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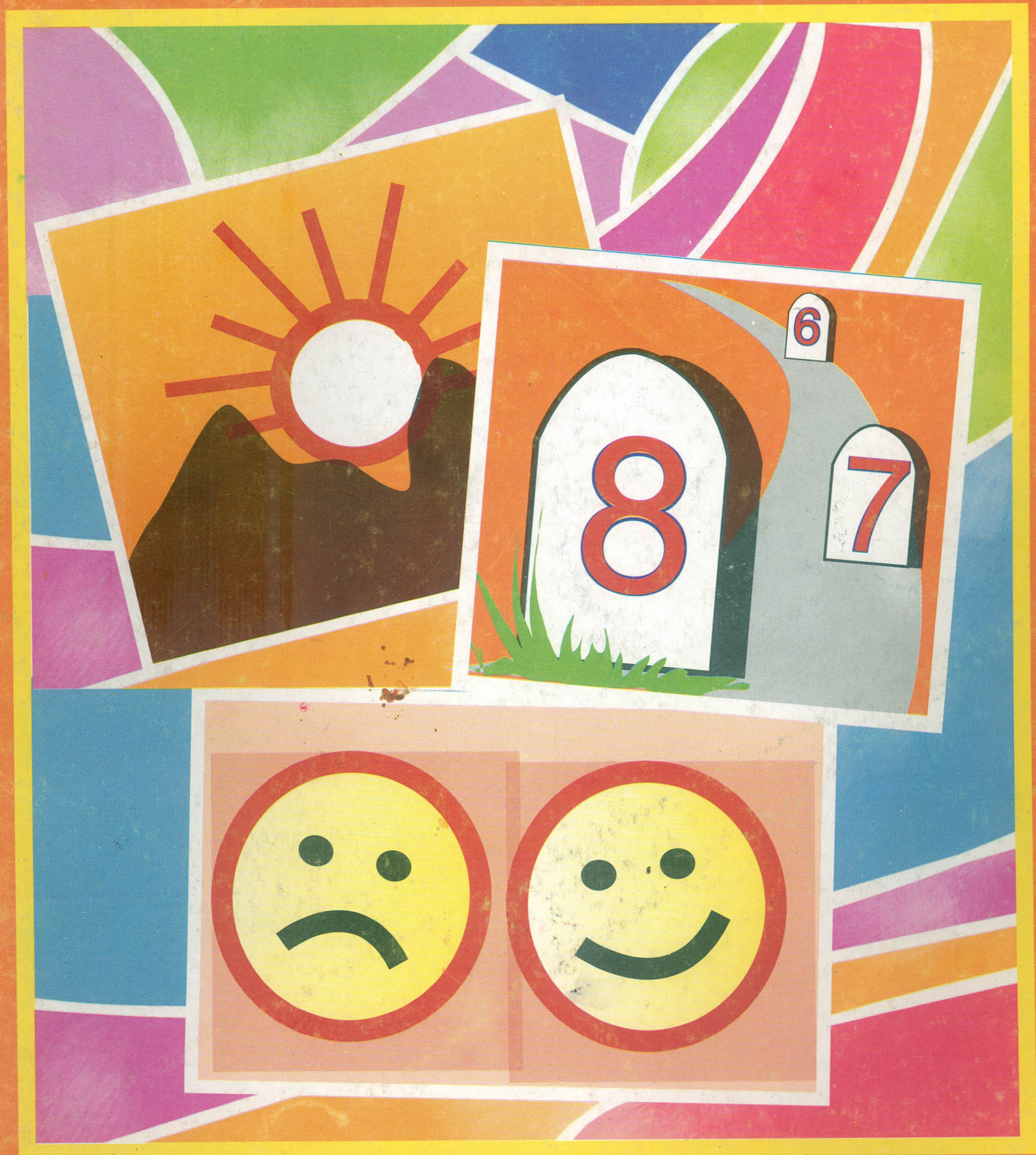
MCFT-003

Counselling and Family Therapy: Basic Concepts and Theoretical Perspectives



INTRODUCTION TO COUNSELLING AND FAMILY THERAPY

1

"Education is a liberating force, and in our age it is also a democratizing force, cutting across the barriers of caste and class, smoothing out inequalites imposed by birth and other circumstances."

— Indira Gandhi

"शिक्षा मानव को बन्धनों से मुक्त करती है और आज के युग में तो यह लोकतंत्र की भावना का आधार भी है। जन्म तथा अन्य कारणों से उत्पन्न जाति एवं वर्तगत विषमताओं को दूर करते हुए मनुष्य को इन सबसे ऊपर उठाती है।"

- इन्दिरा गांधी

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MCFT-003
Counselling and Family Therapy: Basic Concepts and Theoretical Perspectives

Block

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INTRODUCTION TO COUNSELLING AND FAMILY THERAPY

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Acknowledgment:

We acknowledge our thanks to Prof. Omprakash Mishra, Former PVC, IGNOU; Prof. C.G. Naidu, Former Director (I/c) P&DD and Head, Nodal Unit; Dr. Hemlata, Former Director (I/c) NCDS; and Dr. Arun Banik, Director, NCDS, for facilitating the development of the programme of study.

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Acknowledgement
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March 2011

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ISBN 978-81-266-5212-9

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Further information on Indira Gandhi National Open University courses may be obtained from the University's office at Maidan Garhi, New Delhi- 110 068 or the official website of IGNOU at www.ignou.ac.in.

Printed and published on behalf of Indira Gandhi National Open University by Registrar, MPDD.

Laser Composed by: Rajshree Computers, V-166A, Bhagwati Vihar, (Near Sector-2, Dwarka), Uttam Nagar, New Delhi-110059

Printed by: Sahyog Press (P) Ltd. A-128, Mangol Puri Ph-II Delhi

MCFT-003 COUNSELLING AND FAMILY THERAPY: BASIC CONCEPTS AND THEORETICAL PERSPECTIVES

"Counselling and Family Therapy: Basic Concepts and Theoretical Perspectives" is the third Course of this programme of study. It comprises both theory and supervised practicum components. The theory paper on this Course is MCFT-003 and the Course on supervised practicum is MCFTL-003. You have to complete and clear both these components separately. For theory paper MCFT-003, you will have continuous evaluation through an assignment and a term-end examination. For MCFTL-003 you have to work under the supervision of the academic counsellor allotted from the study centre you are attached with. In the end as per the details given in the Supervised Practicum Manual, you have to submit your file to the study centre for evaluation. We would like to acknowledge the various authors, books, journals and websites from which matter related to this Course was researched though they have been duly acknowledged in the relevant Units but might have inadvertently been missed. Throughout this Course, patient, client, family, individual, and couple have been used interchangeably.

MCFT-003 Course is designed to make learners aware of the basic concepts related to counselling and family therapy and aquaint you with the various theories on counselling and family therapy. This Course will introduce you to the different schools of counselling and family therapy. It will provide you knowledge on the modalities of counselling and family therapy.

MCFT-003 Course would help you to develop the understanding that is required of counsellors and family therapists to have deeper knowledge about the basic concepts and theoretical aspects of counselling and family therapy. The Course consists of four theory Blocks.

THE BLOCKS

Block 1 is on "Introduction to Counselling and Family Therapy". This Block introduces you to counselling and family therapy, their definitions, historical development of fields as counselling and family therapy and different types of approaches used in counselling and family therapy. The Block also emphasises on career counselling, the need for career counselling, its features and various factors that influence career decisions. Further, we will also study how family theories are applied in day-to-day life. We will discuss crisis theory, empowerment theory and intergenerational theory in detail. On studying this Block, you will be able to define counselling, family therapy and career counselling and understand the key concepts related to them.

Block 2 is titled "Schools of Counselling". The Block consists of four Units. The Units explain different types of approaches to counselling, like psychodynamic approaches, cognitive behavioural approaches, person-centred approaches, group counselling, transactional analysis, existential approach to counselling. The Block helps you to understand the different processes in psychodynamic psychotherapy. The Block aquaints you with different types of cognitive behavioural approaches like emotive techniques REBT, cognitive therapy (CT)

by Aaron Beck, and Donald Meichenbaun's cognitive behaviour modification (CBM). After studying this Block you will be able to demonstrate the specific procedures and techniques that facilitate constructive client change in person-centered counselling. This Block also explains the group counselling approaches and other counselling approaches like transactional analysis, existential approach to counselling.

Block 3 is on "Schools of Family Therapy". The Block will acquaint you with the various types of approaches used in family therapy, systemic family therapy; solution focussed family therapy, strategic family therapy, structural family therapy, cognitive behavioural family therapy and integrated eclectic approach. The Block discusses the basic concepts, key features and historical development of these various types of family therapies. The Block further discusses the therapist's role in systemic couple and family therapy. After going through this Block you will be able to understand various approaches to family therapy and elaborate on the therapeutic processes and techniques of family therapy.

Block 4 is titled "Modalities of Counselling and Family Therapy". The Block orients towards various modalities of counselling and family therapy like family interviewing, crisis intervention, supportive counselling, psychoeducation and social skills therapy. The Block provides detailed knowledge on family interviewing, therapeutic interview, methods of interviewing and special issues in conducting family therapy sessions. It will make you aware about crisis, their development and management and various intervention strategies for families and communities in crisis. The Block will help you in understanding the concept of psychoeducation and its importance. Finally, the Block will aquaint you with the knowledge of social skills therapy.

Manual for Supervised Practicum MCFTL-003

MCFT-003 is the practical course of Counselling and Family Therapy: Basic Concepts and Theoretical Perspectives. This Block will provide you the framework for hands on experience. The details regarding the same are provided in the Manual. The Practical Manual provides you step wise directions for doing the practical activities and recording observations.

Audio-Video Programmes

Various audio and video programmes have been prepared on the different aspects of counselling and family therapy. These would be available at your Study Centre. It is advisable to keep in touch with the coordinator of your study centre so as to know about new audio and video programmes. You must go through these audio and video programmes.

HOW WILL THIS COURSE HELP YOU?

The Course will introduce you to the concepts of counselling and family therapy, and will help you to understand the modalities of counselling and family therapy. You will be able to demonstrate various theories and approaches for counselling and family therapy.

BLOCK 1 INTRODUCTION TO COUNSELLING AND FAMILY THERAPY

Introduction

Block 1 is on "Introduction to Counselling and Family Therapy". It will acquaint you with the basic concepts, key features and various approaches to counselling and family therapy. The Block also describes career counselling and family theories in practice. The Block consists of four Units.

Unit 1 is entitled "Counselling: Meaning, Scope and Applications". This Unit describes the concept of counselling, its scope and applications. The various approaches in counselling are discussed in this Unit. The Unit elaborates the steps and principles in counselling. Futher, the techniques and skills involved in the process of counselling are described. The distinguishing features of individual and family counselling as well as difference between counselling and psychotherapy are discussed. At the end of this Unit some do's and don'ts in counselling are mentioned.

Unit 2 is "Family Therapy: Meaning, Scope and Applications". This Unit provides an overview of the functions of the family, the distinguishing features of healthy and dysfunctional families. The concept of family therapy, its scope and applications are described in this Unit. The major approaches and models of family therapy are explained in detail. The various ways to assess family patterns are also discussed. Further, the Unit provides knowledge on the treatment teachniques across various family therapy approaches. The Unit also outlines the various phases of therapy. The issues related to resistance and ethics are also discussed at the end of this Unit.

Unit 3 is on "Career Counselling". As the name suggests, the focus of this Unit is on career counselling. The Unit begins with the meaning of career counselling and its need. The distinctive features of career counselling are explained in this Unit. Some factors like family, peers, social norms and life events influence the career related decisions. The Unit explains all these factors in detail. The Unit also aquaints you with the knowledge of various theories of career counselling, like trait factor theory, structural theories, developmental theories, decision making theories, social learning theory and community interaction theory. Some of the important techniques of career counselling are card sorts, aptitude test, vocational interest, inventories, personal inventory, etc. which are described in this Unit. At the end of this Unit, the process of career counselling is described. The Unit also elaborates the importance of career counselling in today's context.

Unit 4 is "Family Theories in Practice". The Unit has three parts. The first part of this Unit deals with crisis theory. It includes introduction of crisis theory and key concepts of this theory. The various types of crisis and stages of crisis are also explained. The intervention or applicability of this theory in day-to-day life is discussed at the end. The next part is on empowerment theory. The introduction to theory and key concepts of empowerment theory are explained in this part. The different levels and expressions of empowerment are discussed in detail. Empowered families have specific characteristics which are described in this part of the Unit. Intervention of this theory is given at the end. The later part of this Unit deals with the intergenerational theory. It includes the introduction and key concepts of this theory. The applicability of intergenerational theory is explained at the end of this Unit.

UNIT 1 COUNSELLING: MEANING, SCOPE AND APPLICATIONS

Structure

1.1 Introduction

1.2 Concept of Counselling

1.3 Individual *Versus* Family Counselling

1.4 Family Counselling

1.5 Counselling and Psychotherapy

1.6 Key Principles for Counselling

1.7 Steps in Counselling Process

1.8 Key Factors for Success in Counselling

- 1.8.1 Willingness
- 1.8.2 Motivation
- 1.8.3 Commitment
- 1.8.4 Faith

1.9 Models for Counselling

- 1.9.1 Humanistic Approach to Therapy
- 1.9.2 Cognitive Behavioural Therapy
- 1.9.3 Social Learning and Operant Models
- 1.9.4 Integrative Approach to Counselling

1.10 Counselling Methods and Focus

1.11 Basic Counselling Skills

- 1.11.1 Step 1: Attending
- 1.11.2 Step 2: Responding
- 1.11.3 Step 3: Personalising

1.12 Listening and Responding Techniques

1.13 Counsellor Skills, Qualities and Ethics

1.14 Confidentiality

1.15 Termination of Counselling

1.16 Let Us Sum Up

1.17 Glossary

1.18 Answers to Check Your Progress Exercises

1.19 Unit End Questions

1.20 Further Readings and References

1.1 INTRODUCTION

We live in a complex, busy and changing world. In this world, people experience many difficult situations. Most of the time, we get on with life, but sometimes we are disturbed by an event or situation and our resources fail to sort it out. Most of the time, we find ways of dealing with such problems in living by talking to family, friends, neighbours, priests or our family doctor. However, occasionally their advice become insufficient, or we are too embarrassed or ashamed to tell them what is bothering us, or we just do not have an appropriate person to turn to. Counselling is a useful option in such a case. Counselling is initiated when the person faces a problem that she or he feels inadequate to handle without any assistance from a professional or helping person. It is also a social institution that is embedded in the culture of modern industrialised societies. It is an occupation, discipline or profession of relatively recent origins.

Objectives

After studying this Unit, you will be able to:

- Understand the basic concepts related to counselling;
- Distinguish between counselling and psychotherapy and family therapy;
- Understand the principles of counselling;
- Identify the various approaches to counselling; and
- Describe effective counselling techniques.

1.2 CONCEPT OF COUNSELLING

- The term counselling includes work with individuals and with relationships that may be developmental, crisis support, psychotherapeutic, guiding or problem solving. It may be practised within a counselling or other professional work setting, or in private practice on a paid or voluntary basis.
- The task of counselling is to give the 'client' an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully. Maintaining good standards of counselling involves continuous self-monitoring and self-development on the part of the counsellor.
- Counselling is a goal-oriented process, which emphasizes a cooperative role relationship between provider and recipient. When counselling, the provider applies his or her expertise to benefit each recipient, directing them to use information in a way that serves best in everyday life. In short, it is a process of helping someone to recognize, face, accept and resolve problems.
- The term counselling includes a wide array of activities: assessing knowledge and motivation, providing information, modifying inappropriate behaviour, reinforcing desired behaviour, and monitoring long-term progress.

- Counselling is a form of psychotherapy, usually far more brief in the length of time clients receive in traditional psychotherapy, that aims to assist people who are experiencing problems in various areas including relationship problems, academic or school related problems, depression, anxiety, trauma, and issues from the past that negatively affect the person's daily functioning (Corey, 2004).

1.3 INDIVIDUAL *VERSUS* FAMILY COUNSELLING

In individual counselling only the person (client) in question with problems would be taken up for counselling sessions whereas in family counselling the whole family or at least concerned family members decide to work through relationships to improve family communication.

1.4 FAMILY COUNSELLING

Family counselling is an umbrella term for a number of therapeutic approaches all of which treat the family as a whole rather than singling out specific individuals for independent treatment. According to Burke (1989), "it is an artful application of scientifically derived psychological knowledge and techniques for the purpose of changing human behaviour". In simple words, family counselling can be understood as follows:

- Family counselling is an effective way to help family members understand problems and make positive changes in their lives.
- In family counselling the whole family decides to work through their relationships to improve family communication.
- The family looks at how to solve a problem or adjust to a new situation.
- Family counselling also includes marital counselling with married couples according to the law of the land or married with religious ceremonies.
- It may also include or be followed by couples therapy, which treats relationship problems between marriage partners or gay couples; and the extension of family therapy to religious communities or other groups that resemble families such as couples cohabiting together or in 'live-in' relationships or relationships prior to marriage.
- The usual types of problems dealt with are relationship problems, including separation and divorce, family of origin issues, parenting skills, parent-child conflict and elder abuse.

1.5 COUNSELLING AND PSYCHOTHERAPY

The words counselling and psychotherapy are frequently used interchangeably and are based on very similar types of treatments, though you can find differences between them that distinguish one from another. In actual practice there may be quite a bit of overlap between the two types of interventions. A therapist

may provide counselling with specific situations and a counsellor may function in a psychotherapeutic manner. Generally, speaking, however, psychotherapy requires more skill than simple counselling. It is conducted by professionals trained to practise psychotherapy such as a psychiatrist, a trained counsellor, social worker or psychologist. While a psychotherapist is qualified to provide counselling, a counsellor may or may not possess the necessary training and skills to provide psychotherapy.

Technically speaking, "counsellor" means "advisor". It involves two people working together to solve a problem. It is a term that is used in conjunction with many types of advice giving. For example, financial planning and career guidance are both types of counselling. Just about anyone at all times may claim to be a counsellor if they are in the role of giving advice. In the realm of mental health, the term counselling is generally used to denote a rather short, solution-focused treatment process. The focus of counselling is commonly on addressing, and alleviating, a specific symptom or frustrating circumstances as quickly as possible. For mental health practitioners, counselling has more of an instructional and professional support or advice-giving character. The territory a counsellor covers with clients frequently is more specialized, like addiction counselling or guidance counselling.

Psychotherapy, on the other hand, is a term that refers to the "treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insights into problems, with the goal being personality growth and behaviour modification" (American Heritage Dictionary). Psychotherapy can be a time-consuming, expensive process. It is generally a long term treatment which focuses more on gaining insight into chronic physical and emotional problems. Its focus is on the patient's thought processes and way of being in the world rather than specific problems. In short, psychotherapy is a longer-term treatment that concentrates on addressing long-held beliefs and behaviours that no longer benefit the client. Though very specific issues are frequently dealt with in psychotherapy, the focus is on the client's thought processes and relationship with themselves, others, and the world.

Both psychotherapy and counselling are helpful, each has their use, and they are definitely not mutually exclusive. Irrespective of the approach to which one subscribes, the differences between psychotherapy and counselling do exist. The interchangeable use of the terms, however, typically sparks neither controversy nor confusion.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Write a short note on family counselling.

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1.6 KEY PRINCIPLES FOR COUNSELLING

i) Counselling is cooperative in nature, which is usually a two-way process and requires active participation from both the counsellor and the client or counsellee. The working process requires that both client and counsellor take up reciprocal, complementary roles. Each one, that is, the counsellor and client comes with a personal agenda. The counsellor is responsible for developing rapport and for directing the course of progress.

ii) Counselling is goal-directed the aim is for the client to find a solution to an identified problem. The counsellor shares her or his knowledge in such a form that the client can use it to solve the particular problem independently. Through counselling, the client will learn to apply knowledge in new ways, may acquire new skills, or change some of her or his beliefs or behaviours which may be maladaptive.

iii) Counselling is usually client-centered. The needs and views of the client/ counsellee have to be respected. The counsellor must always be sensitive to introducing only culturally appropriate or sensitive interventions and avoid coercing, ordering, patronizing, or acting on the client's behalf. She or he is rather like a skilled guide, finding out where the client wants to go and assisting in determining if the destination is reasonable and/or feasible. She or he assists the client in seeking alternative routes, determining their respective difficulties, and discusses the choice of route. She or he helps the client to clear out the obstacles along the way. The client may, at some point, require more precise guidance in practising new skills that are necessary, to make the journey smooth and without difficulties.

1.7 STEPS IN COUNSELLING PROCESS

The five-step model of family counselling is significant in managing the progression through the sessions. These steps help the counsellor to organize the various tasks involved in each of these sessions. They act as reminders to the counsellor of where the emphasis is meant to be during any given session. It is also necessary to complete the specific tasks of each step before moving on to the next step. The steps in counselling process have been discussed underneath.

Assess: In the first step the counsellor collects, selects and analyses information to enable her or him to make decisions. Counselling calls for information that the client alone can provide. The counsellor always begins at the client's level of understanding. The counsellor works to involve the client in the process of defining targets and determining goals and objectives of each session.

Advise: The second step is to do with 'Advise'. It is not practical as also feasible to take on too many targets simultaneously. Generally, counselling is more effective when the client himself or herself selects the target behaviour on which to focus. The initial targets should be highly concrete and the client's own actions should lead to quick and clearly visible changes in them. As and when required, the counsellor/therapist should help the decision-making process with her or his knowledge of the condition or situation.

Agree: The third step is to 'Agree'; here the counsellor has the responsibility for the proper assessment of problems, for the formulation of the targets, and for the suitability of the suggested management. A plan will be drawn at this

stage, which should state the short-term objectives, and trace a method most likely to lead away from the current situation. Often a written agreement or contract clarifies the respective responsibilities.

Assist: The fourth step is to 'Assist', where courses of action which should be generated together with the client, always concentrating on the direction from the current situation to the nearest immediate objective are chalked out. At this stage, the responsibility for actions rests with the client; she or he should try out the suggestions agreed upon, according to the plan, and bring back experiences for discussion and evaluation together. Common elements in many behaviour change counselling situations include moral support, skill training, environmental change, relapse prevention, and maintenance techniques. The counsellor's task lies in identifying the client's particular needs for instruction, and practical training. This step of implementation may take several sessions.

Arrange: The fifth and final step is to 'Arrange' the means to achieve the goals. Counselling requires that the actions taken undergo continuous monitoring for the changes. It is often necessary to arrange for additional skill development through community services or programmes. It is essential to find out throughout the duration of the counselling, to what extent the client has followed the course of action agreed upon in the previous sessions. By the final session, the client needs to have a clear picture of the changes she or he has made and of what her or his own efforts have achieved.

In a nutshell, the counsellor needs to:

1. Establish a safe, conducive and a trusting environment for the client.
2. Clarify, that is, help the client put their concerns or difficulties into clear words or statements.
3. Be an active listener and try to find out the client's needs and concerns. In the process of active listening the counsellor needs to:
   a) paraphrase, summarize, reflect, interpret, and
   b) focus on feelings, not situations or events.
4. Transform problem statements into goal statements.
5. Explore possible approaches to goal or generate alternatives to the fulfillment of the goal.
6. Help person in choosing one way or other towards the fulfillment of the goal.
7. Develop a plan of action make a contract to fulfill the plan of action decided upon.
8. Summarize what has occurred, clarify, and get verification.
9. Evaluate progress from time to time. Get feedback and confirmation. Here there is a need to assess whether the alternatives chosen have worked and the problems have been sorted out or whether there is a need to plan further action by helping the client to choose another option and monitor the success or failure. Continual feedback and monitoring may be sometimes necessary.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. What are the key principles for counselling?

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1.8 KEY FACTORS FOR SUCCESS IN COUNSELLING

There are four key factors, or four key steps to being successful in the counselling process as has been described by Kersey (2009). These are discussed below:

1.8.1 Willingness

Many clients who may require counselling either will not seek it or they come for therapy but are not willing to make any recommended changes. They want their significant others to change; they want their environment or circumstances to change but they are resistant to work and bring about changes themselves. Seeking help and making changes in life requires courage and if the client is willing to be different, she or he can adapt to the changes.

1.8.2 Motivation

In addition to willingness, motivation is an important component of counselling. Without a strong drive for change, it is less likely to occur. When an individual has both the willingness to improve and the motivation to do so, they have half of what it required to succeed in the counselling process.

1.8.3 Commitment

The old adage "quitters never win and winners never quit" basically says it all. However, people tend to be impatient with the personal growth process and want things immediately. The counselling process requires commitment and patience. Without these two characteristics, many will hurry into what they think is a viable solution but eventually discover that actually the problem has not been resolved at all.

1.8.4 Faith

Faith is the final and most critical step in the success of counselling. The concept of belief and confidence in oneself or belief in a process seems simple and necessary to accomplish the goals of the client. Each person fails when they have little or no faith in the healing process or the change that follows because of it. Clients need to realize that a certain amount of trust needs to be possessed in a well-trained counsellor or at least explore their lack of trust issues with the therapist in the beginning phase of counselling.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List down the important factors that are vital for the success of counselling.

....

....

....

1.9 MODELS FOR COUNSELLING

Some of the common models of counselling are given below:

1.9.1 Humanistic Approach to Therapy

Humanistic approach to therapy is briefly described in following points:

- It emphasizes the importance of being aware of one's emotions and feeling free to express them.
- The therapy focuses on discovery of true emotions and personal goals.
- The source of the problem is identified which is blocking the full development due to restricted growth potential.
- The techniques in therapy used are conversations, largely guided by the client.

Types of humanistic therapies:

Here, we would discuss the following types of humanistic therapies:

1) Person-centered therapy,
2) Gestalt therapy, and
3) Existential therapy.

1. **Person-Centered Therapy**

   This therapy is also known as *Client-centered therapy.* It was developed by Carl Rogers. Its main features in brief are as follows:

   - This form of therapy uses reflection, genuineness, and accurate empathy to help clients come up with their own solutions to their problems and to help promote self-understanding and acceptance.
   - It provides a safe therapeutic climate, reflection and clarification of what the client says. In contrast to the psychodynamic therapist, the client-centered therapist does little to interpret, direct, or advise the client.
   - Its basic premise is that the social values (conditions of worth) imposed on the individual by society underlie self-actualization.

   The important skills of counsellor or therapist in person-centered therapy include the following:

- **Empathy:** The therapist looks at life from the client's perspective. She or he must have empathy by active involvement in the client's world by imagining what it would be like to be the client.
- **Genuineness:** The counsellor or therapist should show honesty with client. Therapists need to let their inner feelings appear open and honest during therapy.
- **Unconditional positive regard:** The counsellor or therapist shows warmth and caring for the client. It entails caring acceptance of the client's individuality regardless of what the client says or does.
- **Reflection:** It involves mirroring back of client's emotions.

  The person-centered counsellor uses the methods of (1) active and passive listening, (2) reflection of thoughts and feelings, (3) clarification, (4) summarization, (5) confrontation of contradictions, and (6) general or open leads that help the client in self-exploration. These at times are collectively labeled as active listening.

2. **Gestalt Therapy**

   This therapy was developed by Fritz Perls. It is rooted in the following assumptions:

   - This form of therapy is more directive than person-centered therapy and challenges clients to face their true feelings and to act on them.
   - It encourages direct expression of emotion by client (can be confrontational).
   - It focuses on the present rather than past or future.
   - It emphasizes the importance of increasing an accurate perception of reality.
   - When perceptions become abnormally inaccurate, they can lead to psychopathology.

   Techniques used in Gestalt therapy are as follows:

   - *Therapist as an example:* Therapist sets example for client by being an open and aware person.
   - *Role-play:* Therapist and/or client engages in role play to help the client manage feelings.
   - *Nonverbal-behaviour congruence:* Therapist encourages client to be in touch with whether verbal behaviour matches nonverbal behaviour.

3. **Existential Therapy**

   It was developed by Frankl and May. It is based on the following assumptions:

   - Existential therapists assume that emotional and behavioural problems stem from an inability to cope with the ultimate issues of life.
   - Existential therapists try to make their clients aware of the importance of free choice and the fact that they have the ultimate responsibility for making their own choices about their lives, and that they may choose to make their own meaning to live a purposeful life. Clients are encouraged to take responsibility solely for their happiness (we have to be able to stand alone before we can stand beside another).

- Client-counsellor relationship is the key issue. Other theories are drawn upon as necessary.

1.9.2 Cognitive Behavioural Therapy (CBT)

Cognitive behavioural therapy (CBT) is a structured and directive, brief and time-limited therapy with an emphasis placed on current behaviour. It is based on the notion that maladaptive behaviours are the result of skill deficits, and that thoughts cause feelings and behaviours. It is also based on the assumption that most emotional and behavioural reactions are learned. Therefore, the goal of therapy is to help clients unlearn their unwanted reactions and to learn a new way of reacting. CBT is a collaborative effort between the therapist and the client.

In CBT the client's role involves defining goals, expressing concerns, learning, and implementing learning.

The role of the therapist or counsellor is to help the client define goals, listen, teach, and encourage.

Homework is a central feature of CBT. Cognitive therapies do not appear to work as well with those who are cognitively impaired. CBT has been effective for use with problems in the following areas:

- Self or personal growth,
- Individual clients or groups,
- Marriage or family relationships,
- Workplace problems,
- Child or adolescent behaviour disorders,
- Eating disorders, addictions, and impulse control disorders,
- Anger management,
- Adjustment to chronic health problem, physical disability, or mental disorder, and
- Post-traumatic stress disorder.

1.9.3 Social Learning and Operant Models

These models focus on the stimuli that elicit or reinforce a specific behaviour, such as Skinner's and Pavlov's conditioning approaches to behaviour change. Bandura's "Social Learning Theory" emphasizes the immediate social reinforcing consequences when attempting behaviour change: three critical elements are self-efficacy, modeling, and self-management. New ways of behaving occur through imitation and modeling, and by observing the behaviour of others.

1.9.4 Integrative Approach to Counselling

Integrative counselling and psychotherapy is the process of selecting concepts and methods from a variety of systems. Surveys of clinical and counselling psychologists consistently reveal that 30 percent to 50 percent of the respondents consider themselves eclectic or integrative in their therapeutic practice. Eclectic practice consists of picking of techniques from various approaches. One reason for the trend toward integration is the recognition that no single theory is comprehensive enough to account for the complexities of human behaviour, especially when the range of client types and their specific problems are taken into consideration.

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Enumerate the important models for counselling.

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2. What is humanistic approach to therapy? Outline the key features of this approach.

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1.10 COUNSELLING METHODS AND FOCUS

Following assessment, the counsellor suggests treatment options, including referral if the problem is one requiring medical support and intervention. If short-term counselling is recommended, the counsellor would suggest one of the following approaches:

- Cognitive behavioural interventions, such as use of discussion, behavioural strategies, suggestions, and assignments geared toward using thoughts and behaviours to prepare for and cope with symptoms and stressors.

  Cognitive behavioural therapy for families is brief and solution-focused, and addresses a wide range of psychological problems (for example, depression, anxiety, anger outbursts, acting out behaviour, obesity, addictions, coping with physical illness, etc.). In case of children and families there may be need for parent training, divorce counselling, stress management, skill training and so on. Patterns, especially around issues of conflict, are examined to identify the roots of the problem, as well as the goals of counselling.

- The work is focused on helping the family members to think and behave more adaptively, and to learn to make better choices in efforts to get needs met, so that the family environment becomes more stable and peaceful. Insight, empathy, respect, and caring are enhanced with family members who have invested in the treatment. When working with families, therapists and counsellors often see members individually as well as together, to get a full picture of the issues involved, and to work more in depth with each individual regarding their role or contribution to the family's problematic patterns. The family meetings are forums in which perspectives and experiences are shared, and increased understanding and problem solving occurs. Throughout the course of treatment, progress is made toward improved family functioning.

- Person-centered therapy is applicable in situation of crisis intervention, such as death of loved ones, chronic and life threatening physical or mental illnesses and unwanted pregnancy.
- Skills training, including effective communication and relationship skills, study skills, stress management, time management, and self care strategies are used for managing conflict and communication, increasing intimacy, handling substance abuse, work and school related issues, blended family issues, and a range of other concerns.
- Use of experiential techniques like imagery, role play, and other expressive activities are used especially in situations calling for resolution of emotional conflicts, such as those involving grief, loss, trauma, or illness.
- Psychoeducational intervention are made to educate the client(s) about personal, interpersonal, or intrapersonal psychological matters affecting herself or himself or others. This may include the provision of consultation about the problems of a third party, an explanation of relationship dynamics, or information related to a specific psychological disorder.
- Crisis intervention strategies, especially interventions in which the focus is on gaining or maintaining immediate safety, coping, and/or stability in an emergency such as loss grief, death, bereavement, developmental transitions – puberty, marriage, job change or job loss, retirement and so on.

With city living, increasing demands of work and educational attainments, dual working homes, financial pressures, parenting issues and the general change of the traditional nuclear family, the stress on families can be overwhelming. With client's strengths, goals and work, an empathic and non-judgmental counsellor can help to achieve the client's goals.

1.11 BASIC COUNSELLING SKILLS

Following Carkhuff Model, the following skills provide an important basis for all effective counselling efforts.

1.11.1 Step 1: Attending

Purpose/Functions:

i) Promotes the client's own attentiveness; and

ii) Allows the helper to receive verbal and non-verbal cues.

It involves active listening. The helper should suspend judgement; resist distractions; recall the expression; look for themes; and wait to respond.

It also includes:

- Concentrating,
- Showing interest,
- Positioning,
- Observing (part of attending): It is focussed on body language; facial expressions; congruency of behaviour; dress; energy level; health; appearance.

1.11.2 Step 2: Responding

The relevant skills involve responding to feelings, to content, or to meaning. Meaning involves feeling and content.

Purpose:

i) To facilitate client's exploration;

ii) Gives the helper a chance to check her or his level of understanding;

iii) Clarifies the context within which those feelings occur; and

iv) Lays a base.

Responding to feeling involves the following steps:

- Attending to the client,
- Listening to the client,
- Observing the client,
- Merging with the client,
- Suspending our own frame of reference,
- Presenting no mask,
- Developing feeling words and interchangeable responses,
- Checking out the feeling expression, and
- Responding to feelings "You feel...."

Responding to meaning involves the following steps:

- Reflect upon the content
- Supply the content
- Provide a reason
- Rephrase the content "You feel... because...."
- Respond to content "You're saying that...."
- Respond to meaning "You feel.... because..."

1.11.3 Step 3: Personalising

The purpose of personalising is to attempt to enable the client to understand what she or he is in relation to, where she or he wants to be.

It involves the following models of interaction:

i. Personalizing the meaning "You feel ... because you....",

ii. Personalising the problem "You feel ... because you cannot...",

iii. Personalising the feeling "You feel ... because you can't....",

iv. Personalising the goal "You feel... because you can't.... and you want to...", and

v. Personalising understanding.

Check Your Progress Exercise 5

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List down the steps that provide a base for all effective counselling efforts.

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2. Fill in the blanks:

i) The counsellor will suggest...................................., including referral if the problem is one requiring medical support and intervention.

ii) Cognitive behavioural therapy for families is .... and ....

iii) Patterns, especially around issue of conflict, are examined to identify the .... of the problem as well as the .... of counselling.

iv) Psychoeducational interventions in which the clients are educated about......................................, ... or .... psychological matters.

1.12 LISTENING AND RESPONDING TECHNIQUES

Type	Purpose	Possible response
Clarifying	1 To get additional facts. 2. To help the person explore all sides of the problem.	1. Can you clarify this? 2. Do you mean this? 3. Is this the problem as you see it now ?
Restatement	1. To check meaning and interpretation with the other. 2. To show you are listening and that you understand what the other has said.	1. As I understand it, your plan is.... 2. Is this what you have decided to do? And the reasons are? 3. You said.... 4. You're saying...

Type	Purpose	Possible response
Neutral	1. To convey that you are interested and listening. 2. To encourage the person to continue talking.	1. I see. 2. I understand. 3. That is a good point.
Reflective	1. To show that you understand how the other feels about what she or he is saying. 2. To help the person to evaluate and temper her or his own feelings as expressed by someone else.	1. You feel that.... 2. It was shocking as you saw it. 3. You felt you didn't get a fair hearing.
Summarizing	1. To bring all the discussion into focus in terms of a summary. 2. To serve as a springboard to discussion of new aspects of the problem.	1. These are the key ideas you have expressed. 2. If I understand how you feel about the situation,....

Some Do's and Don'ts

Do's	Don'ts
• Show interest • Have understanding of the other person • Express empathy • Single out the problem if there is one • Listen for causes of the problem • Help the speaker associate the problem with the cause • Encourage the speaker to develop competence and motivation to solve her or his own problems • Cultivate the ability to be silent when silence is needed	• Argue • Interrupt • Pass judgement too quickly or in advance • Give advice unless it is requested by the other • Jump to conclusions • Let the speaker's emotions impact too directly on your own

1.13 COUNSELLOR SKILLS, QUALITIES AND ETHICS

A brief summary of the skills, qualities and ethical issues involved in counselling is given in following Table:

SKILLS	QUALITIES	ETHICS
Verbal • Minimal encouragers ('ha', 'uhh', continue) • Appropriate tone of voice • Simple, precise language • Accurate reflection of feelings • Linking feelings to experience **Non-verbal** • Facing squarely • Open posture • Leaning forward • Eye contact • Reasonably relaxed • Appropriate hand and facial movements	• Genuine • Respectful • Warm • Appropriately serious • Empathic • Moves at client's pace • Shows interest	• Acceptance • Non-judgemental attitude • Controlled emotional involvement • Purposeful expression of feeling • Individuality • Confidentiality • Client self-determination

1.14 CONFIDENTIALITY

Confidentiality normally means that anything discussed during a counselling session is held as private and not discussed elsewhere. The information cannot be given to anyone or any agency unless client has given permission (and client is over 18 years). If client is under 18 years, both the parents of client need to agree to the information being given out. If they cannot agree the court may take a decision. This is essential to the client feeling safe in speaking about intimate and painful matters.

A counsellor may (but does not have to) give information to another person (or an agency) if the same:

- is necessary to protect a child from harm (both physical and psychological);
- is necessary to protect someone's life or health or property;
- may prevent a crime involving violence or threats of violence or report a crime involving threats or violence; and
- will assist a lawyer independently representing a child's/client's interests.

1.15 TERMINATION OF COUNSELLING

Counselling is terminated under following conditions:

- If the therapist has negotiated a specific number of sessions with the family at the outset, termination is relatively straightforward.
- Counselling ends when the client and the counsellor agree that progress is satisfactory.
- When it is determined by the counsellor that an alternative form of intervention is needed and options discussed and explored that a plan for obtaining further intervention can be developed.
- Termination is usually smoother when the counsellor is clear about the objectives: delineating problems, setting goals and formulating outcome criteria.
- Counselling ends when a client decides that she or he is not ready to work on a problem with a counsellor at that particular time.

Check Your Progress Exercise 6

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List the different types of listening and responding techniques.

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2. What are the essential qualities of a good counsellor?

....

....

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3. What is confidentiality in counselling process?

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....

....

1.16 LET US SUM UP

Counselling is a goal-oriented process, which emphasizes a cooperative role relationship between provider and recipient. Family Counselling is an umbrella term for a number of therapeutic approaches all of which treat the family as a whole rather than singling out specific individuals for independent treatment. Family counselling is an effective way to help family members understand problems and make positive changes in their lives.

Counselling and psychotherapy are viewed as overlapping areas of professional competence and there is a need to distinguish between these two treatment modalities.

There are some key principles for counselling such as:

- Cooperative nature of work demanding active participation from both the provider and the recipient;
- Goal-directed aim is for the recipient to find an answer to an identified question or a solution to her or his specific problem; and
- Client-centered needs and views of the recipient have to be respected.

There are several steps involved in counselling which are best represented by 5 A's that are: Assess, Advise, Agree, Assist and Arrange. Each step is important and has specific goals leading finally to resolution of the problems.

There are four key factors or steps to being successful in the counselling process. These are willingness, motivation, commitment, and faith. Some of the common models of counselling are — person-centered therapy; gestalt therapy and existential therapy.

Some of the effective characteristics of an effective counsellor are empathy, genuineness, unconditional positive regard and reflection as emphasized in person centered counselling as stated by Carl Rogers.

The cognitive behaviour model in counselling has a significant role in treating many disorders. However, in the contemporary scenario an integrative approach to counselling in therapeutic practice is preferred.

The basic counselling skills are attending, responding and personalizing. The issues related to confidentiality, resistance and termination have to be looked into in counselling.

1.17 GLOSSARY

Active listening : Involves paraphrasing and summarizing the person's emotions back to them, asking questions to help them express what they feel or believe or asking questions to achieve a better understanding of what the person is saying.

Cognitive therapy : Any of a variety of techniques in psychotherapy that utilizes guided self-discovery, imaging, self-instruction, symbolic modeling, and related forms of explicitly elicited cognitions as the principal mode of treatment.

Empathic understanding : The counsellor accurately understands the client's thoughts, feelings and meanings from the client's own perspective.

Genuineness (Congruence) : The counsellor is authentic and genuine.

Warmth : Also called "unconditional positive regard". It involves accepting and caring about the client as a person, regardless of any evaluation of her or his behaviours or thoughts. It is most often communicated through our non-verbal behaviour.

Respect : The belief in the client's ability to make appropriate decisions and deal appropriately with her or his life situation, when given a safe and supportive environment in which to do so.

Unconditional positive regard : Means that the counsellor accepts the client unconditionally and non-judgementally. The client is free to explore all thoughts and feelings, positive or negative, without danger of rejection or condemnation.

1.18 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Family counselling is an umbrella term for a number of therapeutic approaches which treat the family as a whole rather than singling out a specific individual for independent treatment. The whole family decides to work through their relationships to improve family communications. Family looks at how to solve a problem or adjust to a new situation.

Check Your Progress Exercise 2

1. Following are the key principles for counselling:

   i) Counselling is a cooperative mode of work demanding active participation from both the provider and the recipient.

   ii) Counselling is goal-oriented process. The aim of counselling for the recipient is to find an answer to an identified question or a solution to her or his specific problems.

iii) Counselling is best characterized by client-centeredness. The needs and views of the recipient have to be respected.

Check Your Progress Exercise 3

1. i) Willingness,

   ii) Motivation,

   iii) Commitment, and

   iv) Faith.

Check Your Progress Exercise 4

1. Following are the important models for counselling:

   i) Humanistic approach to therapy,

   ii) Cognitive behavioural therapy,

   iii) Social learning and operant models, and

   iv) Integrative approach to counselling.

2. Humanistic approach to therapy emphasizes the importance of being aware of one's emotions and feeling free to express them. The therapy focuses on discovering true emotions and personal goals. The source of the problem is identified which is blocking the full development due to restricted growth potential. The technique used is conversations, largely guided by the client. The three types of humanistic therapies are person-centered therapy, gestalt therapy and existential therapy.

Check Your Progress Exercise 5

1. Following are the steps that provide a base for effective counselling:

   i) Attending,

   ii) Responding, and

   iii) Personalising.

2 i) Treatment options,

   ii) brief, solution focused,

   iii) roots, goals,

   iv) personal, interpersonal, intrapersonal

Check Your Progress Exercise 6

1. Following are the different types of listening and responding techniques:

   i) Clarifying,

   ii) Restatement,

iii) Neutral,

iv) Reflective; and

v) Summarising.

2. A good counsellor is:

i) Genuine,

ii) Respectful,

iii) Warm,

iv) Appropriately serious,

v) Empathic,

vi) Moves at client's pace, and

vii) Shows interest.

3. Confidentiality normally means that anything discussed during a counselling session is held as private and not discussed without permission. The information cannot be given to anyone or any agency unless client has given persmission (and client is over 18 years). If client is under 18 years, both the parents of client need to agree to the information being given out.

1.19 UNIT END QUESTIONS

1. What are the differences between psychotherapy and counselling?

2. Write a brief note on models of counselling.

3. What are the indications of family counselling?

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UNIT 2 FAMILY THERAPY: MEANING, SCOPE AND APPLICATIONS

Structure

2.1 Introduction

2.2 Family Functions

- 2.2.1 Functions and Characteristics of Healthy Families
- 2.2.2 Dysfunctional Families
- 2.2.3 Characteristics of Dysfunctional Families

2.3 The Concept of Family Therapy

2.4 Difference Between Psychotherapy and Counselling

2.5 History of Family Therapy

2.6 Family Life Cycle

2.7 Indications and Countraindications for Family Therapy

2.8 Family Therapy: As a Process

2.9 Preparation for Family Therapy

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- 2.10.1 Family Tree
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- 2.11.1 Psychodynamic Approach
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- 2.12.8 Strategic Tasks
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- 2.12.10 Circular Questioning

2.13 Resistance in Family Therapy
2.14 Ethical Issues in Family Therapy
2.15 Counselling Case Studies
2.16 Let Us Sum Up
2.17 Glossary
2.18 Answers to Check Your Progress Exercises
2.19 Unit End Questions
2.20 Further Readings and References

2.1 INTRODUCTION

In recent years, there have been changes about the notions of family and family life. In many developed as well as developing countries, for example, approximately over 40 per cent of new marriages end in divorce. Many people choose not to marry and there are increasing variations, such as single-parent families and homosexual families. In addition, there is greater diversity in people's expectations such that men no longer are expected to be the sole or main breadwinners and there are expectations about greater sharing of domestic roles, such as childcare. Arguably, some of these changes are less extensive than might be assumed. For example women, even if they work outside the home, tend to take on the bulk of domestic duties as well.

It is easy to assume that in some ways the family is in 'crisis', which is also seen as a fundamental threat to the stability of society. Some of the traditional values, emphasizing domestic duties, passivity and primary responsibility for providing care of children and ageing relatives have not been in the best interests of women. What we take to be 'the family' and 'family life' is influenced by the ideologies and discourses inherent in society. An analysis at the level of society and culture suggests that 'family life' is shaped by dominant ideologies or discourses about what family life should be like. For example, the roles of men and women in families and other living arrangements have changed significantly in the last 40 to 50 years. If we accept that many people make such choices, the question remains of how people go about constructing their own varieties of 'family life'. How do they decide how 'normal', as opposed to how 'deviant' they will be? Accounts from families and therapists can be seen to pertain to two aspects of family life, which at first sight might appear contradictory: on the one hand, people do appear to make autonomous decisions about their lives; on the other hand, family life can be seen to be characterized by repetitive, predictable patterns of actions. Families are inevitably faced with various tasks, difficulties and problems that they have to find ways of managing. These tasks alter as they proceed through their developmental cycle.

Objectives

After studying this Unit, you will be able to:

- Understand the basic concepts related to family therapy;
- Identify the various approaches to family therapy;
- Analyse the indications (applications) and contraindications for family therapy; and
- Assess families who are resistant/not amenable to family therapy.

2.2 FAMILY FUNCTIONS

The main functions performed by family are as follows:

1. Socialization of children
2. Economic cooperation and division of labour
3. Care, supervision, monitoring, and interaction
4. Legitimizing sexual relations
5. Reproduction
6. Provision of status like social-familial attributes for example, SES, location. Status can be i) ascribed – for example, birth order or ii) achieved; means based n individual's effort.
7. Affection, emotional support and companionship

2.2.1 Functions and Characteristics of Healthy Families

A functional family is characterized by transactions that serve to meet the needs of the individuals in the family and the family unit as a whole. Functional families are characterized by structures that are adaptable and well defined. The characteristics of healthy family include the following:

- Clearly identified hierarchy,
- Well-defined parental roles,
- Flexibility and adaptability that means healthy families can respond to situational and maturational crisis,
- Consistent, clear rules and expectations,
- Consistent affection,
- Consistent limit-setting,
- Open communication, bi-directional, and
- Increased degree of support, nurturance and acceptance of family members.

2.2.2 Dysfunctional Families

A dysfunctional family system occurs when a stressor overloads the family's adaptive and coping mechanisms such that family members' needs are not adequately met.

2.2.3 Characteristics of Dysfunctional Families

The characteristics of dysfunctional families are stated below:

- Rigidity or lack of flexibility,
- Lack of individuation like enmeshment or loss of autonomy,
- Extreme detachment,
- Scapegoating; means a family member (often child) is the object of displaced conflict or criticism,

- Triangulation, that means detouring conflict between two people by involving a third person, thereby stabilizing the relationship between the original pair,
- Faulty problem solving skills,
- Conflict avoidance,
- Inconsistent application of affection or discipline,
- Low levels of support or nurturance or acceptance, and
- Increased degree of expressed hostility towards each other or other family members.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What are the functions of family?

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2. What are the characteristics of dysfunctional families?

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2.3 THE CONCEPT OF FAMILY THERAPY

Family has long been recognized as a fundamental unit of social organization in the lives of human beings. The significance of family factors in the maintenance as well as the treatment of mental disorders has been established by many studies.

The term 'family therapy' was coined by the American Psychiatrist Nathan Ackerman in the 1950s, covers a variety of approaches and is practised by a variety of professionals. The key features of family therapy are as follows:

- Family therapy is a branch of psychotherapy that works with families and couples in intimate relationships;
- The main feature of family therapy is treatment of more than one family member in the same therapeutic session;
- Family therapy is a form of psychotherapy that involves all the members of a nuclear or extended family;
- Marriage and family counselling or therapy is counselling or therapy that focuses on the well-being of primary relationships and systems;
- In family therapy, the family system as a whole — not just one family member identified as having the "problem" — is treated;

- Family therapy deals with problems involving family structure and family interaction patterns;
- This approach regards the family, as a whole, as the unit of treatment, and emphasizes such factors as relationships and communication patterns rather than traits or symptoms in individual members; and
- Family therapy is becoming an increasingly common form of treatment as changes in society are reflected in family structures. It has led to two further developments that are couplès therapy, which treats relationship problems between marriage partners or gay couples; and the extension of family therapy to religious communities or other groups that resemble families.

2.4 DIFFERENCE BETWEEN PSYCHOTHERAPY AND COUNSELLING

The term "counselling" and "therapy" are commonly used interchangeably in describing what the marriage and family therapist actually does. The term "Counselling" is used when a strong component of the process is educational, as when parents learn new ways of handling children's behaviours, or when spouses learn better ways of communicating.

"Counselling" is probably the most appropriate term to describe the process when the couple or family is basically "healthy" yet seek enrichment of their quality of life together.

"Therapy" may be more appropriate when there is a great deal of emotional stress or pain in the relationship or system. Professionals often prefer the term "therapist" to "counsellor" as label, because it includes education functions as well as treatment functions.

Blocher (1966) distinguishes between counselling and psychotherapy by pointing out that the goals of counselling are ordinarily developmental-educative-preventive, and the goals of psychotherapy are generally remediative-adjustive-therapeutic. He describes that five basic assumptions about client and counsellor differentiate both:

1. Counselling clients are not considered to be "mentally ill", but they are viewed as being capable of choosing goals, making decisions, and generally assuming responsibility for their own behaviour and future development.
2. Counselling focuses on present and future.
3. The client is a client, not a patient. The counsellor is not an authority figure but is essentially a teacher and partner of the client as they move towards mutually defined goals.
4. The counsellor is not morally neutral but has values, feelings, and standards of her or his own. Although the counsellor does not necessarily impose these on clients, yet she or he does not attempt to hide them, and
5. Counsellor focuses on changing behaviour, not just creating insight.

Similarities between Counselling and Psychotherapy

Counselling and psychotherapy are similar in many procedures adopted and concepts used. Some of them are given below:

- The nature of seating arrangements and directions during the process of conducting sessions are more or less the same.
- In both therapy and counselling special relationship is built and both value clients.
- Psychotherapists and counsellors use the same theoretical models.
- Counselling skills are used by those prastising psychotherapy and counselling.
- Both therapy and counselling have same ethical and professional boundaries like confidentiality, time limits, payments and ethical issues.

2.5 HISTORY OF FAMILY THERAPY

Family therapy has several roots. The main roots are as follows:

Child guidance centres: Child guidance centres brought parents into treatment (began in 1930's) by Nathan Ackerman who is considered as a grandfather of family therapy.

General systems theory: Biologist Bertalanffy and his study of components of a self-regulating total system in continuous change seeking a steady state (during 1940s).

Group therapy: Group therapy used small group processes for therapy (after World War II).

Psychoanalysis: Freud acknowledged the role of family relationships in personality development (after World War II).

Schizophrenic studies: Bateson's work on double bind interactions (during 1950s).

Family therapists emerged in the 1950s and 1960s.

Early psychotherapy approaches focused on individual therapy and the patient-therapist relationship in treating psychological disorders. Although theorists believed families influenced personality, theories suggested the most important factors governing human behaviour were internal and subjective. Treatment therefore focused on neurotic conflicts and destructive interactions in the family of origin. Patients were treated separately from their families.

Family therapists hypothesised that psychological problems were developed and maintained in the family context. Personality was viewed as related to reciprocal interactional patterns with others. Psychological dysfunction was explained in terms of circular, recursive interpersonal events.

2.6 FAMILY LIFE CYCLE

Family life cycle emphasizes how development and change in families follow certain common patterns, which are shaped by the shifting patterns of internal and external demands in any given society. Families may at times be faced with massive demands for change and adaptation. This may be the result of changes in family composition by the birth of a child, a divorce or remarriage, a death or perhaps due to changes in autonomy within the family, children becoming adolescents, a woman going back to work after childrearing, retirement etc.

It was argued that the emergence of problems was frequently associated with these life cycle transitions and their inherent demands and stresses. However, less was said about the possible positive effect of external inputs, for example, the arrival of a child possibly uniting a couple or a bereavement drawing family members closer together.

The external and internal demands for change are continuous but become critical at transitional points in the family's life.

Family Life Cycle Stages: Transitions

- Independence,
- Coupling or marriage,
- Parenting: Babies through adolescents,
- Launching adult children, and
- Retirement or senior years.

You have read about the family life cycle stages in detail in Course 1 (MCFT-001).

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What is the difference between psychotherapy and counselling?

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2. Write a short note on family life cycle.

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2.7 INDICATIONS AND CONTRAINDICATIONS FOR FAMILY THERAPY

Indications for family therapy:

- Common child psychiatric disorders,
- Child abuse,
- Eating disorders, especially anorexia nervosa,
- Depression,
- Schizophrenia,
- Marital and family distress,
- Families with problems across generational boundaries, and
- Families scapegoating a member or undermining the treatment of a member in individual therapy.

Some contraindications to family therapy are:

- Members who cannot participate in treatment sessions because of physical illness or similar limitations;
- Families in which one, or both, of the parents are psychotic;
- Members with very rigid personality structures;
- Families that are unstable or on the verge of breakup; and
- Family violence and sexual abuse.

In the above clinical conditions and situations, the dynamics involved might be complicated and to assess and get through might be difficult if the family is resistant or defensive so family therapy may not be viable.

In families where family violence or sexual abuse has occurred, family therapy is initially contraindicated since the child is unlikely to express feelings in the presence of the perpetrator, who here is family member. In cases where the perpetrator is an outside person, presence of both the parents provides support and encouagement to the child. A multimodal approach is indicated in these cases with individual or group work for children or parents, and a family approach used later when rehabilitation of the child and parents is contemplated.

Families where both the parent suffering from a psychotic disorder might not be amenable for therapy especially if it is a chronic/unremitting/residual symptom.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. What are indications for family therapy?

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2.8 FAMILY THERAPY: AS A PROCESS

Family therapy tends to focus on resolving specific problems. In family therapy sessions, all members of the family and the therapist(s) are present at most sessions. The therapists seek to analyze the process of family interaction and communication as a whole; they do not take sides with specific members. They may make occasional comments or remarks intended to help family members become more conscious of patterns or structures that had been previously taken for granted. Family therapists who work as a team, also model new behaviours for the family through their interactions with each other during sessions.

Family therapy is based on family systems theory, which understands the family to be a living organism that is more than the sum of its individual members. Family therapy uses "systems" theory to evaluate family members in terms of

their position or role within the system as a whole. Problems are treated by changing the way the system works rather than trying to "fix" a specific member. Family systems theory is based on several major concepts or assumptions.

2.9 PREPARATION FOR FAMILY THERAPY

In some instances the family may have been referred to a specialist in family therapy by their pediatrician or other primary care physician.

Family therapists may be psychiatrists, social workers, clinical psychologists, or other professionals. They usually evaluate a family for treatment by scheduling a series of interviews with the members of the immediate family, including young children, and significant or symptomatic members of the extended family. This process allows the therapist to find out how each member of the family sees the problem, as well as to form first impressions of the family's functioning. Family therapists typically look for the level and types of emotions expressed, patterns of dominance and submission, the roles played by family members, communication styles, and the locations of emotional triangles. They will also note whether these patterns are rigid or relatively flexible.

Preparation also usually includes drawing a genogram, which is a diagram that depicts significant persons and events in the family's history. It represents a major tool for assessment of families. It is a visual representation of a family's composition, structure, member characteristics, and relationships. Genograms help in uncovering intergenerational patterns of behaviour, marriage choices, family alliances and conflicts, the existence of family secrets, and other information that sheds light on the family's present situation.

2.10 ASSESSMENT IN FAMILY THERAPY

Family trees or genograms and time lines are useful diagnostic tools in family therapy. Let us now discuss various techniques for assessment in family therapy.

2.10.1 Family Tree

A family tree is also known as pedigree or ancestor chart. In this, family relationships are represented in a tree structure. Generally, the oldest generation is presented at the top and the youngest generation at the bottom. For example, if we are making family tree of 5-year old boy, then his grandparents are presented at top, then his parents and other children of his grand parents, and then he and his siblings at the bottom.

2.10.2 Time Lines

Time lines can be used to ensure family trees remain useful and uncluttered and to show changes in occupation, location, life course, illness and other predictable and unpredictable life events.

Therapists and clients are invited to identify a time in family life that is a snapshot of family process; this should be at a significant point, for example at the point of referral for professional help, at a life cycle transition point such as leaving home, death of parent or spouse, etc. The family tree is drawn showing, where possible, up to three or four generations. Themes to look for and explore may

include separation, loss, conflict, closeness, communication, power and family beliefs, myths and legends; explanations and responses to crises and life changes can be described.

The therapist develops working hypothesis regarding family structure based on observations of family interactions. Problems are defined in ways that make the problems amenable to change. Assessment information is gathered from five areas:

1) The family structure, including its preferred transactional patterns and the alternative patterns available;

2) The system's flexibility and its capacity for elaboration and restructuring;

3) The family system's resonance, reflecting its sensitivity to individual member's input. High sensitivity reflects an enmeshed system, low sensitivity reflects a disengaged system;

4) The family's developmental stage and its performance of the tasks appropriate to that stage; and

5) The family life context, including the sources of stress and support.

2.10.3 Genogram

The *genogram* is a map of family process. It can be described as a graphic representation of families that charts the interactional processes over three generations. With its lines, boxes, circles and symbols, the genogram records important facts, life-changing events, and complex relationships of a family system. These deceptively simple explanations capture the essence of a complex clinical and consulting instrument that depicts nuances of description and relationship that may be lost in larger narratives or omitted in an overly intense focus upon self. The construction of a genogram is an interpersonal event in which an individual, couple, or family collaborate with a consulting professional in the gathering, recording and interpreting data about family relationships. Data are initially drawn from clients' memories as they report and interpret events. These are recorded with standardized symbols that indicate dates, descriptions of events, perceived relationships between family members, pertinent information about deaths, births, addictions, and illnesses, and family secrets known to the client. Details such as names and ages of all family members, dates of birth, marriage, divorce, separation and death information about three or more generations are also included.

Fig. 2.1 : Standard Gender Symbols for a Genogram

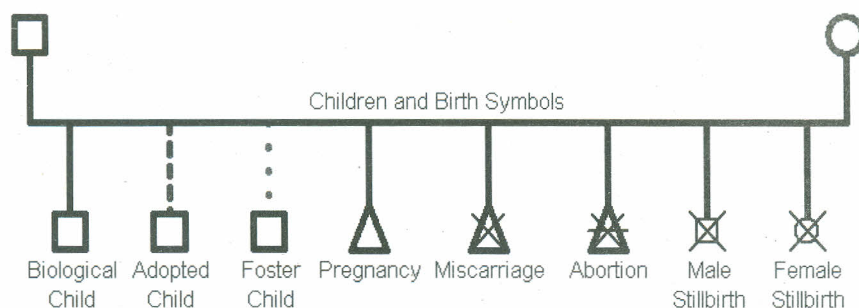

Fig. 2.2: Genogram Symbols for Children's Links and Pregnancy Terminations

2.11 MAJOR FAMILY THERAPY APPROACHES

In this Section we are going to discuss various family therapy approaches which are commonly used. But before discussing the major family therapy approaches we would like to see the orientation of these approaches – whether they are based on client's present life or past life. Table 2.1 depicts the orientation of major family therapy approaches.

Table 2.1: Present and past oriented models of family therapy approaches

Present oriented	Past oriented
• Strategic	• Psychodynamic
• Structural	• Object Relations
• Social Constructivist	• Multigenerational
• Cognitive Behavioural	• Narrative
• Experiential	

In the above Table 2.1, the family therapy approaches that focus on the present oriented models of the family or marital therapy focus on the current life situation of the family or the *here and now* rather than touching on the dynamics of the problem and gather some details of the genesis of the problem to be probed and to some extent interpreted, which is of prime importance in past oriented family therapy approaches.

2.11.1 Psychodynamic Approach

Many pioneering family therapists were originally psychoanalysts who transferred their traditional concepts from treatment of individuals to that of the family. In the psychodynamic model the therapist's task is mainly to interpret, and through the therapeutic relationship, bring family members' unconscious thoughts, feelings and experiences into awareness, especially, assisting them to appreciate associations between past and present. The fundamental goals are insight, integration and adaptive functioning. For example, a family's current behaviour may relate to an underlying, continuing conflict stemming from a common traumatic experience. When the family represses this aspect of their history, they are helped to see relevant connections. Attention is paid both to members as individuals with their early attachment patterns and to the family group with its typical modes of functioning.

2.11.2 Family Systems Perspective

Family systems perspective was originally developed by Von Bertalanffy.

The salient features of family sytems perspective are given below:

- In family systems perspective, individuals are best understood through assessing the interactions within an entire family.
- Symptoms are viewed as an expression of a dysfunction within a family.
- Problematic behaviours serve a purpose for the family. Problematic behaviours are a function of the family's inability to operate productively; and are symptomatic patterns handed down across generations.
- It is believed in family system perspective that a family is an interactional unit and a change in one member effects all members.

This approach can be reinforced by an array of useful techniques, for example family 'sculpting', in which physical sculptures are created to map and explore relationships between members. Similarly, producing a family tree which clarify not only genealogical patterns but also current ways of relating. These techniques have the advantage of incorporating children into therapy beyond mere talking.

2.11.3 Strategic Therapy

Watzlawick et al. (1967) and Madanes (1981) propagated strategic family therapy. For a strategic therapist two questions are basic: How is the symptom helping the family to maintain a balance or overcome a crisis? How can the symptom be replaced by a more effective solution of the problem?

Brief Strategic Family Therapy (BSFT) is based on three basic principles. These are discussed below:

1. It is a family systems approach. *Family systems* means that family members are interdependent that is, what affects one family member affects other family members.
2. The patterns of interaction in the family influence the behaviour of each family member. *Patterns of interaction* are defined as the sequential behaviours among family members that become habitual and repeat over time.
3. To plan interventions that carefully target and provide practical ways to change those patterns of interaction (for example, the way in which mother and grandmother attempt but fail to establish rules and consequences) those are directly linked to, say, the adolescent's drug use and other problem behaviours.

Use of BSFT interventions are strategic in that they are practical, problem-focused, and planned. In this approach, the psychotherapist's emphasis is on establishing a therapeutic relationship, which includes the importance of joining with the family, the role of tracking family interactions, and what is involved in building a treatment plan. Some of the strategies for producing change in this model include focusing on the present, reframing negativity in the family, shifting patterns of interaction through reversals of usual behaviour, changing family boundaries and alliances, "detriangulating" family members caught in the

middle of others' conflicts, and opening up closed family systems or subsystems by directing new interactions.

2.11.4 Structural Family Therapy

In this type of therapy the key work was done by Minuchin (1974) and Colapinto (1991). The structural therapist believes that change of behaviour is most important. Therapy begins with the therapist joining with the family. He or she has the purpose to enhance the feeling of worth of individual family members. The therapist must attune himself or herself to the family's value systems and existing hierarchies. After joining, the therapist challenges how things are done and begins restructuring the family by offering alternative, more functional ways of behaving. Families are helped to develop communication and social skills. Action techniques such as enactment of a conflict or emotional entanglement are applied. The therapist is active and her or his role is more like a director of a play.

Indications

Structural therapy was initially resorted to in children with psychological problems linked to marked social stress, such as immigration, poverty and environmental problems. Children with behaviour problem and psychosomatic states such as diabetes, asthma and anorexia nervosa are also likely to benefit. The aim here is to restructure a family whose rigid patterns both trigger and maintain damaging patterns, even potentially life-threatening states.

2.11.5 Experiential Therapy

Experiential therapy was developed by Carl Whitaker. In this approach, focus is on application of existential therapy to family systems. The therapist goes into the family therapy session intent on having a growth experience for himself or herself, knowing that this will stimulate the family to do the same.

Goals:

The main goals of experiential therapy are as follows:

1. Facilitate individual autonomy and a sense of belonging in the family,
2. Help individuals to achieve more intimacy by increasing their awareness of their inner potential and opening channels for family interaction,
3. Encourage members to be themselves by freely expressing what they are thinking and feeling, and
4. Support spontaneity, creativity, the ability to play, and the willingness to be "crazy".

Therapist Function

The major functions played by therapist in experiential therapy are given below:

1. Create family turmoil.
2. Coach family how to get out of the turmoil.
3. Highly involved therapist model: must be transparent, take risks, get involved with family in the sessions.
4. Help family member experience the here and now by therapist "BEING WITH" the family.

5. Three phases: engagement (all powerful), involvement (dominant parent figure, adviser) & disentanglement (more personal, less involved).

6. Techniques grow out of the therapist's intuitive and spontaneous reactions.

2.11.6 Cognitive Behavioural Therapy for Families

Cognitive behavioural therapy (CBT) for families is brief and solution-focused, and addresses a wide range of psychological problems. Patterns, especially around issues of conflict, are examined to identify the roots of the problem, as well as the goals for the therapy. The work is focused on helping the family members to think and behave more adaptively, and to learn to make better choices in efforts to get needs met, so that the family environment is more stable and peaceful.

Indications for CBT in the family context:

- Eating disorders, addictions,
- Child or adolescent behaviour disorders, and
- Relationship and family problems.

CBT in Children

CBT for children with anxiety disorders may be especially effective when the family is included in treatment. Family cognitive-behavioural therapy (FCBT) involves a complex interplay of cognitive-behavioural techniques and family restructuring, drawing on the combined (and sometimes complementary) resources and motivations of children and their parents. While child-focused CBT (CCBT) is quite effective by itself, FCBT can lead to even greater improvements in anxiety, at least in the short term.

FCBT for children's anxiety disorders draws on effective cognitive-behavioural techniques and supplements these with targeted family interventions. CBT for children's anxiety disorders consists of two phases: skills training, and application and practice. During the skills training phase, children are taught techniques for reappraisal of feared situations, relaxation, and self-reward. In the application and practice phase, a hierarchy is created in which feared situations are ordered from least to most distressing. Children work their way up the hierarchy and are rewarded as they attempt increasingly fearful activities.

Most FCBT programmes have not focused on the specific parenting practices that are hypothesized to contribute to the development and maintenance of anxiety in children.

Parents who act intrusively tend to take over tasks that children are (or could be) doing independently and impose an immature level of functioning on their children. Among school aged children, parental intrusiveness can manifest in at least three domains:

i) Unnecessary assistance with children's daily routines (e.g., dressing),

ii) Infantilizing behaviour (for example using baby words, excessive physical affection), and invasions of privacy (for example, parents opening doors without knocking).

Parents who act intrusively are posited to interfere with the process of habituation (fear reduction) by preventing children from actually confronting feared but benign stimuli. Conversely, parents who grant appropriate levels of autonomy may enhance children's feelings of mastery and self-efficacy and thus contribute to the regulation of anxiety.

The building confidence of FCBT programme includes individual sessions with the child and complementary parent-training sessions. These sessions emphasize on the following:

- Giving choices when children are indecisive (rather than making choices for them),
- Allowing children to struggle and learn by trial and error rather than taking over tasks for them,
- Labeling and accepting children's emotional responses (rather than criticizing them), and
- Promoting children's acquisition of novel self-help skills.

An incentive system is also taught to parents to encourage their children's courageous behaviour. A typical FCBT session begins with a 20-minute individual meeting with the child to conduct skills training or application/practice. Skills are reviewed less thoroughly with the child than in child-focused CBT (CCBT), permitting time for parent-training (20 minutes) and conjoint parent-child meetings (10 minutes). These can be resorted to in cases of children with separation anxiety, but the issues it raises are also applicable to other types of anxiety disorders such as social phobia, and generalized anxiety disorder.

CBT in Family Functioning

The ability of families to resolve conflict and tension depends in part on their communication skills, but also on the ingrained beliefs of family members about individual and family functioning, or what cognitive behavioural therapists refer to as schemas. Schemas, along with emotion and behaviour, are a significant part of what constitutes the fabric of the family's functioning. In essence, schemas are used as a template for an individual's life experiences and how she or he processes information.

Consistent and compatible with systems theory, the cognitive-behavioural approach to families is based on the premise that members of a family simultaneously influence and are influenced by each other's thoughts, emotions and behaviours. In essence, to know the entire family system is to know the individual parts and the ways in which they interact. As each family member observes her or his own cognitions, behaviours, and emotions regarding family interaction, as well as cues regarding the responses of other family members, these perceptions lead to the formation of assumptions about family dynamics, which then develop into relatively stable schemas or "cognitive structures." These cognitions, emotions, and behaviours may elicit responses from some members

that constitute much of the moment-to-moment interaction with other family members. This interplay stems from the more stable schemas that serve as the foundation for the family's functioning. When this cycle involves negative content that affects cognitive, emotional, and behaviour responses, the volatility of the family's dynamics tends to escalate, rendering family members vulnerable to a negative spiral of conflict. As the number of family members increases, so does the complexity of the dynamics, adding more fuel and intensity to the escalation process.

Parents' family schemas are often disseminated and applied in the rearing of their children. The family schema is subject to change as major events occur during the course of family life (for example death, divorce or illness), and they also continue to evolve over the course of ordinary day-to-day experience. Children may also rebuke parents' beliefs, and take an opposite stance; for example, "I am not going to give into how she thinks I should act – I will do what I want."

A central goal of CBFT is to facilitate as much change as possible, given the influence that schemas have on family dysfunction. Intervention consists of a series of cognitive and behavioural strategies used in restructuring the basic or core beliefs of the family and altering or modifying behaviour patterns that are associated with the schema.

The behaviour component of CBFT focuses on several aspects of family members' actions, including:

a) Excess negative interaction and deficits in pleasing behaviours exchanged by family members,

b) Expressive and listening skills used in communication,

c) Problem-solving skills, and

d) Negotiation and behaviour change.

The theoretical models underlying behavioural approaches to family therapy are social learning theory (for example, Bandura, 1977) and social exchange theory (for example, Thibaut & Kelly, 1959).

In the cognitive-behavioural approach, the therapist assists family members in identifying how emotions commonly are linked with specific cognitions and help family members explore the appropriateness and validity of cognitions that are associated with negative emotions.

Intervening in Family Schemas

In addressing family schemas from a cognitive behavioural perspective, it is important to follow a series of steps that can facilitate the process of schema analysis and lay the foundation for restructuring:

Step 1: Uncover and identify shared family schemas and highlight those areas of conflict and dysfunction that are fueled by the schemas.

Step 2: Trace the origin of family schemas and how they have evolved to become an ingrained mechanism in the family process. This is done by probing

into the parents' background and the parenting styles that their parents used during their upbringing.

Step 3: Point out the need for change, indicating how the restructuring of a schema may facilitate more adaptive functioning and harmonious family interaction. At this stage, it is essential to point out to the family that modification of schemas may ease the tension and lower the level of conflict in the family.

Step 4: Elicit acknowledgment and encourage cooperation from the family as a whole for a need to change or modify existing dysfunctional schemas. This is imperative for change to actually occur, and it paves the way for a collaborative effort between the therapist and the family members. For family members who have different or incompatible goals for treatment, finding a common ground between family members becomes a major objective for the therapist. Using newly gathered information may help in the modification of goals.

Step 5: Assess the family's ability to make changes and plan strategies for facilitating them. It is important to determine how capable a family is of making significant changes in their basic beliefs. Potential limiting factors include limited ability levels and resistance to acquiring effective coping skills.

Step 6: Implement the change. The family's therapist functions as an instrument to facilitate change, encouraging family members to consider modified versions of their basic beliefs. This is done through the use of collaborative experiences (such as is referred to in Step 5), brainstorming ideas for modifying beliefs, and weighing the effects that modifications to existing beliefs are likely to have on family interactions. The key in the change process is identifying how family members actually will behave differently toward each other if they are living according to the modified schema. For example, if the family is attempting to adopt a new belief, (for example, "It is important to be tactful in expressing negative feelings to other family members, but family members should have the freedom to share such feelings with each other"), the therapist helps them to identify how they will carry out this belief at the behaviour level.

Step 7: Enacting new behaviours. This involves trying out the changes and feeling the fit. The use of family exercises and homework assignments is imperative in enacting permanent change.

Step 8: Solidifying the changes. This stage involves establishing the changed schema and associated family behaviours as a permanent pattern in the family through repeated practice, while family members also remain flexible with regard to future modifications.

2.11.7 Narrative Family Therapy

The followers of the narrative approach consider that experience rooted in the life events is elaborated in the form of a story, which gives to these events a meaning reflecting the systems of belief. In the therapy process, the "life story" of a family is connected with the internal and external culture of the family. Change is enabled by retelling the story, in the course of which meanings attributed to the events, can change or alternate.

2.11.8 Multigenerational Family Therapy

The therapy was developed by Murray Bowen. The salient features of multigenerational family therapy are as follows:

- The application of rational thinking to emotionally saturated systems.
- A well-articulated theory is considered to be essential.
- It postulates that with the proper knowledge the individual can change.
- Change occurs only with other family members.
- Triangulation – A pattern of interaction with two-against-one family member is experienced. A third party is recruited to reduce anxiety and stabilize a couple's relationship.
- Make the most use of genograms.
- Differentiation of the self – A psychological separation from others is done.
- Involves psychological separation of intellect and emotions, and independence of the self from others.
- The greater one's differentiation, the better one's ability to keep from being drawn into dysfunctional patterns with other family members.

Multigenerational family therapy attends to the following goals:

1. To change the individuals within the context of the system;
2. To end generation-to-generation transmission of problems by resolving emotional attachments;
3. To lessen anxiety and relieve symptoms; and
4. To increase the individual member's level of differentiation.

2.11.9 Object Relations

Object relations consititute a psychodynamic approach to understanding human behaviour, development, relationships, psychopathology and psychotherapy. Many clinicians shy away from object relations because they believe it to be overly complex. Indeed, it is complex in its details and some of its theorists like Otto Kernberg explore these details.

However, there is also a straightforward perspective of object relations that is easily comprehended and helpful in understanding relationships. In fact, after clinicians understand object relation, they find that it intuitively reflects certain truths about all human relationships, from the early relationships of infancy, to friendships, to marriage, to the therapeutic relationship. Even students who are new to object relations quickly realize this.

The family therapist has the purpose to enhance the feeling of worth of individual family members.

2.11.10 Eclectic Approach

Many practitioners now take an eclectic approach by using various approaches including cognitive-behavioural therapy and psychodynamic therapy, for example. Therapists often work with their clients to create a treatment plan that encompasses different techniques and orientations.

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. List the major approaches for family therapy.

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2. What are the salient features of multigenerational family therapy?

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3. Match the columns:

i)	Multigenerational family therapy	a) Carl Whitaker
ii)	Experiential therapy	b) Von Bestalanffy
iii)	Family systems perspective	c) Bowen

2.12 BASIC TECHNIQUES IN MARITAL AND FAMILY THERAPY

Structural, strategic and transgenerational family therapists at times may seem to be operating alike, using similar interventions with family. Differences might become clear when the therapist explains a certain technique or intervention. Most of the current practicing family therapists go far beyond the limited number of techniques usually associated with a single theory.

There are multiple techniques used in family and marital therapies. These techniques have been derived from various schools of thought and approaches to family therapy. Each therapist follows her or his own approach depending on the training they have received, experience gained or whatever they are confident and comfortable in.

The following are some techniques that have been used in working with couples and families to stimulate change or gain more information about the family system. Each technique described here should be applied carefully. It cannot be viewed as a cure, but as a method to help mobilize the family. The when, where, and how of each intervention always rests with the therapist's professional judgement, experience and skills.

2.12.1 The Genogram

Genogram is a pictorial depiction of a family through three or more generations. Often called a family tree, it records relevant and important information about a family. Genograms capture family history by noting relationships, births, losses, connections, patterns, roles, occupations, alignments, communication patterns, health history and supports. Some genograms also include information on disorders running in the family such as alcoholism, depression, diseases, alliances, and living situations. Genograms can vary significantly because there is no limitation as to what type of data can be included. Genogram is the basic tool of assessment in family therapy where the therapist starts the session by drawing a genogram interviewing the significant family members seeking therapy where therapists gain a rich knowledge of the family history of their clients. By involving a family in the genogram drawing process, they may feel more comfortable talking about certain relationships, losses, or histories. The genogram also opens up a natural means for the therapist or case manager to gather information for the life planning process. Genograms allow a therapist and her or his client to quickly identify and understand various patterns in the client's family history which may have had an influence on the client's current state of mind.

Genograms were first developed and popularized in clinical settings by Monica McGoldrick and Randy Gerson. Genogram is created with simple symbols representing the gender, with various lines to illustrate family relationships. Some genogram users also put circles around members who live in the same living spaces. Genograms can be prepared by using a complex word processor, or a computer drawing program. A genogram will help family therapists to make an appropriate assessment of the relationship patterns and where intervention may be needed to assist the family reduce their dysfunction and/or problematic situation that brought them into therapy.

2.12.2 The Family Floor Plan

The family floor plan technique is used as a diagnostic tool in early phase of therapy (Coppersmith, 1980). Here, usually the parents may be asked to draw the family floor plan for their family of origin. The basic premise is to gather significant and relevant information across generations which is obtained in a non-threatening mode. In the process of drawing a floor plan points of discussion bring out meaningful issues related to one's past.

There is another adaptation to this technique where family members draw the floor plan for their nuclear family. The importance of space and territory is often inferred as a result of the family floor plan. Other components of assessment include looking at the levels of comfort between family members, space accommodations, and rules are often revealed. Indications of differentiation, operating family triangles, and subsystems often become evident.

2.12.3 Reframing

Reframing is an important art and skill associated with many therapeutic approaches whereby alternative and equally plausible explanations for the symptomatic or complained about behaviour are offered to clients in order to introduce a difference in communication patterns and open up possibilities for more choices for clients. For example, a teenager father can be blamed for impregnating a girl or praised for his potency; an anorexic girl can be relabeled

as stubborn and determined not sick. A classic example of the opportunities offered by reframing is Langbridge's adage, 'Two men look out through the same bars: one sees the mud, and one the stars'. Similarly, the optimist says of a cup, it is half full, while the pessimist says it is half empty. The ability to reframe or develop new and different and acceptable meanings or perspectives for and with clients is what enables therapists to create a context for change and work with clients towards developing an understanding of the underlying meaning of their problem.

2.12.4 Tracking

Most family and marital therapists use tracking at some stage or other. Through this strategy the counsellor learns how the family interacts and then uses this information to establish a therapeutic plan of action. Tracking is a technique in which the counsellor respects how the family interacts but, at the same time, takes advantage of those family interactions for therapeutic purposes. Structural family therapists (Minuchin & Fishman, 1981) see tracking as an essential part of the therapist's joining process with the family. During the tracking process, the therapist listens intently to family stories, carefully records events, and their sequence. Through tracking, the family therapist is able to identify the sequence of events operating in a system to keep it the way it is. What happens between point A and point B or C to create D can be helpful while designing interventions. In tracking, the therapist uses clarification, amplification, and approval of family communication to reinforce individuals and subsystems.

2.12.5 Joining

A number of techniques can be used to establish a therapeutic relationship. Some of these techniques fall into the category of "joining", or becoming a temporary member of the family. Joining has two aspects; these are: (i) it is the step a counsellor takes to prepare the family for change, and (ii) it also occurs when a therapist gains a position of leadership within the family. Counsellors use several techniques to prepare the family to accept therapy and to accept the therapist as a leader of change. Engagement or joining begins from the very first contact with the family. Some techniques that the therapist can use to facilitate the family's readiness for therapy include presenting oneself as an ally, appealing to family members with the greatest dominance over the family unit, and attempting to fit in with the family by adopting the family's manner of speaking and behaving. A counsellor has joined a family when she or he has been accepted as a "special temporary member" of the family for the purpose of treatment. Joining occurs when the therapist has gained the family's trust and has blended with family members. To prepare the family for change and earn a position of leadership, the counsellor must show respect and support for each family member and, in turn, win each one's trust. Specific techniques that can be used to join the family, include the following:

1. Maintenance (for example, supporting the family's structure and entering the system by accepting their rules that regulate behaviour);

2. Tracking [for example, using what the family talks about (content) and how their interactions unfold (process) to enter the family system]; and

2. Mimesis (for example, matching the tempo, mood, and style of family member interactions).

2.12.6 Family Sculpting

Family sculpting is a technique developed by David Kantor, Fred and Bunny Dahl and used extensively by Virginia Satir, Peggy Papp, Maurizio Andolfi and others whereby a physical arrangement of family members is made (either by a family member or by a therapist) symbolically depicting how the, sculpt director thinks and feels relationships are, have been or how, at a given time, the family sculpt director would like relationships to be in the family.

The process of sculpting can be used to show existing relationships or change communication patterns and/or as an attempt to restructure family relationships. Sculpting is thus a tool enabling family members to comment on past, present and future relationships like how relationships are experienced, what changes family members or therapists would like to achieve, and to get in touch with the psychological distances and the feelings and emotions they arouse. Sculpting is a useful and powerful tool which can be used in a number of ways according to the needs of the therapeutic processes. It is useful both in therapy and in training therapists. It can be undertaken by the client/s only or in collaboration with the therapist – or the therapist may wish to sculpt how they experience the family situation as described by the client.

A family member or therapist is invited (or a therapist negotiates permission) to sculpt the family (to make a living picture of relationships) at a time when symptoms emerge or at a future time when symptoms have disappeared. People are asked to remain silent, to notice their feelings as they are arranged in the sculpt. Family members are then invited to comment on what feelings they have about the positions they have been allocated or chosen. When everyone in the sculpt has had the opportunity to say how they feel, the director of the sculpt then invites everyone to move to a position they would prefer and find more comfortable in relation to other family members. The exercise ends with each person being invited to comment on changes they and others would have to make to become and remain more comfortable both physically and emotionally with themselves and in their relationships with other people in the sculpt.

2.12.7 Building Communication Skills

Families that communicate well with each other achieve a sense of cohesion and adaptability. *Communication* is defined as the expression of ideas and feelings assertively but inoffensively, and the reception of ideas expressed by others attentively and accurately (Robin, 1979). Clear and congruent messages, empathy, reflective listening, supportive statements, and effective problem solving characterize positive communication. It enables family members to share their changing needs and preferences as they relate to cohesion and adaptability. Negative communication includes sending incongruent and disqualifying messages, lack of empathy, nonsupportive messages, criticism, poor problem-solving skills, and paradoxical and double-binding messages. It minimizes the ability of family members to share feelings, thereby restricting movement on the dimensions. Open communication is characterized by an emphasis on freedom and free-flowing exchange of information, both factual and emotional, as well as lack of constraints. Problem communication is characterized by hesitancy to share and negative styles of interaction. Good communication skills are crucial to satisfaction with family relationships. Communication skills training can result in improved family relationships.

Faulty communication methods and systems become evident within one or two family sessions. A number of techniques can be implemented to focus directly on communication skills building between couples or between family members. Listening techniques including restatement of content, reflection of feelings, taking turns, expressing feelings, and nonjudgemental brainstorming are utilized in communication skill building.

Some of these methods include reflecting, repeating and fair fighting.

Reflecting involves having a member express her or his feelings and concerns, then having another member reflect back what she or he heard that person say.

Repeating techniques involve having a member state how she or he feels, while another member repeats back what was said. Repeating and reflecting techniques allow members to better understand why they feel as they do.

Fair fighting techniques focus on attentive listening, and expressing feelings and concerns in a nonthreatening manner.

2.12.8 Strategic Tasks

Strategic tasks can be seen to fall broadly into two categories depending on whether family members are likely to carry out instructions offered or will fail or refuse to do so: *directive tasks* – that means asking families to do something that the therapist hopes will alter problematic sequences of interactions – and *paradoxical tasks* where they are asked to do the opposite of what the therapist intends to happen.

2.12.9 Restructuring

The following techniques challenge and unbalance the family system, creating movement that forces the family to seek alternative transactions and solutions.

1) **Enactment:** The therapist has family members perform an interaction that may be relatively innocuous or directly related to the presenting problem. Enactments are utilized to diagnose family structure, increase intensity and restructure family systems.

2) **Reenactment:** The family is asked to re-create a situation that has already occurred. These re-creations are performed in the therapy session, and the therapist helps to explicate and create a successful outcome to a normally troublesome interactional problem.

3) **Actualizing family transactional patterns:** By directing the family to have a conversation or by refusing to answer a question, the therapist stimulates naturalistic family interactions so she or he can observe typical transactions.

4) **Marking boundaries:** The therapist assists the family in setting new boundary rules, renegotiating old rules, or establishing specific functions for each subsystem to strengthen diffuse boundaries or increase the permeability of rigid boundaries, thereby increasing healthy subsystem interaction.

5) **Escalating stress:** The therapist heightens tension in a family to force the family members to accept restructuring. The therapist does this by encouraging conflict when it occurs, joining alliances against other family members, and blocking dysfunctional transactional patterns that serve to decrease stress for the system.

6) **Assigning tasks:** The therapist assigns specific tasks for individual family members or subsystems to accomplish in the session or at home.

7) **Utilizing symptoms:** By encouraging, de-emphasizing, or relabeling a symptom, the therapist alters the function the symptom serves in the family system.

8) **Paradoxical injunction:** The therapist imposes a directive that places the client in a therapeutic double bind that promotes change regardless of the client's compliance with the directive. This technique typically is utilized when resistance to the directive is anticipated.

9) **Manipulating mood in the family:** The therapist attempts to change the mood or pacing of the family in the session. If the family appears to be lethargic or depressed, the therapist may introduce action techniques to bring more energy into the situation.

10) **Support, education and guidance:** The therapist provides direct instruction to teach the family to behave differently.

2.12.10 Circular Questioning

The major tool of Milan and post-Milan systemic therapists is the process of asking circular questions.

- In family systems, each family member's behaviour is caused by and causes the other family members' behaviours. They are each impacting the other, in a circular manner.

- Questions are seen as a source of information, suggestion, validation, introducing new perspectives, perturbation, and as an initiator of search process for patients.

Questions relate to the following areas:

1. What is the symptom that the patient presents? What is it there for? What function might it serve?

2. What is the context of the symptom, that is, what is happening when the symptom occurs?

3. Why now? Why this symptom? (the physical, psychological or social reasons for the presence of the symptom).

4. When is the symptom present? When did it start? When is it worse, when better?

5. Who has the symptom/problem?

6. Who is around when the symptom happens? Who can make it better, who makes it worse?

7. Who is affected by the symptom and in what way? How does the symptom affect the family and how does the family (and others) affect the symptom?

Check Your Progress Exercise 5

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What are the techniques used in family therapy?

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2. Write a short note on restructuring?

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2.13 RESISTANCE IN FAMILY THERAPY

Resistance can be understood in the same way as any other pattern of family interaction. The term "*resistance*" refers to the maladaptive interactive patterns that keep families from entering treatment. From a family-systems perspective, resistance is nothing more than the family's display of its inability to adapt effectively to the situation at hand and to collaborate with one another to seek help. If the counsellor wants the family to be in counselling or psychotherapy, she or he will have to recognize that the client (or a noncooperative parent figure) is the most powerful person in the family. Once the reason the family is not in treatment is understood, the counsellor or psychotherapist can draw upon the concept of tracking to find a way to reach this powerful person directly and negotiate a treatment contract to which the person will agree. Thus, the key to eliminating the resistance to family therapy lies within the family's patterns of interaction; overcome the resistance in the interactional patterns and the family will come to counselling or family therapy.

Multicultural counselling or psychotherapy literature strongly supports the idea that counsellors/psychotherapists need to be aware of their own biases, values, stereotypical beliefs, and assumptions in order to appropriately serve culturally diverse clients.

2.14 ETHICAL ISSUES IN FAMILY THERAPY

Mental health associations have developed standardized codes of ethics in order to govern the professional application of qualified therapists. These ethics are the basic framework that defines professional therapy, and are in no way the same as values. Values are much different than ethics in that ethics define the framework of professional therapy, while values predict the motivation and mechanisms of therapy.

There are different approaches to ethical issues in counselling and family therapy. They deal with values, principles and personal moral activities. A brief description of these is given below:

The fundamental values of counselling and family therapy include a commitment to:

- Respecting human rights and dignity,
- Ensuring the integrity of therapist-client relationships,
- Enhancing the quality of professional knowledge and its application,
- Alleviating personal distress and suffering,
- Fostering a sense of self that is meaningful to the person(s) concerned,
- Increasing personal effectiveness,
- Enhancing the quality of relationships between people,
- Appreciating the variety of human experience and culture, and
- Striving for the fair and adequate provision of counselling and family therapy services irrespective of all considerations.

Values Inform Principles

They represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle.

- *Fidelity:* It means honouring the trust placed in the practitioner,
- *Autonomy:* It means respect for the client's right to be self-governing,
- *Beneficence:* It means a commitment to promoting the client's well-being,
- *Non-maleficence:* It means a commitment to avoiding harm to the client,
- *Justice:* It is providing fair and impartial treatment of all clients and the provision of adequate services, and
- *Self-respect:* It means fostering the practitioner's self-knowledge and care for self.

Personal Moral Qualities

Personal qualities to which counsellors and family therapists are strongly encouraged to aspire include:

- *Empathy:* Empathy is the ability to communicate understanding of another person's experience from that person's perspective.
- *Warmth:* Warmth is also called "*unconditional positive regard.*" It involves accepting and caring about the client as a person, regardless of any evaluation of her or his behaviours or thoughts. It is most often communicated through our non-verbal behaviour.
- *Congruence:* Congruence (or genuineness) is being honest and authentic in our dealings with our clients. The minimum it requires is that therapist only works with clients for whom she or he can have real empathy, warmth and respect, rather than role-playing or "techniquing" those qualities.

- *Sincerity:* Sincerity is a personal commitment to consistency between what is professed and what is done.
- *Integrity:* Integrity is commitment to being moral in dealings with others, personal straightforwardness, honesty and coherence.
- *Resilience:* Resilience is the capacity to work with the client's concerns without being personally diminished.
- *Respect:* Respect is showing appropriate esteem to others and their understanding of themselves.
- *Humility:* Humility is the ability to assess accurately and acknowledge one's own strengths and weaknesses.
- *Competence:* Competence is the effective deployment of the skills and knowledge needed to do what is required.
- *Fairness:* Fairness is the consistent application of appropriate criteria to inform decisions and actions.
- *Wisdom:* Wisdom is possession of sound judgement that informs practice.
- *Courage:* Courage is the capacity to act inspite of known fears, risks and uncertainty.

Other Ethical Issues

Informed Consent in the Counselling Relationship

Informed consent means clients have the freedom to choose whether to enter into or remain in a counselling relationship and addresses their need to have adequate information about the counselling process and the counsellor. Counsellors have an obligation to review in writing and verbally with clients the rights and responsibilities of both the counsellor and the client. Informed consent is an ongoing part of the counselling process, and counsellors appropriately document discussions of informed consent throughout the counselling relationship.

Confidentiality, Privileged Communication and Privacy

Confidentiality plays a major role in defining the communication between a counsellor and a client, bearing in mind that trust is one of the backbones of a therapeutic relationship. Other major issues such as consultancy with supervisors or colleagues; definition of the type of confidentiality to be used (absolute or relative) prior to the counselling relationship; and session record-keeping, must be considered by therapists when practicing professional counselling. Complying with ethical guidelines is one of the most important aspects of being professional counsellors or therapists.

At initiation and throughout the family therapy or counselling process, therapists or counsellors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached.

In couples and family counselling, therapists or counsellors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counsellors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual's right to confidentiality and any obligation to preserve the confidentiality of information known.

Check Your Progress Exercise 6

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Define resistance.

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2. What are the essential personal moral ethics?

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2.15 COUNSELLING CASE STUDIES

The five real-life case studies are presented in this Section for a better understanding by the students of the problems and situations encountered by the clients and their close relatives which warrant some intervention through either individual counselling or psychotherapy, family counselling or family therapy. Names and places in the case studies used have been changed to protect client privacy.

CASE 1

Relationship Difficulties

Ravi and Megha agreed to come to counselling together in order to sort out the differences in their marriage as early as possible. In their own words, they said 'we no longer get on well in anything'. There was no longer any communication, they snapped at each other, usually bordering on rudeness and sarcasm. Megha said that Ravi in no way fulfilled her emotional needs (to be loved, appreciated and cared for). Ravi acknowledged that he was working longer and longer hours in order to avoid going home. He said he was feeling empty and in distress. He said he could not respond to Megha with words of love as he would feel ingenuine if he did. Both said they felt "finished".

In counselling, each was asked why they had agreed to come. Ravi said he didn't really want to leave Megha; that he loved her and hoped to restore some of the old feeling of before. Megha was amazed to hear this, and also said she didn't want to separate on account of the children who were 6 and 4 years old, as she herself had come from a disturbed home, and knew the pain involved of having separated parents. She said she was prepared to stay on in the relationship even if Ravi didn't fulfill her needs.

Assessment:

A few sessions were devoted for evaluation which reflected the dynamics of the underlying problem. It became evident that this couple had a combination of poor communication and past hurts that had not been resolved, and were certainly heading for separation if this matter was not addressed quickly. The counsellor suggested to them that if they could improve the communication, and in doing so, unearth and safely talk about some old hurts, there was a chance that they might reconnect emotionally.

Work done in counselling:

- **Ventilation:** Both Ravi and Megha had the chance to tell their side of the story without interruption, with a focus on the recent past. Megha chose to have one session on her own in order to really "get things off her chest". Ravi agreed this was appropriate, and Megha found the chance to ventilate and cry, which was very therapeutic.
- **Communication:** Counsellor taught them a model of communication where one had the opportunity to honestly level with the other about the feelings harbored about a certain issue, past or present. The other had to listen and acknowledge the feelings, before continuing with the interaction. Due to the model, feelings could be communicated safely, without sarcasm or defensive responses.
- **Past hurts:** If not ventilated, past unresolved hurts remain and trigger anger. In and out of session, Ravi and Megha gave each other permission to raise past hurts, and talk about them using the communication rules.

Outcome:

At the commencement of their third session, Ravi and Megha, who were noticeably more relaxed and interacting with affection, said, "Thank you, you have saved our marriage". Ravi said he was feeling "lighter", Megha commented that even friends were remarking how "connected" they seemed to be. Within three months of starting counselling, this couple was able to survive the stress of having in-laws from their village staying in the house for 3 weeks, and was thrilled by this achievement together!

CASE 2

Foreign assignment & relocation to another country and culture

Anjali, early 30's, married, no children, was referred to a counselling centre by her doctor because of stress and trouble settling in Paris. She said that she felt "unbelievably depressed" and had general anxiety that seemed to be bogging her. She and her husband had been in Paris for 6 weeks, their first overseas assignment. Both had moved to Paris willingly and with the usual amount of nervous excitement (perhaps more than usual as there had only been 2 months notice that the move was actually happening!).

Since arriving, Anjali had made good attempts to settle in by joining a support network for women, attending parties with Vivek her husband

and getting involved in occasional voluntary work. She had left behind a satisfying career as software engineer, and hoped to find work in Paris once she had settled.

Assessment:

Anjali reported that she knew nobody apart from her husband with whom she could reveal her feelings – at this stage, people were acquaintances, not friends. Her husband seemed not to understand – he was at work all day, building up his work credibility and social contacts. Anjali felt she spent hours alone and yearned for his companionship, yet when she would tell him her feelings, with the hope of having her feelings validated, she found that instead, he would become frustrated with her.

This reinforced the guilt she already felt. After all, other women would envy her situation – not having to work, living in an exotic place, no financial worries. So what was wrong with her? Why did she feel so sad? She found that she really missed her work, her financial independence, her day-to-day work routine, friends and missed Sunday visits at her mum's place, which had been a family tradition for years.

With prompting, Anjali could also identify loss at not being able to attend her regular dance class, also loss of the old feelings of being a worthwhile person. The latter had been compounded by the fact that Anjali had sent out many CV's to potential employers in Paris, and to that date had not had a single response.

Work done in counselling

The counsellor validated Anjali's feelings, and labeled the experience she was going through as relocation trauma. This is a situation where, following a move, a person can feel grief at the loss of all the familiar things at home, and experience completely new feelings in a new environment. Due to the fact that many of the emotional and physical responses are unfamiliar, a person can feel out of control or even fearful that her or his life may go out of control and crazy.

Through some sessions with Mrs. Anjali, the counsellor was able to provide her with a strategy of reframing to enable her to continue functioning in spite of her feelings. Reframing involves looking at the problems being faced from a slightly different perspective, in order to consider new options for solving them. This gives rise to hope, that different actions will bring about a solution. It provided reassurance that in time, by utilizing the suggested strategy, she would regain a feeling of being in control. The counsellor also provided information about resources for social and professional networking.

Outcome

Anjali returned for one more counselling session several weeks later. She had been for four job interviews in the meantime and had received one job offer. She felt a return of control as she considered the choice of whether to accept the job offer. She was back to her "normal self" – able to manage the stresses in her life and feeling more settled in 'the country she wanted to run away from a few months ago'.

CASE 3

Marital problems in the couple reflected in child's pathology

Mrs. Deepa & Mr. Raju, a couple in their thirties was referred from a psychiatrist to the marital therapist with complaints of incompatibility between them. They were married for the last 8 years and it was an arranged marriage and the husband hailed from an upper class family. Mr. Raju was the only son his parents and had a younger sister who was married and settled elsewhere and visiting this family on special occasions and festivals. Deepa's parent in-laws all stayed together. The relationship between the daughter-in-law and parents-in-law was also disturbed. The mother-in-law was described as belligerent and had high expectations of Deepa; this was an issue which caused more problems between the couple. Despite a band of servants at their beck and call, there was always a complaint about the house-keeping and cooking; that due to callousness and bad supervision it was not attended to properly. Mrs. Deepa, was always in tears that despite her efforts to please her mom-in-law felt it was impossible.

Assessment:

Subsequent sessions with the couple and independent sessions revealed that the spouse was a perfectionist and found fault in everything the wife did. He was never appreciative of any of her efforts to come to their expectations. It was evident during the conjoint sessions that he was impatient, poor listener and tried to enforce his views on her much to her displeasure which she resented. It also became known that his parents had a poor quality of marriage and till date there were a lot of disagreements between them. Mr. Raju her husband felt that should not be repeated in his life but he could never try to stop being dominating and that Ms. Deepa has failed in everything from being an effective homemaker, an obedient daughter-in-law, responsible mother for their son and a loving partner for him. The couple later also reported that the situation had affected their only son, 6 year old, who had some problems which none of them could decipher. The grand child was construed as 'a normal kid' by the grandparents and Mr. Ravi concurred with his parents observations. However the mother who was a graduate felt that 'things were not O.K.' with her kid. On further enquiry it was found that the child had history of incessant crying, clumsiness – would drop things, spill while eating and so on. He always was on the move, restless, and highly distractible with poor attention span. There were symptoms suggestive of an Attention Deficit Hyperactivity Disorder (ADHD).

Work done in counselling

- **Ventilation:** Both Raju and Deepa were allowed to narrate their side of the story without interruption, with a focus on the recent past. Deepa chose to have several independent sessions "to unburden her heart" as she was quite frustrated, angry and distressed too. During sessions usually she was tearful and hence was encouraged to be free and not withhold expressing her emotions. At the end of such sessions she usually felt better. Ravi agreed this was appropriate, and Megha found the chance to ventilate and cry, which was very therapeutic.

- **Communication:** Training in effective communication is an important tenet in family and marital therapy. In this couple it was observed that each partner was talking at the same time oblivious to who was listening to them. They were talking at an increased volume, not taking turns, criticizing, each one blaming the other for what had happened. The couple was educated about healthy communication styles. The need for a direct, clear, two-way communication was emphasized, as was the importance of taking turns in an interaction. Criticizing and belittling, bringing past issues and blaming were discouraged. The couple was encouraged to look at the positive aspects or the strengths of each-other and to give positive strokes or reinforcements to each other. It was noted that as a family they had no activities together, of late had discontinued the family rituals of eating together, going out or other celebrations due to ongoing misunderstanding. Mrs. Deepa also had stopped talking to her mother-in-law. These issues were addressed and the couple agreed to comply with the therapist's suggestion.

Outcome:

Raju and Deepa gained insight into the circumstances that led to the problem and were determined to bring about the desired changes. However even after about 12 sessions there were instances wherein the past issues would come up with disagreements and bitterness but would calm down within a few minutes. Each had become tolerant towards the other. The problem of the child which was denied by the husband initially was accepted and they became more compliant with the child's follow ups. Mrs. Deepa who was working in their own company on part time basis and who had decided to discontinue due to the misunderstanding decided to stay on. The husband agreed to return early from work and spend some time with his wife and child. Issues related to the in-laws were aslo taken up.

CASE 4

Incompatibility between the couple due to dominant male partner

Mary, 29 years of age, came to the counsellor six weeks ago with issues of poor self-esteem and lack of self worth. She has been married for 8 years to Peter. However in the sessions she speaks little about him and when the conversation turn towards him she quickly tries to change the subject. Although the counsellor has noted this shift, she (counsellor) has not challenged her regarding this relationship as the counsellor tries to work on different areas and issues leading up to the relationship.

At the appointed time today Mary shows up with an unannounced Peter for her session. He said he was there because Mary was changing and he wanted to play a role in what goes on in the session, while getting a notion about what is in Mary's mind at the moment.

Throughout the session Peter dominates and bullies Mary into answers that she, would not normally give. At one point Peter tries to stand over the counsellor who challenges this behaviour. Throughout the session the therapist counsellor feels uncomfortable and has feelings of sympathy for the client.

At the end of a very strained session Peter declares that he thinks it would be better if he came to all the sessions so he can see what goes on and what the counsellor is trying to fill her head with.

In the subsequent sessions Peter realizes what has been happening to him all these years and his resentment towards the therapist subsides and he slowly starts opening up and requests for independent sessions for himself.

In the next few sessions he discloses about the discord of his parents and the belligerent mother who never cared for the mild and forbearing father who had to suffer at the hands of his mother. Admitting that he didn't want history to repeat itself he started controlling Mary. He also reported of a lot of guilt about the way he has been treating Mary all these years and how depressed she has been suppressing everything.

The counsellor suggested some activities together for the couple when she realized that there was none between them. Though both Peter and Mary adored kids, they had not discussed about having kids though married for 8 years.

Outcome:

At the end of the eighteenth session the couple had resolved most of their problems, had adhered to the home work tasks allotted, had planned for a 3-week holiday abroad and also had plans about having a child and requested for a termination as it was already mentioned by the counsellor earlier.

CASE 5

A client with recurrent depressive disorder with inadequate coping skills and interpersonal problems with mother-in-law

Mrs. Shobha is a homemaker in her early thirties, an Arts graduate married for the last 5½ years to a businessman who owned an electronic shop-sales and servicing with a 4 year old daughter. From the beginning stayed with the in-laws. Her adjustment with the husband was satisfactory initially but slowly became disturbed due to the family circumstances. Mother-in-law stayed in the same family off and on. About 4-5 months stayed with another daughter in Bangalore. Whenever she was at home would nag the patient mainly about her work and child care. She criticized that she did not know how to care for the kid. Whenever the child fell sick would not allow the child to be taken to the hospital and would resort to home remedies, will not allow the child to eat many food items saying it would cause 'cold', 'heat' and so on. The child slowly started refusing food and would throw tantrums for each and everything that she was not able to manage. Mrs. Shobha also had the third episode of depression and her medication compliance was unsatisfactory.

Mrs. Sobha was taken for supportive counselling. In the first few sessions patient was encouraged to ventilate during which she came up about with a lot of information about the family and the problems faced by them and also the temperament of each family member. The father-in-law was almost bed-ridden with an attack of stroke, had recovered to some extent but needed assistance for self care. Mother-in-law would grudgingly attend to them and in her absence she helped him. Patient reported that it was not a burden for her as he was quite cooperative and also a good person, used to be quite supportive towards her, consoling whenever she felt hurt by the husband's or mother-in-law's comments.

She also reported of two of her sisters-in-law (husband's sisters) who were mentally ill (suffered from psychosis) and mother-in- law was disturbed by it and whenever stressed would be angry towards Mrs.Sobha. Patient also was upset because her spouse did not accompany her to the hospital and even there were several instances when he called her as being crazy/mad. However took a day off at once in 2 months to accompany the sister to the doctor and also bought her all the medications. Though this sister was married, she stayed most of the time in their house doing nothing. However she was nice towards the patient.

Mrs. Sobha would become perturbed on and off due to the prevailing circumstances at home, would seek support from the mother who was a teacher but would get snubbed by her. Mother too had an unsatisfactory married life and could not help the patient whenever she turned to her.

Mrs. Sobha had two attempts of ISH (Intentional Self Harm) following her problems.

Work done in therapy:

Mrs. Sobha came for regular sessions and opened up about her problems. Her spouse also joined her for 3 sessions where he was explained about the nature of the problem she was suffering from and the need for compliance. The problem of the kid and his involvement in child care to some extent at least was pointed out. The various problems the family was going through were discussed and some guidance and suggestions were offered. The spouse who was also stressed out was allowed to ventilate and given some suggestions and reassured.

A 'no suicide contract' was taken from the patient and she has been adhering to it till date. Also the therapist has given the contact number to call in case of distress or emergency. In the last 1 and half years patient was admitted once for a slight exacerbation of symptoms. She was given some suggestions related to her child's tantrums and over months the child has become manageable and takes adequate food.

The family also had hardly any routines or rituals and was not spending time together, these issues were also discussed.

Outcome:

- Drug compliance improved and follow up became regular.
- The child's problems have reduced drastically.
- Able to cope with stress better.
- The patient is now able to ignore/withstand her mother-in-law's criticisms.
- Father-in-law died peacefully and patient now has not much household work.
- Patient started going for walks alone or occasionally with the child and involves herself in child's school work.
- Goes for church regularly and also reads magazines.
- Watches some programmes on T.V. and enjoys them.
- Comes as soon as she develops some symptoms.
- Husband takes her out for shopping or his office parties and she does enjoy them.

2.16 LET US SUM UP

Family therapy as a whole is based on the basic assumption that an individual's problematic behaviour grows out of the interactional unit of the family, community, and societal systems. Thus family therapy focusses on short-term, solution-focused, action-oriented, and here-and-now interaction, with emphasis on how current family relationships contribute to the development and maintenance of symptoms.

Specific goals are determined by family and therapist; global goal is to reduce family's distress. The family change involves: 1) cognitive, emotional, or behavioural changes, 2) Change needs to happen in relationships; not just within the individual. The techniques of family therapy are tools for achieving therapeutic goals. Personal characteristics (respect, empathy, sensitivity) are even more important and as therapist always considers what is in the best interest of the family. Resistance in therapy should be identified and addressed in the early phase of therapy.

2.17 GLOSSARY

Blended family : A family formed by the remarriage of a divorced or widowed parent. It includes the new husband and wife, plus some or all of their children from previous marriages.

Circular causality : Refers to the fact that in family systems, each family member's behaviour is caused by and causes the other family members' behaviours. They are each impacting the other, in a circular manner.

Closed systems : Refers to a system with more rigid boundaries that are not easily crossed.

Code of ethics : Document used in self-regulation specifying the standard of care.

Differentiation : The ability to retain one's identity within a family system while maintaining emotional connections with the other members.

Emotional cut-off : Reduction of anxiety in the system by emotionally cutting off from other.

Extended family : A person's family of origin plus grandparents, in-laws, and other relatives.

Family life cycle : Emphasizes how development and change in families followed common patterns which were shaped by the shifting patterns of internal and external demands in any given society.

Family systems theory	:	An approach to treatment that emphasizes the interdependency of family members rather than focusing on individuals in isolation from the family. This theory underlies the most influential forms of contemporary family therapy.
Family roles	:	What is expected of each family member. For example, the basic types of roles are "father," "mother," "aunt," "daughter," "son," "grandmother," etc.
Family rules	:	Are rules about how the family operates; these rules are often unspoken. For example, are there limits on "how much" or in what ways kids can argue with their parents?
Genogram	:	A family tree diagram that represents the names, birth order, sex, and relationships of the members of a family. Therapists use genograms to detect recurrent patterns in the family history and to help the members understand their problem(s).
Homeostasis	:	The tendency of a family system to maintain internal stability and resist change.
Multi-generational transmission	:	Movement of emotional process or themes across generations.
Neutrality	:	The therapist does not side or "unbalance", assumes 'curious" stance, and the team helps him to do so, taking the concerned about, observer status.
Nuclear family	:	The basic family unit, consisting of father, mother, and their biological children.
Open systems	:	Refers to a system with boundaries that allow a continuous flow of information to and from the outside world.
System	:	A biological analogy, systems theory proposes that various activities of the body are composed of interconnected but distinct systems of components that operate together in an integrated and coordinated way to maintain stability.
Triangulation	:	A process in which two family members lower the tension level between them by drawing in a third member.

2.18 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. The main functions of family are given below:
   - Socialisation of children,
   - Economic cooperation and division of labour,
   - Care, supervision, monitoring, and interaction,
   - Legitimising sexual relations,
   - Reproduction,
   - Provision of status like social-familial attributes, for example, SES, location. Status can be a) ascribed – for example birthorder or b) achieved means based on individuals effort, and
   - Affection, emotional support and companionship.
2. The main characteristics of dysfunctional families are given below:
   - Rigidity or lack of flexibility,
   - Lack of individuation like enmeshment/loss of autonomy,
   - Extreme detachment,
   - Scapegoating, that means a family member (often child) is the object of displaced conflict/criticism,
   - Triangulation, that means detouring conflict between two people by involving a third person, thereby stabilizing the relationship between the original pair,
   - Faulty problem solving skills,
   - Conflict avoidance,
   - Inconsistent application of affection or discipline,
   - Low levels of support or nurturance or acceptance, and
   - Increased degree of expressed hostility towards each other or other family members.

Check Your Progress Exercise 2

1 "Counselling" is probably the most appropriate term to describe the process when the couple or family is basically "healthy" yet seek enrichment of their quality of life together. "Therapy" may be more appropriate when there is a great deal of emotional stress or pain in the relationship or system.

2. Family life cycle emphasizes how development and change in families follow common patterns, which are shaped by the shifting patterns of internal and external demands in any given society. Families may at times be faced with massive demands for change and adaptation. This may be the result of changes in family composition by the birth of a child, a divorce or remarriage, a death or perhaps due to changes in autonomy within the family, children becoming adolescents, a woman going back to work after childrearing, retirement etc.

Check Your Progress Exercise 3

1 Some of the indications for family therapy are:

- Common child psychiatric disorders,
- Child abuse,
- Eating disorders, especially anorexia nervosa,
- Depression,
- Schizophrenia,
- Marital and family distress,
- Families with problems across generational boundaries, and
- Families scapegoating a member or undermining the treatment of a member in individual therapy.

Check Your Progress Exercise 4

1. Following are the major approaches for family therapy:

   i) Psychodynamic approach,

   ii) Family systems perspective,

   iii) Strategic therapy,

   iv) Structural family therapy,

   v) Experiential therapy,

   vi) Cognitive-behavioural therapy,

   vii) Narrative therapy,

viii) Mutigenerational family therapy,

ix) Object relations,

x) Eclectic approach.

2. The salient features of multigenerational family therapy are given below:

- The application of rational thinking to emotionally saturated systems,
- A well-articulated theory is considered to be essential,
- With the proper knowledge the individual can change,
- Change occurs only with other family members,
- Triangulation–that is a pattern of interaction with two-against-one experience. A third party is recruited to reduce anxiety and stabilise a couple's relationship,
- Make the most use of genograms,
- Differentiation of the self that means a psychological separation from others.
- It involve psychological separation of intellect and emotions; and independence of the self from others,
- The greater one's differentiation, the better one's ability to keep from being drawn into dysfunctional patterns with other family members.

3. i) c)

ii) a)

iii) b)

Check Your Progress Exercise 5

1. Following are the techniques used in family therapy:

i) Genogram,

ii) Family floor plan,

iii) Reframing,

iv) Tracking,

v) Joining,

vi) Family sculpting,

vii) Building communication skills,

viii) Strategic tasks,

ix) Restructuring, and

x) Circular questioning.

2 Following are the techniques that can challenge and unbalance the family system during restructuring:

i) Enactment,

ii) Reenactment,

iii) Actualizing family transactional patterns,

iv) Marking boundaries,

v) Escalating stress,

vi) Assigning tasks,

vii) Utilizing eymptoms,

viii) Paradoxical injunction,

ix) Manipulating mood in the family, and

x) Support, education and guidance.

Check Your Progress Exercise 6

1 The term "resistance" refers to the maladaptive interactive patterns that keep families from entering treatment.

2 Following are the essential personal moral qualities required in a counsellor or family therapist:

i) Empathy,

ii) Warmth,

iii) Congruence,

iv) Sincerity,

v) Integrity,

vi) Resilience,

vii) Respect,

viii) Humility,

ix) Completence

x) Fairness,

xi) Wisdom, and

xii) Courage.

2.19 UNIT END QUESTIONS

1. Write a brief note on models of family therapy.
2. Describe some techniques of family therapy.
3. When is CBT in the family context indicated? Discuss CBT in family conext with help of examples.
4. How do you detect resistance in family therapy?

2.20 FURTHER READINGS AND REFERENCES

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UNIT 3 CAREER COUNSELLING

Structure

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3.1 INTRODUCTION

In a world in which the concept of a 'career' is becoming increasingly fluid, career guidance is not a once-in-a-lifetime experience which orients a person in a particular direction for all time. The most influential factor in young people's

choice of degree course is advice from parents. Family members exert a powerful influence on the self-concept and thought patterns of clients who seek career guidance and the decision which they make about themselves in relation to work or education or the absence of these activities. These decisions often have a significant impact on other aspects of their lives and the people around them. Effective career guidance therefore cannot be given in a vacuum. It must take into account the life circumstances in which the next phase of a person's career will be set. The information given in this Unit will help you to understand and become familiar with objectives of career counselling.

Objectives

After studying this Unit, you will be able to:

- Understand career counselling and its objectives;
- Explain factors influencing career decision;
- Identify reasons to choose a career based on the theories of career counselling;
- Discuss techniques used in career counselling and the process of career counselling; and
- Describe the importance of career counselling in today's context.

3.2 WHAT IS CAREER COUNSELLING?

Career counselling 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 relationship to the world of work. Career counselling 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.

Super (1957) defines *career* as, "the course of events that constitutes a life; the sequence of occupations and other life roles which combine to express one's commitment to work in her or his total pattern of self-development; the series of remunerated and nonremunerated positions occupied by a person from adolescence through retirement, of which occupation is only one. A career includes work-related roles such as those of student, employee, and pensioner together with a vocational, familial and civic roles".

Brown and Brooks (1991) define *career counselling* as follows, "Career counselling is an interpersonal process designed to assist individuals with career development problems. Career development is the process of choosing, entering, adjusting to and advancing in an occupation. It is a lifelong process that interacts dynamically with other life roles. Career problems include, but are not limited to, career indecisions and undecidedness, work performance, stress and adjustment, incongruence of the person and work environment, and inadequate or unsatisfactory integration of life roles with other life roles (for example parent, friend, citizen)".

Aims of Career Counselling

Following are the main aims of career counselling:

1. Assess their career development needs at various points in their lives,
2. Enable vocational exploration or information,
3. Understand and resolve clients' conflict between themselves and others over choice of a career or performance on a job,
4. Understand the process of effective choice of a career,
5. Explore self-conflict, ambivalence, or mixed motivations about two or more different occupations,
6. Resolve conflicts arising from transitions in life that are causing problems affecting a career,
7. Take appropriate action to implement these objectives,
8. Provide confirmation of a plan, and
9. Clarify their objectives for the future.

3.3 WHO NEEDS CAREER COUNSELLING?

While guidance may be associated primarily with people who are setting out on a career path after leaving education or those who have been forcibly evicted from their employment by redundancy, the need for guidance can occur for anyone at any time. The following are among the groups of people who can be identified as in need of career counselling:

1. People leaving education at school or college level,
2. People wishing to return to education in order to improve their employment prospects, acquire new skills or update their knowledge and skills after a career break,
3. Returnees from career breaks who wish to know about options open to them in resuming or changing their careers,
4. People whose jobs are redundant or insecure,
5. Workers who are achieving little job satisfaction and want to find more rewarding employment,
6. People whose jobs are too stressful,
7. People whose hopes of promotion have not been fulfilled and who want to stimulate their career development by being proactive,
8. People who want to switch from full-time to part-time work and *vice versa*,
9. People contemplating setting up their own business, and
10. Older workers, who are approaching retirement, but want to find meaningful occupations in the broadest sense, which will lead to self-fulfillment and a sense of being valued by the community.

3.4 DISTINCTIVE FEATURES OF CAREER COUNSELLING

Career counselling parallels other kinds of counselling, but it focuses on planning and making decisions about occupations and education. As in all counselling, the personal relationship between the counsellor and the client is critical. Values and attitudes are explored in career counselling, but more information and factual data in occupational areas are required than in personal counselling.

In the case of career counselling while the client may see his or her uncertainty and confusion as a major 'problem', the careers adviser tends to see the matter not as a problem, but as an issue to be discussed, explored and resolved as part of that person's development – if not in the initial interview, then at least within a reasonable timescale. This approach gives a very positive tenor to most careers interviews, with a view to encourage the client to cease regarding occupational choice as a problem. Also, in the final stages of counselling, decisions about career choice or career developments are made as part of the expected changes in attitudes and behaviours.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Tick (✓) the appropriate choice.

   i) Career counselling is meant for people with:

      a) Emotional problems

      b) Vocational problems

      c) Psychological problems

      d) Legal problems

2. Fill in the blanks:

   i) Career counselling is defined as an interpersonal process designed to assist individuals in career development. It is a process of ______ and __________, adjusting to and advancing in a vocation.

   ii) The major difference between career counselling and counselling for other personal and social concerns lies in the additional information gathered in the area of______________.

3.5 FACTORS THAT INFLUENCE CAREER DECISIONS

3.5.1 Family

The interactions of the individual within the family have an important impact on her or his emotions, behaviour and life decisions. The psychological

environment and the behavioural norms provided by the family are important, but largely have unconscious influences on the individual in deciding on the career.

In a careers interview it is often important to explore to what extent the client's thinking on career issues is being shaped by the views of the family. Some of the tensest situations arise when maturing adults experience a serious mismatch between their parents' expectations of them and what they themselves want or feel capable of achieving. Similarly, where a client is proposing to follow a line of action contrary to her or his own wishes because of perceived, external pressure, then the counsellor may wish to raise the client's awareness of her or his reasons for opting for a particular route. This can occur for a variety of reasons.

Some parents, when investing in their children's education either through paying for schooling or through supporting them through university, see themselves as 'making sacrifices'. When parents expect that their son or daughter will treat study and the subsequent job search as a serious matter from the start, then the young person may perceive a dilemma between satisfying parental demands and following her or his own personal route.

Other parents may be tempted to try to live their own unfulfilled ambitions through their families. In such cases a child can be virtually brainwashed from an early age into accepting how wonderful it would be to become a doctor or an actor or a commando. Some young people may satisfy their parents' hopes in fulfilling their own ambition and the dream is then achieved for both generations. In other cases, however, a point is reached at which the young persons have to acknowledge the fact that the lifestyle chosen for them by their parents is not working for them and to recognise their own lack of commitment at heart to this 'chosen' occupation.

Sometimes parents can have difficulty accepting the fact that their children are not as intelligent or athletic or musical or business-oriented or otherwise talented as they would like or imagine them to be. This can result in parental expectations well beyond the young adult's capabilities, irrespective of any amounts of cajoling and extra tuition. Such a situation of low self-esteem can be exacerbated if parents, whether wittingly or unwittingly, hold up one sibling as an example to the others. The favoured child may either revel in or become embarrassed by this situation, which in itself can cause further tensions within the family.

3.5.2 Peers

Alongside parental influence, the desire for acceptance by peers has a powerful influence, particularly in adolescence.

The uncertainty which is experienced during this phase may lead the young person to seek a common identity with a group of peers. Alternatively, she or he might choose to underachieve academically in order not to be out of step with a group which prizes other forms of behaviour rather than academic achievement and perhaps because there is an underlying wish to rebel against her or his parents. In either case the urge to be acceptable to peers by being as like them as possible may transcend the need to clarify and follow her or his own individual goals. In the course of their explorations the adolescents begin to realise that 'peer pressure' had influenced many of the decisions they had made about their life. They became aware that it was time for them to begin to take more responsibility for their own decisions and actions.

3.5.3 Social Norms

Beyond the influence of family and peers, there lies a complex set of social mores and norms which specific cultures lay down in order to regulate society and to differentiate between what the majority call 'normal' and 'abnormal' behaviour that also determine an individual's course of action in deciding on a career. Such groups have a tendency to operate in stereotypes and discriminate against those who cannot or will not conform to the social norms.

Learning also occurs through observation of other people's behaviour and its consequences for the individual. The most likely outcome is that individuals will copy behaviours which they see modeled by people with whom they identify. The careers adviser has an important role to play in ensuring that individuals are encouraged to think beyond these stereotypes and not confine their occupational choices. Along with these they are also given strategies for coping with difficulties which they may encounter.

3.5.4 Life Events

As individuals develop, significant events can happen in their lives, causing them to reappraise their values, their self-concept, relationship to others and their careers. These experiences include leaving home, marriage and the birth of a child, the loss of a significant person through death or other means, becoming seriously ill or disabled and a variety of other circumstances which somehow change life for the individual.

Such turning points in life require the individual to make a transition from one state of being, thinking or doing to another. Although individuals vary in their capacity to cope with change and adapt to new sets of circumstances and relationships, most people need time to work through the process of accepting change and moving on to the next stage.

3.6 THEORIES OF CAREER COUNSELLING

Professional interest in the process of how an individual selects an occupation is relatively new. With industrialisation and urbanisation, vocational choices were no longer limited to what a person's father or mother did or to the types of work that existed within a particular community. The ever-increasing range of occupational alternatives and the accompanying uncertainties and confusion created the need for professional assistance in selecting a career. As the field of career counselling has attempted to meet the need, various theoretical rationales have been developed to provide a framework for the practice of career counselling.

3.6.1 Trait-Factor Theory

The trait-factor theory is based on the assumption that each person possesses a uniquely organised pattern of personal traits (interests, abilities and person characteristics) that are fairly stable and seldom change after late adolescence (Williamson, 1965). Advocates of the theory assumed that a person's abilities and traits could be measured objectively and quantified. Personal motivation was considered relatively stable. Occupations can also be profiled by analysing them in terms of the amounts of the various individual traits they require. Thus, satisfaction in a particular occupation depended on a proper fit between one's abilities and the job requirements.

A major task of the career counsellor who is oriented toward trait-factor theory is to assist people in making better career decisions by helping them become more knowledgeable about their own traits, learn more about job requirements and match those personal characteristics with the job requirements.

3.6.2 Structural Theories

Roe in 1956 theorised and researched the concept that there are definite personality differences between members of various occupations and that these differences are attributable to early parent-child relationships. She postulates three psychological climates in the home that are a function of parent-child relations:

1) Emotional concentration on the child – either by overprotecting or over demanding climate;

2) Avoidance of the child – either by neglecting or rejecting climate; and

3) Acceptance of the child – either by casual or loving climate.

Deficiencies during childhood can be compensated for, by, and through work. Thus, individuals who did not receive sufficient praise and respect from their parents may attempt to elicit these through their work and, subsequently, may seek jobs that can bring them praise and respect. The same holds true for other needs that were unmet at earlier stages of development. The individual turns to work to gratify these needs.

Roe's insights help the counsellor to better understand the variety of factors that play a part in the individual's decision to pursue or avoid certain jobs, as well as to understand why a job does or does not meet an individual's needs.

Holland (1985) proposed his theory which is a *theory of personality structure as well as of vocational choice*. It focuses primarily upon vocational choice, but it is also concerned with emotional functioning, creativity and personal development. Holland's theory emphasises that the typology of the individual and the typology of the working environment are essential factors in work satisfaction. To emphasise this person-situation correspondence, Holland has classified work environments into the six categories analogous to the six personal orientations that are realistic, investigative, artistic, social, enterprising, or conventional. By doing so, Holland makes explicit that occupations are ways of life, help to define social status, life style and standard of living. He postulates that stereotypes of occupations have important psychological and sociological significance. Thus, he suggests that a person's occupational choice can have limited but useful value as a projective device in revealing motivations, insight and self understanding.

Since these theories all stress the importance of need satisfaction in choosing an occupation, it becomes highly important for a structurally oriented counsellor to assess client's cognitive, affective and social needs. Counsellors are then able to provide clients with enough career information to allow them choose a career that will satisfy their needs and be congruent with their personality structure.

3.6.3 Developmental Theories

Ginzberg and his associates (1951) were early leaders in theorising about career development as a process that culminates in an occupational choice in one's early twenties. That is, as each occupationally relevant decision is made, other choices are eliminated. They identified four set of factors that interact to influence the ultimate career choice: individual values, emotional factors, amount and kind of education, and impact of reality through environmental pressures.

Ginzberg and his associates also identified three phases in the period of career choice development: fantasy (from birth to age eleven), tentative (from ages eleven to seventeen), and realistic (between ages seventeen and early twenties).

During these life stages individuals are faced with certain tasks. As they confront these tasks, they make compromises between wishes and possibilities and each compromise contributes to the irreversibility of the unfolding process.

The theory that is most widely used in career development is the one proposed by Super (1953). His theory of career choice is based on the idea that individual's self concepts influence their occupational choice and their ultimate satisfaction or dissatisfaction with their choice. This vocational choice is the result of a developmental process that puts the individual's self-concept into practice. It is a theory of career development rather than of occupational choice. The jobs individuals hold over a lifetime represent the development of their self-concept as expressed in their world of work.

3.6.4 Decision Making Theories

The major concept in decision-making theory is that each individual has several possible alternatives from which to choose. Each alternative has identifiable results or consequences. Each of the anticipated results has a specific value for the individual, a value that can be estimated through some method of psychological scaling. Therefore, if the resulting values of the alternatives can be arranged in a hierarchy, the probable occurrence of each outcome can also be determined.

Bergland (1974) has identified a sequence of events that occur in decision making, including the following steps:

- Defining the problem,
- Generating alternatives,
- Gathering information,
- Processing information,
- Making plans and selecting goals, and
- Implementing and evaluating plans.

Together, these emphases in decision making suggest that the individual needs both a prediction system and a value system that permit decisions to be made among preferences and expectancies for action within a climate of uncertainty.

3.6.5 Social Learning Theory

A theory of social learning within occupational choice has been developed by

Mitchell, Jones and Krumboltz (1979). This theory identifies four conditions which influence an individual's perception of realistic career options:

Factors	Consequences
Genetic and abilities	: Physical and mental endowment rule out some occupations (for example, eyesight deficiency for a pilot) and make others possible (musical ability for a singer).
Environment	: Lack of social and educational opportunities or encouragement to aspire for ambitious goals may depress an individual's career expectations.
Learning experiences	: The presence or absence of role models to whom an individual can relate will influence her or his views on what is possible for someone of her or his gender, social class, ethnic origin and general background to achieve.
Task approach skills	: Unless an individual has learned to clarify her or his values, seek information, evaluate the consequences of career options, choose a preferred option and plan in order to achieve it, her or his sense of control over career choice will remain under-developed and she or he will remain passive instead of proactive in determining her or his career.

At the other end of the spectrum is the opportunity structure theory of Ken Robert (1968). Roberts' thesis is that for most people occupational choice is structured by factors outside the individual, including social class, educational opportunities and the current state of the labour market, depending on economic trends in supply and demand.

3.6.6 Community Interaction Theory

According to Law's (1981) community interaction theory, community consists of peers, neighbours, teachers, other authority figures, ethnic groups and hierarchy of social classes. He identifies five ways in which the community influences people.

1. **Expectations:** Communicated explicitly or implicitly by family members and peers. Conflicting expectations may confuse the individual's career choice.

2. **Feedback:** Reactions by others to the individual's tentative career choice confirm or deny her or his suitability for particular occupational roles in the eyes of the community.

3. **Support:** Encouragement from sectors of the community can reinforce the individual's career choice and enable her or him to progress towards it.

4. **Modeling:** Observation of other people in work roles helps the individual to decide whether a similar occupation might suit her or him. This is powerfully reinforced if the role model comes from a similar background.

5. **Information:** As members of a community, individuals receive both factual data about employment and impressions gained from people in work. These can help to shape their view of the types of work available and suited to their own needs.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Would you recommend career counselling to a person who has mixed motivations about two or more different occupations?

....

....

....

2. Apart from family, peers, life events and________________ influence an individual's career choice.

3. The major task of the counsellor who is oriented towards trait factor theory is to help the individual:

   a) Choose from the several possible alternatives of careers available based on consequences.

   b) Match personal characteristics with job requirements.

   c) Trace career decisions to early parent-child relations.

   d) Understand the developmental process culminating in an occupational choice.

4. According to the social learning theory, genetics, environment, ____________and ___________ influence an individual's perception of realistic career options.

3.7 TECHNIQUES IN CAREER COUNSELLING

Assessment is an important part of the work of those involved in career counselling and consultation. In particular, the counsellor should be aware of the factors in career counselling:

- Appraisal of the client's characteristics including intelligence, interests, special abilities, aspirations, needs and values among other qualities,
- Introduction of outside information,
- Exploration of alternatives,
- Clarification of occupational possibilities,
- Integration of the factual material with the personal information, and
- Decision making.

The various instruments available to aid the counsellor in assessing this information include:

- Card sorts;

- Psychometric instruments; aptitude tests, vocational interest inventories, personality inventories;
- Computer-aided guidance systems;
- Interview role play; and
- Information services.

The counsellor uses her or his professional skills to decide on the most appropriate instruments. Care must be taken, however, not to confuse or demotivate the client by suggesting the use of too many of these tools at one time. The counsellor must make careful decisions based on the perceived needs of the client and the objectives which the instrument can fulfill. Much of this assessment is completed internally but can be shared with the client, thereby, enhancing the cooperative nature of the interview. Affirm, where necessary, that the counsellor will offer appropriate interpretation and feedback.

3.7.1 Card Sorts

Some clients have difficulty in understanding the importance of identifying the skills they have or the value systems which they are operating from. Others may find difficulty in verbalising these. Card sorts can be used to aid these processes. The client is asked to sort a number of cards, each describing a particular skill or value, into, for instance, their order of importance to the client. This is a tool which can facilitate the cooperative nature of the interview. It aids the acknowledgement and exploration of some of the real issues for the client.

3.7.2 Aptitude Tests

Aptitude tests set out to measure a client's specific ability in a particular area. They involve helping the client to look more objectively at themselves in relation to different types of jobs.

They are especially useful when:

- A client is trying to decide between two or three types of work;
- Where the client is unrealistic (over- or under-confident) about the level of her or his ability;
- Where the client wants to get some experience of the kinds of tests employers use in selection;
- Where the client is confused about the level of ability she or he has in a particular area; and
- A client has had considerable work experience and needs to stand back from considering the tasks involved to review how they work with people, their thinking style and their emotional balance.

Two aptitude batteries are predominant in vocational counselling; the Differential Aptitude Test (DAT), given widely in high schools, and the General Aptitude Test Battery (GATB), administered most often by state employment offices to the general population.

3.7.3 Vocational Interest Inventories

Vocational interest inventories, in which clients compare themselves to groups of people in various occupations, are the most popular measures used in counselling. The Strong-Campbell Interest Inventory (SCII), the Kuder Occupational Interest Survey (KOIS), and Holland's Self-Directed Search (SDS) are examples of widely used interest inventories. The client's profile of interests is compared with people employed successfully in a wide variety of occupations in SCII. These occupations are grouped according to Holland's personality types and environmental structures.

3.7.4 Personality Inventories

Personality inventories are used by counsellors in career counselling who believe that personality characteristics relate to career development. Some counsellors also administer personality inventories if they sense that personal conflicts are interfering with career resolution.

The California Psychological Inventory (CPI), the Edwards Personal Preference Schedule (EPPS), are representative of personality inventories used in vocational counselling.

3.7.5 Use of Computer-Assisted Programmes

Computer-assisted programmes are most useful in counselling when counsellors and clients are ready to explore career information. It is virtually impossible for counsellors to organise, edit, classify and dispense the tremendous amount of information available describing occupations, occupational characteristics and occupational requirements. Also, only through computer database can counsellors keep up with the ever-changing trends, with up-to-date projections about jobs and with new job descriptions.

However, computers can give only limited help to clients in their explorations about themselves and about their interactions with others. In addition, clients often need a counsellor's help in expressing what their interests are or in clarifying perceptions about their own abilities before using a computer. Also, material gained from computer-assisted programes is best synthesised and integrated in counselling sessions. Computers, then do not replace counsellors. They assist them in counselling. The major computer assisted programs are Discover and SIGI.

3.7.6 Interview Role Play

This is potentially a very powerful tool and is particularly useful where:

- The client wants to prepare for an impending interview;
- The client has consistently failed to achieve a job offer following interview and needs to diagnose what is going wrong; and
- The client significantly lacks confidence, underestimates her or his ability or is over-confident.

The practice interview provides real evidences of behaviour which allows the adviser to intervene effectively and help the client develop appropriate skills. This tool can be offered in a variety of formats depending on the needs of the client and the circumstances and settings of the environment in which the counselling interview takes place.

3.7.7 Information Services

Currently there is a vast explosion of information in society – no less so in the career world. In addition to conventional written information, the adviser can draw on computer-generated video material. Experienced counsellors draw on information gathered from visits to employers and contact with other clients which may be of value. There are three guiding principles for the adviser in providing information sources for the client. These are:

1. The information must be accurate and up to date;
2. The information must be provided at a level which is appropriate for the individual client; and
3. The information must be accessible to the client.

3.7.8 Special Techniques for Adolescents

Several techniques have proven quite effective in helping adolescents crystallise ideas about careers. Some involve the use of fantasies, such as imagining a typical day in future, an awards ceremony, a mid-career change, or retirement. More concrete exercises might include completing an occupational family tree to find out how present interest compares with the careers of family members.

Another career focus within high schools is youth apprenticeship, a popular approach that provides work-based learning for adolescents. They help students who are not college-bound make a smooth transition from high school to the primary work environment.

3.8 THE CAREER COUNSELLING PROCESS

Career development has been described as a process shaped by an interaction of self-references, self-knowledge, knowledge about training and occupations, educational and occupational options. The career counselling process is characterised as comprising the following four stages:

- **Building the relationship:** The key task of this stage is to establish working alliance.
- **Enabling clients' self-understanding:** The main task is to help clients deepen their understanding and their insight into their situation.
- **Exploring new perspectives:** At the third stage the clients develop new perspectives on their problems.
- **Forming strategies and plans:** The central activity here is in preparing for the end of the counselling relationship by helping clients set goals and decide on the steps they need to take to achieve them.

3.9 IMPORTANCE OF CAREER COUNSELLING IN TODAY'S CONTEXT

One of the most profound changes in the past few decades has been in the area of attitudes toward work. An increasing number of people no longer view work as toil and drudgery; rather, they see it as a means of personal expression, of growing and building self-esteem, and of satisfying personal needs. In the past individuals typically remained in a particular occupation throughout most

of their lives. Today, more are changing their occupations many times in their lives.

From a career standpoint, we are now living in an age in which the rapidity of technological development can affect what we do and how we do it almost overnight resulting in increasing numbers of adults who of necessity make career decisions throughout their working life span. In addition, more and more people are questioning the validity of yearly income as the sole criterion of occupational success and are changing from higher-paying jobs to lower-paying jobs simply because they find them more desirable in other respects such as personal need fulfillment, living where they want to, and having time to spend with their family.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit

I. Fill in the blanks:

1. Aptitude tests are used for measuring________________.
2. The four stages of career counselling process are ___________, ___________, ___________and __________.
3. Cards sort technique primarily helps in identifying ___________ and __________ of the individual.

3.10 LET US SUM UP

Some of the advices from informal sources like parents, friends may be sound, well-researched and appropriately targeted, but this is not always the case. Because such 'advice givers' are not specialists in careers work and may deal with careers enquiries infrequently. Also the advice may be at best, limited and, at worst, out of date, erroneous and misleading. Dramatic changes in the world of work and the increased need for career assistance among all ages has resulted in career counselling and placement receiving a new impetus in recent decades.

3.11 GLOSSARY

Career counselling : An interpersonal process designed to assist individual in career development.

CPI : California Psychological Inventory

DAT : Differential Aptitude Test

EPPS : Edwards Personal Preferences Schedule

GABT : General Aptitude Test Battery

KOIS : Kuder Occupational Interest Survey

SCII : Strong-Camphell Interest Inventory

SDS : Self Directed Search

3.12 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. i) b) Vocational problems
2. i) choosing, entering

   ii) occupations

Check Your Progress Exercise 2

1. Yes.
2. social norms
3. b) Match personal characteristics with job requirements.
4. learning experiences, task approach skills

Check Your Progress Exercise 3

1. Client's specific ability
2. building the relationship, enabling clients' self-understanding, exploring new perspectives, forming strategies and plans
3. skill, value system

3.13 UNIT END QUESTIONS

1. Define career counselling and list down its distinctive features.
2. Discuss the various factors that can influence a career decision in one's life.
3. List theories of career counselling and explain any two of them.
4. What are the major techniques in career counselling?
5. Describe the career counselling process with the help of an example.

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UNIT 4 FAMILY THEORIES IN PRACTICE

Structure

4.1 Introduction

4.2 Crisis Theory

- 4.2.1 Introduction
- 4.2.2 Concepts of Crisis Theory
- 4.2.3 Types of Crisis
- 4.2.4 Stages of Crisis
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4.3 Empowerment Theory

- 4.3.1 Introduction
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- 4.3.5 Characteristics of Empowered Families
- 4.3.6 Intervention

4.4 Intergenerational Theory

- 4.4.1 Introduction
- 4.4.2 Concepts of Intergenerational Theory
- 4.4.3 Intervention

4.5 Let Us Sum Up

4.6 Glossary

4.7 Answers to Check Your Progress Exercises

4.8 Unit End Questions

4.9 Further Readings and References

4.1 INTRODUCTION

India is a country with the myriad of different family structures; joint family, extended family, nuclear family, single parent family etc. Drastic change in the ethos of Indian families has been responsible for issues emerging within the family environment; families are struggling between traditional and modern values. With the advent of industrialisation and globalisation, people and relationships are all undergoing a sea of change. The definitions, roles, expectations and individual positions within a family unit are also subject to change. Family is no longer limited to socio-emotional needs, and financial need is a major perogative for its members. The market is flooded with products, services that tend to entice people into buying, and going for superior lifestyles, all of which depend on the monetary conditions of a family.

Especially in urban India, parents are sacrificing family time and bonding to give the best to their children in terms of education, nutrition, clothing and other

facilities. Communication and family bonding is a weekly affair, and limited to Sunday meals, courtesy: the emerging corporate culture that is longer work hours, touring places, carrying work home and socialising as a means to climb the corporate ladder and so on. Moreover, the members fiercely guard individual space and privacy and any kind of interruption is not taken too kindly.

Issues are becoming more complicated due to inter-generational differences, which become prominent due to differences in perspectives and attitudes towards people and relationships. All these issues and many more such issues are coming to the fore, demanding alternatives to deal with them in a comprehensive and holistic manner. Issues and differences within a family are no longer confined to the walls of the house. Coming out in the open about issues and seeking professional help to sort out familial issues is no more '*washing one's dirty linen in public*', but seeking an objective view about issues and dealing with them appropriately. All this has led to a more liberal and open minded attitude towards counselling and family therapy as a productive helping process.

However, all of this will fade into oblivion unless there is clarity and adequate understanding and awareness of the various theories related to a family. These theories help a family therapist obtain a more clear perspective in viewing familial problems in light of the theories and accordingly devising an intervention programme.

In this Unit, we will discuss the theories, which are in, practice to intervene families that is, theories which explain and predict behaviour or problems as well as provide guidance for intervention. These are different from the other theories we use because, they are more professional rather than being academic. However, they are just as important for our research and consultancy work as the other theories we use.

Objectives

After studying this Unit, you will be able to:

- Demonstrate theoretical aspect of crisis theory;
- Understand the application of empowerment theory;
- Discuss the intergenerational theory; and
- Study the intervention provided by practice theories.

4.2 CRISIS THEORY

'Akanksha's marriage was arranged by her parents. She started feeling suffocated just after few months in her marriage. She is so attached to her parents and the values of her previous family (family of origin) that it is becoming very difficult for her to cope with the different expectations of her in-laws and husband. She is completely disappointed with this role transition and feels that her world is coming to an end.'

4.2.1 Introduction

Such examples are a regular feature in day-to-day life. Certain life events such as role transition and deaths or separation of significant others, create hazards for meeting basic needs and therefore increase the probability of interpersonal

disturbances (Selig, 1976). Before we proceed further, let us understand the meaning of crisis through the different definitions given by scholars.

Crisis is defined as "an acute emotional upset arising from situational, developmental, or sociocultural sources and resulting in a temporary inability to cope by means of one's usual problem-solving devices" (Hoff, 1995, p.4).

An acute disruption of psychological homeostasis is one in which one's usual coping mechanisms fail and there exists evidence of distress and functional impairment. The subjective reaction to a stressful life experience is that it compromises with the individuals' stability and ability to cope or function. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event, but two other conditions are also necessary: (1) the individual's perception of the event as the cause of considerable upset and/or disruption; and (2) the individual's inability to resolve the disruption by previously used coping mechanisms (Roberts, 2000, p.513). So according to Roberts, *crisis* can be defined as a period of psychological disequilibrium, experienced as a result of a hazardous event or situation that constitutes significant problems that can not be countered by using familiar coping strategies.

The origins of crisis theory are grounded in works cited in psychological and medical journals dating back to the 1920s (Hendricks & Thomas, 2002). According to Hendricks and Thomas, early research, conducted without the benefit of the umbrella term "crisis intervention," focused on diverse and seemingly unrelated areas, such as "mental conflict," "hysteria," "time-limited mental health care," "short-term psychotherapy," and "acute grief." These early studies laid the foundation and provided support for many important crisis intervention concepts, including objective mediation, prioritising patient treatment over problem diagnosis, directly addressing an individual's crisis and the use of advanced empathy.

It is generally recognised that the origin of modern crisis intervention, theory and practice began with the ground breaking efforts of Eric Lindeman (1944). He reported symptoms of grief and mass disaster from survivors of the disastrous *Coconut Grove nightclub fire of 1942,* in which over 490 persons died. He focused on short term intervention and therapy followed by Caplan (1964), who first formulated the significance of life crisis. A crisis, according to Caplan, arises out of some change in a person's life space that produces a modification of her or his relationship with others and/or her or his perceptions of herself or himself. He introduced two types of crisis:

1. Developmental crisis, and
2. Situational crisis.

4.2.2 Concepts of Crisis Theory

Some of the basic concepts of crisis theory are given below:

1. **Homeostasis:** It is the ability of an open system, especially living organisms within the system, to regulate its internal environment.
2. **Interdependence:** It is a dynamic process of being mutually responsible to and sharing a common set of principles with others. This concept differs distinctly from "dependence" in which an interdependent relationship implies that all participants are emotionally, economically, and morally "interdependent".

3. **Coping mechanisms:** It is defined as the skills used to reduce stress.

4. **Crisis intervention:** It involves the immediate provision of assistance to individuals experiencing a crisis.

5. **Crisis resolution:** It is the restoration of equilibrium, cognitive mastery of the situation, and the development of new coping strategies.

6. **Disequilibrium:** It is the disruption of an individual's homeostatic balance because of a crisis event.

4.2.3 Types of Crisis

Following are the three types of crisis:

1. **Developmental crisis:** These are the transitions between the stages of life that we all go through. These major times of transition are often marked by "Rites of passage" at clearly defined moments. For example, being born, becoming adults, getting married, becoming an elder, or dying. They are crisis because they can be periods of severe and prolonged stress.

2. **Situational crisis:** Sometimes called *"accidental crisis"*, these are more culture and situation specific. These includes loss of job, income or home, accident or burglary, or loss through separation or divorce.

3. **Complex crisis:** These are not part of our everyday experience or shared accumulated knowledge, so we find them harder to cope with. They include the following:

   - Severe trauma, such as violent personal assault, natural or man-made disasters, often directly involving and affecting both individuals and their immediate and extended support network, observers and helpers.

   - Crisis associated with severe mental illness, which can increase both the number of crisis a person experiences and sensitivity to a crisis.

4.2.4 Stages of Crisis

The stages mentioned below do not follow a linear process; individuals can skip stages, can get stuck in a stage, or can move back and forth through successive stages.

Outcry: This stage includes the initial reactions after the crisis events, which are reflexive, emotional and behavioural in nature. These reactions can vary greatly and include panic, fainting, screaming, shock, anger defensiveness, moaning, flat effect, hysteria, crying and hypertension depending on the situation and the individual.

Denial and intrusiveness: Outcry can lead to denial, which is blocking of the impacts of the crisis through emotional numbing, dissociation, cognitive distortion or minimising. Outcry can also lead to intrusiveness, which includes involuntary flooding of thoughts and feelings about the crisis, event or trauma, such as flashback, nightmares, automatic thoughts and preoccupation with what has happened.

Working through: This stage is the recovery or healing process in which the thoughts, feelings and images are expressed, acknowledged, explored and reprocessed through adaptive, healthy coping skills and strategies.

Completion or resolution: This final stage may take months or a year to achieve and some individuals may never complete the process. The individual's recovery leads to integration of the crisis event, reorganisation of her or his life, and adaptation and resolution of trauma towards positive growth, and change or service to others in crisis.

4.2.5 Intervention

Intervention can be best understood when we understand the stages of crisis. There have been many researches about how crisis intervention has helped families to deal with their problems and accomplish goals. The *Crisis Intervention Model* was proposed by Roberts. It includes:

Stage I: Psychosocial and lethality assessment: The crisis worker must conduct a swift but thorough bio-psychosocial assessment. Assessing the lethality, the crisis worker should inquire about the client's potential for self-harm.

Stage II: Rapidly establish rapport: Rapport is facilitated by the presence of counsellor-offered conditions such as genuineness, respect and acceptance of the client.

Stage III: Identify the major problems or crisis precipitants: It focuses on the client's current problems, which are often the ones that precipitated the crisis.

Stage IV: Deal with feelings and emotions: The crisis worker strives to allow the client to express feelings, to vent and heal, and to explain her or his story about the current crisis situation.

Stage V: Generate and explore alternatives: Alternatives are better when they are generated collaboratively and when the alternatives selected are "owned" by the client.

Stage VI: Implement an action plan: The concrete action plans taken at this stage are critical for restoring the client's equilibrium and psychological balance.

Stage VII: Follow-up: Crisis workers should plan for a follow-up contact with the client after the initial intervention to ensure that the crisis is on its way to being resolved and to evaluate the post-crisis status of the client.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

I) Write 2-3 lines on the following:

1. Outcry

....

....

....

....

2. Developmental crisis

....

....

....

3. Crisis intervention

....

....

....

4.3 EMPOWERMENT THEORY

'Suman is in her late thirties and currently working for a private school. However, because of decisions made by the trustees, the school is closed. Her network of friends has been disbanded and people were shuttled off to jobs and groups elsewhere in the community. She also took up a new job but was not satisfied with the same. Even activities she previously enjoyed earlier became a struggle due to her obsession with the previous job. But thankfully, a friend of Suman from same school helped her overcome this frustration gradually'.

4.3.1 Introduction

As we saw in above example, facilitating the process and context for empowerment requires skills, timing and enabling support. Problems arise as a result of the family's failure to adequately and equally meet the needs of all its members.

The roots of empowerment theory come from the educational theory of Paulo Freire (1970). Feminist theorists and multicultural thinkers were the first to discuss issues of empowerment with the field of counselling (Lee, 1991; Lyddon, 1998). Empowerment is a construct shared by many disciplines and the arenas of community development, psychology, education, economics, and studies of social movements and organisations, among others. It is clear that empowerment is a common term that refers to more than one kind of phenomenon.

Empowerment is the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations (Gutierrez, 1995). According to Vanderslice (1984), family empowerment is a process through which individuals increase their ability to influence those people and organisations that affect their lives, as well as the lives of their children and others they care about.

4.3.2 Concepts of Empowerment Theory

Following are the key concepts of empowerment theory:

1. **Critical awareness:** It refers to one's knowledge of how to acquire resources and the skills to manage the resources once they are obtained.

2. **Empowerment values:** It provides a belief system that governs how professional and clients work together; it include values like attention towards health, adaptation, competence and natural helping systems (Zimmerman, 1995).

3. **Empowerment process:** It is the mechanism through which people, organisations and communities gain mastery and control over issues that concern them, develop a critical awareness of their environment and participate in the decisions that affect their lives (Zimmerman, 1995).

4. **Empowerment outcomes:** These are the consequences of the empowering process: if someone is empowered then it refers to outcomes (Zimmerman, 1995).

5. **Positive identity:** Carr (2003) stated that oppressed groups must "discover" their identities. The oppressed people seek to develop an empowering identity that gives validity to their existence and inspires work to improve their socio political circumstances.

6. **Social actions:** Social actions entail that oppressed people work to liberate themselves and their community (Hanna et al., 2000). It is crucial that the oppressed individual be encouraged to participate in community groups.

4.3.3 Levels of Empowerment

Empowerment consists of three levels (Schulz et al., 1995):

1. **Individual:** The constructs integrate perceptions of personal control, participation with others to achieve goals and critical awareness of the factors that hinder or enhance one's efforts to exert control in one's life. It reflects the parents' ability to manage day to day situations. This may change in meaning from one population and context to another. It includes three components (Zimmerman, 1995):

   i) **Intrapersonal**: It refers to how people think about themselves and includes domain-specific and perceived control and self-efficacy, motivation to control and perception of competence.

   ii) **Interactional**: It refers to how people think about and relate to their social environment or the transactions between people and environment.

   iii) **Behavioural**: It refers to the specific actions the individual takes to exercise influence on the environment through participation in community organisations and activities.

These three components can be used to identify the specific elements appropriate for particular constituencies and contexts.

For example, individuals who believe that they have control over their lives (intrapersonal), but do not know how to go about eliminating physical barriers (interactional), and do not make any effort to remove those barriers (behavioural) are less empowered than those who learn the mechanism.

2. **Organisational:** It includes processes and structures that enhance member participation and improve organisational effectiveness for goal achievement. It reflects the degree to which the parent is able to work with the service system.

3. **Community:** It refers to collective action to improve the quality of life in a community and the connections among the community, organisations and agencies. It reflects the parent's advocacy for improved services for children.

4.3.4 Expressions of Empowerment

The expressions of empowerment include the following:

- *Attitude :* Reflecting the parents' belief and mirroring the interpersonal component of empowerment.
- *Knowledge :* Reflecting parents' understanding of their environment and mirroring the interactional component of the enpowerment.
- *Behaviours :* What a parent actually does, reflecting the behaviorial component of the empowerment.

4.3.5 Characteristics of Empowered Families

Following are the characteristics of empowered families:

- The ability to access and control the needed resources,
- The ability to take decisions and solve problems,
- The ability to interact effectively with others in the social exchange process (Durnst, Trivette & Deel, 1988), and
- The ability to provide the skills that promote self sufficiency.

4.3.6 Intervention

According to David Fatterman (1996), empowerment evaluation happens in the following way:

Capacity building: Teaching people to conduct their own evaluation and thus helping them become more self sufficient.

Facilitation: Evaluators can act as facilitators to help others conduct evaluation.

Advocacy: They allow participants to shape the direction of the evaluation.

Illumination: It illuminates the several levels of empowerment.

Liberation: Helping individuals to take charge of their lives that liberates them from traditional expectations and roles and redefines their identities and future roles.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this unit.

1. Fill in the blanks:

   i) _________ refers to how people think about and relate to their social environment; that is transactions between people and environment.

ii) _________ refers to one's knowledge of how to acquire those resources and the skill to manage the resources once they are obtained.

iii) _____________ , ______ and ________ are the expressions of empowerment.

4.4 INTERGENERATIONAL THEORY

'Vivek and Ashima seem to be an ideal couple. Both are smart, attractive, well educated and passionate in whatever they do. But still their marital life is coming to end due to dependent and dominant nature of Vivek. Ashima wanted sharing of power in the family but things didn't work and they approached a counsellor to save their relationship.'

4.4.1 Introduction

This theory is also known as *Bowen's Systematic Family Theory (1978)*. Murray Bowen's Intergenerational Model focuses on how experiences in the family of origin affect individual and family functioning in subsequent generations, that is, this theory focuses on intra-familial and multi-generational relationships within families. A primary concept in family systems theory is that the family includes interconnected members and each member influences others in predictable and recurring ways.

According to intergenerational theory, family is considered as a system of interdependent people; individual behaviour cannot be understood adequately without including the relationship system in which that individual lives; and changes in degrees of anxiety greatly affect the condition of that system. So, before learning about concepts lets understand some basic terms related to these concepts.

1. **Differentiation:** It is the central concept to this theory. It includes individual and family differentiation. *Individual differentiation* refers to the ability of family members to express their own individuality and act autonomously while remaining emotionally connected to others. *Family differentiation* refers to the degree to which difference and individuality is tolerated within the family system.

2. **Individuation or fusion:** Both the concepts lie on the opposite ends of bipolar continuum. Individuation is characterised by an individual's ability to be autonomous in relationship and not emotionally controlled by others. It is characterised by over involvement with significant others in decision making and difficulty formulating opinions or perspectives independent of one's parents or significant others–in other words, taking in others' beliefs and values in their entirety, without undertaking a thoughtful examination to determine their relative fit with one's personal life principles (Bowen, 1978; Kerr, 1984).

3. **Intimacy or isolation:** It is also a bipolar concept wherein intimacy lies on one end of continuum with isolation on the other. Intimacy reflects an

individual's voluntary choice to be close with another person while maintaining distinct personal boundaries.

4. **Triangulation:** This is not bipolar concept. It is viewed as a process of handling fusion and tension in a dyad by engaging a third person into the relationship.

5. **Emotional cutoff:** It is separation by emotional or physical distance from the family of origin. People who cut off from their original families are more likely to repeat the same patterns in their own relationships.

6. **Family projection process:** Parental problems are transferred from generation to generation. This projection results in one or more of the children in the family having a lower level of differentiation than the parents have. The more fused is the family the more likely it is that more than one child will be an object of projection. This projection process may begin as early as the time of mother-infant bonding. In nutshell, we can say that it involves the parent "projecting" her or his unresolved emotional attachments or conflicts onto the children, which leads to recurrent patterns of behaviour in subsequent generations.

7. **Nuclear family emotional processes:** It refers to the emotional patterns that exist in a family over the years that are passed on to each generation. Reactions to this family emotional process include; reactive emotional distance, physical or emotional dysfunction in one spouse, overt conflict, projection of problems onto one or more children.

8. **Multi-generational process:** It is anchored in the emotional system and includes emotions, feelings, subjectively determined attitudes, values, and beliefs that are transmitted from one generation to next (Kerr & Bowen, 1988, p.224).

9. **Societal emotional process:** These are the social expectations about races, classes, ethnic groups, gender, sexual orientation and their effect on the family.

10. **Sibling position:** It is important as each child has a certain position in the family, and it is less or more likely to fit some projection of the family as well as interaction with siblings.

4.4.2 Concepts of Intergenerational Theory

The Bowen theory consists of eight formal concepts and a central variable (Bowen,1978). One concept; the differentiation of self, forms the core of the theory and remaining seven concepts describe different aspects of family functioning. Concepts of intergenerational theory are characterised as follows:

1. **Differentiation of self:** Differentiation of self refers to the extent to which an individual has successfully resolved emotional attachments to her or his family of origin. Individuals who are highly differentiated (that is have a clear sense of self) tend to function better in relationships because they are capable of separating their emotions from their rational, logical thoughts. They are able to make decisions and behave objectively, instead of relying solely on their emotions to drive their behaviour. They are likely to perceive their lives as being under their control. Each family is the product of many families in the generation that precedes it.

2. **Spousal fusion or individuation**: This is the degree to which a person operates in a fused or an individuated manner in relation to the spouse or the significant others.

3. **Intergenerational fusion or individuation:** This is the degree to which a person operates in a fused or an individuated manner with parents.

4. **Spousal intimacy:** It refers to a person's reported satisfaction or dissatisfaction and degree of intimacy with the spouse. Intimacy is used here as the degree of voluntary closeness with distinct boundaries. Intimacy increases as differentiation does.

5. **Intergenerational intimacy:** This involve person's reported satisfaction or dissatisfaction and degree of intimacy with his or her parents.

6. **Nuclear family triangulation:** Triangulation between spouses and their children. Triangulation decreases as differentiation increases.

7. **Intergenerational triangulation:** This refers to triangulation between spouses and their children.

8. **Intergenerational intimidation or personal authority:** This is seen as a bipolar concept in that intergenerational intimidation lies on one end of the continuum with personal authority on the other. In intergenerational intimidation adult is dependent upon her or his parents as the primary component of her or his self-conception. This prevents individual from becoming autonomous. Intergenerational intimidation decreases as differentiation decreases. *Personal authority* on the other end as described by Williamson (1991) refers to the ability to take responsibility for one's thoughts, actions and feelings while being intimately related to the significant others. It is, in effect, differentiation in intimate relationships.

4.4.3 Intervention

Prerequisites for intervention are knowledge of family systems and strong motivation. These include the following:

1. Placing the presenting problem in a multigenerational frame,
2. Lowering anxiety,
3. Increasing differentiation especially of the marital couples (increasing the parents' ability to control their own anxiety and fortifying parental emotional functioning) by the therapist triangulating with them but staying neutral,
4. Forming relationships with the dysfunctional member,
5. Opening closed ties and detriangulation of members,
6. Symptom focus is avoided,
7. Evaluating progress,
8. Feminists add addressing the power differential in the couple, and
9. Genograms: A genogram will not only show the names of people who belong to a family lineage, but how these people interact with each other. Diagram of family's multigenerational relationship system, noting data such as sex, age, year of marriage, offspring, current marital status, and year of death are often helpful.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Match the columns:

1. Personal authority	(a) Degree to which a person bahaves in an individuated manner in relation to the spouse.
2. Nuclear family triangulation	(b) Degree to which a person operates in fused or an individuated manner with parents.
3. Spousal Fusion	(c) Bowen
4. Intergenerational Fusion	(d) Williamson

4.5 LET US SUM UP

This Unit highlights the three family theories which are gaining importance in day-by-day in helping families in stressful conditions. These are:

- Crisis theory which entails how certain life events create hazards for meeting basic needs and lead to the crisis situation. It also covers the types and intervention stages for crisis.
- Empowerment theory discusses how to increase power at different levels as to reach an acceptable situation. It deals with the three different levels of empowerment and the concepts related to it and also the empowerment process for intervention.
- Intergenerational theory, which mainly revolves around the differentiation process, helps the family to deal with stressful conditions by knowing multigenerational process.

4.6 GLOSSARY

Domain specific perceived control : It refers to personal, interpersonal or socio-political control.

Multigenerational transmission process : It is the process by which family emotional processes are transferred and maintained over generations.

Pair work	: When a practitioner works with two children or two youths, each with a different level of social perspective taking.
Rules	: These are sets of standards, laws or traditions that tell us how to live in relation to each other.
Self-efficacy	: It refers to perceptions about one's ability to achieve desired outcomes.
Stress	: It is the consequence of the failure to adapt to change.

4.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. Outcry: This is the stage of crisis which involves immediate reaction after crisis situation. For example, Manasi fainted as she heard the news of her father's demise.

2. Developmental crisis: This is the crisis faced when the individual steps from one developmental stage to another. For example, from early childhood to adolescence.

3. Crisis intervention: It refers to the methods used to offer immediate and short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems. For example, after death of Manasvi's husband, she tried to commit suicide forgetting about her three year old daughter. After counselling with therapist she realised her importance of surviving for her daughter.

Check Your Progress Exercise 2

i) Interactional level

ii) Critical awareness

iii) Attitude, knowledge, behaviour

Check Your Progress Exercise 3

1. - d), 2. - c), 3. - a), 4. - b)

4.8 UNIT END QUESTIONS

1. Describe the applications of crisis theory in day-to-day life.

2. Explain some examples which demonstrate the use of empowerment theory.

3. How is intergenerational theory different from other theories?

4.9 FURTHER READINGS AND REFERENCES

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MCFT-003

COUNSELLING AND FAMILY THERAPY: BASIC CONCEPTS AND THEORETICAL PERSPECTIVES

BLOCK 1 : INTRODUCTION TO COUNSELLING AND FAMILY THERAPY

Unit 1 : Counselling: Meaning, Scope and Applications

Unit 2 : Family Therapy: Meaning, Scope and Applications

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BLOCK 4 : MODALITIES OF COUNSELLING AND FAMILY THERAPY

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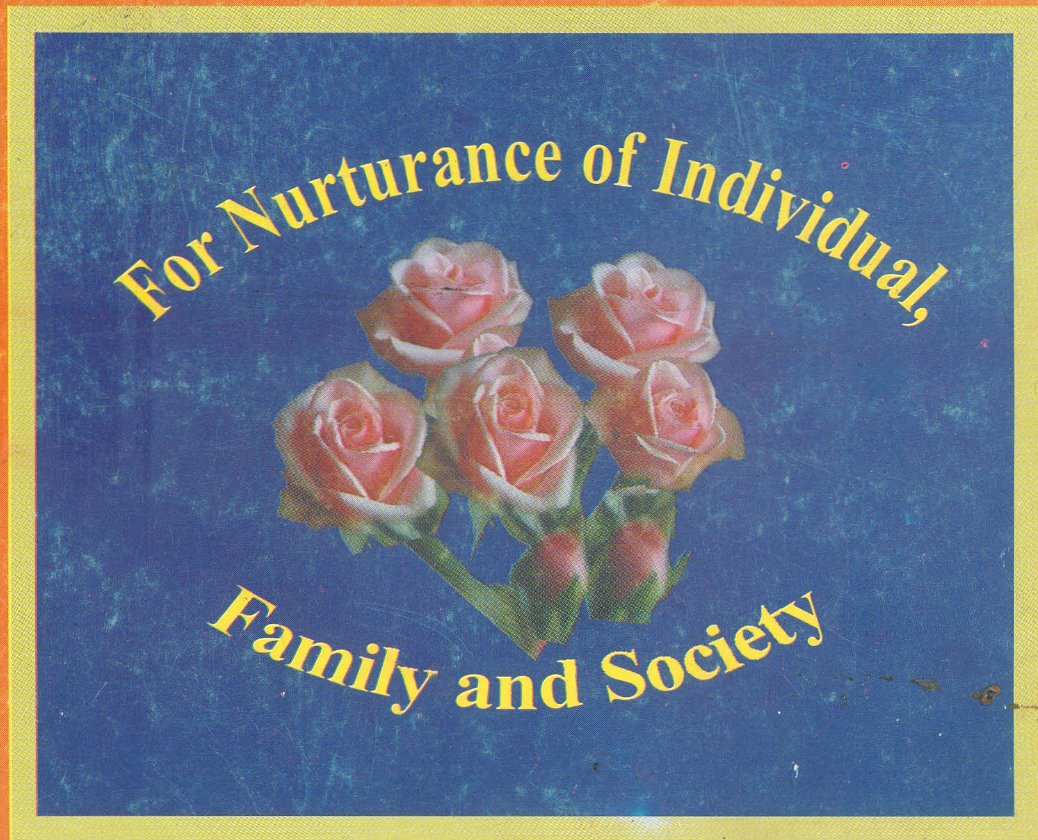
Unit 18 : Social Skills Therapy

MANUAL FOR SUPERVISED PRACTICUM (MCFTL-003)

MPDD-IGNOU/P.O.2T/March.2011



ISBN - 978-81-266-5212-9