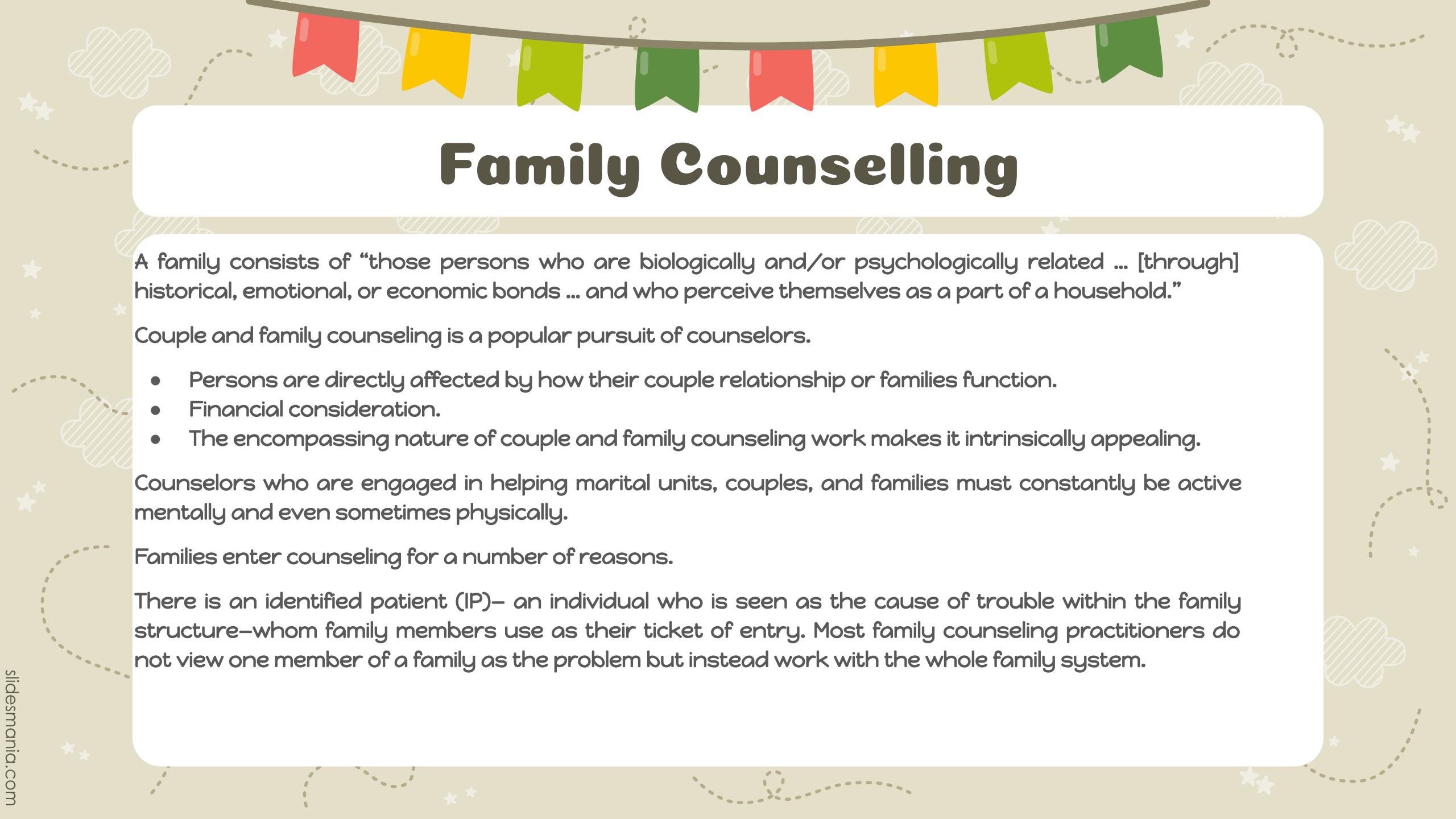


Counseling applications



Family Counselling

A family consists of “those persons who are biologically and/or psychologically related ... [through] historical, emotional, or economic bonds ... and who perceive themselves as a part of a household.”

Couple and family counseling is a popular pursuit of counselors.

- Persons are directly affected by how their couple relationship or families function.
- Financial consideration.
- The encompassing nature of couple and family counseling work makes it intrinsically appealing.

Counselors who are engaged in helping marital units, couples, and families must constantly be active mentally and even sometimes physically.

Families enter counseling for a number of reasons.

There is an identified patient (IP)—an individual who is seen as the cause of trouble within the family structure—whom family members use as their ticket of entry. Most family counseling practitioners do not view one member of a family as the problem but instead work with the whole family system.

CHANGING FORMS OF FAMILY LIFE



Nuclear family

husband, wife, and their children



Single-parent family

includes one parent, either biological or adoptive, who is solely responsible for the care



Blended family



when two people marry and at least one of them has been previously married and has a child/children



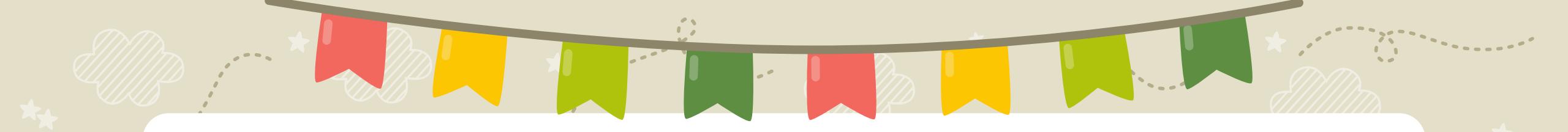
Childless family

couples who consciously decide not to have children or who remain childless as a result of chance or biological factors



Multigenerational family

include at least three generations



CHANGING FORMS OF FAMILY LIFE

Multicultural family

Individuals from two different cultures unite and form a household that may or may not have children.

Aging family

head or heads of the household are age 65 or above

Gay\ Lesbian family

made up of same-sex couples with or without a child/children from either a previous union or as a result of artificial insemination or adoption

Dual career family

both marital partners are engaged in work that is developmental in sequence and to which they have a high commitment

Associations



American Association for Marriage and Family Therapy (AAMFT)

Largest and oldest, was established in 1942



International Association of Marriage and Family Counselors (IAMFC)

division within the American Counseling Association (ACA), was chartered in 1986.



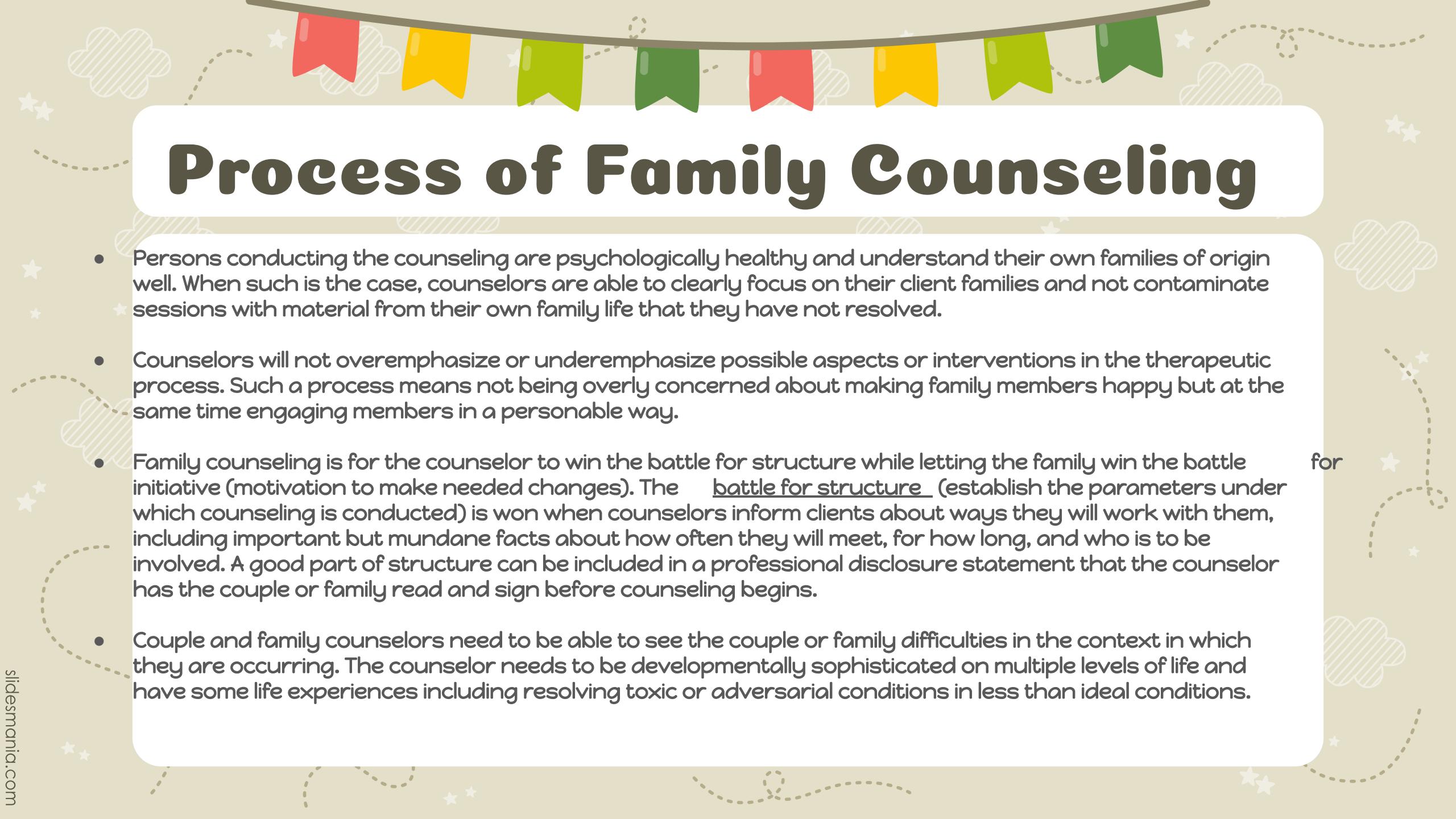
Division 43 (Family Psychology)

division within the American Psychological Association (APA), was formed in 1984 and comprises psychologists who work with couples and families.



American Family Therapy Association (AFTA)

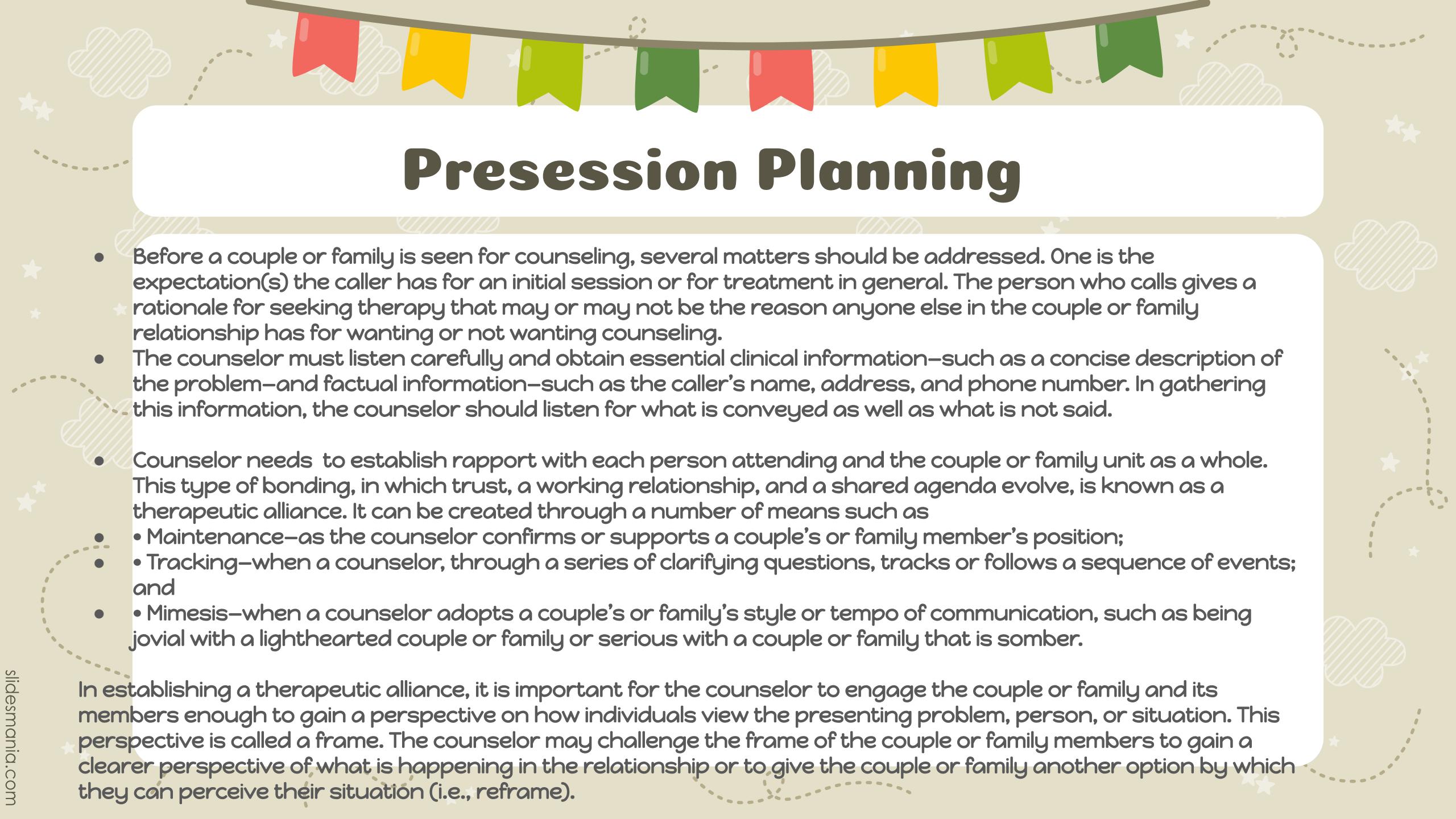
Formed in 1977. It is identified as an academy of advanced professionals interested in the exchange of ideas.



Process of Family Counseling

- Persons conducting the counseling are psychologically healthy and understand their own families of origin well. When such is the case, counselors are able to clearly focus on their client families and not contaminate sessions with material from their own family life that they have not resolved.
- Counselors will not overemphasize or underemphasize possible aspects or interventions in the therapeutic process. Such a process means not being overly concerned about making family members happy but at the same time engaging members in a personable way.
- Family counseling is for the counselor to win the battle for structure while letting the family win the battle initiative (motivation to make needed changes). The battle for structure (establish the parameters under which counseling is conducted) is won when counselors inform clients about ways they will work with them, including important but mundane facts about how often they will meet, for how long, and who is to be involved. A good part of structure can be included in a professional disclosure statement that the counselor has the couple or family read and sign before counseling begins.
- Couple and family counselors need to be able to see the couple or family difficulties in the context in which they are occurring. The counselor needs to be developmentally sophisticated on multiple levels of life and have some life experiences including resolving toxic or adversarial conditions in less than ideal conditions.

for



Presession Planning

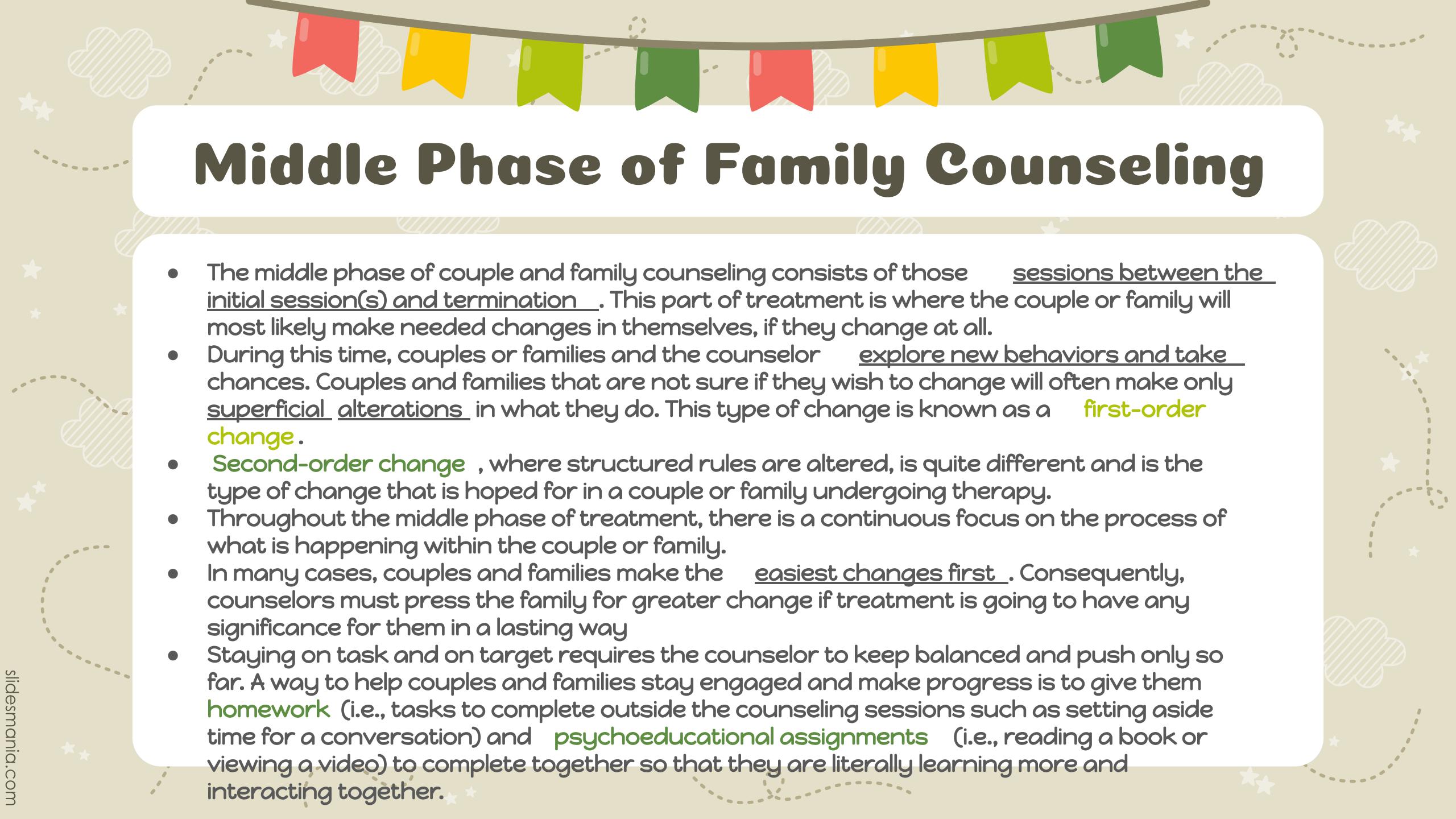
- Before a couple or family is seen for counseling, several matters should be addressed. One is the expectation(s) the caller has for an initial session or for treatment in general. The person who calls gives a rationale for seeking therapy that may or may not be the reason anyone else in the couple or family relationship has for wanting or not wanting counseling.
- The counselor must listen carefully and obtain essential clinical information—such as a concise description of the problem—and factual information—such as the caller's name, address, and phone number. In gathering this information, the counselor should listen for what is conveyed as well as what is not said.
- Counselor needs to establish rapport with each person attending and the couple or family unit as a whole. This type of bonding, in which trust, a working relationship, and a shared agenda evolve, is known as a therapeutic alliance. It can be created through a number of means such as
 - Maintenance—as the counselor confirms or supports a couple's or family member's position;
 - Tracking—when a counselor, through a series of clarifying questions, tracks or follows a sequence of events; and
 - Mimesis—when a counselor adopts a couple's or family's style or tempo of communication, such as being jovial with a lighthearted couple or family or serious with a couple or family that is somber.

In establishing a therapeutic alliance, it is important for the counselor to engage the couple or family and its members enough to gain a perspective on how individuals view the presenting problem, person, or situation. This perspective is called a frame. The counselor may challenge the frame of the couple or family members to gain a clearer perspective of what is happening in the relationship or to give the couple or family another option by which they can perceive their situation (i.e., reframe).



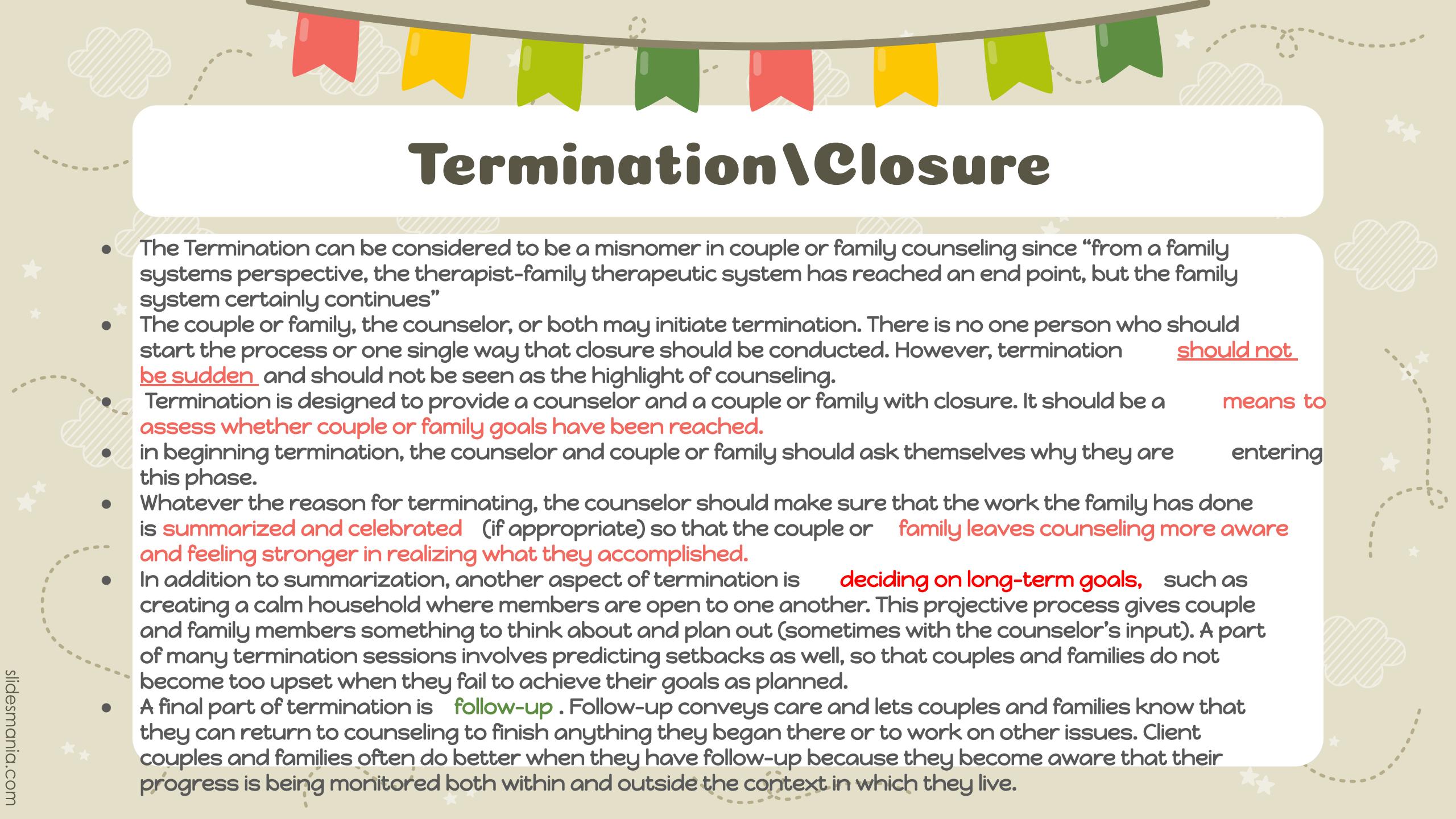
Initial session

- In the initial session or sessions, the counselor is also an observer. He or she looks for a phenomenon called the couple or family dance, which is the way a couple or family typically interacts on either a verbal or nonverbal level. If the counselor misses this interaction at first, he or she need not worry, for the pattern will repeat itself. It is important in observing the family dance to see whether some member or members of the family are being scapegoated (i.e., blamed for the family's problems).
- Ask circular questions—that is, questions that focus attention on couple or family connections and highlight differences among members. This type of questioning may also help the counselor and family see if triangulation is taking place (i.e., the drawing in of a third person or party into a dyadic conflict, such as the mother enlisting the father's support whenever she has an argument with the daughter).
- It is crucial that the counselor develop the capacity to draw some initial conclusions in regard to the way the couple or family behaves (e.g., in a family, who talks to whom and who sits next to whom). In this way the counselor can gauge the dimensions of boundaries (i.e., those that allow closeness and caregiving versus ones that may be intrusive, such as a parent speaking for a child who is capable of speaking for himself or herself)



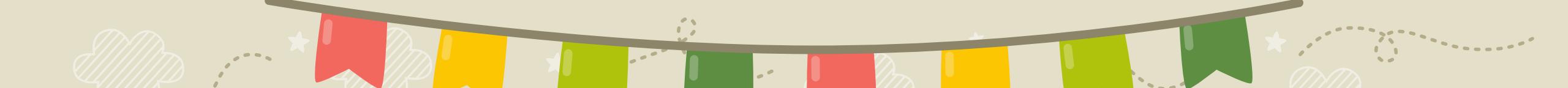
Middle Phase of Family Counseling

- The middle phase of couple and family counseling consists of those sessions between the initial session(s) and termination. This part of treatment is where the couple or family will most likely make needed changes in themselves, if they change at all.
- During this time, couples or families and the counselor explore new behaviors and take chances. Couples and families that are not sure if they wish to change will often make only superficial alterations in what they do. This type of change is known as a **first-order change**.
- **Second-order change** , where structured rules are altered, is quite different and is the type of change that is hoped for in a couple or family undergoing therapy.
- Throughout the middle phase of treatment, there is a continuous focus on the process of what is happening within the couple or family.
- In many cases, couples and families make the easiest changes first . Consequently, counselors must press the family for greater change if treatment is going to have any significance for them in a lasting way
- Staying on task and on target requires the counselor to keep balanced and push only so far. A way to help couples and families stay engaged and make progress is to give them **homework** (i.e., tasks to complete outside the counseling sessions such as setting aside time for a conversation) and **psychoeducational assignments** (i.e., reading a book or viewing a video) to complete together so that they are literally learning more and interacting together.



Termination\Closure

- The Termination can be considered to be a misnomer in couple or family counseling since “from a family systems perspective, the therapist-family therapeutic system has reached an end point, but the family system certainly continues”
- The couple or family, the counselor, or both may initiate termination. There is no one person who should start the process or one single way that closure should be conducted. However, termination should not be sudden and should not be seen as the highlight of counseling.
- Termination is designed to provide a counselor and a couple or family with closure. It should be a means to assess whether couple or family goals have been reached.
- In beginning termination, the counselor and couple or family should ask themselves why they are entering this phase.
- Whatever the reason for terminating, the counselor should make sure that the work the family has done is summarized and celebrated (if appropriate) so that the couple or family leaves counseling more aware and feeling stronger in realizing what they accomplished.
- In addition to summarization, another aspect of termination is deciding on long-term goals, such as creating a calm household where members are open to one another. This projective process gives couple and family members something to think about and plan out (sometimes with the counselor’s input). A part of many termination sessions involves predicting setbacks as well, so that couples and families do not become too upset when they fail to achieve their goals as planned.
- A final part of termination is follow-up. Follow-up conveys care and lets couples and families know that they can return to counseling to finish anything they began there or to work on other issues. Client couples and families often do better when they have follow-up because they become aware that their progress is being monitored both within and outside the context in which they live.



Features of family Counseling

Family counseling interventions are at least as effective as individual interventions for most client complaints and lead to significantly greater durability of change.

Some forms of family counseling (e.g., using structural-strategic family therapy with substance abusers) are more effective in treating problems than other counseling approaches.

The presence of both parents, especially noncompliant fathers, in family counseling situations greatly improves the chances for success. Similarly, the effectiveness of marriage counseling when both partners meet conjointly with the counselor is nearly twice that of counselors working with just one spouse.

When marriage and family counseling services are not offered to couples conjointly or to families systemically, the results of the intervention may be negative and problems may worsen.

There is high client satisfaction from those who receive marital, couple, and family counseling services, with more than 97% rating the services they received from good to excellent.

This form of treatment is logical, fast, satisfactory, and economical.

Nonsummativity. The family is greater than the sum of its parts. It is necessary to examine the patterns within a family rather than the actions of any specific member alone.

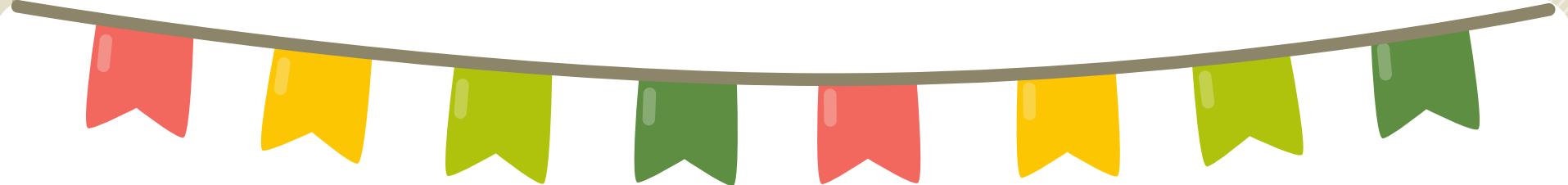
• **Equifinality**. The same origin may lead to different outcomes, and the same outcome may result from different origins. Thus, the family that experiences a natural disaster may become stronger or weaker as a result. Therefore, treatment focuses on interactional family patterns rather than particular conditions or events.

• **Communication**. All behavior is seen as communicative. It is important to attend to the two functions of interpersonal messages: content (factual information) and relationship (how the message is to be understood). The what of a message is conveyed by how it is delivered.

• **Family rules**. A family's functioning is based on explicit and implicit rules. Most families operate on a small set of predictable rules, a pattern known as the redundancy principle. To help families change dysfunctional ways of working, family counselors have to help them define or expand the rules under which they operate.

• **Morphogenesis**. The ability of the family to modify its functioning to meet the changing demands of internal and external factors is known as morphogenesis. Morphogenesis usually requires a second-order change (the ability to make an entirely new response) rather than a first-order change (continuing to do more of the same things that have worked previously).

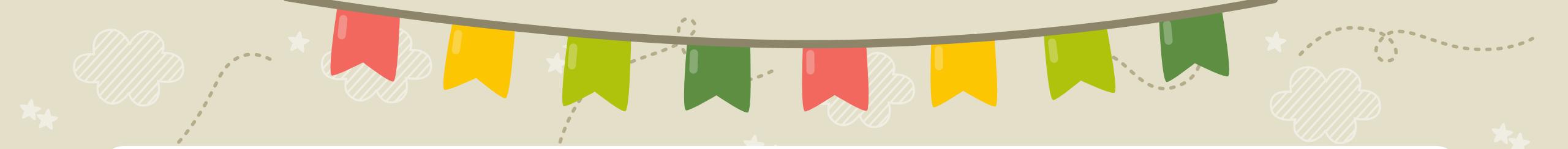
• **Homeostasis**. Like biological organisms, families have a tendency to remain in a steady, stable state of equilibrium unless otherwise forced to change. When a family member unbalances the family through his or her actions, other members quickly try to rectify the situation through negative feedback. The model of functioning can be compared to a furnace, which comes on when a house falls below a set temperature and cuts off once the temperature is reached.



Counseling in Educational setting

school counselors and comprehensive guidance and counseling programs help children and adolescent while become better adjusted academically and developmentally:

- feeling safer,
- having better relationships with teachers and peers,
- believing their education is relevant to their future,
- having fewer problems in school, and
- earning higher grades (Lapan, Gysbers, & Petroski, 2001).



ASCA National Model

professional school counseling grew out of vocational guidance and character development initiatives. School counseling is now widely considered to be a comprehensive, developmental, programmatic component of K-12 public education. Because of some identity problems and perceptions both within and outside the profession, school counselors have sometimes been misunderstood and even called "guidance counselors!"

School counselors have struggled to prove their worth to superintendents, principals, teachers, students, and parents who are ill-informed as to what they do.

Counseling and appropriate duties for school counselors according to the ASCA National Model include: grades, attendance, disciplinary referrals,

Suspension.

These factors are kept track of by schools and can be generalized across primary and secondary levels, geography, region, location, and culture. They "demonstrate counseling accountability and provide a critical tool for school counselors to show evidence that their work helps improve academic performance and success."

The ASCA National Model "encourages school counselors to think in terms of the expected results of what students should know and be able to do as a result of implementing a standards-based comprehensive school counseling program"

It does this through an interlocking lineage of four components:

- foundation (beliefs and philosophy, mission),
- delivery system (guidance curriculum, individual student planning, responsive services, systems support),
- management systems (agreements, advisory council, use of data, action plans, use of time, use of calendar),
- accountability (results reports, school counselor performance standards, program audit).

ASCA National Model supports the mission of schools by promoting three main areas in the delivery system. They can be:

- academic achievement,
- career planning,
- personal and social development.

The ASCA National Model for School Counseling Programs



The ASCA National Model® graphic represents the operational structure and components of ASCA's National Model for School Counseling Programs. The graphic contains three levels and four squares, each representing one of the major systems of the ASCA National Model; the arrows in each square point to the systems they influence as in a building-block approach. The arrows for the **foundation** (the first level) lead to the **management** and **delivery** (the second level). These in turn lead to the **accountability** system. Finally, look closely, once can see how the black arrow points from accountability down to the foundation component. The border of the graphic represents school counselor skills and attitudes of leadership, advocacy, collaboration, which lead to systemic change.

American School Counselor Association 2nd Edition, 2005

Elements of the ASCA National Model

Foundation

- Beliefs and Philosophy
- Mission
- Domains
- ASCA National Standards and Competencies

Delivery System

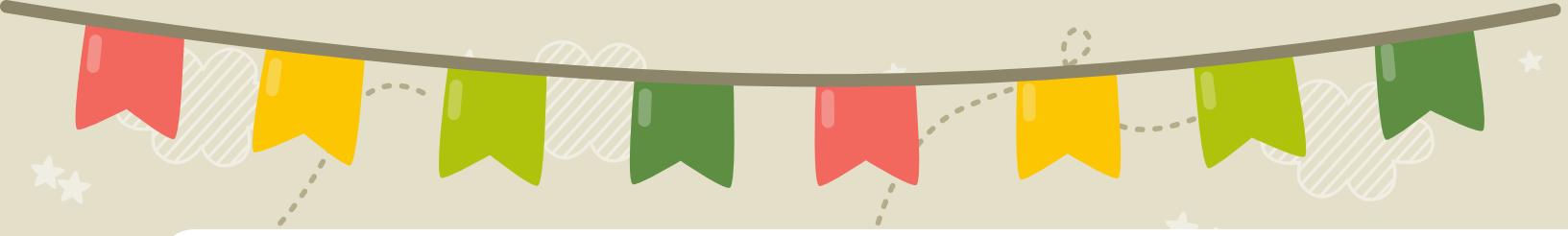
- Guidance Curriculum
- Individual Student Planning
- Responsive Services
- Systems Support

Management Systems

- Management
- Agreements
- Advisory Council
- Use of Data
- Action Plans
- Use of Time
- Calendars

Accountability

- Results Reports
- School Counselor Performance Standards
- Program Audit



School Counselors at Various Levels

**Elementary
school
children**

Grades K-5

**Middle
school
children**

Grades 6-8

**Secondary
school
children**

Grades 9-12



Elementary school children

- Elementary school counseling is a relatively recent development. The first book on this subject was published in the 1950s.
- Although the first elementary school counselors were employed in the late 1950s, elementary school counseling did not gain momentum until the 1960s.
- In the late 1980s, however, accrediting agencies and state departments of public instruction began mandating that schools provide counseling services on the elementary level, and a surge in demand for elementary school counselors ensued

Emphases and Roles

- implement effective school counseling core curriculum lessons,
- provide individual and small-group counseling,
- assist students in identifying their skills and abilities,
- work with special populations,
- develop students' career awareness,
- coordinate school, community, and business resources,
- consult with teachers and other professionals, communicate and exchange information with parents/guardians,
- participate in school improvement and

Elementary school counselors can use a multimodal approach called relationships; imagery; need to know; and guidance of actions, behaviors, and consequences.

interdisciplinary team HELPING (an acronym for health; emotions; learning; personal



Activities

Prevention

PREVENTION . create a positive school environment for students.

Four Cs: counseling services, coordination of activities, consultation with others, and curriculum development.

Family counseling interventions: focus on three primary subsystems: the family, the school, and the subsystem formed by the family and school interactions.

multiple concurrent actions: counselors access more than one set of services within the community at a time.

Antibullying behavior: The techniques are: forming steering committee, peerperformed psychoeducational drama.

Providing positive adult role models for children

Systemically addressing negative influences s

Gifted and talented students

School-wide positive behavioral support (SWPBS) program

Remediation

Remediation is the act of trying to make a situation right or to correct it. The word implies that something is wrong and that it will take work to implement correction.

self-concept

Counselors must focus on helping low-self-esteem children, who are at risk for failure, improve in the following areas: critical school academic competencies, self-concept, communication skills, coping ability, and control.

Five Cs of Competency" (p. 188). Counselors can enhance self-esteem in these areas by skill building, such as improving social skills, problem-solving skills, and coping skills.

Needs assessments

Four main areas: school, family relations, relationships with others, and the self

Play therapy

Play materials fall into one of three broad categories: real-life toys, acting-out or aggressive toys, and toys for creative expression or release



MIDDLE SCHOOL COUNSELING

It came into prominence in the 1970s as a hybrid way to offer services for students who did not fit the emphases given by either elementary school or high school counselors.

Middle schools typically enroll children between the ages of 10 and 14 and encompass grades 6 through 9. Children at this age and grade level are often referred to as transescents (Cole, 1988) or bubblegummers.

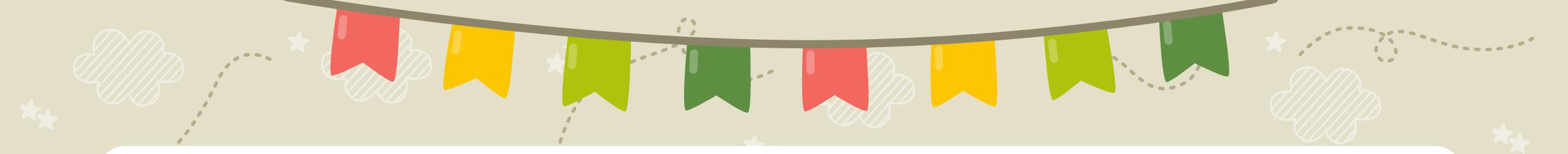
Middle graders also must deal successfully with three basic stress situations.

A Type A stress situation is one that is foreseeable and avoidable, such as not walking in a dangerous area at night. A Type B stress situation is neither foreseeable nor avoidable, such as an unexpected death.

A Type C stress situation is foreseeable but not avoidable, such as going to the dentist.

Middle school counselors are aware of the major physical, intellectual, and social developmental tasks that middle school children must accomplish:

- Becoming aware of increased physical changes
- Organizing knowledge and concepts into problem-solving strategies
- Making the transition from concrete to abstract symbols
- Learning new social and sex roles
- Identifying with stereotypical role models
- Developing friendships
- Gaining a sense of independence
- Developing a sense of responsibility



MIDDLE SCHOOL COUNSELING

Emphases and Roles

- working with students individually and in groups;
- working with teachers and administrators;
- working in the community with education agencies, social services, and businesses;
- partnering with parents to address unique needs of specific children.

The ideal role of middle school counselors includes providing individual counseling, group experiences, peer support systems, teacher consultation, student assessment, parent consultation, and evaluation of guidance services.



Activities:

Working with middle school children requires both a preventive and a remedial approach.

Prevention

- Succeeding in School approach. Composed of ten 50-minute classroom guidance units, this program is geared toward helping children become comfortable with themselves, their teachers, and their schools.
- Developmental Counseling and Therapy (DCT)
- peer mentoring. In this arrangement, an older student, usually high school age, is paired with a younger student, typically a seventh grader or younger
- Teacher-advisor programs (TAPs), which are based on the premises that “guidance is everybody’s responsibility, that there are not enough trained counselors to handle all of a school’s guidance needs, and that teacher-based guidance is an important supplement to school counseling”

Remediation

The activities of middle school counselors are best viewed as services that revolve around “a Human Development Center (HDC)”

Community contact cluster. It focuses on working with parents and other interested people to open the lines of communication between the school and other agencies.

communication service cluster is primarily concerned with public relations. It is the counselor’s outreach arm and is critical for informing the general public about what the school counseling program is doing. Curriculum service concentrates on facilitating course placements and academic adjustment.

Professional growth cluster provides programs for school staff and paraprofessionals. This last task is critical to the counselor’s success.

Developmental Counseling and Therapy (DCT) (Ivey, Ivey, Myers, & Sweeney, 2005). DCT incorporates developmental concepts from individual theories such as those by Kohlberg, Gilligan, Kegan, and Erikson, along with family theories and multicultural theories (Myers, Shoffner, & Briggs, 2002). It provides a systematic way for counselors to relate to middle schoolers in their preferred developmental orientation—sensorimotor, concrete, formal operations, and dialectic/systemic.



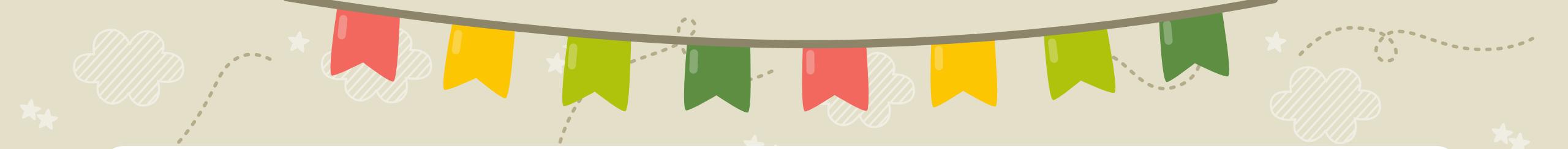
SECONDARY SCHOOL COUNSELING

Secondary school counseling and guidance began in the early 1900s when its primary emphasis was on guidance activities that would help build better citizens. Frank Parsons influenced the early growth of the profession, although John Brewer really pushed for the establishment of secondary school guidance in the 1930s. Brewer believed that both guidance and education meant assisting young people in living. His ideas did not gain wide acceptance at the time, but under the name life skills training they have become increasingly popular, and there is much more emphasis on this type of training and character education today.

Emphases and Roles

- Providing direct counseling services individually, in groups, and to the school as a whole
- Providing educational and support services to parents
- Offering consultation and in-service programs to teachers and staff
- Delivering classroom guidance
- Facilitating referrals to outside agencies
- Networking to postsecondary schools and businesses
- Advising academically

Constant remodeling of the counseling program. A systematic plan is crucial to this process. It includes not only implementation of services but also evaluation of these activities.



Activities: Counselors are involved in evaluating their own activities prevention, remediation and intervention, and cooperation and facilitation.

Prevention

- Familiar with current popular songs: listening attentively to the lyrics of these songs, secondary school counselors become “more knowledgeable about adolescent subcultures and may be better able to help many teenagers cope with typical adolescent problems”
- Thematic groups : it “bring together students experiencing similar problems and allow counselors to make effective use of their time and skills,” are particularly important
- Teach prevention-based curriculum offerings in classes. Anxieties about school and tests, study skills, interpersonal relationships, self-control, and career planning may be dealt with in this way.
- Interactive bibliotherapy: They read either fiction or nonfiction books on specific subjects and discuss their reactions with the counselor.

Through primary prevention, students become more self-reliant and less dominated by their peer group. They also become less egocentric, more attuned to principles as guidelines in making decisions, and more empathetic. Relationships between the teacher and counselor and the student and counselor are enhanced in this process, too.

Problem areas in which prevention can make a major difference: bullying, substance abuse, adolescent suicide/homicide, prevention of HIV infection, and abusive relationships.

Student assistance programs

SAP teams are composed of school personnel from a variety of backgrounds and function in ways similar to multidisciplinary special education teams in schools.

Wraparound programs : These programs have multiple services provided by a team of many mental health professionals, including counselors, who work together to provide direct assistance to the youth at risk of violence as well as his or her family and community/school personnel who come in contact with the youth.

Interpersonal violence can be prevented through school counselor interventions. In such programs, counselors work with students in groups to emphasize to them that slapping, pushing, and emotionally threatening language are not a normal or necessary part of interpersonal relationships.



Remediation

Secondary school counselors initiate remediation and intervention programs to help students with specific problems that are not amenable to prevention techniques. Some common mental disorders of childhood and adolescence manifest themselves clearly at this time, such as problems centering around adjustment, behavior, anxiety, substance abuse, and eating disorders.

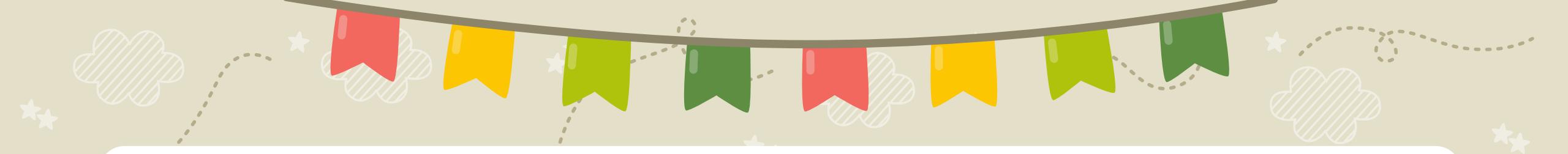
Substance abuse problems that substantially affect their lives. These problems are often paired with other mental health difficulties such as depression, ADHD, conduct disorders, anxiety disorders, bipolar disorders, and academic failure, which make them hard to treat. Thus, successfully intervening with students who abuse substances is a challenge for secondary school counselors because there are so many complexities to the problem. Treatment is even more difficult because most teens are reluctant to talk openly about substance abuse with adults.

Teenage parenting is filled with emotional issues for both society and teens. When parenting results from an out-of-wedlock pregnancy, feelings run high. The challenge for school counselors is to develop outreach strategies for working with members of this population. In addition, counselors must address personal and career concerns of young parents and make necessary referrals.

Parental divorces each year, and it is estimated that 45% of all American children can expect their families to break up before they reach the age of 18 (Whitehead, 1997). Secondary school counselors can help children, parents, and teachers adjust to divorce through both direct and indirect services.

Depression is related in adolescence to negative life stress. Forrest (1983) states that about 15% of all schoolchildren may be depressed because of external stressors and inadequate individual response abilities.

school counselors have multiple tasks and responsibilities. There is a new awareness that passive or poorly educated school counselors have not and will not work for the good of children and society.



COLLEGE COUNSELING

Counseling as psychotherapy. The counselor deals with personality change and refers other vocational and educational concerns to student academic advisers.

Counseling as vocational guidance. This model emphasizes helping students productively relate academic and career matters. The counselor deals with academic or vocationally undecided students and refers those with personal or emotional problems to other agencies.

Counseling as traditionally defined. This model emphasizes a broad range of counseling services, including short- or long-term relationships and those that deal with personal, academic, and career concerns. The counselor's role is diverse.

Counseling as consultation. This model emphasizes working with the various organizations and personnel who have a direct impact on student mental health. The counselor offers indirect services to students through strategic interventions.

Activities

1. Academic and educational counseling
2. Vocational counseling
3. Personal counseling
4. Testing
5. Supervision and training
6. Research
7. Teaching
8. Professional development
9. Administration

Four of the most needed services on most college campuses are those directed toward alcohol consumption: Binge drinking (having five or more drinks at a time for men and four or more drinks for women), sexual abuse and violence, eating disorders, and depression.

THE IMPORTANCE OF CAREER COUNSELING



The need for career counseling is greater than the need for
Career counseling deals with the inner and outer world of individuals



Career counseling can be therapeutic

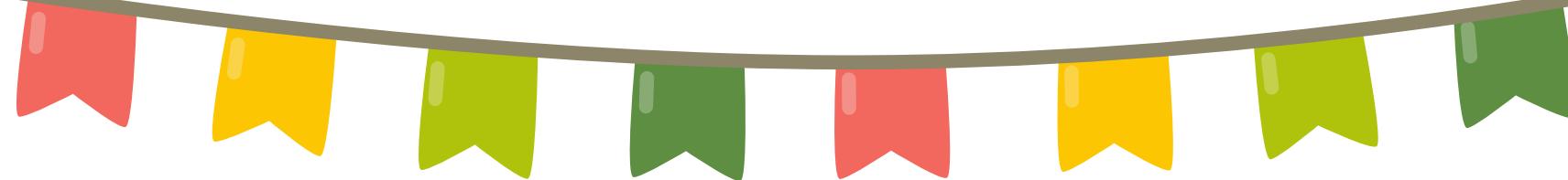
Krumboltz (1994) asserts that career and personal counseling are inextricably intertwined and often must be treated together.



Career counseling is more difficult than psychotherapy.

Being knowledgeable and proficient in career counseling requires that counselors draw from a variety of both personality and career development theories and techniques and that they continuously be able to gather and provide current information about the world of work

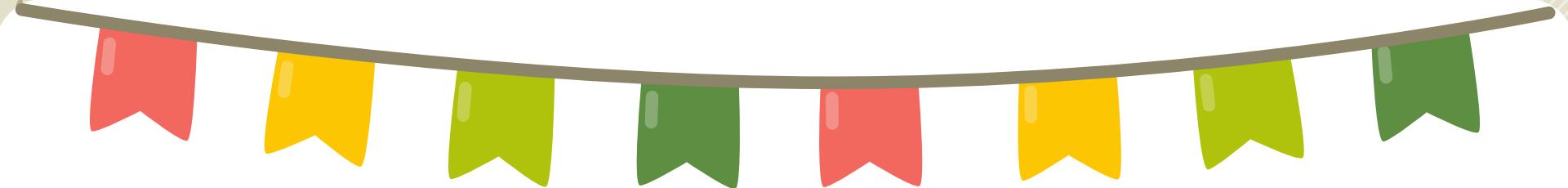
SCOPE OF CAREER COUNSELING AND CAREERS



NCDA defines career counseling as a “process of assisting individuals in the development of a life-career with a focus on the definition of the worker role and how that role interacts with other life roles”

Career is more modern and inclusive than the word vocation. Career is also broader than the word occupation, which Herr and colleagues (2004) define as a group of similar jobs found in different industries or organizations. A job is merely an activity undertaken for economic returns

$C = W + L$, where C equals career; W, work; and L, leisure



Functions of Career counselor

- administering and interpreting tests and inventories;
- conducting personal counseling sessions;
- developing individualized career plans;
- helping clients integrate vocational and avocational life roles; • facilitating decision-making skills; and
- providing support for persons experiencing job stress, job loss, or career transitions.

Career guidance



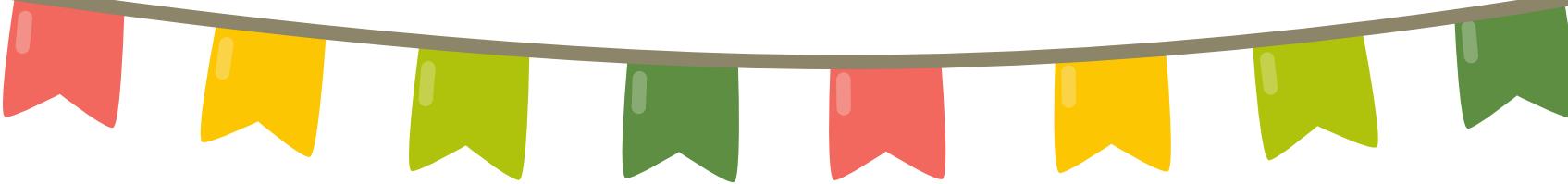
Career guidance involves all activities that seek to disseminate information about present or future vocations in such a way that individuals become more knowledgeable and aware about who they are in relation to the world of work.

According to C. H. Patterson, career guidance is “for people who are pretty normal and have no emotional problems that would interfere with developing a rational approach to making a vocational or career choice.”

Guidance activities can take the form of

- career fairs (inviting practitioners in a number of fields to explain their jobs),
- library assignments,
- outside interviews,
- computer-assisted information experiences,
- career shadowing (following someone around on his or her daily work routine),
- didactic lectures, and
- experiential exercises such as role-playing.

Crisis Counseling



Founder: Erich Lindemann, Gerald Caplan

Crisis counselors need to be mature with a variety of life experiences with which they have successfully dealt. Crisis counselors have good command of basic helping skills, high energy, and quick mental reflexes. They are poised, calm, creative, and flexible. They are direct and active in crisis situations.

Goals of Crisis Counseling include: Getting help and resources (financial, legal, psychological) for those who are suffering; recognizing and correcting distorted emotions, behaviors, and thoughts brought on by trauma; and keeping sessions limited (approximately 8 to 10 sessions).

Crisis is a sudden emergency, which is perceived by crisis person as utterly distressing, Overwhelming, leading to inability to cope helplessness, defeatist attitude, functional impairment, sense of failure and a state of shock.

According to Caplan (1961) - crisis may occur when the individual faces a problem that he cannot solve, which causes a rise in inner tension and signs of anxiety and inability to function in extended periods of emotional upset.

Brockopp (1973) feels- "The crisis... is not the situation itself, but the person's response to the situation"

Brockopp, 1973, (p. 74): "A crisis then is an intolerable situation which must be resolved, for it has the potential to cause the psychosocial deterioration of the person".

Jacobson et al. (1968, 1980) suggested 'Methodologies' for 'crisis intervention approach" as:
Generic method -Common or universal pattern of behaviour in most crisis, e.g. in bereavement, death of a most loved and close person and grief - work for the bereaved persons.

Individual approach: This approach is specific or personalized, and done on one-to-one or face-to-face basis.

crisis counselling needs to be given:

Symptoms show no indications of decreasing i.e., the symptoms are ongoing and their intensity is more

Symptoms increase in severity

Symptoms become very distressing to the child or family

Symptoms interfere with the sleep, appetite and daily routine

Symptoms interfere with social functioning of the child with friends, relatives and others

Symptoms interrupt his/her attendance at school/work.

Crisis Intervention counselling "emerges logically from brief psychotherapy, and its goal is improvement in functioning of the client at least above the "Pre-crisis level" as stated by Aginlera and Messick ("Crisis intervention", 1986).

Crisis Intervention Counselling include:

1. Equilibrium theory: Main approach is of extent of disequilibrium, state of shock, dysfunctionality, helplessness in individual, in some cases leading to homicidal or suicidal tendency. It requires immediate intercalation to protect survival.
2. Cognitive theory: Crisis is rooted in faulty perception, faulty thinking and faulty coping style. Cognitive restructuring and restoring normality through REBT, CBC and TA is required.
3. Socio-Psycho-Transitional developmental theory: Due to age changes, role demands transitions in life may be interpreted as crisis, eg, adolescence selfidentity crisis, middle-age (menopausal crisis and old-age insecurity crisis).

Goals/ Objectives

- Self esteem enhancement: for problem coping and solution seeking
- Treatment focus for only specific problem at atime by active focusing technique,
- Interaction is geared around conscious and preconscious, emotional-conflicts not around the unconscious level
- Not underestimating the importance of precipitating events and the extent of devastation.
- Not gearing for total character or personality modification, intervention is short-term.
- Intervention counsellor must utilize and focus on developmental stage-needs and changes; ego-functioning levels, changing role and status due to socio-cultural demands for crisis person.

Types of Crisis

In life situations, these types can be as many as the problems faced by any person:

1. Maturational/development type: Age-related crisis, e.g., infancy-childhood, pre-puberty. adolescence, adulthood, middle age, old-age crisis.
2. Situational type: Due to life problems, e.g., child abuse, family violence, rape, illness (terminal /psychiatric), drug dependence, suicide, death, grief, bereavement, burn-out, financial crisis, suicidal attempt. Body-image crisis, e.g., war victims, anorexia, bulimia, relationship crisis, adaptation crisis, any other situation as perceived by a person to be crisis.

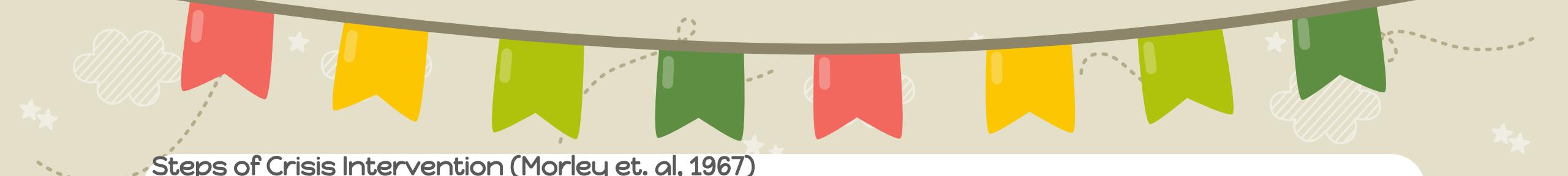
Methods of Crisis Intervention

1. Individual method: is a must where anonymity and confidentiality has to be maintained eg, identity crisis, drug abuse, rape, domestic violence death and bereavement, suicidal cases

2. Group Method: This is used for common shared problems like, age related crisis, pre-pubertal, menopausal crisis, old age insecurity, loss of body part crisis.

Socio cultural method: This deals with specific sub-culture related problems and counsellor must have knowledge and sensitivity of culture.

Problem solving Method of Gulford (1961): Steps of Problem Solving are: Imput (information) filtering (attention, focusing); cognitive production of alternatives.



Steps of Crisis Intervention (Morley et. al, 1967)

1. Understanding the event, the person and the extent of damage done by crisis event to person. Focus is on 'client's view of event, listening skills, extent of threat to client (actual or perceived).
2. Ensuring client's safety (Physical, emotional, confidential) by medical help, surgical safety, and support provision.
3. Planning for therapeutic intervention based on client's personality, basic coping skills, extent and duration of crisis, extent of disruption in client's life.
4. Actual intervention steps to help client for (a) rational understanding of crisis (b) awareness of subconscious feelings (c) exploring coping mechanisms (e.g., defensive or positive) and (d) re-opening the social world as new alternatives and new relationships.
5. Resolution of crisis and anticipatory future planning counsellor encourages positive coping attempts used by client to deal with anxiety and stress, functionality restoration, alternatives as pleasant and meaningful distractions, physical activity, hobbies, seeking new contacts making friends, creativity to help client cope with the loss through crisis.
6. Obtaining commitment of client toward survival, growth orientation and attempting to achieve even higher level of equilibrium than the pre-crisis state.

Grief crisis

Lindeman's (1956) model - Grief means loss of nearest 'kin' followed by, Preoccupation with lost one, feeling of loss, identification and remembrance of lost one, irrational need to bring back the lost one, void, loneliness, and sadness.

Grief Work Stages

- (a) Shock and disbelief
- (b) Developing awareness
- (C) Resolving the loss
- (d) Emancipation from bondage with the deceased
- (e) Re adjustment on absence of deceased
- (f) Formation of new relationships

Grief cycle model

Loss, physical, emotional situation

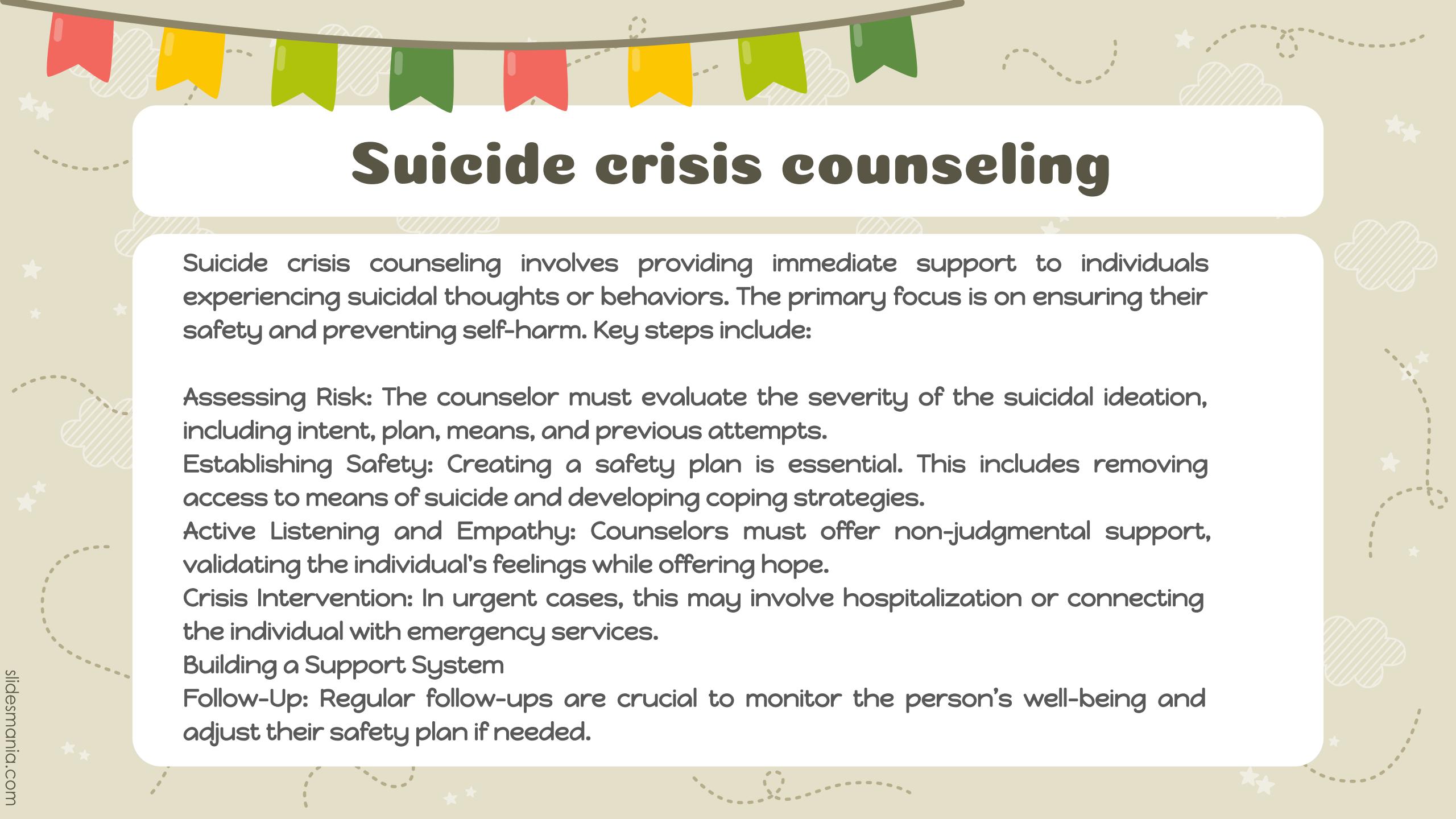
Denial

Anger(why me)

Bargaining(if)

Depression (hopeless, helpless)

Acceptance (reality testing)



Suicide crisis counseling

Suicide crisis counseling involves providing immediate support to individuals experiencing suicidal thoughts or behaviors. The primary focus is on ensuring their safety and preventing self-harm. Key steps include:

Assessing Risk: The counselor must evaluate the severity of the suicidal ideation, including intent, plan, means, and previous attempts.

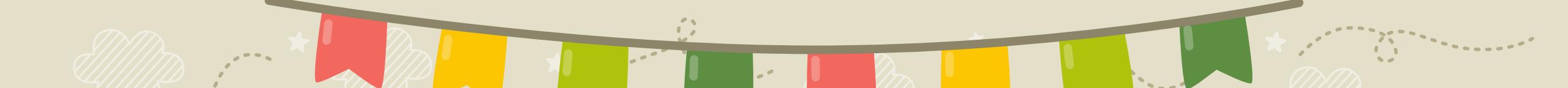
Establishing Safety: Creating a safety plan is essential. This includes removing access to means of suicide and developing coping strategies.

Active Listening and Empathy: Counselors must offer non-judgmental support, validating the individual's feelings while offering hope.

Crisis Intervention: In urgent cases, this may involve hospitalization or connecting the individual with emergency services.

Building a Support System

Follow-Up: Regular follow-ups are crucial to monitor the person's well-being and adjust their safety plan if needed.



Sexual abuse crisis counseling

Sexual abuse crisis counseling focuses on providing immediate and compassionate support to survivors of sexual abuse. The main objectives are to ensure safety, validate the survivor's experience, and assist them in regaining control over their lives.

Creating a Safe Environment : The counselor must provide a safe, non-judgmental space where the survivor feels heard and supported.

Crisis Intervention : Address immediate safety concerns, assess risks, and help the survivor establish a safety plan if they are in danger of further harm.

Active Listening and Validation: The counselor listens empathetically, acknowledges the trauma, and validates the survivor's feelings without judgment.

Emotional Support: The counselor helps the survivor process feelings of fear, guilt, shame, or anger, providing emotional stability and reassurance.

Empowerment : Counseling focuses on helping the survivor regain control, encouraging them to make decisions about their healing process, whether that includes legal action, therapy, or simply rebuilding trust.

Psychoeducation: The counselor educates the survivor about trauma responses, so they understand their emotional and physical reactions, helping reduce feelings of isolation or confusion.

Coping Skills: Developing healthy coping strategies to manage trauma symptoms like anxiety or flashbacks, such as grounding techniques or relaxation exercises.

Referrals: If necessary, the counselor connects the survivor with specialized services like trauma therapy, legal aid, medical care, or support groups for long-term healing.



Crisis Counseling

Techniques

Listening activities :

- Defining the problem,
- ensuring client safety,
- providing support

Acting strategies :

- Examining alternatives
- Making plans,
- Obtaining commitment
- Follow-ups with clients about strategies Critical Incident Stress

Debriefing (7 stages): introduction, facts, thoughts, reaction, symptoms, teaching, reentry

Strengths

Crisis Counseling is brief and direct, has modest goals and objectives, relies on intensity, and is transitional.

Limitations

Limited to the immediate situation, does not go in-depth, and is time limited and trauma oriented.



CAREER COUNSELING WITH DIVERSE POPULATIONS

factors present both prior to and during the decision-making process.

These factors are:

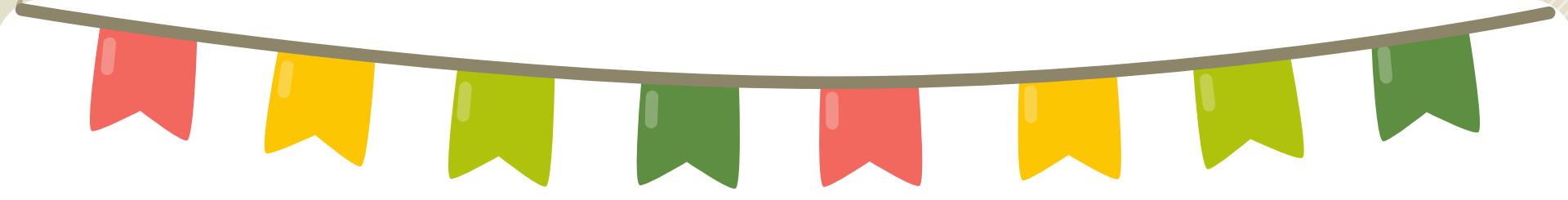
- lack of readiness,
- lack of information, and
- inconsistent information.

**Career
Counseling
with:
Adults
Cultural minorities**

**Adolescents
Children
Women**

**Gays, Lesbians, Bisexuals,
and Transgenders**

College Students



Career counseling with children

The process of career development begins in the preschool years and becomes more direct in elementary schools. Jesser (1983) suggests that levels of career awareness in elementary school children may be raised through activities such as field trips to local industries, bakeries, manufacturing plants, or banks.

Career Counseling with Adolescents

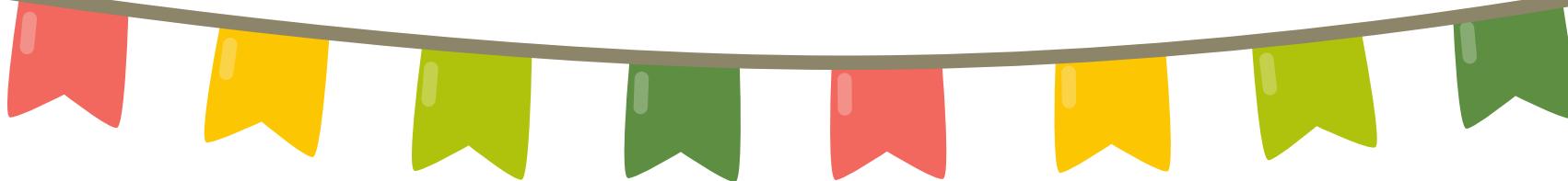


American School Counselor Association (ASCA) National Model (2012) emphasizes that school counselors should provide career counseling on a school-wide basis. This service should involve others, both inside and outside the school.

Cole (1982) stresses that in middle school, career guidance activities should include the exploration of work opportunities and students' evaluation of their own strengths and weaknesses in regard to possible future careers. Assets that students should become aware of and begin to evaluate include talents and skills, general intelligence, motivation level, friends, family, life experience, appearance, and health.

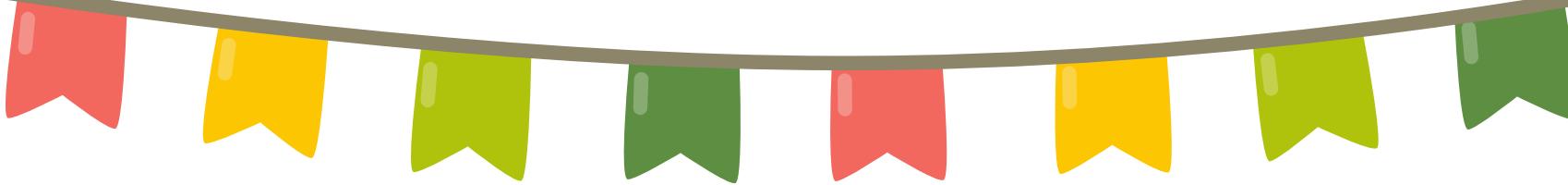
At the senior high school, career guidance and counseling activities are related to students' maturity. Some students know themselves better than others.

Career counseling with College students



Committing to a career choice is one of the main psychosocial tasks that college students face". Approximately half of all college students experience career-related problems. Part of the reason is that despite appearances "most college students are rarely the informed consumers that they are assumed to be". College students need and value career counseling services, such as undergraduate career exploration courses. Even students who have already decided on their college majors and careers seek such services both to validate their choices and seek additional information.

Career Counseling with Adults



Emerging adults (young adults from 18 up to age 30) are especially in need of relationship support and space to develop autonomy and competence as they transition from college to career. Adults experience cyclical periods of stability and transition throughout their lives, and career change is a developmental as well as situational expectation at the adult stage of life. Adults may have particularly difficult times with their careers and career decisions when they find “themselves unhappy in their work yet feel appropriately ambivalent about switching directions”

Career Counseling with Women and Ethnic Minorities

Many of the assumptions inherent in traditional theories of career development fall short in their application to women and ethnic minorities.

WOMEN

Gender-based career patterns for women have changed for several reasons. "children are being exposed to greater and more varied career choices. Additionally, women have moved into careers previously reserved for men, thereby creating a broader range in the role models they provide girls"

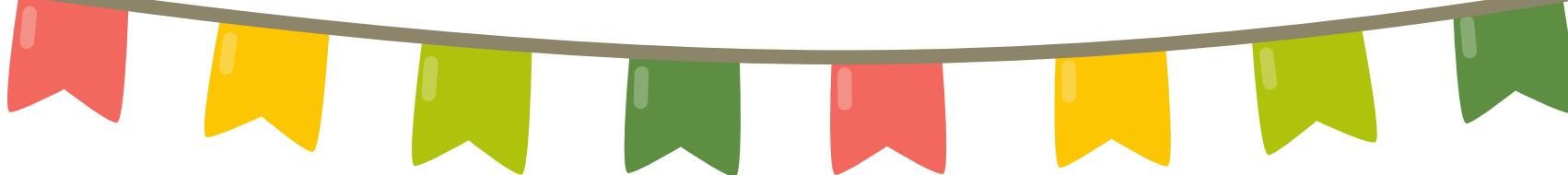
One aspect of the complexity of career development for women is what is known as the **work-family conflict**, where there is a clash between work responsibilities such as working late and family responsibilities such as picking up children at day care. This conflict may result in role overload (competing and sometimes conflicting demands for multiple roles expected of a person, such as breadwinner, breadmaker, parent, community service worker). In such a situation there is little to no time left over for leisure, which has an impact on a person's sense of "psychological health and overall well-being".

counselors need to realize they are often entering new territory and must watch out for and resist occupational sex-role stereotyping, even at the elementary school level. Common stereotypes include viewing women as primarily mothers (nurturing), children (dependent), iron maidens (hard driving), and sex objects or mistakenly assuming that, as a group, females prefer social, artistic, and conventional occupations as opposed to realistic, investigative, and enterprising occupations.

"glass ceiling" phenomenon in which women are seen as able to rise only so far in a corporation because they are not viewed as being able to perform top-level executive duties.

career plus life counseling, meaning that in counseling they [the women] focus on personal and relationship issues in addition to explicit career issues"

Cultural minorities



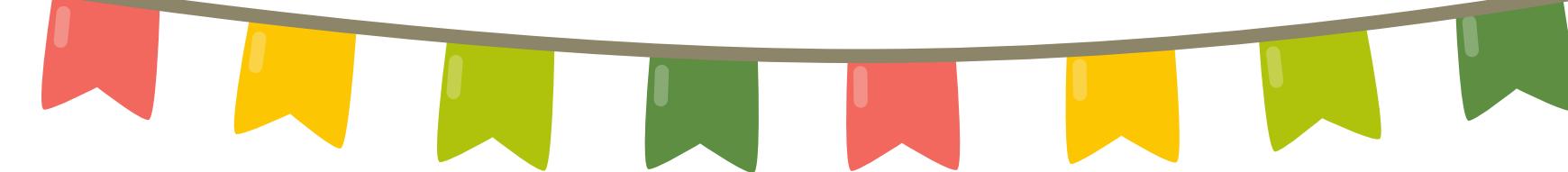
"Career counseling must incorporate different variables and different processes to be effective for clients from different cultural contexts.

Counselors must remember that cultural minorities have special needs in regard to establishing themselves in careers. Thus, counselors need to be sensitive to such issues and at the same time help individuals overcome artificial and real barriers that prohibit them from maximizing their potential.

Structured programs for individuals use positive role models and experiences to affirm cultural or ethnic heritage and abilities, thus working to address and overcome traditional restrictions.

Career development gains can be increased by using the Integrative Contextual Model of Career Development (ICM). It includes the skills of self- and career-exploration; person-environment fit; goal setting; social, prosocial, and work readiness skills; self-regulated learning; and the utilization of social support.

Career Counseling with Gays, Lesbians, Bisexuals, and Transgenders



These individuals face unique concerns as well as many that are common to other groups. Persons with minority sexual orientations face personal and professional developmental concerns, including discrimination, if they openly acknowledge their beliefs and practices.

The “lavender ceiling” also needs to be discussed with gays, lesbians, bisexuals, and transgenderers. This barrier to advancement in a career is the equivalent to the glass ceiling for women, where a career plateaus early due to discreet prejudice by upper management against persons because of beliefs about them related to their sexuality.



Counseling of differently abled persons

Physical disability

Sensory handicap

Neuromotor disorder

Mental disability: Down syndrome, MR, Rubella's syndrome, Bhopal gas tragedy, malnutrition, toxic gas inhalation

Communication disability: speech disorder(mute/dumb, stammering)

Learning disability: dyslexia, ADHD

Deficits in social behavior: abusive, aggressive, anti social behavior

Counseling weaker sections and minorities

Relationship

The relationship between them should be mutually responsive. Communication, spoken and unspoken, plays a vital role. The counselee must experience a sense of belonging and feel that the counsellor is one of them and not an alien. The minorities and weaker sections differ in a variety of ways. There is always a suspicion in their minds regarding the dominant cultural groups. Therefore, the counsellor should not give rise to feelings that he belongs to a higher social or privileged section. He should not appear over-sympathetic, for there is a danger of his attitude being interpreted as condescension. It is always desirable to pursue the middle-of-the-road approach rather than take extreme positions - either very critical or very sympathetic.

Structuring

In counseling clients with backward sections, counselor should realize that she is working with those who are unable to participate in counselling exploration. Therefore, techniques The counselee's opposition to the prolonged silence should be avoided. Until positive rapport has been established, the counsellor should pay more than usual attention to structuring the counselling situation.

Resistance

The counsellee's opposition to the goals of counselling is referred to as resistance.

Clients of the weaker sections are often very reluctant to disagree. They often silently acquiesce and appear to accept the counsellor superficially. Sometimes they may be uncooperative with the counsellor or with someone of higher status.

Transference

The socially backward clients expect the counsellor to exhibit majority-group attitudes either because of direct experience with such persons or because of socialization which causes them to react to members of majority-groups with suspicion. School counsellors who are perceived as outsiders find these pupils hesitant, shy and reluctant to talk freely.

Counter-transference

A common expression of counter-transference is the counselor's tendency to be excessively sympathetic and indulgent with the clients. The counsellor often considers it appropriate to use a different set of criteria (achievement, performance, etc., for the socially backward. This does no good to the client and may even lead to the Pygmalion effect.



Thank you!