as their felt impotence to change the situation. Suicide prevention and depressed or inhibited individuals have benefited from work assignment shaping and grading.

It is critical for a person with suicidal ideation to take little actions at first. Because that individual may consider everything as a large step, the smaller you start, the easier each step will be for them to master. This method has also been used to help people who suffer from agoraphobia, or a dread of being seen in public or doing something embarrassing.

Habit reversal training:

Habit reversal training (HRT) is a highly effective behavioural therapy for persons who have

unwanted repeating behaviours or habits. It is based on scientific data. Tics, hair pulling, nail biting, and skin picking, to mention a few, can all be treated with HRT, which is suitable for people of all ages.

Habit reversal training is a therapy that can be used to cure problematic habits produced by a variety of factors. Tourette's syndrome is one of them, and it's characterised by physical or verbal tics like blinking, throat clearing, and repeating obscenities.

It has proven to be quite effective in the treatment of tics. The demand for behavioural psychologists to assist in rehabilitation efforts is increasing.

Reversal of Habits Training Increasing awareness of one's tendencies to pick, pull, and so on. Identifying the conditions, places, activities, and urges that usually cause the behaviour to occur. Tolerance of cravings.

Reducing the cues that lead to recurrent body-focused activity. Habits form when new behaviours become habitual and are carried out with minimal cognitive awareness, according to specialists at Psychology Today. "The behavioural patterns we repeat most often are practically engraved into our cerebral circuits," according to the study. Take a moment to consider the last quote.

"The Third-Generation" Of Behavioural Therapy

A slew of novel behavioural therapies have emerged since the 1980s. Steven C. Hayes later referred to this as "the third generation" of behavioural therapy. According to this classification, the first generation of behavioural therapy was developed independently in the 1950s by Joseph Wolpe, Ogden Lindsley, and Hans Eysenck, while the second generation was produced in the 1970s by Aaron Beck.

Because it is claimed that this "third wave" of behavioural therapy represents a movement away from cognitivism and back toward radical behaviourism and other forms of behaviourism, in particular functional analysis and behavioural models of verbal behaviour, it is sometimes referred to as clinical behaviour analysis.

This area involves – (Other behavior therapies)

1. Acceptance and commitment therapy (ACT): Of all the third-generation behaviour therapy paradigms, ACT may be the most well-researched. It is built on the foundation of interpersonal frame theory. Later the criticism for using the term evidence based therapy.
2. CBASP (cognitive behavioural analysis system of psychotherapy): Functional analytic psychotherapy is founded on a functional study of the therapeutic connection. It emphasises the therapeutic environment more and reintroduces the use of in-session reinforcement. The premise that in-session reward of behaviour can lead to behavioural

change has been supported by 40 years of study.

3. Behavioural activation (BA): A component analysis of cognitive behaviour therapy revealed behavioural activation. The cognitive component had no additive effect in this study. Behavioural activation is based on a reinforcement matching model. A recent assessment of the studies backs up the idea that using behavioural activation in the treatment of depression is clinically useful.

4. Functional analytic psychotherapy (FAP),

5. Integrative behavioural couples therapy: Integrative behavioural couples therapy arose out of discontent with traditional behavioural couples therapy. Skinner (1966) is credited with defining the difference between contingency-shaped and rule-governed behaviour in integrative behavioural couples therapy. This is combined with a comprehensive functional examination of the couple's relationship. Recent research has attempted to interpret a variety of clinical phenomena, including forgiveness, using radical behavioural principles.

6. Metacognitive therapy and training are two types of metacognitive therapy.

These methods are firmly rooted in the behaviour therapy tradition of applied behaviour analysis. According to a review study published in 2008, third-generation behavioural psychotherapies did not meet the requirements for empirically supported treatments at the time.

Characteristics

Behavioral therapies are empirical (data-driven), contextual (focused on the environment and context), functional (interested in the ultimate effect or consequence of a behaviour), probabilistic (viewing behaviour as statistically predictable), monistic (rejecting mind-body dualism and treating the person as a unit), and relational by nature (analysing bidirectional interactions).

Behavioural therapy creates, adapts, and implements behavioural intervention tactics and programmes for clients, as well as training for those who care about them, in order to help them live successful lives in a variety of settings.

Training

Recent behavioural psychotherapy research has focused on the supervisory process. A key element of behavioural supervision models is that the supervisory process closely resembles the behavioural treatment offered.

Methods	
Behaviour management	Habit reversal training
Behaviour modification	Matching law
Clinical behaviour analysis	Modelling
Contingency management	Observational learning
Covert conditioning	Operant conditioning
Decoupling	Professional practice of behaviour analysis
Exposure and response prevention	Respondent conditioning
Flooding	Stimulus control
	Systematic desensitisation

Cognitive Therapy

Cognitive therapy (CT) is developed by American psychiatrist Aaron T. Beck in the year 1960. This psychotherapy is very famous, and CT is one therapeutic approach within the group of cognitive behavioral therapies (CBT).

Cognitive therapy has been applied to a very wide range of behavioral health issues including:	
Academic achievement	Phobia
Addiction	Schizophrenia
Anxiety disorders	Substance abuse
Bipolar disorder	Suicidal ideation
Low self-esteem	Weight loss[38]
	Criticisms

Various ancient philosophical systems, particularly Stoicism, have been suggested as having precursors to certain parts of cognitive therapy. "The intellectual underpinnings of cognitive therapy may be traced back to the Stoic thinkers," according to Beck's original treatment handbook for depression.

Cognitive therapy is based on the cognitive model, which states that thoughts, feelings, and behaviour are all linked, and that by identifying and changing unhelpful or inaccurate thinking, problematic behaviour, and distressing emotional responses, people can overcome obstacles and achieve their goals. The individual will engage with the therapist to acquire skills for testing and modifying beliefs, discovering skewed thinking, relating to people in new ways, and changing behaviours.

The cognitive therapist creates a cognitive case conceptualization as a guide to understanding the individual's internal reality, selecting suitable interventions, and identifying areas of discomfort.

After becoming disillusioned with long-term psychodynamic techniques predicated on obtaining insight into underlying emotions, Beck concluded that the way his patients viewed and gave meaning to their daily lives—a **process known as cognition**—was crucial to therapy. Since the 1950s, Albert Ellis had been working on similar concepts (Ellis, 1956). At first, he referred to his method as Rational Therapy (RT), then Rational Emotive Therapy (RET), and finally Rational Emotive Behavior Therapy (REBT).

In 1967, Beck published *Depression: Causes and Treatment*, which described his method. In 1976, he published *Cognitive Therapy and the Emotional Disorders*, which expanded his focus to include anxiety disorders, as well as other disorders later on. He also introduced a focus on the underlying "schema"—how people digest information about themselves, the world, and the future.

This new cognitive approach clashed with the prevalent behaviourism of the period, which held that discussing mental reasons was neither scientific nor relevant, and that the only way to practice psychology was to examine stimuli and behavioural responses. The 1970s, on the other hand, saw a "cognitive revolution" in psychology. Cognitive behavioural therapy was born when behavioural modification techniques and cognitive treatment approaches were combined. Although some behavioural components have always been present in cognitive therapy, supporters of Beck's approach aimed to retain and establish it as a distinct, standardised form of cognitive behavioural therapy in which the cognitive shift is the primary mechanism of change.

Foundation

Therapy may entail putting one's preconceptions to the test and seeking fresh information that can help alter those assumptions, resulting in different emotional or behavioural responses. Ideas (to modify emotion and conduct), behaviour (to change feelings and thoughts), or the individual's goals can all be targets for change (by identifying thoughts, feelings or behaviour that conflict with the goals). Beck began by focusing on depression and developing a list of "errors" (cognitive distortions) in thinking that he said could contribute to depression, including arbitrary inference, selective abstraction, over-generalization, magnifying (of negatives), and reduction (of positives) (of positives).

As an illustration of how CT might operate, consider the following: A man may believe, after making a mistake at work, that "I'm useless and can't do anything well at work." He may then concentrate on the error (which he interprets as proof that his belief is correct), and his feelings of being "useless" are likely to be unpleasant (frustration, sadness, hopelessness). As a result of these thoughts and sentiments, he may tend to avoid

problems at work, which could supply him with even more evidence that his belief is correct. As a result, any adaptive response and subsequent positive outcomes become doubtful, and he may become even more focused on any mistakes he makes, reinforcing his original perception that he is "useless." This example may be classified as a self-fulfilling prophecy or "problem cycle" in therapy, and the therapist and patient's efforts would be focused on breaking the cycle.

People who work with a cognitive therapist learn to think and respond in more flexible ways, questioning if their views are totally true and whether they are assisting them in achieving their goals. Thoughts that do not fit this description may be switched to something more accurate or beneficial, resulting in increased good mood, desirable action, and progress toward the person's objectives. Cognitive therapy is based on a skill-building method, in which the therapist assists the patient in learning and practising these abilities on their own, eventually allowing them to "become their own therapist."

Cognitive Model

Aaron Beck's research findings led to the development of the cognitive model, which explains the psychological processes in depression. It categorizes mental beliefs into three categories:

- 1. Automatic thought**
- 2. Intermediate belief**
- 3. Core belief or basic belief**

The Generic Cognitive Model was developed in 2014 as an upgrade to the cognitive model (GCM). The GCM is a modernised version of Beck's model, which claims that mental diseases can be distinguished by the type of their dysfunctional beliefs. The GCM incorporates a conceptual framework as well as a therapeutic method for recognising shared cognitive processes in mental disorders while also identifying the disorders' unique characteristics.

CT is structured, directive, active, and time-limited, in keeping with the cognitive theory of psychopathology, with the goal of discovering, reality-testing, and correcting faulty cognition and underlying dysfunctional beliefs.

Cognitive restructuring (methods)

Main article: Cognitive restructuring

Cognitive restructuring involves four steps:

Automatic thoughts (ATs) are dysfunctional or negative perceptions of oneself, the world, or the future that are based on already existing ideas about oneself, the world, or the future.

The ATs' cognitive distortions were identified.

The Socratic technique is used to rationally debate ATs.

The creation of a logical reply to the ATs

Automatic ideas can be divided into six categories:

Self-evaluated thoughts

Thoughts about the evaluations of others

Evaluative thoughts about the other person with whom they are interacting

Thoughts about coping strategies and behavioral plans

Thoughts of avoidance

Any other thoughts that were not categorized

Other major techniques include:

Monitoring activities and activity scheduling

Behavioral experiments

Continuous Catching, checking, and changing thoughts

Collaborative empiricism: therapist and patient become investigators and keep themselves focused by examining the evidence to support or reject the patient's cognitions. **Empirical/ scientific evidence** is used to determine whether particular cognitions serve any useful purpose.

Downward arrow technique for implementation

Exposure and response prevention techniques

Cost benefit analysis methods

acting "as if" situations and thoughts

Guided discovery:

By creating fresh experiences that lead to the learning of new abilities and perspectives, the therapist clarifies behavioural problems and incorrect thinking. By correcting cognitive processes, the patient develops more adaptive ways of thinking and coping with external stressors through both cognitive and behavioural strategies.

The Mastery and pleasure technique are
Problem solving – problem oriented empirical technique

Socratic questioning:

Questioning in the Socratic manner

The quintessential cognitive restructuring tools are Socratic inquiries. The purpose of these types of questions is to test assumptions by Imagining viable alternatives: " "What other explanations or perspectives of the issue could there be? What else may have caused it?"

Taking a look at the consequences:

"What happens if you think or believe this? What would be the consequences of thinking differently and letting go of this belief?"

Distancing:

"What would I say to a certain friend/family member in the same situation, or if they viewed the issue this way?"

Socratic questions include the following:

"Explain how you came to your original position."

"How did you come to believe that your current point of view is the best?"

"Consider three pieces of evidence that either contradict or support this viewpoint. Consider the polar opposite of this point of view and consider it for a moment. What is the most compelling argument in favour of the other viewpoint?"

"Make a list of any specific advantages you gain from holding this view, such as social or psychological advantages. For instance, becoming a member of a group of like-minded people, feeling good about yourself or the world, or believing that your point of view is superior to others," and so on. Are there any other reasons for you to have this opinion other the fact that it is correct?"

"Does holding this opinion, for example, bring some peace of mind that holding another viewpoint would not?"

"It's vital to challenge your viewpoint directly on sometimes and explore whether there are reasons why it could not be true in order to refine it so that it's as precise as possible. What do you think the finest or most compelling counter-argument to this viewpoint is?"

What would you have to go through or learn in order to change your mind about this point of view?

Do you believe there is a truer, more accurate, or more nuanced version of your initial position that you could present right now, based on your current thoughts?

Erroneous assumptions:

False assumptions are founded on "cognitive aberrations," such as the following:

Being Right All of the Time: "We are constantly put on trial to show the correctness of our beliefs and deeds. It's unfathomable for us to be wrong, and we'll go to any extent to prove it. 'I don't care how horrible arguing with me makes you feel; I'm going to win this debate regardless because I'm right,' for example. Being correct is frequently more important than the feelings of others, including loved ones, around a person who engages in this cognitive distortion."

The Fallacy of Heaven's Reward: "As if someone is keeping score, we expect our sacrifice and self-denial to pay off. When the payoff does not arrive, we become enraged."

Cognitive therapy: The main Types (group of Cognitive Therapy)

Cognitive Therapy is based on the cognitive model, stating that thoughts, feelings and behavior are mutually influenced by each other. Shifting cognition is seen as the main mechanism by which lasting emotional and behavioral changes take place. Treatment is very collaborative, tailored, skill-focused, and based on a case conceptualization.

Rational emotive behavior therapy (REBT)

It is based on the belief that most problems originate in erroneous or irrational thought. For instance, perfectionists and pessimists usually suffer from issues related to irrational thinking; for example, if a perfectionist encounters a small failure, he or she might perceive it as a much bigger failure. It is better to establish a reasonable standard emotionally, so the individual can live a balanced life. This form of cognitive therapy is an opportunity for the patient to learn of his current distortions and successfully eliminate them.

Cognitive behavioral therapy (CBT) and its "third wave"

It is a system of approaches drawing from both the cognitive and behavioral systems of psychotherapy. Cognitive behavioral therapy is one of the most effective means of treatment for substance abuse and co-occurring mental health disorders. CBT is an umbrella term for a group of therapies, whereas CT is a discrete form of therapy. A

number of treatments have developed that have been derived from CBT and are often labeled as the "third wave" of CBT by its advocates acceptance and commitment therapy, cognitive behavioral analysis system of psychotherapy, dialectical behavior therapy, EMDR, metacognitive therapy, metacognitive training.

Application: of Cognitive Therapy for Depressive Patients:

According to Beck's theory of the etiology of depression, depressed people acquire a negative schema of the world in childhood and adolescence; children and adolescents who experience depression acquire this negative schema earlier. Depressed people acquire such schemas through the loss of a parent, rejection by peers, bullying, criticism from teachers or parents, the depressive attitude of a parent or other negative events. When a person with such schemas encounters a situation that resembles the original conditions of the learned schema, the negative schemas are activated.

Beck's negative triad holds that depressed people have negative thoughts about themselves, their experiences in the world, and the future. For instance, a depressed person might think, "I didn't get the job because I'm terrible at interviews. Interviewers never like me, and no one will ever want to hire me." In the same situation, a person who is not depressed might think, "The interviewer wasn't paying much attention to me. Maybe she already had someone else in mind for the job. Next time I'll have better luck, and I'll get a job soon." Beck also identified a number of other cognitive distortions, which can contribute to depression, including the following: arbitrary inference, selective abstraction, over-generalization, magnification and minimization.

In 2008, Beck proposed an integrative developmental model of depression that aims to incorporate research in genetics and the neuroscience of depression. This model was updated in 2016 to incorporate multiple levels of analyses, new research, and key concepts (e.g., resilience) within the framework of an evolutionary perspective.

Psychotherapy

Psychoanalysis (Psychodynamic)

Behavioral

Cognitive Therapy

Humanistic Therapy

Individual, Family, Marriage and Group Therapy

What are Cognitive Distortions?

Cognitive distortions are nnnnnnnnnnnnnn perceptions of ourselves and the world we live in. We unconsciously reinforce erroneous thoughts and beliefs throughout time.

These thought patterns and systems are typically subtle, and it's tough to notice them when they're a regular part of your daily thoughts. That is why they may be so harmful, because it is difficult to alter something you don't see as needing to be changed. The perceives that he is right and normal. Cognitive distortions exist in a variety of forms and magnitudes, but they all have some characteristics.

All cognitive distortions are:

Usually clients who are maladaptive in nature have cognitive distortions. Which are Tendencies or patterns of thinking or believing, That are false or inaccurate, And have the potential to cause psychological damage.

Beck and Burns aren't the only ones who have committed their lives to learning more about depression, cognitive distortions, and how to treat them. Burns' *Feeling Good Handbook* provides the first eleven distortions (1989).

1. All-or-Nothing Thinking / Polarized Thinking

This distorted thinking, often known as "Black-and-White Thinking," emerges as an inability or unwillingness to see shades of grey. To put it another way, you think in terms of extremes — something is either amazing or terrible, and you believe you are either perfect or a complete disaster.

2. Overgeneralization

This deceptive distortion generalises a single instance or example to a larger pattern. Overgeneralizing can lead to unduly pessimistic views of yourself and your surroundings based on only one or two experiences.

3. Mental Filter

The mental filter distortion, like overgeneralization, focuses on a single unfavourable piece of information while excluding all good ones. By focusing solely on the negative, the mental filter can promote a fairly pessimistic view of everything around you.

4. Disqualifying the Positive

The "Disqualifying the Pleasant" distortion, on the other hand, accepts positive experiences but rejects them rather than embracing them.

This is a particularly dangerous misperception since it makes it easier to maintain negative thought patterns in the face of overwhelming evidence to the contrary.

5. Jumping to Conclusions – Mind Reading

This "Jumping to Conclusions" distortion arises as the erroneous notion that we can read another person's mind. Of course, we can get a sense of what other people are thinking, but the distortion here pertains to the negative interpretations we make.

6. Jumping to Conclusions – Fortune Telling

Fortune telling is a sister distortion to mind reading in that it relates to the inclination to draw conclusions and make predictions based on little to no evidence and take them as gospel truth.

7. Magnification (Catastrophizing) or Minimization

This distortion, sometimes called as the "Binocular Trick" because of its subtle skewing of your perspective, entails inflating or diminishing the significance, relevance, or possibility of things. It is like one may think he did not do anything to get first rank, or another may say that getting first is not a matter and continue to be as normal student.

8. Emotional Reasoning

One of the most critical to recognise and address Most people aren't surprised by the logic underlying this distortion; rather, they're surprised by the knowledge that we've all bought into it at some point.

The accepting of one's emotions as fact is referred to as emotional reasoning. "I feel it, so it must be true," is one way to put it. Just because we have a gut feeling about something doesn't mean it's true.

9. Should Statements

The temptation to make "should" assertions is another harmful misunderstanding. Should statements are assertions that make to yourself about what you "should," "ought," or "must" do. They can also be used to impose a set of expectations on others that are unlikely to be met.

When we cling too strongly to our "should" claims about ourselves, we often feel guilty about not being able to live up to them. We are often disappointed by others' failure to satisfy our expectations when we hold to our "should" claims about them, leading to wrath and resentment.

10. Labeling and Mislabeling

These are essentially severe kinds of overgeneralization, in which we make value judgments about ourselves or others based on a single incident or experience.

When it comes to labelling, mislabeling refers to the use of highly emotional, laden, erroneous, or irrational words.

11. Personalization

As the name implies, this distortion involves taking everything personally or assigning blame to yourself without any logical reason to believe you are to blame.

In addition to these basic cognitive distortions, Beck and Burns have mentioned a few others (Beck, 1976; Burns, 1980):

12. Control Fallacies

A control fallacy manifests as one of two beliefs:

- (1) that we have no control over our lives and are helpless victims of fate, or
- (2) that we are in complete control of ourselves and our surroundings, giving us responsibility for the feelings of those around us. Both beliefs are damaging, and both are equally inaccurate.

13. Fallacy of Fairness

While we would all prefer to live in a world that is essentially fair, the belief that the world is fundamentally fair is not rooted in reality and can lead to negative emotions when we are confronted with evidence of life's unfairness.

14. Fallacy of Change

Another 'fallacy' is expecting others to change if we put enough pressure or encouragement on them. This misperception is frequently coupled by a conviction that our happiness and success are dependent on others, causing us to assume that pushing others to change is the only way to achieve our goals.

15. Always Being Right

This distortion, which is the assumption that we must always be right, will be recognised by perfectionists and people suffering from Imposter Syndrome (psychological pattern in which an individual doubts their skills, talents, or accomplishments and has a persistent internalized fear of being exposed as a "fraud"). For individuals dealing with this distortion, the possibility of being mistaken is unthinkable, and we will fight to the figurative grave to prove our point.

16. Heaven's Reward Fallacy

This is a well-known misconception, and it's easy to find numerous examples of it on big and tiny screens all around the world. The "Heaven's Reward Fallacy" is defined as the notion that one's difficulties, pain, and hard labour will be rewarded fairly.

Humanistic-Existential Therapy

The emphasis on understanding human experience and a focus on the client rather than the symptom connect humanistic and existential approaches. Psychological issues (including

substance addiction disorders) are seen as the result of a hampered ability to create true, meaningful, and self-directed life choices. As a result, treatments are designed to help clients become more self-aware and understand themselves.

While acceptance and progress are significant phrases in humanistic treatment, client responsibility and freedom are major topics in existential therapy.

People have the potential for self-awareness and choice, according to both humanistic and existential views. The two schools, however, arrive to this conclusion based on distinct theories. Human nature, according to the humanistic viewpoint, is fundamentally worthy, having the ability to form healthy, meaningful relationships and make decisions that benefit oneself and others. The goal of a humanistic therapist is to help people break free from limiting beliefs and attitudes so they can live more fully.

Rather than healing diseases or easing disorders, the therapist promotes growth and self-actualization. This viewpoint focuses on present conscious processes rather than unconscious processes and previous causes, yet it, like the existential approach, believes that people are born with the ability to determine their own lives. Being one's genuine self, according to the humanistic therapist, is the genesis of difficulties.

The therapeutic connection acts as a vehicle or setting in which psychological growth can take place. The humanistic therapist seeks to establish a warm and accepting therapeutic relationship with the client, trusting that the client's inner urge is to manifest in a healthy way.

The existentialist, on the other hand, is more concerned with assisting the client in discovering philosophical meaning in the face of anxiety by encouraging them to think and behave in a genuine and responsible manner. The major concerns people experience, according to existential therapy, are worry over loneliness, isolation, despair, and, eventually, death. People are seeing creativity, love, honesty, and free will as viable pathways to transformation, allowing them to live meaningful lives in the face of uncertainty and hardship..

The Logotherapy was developed by Victor Frankl, a psychiatrist and neurologist. The Greek term logos means "soul," therefore logotherapy implies "soul treatment." This act of discovering meaning, even in life-threatening situations, is referred to by Frankl as "meaning making." The search for the spiritual reality of one's life lies at the heart of meaning creation.

Psychological distress is said to be caused by emotions of loneliness, alienation, and an inability to find meaning and genuine fulfillment in life, according to humanistic-existential therapies. The need for personal growth and self-actualization, as well as a natural urge to grow emotionally, drive human beings. Human beings feel psychological anguish when

these demands are not met by society and family. Self-actualisation is defined as an innate or inborn drive that propels a person to become more complex, balanced, and integrated, i.e. achieving complexity and balance without fragmentation. Integrated means having a sense of wholeness, being a full person, and remaining essentially the same person despite a wide range of experiences. Frustration with self-actualization creates suffering in the same way as a lack of food or water does.

Gestalt Psychotherapy is a type of psychotherapy that 'Whole' is the German word gestalt. Freiderick (Fritz) Perls and his wife Laura Perls provided this treatment. Gestalt therapy aims to improve a person's self-awareness and acceptance of themselves. The client is trained to recognise the physical functions and emotions that are being hidden from view. The therapist accomplishes this by encouraging the client to act out feelings and problems in dreams. This treatment can be done in a group environment as well.

Therapy that is focused on the client Carl Rogers was a proponent of client-centered therapy. Rogers merged scientific objectivity with client-centered psychotherapy's personalized practice. Rogers introduced the concept of self into psychotherapy, emphasizing the importance of freedom and choice in one's life. The treatment creates a warm environment for the client to reconnect with her or his shattered emotions. The therapist is warm and has **unconditional positive regard** for the client, which means that she or he understands the client's experience as if it were her or his own. In a **nonjudgmental approach**, the therapist echoes the client's feelings. Rephrasing the client's statements, i.e. seeking basic clarifications to increase the meaning of the client's statements, is how the **reflection** is accomplished. The client's integration is aided by this reflection process. With more adaptability, personal relationships improve. In essence, this treatment assists a client in becoming his or her true self, with the therapist acting as a guide.

Everyone experiences losses (people die, relationships end), and these losses can be stressful since they serve as reminders of human limitations and death. Human impact is moulded by genes, culture, and luck, according to the existential therapist. Existential therapy is based on the idea that people's issues stem from a lack of ability to exercise choice and judgement in order to create meaning in their lives, and that each person is responsible for doing so.

However, external influences may have a role in the individual's restricted ability to make choices and live a meaningful life. Life is considerably more of a battle with negative internal forces for the existential therapist than it is for the humanistic therapist.

In comparison to long-term treatment approaches, short therapy necessitates the rapid creation of a therapeutic bond. These therapies address issues like a loss of meaning in one's life, fear of death or failure, estrangement from others, and spiritual emptiness, all of

which contribute to substance misuse problems.

Humanistic and existential treatments delve deeper into issues surrounding drug abuse disorders, frequently serving as a trigger for clients to seek out alternatives to narcotics to fill the gap they are experiencing. The counselor's empathy and acceptance, as well as the client's insight, aid in the client's recovery by allowing her to make new existential choices, beginning with a well-informed decision to use or abstain from substances.

These therapies can help the client develop self-respect, self-motivation, and self-growth, which will make his treatment more effective.

Because they tend to facilitate therapeutic rapport, increase self-awareness, focus on potential inner resources, and establish the client as the person responsible for recovery, humanistic and existential therapeutic approaches may be particularly appropriate for short-term substance abuse treatment. As a result, clients may be more likely to consider recovery as a lifelong process of striving to realise their full potential, rather than a short-term fix.

These treatments may not always immediately attack substance usage because they try to address the underlying reasons of substance abuse problems.

Empathy, promotion of affect, introspective listening, and acceptance of the client's subjective experience are all beneficial features of humanistic and existential methods in any sort of brief treatment session, whether it's psychodynamic, strategic, or cognitive-behavioral therapy. They aid in the development of rapport and lay the groundwork for meaningful participation in all elements of the treatment process.

A focus on lived experience, true (therapeutic) connections, and acknowledgement of the subjective nature of human experience unites a wide range of therapeutic methods. The emphasis is on assisting the client in comprehending how past experiences, current perceptions, and future expectations influence reality.

The ability to choose new ways of being and acting is facilitated by becoming aware of this process.

Humanistic and existential methods can assist clients focus on the idea that individuals do, in fact, make decisions about substance addiction and are in charge of their own recovery in these situations.

Skills That Are Required

It's critical to be sensitive to "teachable" or "therapeutic" times.

These models do not rely on a comprehensive set of methodologies or procedures by their very nature. Rather, the therapist's own philosophy must be compatible with the theoretical basis of these systems. In order to assist the client in making significant change, the therapist must be willing and able to engage the client in a sincere and authentic manner.

Humanistic and Existential Therapies used at any level of recovery to build a foundation of client respect and mutual understanding of the relevance of their experiences.

Client-centered therapy, for example, can be employed right away to create rapport and clarify difficulties as the session progresses.

When a client is able to access emotional experiences or when hurdles must be overcome to assist a client's entry into or maintenance of recovery, **existential therapy** may be most helpful (e.g., to get someone who insists on remaining helpless to accept responsibility).

Narrative therapy can help the client see treatment as an opportunity to take control of his or her life and start a "new chapter." Throughout therapy, **Gestalt techniques** can be employed to foster a true contact with the therapist and the client's own experience.

By focusing on the intangible components of human experience and awareness of untapped spiritual capacity, **transpersonal therapy** can help people grow spiritually. These methods develop self-awareness, which boosts self-esteem and allows clients to take on more responsibility, giving them a sense of control and the ability to make decisions. All of these approaches can be utilised to help people with substance addiction disorders achieve their goals in therapy.

Number and time of sessions:

Many parts of these approaches can be found in other therapy systems, but empathy, meaning, and choice are at the centre of humanistic and existential therapies. They are especially beneficial in the short-term treatment of substance abuse disorders because they improve therapeutic rapport and conscious experience as well as acceptance of responsibility.

Within this paradigm, episodic treatment might be constructed, with the treatment plan concentrating on the client's tasks and experiences in between sessions. Outside of the meetings, humanistic and existential treatments presume that a lot of growth and change happens. These therapies can be lifelong journeys of growth and transformation when they are focused on wider issues.

First and initial Session

In short therapy, the first session is critical for forming an alliance, generating therapeutic rapport, and establishing a climate of mutual respect.

Initiate to develop the alliance

The therapist's genuine approach to the client can help to establish the foundation for an open, collaborative therapeutic partnership.

Make a point of emphasising the client's freedom of choice and the possibility of significant change. Outline the therapy's expectations and objectives (how goals are to be reached). Reflective listening, exhibiting respect, honesty, and openness; evoking trust and confidence; and following other values that emerge from these therapies can all help to build the partnership.

The therapeutic relationship serves as a vehicle or venue for psychological development. The humanistic therapist strives to build a warm and accepting therapeutic connection with

the client, believing that the client's inner desire will manifest in a healthy way.

The treatment will be less effective unless the therapist succeeds in engaging the client during this early stage. The degree of significance perceived during the initial therapeutic contact determines the degree of motivation felt by the client following the first session.

A negative experience may discourage a highly motivated client from returning, whereas a great one may encourage a lowly motivated client to perceive the possibility of treatment being beneficial.

The Humanistic Therapy Approach

Apart from behaviourism and psychoanalysis, humanistic psychology is concerned with human potential and the individual's unique personal experience, and is often referred to as the "third force." Many of the principles of behaviourism and psychoanalysis are important to humanistic psychologists. They place a premium on understanding behavior's antecedents, as well as the significance of early experiences and unconscious psychological processes. Humanistic psychologists, on the other hand, would argue that people are more than just a collection of behaviours or objects of unconscious forces.

As a result, humanistic psychology is frequently referred to as holistic in the sense that it embraces and accepts a wide range of theoretical traditions and therapeutic techniques. For many humanistic therapists, the need of building a collaborative, accepting, real therapy relationship that values the client which is unique to himself.

The humanistic approach is also holistic since it assumes that the client's psychological, biological, social, and spiritual components are all interconnected. People have an inbuilt ability for self-awareness and psychological well-being, according to humanistic psychology.

Abraham Maslow, who popularised the notion of "self-actualization," Carl Rogers, who developed person-centered therapy, and Fritz Perls, whose Gestalt therapy focused on the completeness of an individual's experience at any given time, are some of the prominent proponents of this approach. The following are some of the most important characteristics of humanistic therapy:

Empathic comprehension of the client's point of view and personal experience:

Respect for the client's cultural values and the ability to make decisions

Exploration of issues using a genuine and collaborative approach to assist the client in gaining insight, bravery, and responsibility.

Exploration of the client's objectives and expectations, including articulation of what the client wishes to achieve and gain from treatment.

Clarification of the therapist's role in assisting the client while respecting the client's

autonomy. Collaboration and authenticity are used to assess and improve client motivation.

"Where do we go from here?" is a question that is asked professionally or informally during contract negotiations.

Setting the tone for a true, authentic experience is a great way to demonstrate authenticity. Throughout the therapeutic interaction, respect, empathy, and authenticity must be maintained. Placing wisdom in the client's hands may be beneficial later in therapy, but a client who is actively using or has recently stopped (within the last 30 days) may be unable to make rational decisions regarding his well-being or future.

Client-Centered Therapy

Client-centered therapy, as defined by Carl Rogers, presupposes that the client has the keys to healing, but adds that the therapist must provide a connection in which the client can openly find and test his own reality, with the therapist's true understanding and acceptance. Therapists must establish three conditions for clients to change:

1. Unconditional positive regard
2. A warm, positive, and accepting attitude that includes no evaluation or moral judgment
3. Accurate empathy, whereby the therapist conveys an accurate understanding of the client's world through skilled, active listening.

According to Carson, the client-centered therapist believes that

Each person lives in their own unique realm of experience, in which they are the focus. An individual's most fundamental goal is to maintain, improve, and actualize his or her own self. A person reacts to things according to how he perceives them, in ways that are consistent with his self-concept and worldview. The underlying tendencies of a person are toward health and completeness; under normal circumstances, a person acts rationally and constructively and selects paths toward personal progress and self-actualization.

A client-centered therapist concentrates on the client's self-actualizing core as well as the client's positive forces (i.e., the skills the client has used in the past to deal with certain problems). The client should also be aware of the therapist's unconditional acceptance. This form of treatment tries to reflect what the client feels, remove resistance by persistent acceptance, and help replace negative attitudes with positive ones, rather than interpreting the client's unconscious motivation or conflicts.

Rogers' tactics are especially helpful for therapists trying to confront a substance-abusing client's denial and encourage her to continue treatment. Motivational interviewing strategies, for example, rely largely on Rogerian principles (see TIP 35, Enhancing Motivation for Change in Substance Abuse Treatment [CSAT, 1999c], for more information on motivational interviewing).

The Existential Approach To Therapy

The existential approach to therapy emphasizes the following six propositions:

1. All persons have the capacity for self-awareness.
2. As free beings, everyone must accept the responsibility that comes with freedom.
3. Each person has a unique identity that can only be known through relationships with others.
4. Each person must continually recreate himself. The meaning of life and of existence is never fixed; rather, it constantly changes.
5. Anxiety is part of the human condition.
6. Death is a basic human condition that gives significance to life.

In existential therapy, the central question is "How do I exist?" in the face of ambiguity, conflict, or death. Through courage, a person gains authenticity and is thus able to establish and discover his own significance in the present and future. There are crucial decisions to be taken (for example, in order to have actual freedom and take responsibility for one's life, one must be willing to face uncertainty and give up a false sense of security).

An individual is a "being in the world" with biological, social, and psychological needs, according to the existential viewpoint. Being in the world entails the physical world, the world of interpersonal interactions, and one's own relationship with one's own self. The "genuine" person appreciates symbolism, imagination, and judgement, and is able to employ these tools to generate personal meaning on a regular basis.

Existential therapy focuses on unique issues that arise from a person's existence. These worries are identified by contemporary existential psychotherapist Irvin Yalom as death, solitude, freedom, and emptiness. Existential therapy focuses on the discomfort that a client feels when confronted with life's intrinsic conflict. The therapist's role is to assist the client in focusing on personal responsibility for decisions, and the therapist may use some humanistic approaches and strategies to do so. For example, Yalom sees the therapist as a "fellow traveller" on the journey of life, and he employs empathy and support to extract understanding and choices. He is convinced that group therapy's relational context is an effective strategy since people exist in the presence of others.

Existential Therapy and Time

Although existential therapy was not intended to be used in a time-limited environment, the basic ideas relating to the client's search for meaning in the face of death can be employed in such a setting. Brief therapy, regardless of modality, must be focused on the "now and now." The restrictions of time are a concern in both existential and short therapies.

Therapeutic Approaches to Counseling			
Parameter	Psychodynamic	Cognitive/Behavioral	Existential
Cause	Intra-psychoic Conflicts.- Conflicts with in the psyche of the person (Dynamic between different components of the psyche).	Faulty learning of behaviours and cognitions.	Questions about meaning of ones living and existence
Causes comes into existence	Unfulfilled wishes of childhood, unresolved childhood fears	Faulty conditioning patterns, learning, thinking and beliefs	Importance of present current feelings of loneliness, sense of futility of ones existence
Treatment	Free association, reporting of dreams, elicits the thoughts and feelings of the client. Interpreted to the client to resolve and confront his/her conflicts.	Alternate behavioral contingencies, cognitive methods which challenge faulty thinking patterns.	Positive, accepting and non-judgmental environment, client is able to speak about problem. Therapist acts as a facilitator.
Nature of relationship	Therapists understand conflict better than the client. Interprets the thoughts and feelings to the client.	Therapists discerns the faulty behavior and thought Patterns. capable of finding out correct thoughts and adaptive behavior patterns.	Therapists provide warm and empathetic relationships. Client feels secure to explore the nature, causes of his or her nature, problems by him/her self.
Chief benefits to client	Emotional Insight: client understands conflicts, Intellectually, accepts the same emotionally and changes her/his emotions towards he conflicts.	Instituting healthy and adaptive behaviors and thought patters.	Personal Growth: The process of increasing understanding of own self, interests, attitudes, aspirations, emotions and motives.
Duration	Several years (classical Psychoanalysis) 10-15 sessions (recent version)	Few months	Few months

Lesson – 14 - Common Ethical Issues & How to Resolve Them

Professional ethics are important aspect of study for any professional course. The profession of psychologist is more sensitive to this aspect because, it is purely dealing with human psychological needs.

Ethical dilemmas do not arise at random, but rather in specific settings where a number of conditions make them more likely. As a result, while ethical concerns can be difficult to negotiate, they are not always impossible to predict.

Learning to recognize and anticipate typical ethical dilemmas will help one to stay watchful and avoid being caught off guard when they arise.

Informed consent

Consent issues are widespread in therapeutic settings. The right to informed consent — the ability to obtain all relevant information before making a decision – is a core feature of the counselor-client relationship that permits the client to engage in therapy with a sense of autonomy and trust.

Consent isn't very difficult in many respects. At the end of the day, the client either consents or does not consent. However, informed consent might be deceptively difficult to get.

Consider what "informed" means to counsellor as a quick exercise. What is the point at which are sufficiently informed? Is there a cut-off point? Is it more important to be informed about some aspects of a decision than it is to be informed about others? These questions may or may not have a clear answer, but it is vital to think about them thoroughly. They might be able to tell if client has given enough consent .

The fact that informed consent is necessarily subjective is a related but different difficulty. te client, for example, may know as much as counselor do about a decision and believe that they fully comprehend what it entails. counselor, on the other hand, have both experience and knowledge of the decision; they, on the other hand, only have knowledge.

That is to say, to some extent, it is not possible for te client to be informed about something they have not actually experienced, as their anticipated experience based on their knowledge may be wholly different from their actual experience. knowledge itself can help them to express consent

The best expression to these issues is as far as possible to avoid treating informed consent like a checkbox that needs to be satisfied, where the client is required to ingest information and then give their consent.

Instead, interact with client and people accompany, to encourage client to appreciate the importance of their consent, reflect on their decision, and consider the limitations of their experience by focusing on expertise and experience of the counselor. . In doing so, while they may not be able to become fully informed in an objective sense, they will achieve the nearest approximation.

Termination of therapy

Termination takes place in therapeutic situation when the goal of the sessions planned are almost reached. But it was found by researchers on counseling that another time of friction when ethical issues can surface is at the conclusion of therapy, when the counselor and client go their different or separate ways. Some times when this termination is premature or happens without a successful resolution of the client's goals, it is understandable why this time is difficult.

Termination can also be a challenging transition even when therapy is concluded after a successful result. Like any relationship, the one between a counselor and client can become strained due to any type of problem or misunderstanding when the time comes for it to end.

Usually after termination, the client may have to continue to do things independently, as the counselors session plan is complete. The client may feel uncertain about their ability to continue independently or may feel rejected when reminded of the ultimately professional and transactional nature of the relationship.

A basic preemptive action that can be taken to reduce the friction between counselor and the client during this time is 'pre-termination counseling,' in which the topic of termination is explicitly addressed and discussed. The client develops idea of how he/she can continue without counselors support.

This brief conversation during one of the concluding appointments, and a more formal exploration of termination as a concept has to be part of the plan for counselling. Which can give client the opportunity to acclimatize and highlight any challenges related to termination.. That may be important to explore before the conclusion of therapy.

The clients history and knowledge his experiences in life also influence the termination challenges. So the challenges can be predicted. These challenges may involve features of client's background such as their attachment history, which may predispose them toward feelings of abandonment, or their experience of anxiety, which may influence their perceived ability to cope independently after therapy.

If already have knowledge of these features of client's background, it may be worth considering these potential challenges well in advance of the termination of therapy.

Autonomy is the respect for a client's free will.

Beneficence and **non-maleficence** are the commitment to improve a client's wellbeing and avoid harming them, respectively.

Fidelity is honoring professional commitments.

Veracity is a commitment to the truth.

Justice is a professional commitment to fair and egalitarian treatment of clients.

Self-respect is fostering a sense that the counselor is also entitled to self-care and respect.

Counseling is taking place Individual Level and at Group Level based on the requirement.

The contemporary counseling Psychologists are developing skills to render counseling services online also. The it is need of the day to have some information about ethical issues covering these.

Online counseling

During Pandemic situations like Carona-19, lock downs, work from home, lose of work, husband and wife adjustment in the house for a long time stay at home, children not attending school and parents engaging them for longer periods, fear of death, taking care of old and elderly members of the house etc caused many changes in living conditions, working conditions, priorities in life situations, taking care of self and others increased the online counseling to the peak. On line classes, online work places, online marketing, online governance etc led people to well acquaint with on line counseling also. So financial transactions through online made it more easier to conduct sessions online, attending counseling session lessons online, - all became as normal as regular activity, usage of cell phone as a multipurpose unit of communication facilitated for success of on line counseling.

The following are some of many ethical issued raised by clients and counselors. The points of ethical issues mentioned may keep changing as counseling is now well spread and importance of it increased. The traditional counseling frame work and the modern trends are different but have basic concepts.

Privacy: Remote forms of therapy are becoming increasingly common. This has many obvious benefits for clients and counselors alike; counseling is more accessible than ever, and

counselors can offer their services to a broad and diverse audience. However, online counseling is also fraught with commonly encountered ethical issues. The counseling taken place online may not maintain **privacy**.

Unpredictable: As remote practice frequently takes place outside the structured contexts more typical of traditional counseling, ethical issues commonly encountered in online counseling are rooted in this relative informality.

Lack of Dedication: Online counseling lacks the type of dedicated ethical frameworks described above, which means e-counselors may have no choice but to operate using their own ethical compass or apply ethical frameworks used in traditional counseling that may be less appropriate for remote practice.

Lack of Responsibility: Research suggests that some online counselors may not consider the unique challenges of working online. For example, online counselors may feel as though they do not have the same responsibility for mandatory reporting, as their relationship with their clients may not be as directly involved as in traditional counseling.

Lack of confidentiality: For online counselors who are aware of their duty to report safeguarding concerns, the inherent anonymity of online clients may present a barrier. Anonymity certainly has the benefit of improved discretion, but it also means a counselor may be unable to identify their client if they feel they are threatened or otherwise endangered.

Confusing jurisdiction: Online counselors may also be unclear regarding the limits of their jurisdiction, as qualifications or professional memberships attained in one region may not be applicable in others. It can often seem like borders do not exist online, and while to some extent this is true, it is important to respect that jurisdictions exist for a reason, and it may be unethical to take on a client who you are not licensed to work with.

Needs Mental Preparation: If counselor work as an e-counselor, the best way to resolve or preemptively prepare for these issues is to acknowledge they exist and engage with them. A good place to start may be to develop a personal framework for practice that has a plan for issues of anonymity and confidentiality, and includes an indication of how you will report safeguarding concerns.

Ethical Considerations for Group Counseling

Group counseling considerations: Group counseling can be an effective form of practice with several intuitive benefits. In a group setting, clients may no longer feel estranged from society or alone in their challenges, and instead view themselves as part of a community of people with shared experiences.

Group Insight: Clients may benefit from insights generated by other group members, and for some individuals, group counseling may literally amplify the benefits of a one-to-one approach.

Ethical Issues: However, group settings can also bring unique ethical issues. Just as some groups can bring out the best in us, and a therapeutic context can foster shared insights, other groups can become toxic and create a space in which counter-therapeutic behaviors are enabled by the implicit or explicit encouragement of other group members.

Similarly, just as some group leaders can inspire others and foster a productive community, it is also all too easy for group leaders to become victims of their status.

This is true for any relationship in which there is **an inherent imbalance of power**, such as traditional one-to-one practice, but in a group context, the counselor is naturally invested with a greater magnitude of influence and responsibility. This can lead to the judgment of the counselor becoming warped and increase the risk of overstepping ethical boundaries. As a group counselor, first and foremost, should foster a diligent practice of self-reflection to ensure you are mindful of the actions take and remain alert to any blind spots in counselors judgment.

If possible, it may also be useful to examine ethical issues related to authority by referring to another authority, in the form of supervision with one of colleagues. group members may discuss and may develop negative trends in the group counseling. So purpose of the counseling can not be met by sub groups got created themselves.

Finally, to prevent counter-therapeutic dynamics from developing within group of clients, it may be useful to develop a clear code of conduct that emphasizes a commitment to group beneficence through mutual respect.

Practical concepts of Ethical Issues:

The counseling psychologist face many ethical challenges, and it is the judgement of the counselor that works out well in taking ethical steps towards helpin the process go on well with in the frame work. Sometimes, Those values include protecting clients, improving the wellbeing and relationships of others, appreciating the diversity of perspectives, and honoring personal integrity. Personal moral qualities include courage, empathy, humility, and respect. Two counselors may draw different conclusions for the same counseling situation. Here some case examples with a ethical value is named for better understanding of student of counseling. When practicing counseling or psychotherapy, working without a defined counseling code of ethics is a bit like sailing a ship without using a compass. You might trust your intuitive sense of direction, but more often than not, you'll end up miles off course.

These principles are autonomy, beneficence, non-maleficence, fidelity, justice, veracity, and self-respect (American Counseling Association, 2014; British Association for Counselling and Psychotherapy, 2018). They are largely consistent across frameworks aside from some minor variations. It's good to foster a healthy amount of flexibility and intuition when applying your ethical framework to real-life situations.

There is no correct or incorrect interpretation to any of these cases, for each, consider where student think the problem lies and how counselor would respond.

Autonomy (Respect for the clients free will)

A counsellor has been seeing a client for several months to help them with their substance abuse problems. Although there is a solid relationship between the client and the therapist, the individual has not met the goals set during therapy and has not reduced their substance usage.

The counsellor believes that referring the client to a trustworthy colleague who specialises in assisting clients with substance use difficulties who are having difficulty engaging in therapy would be beneficial. The counsellor makes contact with the colleague and schedules an appointment for their client.

Beneficence (Beneficence and non-maleficence are the commitment to improve a client's wellbeing and avoid harming them, respectively).

A client with body image concerns is allocated to a counsellor working as part of a university service. The counsellor has no experience working with these concerns, but believes they might be able to help the client based on their past experiences.

After some thought, the counsellor decides to seek supervision and assistance from a colleague outside of the university service who specialises in body image concerns.

Non- maleficence – (Beneficence and non-maleficence are the commitment to improve a client's wellbeing and avoid harming them, respectively).

A client with significant post-traumatic stress is being treated by a counsellor who is creating a new exposure-based form of anxiety therapy. Although there is hopeful evidence that the therapy is useful for moderate anxiety, it is unknown whether it is effective in more severe situations.

As a result, the counsellor realises that this specific client would be an excellent case study for developing the therapy. This therapy is suggested by the counsellor to the client.

Fidelity - (Fidelity is honoring professional commitments).

For the past year, a client with a history of depression and suicide ideation has been successfully engaged in therapy. However, because of their shaky living situation, they have recently encountered an unlucky series of exceedingly difficult life occurrences.

Given the client's past, the counsellor has identified troublesome behaviours and thought patterns arising and is concerned about the client's mental health.

They decide to recommend that the client be hospitalised for suicide thoughts in order to get them out of their difficult living situation, despite the fact that there are no genuine signs of suicidal ideation and their client earlier expressed a desire to avoid hospitalisation.

Justice – (Justice is a professional commitment to fair and egalitarian treatment of clients).

Two pupils are stressed about their final examinations, according to a school counsellor. The first is a nice high-achieving and popular student, but the second is a kid who has a history of poor attendance and education participation.

The counsellor agrees that counselling is appropriate for the first student, but advises the second student to avoid counselling and instead focus their efforts on "working harder" to alleviate the "transient" exam worry.

Veracity – (Veracity is a commitment to the truth.).

After both the client and their family agree to therapy for low mood issues, a counsellor is appointed to the adolescent. After the first session, it is clear that the client has been keeping information about their mental health from their family and is exhibiting severe depression-like symptoms.

The counsellor is aware that their client is a high-achieving student going to enter a prominent institution, and that his or her family has high expectations for the future. To protect the family from the negative consequences of the client's condition, the counsellor reassures them that there is no reason to be concerned.

Self-interest – (Self-respect is fostering a sense that the counselor is also entitled to self-care and respect.)

A counsellor is working with a professional massage therapist as a client. As a token of appreciation, the client offers the counsellor a free massage therapy session. The client clarifies that this is a fully professional and platonic gesture.

The counsellor is uncomfortable with intimate touch and suspects that the client's gesture isn't fully platonic. The counsellor politely declines the offer and advises that they keep their relationship going as is. In response, the client abruptly discontinues therapy.

Counseling Ethics

The philosophical foundations of counselling ethics, as well as general ethics as a construct, can be found in the study of philosophy. The term philosophy is derived from the Greek terms *philos*, which means love, and *sophia*, which means wisdom. As a result, the study of ethics is founded on a desire for knowledge. Ethics and morality are frequently used interchangeably. They do have certain similarities, such as value-based judgments about what is and is not proper human behaviour and interactions.

However, many professionals in the fields of counselling and psychology distinguish them as follows: Members of professional organisations such as the American Counseling Association (ACA) and the American Psychological Association (APA) have agreed on standards of aspirational and required behaviours and practises known as ethics or ethical codes (APA).

Members' professional practise is guided and informed by these norms, which establish the expectation that counsellors will defend their clients' welfare and freedoms. Morals are described as behaviours or actions that are based on the culture and values of a certain community. Morals, as a result, are a more broadly defined and culturally influenced set of values. Morals are thought to serve the common welfare for the majority of people in a society.

Different Types of Ethics

No discussion of ethics would be complete without noting that counsellors are confronted with a variety of ethical descriptions that can be confusing. A general explanation of any mix of philosophical, principle, professional, aspirational, required, and virtue ethics would be included in every textbook on ethics.

The study of ethics through the prism of a theoretical perspective is known as philosophical ethics. How one perceives the rightness, wrongness, or worthiness of specific activities is determined by the theory one chooses to utilise as a foundation. This sort of ethics has little utility in a counselling practise due to its theoretical nature. Principle ethics, on the other hand, are pragmatic in character. Moral principles underpin principle ethics. **They are described as a set of responsibilities and a procedure that give counsellors a rapid approach to resolve an ethical issue, and the process also establishes a framework for future ethical practise and decision-making.** The focus of principle-based decision making is on one's actions and decisions in relation to socially acceptable behaviours.

Aspirational ethics: A professional organization's agreed-upon acceptable procedures are known as professional ethics. These clients are usually formalised by the membership and serve as a guide for both voluntary and mandated ethics. Aspirational ethics exemplifies the highest level of ethical behaviour. Counselors who practise aspirational ethics are aware of and follow the letter as well as the spirit of the ethical norms. Counselors must analyse their personal habits and motivation, as well as the ethical code, to ensure that their clients receive services that go above and beyond the anticipated quality of care. **Aspirational**

ethics are frequently referred to as "best practises" in ethical codes.

Mandatory ethics: Mandatory ethics refers to the minimal ethical principles that all counsellors should follow. Counselors who practise at this level evaluate what they "must" and "must not" do; they follow the letter of the ethical code but not the spirit. **Ethics codes frequently refer to mandatory ethics as "standards of practise."**

Virtue ethics: The final form of ethics look at is **virtue ethics**. The individual counselor's character attributes and the aspirational parts of one's work are the emphasis of virtue ethics. In general, virtue ethics is not concerned with resolving ethical difficulties. They urge counsellors to consider whether or not they are acting in the best interests of their clients. As a result, counsellors place a greater emphasis on what is desirable for a client rather than what is required. Professionals who practise virtue would aim to the key virtues of prudence, integrity, respectfulness, and compassion, according to Meara and colleagues.

Moral concepts: Counselors are guided by ethical rules that are influenced by **moral concepts** as well as the norms of their professional organisation. The codes, at the very least, describe the criteria that counsellors must meet as well as those to which they may strive.

The Purpose of Ethical Codes

Ethics, often known as an ethical code, is a system of standards developed by professionals to guide their professional behaviour. Several counselling organisations, such as the American Counseling Association and the American Psychological Association, have adopted codes that educate all members of the organisation on what is expected and acceptable ethical behaviour. However, ethical rules serve a variety of goals in addition to education.

1. According to researchers in counselling and psychology, ethical codes protect the public by establishing the anticipated standards of professional behaviour and practise.
2. Second, when a practitioner's performance or behaviour is questioned, ethical rules can safeguard them. The counselor's action is more likely to be considered as complying to the standards if the behaviour in question is in conformity with the ethical code. The ethical codes are a type of professional self-regulation that, when followed with fidelity and accountability, can help to deter government control.
3. Finally, the ethical codes' aspirational elements might operate as a catalyst for better practise by pushing counsellors to seek more sophistication and accountability in their work.

Foundations of Ethical Decision Making

Ethical decision making is a process fundamental to a professional practice of counseling. Ethical codes of conduct generated by professional organizations rest on the general moral

principles that guide counselors' behavior within professional relationships.

Counselors have generally agreed that the moral principles of autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity provide the conceptual underpinnings for ethical decision making.

Autonomy means that counselors respect and foster their clients' right to freely choose their actions or behaviors that would be in harmony with their personal desires and wishes. Counselors foster clients' independence in decision making.

Beneficence means that as professionals, counselors are called to do good and to promote the general health of their clients.

Nonmaleficence as a principle means to do no harm. Its origins lie in the Hippocratic Oath that calls upon physicians to avoid any act or practice that may harm a client, even inadvertently.

The principle of **justice** calls upon the counselor to be fair, just, and equitable in all practices with all clients. Counselors are committed to treating all clients equitably.

Veracity means that counselors will be truthful in all interactions with clients, colleagues, and professional peers.

The final principle, **fidelity**, calls upon professional counselors to practice in a trustworthy manner by honoring their commitments to clients and other professionals.

These principles are presented to counselors as a **unified whole, a set of equally balanced and dynamic concepts that are to be considered in the best interest of the client**. Yet, at times, these principles may be in conflict, and hence a potential ethical dilemma emerges.

Ethical Dilemma: This

conflict among the principles is the foundation of the definition of an ethical dilemma.

First and foremost, an ethical dilemma exists **when two or more of the moral principles are in conflict or competition**. Consider the counselor whose client clearly threatens to kill his or her intimate partner later that afternoon; the counselor has the legal and ethical duty to warn the identified victim of the **potential for harm**. By upholding his or her professional and legal obligations, the counselor will breach the client's confidentiality (limiting fidelity) and possibly limit his or her freedom (autonomy—client may require involuntary hospitalization) in order to protect the potential victim and client from harm and to do good (reinforcing nonmaleficence and beneficence).

Ethical Decision-Making Models

Ethical decision-making models provide a systematic framework that counselors can use to examine the origins, nature, impact, and potential consequences of a professional's actions and attitudes. Counselors challenged with an ethical decision may feel perplexed and apprehensive. **Ethical decision-making models, if used properly, can guide them along the process of decision making in a logical, consistent, and practical manner.**

Ethical decision-making models are based on **different conceptual foundations** (e.g., theoretical, philosophical, or practice-based) and various schools of thought (e.g., rationalism, moral reasoning, feminism, social constructivism, and social justice). Models

derived from these foundations provide an organization scheme and particular perspective that give counselors a method from which to work through and analyze potential ethical dilemmas. According to numerous researchers, there are at least **nine documented ethical decision-making models in the professional counseling literature. This entry examines five of them.**

1. Kitchener's 1984 principle or rational model is one of the more widely used paradigms. This model was drawn from the ethical literature in psychiatry. The premise of the rational model is that relying on personal value judgments, or intuition, was not sufficient, and that clear ethical guidelines were a must for sound decisions. Kitchener, and others, noted that decision makers needed to understand and consider the continuum of thinking, from absolutism (dichotomous, rational, non-contextual) to relativism (multiple influenced, relational, contextual) as they critically considered the facts at hand. Therefore, decisions were derived from a structured process of critical thinking and systematic logic rather than a personal or emotional response.

2. In 1994, Rest devised the four-component model, which was touted as one of the most empirically grounded approaches to analyzing moral and developmental behaviors via the works of Kohlberg and others. According to Rest, because the four-component model was based on a large body of existing research on moral development, it could drive further research and instruction in moral education. The four components include

- (a) interpret one's actions relative to the potential impact on others;
- (b) devise a moral course of action that would distinguish the moral ideal;
- (c) select the more moral outcome from the choices generated; and
- (d) act or implement one's choice.

3. Feminist researchers noted, when they examined models of ethical decision making, that most of them rested on a culturally encapsulated view of the White male's worldview. Much like the criticisms that surrounded Kohlberg's work in the 1970s and 1980s (i.e., that the stage model of moral development and reasoning were based solely on White male experiences), feminist scholars warned that the then current ethical decision-making models suffered from a similar flaw. They stated that these decision-making processes may be too linear, dispassionate, and rational, which would ignore the contextual, personal, and cultural considerations of decision makers and clients. The criticism offered by feminists directly questioned the philosophical underpinnings and universality of the earlier rational and moral development models.

4. Social constructivists have posited that ethical decision making should rely on the interactive and mutually constructed nature of reality rather than the traditional beliefs in an objective reality that exists independent of individual perceptions. Social constructivism asserts that there is no objective reality and that reality is the result of social interactions, system influences, and the resulting perceptions. Therefore, the ethical decision-making process will occur with at least one other person who will engage the other in examining and clarifying the information at hand, so that they can negotiate and mutually determine the best course of action.

5. Social justice advocates and multicultural scholars have also questioned the utility and

cultural sensitivity of the traditional models of ethical decision making (e.g., rational and moral development). They recognized that the traditional models excluded or appeared to devalue decision making not grounded in the logical positivist tradition. Herlihy and Watson presented a model of ethical decision making based on a social justice paradigm. Counselors using this model would engage in culturally sensitive and competent interactions that were grounded in collaborative decision making and an awareness of virtue ethics.

Ethical Decision-Making Skills

Counselors are professionals, and their training, experience, and education should have prepared them for a certain set of skills. Counselors must grasp and display an understanding of the significance, importance, and relevance of their activities in order to make appropriate ethical decisions.

Cottone identified six decision-making skills or attitudes necessary for counselors.

1. First and foremost, counsellors must be willing to make decisions and accept responsibility for their clients and practises. It indicates a lack of professionalism and personal accountability when you delegate or defer choices to others.
2. An intellectual attitude to deal with the intricacies of human interactions in a methodical and systematic manner is the next expected competence.
3. Finally, in order to assist clients, counsellors must obtain and preserve current and reliable professional information. A trait that distinguishes lay counsellors from professional counsellors is their dependence on professional literature.
4. counsellors extend their education beyond their formal degree by attending conferences and reading trade magazines for continuing professional development. Ignorance about advancements or developments in the profession is not a valid justification for unethical treatment.
5. Professionals employ a decision-making framework that exhibits consideration, excellent judgement, competency, and trustworthiness. Professionalism and responsibility are demonstrated by systematic decision-making.
6. Finally, counsellors must be professionally invested. This means that counsellors follow their profession's ethical code and training practises, and that they keep their skills up to date throughout their careers.

The professional execution of a counselor's or psychologist's tasks requires ethical decision-making. The procedure is supposed to be orderly and transparent, so that any reasonable person may understand why certain decisions were reached. The use of a well-known decision-making model reflects a counselor's professionalism.

Ethical Principles of Counseling and Psychotherapy:

1.Fidelity
2.Autonomy
3.Beneficence
4.Non-Maleficence
5.Justice
6.self-respect

Personal Moral Qualities:

1	Empathy
2	Sincerity
3	Integrity
4	Resilience
5	Respect
6	Humility
7	Competence
8	Fairness
9	Wisdom
10	Courage

Ethical Issues in Practice:

1. Good Quality of Care

Good quality, care and accountability

Work according to limits of training, experience, taking assistance from available professional support

Entering in to dual relations with clients may be possible during counseling. But the counselor must take care and be ready for the implications that arise. Dual relationships are – client and trainee, acquaintance and client, colleague and supervisee etc

Maintaining records which are accurate, respectable towards client, protected from unauthorized disclosure and legal issues.

Reviews must be conducted periodically with consent of the clients, superisors, managers or other practitioners with relevant expertise.

2. Maintaining Competent Practice:

Periodically all the counselors, therapists, trainers, supervisors and managers must conduct meetings uplift knowledge among them.

Feedback system must be strong and well developed. Important to be open to and conscientious in considering, feed back from colleagues, appraisals and assessments.

Responding constructively to feed back will help to advance practice.

The updating of knowledge results in commitment to practice. Professional development and engage in appropriate educational ctivities.

Legal requirements must be brought to notice, awareness and the practice must be legally accountable

3. Keeping Trust:

Trust of the clients is very important to keep up practice. The trust is dependent fosters by – attentiveness, quality of listening, respect offered to clients, culturally appropriate ways of communication, courteous and clear communication, respect for privacy and dignity, careful consent to clients confidentiality.

Providing Right information at a right time – about services, right of continuity of service or withdrawal.

Overriding clients known wishes or problems, maintaining problematic relationship must be taken care. The client relationship with supervisors, managers and all others must be accountable to the counselor.

Working with Children, adolescents, adults and old people require different abilities and keeping up to the requirement is necessary.

Confidentiality builds trust, sensitive information must be kept in strict confidence, legal requirements can be provided to court only if client gives permission,

In order to get personal advantage, the counselor should not try to create situations to exploit the client by abusing, sexually tempting, creating situations for counselors advantage.

Prejudice in any for towards clients age, disability, race, sexual orientation, belief or culture is very bad and condemned. Maintain professional views in practice buids trust.

Commitments of the client must be respected, and professional commitments must be nurtured among supervisors, managers and support staff along with the counselor.

4. Fitness to practice:

Fitness for practicing is essential and the practitioner must adhere to that.

If any health problems arise, it is better to take rest for few days by withdrawing or engaging another best counselor, rejoin to practice only after acquiring fitness again.

5. Problems in Practice with clients:

Prompt and appropriation action must be taken immediately. Agencies help for intervention and legal opinion must be takn for smooth functioning of the practice.

It is always better to apologize the client genuinely before making the issue big and hard to deal with.

Preventing further harm to the client is right action at a right time. If harm is done to

the client due to any reason, the client must take care to reduce harm and prevent further harm. Taking advice from professionals, experienced persons is very much necessary.

Insurance for professional indemnity and liability will help the counselor.

Second professional opinion, mediation, or conciliation where these are appropriate must be used when the client has dissatisfaction.

6. Responsibilities to all clients:

When client goes on in a wrong direction of other practitioners in some cases, the counselor who dealt with him must take right action to protect the client.

If the counselor find any mistake in the institution, it must be brought to the management and protect the client.

The concern for their client must be done in excegency situations, by taking experts, supervisors and associations help in time.

7. Working with colleagues:

A group of counseling psychologists must be available to the clients. In the same locality a group of colleagues by maintain case information and client files can share information and take the therapy most suitable to the client. It is true with who work in teams and in agencies.

8. Working in Teams:

Work is worship, must render work with good spirit. Service to the client with a good intention must be the spirit of professionals. It results in communication among team members and professionalism.

Equal opportunity must be provide to all team mebers

Colleagues life style, gender, age, disability, race, sexual orientation, beleifs or culture must not influence professionalism.

Professional should not undermine or make unjustified comments on co-professionals in the presence of clients.

Purposeful, professional discussions about the clients must be encourages rather than personalized remarks and criticisms.

9. Context oriented awareness:

Every working context is with some protocols, conventions an customes that can pertain to different working contexts and cultures.

10. Making and receiving referrals:

The referrals done regularly, advises taken, all can be put to clients information. The clients consent in taking referrals and also disclosing information to accompany the referral, all this process is done to take care of the client.

The referral information also is under confidential, it benefit the client, appropriateness of the referral must be taken in to consideration by the practitioner, counseling practitioner must ensure that referral taken for the clients benefit, the progress reports with referrals also help the client.

11. Probity, providing adequate information:

Information gathering or probing is necessary for helping the client, in advance information about the about services offered by the counseling practitioner is important. Certificates of practitioners, qualification, specialization if any – all such information must be provided to the client.

12. Financial and conflicts:

Honest, detailed information about financial commitments must be provided to the client. Conflicting situations or points of disputes must be taken care with good communication and clear instructions.

13. Self and Client Care:

Care for self and client are equally important to the counseling practitioner. The counselor also needs counseling of his/her self periodically with the help of co professionals. The well balanced practice, improving knowledge, taking regular exercise is good for counselor.

ACA CODE OF ETHICS

The American counseling association (ACA) is a nonprofit professional and education organization dedicated to the growth and entrancement of the counseling profession.

1. Purpose of ACA code it enable the common ethical responsibilities held by its members
2. The code helps support the mission of the associate
3. It defines the ethical behaviors and best practices of the association members.
4. The code severs as an ethical guide.
5. The code serves as the basis for processing of ethical complaints.

The ACA founder in 1952 and it is the world's largest association representing professional councilor in various practices setting.

The ACA code consists eight main sections.

Section A: - The counseling relationship: - by and beliefs the counselor should form a healthy relationship with the Clint. It also includes the consent of the Clint, avoiding harm, improving values, technology application etc.

Section B: confidentiality, privileged communication and privacy:- as the trust is the cornerstone of counseling, the counselor should maintain trust, confidentiality and communicate it is a consistent manner.

Section C : Professional responsibility:

Conselor should aspire to open, honest and accurate and acceptance communication in dealing with the public and other professionals. They should participate in local, state and national associations that faster the development and improvement of counseling. They should develop knowledge standards, professional competence professional qualification, public, and responsibility towards other professions.

Section D: Relationship with other professionals:

Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledge about colleagues within and outside the field of counseling. These positive relations with colleagues enhance services to clients.

Section E: Evaluation, Assessment and implementation:

Counselors use assessment instruments as one component of the counseling process, taking into account the client personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, psychological and career assessment instruments.

Section F: Supervision, training and teaching

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisors and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate and honest in their assessments of counselors in training.

Section G:- Research and publication:-

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to healthy and more just society. Counselors support efforts of research by participating fully and willingly whenever possible. Counseling minimizes biases and respects diversity in designing and implementing research programs.

Section H: - Resolving ethical issues:-

Counseling behavior is a legal, ethical and moral manner in the conduct of their professional work. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary.