GUIDANCE AND COUNSELLING

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UNIT-I:

OVERVIEW OF GUIDANCE AND COUNSELLING

Introduction

Guidance is general term which means helping people to make wise choices and solve their educational, vocational and personal problems. It is a process by which the individuals are assisted in making adequate adjustments to life's situations. It is an organized service which aims at helping the individuals understand themselves which means enabling them to know the abilities, aptitudes, interests, perception. Essentials of Educational Technology and Management needs, purposes, their assets and limitations. It is a service which also aims at providing the individuals relevant and necessary information about himself and also about the world around him. Aiming the individuals with these two site of information guidance process aims at developing maturity and desired level of "integration which are required for bringing about a harmony between their inner and the outer world.

Thus, guidance is a progress by which individuals are helped to make adequate adjustments in difficult situations of life.

DEFINITIONS OF GUIDANCE

Guidance is a process through with an individual is able to solve their problems and pursue a path suited to their abilities and aspirations. **(Brewer)**

Guidance is a facilitative service, which provide aids to pupils and staff

- To help pupils determine the courses most appropriate to their needs and abilities

- To find instructors who will be more sympathetic to their individual requirements and seek out activities which will help them to realize their presentation   (**McBaniel**)

Guidance is an aspect of educational programme which is concerned especially with helping the pupil to become adjusted to her present situation and to plan his future in line with her interests, abilities and social needs.   **(Hamrin and Erikson)**

"Guidance is a process of helping young persons learns to adjust to self to others and   to   circumstances'.   -   **Skinner.**

MEANING OF GUIDANCE

The meaning of Guidance as all of us know is help or assistance. It will be more clear to all of you, if we discuss how different scholars have defined in varied ways.

"Guidance seeks to help each individual become familiar with a wide range of information about himself, his abilities, this pervious development in the various areas of living and his plans or ambitions for the future."   Chisholm

"Guidance is an assistance given to the individual in making intelligence choices & adjustments." A. J. Jones

'Guidance is a means of helping individuals to understand and use wisely the educational. Vocational and personal opportunities they have or can develop and as a form of systematic assistance whereby students are aided in achieving satisfactory adjustment to school & to life." Dunsmoor & Miller

If we will analyzer the above definitions we observe the following characteristics of guidance. These are:- • Guidance is a process

• Guidance is a continuous process

• It is concerned with problem & choice.

• It is assistance to the individuals in the process of development.

• It is both a generalized & specialized service.

• It is a service meant for all. 3

The meaning of guidance will be more clear to you, if we analyze about what guidance is not. ™ Guidance is not compulsion

It is not making decision for others.

It is not advice.

It is not pampering the student.

It is not direction.

It is not adjustment.

It is not problem solving.

So from the discussion, we can say that guidance is a help.

Of an individual to make his own selection & solution out of varied type of opportunities & problems. It helps one to adjust with different environments according to his own abilities & capacities.

NATURE OF GUIDANCE

Guidance covers the whole process of education which starts from the birth of the child. As the individual need help thought their lives, it is not wrong to say that guidance is needs from cradle to grave.

It we consider the literal meaning, to guide means to indicate, to penitent, to show the way. It means more than so assist. If an individual slips on the road, we assist him/her to get up but they do not guide him unless we help to go in a certain direction.

The term guidance is related to a types of education – formal, non-formal, vocational etc. The aim is to help the individual to adjust to the environment.

In the light of the deification discussed, it may be pointed out that by itself guidance has no position. It is a process or service disagreed to help the individual to attain his full maturity and be of service to society. Guidance is also regarded as an instrument which helps in the realization of general?????? of education. The nature of guidance is more clearly understand with reference to consulting.

FUNCTIONS OF GUIDANCE

The meaning of guidance make it easy to know it's functions. For example the term "teacher" means who teaches, so the function of teacher is to teach. Similarly, from the different meaning of the term guidance we can know the functions of guidance.

Some of the important functions of guidance are:

Adjective function

Oriental function

Developmental function

Adjective functions:-

The adjective function of guidance means if helps the students in making appropriate adjustment to the current situation, may be in the educational institution, occupational world, in the home or the community.

Oriental functions:-

In order to adjust in different situation either by selecting his choices or solving his problems. One must have details information about the same. This is possible by proper guidance. Guidance orients one about the problem of career planning, educational programming and direction towards long-term personal aims and values.

Development functions:-

The oriental function of guidance not only helps one to get rid of problems but helps to check it. It contributes to the self development and self-realization. It is also an instrument of social and national development.

SCOPE OF GUIDANCE,

The scope of guidance is too wide. In the words of Crow and Crow, "Guidance touches every aspect of an individual's personality- physical, mental, emotional and social. It is concerned with all aspects of an individual's attitudes and behavior patterns. It seeks to help the individual to integrate all of his activities in terms of his basic potentialities and environmental opportunities."

Any needy person can be guided. This can include the persons of different age, different interests, various characteristics and persons of different nature. Hence, we cannot draw boundaries around the process of guidance.

The following factors are responsible for the expansion of the scope of guidance.

1. Complex nature of personality. Industrialization brings with it a number of tensions such as adjustment with the job, with the place of work, with the physical and social environment, and also with the advancements of technology and modernization. To cope with all these, guidance is essential. So the scope of guidance in the field of adjustment with almost all spheres of life has increased.

2. Complexity of Occupation. In the process of industrialization, automation and cybernetics, many new occupations are coming up and a few old occupations are dying. In U.S.A., an average man changes seven occupation through his life. The trend is bound to effect as the process of development will need very complex sophisticated and complicated occupations for which higher educational background and intensive training will be necessary. This complexity is bound to increase the scope of guidance in so many ways.

3. Complexity of Training. For the new jobs, new type of training, new courses of studies, use of new types of machines and above all to prepare oneself for employment in the changing world are some of the problems which will have to be tackled in an effective way, with the help of guidance. The scope of guidance will be to put right man in the right job.

4. Increasing Areas. With the passing of time and complexity of circumstances, scholars like Brewer have prepared about 10 areas of guidance i.e., educational, vocational, religious, home relationship, citizenship, leisure time and recreation,

personal well-being, right doing, cooperation and cultural action. The fact remain that more complex the society, more will be the need for guidance.

5. Migration. Because of industrialization process, people move from one state to other states. In India, the states are quite different in their religion, culture, mode of living, dress, eating habits and marriages. When they move from one social set up to another one, the problem of adjustment becomes serious for which guidance is needed.

The similar types of adjustment problems are found when the people from one country migrate to another country for employment, education or training, for which guidance if required.

6. The Expansion of Education. The days are gone when only a few privileged were to be educated. Now, education has become asset for the nation and right placement of persons need a lot of guidance.

7. Areas of guidance. The Scope of guidance is classified into several areas where and individual needs guidance. These areas can be classified into educational guidance, vocational guidance, personal guidance, social guidance, a vocational guidance and Health guidance.

Thus guidance is a continuous, complex, dynamic and comprehensive process. Guidance is concerned with educational, vocational and other problems along with personal problems. Guidance work can occur anywhere and can be provided even through magazines, books and correspondence.

NATURE OF GUIDANCE

1. **Guidance is education itself.** Guidance aims at educating the individual for understanding himself, unfolding his potentialities to their maximum so that he may eventually prove himself to be an adjusted and pragmatic member of the community. Guidance therefore is a significant education procedure. It is in short education itself.

2. **Guidance is a process.** Guidance is a process that enables an individual in discovering himself in the most satisfying and positive manner. It provides direction to enable an individual harness his potentialities, abilities, interests and aptitudes.

3. **Guidance is a continuous process.** Guidance is a dynamic and a non-stop process. In this process, an individual understands himself, learns to use maximum his own capacities, interests and other abilities. He continues his struggle for adjustment in different situations. He develops his capacity of decision-making.

4. **Guidance is related with life.** The process of guidance is related to life, its problems and challenges and how to face them. Problems and challenges are the building blocks of our personality. Guidance helps people to live a balanced and tension free-life with full satisfaction under the circumstances.

5. **Guidance is self-direction.** The nature of Guidance is not to thrust itself on an individual. It does not make choices for him. The ultimate purpose of guidance is guide the individual to direct himself in the right direction, to make his own choices, to fix his own life-goals and to carry his own burden.

6. **Guidance is individual-centered.** Whether given on individual or group basis, the focus of all guidance programmes is the individual who need to manage himself for a joyous today and a happy tomorrow by a healthy alignment of individual desires and aspiration with socially desirable good.

7. **Guidance is a qualified and complex and organized service.** Guidance is given by qualified and trained personnel. Hence guidance is a skill-involved process. The varied and complex nature of human life leaves its imprint on the guidance programmes which are a totality of experiences. Guidance depends on prior study of the individual, his assessment, initial counselling, interview, case study and a host of other subsidiary activities that qualifies Guidance as a complex process.

8. **Guidance is based on individual differences.** Individual differences or, the fact that individuals differ significantly, forms the basis of Guidance. If all the individuals had been alike, there was no scope for guidance. Individuals differ not only in their appearances but in their mental and intellectual endowments, desires, aspirations, and aptitudes.

9. **Universality of guidance.** Guidance is for all. Every person needs guidance at all the stages of life situations from childhood to old age. He needs guidance for solving problems to adjust in the family as well as in the society.

10. **Guidance is making potential actual.** Studies indicate that each person is born with more potential than he uses. Guidance programme aid the individual in the discovery of a hidden potential individual for his own benefit that that of the community. Thus guidance programme is used as an aid to discover the talent and use it for the progress of the country.

11. **Preparation for future.** The process of guidance is helpful in preparing a person for his future. Guidance helps in the choice of one's career, one's partner in life etc. Guidance helps the individual to march towards the future with confidence.

12. **Modification of Behaviour.** Guidance helps the persons in his adjustment in different situations and to modify one's behavior. Negative personality traits have been modified through skilful guidance and counselling. According to Carter V.

Good, "Guidance is a process of dynamic interpersonal relationship designed to influence the attitudes and subsequent behavior of a person."

Principles of guidance

According to Crow and Crow there are 14 significant principles for guidance they are

1. Every aspect of person's complex personality pattern constitutes a significant factor of his total displayed attitudes and form of behavior. Guidance service which are aimed at bringing about desirable adjustments in any particular area of experience must take in to account, the all round development of the individual.

2. Although all human beings are similar in many respect, individual difference must be recognized and considered in any effort aimed at providing help or guidance to a particular child.

3. The functions of the guidance is to help a person
   - Formulate and accept stimulating , worthwhile and attainable goals of behavior
   - Apply the goals to conduct his behavior.

4. Existing social, economic and politic unrest is giving rise to many maladaptive factors that require the cooperation of experienced and thoroughly trained guidance workers and the individuals with the problem.

5. Guidance should be regarded as a continuing process of service to an individual from young childhood through adulthood.

6. Guidance service should not be limited to the few who give observable evidence of its need, but should be extended to the all person of all ages who can benefit there from either directly or indirectly.

7. Curriculum materials and teaching procedure should evidence a guidance point of view.

8. Parents and teachers have guidance appointed responsibilities.

9. To administer guidance intelligently and with as thorough knowledge of the individual as is possible , programs of individual evaluation should be conducted and accurate consultative records of progress should made accessible to guidance workers.

10. An organized guidance programmed should be flexible according to the individual and social needs.

11. The responsibilities for administration of guidance programmed should be centered in a personally qualified and adequately trained person, working cooperatively with his assistance and other community welfare and guidance agencies.

12. Periodical appraisal should be made for existing guidance programmers.

13. Guidance touches every phase of an individual's life pattern.

14. Specific guidance problems on any age level should be referred to persons who are trained to deal with particular areas of adjustment.

TYPES OF GUIDANCE

In one's life every individual is beset with problems and it has become very difficult to achieve satisfactory results without assistance. There would be hardly any individual who does not need assistance. Some need it regularly, constantly while others need it only at some point time/ intervals. In technical term assistance is called Guidance. In order to solve various types of problems we need different types of guidance services. 'Paterson" has suggested five types of Guidance.

1. Educational Guidance.

2. Vocational Guidance.

3. Personal Guidance.

4. Economic Guidance.

5. Health Guidance.

In this unit we shall study Educational vocational Guidance and personal. Let us see what they mean and what their needs are.

DIFFERENCE BETWEEN GUIDANCE AND COUNSELING

☐ Advice or a relevant piece of information given by a superior, to resolve a problem or overcome from difficulty, is known as guidance. Counseling refers to a professional advice given by a counselor to an individual to help him in overcoming from personal or psychological problems.

☐ Guidance is preventive in nature, whereas counseling tends to be healing, curative or remedial.

☐ Guidance assists the person in choosing the best alternative. But counseling, tends to change the perspective, to help him get the solution by himself or herself.

☐ Guidance is a comprehensive process; that has an external approach. On the other hand, counseling focuses on the in-depth and inward analysis of the problem, until client understands and overcome it completely.

☐ Guidance is taken on education and career related issues whereas counseling is taken when the problem is related to personal and socio-psychological issues.

☐ Guidance is given by a guide who can be any person superior or an expert in a particular field. As opposed to counseling, which is provided by counselors, who possess a high level of skill and undergone through professional training?

☐ Guidance can be open and so the level of privacy is less. Unlike counseling, wherein complete secrecy is maintained.

☐ Guidance can be given to an individual or group of individuals at a time. On the contrary, counseling is always one to one.

In the guidance, the guide takes the decision for the client. In contrast to counseling, where the counselor empowers the client to take decisions on his own.

Definitions of counselling

Webster's Dictionary-"consultation, mutual interchange of opinion, deliberating together".
Strong -"face to face relationship in which growth takes place the counselor as well as the counselee".

Robinson-"The term counsellling covers all types of two .person situations in which one person, the client is helped to adjust more effectively to himself and his environment"

.Wren-"Counselling is a personal and dynamic relationship between two individuals-an older, more experienced and wiser (counselor) and a younger, less wise (counselee). The latter has a problem for which he seeks the help of the former. The two work together so that the problem may be more clearly defined and the counselee may be helped to a self-determined solution.

Concept of counselling

Counselling is a scientific process of assistance extended by an expert in an individual situation to a needy person. Counselling involves relationship between two persons in which one of them (counselor) attempts to assist the other (counselee or client) is so organizing himself as to attain a particular form of

happiness, adjusting to a life situation or in short self actualization. It is a relationship of natural respect between counselor and counselee .In this private interview counselee acquires independence and develops a sense of responsibility. Counselling process is structured around the felt needs of the counselee. The main objective of counselling is to bring about a voluntary change in client. For this purpose, the counselor provides facilities to help achieve the desired change or make the suitable choice. The client alone is responsible for the decisions or the choice he makes, though the counselor may assist in this process by his warmth and understanding relationship. Thus counselor helps counselee to discover and solve his personal problems independently.

Counselling and guidance are not synonymous terms. Guidance is a relatively more comprehensive process

Which includes counselling as one of its functions?

Counselling is a part of guidance, not all of it. It is a specialized and individualized part of total guidance

Process. Thus all counseling is guidance but all guidance is not counselling.

Functions of guidance and counseling

Guidance and counseling have three fold functions namely adjust mental, orientaional and development.

Adjust mental

They help the student in making the best possible adjustment to the current situation in the educational institution in the home and the community. It enable

the student to accept the things which they cannot change in life and differentiate what they can change and cannot change in life.

Orientational

They orient the student in the problem of cancer planning, educational programming and direction towards long term personal aims and values

Developmental

It is concerned with helping the people to achieve self development and self realization.

Need of guidance and counseling

The need for guidance and counseling can be summarize as.

1. To help is the total development of the students.
2. To arise students in leading a healthy life by abstaining from whatever is deterious to health.
3. To help the proper selection of educational programme.
4. To select career according to their interest and abilities.
5. To help students in vocational development.
6. To develop readiness for change and to face challenges.
7. To help fresher's to establish proper written.
8. To identify and motivate students of the weaker society.
9. To help the students to overcome the period of turmoil and confusions.
10. Ensure proper utilization of time –spend outside the class.
11. To help in tackling problems arising out of student exploration and co-education.
12. To minimize the indiscipline.
13. To motivate youth for self employment.

Differences between Teaching and Guidance.

Teaching	Guidance
1. Teaching process occurs for some fixed period.	1. Period of guidance cannot be fixed. It continuous throughout life.
2. Teaching is formal process.	2. Guidance is informal.
3. A person must have some training for teaching.	3. It is not compulsory for a person who imparts guidance.
4. Teaching work is possible only by the trained teachers.	4. Guidance can be provided by any person.
5. Pre-determined curriculum is required for teaching.	5. In guidance, the problems related to the curriculum are solved.
6. Only cognitive aspect of the behavior is affected by teaching skills.	6. Guidance touches the problem related to the emotional and physical aspects of an individual.
7. During teaching process, an interaction between teacher and pupil must.	7. In guidance, informal media are used so that a coordination or contact between the guidance worker and guidance seeker may be established.
8. Teaching is focused on behavioural changes.	8. Guidance indicates towards various proper methods of learning.
9. Teaching work is possible only in the class-room.	9. Guidance work can occur any where.

Differences between guidance and counseling.

Guidance	*Counseling*
1. Guidance process is a comprehensive process.	1. Counseling is an integral part of guidance.
2. Guidance can be individual as well as in groups.	2. Counseling of one individual is possible at a time.
3. Guidance is concerned with educational, vocational and other problems along with personal problems.	3. Counseling usually helps in solving the problems of mental health and emotions.
4. Any person can provide guidance. Pre-service training is not necessary for guidance.	4. Pre-service training is a must for the counselor.
5. Guidance can be provided through the magazines, books and correspondence. '	5. In counseling, the role of mutual consultation and reasoning is very important.

Concept of Vocational Guidance

Vocational guidance was defined by the 1954 committee of the International Labour Organization in its suggestions concerning vocational guidance, as assistance rendered by an individual to another in the latter's solving of problems related to his progress and vocational selection keeping in mind the individuals peculiarities or special abilities and their relations

with his occupational opportunity. In this manner the objective of vocational guidance is the proper and complete utilization of a nations man power through helping the individual to achieve his development and satisfaction in his profession.

Meaning and Definitions of Vocational Guidance

The General Conference of International Labour Organization in its vocational guidance recommendations described, "Vocational guidance as assistance given to an individual in solving problems related to occupational choice and progress with due regard for the individuals characteristics and their relation to occupational opportunity". In the definition adopted by the National Vocational Guidance Association. U.S.A. in 1937, "Vocational Guidance is the process of assisting the individual to choose an occupation, prepare for it, enter upon and progress in it."

UNESCO in its recommendation of 1974 on Technical and Vocational Education defined it as a comprehensive term embracing those aspects of educational process involving in addition to general education, the study of technologies and related sciences and the acquisition of practical skills, attitudes, understanding and knowledge relating to occupations in various sectors of economic and social life. Such, an education would, be an integral part of general education and a means of preparing for an occupational field and an aspect of continuing education. Technical and vocational education should further contribute to the achievement of society's goals of greater democratization and social cultural and economic development, while at the same times developing the potential of the individuals for active participation in the establishment and implementation of these goals.

The vocational guidance is assistance to a person regarding some vocation. Various academic scholars and psychologists have sought that help of various definitions to make clear the meaning of vocational guidance.

According to **Myers**, "Vocational guidance is the process of assisting the individual to do for himself certain definite things pertaining to his vocation".

Roberts has defined guidance as, "Vocational guidance is concerned with the problems and techniques involved in choosing an occupation and in becoming adjusted in it."

According to *Crow* and *Crow*, " Vocational guidance usually is interpreted as the assistance given to learners to choose, prepare for and progress in an occupation".

1. Vocational Guidance.

The purpose of guide the student in his vocation while he is still at school and also acquainting him with the opportunities open to him. Its need is for the following reason

1. Vocational guidance is necessary for-proper choice of career.
2. Special training is necessary for specialized vocations.
3. Creates an opportunity for choosing careers on the basis of individual difference.
4. Individual or personal guidance.

The purpose of such guidance is to eradicate tension, frustration or, conflict aid him in his individual development. These kinds of activities are important for the individual-educational personal and vocational, hence, guidance also takes three forms -

a. **Educational Guidance -** In such a programmes the students are given guidance regarding the syllabus. It is needed for the following two reasons-
   1. **Individual Differences -** Suggesting a syllabus on the basis of the child's interest and ability.
   2. **Intellectual Differences -** Providing guidance on, the basis of intellectual quotient or level, of the individual.

b. **Syllabus -** Guiding the students in the choice of a suitable syllabus in view of the varied courses of study available.

c. **Polluted Atmosphere-** Guidance the student to overcome the polluting effect of the unsuitable atmosphere prevailing in the school or at home.

The view of the Mudaliar commission is that the secret of good education lies in the fact that it must acquaint the student with their inclinations and tendencies and also generate in them the power of social adaptation and finding suitable employment. In this regard its recommendations are as follows - -

(1) Administration in education should pay more attention to educational guidance.

(2) Film should be made to create awareness in the students regarding various industries, their sphere and nature and importance. In these films the method of working in many industries should be brought to light. The films should be based on direct observation.

(3) The services of trained counselors or career masters should gradually be made available to all educational institutions.

(4) The centre should shoulder the responsibility for setting-up training centers for training counselors, and career masters. In various parts of the country. Able individuals can be sent to such institutions from each state.

(5) Guidance and counseling programmes makes a very important contribution to education since it recognizes. The students purpose of such a programme is to recognize the talent of every student m the secondary school. *Dr.* **Vimleshwer De** has offered the following comments upon the recommendations of the Kothari commission on the subject of counseling.

He has argued that the commission has not done justice to the particular nature of education along with counselling by regarding it as a process. This has been done at a moment when the objectives of counselling were said to be adaptive and developmental the preface declares that guidance or counselling should be regarded as an inseparable part of education and not as a special psychological or social service which merely assist in the fulfillment of the objectives of education. Everyone agrees that counselling should be inseparable from education, but this does not mean that counselling is not a special king of service or that counselling maintains its position as a matter of right, *Dr. De* wonders whether the commission has implicity given recognition to the invalid views of *John* and *Hand* (1938),. Which declare that guidance or counselling is the pressure that is put upon the individual through the educational process? The Writers quoted above also said that they could not implement their plan of counselling because of a lack of specialists or other professional experts it the time in question. The commission has clearly given but it has not laid sufficient emphasis upon their services. If guidance or counseling are not regarded as special services, one may ask what was the need for special courses for training in guidance programmes, which were organized at the post graduate level.

The Kothari Commission has put forth the following suggestion for the growth and development of counselling programmes----

1. Guidance and counseling services should be regarded as inseparable elements in education.
2. At the primary level the following programme should be general be put into operation---

i) During training itself, teachers should be made acquainted with remedial tests.

ii) In service courses should be organized for primary teacher.

iii) Occupational literature should be generated.

iv) Both student and parents should be given advice regarding the future education of children.

3. At the secondary level, such programmes should be conducted by trained individuals in school-

i. Guidance programmes should function in every school.

ii. in certain selected schools intensive programmes should be made operative.

iii. A bureau of guidance should be established an inspection staff should be appointed.

iv. In training colleges, emphasis should be placed upon the importance of guidance.

Today each one of us is aware of the fact that an organized movement is taking place for guidance and counseling. Hence in the present context, it has become necessary to provide the best possible guidance to students to ensure the suitable development of their innate capabilities. At last ten schools should take advantage of each counseling centre. There should be at least one central school In each district for reorganizing a comprehensive programmes. Inspection officers must be appointed to ensure that the program me gathers the necessary momentum. These centers should also provide vocational information and in addition make arrangements for part time employment. Only then can the guidance and counseling programme achieve success.

Principle of Vocational Guidance

The following are the main principles of vocational guidance

1. **Client-centred Principles**

   i. Making guidance available without interruption.

   ii. Guidance covering all clients.

   iii. Making guidance programme client-centred.

   iv. Guidance services meeting the varied and extensive needs of the individual.

   v. Making choice by the client himself   .

2. **Vocational Guidance Personnel-centred Principles**

   i. Accepting genuine responsibility to guide clients.

   ii. Professional efficiency.

   iii. In-service training.

   iv. Using all available information about the client.

   v. Observing a-strict code of professional ethics.

   vi. Collecting external factors about the client.

   vii. Using varied methods and techniques.

   viii. Using research finding.

3. **Organization-centred Principles**

   i. Helping tip-to-date records about the clients.

   ii. Framing an independent guidance programme.

   iii. Making adequate time available to guidance workers.

   iv. Making adequate space available for guidance workers.

   v. Allowing field workers to undertake follow-up studies.

   vi. Offering placement services.

   vii. Making provision for individual and group guidance programmes.

    viii. Seeking co-operation from similar organizations.

    ix. Making adequate supply of materials.

    x. Responsiveness to guidance programme.

4. **General Public-centred Principles**

    i. Mobilizing public opinion.

    ii. Mating public receptive to guidance programme.

    iii. Making public conscious of the careers of young members of the society.

    iv. Co-operation to the guidance workers.

    v. Identifying their needs by the people and bringing these to the notice of the guidance personnel.

    vi. Appreciation and constructive criticism of the work of the guidance personnel by the public.

Responsibilities of the School for Vocational Guidance.

We can clarify the responsibilities of a school for vocational guidance---

1. **Age-** It is at adolescence stage that the children being to think more seriously of their future career and they are in attendance in the school at this stage.

Qualities of Good Counselor

When we hear the word "Attitude" what we think about? Attitude as inward feeling expressed by outward behavior .People always project on the outside what they feel on inside. Some people try to mask their attitude and they can fool others for a while. But that cover – up doesn't last long. Attitude always wiggles its way out. Your attitude colors every aspect of your life. It is like the mind's paint brush.

It can paint everything in bright vibrant colors creation a master piece or it can make everything dark and dreary. Attitude is so pervasive and important. It is the vanguard of our true self. Its root is inward but its fruit is outward. It is our best friend or worst enemy. it is more honest and consistent about us than our words. It is never words. It is what draws people to us or repels them. It is never content until it is expressed. It is the librarian of our past. It is the speaker of our present it is the prophet of our future. There is not a single part of our current life is not affected by our attitude. And our future will definitely be influence by the attitude we carry with from today forward. "A predisposition or a tendency to respond positively or negatively towards a certain idea, object, person or situation." Attitude influences an individual's choice of action and response to challenges, incentives and rewards (together called stimuli) For major components of attitude are 1) Affective: emotion or feeling. 2) Cognitive: belief or opinions held consciously. 3) Cognitive : inclination for action. 4) Evaluative positive or negative response to stimuli. Councellor play an important role in the student's life why councellor must have some qualities to be a good councillor. **Attitude and qualities of good counselor** A capable counselor must possess anumber of personal qualities and develop the proper attitude to make a client feel at ease and to build rapport so that a client can self disclose. What are these personal qualities?

1) **Empathy:** Empathic understanding is the ability to see things from the client's perspective. Without this quality a councellor will be unable to comprehend the problem, experience, thoughts and feeling of another person and will not be able to offer clients the level of supportive understanding that they will require. The councellor „s full attention and empathy encourages a client to relax and trust and encourages self disclosure.

2) **Congruence and warmth**: A councellor should be agreeable and act appropriately to provide the client with a comfortable foundation for the counsel

ling relationship. Only by creating a friendly atmosphere can the counsellor encourage interaction and disclosure.

☐ Maintain wrath and genuine understanding

☐ Use appropriate body language such as anon threatening posture while maintain eye contact and respecting the client's personal space.

☐ Maintain a reassuring and comforting way of speech – the tone of voice, speed of speech and style of delivery.

3) Respect: Counsellors must at all times show respect for clients and their welfare. They must also remain impartial and non-judgmental .A client must feel comfortable, safe and confident that confidentiality will be maintained at all times and also that the counsellor is committed to helping, encouraging and supporting. Whilst maintaining a professional focus a counsellor must be able to show a genuine openness.

4) Positive Regard: It is of vital importance in the counselling relationship that the counsellor demonstrates a positive acceptance of the client and that the client is valued and respected. A positive, unconditional regard for the wellbeing of a client is the basis from which clients can explore their thoughts, feelings and experiences, and develop an understanding and acceptance of their emotions. A counsellor must not judge in any way. This may be difficult in some situations, but is the basis of a counselling relationship built on trust. Accepting a client shows the individual that you are there to support them through the counselling process, regardless of their weaknesses, negativity or unfavourable qualities.

5) Important Values: At all times counsellors must show a commitment to values such as the following:

1. Human dignity 2. Alleviating personal distress 3. Appreciating the differences in culture 4. Remaining non-judgmental 5. Ensuring the integrity of the client/counselor relationship 6. Maintaining client confidentiality and ethical principles.

6)Personal skills: Each counsellor will bring their own unique abilities, qualities and skills into a counselling relationship to help ensure that their client feels safe and supported.

Councellor also give guidance of the carrier to the student as per his aptitude and interest. Expansion of science and technology has thrown open to many opportunities and unheard of just a decade ago. Life has become highly competitive and complex and each in too engrossed in his own pursits" to spare time for the other. At the time when the youth a career

The Importance Of Guidance & Counselling In A Student's Life
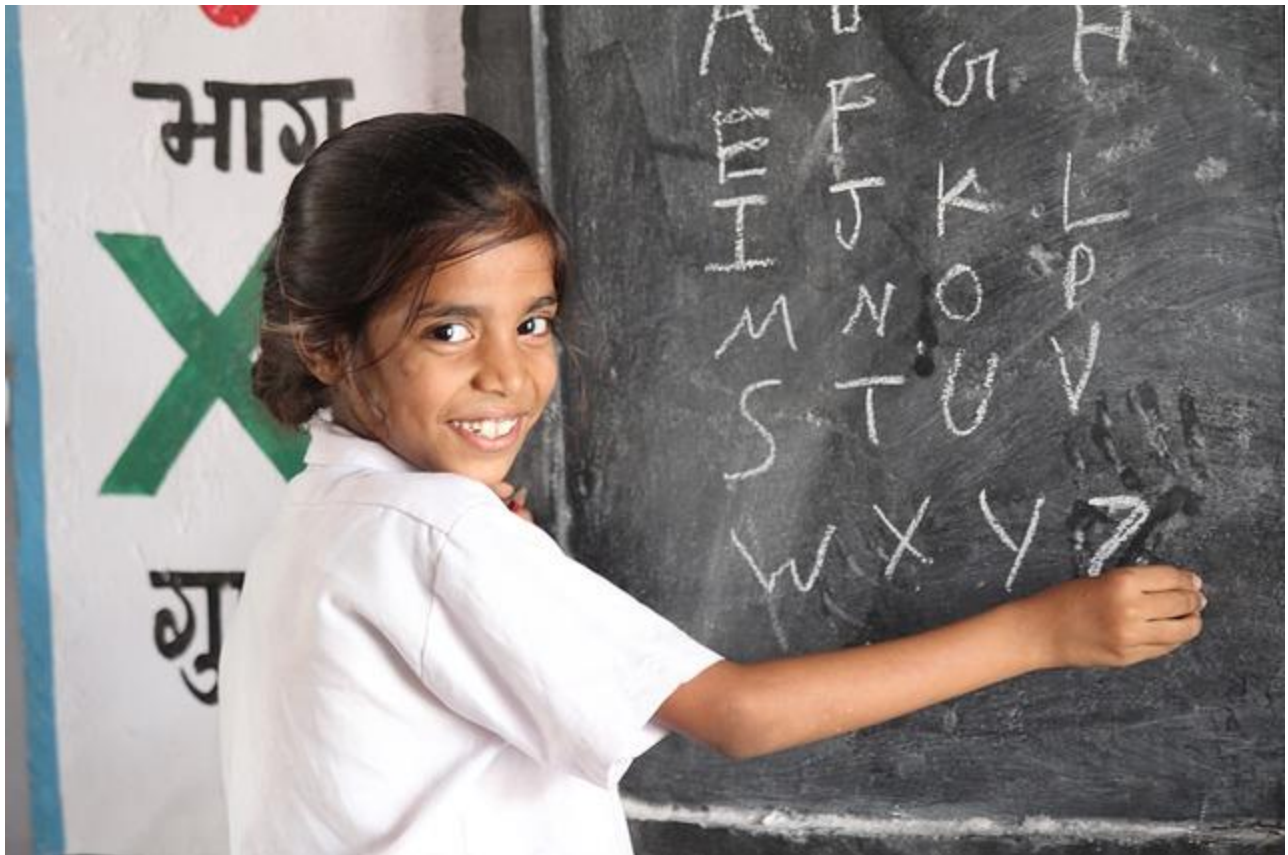
Guidance and counselling are important for children, and schools have a huge role in bringing out the best in children. Good conduct is coveted, but sometimes young minds need guidance to polish their personality. Through counselling, children are given advice on how to manage and deal with emotional conflict and personal problems.

Proper counselling will help incorporate valuable lessons in their daily life. Some sessions should involve career guidance, where the students are advised on the selection of courses and

different career paths. It's important to prepare them for life after school and what to expect in the different fields they might opt for

Following are some of the benefits that students get from effective guidance & counselling:

1. Students are given proper guidance on how to deal with psychological problems which can badly impact their studies. Through these sessions, the students will be able to develop certain problem-solving skills which to an extent help them deal with particular issues surrounding their lives.

2. The students are advised on how to cope with different situations they tend to face in their school life. For instance, how should they talk politely or relate with their peers. This advice will give them perspective on how should they behave in certain scenarios.

3. It helps to shape a student's behaviour and also instil enough discipline in them. Proper guidance helps them achieve their goals, well guided & counselled students know what to do and how to do things in the best possible way.

4. Students learn how to live in peace and harmony with others in the school community. Thereby, they also learn to appreciate other people in their class.

5. It helps to bridge the gap between students and the school administration, since they are able to guide their problems through a proper counselling channel in the office.

6. Students get comprehensive advice on career, courses and jobs that enable them to make a proper and informed choice and understand what they can do after they are done with school.

7. It allows students to talk to teachers about various experiences that make them uncomfortable. They can openly share problems that they cannot share with their parents.

8. Talks related to alcohol, drugs, personal feelings or any kind of abuse, can be openly discussed. Guidance and counselling also make students better human beings since they are counselled on how to act and behave in a particular situation

9. It enables students undergoing certain difficulties in their lives, to ask questions and clarify them through guiding and counselling. Therefore, counselling helps them ask without any fear since the person in charge is willing to help.

Nalanda International School, Vadodara is one of the schools that provide students with educational counselling in the senior years of school when students come face-to-face with some important decisions in their life. These are crucial years of their teenage life, so they naturally have many questions.

QUESTION BANK

*(L*ong Answer Type & Short Answer Type Questions)

1) *What is guidance?*
2) *Give the definition of guidance?*
3) *What are the different types of Guidance?*
4) *What are the Principles of guidance?*
5) *What is personal guidance?*
6) *What is vocational guidance?*

7) *State the differences between guidance and teaching?*

8) *State the differences between guidance and counseling*

9) *Write the functions of guidance and counseling?*
10) *Write the Need of guidance and counseling?*
11) *What is Counselling?*
12) *What is guidance in counseling?*
13) *What is the role of guidance and Counselling in schools?*
14) *What are types of Counselling?*
15) *What are the purposes of guidance and counseling?*
16) *Significance of Counselling At Secondary Level?*
17) *What is the purpose of a counselor?*
18) *How does Counselling help people?*
19) *What are the goals of counseling?*
20) *What is the educational counseling?*
21) *What are the basic principles of counseling?*
22) *What is guidance and counseling in school?*
23) *What is a guidance and counseling service?*
24) *What is a counselor in a school?*
25) *What is the job of a school counselor?*
26) *What is the job description of a school guidance counselor?*
27) *What is the role of an elementary school guidance counselor?*
28) *What are the qualities of a good counselor?*

29) *Why is it Importance of Guidance & Counselling In A Student's Life?*

30) *What is the importance of counseling?*

31) *What are the different types of counseling?*

32) *Explain the non-directive counseling ?*

33) *What is eclectic counseling?*

34) *Write the steps of eclectic counseling ?*

35) *Write the steps of non-directive counseling?*

36) *Write the steps of directive counseling?*

37) *What are the different types of counseling?*

38) *What is a directive in counseling?*

39) *Write about advantages and disadvantages of non directive counseling?*

40) *Advantage Of Eclectic Counseling?*

UNIT-II: Mental Health

MEANING CONCEPT AND DEFINITION OF MENTAL HEALTH

Mental Health is a term used to describe how well the individual is adjusted to the demands and opportunities of life. The idea of mental health is complex and comprehensive. Mental health may be better understood by its comparison with physical health. A person is said to be physically healthy when his body is functioning well and he is free from pains and troubles. Similarly, a person is in good mental health when his mind or personality is functioning effectively and he is free from emotional disturbances. In general, he enjoys life and any unhappiness he has, can be understandably explained. He is self-confident, hopeful about himself. He has a few intimate and close friends, maintain cordial relations with a

number of people whom he meets and generally gets along with all those with whom he comes in contact in life and work. He is able to meet his problems without much disturbance, and his fears and anxieties are normal. He keeps an equable temper and when aroused expresses his anger in a socially acceptable way. He is concerned about his health but not hyper-anxious about it. He has emotional maturity, balance and equilibrium. He understands himself, his merits and abilities, he also knows his handicaps and disabilities, but he accepts them and makes the most of what mental and physical capacity he has. Mental health is on a continuum and one can attain optimum mental health by following the golden means, a self healthy attitude and realizing one's creative potential etc. A mentally healthy person is poised and serene, which points to an inner world of self-assurance and security, and a sense of self-fulfilment.

Mental health stands for a balance that is dynamic. A mentally healthy person is one who is in harmony with his own self and consequently with those around him. The conscious and unconscious aspects of his mind are in tune with each. In spite of his problems and difficulties he is in consonance with the rhythm of life. He has a wholesome balanced personality by and large free from schisms and inconsistencies, emotional and nervous tensions, discards and conflicts. Perfect mental health however, is a myth.

On the whole, we can say that the well adjusted individual has integrated his basic needs with the demands of social living and has high frustration tolerance without being seriously disorganized. His problems pose a challenge to him; they do not weaken his resolve.

According to the modern concept, mental health is the capacity to keep oneself integrated in the face of stress and strain through integrative adjustment. There can be a variety of normal adjustments as well as abnormal adjustments. Sometimes

severe mal-adjustment in one area leads to severe mal-adjustment in other areas. Mal-adjustments in various areas of life is taken as the evidence of disturbed mental health.

To sum up, we find that the western approach towards mental health is devoid of a value system and a word-view, without that the picture of mental health remains somewhat incomplete. But, if we conclude the two eternal values of Love and Truth, which can be considered both individual and social endeavors, we can attempt a fairly comprehensive definition of a mentally healthy person.

A mentally healthy person is aesthetic, creative and dynamic inspired by the values of Love and Truth, with a balance of reason and faith, effort and resignation and self-needs and social needs.

DEFINITIONS

- ❖ **"Mental Health is the full and harmonious functioning of the whole personality." - Hadfield**
- ❖ **"Mental Health means the ability to make adequate adjustment to the environment on the plane of reality."** -Ladell
- ❖ **"Let us define Mental Health as the adjustment of human being to the world and to each other with a maximum of effectiveness and happiness." -K.A. Meninger**
- ❖ **"Mental Health means the ability to balance feelings, desires, ambitions, and ideals in one's daily life. It means the ability to face and accept the realities of life." -Kuppuswami**
- ❖ **"Mental Health is a condition and level of social functioning which is socially acceptable and personally satisfying."** -Boehm.W.W.

- ❖ **The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the**

> **normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."**

In brief, we can say that mental health is a condition which permits the maximum development of physical, intellectual and emotional states of the individual so that he can contribute maximum to the welfare of the society and can also realize his ideas and aims in life.

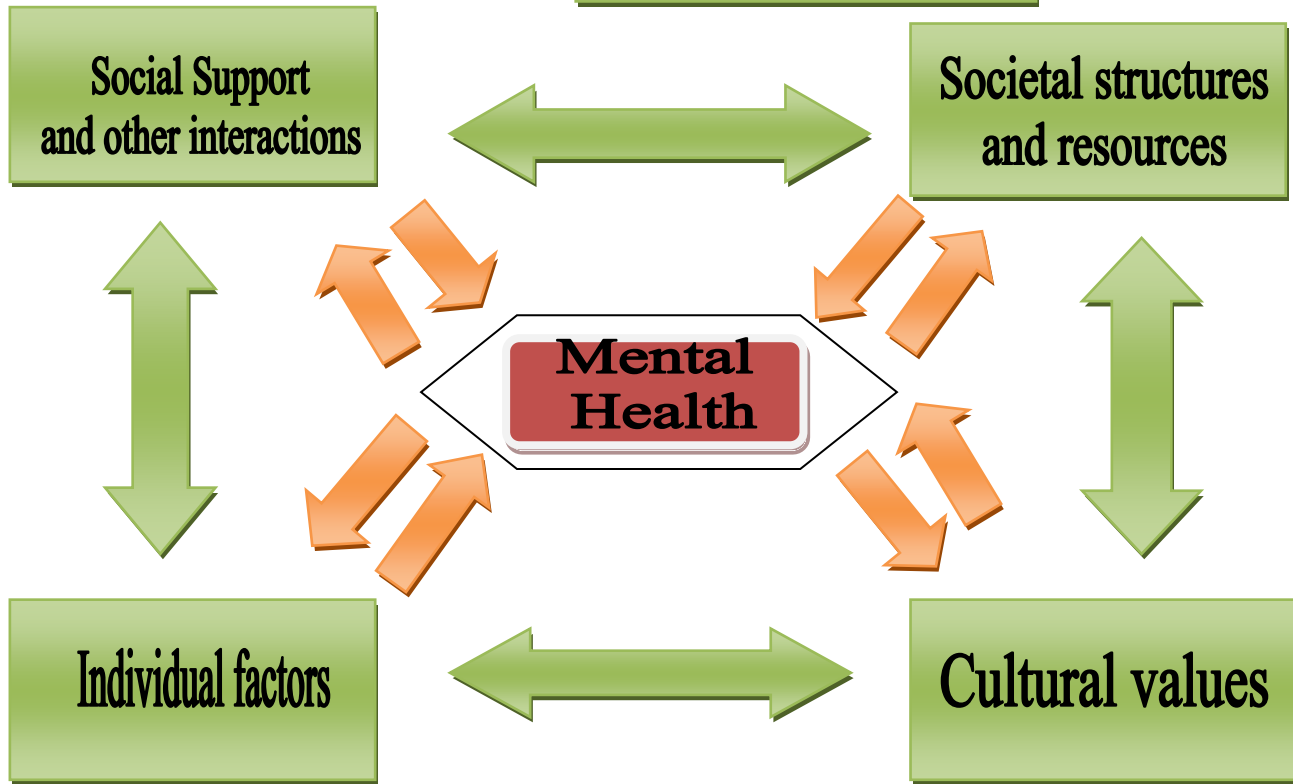# Modelling the impact of mental health on social capital

Mental Health ⟷ CONSEQUENCE
- Level of well-being
- Physical health
- Reciprocity
- Knowledge and skills
- Quality of relationships
- Sexual satisfaction
- Use of services
- Productivity
- Trust
- Social cohesion

⟷ **Social Capital**

Social Support and other interactions ⟷ Societal structures and resources

Mental Health

Individual factors ⟷ Cultural values

CHARACTERISTIC OF MENTAL HEALTH

- **Positive self concept.**
- **Sense of responsibility.**
- **Better relation with peace.**
- **Adaptability to change.**
- **Ability to face short coming or disappointment.**
- **Accept criticism.**

SYMPTOMS OF SOUND MENTAL HEALTH

Following is the criteria of mentally healthy person—

1. Tolerance power.
2. Self-confidence.
3. Practical philosophy of life.
4. Emotional stability.
5. Knowledge of environment.
6. Ability to adjust.
7. Ability to decide.
8. Lives in real world.
9. Attention to physical health.
10. Sense of self-respect.
11. Sense of personal safety.
12. Capacity of self-evaluation.
13. Strong will power.
14. High aspirations.
15. Enthusiastic and reasonable.

Now, let us summarize the common characteristics of psychologically healthy personality as proposed by Allport, Rogers, Fromm and Maslow etc. All agree that healthy person is in conscious control of his life. He is capable of directing his behavior and being in charge of his own destiny a healthy person knows who and what he is. Such person is aware of his strengths and weaknesses, virtues and vices and in general is tolerant and does not pretend to be something he is not. Psychologically healthy person does not live in the past. His orientation is towards future goals but he is aware of and alive to his ongoing existence. He does not long for quiet and stability but for challenge and excitement in life, for new goals and new experiences.

SYMPTOMS OF POOR MENTAL HEALTH

Reverse is the case with poor mental health. Hence, a person with poor mental health should possess the following characteristics—

1. Lack of tolerance power.
2. Lack of self-confidence.
3. No practical philosophy of life.
4. Emotional Instability.
5. No knowledge of his environment.
6. Lack of adjustment power.
7. Lack of decision-making power.
8. Lives in phantasm.
9. No attention to physical health.
10. No sense of self-respect.

11. No sense of personal safety.

12. No capacity of self-evaluation.

13. Weak will power.

14. Low aspirations.

15. Lethargic and un-reasonable.

According to Karen Horney, to quote one more thinker in this field, men adjust with reality by moving towards, by moving against and by moving away from it. In a healthy adjustment, a person may use any or all of the above techniques in an eclectic manner, whereas in an unhealthy state of mind, he may use any one method exclusively at the cost of the other two. He may always be moving towards the reality (a conformist always), of moving against the reality(an aggressive always) or moving away from the reality (an escapist always).

Symonds (1946) offers a fourfold concept of mental health—

a) A balance between the demands of the society and the desires of he individual,

b) Maturity –the absence of infantile and childish patterns of behavior,

c) Adequate functioning –the ability to surmount severe threats and frustrating situations, and

d) Compromise between the inner desires of the individual and the demands of the society.

Cameron (1947) considers mental health to "rest upon the relative adequacy of a given individual's performance on comparison with his previous level and with the cultural norms that are current in his society for persons of his status."

Concepts of mental health and the school context

The teaching profession would assume that it has a positive role to play in the promotion of mental health. While teachers may agree that they are particularly concerned with "mastery and coherence" (Lavikainen, Lahtinen & Lehtinen, 2000), there are differences in opinion within and between countries as to how this should be attained and how the learner, and ultimately the adult, should demonstrate this mastery. For example, in the South African context some black school headmasters consider being "obedient and docile" as highly admirable qualities in applicants for tertiary education, an opinion not shared by a university selection board. In some parts of the world it is considered acceptable for learners to challenge their teachers, while elsewhere this is punished severely. These different perceptions of this aspect of mental health must be recognized, as there are reports of how school life skills programmes that teach assertive behavior can create confusion in learners if such behavior is not condoned by other teachers or by their parents and community.

Teachers are in a very powerful position. Their behavior as a model and their opinions as to what constitutes good mental health impact very directly on the concepts of mental health adopted by their pupils. Sexual abuse of girls by male teachers, for example, is common in some countries and sends an unfortunate message about power and gender relationships to the pupils.

Teachers are also concerned, in varying degrees in different parts of the world, in promoting other aspects of mental health, such as improving the self-esteem of their learners, teaching acceptable ways of relating to others and managing stress and adversity. As such, their interpretation of what constitutes good mental health is significant. In deprived communities, and in communities undergoing rapid social change, teachers often have particular responsibilities as they are faced with

youth needing guidance with many life skills, such as conflict resolution and problem-solving.

For many of these young people little parental guidance is available at home. Van der Merwe (2003) describes conditions in South Africa where many teachers feel the need to help pupils but feel helpless as they do not have these skills themselves.

Addressing Mental Health Problems at School: The Three-Pronged Approach

Schools can be an important location for mental health promotion, early identification and intervention, combating stigma associated with mental illness and possibly providing interventions and ongoing care. But as a teacher, what can you do to make a difference in the mental well being of your students? The answer is not always easy, and requires cooperation at all levels of the education system and a positive collaboration with health care providers.

Using the classroom for stigma reduction

One of the largest obstacles facing youth with mental illness is the associated social stigma against people living with a mental disorder. While the scientific understanding and treatment of mental disorders, as well as the awareness of the importance of mental health in all aspects of life, has advanced considerably in the past decade, the public's perception about people with mental illness has been much slower to change. In the classroom, stigma associated with mental illness can affect how teachers, classmates, and peers treat the student living with a mental disorder. School-based anti-stigma activities present an opportunity to enhance understanding of mental illness and improve attitudes towards people living with mental illness.

Furthermore, school-based anti-stigma activities reach people on all social levels, from teachers, principals and administrators to parents and community members to most importantly, the students themselves.

Identify and intervene!

Early identification and effective intervention for youth with mental disorders is critical. If left untreated, the symptoms of a mental illness may increase in severity, and its effects may become more serious and potentially life threatening. Educators and school personnel are in an ideal position to recognize behavioral or emotional changes, which may be symptomatic of the onset of mental illness.

By providing training related to youth mental health and mental disorders in young people that is specific to educators we will be better equipped to protect and promote the mental health of our youth. Educator-specific programs, such as Understanding Adolescent Depression and Suicide Education Training Program address the signs and symptoms of depression, as well as risk factors for suicide, methods of identification and appropriate referral of high-risk youth. The basis of this innovative Canadian program is supported by documented evidence of effectiveness and has been demonstrated to improve mental health literacy in educators and health professionals.

School curriculum meets mental health promotion

A potential starting point for the integration of mental health care into existing school health systems is through the implementation of a gatekeeper model. A gatekeeper model provides training to teachers and student services personnel (such as social workers, guidance counseling, and school psychologists) in the identification and support of young people at risk for or living with a mental

disorder. It also links education professionals with health providers to allow for more detailed assessment and intervention when needed. Schools can also address students' mental health through the implementation of mental health promotion strategies through innovative curriculum initiatives. Improving mental health literacy through curriculum development and application could enhance knowledge and change attitudes in students and teachers alike, and embedding mental health as a component of health promoting activities could enhance mental health while decreasing stigma associated with mental disorders. Two examples of recently developed Canadian mental health curriculum for schools are: Healthy Minds, Healthy Bodies (Province of Nova Scotia) and the Secondary School Mental Health Curriculum.

What Role Can Teachers Have in Advancing Mental Health in Schools?

Teachers are in a unique position to really make a difference when it comes to promoting and addressing student mental health concerns in and out of the classroom. Here are four suggestions to consider.

| MENTAL HEALTH IN SCHOOLS |

Support the development of policies and plans that recognize the importance of integration of mental health into educational institutions.

Curriculum: Support the application of a mental health curriculum, which in turn provides health promotion and addresses stigma through scientific knowledge.

Support system: Implement infrastructures and support systems within your school; for example establish a mental health task force that can pioneer a program including gatekeepers, student services expertise, community links, etc.

Teacher training: Support the development and implementation of appropriate professional mental health training programs for teachers and other educators. Being a teacher is not easy, especially in today's rapidly changing world. Mental disorders in young people are now being increasingly recognized and educators are being asked to address those needs in the classroom and beyond. Understanding what these issues are and the many different avenues available to effectively deal with them is an important challenge in today's educational environment.

Mental health of the teacher

So far we have been talking about the mental health students, causes and remedial measures to check maladjustment among students. In his section of the chapter, we will present the problems of mal-adjustment among teachers. Teachers' mental health plays an important role in the teaching-learning process. If the teacher is not in sound mental health, he can do incalculable harm to the nation in terms of poor guidance to the students. He cannot do justice to his job. His mal-adjustment will not only diversely affect his personality but will produce mal-adjustment in children but under his charge.

In modern times, with the rapid developments in all walks of life, problems have also multiplied in that proportion. In ancient India, when education was confined to privileged communities teaching was entrusted to read scholars and involved no problem. With the passage of time, educations rake the barriers of caste and community and reached to masses. This new movement of mass education is fraught with certain problems for teachers.

Overview of Family Survey

Building on the information we gleaned from the focus and discussion groups, we used an online survey to reach additional families, and asked similar questions to

those used in the focus groups. Over 200 people responded to our survey, advertised through the F2Fs and other family organizations. Strikingly, although survey respondents were significantly less culturally diverse than the families who participated in the focus and discussion groups, we found that survey results mirrored essentially the same perspectives and overarching themes found in the focus and discussion groups.

Summary Findings from Focus and Discussion Groups and the home Survey

Biggest health problems facing children today: These seven problems were consistently mentioned across the Groups and the Survey.

☐ Obesity

☐ Mental health/anxiety

☐ Poor nutrition

☐ Lack of physical activity

☐ Too much screen time and reliance on electronics

☐ Diabetes

☐ Stress

In addition, home frequently mentioned other problems—many of which are variations on the seven themes above, and include high blood pressure, oral health issues, asthma, autism, allergies, limited availability/cost of healthy food options, learning issues, access to care issues, language/cultural barriers,
Medication/overmedication issues and lack of community supports for CYSHCN.

What home do to keep their children healthy day-to-day:

Despite these on-going challenges, families do their best to build better health futures for their children. The suggestions and ideas they shared ranged from the standard approaches and recommendations seen in *Bright Futures* to creative on-the-ground approaches to encouraging children and youth—and adults—to make healthy choices when possible.

Many suggestions had to do with nutrition—having healthy food, lots of fresh fruits and vegetables on hand; preparing school lunches from home; involving children in gardening, shopping, recipe selection, and cooking of nutritious foods; and avoiding fast food.

In addition, families' responses had to do with maintaining and improving the emotional health and well-being of the children—encouraging open communication, teaching coping and other life skills, loving unconditionally, monitoring for anxiety, and arranging therapy as needed.

Respondents provide avenues for physical activity and an outdoor experience—from family walks to school sports to getting a good night's sleep.

Parents (and grandparents) recognized the critical importance of being good role models for their children as well. "Do what I say" is not nearly as effective as "Do what I do."

Quotable Quote from a Family Member:

"Get them moving around. Take them outside. Hiking. Camping. Shooting. Fishing. Hunting. Swimming in the river. Even just for walks. Or fire pit in backyard. Play Rockband. Provide healthy food choices. Grow blueberries and strawberries in back yard. Ask them if they ate a vegetable today. Ask them if they brushed their teeth. Pay attention to their hygiene and remind them if necessary. Bring them to the grocery store. Teach them to read labels on food. Annual visits to the dentist for cleanings. List a weekly chore around the house that they are responsible for. Talk about what we are grateful for and things we 7 Family Voices ❤ www.familyvoices.org ❤ Mailing Address: P.O. Box 37188 ❤ Physical Address: 3701 San Mateo Blvd. NE, Suite 103 ❤ Albuquerque, NM 87110 ❤ (p) 888.835.5669 ❤ (f) 505.872.4780

can do to help others. Keep track of their grades and know some of their friends. Ask who they ate lunch with at school and what they ate. Talk about our days. Talk about what to do if situations like bully behavior, earthquake, etc. To me, healthy is body mind and spirit."

Tips from Families in Focus and Discussion Groups:

Healthy Food and Eating:

☐ "It starts with the family setting an example, influencing our friends and changing our patterns."

☐ "When you give candy, children want it all the time. Once we make the conscious decision to make better choices, when the children get older they won't be affected in a negative way."

☐ "I make up songs about the fruits and vegetables in order to get my children to try new foods."

☐ "I had problems with my kids eating vegetables, then somebody gave me a Mexican recipe that said to cut up vegetables very fine so the pieces are not too big and they can eat it."

Physical Activity:

☐ "We have some little chickens that their dad bought for them, so they can run after them. I buy the chicken food, so my children feed the chickens, and spend time out of the house."

☐ "Make sure children play for at least an hour each day (outside, in the park, or at mall.) If they don't get enough activity, they don't sleep well."

☐ "Make sure kids are actually engaged in physical activity on the playground."

☐ "Dance with the kids; crawl around on the floor with them."

Emotional Wellness and Mental Health:

☐ "Children need and value structure."

☐ "We have a manners rule; my children call adults, 'Mr.' and 'Mrs.,' because respecting adults is important."

☐ "We teach our children the value of hard work and family."

"We are poor but our children feel rich because of the love and sacrifice we make to give them the essentials."

What families do to keep their child with special health care needs healthy:
Most families said they try to promote health in all of their children, including their children with special health care needs, but they admitted it is often a challenge, depending on the child's diagnosis. A healthy diet and sleep pattern are challenging. Sometimes wellness and health promotion come second, after all of the medical and behavioral needs.

The majority of parents felt that children with special needs require greater care in keeping healthy due to compromised immune systems, limited attention, and physical strength. There are fewer physical and recreational opportunities for children with special needs, and that makes it harder, too.

Time—or lack of it—is a common challenge for parents of CYSHCN. Parents have to wake early and go to bed late to balance out the cooking and care. Everything from bath time to meal time requires maximum attention to ensure safety.

Parents lack adequate supports for their role as caregivers to support the needs of their families when they have more than one child. The parents admitted they just use the "keep the peace" model and pacify the child with things that may not be the best and healthiest choice. The TV is often the motivating tool and families stated that it is on all the time.

One facilitator noted, "The caregivers cried when they pondered their schedules and the amount of time and energy that it takes to accomplish the basic tasks in one day." Success is often described when the children are sleeping and they can clean up and catch their breath.

Getting needed respite is difficult for families, and even more so for immigrant families.

Quotable Quotes from Families:

"Figure out what each child's love language is so you can be efficient at showing them you care. Model managing emotions, frustrations and challenges by narrating your own so they can hear your thought processes. Use humor as much as possible. It can cut the tension better than anything!"

"Try to keep things 'normal.' Our normal life includes much more attention to health issues but try to balance out doing things kids think are 'fun' and downplay the effort it takes to keep all of the balls in the air. It IS hard and we don't deny it but expose kids to as much as possible, including others who experience chronic conditions. We talk about what that means to us and to others. Do our best to have experiences for ourselves that allow us to help others and to acknowledge gifts each person has."

Tips and strategies from families for families about promoting health for CYSHCN:

☐ Make time for family and relationships; play together.

☐ Siblings can help with modeling or shadowing for many activities.

☐ Give reminders/verbal reminders/visual charts.

☐ Use music to calm child's behavior and provide sensory input.

Emotional Wellness Tips and Strategies: Samplings of the ways homes help their children grow and develop in a healthy way.

☐ Be a role model—parent by example.

☐ Teach healthy eating and sleep habits.

☐ Don't let them watch TV, using it as a babysitter.

☐ Make sure your child(ren) know you love them and are always proud.

☐ Give them the opportunity to learn and express themselves.

☐ Have high expectations. Praise them for accomplishments big and small.

☐ Be there to support them and to catch them if they fall.

☐ Let them become independent no matter how long it takes.

☐ Be patient.

☐ Treat them as an individual not their diagnosis.

☐ Stay calm and do not raise your voice. Avoid threatening your child verbally; avoid spanking.

Mental health: Importance of home and school

From the discussions in the previous pages, it is clear that mental health means ability to balance in one's daily living and, as Bhatia (1982) wrote, the ability to face and balance the reality of life. The discussion also makes it clear that mental health is a complex phenomenon and depends on a set of familiarly personal, psychological and social variables.

Hadfield (1952) holds that mental is the harmonious functioning of the whole personality. Khan (2003) pointed out that among the two principal agencies influencing the child's adjustment and mental health, home is the most important agency, responsible for the 26

adjustment, maladjustment and promotion of mental health of the children. The other is the school. Thus to tackle the problem of mental health in society it is necessary to focus on the conditions at home and school.

The high incidence of mental and behavioural problems among Indian children is increasing presumably for reasons of maladjustment to the changing social milieu and family environment. The process of modernization, accelerated by scientific and technological developments, has gradually eroded the traditional, social and cultural mooring, bringing in its wake the flux of extra-family relations and social and cultural norms which make conflicting demands on the child's psyche. The high expectations of parents, created by the new image of success in an increasingly commercialized society, takes a heavy toll of the child (Sinha, 2006).

educational choice they look up to their parents for assistance. Their parents inspirited of their benevolent intentions are helpless either they are too buried in their commitments to spare time or because of the fact that many changes have taken place in professional and educational fields from the time they have studied are unable to render any help.

Thus the school are expected to carry out the function of guidance But the school are over burdened with the syllabi dur to the expansion of knowledge and hence cannot spare any time for expert guidance. A majority of students make their choice of courses of study without much thought they have heard of only the popular professions .They have limited knowledge of different education courses. They have limited knowledge of their capacity .On the basis of this information the plunge into the various educating courses. This choice of the youth determine how our democratic set up will utilized its man power. The young man choosing his own field of work or study unaware of the impact of his choice upon human welfare but the aggregate of thousands of such choice may determine where serious shortage and surplus of manpower will occur. In a democracy we try to serve the needs of both the individual and the society. If an individual works in his field of interest he words with rest and favors which result in a good quality of works . In the manner the net amount of work is of excellent quality that makes a nation stronger is needs as never before to satisfy both personal and social demand. The educational councilor may have developed over the year but our population has also expand at the same time. Thus guidance programs have not been really able to reach out to maximan number of people with the changes in educational system with the new professions being creates and with the individualistic. And social point of view of guidance has become very essential in the life of each and every students. Counselling is an activity in which the student is supposed to get answer of his quires /questions /confusions. The major difference conventional

mode and open distant mode is that of man-machine ratio. In conventional system role of the man is more due to every communication at classroom and teacher using various tools very less but in vocational education system the of the tools is more and that of man is little. It is during counseling sessions only. But this councelling sessions are a way of hop for the student who expect best possible answer to their questions or confusions. The councellor needs knowledge, skill and positive attitude towards managing a good quality councelling session. He can"t do justice to his jobs, if his attitude towards the work is negative Impact of knowledge and skill of higher level help in the developing positive attitude and so it is essential to have positive attitude for the councellor if they have to manage a good quality counseling session. The councellor needs knowledge , skills and positive attitude towards managing a good qulity councelling sessions. He can"t do justice to his job. If his attitude towards the work in negative. Impact of knowledge and skill of higher level, help I developing a positive attitude and so, it is essential to have positive attitude for counselor if they have to manage a good quality counseling session .A systemic analysis of counseling activites has also three stages as below. Input - process - Output

The output or outcome of a counselling sessions will be of good qulity only when the learner are mentally satisfied with the treatment given by the coounsellors. It requires a

process which again required a quality input.The science of Management has analyzed every input into 5M. Councellor has to manage rest 4M in such a way that the very objectives of organizing a counselor session are achieved. Again the science of management proposes three factor being essential for every man to do his work, in the best possible way. The three factors are knowledge, skills and attitude .It has been observed through research that a good quality output, if the attitude of person is negative towards the work.

Therefore attitude decides the competency of person . A councellor may have knowledge of pedagogy or even androgogy, he might have best managerial skill of managing multimedia for counselling. But a negative attitude his business of counselling may not be help him in doing justice towards his business of counseling the learners . The attitude is reflected when the person is at work and also from what he perceives. It is essential to examine the perception of a person and his style of work when he is in a process of demonstrating his job.

QUESTION BANK

*(L*ong Answer Type & Short Answer Type Questions)

    a. 1) Why is it important to take care of your mental health?

2) importance of mental health education in schools?

3) What is meant by mental health and wellbeing?

4) Can stress from school lead to depression?

5) How have a healthy mind?

6) How many teenagers have a mental illness? What is school mental health?

7) What are the characteristics of a mentally healthy person?

8) If you were a teacher what all things you would have done for creating mentally healthy students?

9) What is mental education?

10) What are the most common mental disorders affecting young adults?

11) What are the characteristics of a mentally and emotionally healthy person?

12) What is the meaning of mental characteristics?

13) role of teacher in promoting mental health?

14) What is school mental health?

15) What Role Can Teachers Have in Advancing Mental Health in Schools?

16) Why is it important to take care of your mental health?

17) What is mental health education?

18) What is meant by good mental health?

What are the five signs of good mental health?

What are the benefits of having good mental health?

UNIT-III:

ADJUSTMENT AND MALADJUSTMENT

What is adjustment?

The dictionary meaning of the word "adjustment" is, to fit, make suitable, adapt, arrange, modify, harmonize or make correspondent. Thus adjustment between two things means modify one or both of them to correspond to each other. For example: wearing of cloth according to the season. As we can't change the season so we have to modify our cloths.

The struggle between the needs of the individual and external forces is a continuous struggle since time immortal. According to the Darwin (1958) theory of evolution, those species which adapted successfully

to the demands of living, survived and multiplied while others, who did not, died out. Therefore adaptation or change in oneself according to the external environment is a basic need for survival.

However the concept of adjustment is not as simple as adaptation. Psychologist and scholars differ considerably in interpreting its meaning and nature.

- James Drever defines adjustment as the modification to compensate for or meat special condition.
- According to the Shaffer, L.S. "Adjustment is the process by which living organism maintain a balance between his needs and the circumstances that influence the satisfactions of these needs.
- In the words of Coleman, James C., "Adjustment is the outcome of the individual's attempts to deal with the stress and meet his needs: also his efforts to maintain harmonious relationships with the environment.

- And according to the Carter V Good, "adjustment is the process of finding and adopting modes of behavior suitable to the environment or the change in the environment.

Thus, "Adjustment" can be defined as a process of altering one's behavior to reach a harmonious relationship with their environment. This is typically a response brought about by some type of change that has taken place. The stress of this change causes one to try to reach a new type of balance or homeostasis between the individual

(both inwardly and outwardly), and with their environment. In other words, it is the relationship that comes among the organisms, the environment and the personality. Psychologists have interpreted adjustment from two important points of view.

•Adjustment as an Achievement.

•Adjustment as a process.

ADJUSTMENT AS AN ACHIEVEMENT

Adjustment as an achievement means how effectively an individual could perform his duties in different circumstances. Business, military education and other social activities need efficient and well adjusted men for the progress and wellbeing of the nation. If we interpret adjustment as achievement then we will have to set the criteria to judge the quality of adjustment.

ADJUSTMENT AS A PROCESS

Adjustment as a process is of major importance for psychologists, teachers and parents. To analyze the process we should study the development of an individual longitudinally from his birth onwards. The child, at the time of his birth is absolutely dependent on others for the satisfaction of his needs, but gradually with age he learns to control his needs. His adjustment largely depends on his interaction

with the external environment in which he lives. When the child is born, the world for him is a big buzzing, blooming confusion. He cannot differentiate among the various objects of his environment but as he matures he comes to learn to articulate the details of his environment through the process of sensation, perception, and conception.

TYPES OF ADJUSTMENT

•Normal Adjustment

•Abnormal adjustment

NORMAL ADJUSTMENT

When a relationship between an individual and his environment is according to established norms, then that relationship is considered as normal adjustment. A child who obey his parents, who is not unduly stubborn; who studies regularly and has neat habit is considered adjusted.

ABNORMAL ADJUSTMENT

Abnormal Adjustment means problem behavior or popular speaking maladjustment. Maladjustment takes place when the relationship between an individual and his environment is not according to established standards or norms. A delinquent child adjusts with his environment but he is a maladjusted child because he is violating certain moral codes.

WHAT IS MALADJUSTMENT?

- MALADJUSTMENT: "Some individuals are incapable of maintaining a steady relationship and suffer from maladjustment."

- MALADJUSTMENT is the common used to describe an inability to maintain a stable relationship or adjust to changing environment.

- MALADJUSTMENT is the inability by individuals, family, group's community or society to be in sync with other individuals, family, group, community or society on differences and conflict with socio-political and economic reasons or ideologies.

 Faulty or inadequate adjustment, as in a machine.

. Inability to adjust to the demands of interpersonal relationships and the stresses of daily living.
- A poor or faulty adjustment, especially of a mechanism
- The inability to adjust oneself to the needs of others, or to the stresses of normal life A faulty adjustment; lack of adjustment. the condition of being unable to adapt properly to your environment with resulting emotional instability

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CAUSES OF MALADJUSTMENT
1. Social Causes
2. Economic Causes
3. Psychological Causes
4. Personal Causes
5. School Related Causes
6. Teacher Related Causes
7. Peer-Group- Related Causes

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Maladjustment is a complex problem of human behaviour. It is very difficult to find out the appropriate cause. Home, School and Society play an important role in causing maladjustment among the students. Freud, Adler Jung etc. described different factors for maladjustment. Some of those factors are given below:

Causes of Maladjustment : There are many causes of maladjustment. These can be categorized as-

a. Personal

b. Social

c. School factors

a. Personal :

- **Physique :** If a child is very weak, ugly and possesses sensory handicap he may suffer from different types of handicap which may cause maladjustment.
- **Poverty :** Poverty is also an important factor which develops maladjustment among children. The main cause behind it is that in a poor home, the parents cannot fulfill the legitimate needs of heir children. Frustration owing to the non-fulfillment of the needs actually lead to maladjustment behavior.
- **Personal inadequacy :** A nervous sense of inadequacy is a cause for mal-adjustment. Suppose a student is not so brilliant, but his parents are very ambitious and set high goals for them. This may lead him to frustration and as a result he may develop problems of maladjustment.
- **Parental attitude :** If a child is rejected by their parents from an early childhood the child may develop the feeling of insecurity, helplessness and

loneliness. Rejection and lack of affection may lead to maladjustment behavior.

- **Emotional shock :** Children who experience emotional shocks, such as death, accident, riots, flood etc may manifest signs of maadjustment in their behavior.

- **Prolonged sickness and injury :** Prolonged sickness may cause maladjustment among children.

- **Broken home :** The children who come from broken homes (broken by death of parents, divorce and separation, physical or mental handicap) etc. may lead to maladjustment among children.

b. Social factors :

- Religious Belief: In this era of modernization, adolescents often get confused about the traditional religious beliefs for which they do not find any rational basis and as a result suffer from a lack of positive attitude and get frustrated.

- Mobility of Parents: Children whose parents move from one place to another very frequently face different types of problems. This may lead to maladjustment on the part of the children who suffer from a feeling of insecurity.

- Employment insecurity: Uncertain about proper employment opportunities after getting higher degrees is another important factor for causing maladjustment among the students.

C. School :

School conditions also play a vital role in the lack of adjustment of children. Some of the factors in the connection are:

- Inadequate curriculum: Our present curriculum is not meeting the psychological, social as well as the physical needs of our children at different stages. These rather create frustration in our children as a result of which the children find themselves maladjusted in their real life situations.

- Lack of proper recreational facilities: Children who are not getting scope for extra curricular activities like play, library, debates discussion etc may suffer from maladjustment problem.

- Improper classroom climate: If there is no good relationship between students and teacher, as well as among the peers, the students may suffer from emotional problems, which in turn lead to maladjustment.

- Inadequate training of teacher's for balancing the mental health and hygiene: The teacher's are not properly trained in Educational Psychology and mental hygiene; they face tremendous problems in handling the children. They cannot properly deal with the problems of their students. This result in the problems of maladjustment for the students.

The Process of Adjustment

Elements of the adjustment' process. Motivation and the process of adjustment. Adjustment and the reality principle. Basic pattern of adjustment. *The phenomenon of frustration.* Nature of frustration. Definition of frustration. Types of frustration. Frustration, privation, and threat. Frustrations in childhood. Frustrations in adolescence. Frustrations in adulthood. Characteristics associated with frustration. Frustration as dynar(t. Signs of frustration.   sults of frustration. Frustration tolerance. Factors determining

response to frustration. *Outcomes of frustration: varied response and solution. The principle of varied response. The solution: adjustive versus unadjustive reactions to frustration. Criteria of adequate solution. A psychological criterion of a adjustment.*

Aims of Adjustment

You will recall that in the opening chapter we outlined briefly the general and practical aims that can be realized through the study of adjustment.

Now we can be more specific and name the aims that govern the psychology of adjustment. The specific aims stem from the responsibility of giving a complete explanation of the process of adjustment, which is the general aim set forth in the preceding chapter. Here are the specific aims.

1. To determine the relations between adjustment psychology and other fields, such as mental hygiene, abnormal and clinical psychology, psychiatry, and psychotherapy.

2. To determine the nature of and relations between certain basic concepts, including ~djustment and maladjustment, normality and abnormality, mental health and illness, mental efficiency, maturity, and morality.

3. To define the general and specific criteria of adjustment and mental health.

4. To oudine and define the conditions and determinants of adjustment and mental health

5. To define the relations between adjus~ment and personality.

6. To explain the basic dynamics of the adjustment process.

7. To determine the relations between alijustment, conflict, frustration, and stress \

8. To outline and explain the principal's? mechanisms of adjustment.

9. To study the nature, conditions, a~ characteristics of personal, social,

vocational, and marital adjustment.

10. To develop basic principles of mental hygiene Only to the extent that these specific aims are realized will it be possible for us to develop a complete psychology of adjustment and mental health. It is for this reason that we have organized the text in its present form.

WHAT IS TRUANCY?

☐Any unexcused absence from school is considered truancy, but states enact their own school attendance laws.

State law determines:

1.The age at which a child is required to begin attending school

2.The age at which a child may legally drop out of school

3.The number of unexcused absences at which a student is considered legally truant

☐Truancy is a status offense.

This means that truancy is a crime due to the young age of the actor, but would not be illegal for someone older. The other most common status offenses are running away from home, alcohol use, and curfew violations.

Outcomes

While improving attendance is the overall goal of the Truancy Reduction Pilot Program that is not the only goal. Using the National Center for School engagement (NACE) as a guide, the program focuses on the 3 A's:

Attendance

➢ *Reduce excused and unexcused absences*

Attachment

> *Encourage connections between students, parents, and the school*

Achievement

> *Encourage development of skills and resources needed to graduate*

Traditional Definition of Lying

There is no universally accepted definition of lying to others. The dictionary definition of lying is "to make a false statement with the intention to deceive" (*OED* 1989) but there are numerous problems with this definition. It is both too narrow, since it requires falsity, and too broad, since it allows for lying about something other than what is being stated, and lying to someone who is believed to be listening in but who is not being addressed.

The most widely accepted definition of lying is the following: "A lie is a statement made by one who does not believe it with the intention that someone else shall be led to believe it" (Isenberg 1973, 248) (cf. "[lying is] making a statement believed to be false, with the intention of getting another to accept it as true" (Primoratz 1984, 54n2)). This definition does not specify the addressee, however. It may be restated as follows:

- (L1)To lie $=_{df}$ to make a believed-false statement to another person with the intention that the other person believe that statement to be true.

L1 is the traditional definition of lying. According to L1, there are at least four necessary conditions for lying. First, lying requires that a person make a statement (statement condition). Second, lying requires that the person believe

the statement to be false; that is, lying requires that the statement be untruthful (untruthfulness condition). Third, lying requires that the untruthful statement be made to another person (addressee condition). Fourth, lying requires that the person intend that that other person believe the untruthful statement to be true (intention to deceive the addressee condition).

These four necessary conditions need to be explained before objections to L1 can be entertained and alternative definitions can be considered.

Anxiety

Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints, and rumination.

[1] It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death.

[2] Anxiety is not the same as fear, which is a response to a real or perceived immediate threat,[3] whereas anxiety is the expectation of future threat.

[3] Anxiety is a feeling of uneasiness and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing

.[4] It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder.[3]

People facing anxiety may withdraw from situations which have provoked anxiety in the past.

[5] There are various types of anxiety. Existential anxiety can occur when a

person faces angst, an existential crisis, or nihilistic feelings. People can also face mathematical anxiety, somatic anxiety, stage fright, or test anxiety. Social anxiety and stranger anxiety are caused when people are apprehensive around strangers or other people in general. Furthermore, anxiety has been linked with physical symptoms such as IBS and can heighten other mental health illnesses such as OCD and panic disorder. The first step in the management of a person with anxiety symptoms is to evaluate the possible presence of an underlying medical cause, whose recognition is essential in order to decide its correct treatment.

[6][7] Anxiety symptoms may be masking an organic disease, or appear associated or as a result of a medical disorder.

Anxiety can be either a short term "state" or a long term "trait". Whereas trait anxiety represents worrying about future events, anxiety disorders are a group of mental disorders characterized by feelings of anxiety and fear.

[10] Anxiety disorders are partly genetic but may also be due to drug use, including alcohol, caffeine, and benzodiazepines (which are often prescribed to treat anxiety), as well as withdrawal from drugs of abuse. They often occur with other mental disorders, particularly bipolar disorder, eating disorders, major depressive disorder, or certain personality disorders. Common treatment options include lifestyle changes, medication, and therapy.

What is a phobia?

A phobia is an abnormal fear of a specific object or a certain situation. It is a type of anxiety disorder which can precipitate a panic attack. People with phobias tend to avoid these situations or objects and become anxious when they

anticipate having to meet them.

For example, people may dread the sight or touch of a spider (arachnophobia) or have a morbid fear of heights (acrophobia). These types of fears do not usually prevent people leading a normal life; the feared objects or situations are largely avoidable. On the other hand, fear of confined spaces (claustrophobia) or open spaces are more serious problems to cope with.

What are the three classifications of phobic states?

1. Specific phobias, for example, spiders, snakes, dogs, toads, thunder.
2. Agoraphobia — fear of open spaces or public places.
3. Social phobias — fear of anxiety-provoking social gatherings.

What are the most common phobias?

The 10 most common phobias (in order) are spiders, people and social situations, flying, open spaces, confined spaces, heights, cancer, thunderstorms, death and heart disease.

Hysteria

Hysteria is a mental disorder which arises from intense anxiety. The patient loses control over his or her acts and emotions and it is usually accompanied by sudden seizures of unconsciousness with emotional outbursts.

It is often due to repressed conflicts within the person. Though the disease may occur in both sexes, it is common in young women between fourteen to twenty five years of age. Hysteria is uncommon after the age of forty five years.

Hysteria is an ancient disorder. Hysteria is derived from a greek word hystron, meaning uterus. Osler a famous psychiatrist defines hysteria as "a disorder chiefly of young women, in which emotional states control the body, leading to perversion of mental , sensory motor and secretory functions."

Symptoms of Hysteria

A hysterical personality typically displays symptoms like seductive behavior, high level of emotional dependency, platonic friendships, intolerance, frustration, capriciousness and irritability.

During fits, such a person becomes hyper-emotional. He exhibits exaggerated feelings like spells of crying spells and tantrums marked with symptoms like:

- Increasing Abdominal constriction
- Severe cramps and heaviness in the limbs
- Palpitations
- Suffocation and headache
- Clenched teeth
- Swelling of the neck
- Feeling of a foreign body lodged in the throat
- Laughing or crying without cause

In severe cases the symptoms may be wild and painful cries, enormously swollen neck, incomplete loss of consciousness, violent movements, violent and tumultuous heartbeat and convulsions.

The hysteria patient usually has a weak will power, craving for love and sympathy and has a tendency towards emotional instability. Hysteria trances may last for

days or weeks. A patient in trance may seem to be in deep sleep but the muscles are not usually relaxed.

Causes of Hysteria

The main cause of hysteria is idleness, sexual repression and perverted habits of thought. Heredity may also be a cause for hysteria. A nervous family background and faulty emotional training in the upbringing of the child, are also some causes. Fear, worry, depression, mental strain, traumatism and prolonged sickness may cause emotional situations.

Hysteria may also be caused due to some situations like death of someone or loss of love.

What is OCD?

Obsessive Compulsive Disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of <u>obsessions and compulsions</u>. Obsessions are unwanted, intrusive thoughts, images or urges that trigger intensely distressing feelings. Compulsions are behaviors an individual engages in to attempt to get rid of the obsessions and/or decrease his or her distress.

Most people have obsessive thoughts and/or compulsive behaviors at some point in their lives, but that does not mean that we all have "some OCD." In order for a diagnosis of obsessive compulsive disorder to be made, this cycle of obsessions and compulsions becomes so extreme that it consumes a lot of time and gets in the way of important activities that the person values.

Here is one way to think about what having OCD is like:

Imagine that your mind got stuck

on a certain thought or image...

Then this thought or image got replayed in your mind

over and

over again

no matter what you did...

You don't want these thoughts — it feels like an avalanche...

Along with the thoughts come intense feelings of anxiety...

Anxiety is your brain's alarm system. When you feel anxious, it feels like you are in danger. Anxiety is an emotion that tells you to respond, react, protect yourself, DO SOMETHING!

On the one hand, you might recognize that the fear doesn't make sense, doesn't seem reasonable, yet it still feels very real, intense, and true...

Why would your brain lie?

Why would you have these feelings if they weren't true? Feelings don't lie... Do they?

Unfortunately, if you have OCD, they do lie. If you have OCD, the warning system in your brain is not working correctly. Your brain is telling you that you are in danger when you are not.

When scientists compare pictures of the brains of groups of people with OCD, they can see that some areas of the brain are different than the brains of people who don't have OCD.

Those tortured with OCD are desperately trying to get away from paralyzing, unending anxiety...

Characteristics of OCD

Most people with obsessive-compulsive disorder who present for treatment experience both obsessions and compulsions. Most of us have experienced minor obsessive thoughts, such as whether we remembered to lock the door or turn the stove off. In addition, most of us occasionally engaged in repetitive or stereotyped behavior, such as checking the stove or the lock on the door, or stepping over cracks on a sidewalk. In the case of obsessive-compulsive disorder, however, the thoughts are much more persistent and distressing, they generally appear irrational or excessive to the individual., and along with the associated compulsive acts they interfere considerably with everyday behavior.

What is depression?

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often

comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care

of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who completes a suicide, 20 or more may attempt to end his or her life (WHO, 2012).

There are multiple variations of depression that a person can suffer from, with the most general distinction being depression in people who have or do not have a history of manic episodes.

•   Depressive episode involves symptoms such as depressed mood, loss of interest and enjoyment, and increased fatigability. Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate,

or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely.

During a severe depressive episode, on the other hand, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

• Bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and decreased need for sleep. While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low- and middle-income countries (WHO, 2008). Research in developing countries suggests that maternal depression may be a risk factor for poor growth in young children (Rahman et al, 2008).

This risk factor could mean that maternal mental health in low-income countries may have a substantial influence on growth during childhood, with the effects of depression affecting not only this generation but also the next.

What is Suicide?

Suicide or suicidal tendencies involve thinking about taking one's own life, making an attempt to take one's own life, or completing suicide. In many countries around the world there has been a substantial increase in suicide rates over the last several decades. In a number of countries, suicide is one of the top causes of death in nearly every age category. People commit suicide using a variety of methods, but the most common ones are use of a gun, suffocation, or taking an excessive amount of a medication or use of a poison. The factors that increase the possibility of suicide include:

☐ Prior suicide attempts, whether they appear serious or not

☐ Individual or family history of mental disorder, alcoholism, or drug abuse

☐ Family history of an individual committing suicide

☐ Either personal or family history of physical, sexual, or severe emotional abuse

☐ Significant psychological loss which may involve the loss of a loved one or work

☐ Significant physical illness

☐ Presence of strong impulsive or aggressive tendencies in the individual

☐ Significant stress from family, financial, work, or environmental issues

The mental disorder most commonly associated with risk of suicide is depression. Especially when a person with depression has their condition complicated by alcohol or drug abuse, the risk is increased.

Some of the warning signs for someone contemplating suicide or at risk for suicide Include:

☐ Appearing sad most of the time

☐ Talking or writing about death or suicide

☐ Withdrawing from usual relationships or social activities

☐ Strong and persistent feelings of being hopeless or helpless

☐ Loss of interest in usual activities

☐ Worsening school or work performance

☐ Feeling excessive guilt, shame, or self-blame

☐ Significant changes in eating or sleeping

☐ Significant changes in mood

Many of these warning signs are associated with a depressive state, but may appear in an individual who is not diagnosed with depression. If a person is suicidal, it is considered an emergency or crisis situation and immediate help should be obtained. Many individuals are afraid that if they ask a family member or friend if they are thinking about committing suicide, it will make the individual more likely to commit suicide. In fact, the opposite is true, and a number of research studies have shown that individuals who ultimately commit suicide have told someone about it in the six weeks before they have taken the action. Friends or family members should seek professional assistance if they are concerned about suicide because they are not trained in the professional techniques necessary to accurately assess the risk of suicide or to take the steps needed to keep the individual safe. While help is being sought, it may be important that the person contemplating suicide does not have easy access to any weapons or other items which could be used to commit suicide. Taking an individual to the hospital or contacting a 24 Hour crisis line, if available, is the best way to get help. Once in a safe clinical treatment situation, a trained mental health professional can evaluate the suicidal individual, and decide on the best course of treatment. Treatment may involve

admission to a hospital or, if the risk for suicide is determined to be only modest, other treatment programs outside the hospital. Risk for acting on suicidal thinking is significantly increased when alcohol or other drug use occurs, and treatment for these conditions is often important in the early phases to help decrease the likelihood that an individual will act on their suicidal thoughts.

Suicidal thinking is not a normal response to stress, and it is, in most cultures, uncommon that an individual may simply just be trying to get attention by threatening or talking about suicide. Family and friends cannot be in a position to make this determination, so every precaution should be taken to obtain immediate professional assistance for the individual. With proper treatment, the persistence of suicidal thinking is uncommon, and the risk that the individual will act on suicide can be substantially diminished.

Substance Abuse and Dependence.

Where does substance use end and abuse begin? According to the DSM, substance Abuse is a pattern of recurrent use that leads to damaging consequences. Damaging Consequences may involve failure to meet one's major role responsibilities (e.g., as student, worker, or parent), putting oneself in situations where substance use is physically dangerous (e.g., mixing driving and substance use), encountering repeated problems with the law arising from substance use (e.g., multiple arrests for substance-related behavior), or having recurring social or interpersonal problems because of substance use (e.g., repeatedly getting into fights when drinking).

When people repeatedly miss school or work because they are drunk or "sleeping it

off," their behavior may fit the definition of substance abuse. A single incident of excessive drinking at a friend's wedding would not qualify. Nor would regular consumption of low to moderate amounts of alcohol be considered abusive so long as it is not connected with any impairment in functioning. Neither the amount nor the type of drug ingested, nor whether the drug is illicit, is the key to defining substance abuse according to the DSM. Rather, the determining feature of substance abuse is whether a pattern of drug-using behavior becomes repeatedly linked to damaging consequences.

Substance abuse may continue for a long period of time or progress to substance Dependence, a more severe disorder associated with physiological signs of dependence (tolerance or withdrawal syndrome) or compulsive use of a substance. People who Substance Abuse and Dependence 293 tolerance Physical habituation to a drug such that with frequent use, higher doses are needed to achieve the same effects.

Withdrawal syndrome A characteristic cluster of symptoms following the sudden Reduction or cessation of use of a psychoactive substance after physiological dependence has developed. Become compulsive users lack control over their drug use. They may be aware of how their drug use is disrupting their lives or damaging their health, but feel helpless or powerless to stop using drugs, even though they may want to. By the time they become dependent on a given drug, they've given over much of their lives to obtaining and using it. The cocaine user whose words opened this chapter would certainly fit this definition.

In some cases of chronic alcoholism, withdrawal produces a state of delirium tremens, or DTs. DTs are usually limited to chronic, heavy users of alcohol who dramatically lower their intake of alcohol after many years of heavy drinking. DTs involve intense autonomic hyperactivity (profuse sweating and tachycardia) and

delirium—a state of mental confusion characterized by incoherent speech, disorientation, and extreme restlessness.

Terrifying hallucinations—frequently of creepy, crawling animals—may also be present. Substances that may lead to withdrawal syndromes include—in addition to Alcohol—uploads, cocaine, amphetamines, sedatives and barbiturates, nicotine, and Diagnostic Features of Substance Dependence Substance dependence is defined as a maladaptive pattern of use that results in significant impairment or distress, as shown by the following features occurring within the same year: these substances does not produce clinically significant withdrawal effects (APA, 2000). Substance dependence is often, but not always, associated with the development of Physiological dependence. It sometimes involves a pattern of compulsive use without physiological or chemical dependence. For example, people may become compulsive users of marijuana, especially when they rely on the drug to help them cope with the stresses of daily life. Yet they may not require larger amounts of the substance to get "high" or experience distressing withdrawal symptoms when they cease using it. In most cases, however, substance dependence and physiological features of dependence occur together. Despite the fact that the DSM considers substance abuse and dependence to be distinct diagnostic categories, the borderline between the two is not always clear.

Unfortunately, substance abuse and dependence disorders are common problems in Our society (Adelson, 2006). An estimated 10.3% of adults in the United States develop drug (substance) use disorders on an illicit drug at some point in their lives, with about 7.7% developing a drug abuse disorder and about 2.5% developing a drug dependence disorder (Compton et al., 2005). About 8% of adult Americans develop alcohol abuse or dependence disorders (Lemonick, 2007). People with one drug use disorder, such as alcohol dependence disorder, often present with another, such as cocaine dependence disorder (Stinson et al., 2005). In

Figure 9.1 we see the percentages of U.S. adults who develop drug dependence disorders on various types of illicit drugs.

What is anti-social behavior (ASB)?

One knows that it is not a cow or pig, but defining an elephant in precise terms is a little more difficult, at least in legal language. The application of common sense leads to a practice that is well understood by all. (Alun Michael, MP, 2005)

To some, trying to answer the question 'what is anti-social behaviour?' is a
Wasteful academic exercise; like the elephant in the above quote, you know
What it is when you see it. Alun Michael, MP, used a similar argument in a
debate on the Crime and Disorder Bill in 1998, stating that 'it is for the police, the local authority and the courts to recognise what has been described as the elephant on the doorstep, which is easier to recognise than to define' (see also Rutherford 2000; Hough and Jacobson 2004; Millie 2007a). Louise Casey, the senior civil servant who was later in charge of the Home Office's campaigns to tackle anti-social behaviour (ASB)1 held a similar position. In minutes recording a meeting she attended of the Anti-Social Behaviour Scrutiny Panel of the London Borough of Camden (2004), it is stated that Casey, 'did not feel that a group of people sitting around a table analysing definitions was the right way to deal with anti-social behaviour

… We know what the problems are. We know what is needed. Now we have to do it'. Such a 'no nonsense' approach is certainly popular with some politicians. In an after-dinner speech Casey is also reported as saying, 'Topic for the evening, "Research: help or hindrance?" "Hindrance", thanks very much' (*Guardian* 2005).

Aspects of this speech were later quoted by Baroness Linklater (2007) in a House of Lords debate: The Anti-Social Behaviour Unit [at the Home Office] was created to promote and develop a crackdown on such behaviour – with enormous enthusiasm and a zero-tolerance enforcement approach.

However, the rigorous evidential tests more usually required by the Treasury for funding other Home Office policy initiatives were not applied. Indeed, Louise Casey, now head of the Prime Minister's respect task force, was reported as saying to a senior police audience in 2005: 'If No. 10 says bloody "evidence based policy" to me one more time, I'll deck them.' One can only infer from that extraordinary remark that No. 10 was indicating that at least some research would be desirable, even if the head of the task force had no time for it.

For fear of causing further 'hindrance', this book examines the available evidence concerning the contemporary obsession with ASB in Britain. Rather than accepting at face value that ASB is a menace that needs to be stopped, the extent and nature of ASB is questioned, as well as the policy responses to it. For Louise Casey – a high profile civil servant with very close ties to Tony Blair – to be so publicly anti-evidence is illustrative of a shift from New Labour's earlier pragmatic emphasis on evidence-based practice, that 'what matters is what works' (Blair 1998: 4). The focus had become one of action, not about evidence, and certainly not about definitions. These are, of course, old arguments. For instance, in discussing vandalism back in 1973 Stan Cohen stated that:

I want to start by considering some of the problems involved in defining vandalism. At first sight, this might sound like an arcane theoretical exercise with no reference to a real world in which 'everyone knows' what vandalism is and clearly recognises it as a problem, threat or menace. Let us imagine, though, having to explain to a foreigner what vandalism is. (p. 23)

Like Cohen's view of vandalism – and contrary to Alun Michael or Louise Casey – in this chapter it is argued that it is *very* important to have tighter definitions and limits to behaviour regarded as anti-social. Rather than everybody knowing what it is, ASB is seen as a contested concept; that one person's ASB may be another's criminality. Similarly, what to one person might be anti-social may be tolerable to another or even celebrated as a valued contribution to contemporary life. Definitional limits to ASB are also important because the consequences of censure can be severe. The highest profile measure designed to tackle ASB is the Anti-Social Behaviour Order (or ASBO), as introduced with the 1998 Crime and Disorder Act. The ASBO is explored in detail in Chapter 6; however, in brief, it acts as a form of hybrid law (Gardner et al. 1998; Pearson 2006) or two-step prohibition (Simester and von Hirsch 2006). It is two step in that it is a civil order in the first instance; however, breach of the order is a criminal offence carrying with it criminal censure in the form of a maximum five years in prison. The consequences of subjective 'common sense' decision making can therefore be very severe indeed.

That said, pinning down what is currently meant by ASB is not easy (e.g. Bland and Read 2000; Harradine et al. 2004; Ramsay 2004; Millie et al. 2005a) with common understandings characterized by vagueness and subjectivity.

While criminologists and legal philosophers have been debating the precise nature and limits of criminal activity for decades (e.g. Feinberg 1984, 1985; Muncie 2001; Garland 2002), determining what exactly makes certain behaviours anti-social may be just as difficult – despite everyone apparently 'knowing it when they see it'. Without tighter definitional limits ASB could be anything from the mildly

annoying through to the seriously criminal. For instance, if I am rude I am being anti-social, but so too if I steal your car.

Most people would exclude both behaviours from definitions of ASB, as being either to trivial or adequately covered by criminal law. ASB lies somewhere in between, but what exactly is it that makes this behavior unacceptable?

QUESTION BANK

(*L*ong Answer Type & Short Answer Type Questions)

1) *What Is The Definition Of Adjustment In Psychology?*
2) *What Is Maladjustment Behaviour?*
3) *What Is Emotional Maladjustment?*
4) *What Is The Definition Of Maladjustment?*
5) *What Is Maladjustment Behaviour?*
6) *What Is Emotional Maladjustment?*
7) *What Is The Definition Of Maladjustment?*
8) *What Is Meant By Adjustment In Education?*
9) *What Is Adjustment Do?*
10) *What Is A Social Maladjustment?*
11) *What Does Maladjustment Mean*
12) *Aims Of Adjustment*
13) *What Is Truancy?*

14) *Definition Of Lying?*

15) *WHAT IS Anxiety?*

16) *What Is A Phobia?*

17) *What Are The Three Classifications Of Phobic States?*

18) *What Are The Most Common Phobias?*

19) *WHAT IS Hysteria ?*

20) *What Is OCD?*

21) *Characteristics Of OCD?*

22) *What Is Depression?*

23) *What Is Suicide?*

24) *What Is Anti-Social Behavior (ASB)?*

UNIT –IV: TOOLS AND TECHNIQUES

INTRODUCTION

Counsellors use tests generally for assessment, placements, and guidance and appraisals to as assist clients to increase their self-knowledge, practice decision making, and acquire new behaviours. They may be used in a variety of therapies e.g. individual, marital, group, and family and for either gathering of data on clients, assessing the level of some traits, such as stress and anxiety, or measuring clients' personality types. The purpose of non-informational tests is to stimulate further or more in-depth interaction with the client.

Although the published literature on testing has increased, proper test utilization remains a problematic area. The issue is not whether a counsellor uses tests in counselling practices, but when and to what end tests will be used (Corey, Corey, & Callanan, 1984)

TESTING PROCESS

Steps involved in the process of using tests in counselling include the following: - selecting the test, administering test, scoring the test, interpreting results, communicating the results.

Selecting: Having defined the purpose for testing, the counsellor looks to a variety of sources for information on available tests. Resources include review books, journals, test manuals, and textbooks on testing and measurement (Anastasi, 1988; Cronbach, 1979). The most complete source of information on a particular test is usually the test manual.

Administering:

Test administration is usually standardize by the developers of the test. Manual instructions need to be followed in order to make a valid comparison of an individual's score with the test's norm group. Non – Standardization tests used in counselling are best given under controlled circumstances. This allows the counsellor's experience with the test to become an internal norm. Issues of individual versus group administration need to be considered as well. The clients

and the purpose for which they are being tested will contribute to decisions about group testing.

Scoring:

Scoring of tests follows the instructions provided in the test manual, the Counsellor is sometimes given the option of having test machine scored rather than hand scored. Both the positive and negative aspects of this choice need to be considered. It is usually believed that test scoring is best handled by a machine because it is free from bias.

Interpreting:

The interpretation of test results is usually the area which allows for the greatest flexibility within the testing process. Depending upon the Counsellor's theoretical point of view and the extent of the test manual guidelines, interpretation may be brief and superficial, or detailed and explicity theory based (Tinsley & Bradley, 1986). Because this area allows for the greatest flexibility, it is also the area with the greatest danger of misuse. Whereas scoring is best done by a bias-free machine, interpretation by machine is often too rigid. What is needed is the experience of a skilled test user to individualize the interpretation of results.

Communicating:

Feedback of test results to the client completes the formal process of testing. Here, the therapeutic skills of Counsellors come fully into play (Phelps, 1974). The

Counsellor uses verbal and non verbal interaction skills to convey messages to clients and to assess their understanding of it.

ISSUES IN TESTING

Confidentiality:

The ethical and legal restrictions on what may be disclosed from counselling apply to the use of tests as much as to other private information shared between client and counsellor. The trust issue, which is inherent in confidentiality, is relevant to every aspect of testing. No information can be shared outside the relationship without the full consent of the client. Information is provided to someone outside the relationship only after the specifics to be used from the testing are fully disclosed to the client. These specifics include the when, what, and to whom of the disclosure. The purpose of disclosure is also shared with the client and what the information will be used for is clearly spelled out.

Issues of confidentiality are best discussed with the client before conducting any test administration. There should be no surprise when the counsellor asks, at a later time, for permission to share results. Clients who are fully informed, before testing takes place, about the issue of confidentiality in relation to testing are more active participants in the counselling process.

Counsellor Preparation:

Tests are only as good as their construction, proper usage and the preparation of the counsellor intending to use them. The skills and competencies counsellors need or using tests in practice are to:

Understand clearly the intended purpose of a test. Beware of the client's needs regarding the test to be given. Having knowledge about the test, its validity, reliability and the norm group for which it was developed.

· Have personally taken the test before administering it.

· Have been supervised in administering, scoring, interpreting, and communicating results of the tests to be given.

Supervision in the practice of providing testing services ideally encompasses all of the above areas of concern. This supervision needs to be conducted by the knowledgeable practitioner with experience in using tests in clinical practice.

NON-TEST COUNSELLING

While it is most often used by certified counsellors, psychologists and psychiatrists, non-directive counselling provides a number of techniques which can

be used effectively by teachers and staff when talking with students about their undesirable behaviour.

Attributed to Carl Rogers, this technique was designed to allow the individual in emotional turmoil to talk out problems and resolved difficulties with a minimum of direction being provided by the person serving as counsellor. Rogers believed that everyone has the motivation and ability to change in order to become a better, more "self-actualized" person. To help our students to achieve this state, we as teacher- counsellors, act as a sounding board; observing, listening, and deliberately responding according to certain guidelines while the student explores and analyses the problem and devises a personal solution. The teacher-counsellor's demeanor is ALWAYS accepting and non-punitive. This style encourages the student to feel comfortable in expression of feelings and thus facilitates positive change.

There are five basic responses to student commentary. The first, reflection, is the restating of the student's comment. This may be done in the exact same terminology used by the student, the repeating of part of the comment, or by rewording the student's statement. Reflection lets the students know that you are listening and promotes continued commentary. The second response, a leading statement or question, is designed to encourage the student to elaborate on a topic or devise a solution to a specific problem. Examples of a leading remark include: "I would like to hear your opinion", "Tell me more about yourself', and "What happened then"?

The third response, clarification, involves the stating of implied feelings behind a

student's verbal communication. Examples of clarification include: "You sound sad". Moreover 'It appears as if you are very angry at James". Clarification helps the students to deal with the emotions which are present.

The fourth, summarization, is a review of what has been discussed thus far in your counselling session. This summary allows both participants to briefly reflect on what has occurred, view it clearly, and use it as a new starting point from which to build.

The fifth response, questioning, is a review of what has been discussed thus far in your counselling session. This summary allows both participants to briefly reflect on what has occurred, view it clearly, and use it as a new starting point from which to build.

The fifth response, questioning, is comprised of two main types: closed questions which are intended to yield brief, specific information; and open ended questions which are used to encourage the student to talk at greater length on a topic. Examples of closed questioning include: "How old is Mark?" and "Did you complete your homework?" Examples of open questioning include: "How is it going in mathematics class?" and how do you feel about losing recess?" Rogers believed that this non-opinionated approach helps others to resolve inner conflicts and feelings which manifest themselves in undesirable behaviour. Therefore, the reduction of this inner turmoil can reduce inappropriate behaviour. This technique is useful with students who can be "reasoned with" and are seeking a solution to their problems (or just want to talk). Certainly, the student must be

motivated to be involved in a therapeutic discussion. This is not a technique which can be imposed upon the student. Yet, because the student is involved in the programme and chooses the most appropriate solution, she is more likely to follow the proposed solution.

The non-test approach is also useful with students of lower intelligence levels who have accompanying speech and language problems which make their verbalizations difficult to understand. Reflection can be useful in these situations. Repeat the words that are comprehended, continuing the conversation and allowing the students to vent his or her emotions.

How to Use Non-Test Counselling

i) Arrange for a time and place which will provide privacy for your conference. ii) If the student does not open session, use a leading statement or question to focus him/her on the topic of concern.

iii) Listen to the student in an interested, non-punitive, accepting manner. Make no judgment.
iv) Respond when appropriate, using one of the recommended techniques.
v) After the concerns have been thoroughly voiced by the student, focus him/her on finding solution for the difficulty. (e.g. 'How will you handle this in the future?", 'What do you do now?" and "Have you got any ideas about how you might deal with this issue?"). Allow the student to choose the solution that is best for him or her.

COUNSELLING AND TESTING – testimonies from FHI

FHI is celebrating a great achievement: more than 1 million clients have been counselled, tested and received results from its HIV counselling and testing (CT) programmes in Nigeria. FHI thus achieved one-quarter of the Nigerian government's target of reaching 4 million people with counselling and testing services by 2009.

Of the 1 million, 47,755 were HIV – positive. Of these, almost two-thirds – 30, 292 or 63.5 percent were females and 17,459 (36.5 percent) were males. In addition, 3,422 children under 14 testing positive – 1,900 males and 1,522 females.

Counselling and testing are critical weapons in the fight against HIV and AIDS. Through these services, people who are HIV positive are identified, counselled and staying on healthy and avoiding transmission to others, and referred to antiretroviral treatment (ART) and other crucial services, including those that effectively prevent mother-to-child transmission of the virus. Currently, FHI/Nigeria has put 23,125 persons on ART in 52 facilities in 22 states.

More about FHI /Nigeria CT Programme

The landmark number of 1 million was achieved in October, 2007, largely due to the Global HIV/AIDS Initiative Nigeria (GHAIN) Project. FHI implements GHAIN's counselling and testing program, which is now the largest of its kind in the country, operating in 22 of Nigeria's 36 states and the Federal Capital

Territory.

GHAIN operates in support of the Government of Nigeria, and is funded by the US President's Emergency Plan for AIDS Relief through UNSAID. FHI leads two other smaller counselling and testing Programmes, one funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and one in the Niger Delta that is funded by the Shell Petroleum Development Company of Nigeria.

Donor support made the achievements and scale-up of the counselling and testing program possible but credit for its success is also due to strong , collaborative partnerships with more than 180 organizations, public, private and faith based, and at community, state and national levels.

SCALDING UP FROM 7,000 TO 1,000,000

In Nigeria, the number of FHI-Supported counselling and testing sites now stands at 185, up from 34 in 2004. The programme is poised to increased coverage to 300 sites and expands to other states by 2009.

Year

FHI-supported   sites

Clients   receiving   results

2004

34

6,839

2005

45

177,846

2006

100

568,693

2007(Oct.)

185

1,237,870

A range of activities contributed to these impressive increases and strengthened services. FHI/Nigeria used realistic and simple strategies to implement counselling and testing programmes – for example, non – laboratory personnel are trained to perform the tests and use rapid kits that are not cold-chain dependent. The use of mobile units has also contributed significantly to increasing uptake and reducing AIDS related stigma. Though mobile services started barely two years ago, they now enlist about 20 % of all counselling and testing clients. The attractive tents that the units used attract large crowds, as does the convenient of cost-and travel free access to test results.

HOW A LOGO AND A FORMER PRESIDENT INCREASED UPTAKE. In collaboration with the national government and other stakeholders, FHI/Nigeria developed the heart-to-heart logo that now marks each counselling and testing sites in the country with a "seal of approval". The logo also appears on national media messages that encourage people to go for counselling and testing.

To foster ownership, coordination and standardization, FHI handed this logo over to the government, which encourages its use by all partners and organizations providing counselling and testing services. The distinctive and instantly recognizable logo not only signals the availability slogan, "we listen, we care," promises that clients will meet discreet, friendly providers in stigma free setting.

President Olusegun Obasanjo launched the logo at the 2005 World AIDS Day commemoration. The following year, he marked the day by being publicly tested for HIV. That the test was administered by FHI/Nigeria's Association Director of HIV Counseling and Testing Simon Cartier testifies to the program's national contributions and technical excellence.

Cartier attests that this singular act increase uptake of counselling and testing services. Policy makers and opinion leaders took note, and governors in different parts of the country took turns being publicly tested.

INDIVIDUAL COUNSELLING {INTERVIEW}

Interview is one of the main techniques employed in assisting the individual to understand himself. It is the fundamental operation in the counselling process. According to Bingham and Moore Interview is 'Conversation with purpose'. Irrespective of the nature of the interview, facts about the involved individual are gathered, inferred and sometimes judged and verified during the counselling process. In addition to the obvious picture of the students' traits as obtained

through structured tools in the form of data blanks, questionnaire, rating scales, a proficient counsellorcan enrich the data collected by having casual conversations withteachers concerned and parents. 57 Typesof Interviews 1. Introductory Interview The first interview with the counsellee for getting mutually acquainted and building rapport is introductory interview. It makes the follow up procedure easy. The counsellor introduces himself and states the purpose of the interview to the counsellee. It also develops confidence in the counsellee about the counsellor's competence, interest, knowledge, skill and feeling of freedom. This type of introductory interview does not provide all the data needed to understand the counsellee. To get details about the counsellee, the introductory interview is to be followed by fact finding interview. 2. FactFinding Interview This helps the counsellor to identify the intensity of counselle's attitudes towards family, friends, school, subjects and situations which are not revealed by the counsellee in writing. Counsellor knows about the strengths and weaknesses of the counsellee by this follow-up interview. 3. Informative Interview A counsellee may be interviewed by the counsellor with the purpose of informing him about the data collected from various sources. The students who seek educational and vocational choices require this type of interviews by expert counsellors. 58 4. CounsellingInterview or Therapeutic Interview It is a conversation with a purpose between two individuals in the specific context of counselling. It requires a cooperative attitude and readiness for sharing on part of both the participants, An expert counsellor can arouse a confidence in the counsellee that they are close enough for his free expression of any of his feelings which he cannot talk openly with others. Thus with the development of counselling interviews, the counsellor is increasingly able to understand the counsellee's special need without getting

emotionally involved with the counsellee. A proficient counsellor can observe significant facts in the counselling situation. The gestures, looks, tone, pitch and movements of the counsellee during the interview also give information about the counsellee's emotional state, his attitude towards the problem and his ego strength. Termination of a counselling interview should be an achievement experience for the counsellee and fulfilling experience for the counselor

Tools

The word 'Tool' is very important in the modern life of human being. So with the cause, this is the only medium by which help, the man achieves all his goals of life easily. Whereas the goals of human life are tools arc its sources, As the weapons have their own importance in war, salt in food, vehicles in transport. so as tools have their own importance in research. Therefore, it is a fact that goal of a man is big or small, he needs major tools for the fulfillment of them. In the same manner, the man needs various tools and techniques for the performance of research work.

Under the process of research work, there is a major need of various data thereafter the selection of sample making hypothesis and determining the problem as well. Thus the researcher has essentially a need of various equipments and techniques according to the necessity of research as well, which he has to complete. During this modern age several tools and techniques have been investigated for the fulfillment of research work. Due to the medium of these tools, the researcher receives the most difficult data very easily.

The tools to be used for research work can be classified written

as under-

1. Observation
2. Interview
3. Sociometric Method
4. **Inquiry Metbod-** All the tools are used in it which are the source of providing informations. Its design is of questionnaire and of the statement. Following tools can also be Included in it-

(1) Questionnaire

(2) Check list

(3) Schedule

(4) Rating scale

(5) Attitude scale

(6) Score card.   .   .

5. **Psychology Test-** There is a need of psychology test for the study of students ability. During this modem period, several psychological tests are organized by which a researcher collects a lot of information and he get more help to reach his goal along with the conclusions. The psychological tests which are being organized these days have been given below

  1. Intelligence Test .
  2. Achievement Test.
  3. Interest inventory
  4. Attitude Test.
  5. Personality Test (Inventory)
  6. Attitude scale.

What do you mean by 'Observation'? Mention the characteristic and importance of observation.

Ans. Observation is the source of original information or knowledge for the people we very frequently observe any event or happening though it is likely that we might not be conscious of it. In the sphere of social research, observation is quite an important technique for the social scientist. In the opinion of Goode and Hatt, the science itself begins with observation.

Definition of Observation

As per the Oxford Concise Dictionary, *"Observation cleans accurate watching and noting of phenomena, as they occur in nature with regard to cause-and-effect or mutual relations."*

In the opinion of C.A. Moser, *"Observation implies the use of eyes rather than that of the ears and the voice."*

Mrs. Pauline V. Young has defined 'observation' as *"a systematic and deliberate, study through the eye, of the spontaneous occurrences at the time they occur."*

Characteristics of Observation

From the above definitions, it is evident that in the technique of observation, the main essential in it is the observing of any event occurring, by one's eyes himself, Briefly speaking, the following might be the characteristics of observation:

(1) Use of Senses. In the process of observation mainly the human senses of knowledge, for instance the cars, the tongue, but specially the eyes are mostly used. The on-the-spot physical inspection of the events is possible by one's eyes personally.

(2) Direct Method. There researcher comes in the direct contact with the source of information and hence it is known as the direct method of collection of data. The researcher thus directly knows about the human behavior.

(3) Primary Stage. Within the observation are studied and the facts that which are not otherwise available anywhere in the written for or. Hence in the process of collection of data, the observation is concerned with the primary stage.

(4) Minute Inspection. The observer very minutely and exhaustivelytries to go deep in the things being observed. He precisely might get into the seriousness and expansion of the mutual inter-relationship of people by minute inspection.

(5) Empirical Study. Moser has treated observation as a study based on experiments, whether it is used for studying the collective behavior, the life of a community, or for any specific process, special activity, like reading news paper etc.

(6) Scientific Precision. Since observation is associated with seeing the things personally, the studies are quite natural or original and unbiased, the event beings observed as they are. The events are also recorded immediately with the observation.

(7) Cause Effect Relationship. From the scientific angle of vision, in the observation, the inter-relation between cause and effect is established. The researcher could himself locate the cause and results of the events, by the observation.

activities of that group and belonging to that he observe whole the function. Therefore, it is called participant observation.

4. Non-participant Observation- This observation is also a revised part of the uncontrolled observation. Under the process of this type of observation performs study about a particular group or community for which he performs his study. The observer observes whole the perfection in view or the neutral viewer having a true feeling of the scientist. Therefore, the observer becomes neither a temporary member of any group or community nor he takes part in any activity. Whatever he observes from far and wide, he tries to reach up to its depth. The observer tries to observe the exterior parts of group life than that of entering into himself. Thus this activity is called participant observation.

5. Semi Participant Observation- As it is dear from the limitations of both above mentioned observations that participant or total non participant observation is not sometimes possible. That is why Prof. Good and Hatt suggested to select the interject way of the two, He named this way as semi participant observation. In this way, a researcher becomes participant in doing some ordinary works of the community in observation, if he observes without being a participants neutrally. Therefore, a certain possibility is there to get benefits in both types of observations.

6.Mass or group Observation - This is the beautified mixture of controlled or controlled methods. Under the process of this observation, several researchers have observed such type of educational incident or the problem who are the experts of various sides of that incident. In the words of Sin Pao Maang, "It is the determined mixture of controlled and uncontrolled observation. Several persons collects the material and then he brings conclusion.

Therefore, there is no burden on one or other some observers this burden affects several researchers and makes them responsible this observation system. Therefore, at this point an observer can do his work easily according to his ability as well.

Meaning and definition of Interview

The term 'interview' is a combination of two words, i.e. 'inter' and 'view', which both taken together mean seeing from inside or extracting the information from whatever is contained in the minds of the informants.

Various scholars have defined 'interview' as under :

According to M.N. Basu, *"An interview can be defined as a meeting of persons, face-to-face, on same points.*

In the opinion of' V. M. Palmer, "The interview constitutes a social situation between two persons, the psychological process involved requiring both individuals, mutually to respond.

Hsin-Pao Yang has defined interview as "A technique of field work which is used to watch the behaviour of all individual or individuals, to record statements to observe the concrete results of social or group interactions It is, therefore, a social process and usually involves interactions between two persons."

Characteristics of Interview

On the basis of the above definitions, it might be said that for the purpose of studying the social problems of people, interview is a systematic method of observing and recording the people's behaviors. It is psychological situation in which the interviewer enters the intern conditions of the life of respondents and tries to know and understand their views and attitudes. In it, for some specific purpose, two or m persons could face-to-face converse mutually, and exchange responses and the counter-responses and thus intercommunicate with each other.
The main characteristics of interview might be mentioned follows :
(1) Physically, two or more persons come into close or face-to-face contact with each other.
(2) The person asking the questions is the 'interviewer' and person replying to them, is known as 'respondent'

(3) Since a social situation is created between two persons, interview is treated to be a 'social process'.

(4) The mutual face-to-face and primary relationships are established between two parties.

(5) There is communication of views against each other, between both these parties. Thus it is a psychological inter-action.

(6) There must also be some specific object or purpose of their meeting and developing mutual relationship.

(7) The interview is believed to be a means or source for collecting the primary data or information.

Main purposes of Interview.

M. H. Gopal has mentioned that "Interview is a conversation with a purpose and, therefore, is more than a mere oral exchange of information: "Mrs. P. V. Young

has mentioned several purposes of holding the interviews, since every conversation or mutual discussion could not be signaled as interview. The following might be the main purposes of interview",

(1) For Direct Contact. When, it is difficult to obtain or procure informations through questionnaire or other indirect methods, the interviewer in such conditions could openly talk face-to-face with the informants, for which interviews become necessary.

(2) For Qualitative Facts. For the facts of a qualitative nature, e.g. the ideals, social values, special attitudes, virtues and evils, the habits, nature and temperament, the invisible qualities, behavior, etc., the interviews might he held. These could not be expressed in, terms of figures data.

(3) For Personal Informations. For collecting the facts pertaining, the personal life of various people, which is essential in personal or studies, the interviews become necessary. That is why, Mrs. Young designated the interviews as a 'replica' of human personality'.

(4) For Knowing Diverse Views. Regarding any problem, there might be some as its supporters, some as its critics and opponents and some as indifferent and neutrals. In such controversial social or political problems, in order to know the variety of views from different people, the interviews might be conducted.

(5) For New Hypothesis. In order to lay down new spheres for studying the social, problems or the condition of human life for going deep into their nature and forms, and to raise up or install new hypothesis upon them, the interviews serve a good source.

(6) For helping Observation. Along with the interviews, since one like to observe as well as some of the behaviors of the respondents, these could possibly go together during the interview.

Some problems of study might require the researcher to hold interviews for this purpose.

In this connection, Benjamin D. Paul has said that "the interviewing and observation are also complementary techniques; their combined use provides better perspectives than the use of either technique by itself." Mrs. Young has also

expressed that the interview is not a separate too in research but suplimentary to other methods and techniques. It enriches a study of person and serve as check upon the information secured through other sources and other means.

Merits or advantages of Interview

.   The following might be mentioned as the advantages associate with the technique of interview for data-collection:

(1) Psycho-Social Studies Practicable. By the interview, since personal contact is established, the mental conditions, inner feelings and attitudes, of both the parties come out. Whether the information is Correct or wrong, doubtful, etc., could be assessed from the very gestures of the lake Interview method, the problems with psychological basis could be exhaustively studied.

(2) Facility of Inter-Stimulation. Since two parties come across each other face to face in the interview, they could encourage and stimulate each other and likewise could also be stimulated. Thus the Informants hesitation to disclose any secret information gets reduced. The researcher gels acquainted with many off hand remarks.

(3) Collection of Manifold Information. This method could be used in any sphere for acquiring information of any kind. From the same interviewee, the information of many kinds could be collected directly. The interviews are conducted specially with the government official's political leaders, etc, for this aim.

(4) For Studying the Abstractions. By this method, the invisible and abstract facts could be easily possible and simplified. For instance, the mental conditions, the feelings and emotions, sentiments etc, could be known. By it, even the secret and private matters too could be easily known through conversation.

(5) Study of Past Events. Through interviews even the information regarding the past happenings having occurred in the early life of the informants, could be known. It is also likely that these might not be not repealed in future life of the informants. The main basis of their correctness is the self-description by the informants. This is why interviews arc also advantageous in case-studies.

(6) Checking of Informations Easier. In interviews the investigator is in a position to check the informations while recording them and also seek

clarifications in case of any doubt. This is not possible in or case of schedule and questionnaire method since the researcher has very limited time at his disposal and he is often more busy.

Demerits of Interview

Despite many merits existing in the technique of interviewing certainly there might also be some limitations from which it suffers.

According to Mrs. Young, "Interviewees, even though conscientious, may suffer from faulty perception, faulty memory, lack of insight and inability to articulate.

Herbert Human has expressed that "……..interviewers often approach their respondents with a prepared set of expectations as to how the latter will answer certain questions, or they develop expectations in the course of the interview on the basis of early or incomplete responses".

Ordinarily, the demerits in the interview technique might be classified into three board categories: (i) General Demerits; (ii) concerned with Interviewees; and (iii) Concerned with the Interviewers.

These might briefly be described as follows:

A. General Demerits

(1) Faulty Memory. The memory of the informants might be faulty and they might not correctly recollect the past events. Moreover, the interviewer too while recording the respondents views, might forget if he lakes down the notes in the end of the interview.

(2) Value Differences. There might be the differences in understanding and evaluating the same matters differently. For the same social events, both the researcher and the Informant might conceive separately in different meanings.

(3) Useless Information. Often the informants might give such information which are either bogus, or of no importance, quite useless, he might attach greater importance to his own experiences and supply irrelevant details.

(4) Longer Time. When the informants are required to be interviewed separately and at depth, much of the time is taken by interviewer. Specially in the attitude

studies, the interviews are longer time-taking. Moreover, respondent is not always available.

B. Demerits Concerned with Interviewees

(1) Imperfections. Mostly either knowingly or unconsciously, the informants ignore some important Information, side-stepping them. Thus some special study might remain lop-sided. scattered or incomplete. Their knowledge itself might be scanty.

(2) Mental Instability. The unstable mental condition of informants causes lack of uniformity in the data. Often they are more suggestible and have to be given enough of the hints for extracting exact answer from them. Sometimes their interviews excite them by the feeling. It they have been offended.

(3) Superior Position. The informant is definitely in a superior position since the researcher has to depend upon him for seeking his spare to extract responses and collect the data through interviews. The informant might be in a position to exploit the interviewer by postponing pretending to avoid somehow .

Demerits Concerned with Interviewers

(1) Bias Possible. Since the investigator only knows about the matters conversed, he might present them in his own style. Mrs. Young as expressed that "When the interviewer drives hard toward his own adjectives, he tends to inject his own personal goal and may fail to his subject. This interview bias and a prior thinking may distort invalidate the results of the whole interview".

(2) Greater Dependence. The informations collected by the interviewer too are treated to be primary and original in nature. Much depends upon the reports or data supplied by him. Only his data as the basis, might be mistaken or in it reliability might be doubted.

(3) Inferiority Complex. When the investigator feels difficulty in obtaining responses or contacting the informants, he has to seek their favour somehow by flattering. Thus sometimes the interviewer feels humiliated and often ignores important informants.

(4) Lack of Training. Mostly the fully trained and proficient interviewers are not available. Their knowledge in the subject and the area of study is itself very limited. They are in conversant with the human behavior, hence their data often unauthentic.

The kinds of interviews

The kinds of interviews might be based on the following: (i)Purpose, (ii) Contact, (iii) Scope, (IV) Formality, (V) Frequency, (vi) Arrangement, (vii) Informants, and (viii) The Duration.

(1) Purpose Basis. On this basis, the interviews might be of three types: (i) Diagnostic, (ii) Treatment, and (iii) Research.

The diagnostic interviews are conducted to find out the causes of any social problem or event. These are taken up for large-scale social problems of for big events, searching for their causation, e.g. educated unemployment, white-collar crime, etc.

The treatment interviews, as the very name implies, pertain to the treatment or solution of the problems, and their eradication, finding but the ways and means to evade them. The suggestions from the educational authorities, judges, etc. might be included.

The treatment interviews, as the very name implies, pertain to the treatment or solution of the problems, and their eradication, finding but the ways and means to evade them. The suggestions from (he educational authorities, judges, etc. might be included.

Research interviews arc those in which the investigators try to go deep into the facts for the purpose of discovery or research.

Their object might relate to the emotions, views, attitudes and values. They include any kind of interviews pertaining to researches.

(2) Contact Basis. On this basis, the interviews might be of two types: (i) Direct, and (ii) Indirect.

The direct interviews arc mostly held face-to-face and both the parties are in close contact with each other. In these interviews the interviewer might see the gestures

and external movements of the respondents together and might assess about the reality of the answers.

The indirect interviews arc such in which both the parties, i.e., the interviewer and the interviewee arc responding to each other and inter-communicating, but arc not in a position to see each other. It could be possible mostly in telephonic interviews.

(3) Scope Basis. On this basis, the interviews might be classified into two categories: (i) Focused/ Centralised, and (ii) Non-directive or Extensive.

The focused interviews were initiated by Robert K. Merton in his studies to know the impact of communication through radio, films and about mass communications. The respondents are already experienced, about the events which arc to be studied. The interviewer has only to see he influence of any event upon the informant. Briefly, the researcher intends to see the focal centre as impressed upon the respondent.

Its main characteristics arc; The scope remains confined only upto some particular point. The researcher doesn't give any hint to the informants for influencing their answers. Only the self-experienced respondents are interviewed. The interviewed is closely connected with the respondents on personal level.

The non-directive interviews don't confine the scope of enquiry any specific subject, specific mental condition, etc. Hence their scope is more extensive; these are almost like the unrestricted interviews. The nature of topic studied being tough, the researcher could ask any kind of questions from informants. The investigator listens to the responses very carefully. The freedom for putting questions is quite extensive and unrestricted.

(4) Formality Basis. The interviews might be classified as (i) Formal, and (ii) the Informal ones,

In the formal interviews, the questions are asked as per the already prepared schedule, hence the interviews are known as controlled, guided or structured. The questions are to be asked within the prescribed limits and already pre-drawn up. The interviewer is not free to ask any kind of questions. These interviews are used for studying general social problems. These are resorted to when many informants are to be interviewed, time is short and definite answers for only few questions could possible. Hence an outline is drawn from beforehand.

In the informal interviews, which arc also known as the unstructured, uncontrolled

or unguided ones, or are often known as story-type, only easy-style terms are established. There may be any question and there is no restriction on the number and language of the questions. The, Interviewer himself also extends some of his views before the informants and then concludes from the informants. These might be used either in the pilot studies or the psychological studies.

These interviews might be either (i) first/ final, or, (ii) Repetitive Interviews. As already clear from the name, the interviews in which sufficient information to meet the purpose is derived from the respodents in the first round itself, are known as the first/final ones. The question of holding them frequently doesn't arise at all.

The repetitive interviews are based upon being conducted frequently from time to time where; in the first interview the purpose could not be met. In such cases, the researcher continues to contact the informants frequently and repeat the interviews. These are mostly used in technique, and Lazarsficld has made enough use of these devices.

(6) Planning Basis. The interviews might be pre-planned or prearranged, and those casually-held ones.

In the pre-arranged interviews, the programmes are prepared well advance. The Interviewers have enough knowledge about their respondents, he knows well as to whom he has to contact, what is their

Profession and where/when shall they be easily available. How they have to be reached?

In the casual interviews, as the very name implies, these could be held anywhere by the researcher, for instance while travelling in the train on any public place, like in the parks, cinemas, hotels on the betel seller shops etc. These interviews are suddenly held and though the informations received are not necessarily fully dependable; yet much of the valuable data is collected which could not be available even after enough expenditure. These interviews are held only by chance, fully independent and unorganised.

(7) Informants Basis. The interviews might also be classified on the basis of number of informants, i.e, (i) the Personal Interviews, and (ii) Con the Group Interviews, also known as the Collective Interviews.

In the personal interviews, conversation is taken up with the informants on personal basis and separately. The respondents answer each cons question of the investigator by and the conversation is held between two persons only. The respondents also get inspiration in such interviews to give correct answer.

The group interviews are concerned with several respondents who dept arc questioned by the researcher in batches, at one place and time. The questions might be asked either any order or even without order. The informants might also reply them either collectively or separately. These interviews are often also related to the controversial problems, in which some of the silent respondents might support the answer given by the others. There might also be criticism or opposition by the other quit respondents for some answers. Thus the researcher gets enough opportunity to collect various facts.

(8) Duration Basis. On the basis of duration or time taken, the interviews might be (i) Short-contact and (ii) Long-contact ones.

In the short-contact interviews, the lime taken is very limited. The informants are asked very few and set quest ions, having definite answers. When the researcher is short of lime such interviews arc very much useful. . Mostly the casual and sometimes the pre-arranged interviews too might II be short-contact ones.

The prolonged contact interviews pertain to the study of any deep or complicated problem which has to be intensively or precisely studied, whose purpose is mostly to know the confidential or private matters tactfully from the respondents. Hence it takes more time.

For instance, knowing the secrets of any dacoit gang, attitudes of the unmarried women the sexual behaviour, etc, needs often very-Ion. interviews extending over several days even the interviews are not over in

merely one sitting.

Steps in Interview process

The success of the interview depends upon its proper conduct. There is the need of proficiency, sharp intelligence, an specialized training in the interviewer for holding the interviews: Before the holding of interviews, there is the need of carefully considering over the total situation and the process to be adopted for the interviews. The total process of interview is based upon various steps which arc to be carefully observed during the conducting of such sources.

Broadly, the total process of interview might be divided into three parts: (i) Preparation for Interview, (ii) Execution of the Interview, and (iii) Closing of Interview.

I. Preparation for Interview

Before holding the interviews, the researcher has to make full preparations. in absence of these preparations, the interview could not be successfully conducted.

The following are the main points to be borne in mind while making preliminary preparation for the interview.

(i) Acquainting fully with the nature of the problem, (ii) Constructing the interview guide, (iii) The proper selection of the respondents or informants, (iv) Knowing the background of informants. (v) Fixing up the time and place of the interviews, and (vi) Giving due consideration to the other needs of the investigator and the informants.

II. Execution of the Interview

In fact, out of all the three stages, this is the most important step in the process of interview, since the total success or failure of interviews depends mainly upon this step. The execution of interview might be seen in the following sub-points:

(1) Introducing. First of all the researcher must introduce himself to the informants and properly greet them and try to gain their confidence.

(2) Telling the Purpose. While introducing, the researcher must also tell the purpose for which the interview of the respondents is being held. It must be so explained that the informants might understand the same quite well, without any doubt or suspicion.

(3) Appeal for Co-operation. After telling the purpose the interviews must also be appealed for extending their co-operation so that with their help the researcher could be able to become successful in his venture. He must assure them of confidence of the informations supplied by them.

(4) Beginning the Interview, In the beginning, the researcher must ask the preliminary questions, of Introductory type from the Informants e.g, their name number of members of family, age, etc.

Thereafter the questions pertaining to the problem of study be p asked. When the informant begins responding, his version must not be 1, obstructed the Interviewer must remain alert, serious and indifferent.

He himself must speak less and give more chance to the respondents to speak.

(5) Repetitions. Some of the sentences for the purpose of encouraging the informants, might become essential to be repeated, this creates confidence in the respondents to give answers and feel interest in the Interview. Appreciating the respondents for supplying information of valuable nature, becomes desirable.

(6) Sympathetic Listening. The interviewer must patiently listen to the things told by the informants. The respondents must be made to feel that they are being carefully attended.

(7) Avoiding Irritating Answers. The investigator must be quite cautious that such question which might humiliate the respondents, Irritate them, must not be asked and as far as possible, be avoided.

(8) Need for Re-Call. Sometimes, the informant might be disturbed by any of his emotions or for some other reasons and forget what he was telling . In such cases, the interviewer must try to let the respondent recollected the points.

(9) Timely Questions. There is the need of putting appropriate and suitable questions which are quite pertinent, relevant and timely to the topic being studied. No sudden jump upon different topics he made, in order to maintain continuity.

(10) Avoiding Some Questions. The questions of double-responses, those resulting in doubtful answers, the questions of style, of the offensive or humiliating queries, must be avoided in all cases.

(11) Nature of Questions. Questions must be simple, having brief answers, could be definitely answered, not ambiguous, not quite directly affecting the respect, leading or self-explanatory questions.

(12) Noting of the Informations. Whatever Information is obtained from the respondents during interviews, must be carefully recorded by the researcher, either during the interview or later on. It is better that the interviewer arranges for a tape-recorder too in which whatever answers are filled up might be decyphered later. He may also engage the services of a stenographer.

(13) Controlling the Interview. During the holding of interviews, it has to be ensured whether IS there any opposed version of the responses given by the interviewees. If the informant is befooling -or cheating the researcher it should be tactfully avoided. It must not directly be criticized. If need be, the respondents might he put up several relevant cross-question, too to ensure the validity of the information supplied by them.

III. Closing and Reporting of Interview

The interview having been successfully conducted, needs to be properly closed. When the informant becomes slow in responding, or feels tired enough, keeps silent in between the interview, it must be presumed that he is now not much interested in further responding. The respondent must be asked if he wants to say anything else in this connection, and if need be, the interview, after a break-up, might be postponed, to be continued on some other occasion. When in an emotional set-up the respondent tells some confidential matters, he feels guilty and repents. In such cases, he must be assured of every kind of confidence about the secret or private information supplied by him, that it shall not he misused.

With the closing of interview, and recording of all the responses received from the informant, there is the need of preparing the report without which the oral responses are of no use the report must very soon be prepared and not be postponed for a longer rime. The research generalizations depend mostly upon the report based on the interviews. Hence it is very essential and quite desirable that the report regarding the interviews must be timely prepared for further publication.

Analysis of Sociometry Methods

It is often said that sociometry analysis is divided into three parts, the description of which has been given below :

I. Socio Graph- This graph does the portrayal of sociometry results clearly. The main characteristics of this portrayal is that it makes the whole conclusion more clear in brief, Under this process, the socio graph is made through lines or arrows. Here at this figure, the likings of a students is shown.

Through lines and disliking are shown through broken lines (...) Arrows show the knowledge of likings and dislikings, As far as, there is little distance is there between two students, the closeness will be so mere. On the contrary, 1f the too distance makes the little closeness as well

The above mentioned sociograph shows the systematic description of 13 students. It can be understood through the following points written as under-

(1) There is the most closeness of student 'a' in the figure because he has received this complete closeness front 'c', 'd', 'b' and 'e'. Thus these students have mere closeness and they create 'sociometric group'.

(2) 'i' has little closeness with 'j' and there is rare closeness with 'c' and 'j' because their closeness has been shown with broken lines in the figure and there is toe distance between them.This position can also be see between 'c', 'k' and 'i'.

(3) There is close relationship between 'i', 'j', 'h' and 'g'.

(4) 'd' has closeness with 'f' and 'c' has more closeness with 'm' but it seems net enough because they show enough distance between them.

Characteristics of Sociometric Method

H. H. Jenings, a great educationist in his book "Leadership and Isolation" has written three characteristics of sociometry as given below,

(1) Every member has provided a chance for selection according according to the

    size of a group in specific number.

(2) The selection of various standard has determined for every selection process.

(3) A specific measuring scale is use for the selection in this process which is

    related with practical activity of the group.

Uses of Sociometric Method

Following arc the main uses of sociometric written as under- ,

(1) This method is often useful for the student who can not keep I satisfactory

relationship with his classmates and lives aloof. Thus such a student tries for social adjustment as well.

(2) Due to the medium of sociometry, all the informations can be received in one

sight about a subject of the group.

(3) What type of leadership do the person of group like due to the medium of sociometry? This fact can be known easily.

(4) Due to the use of sociometry direct and clear comparison between two groups

can be done as well.

(5) Under this process, the recognition of students who have the nature of separation can be done easily.

(6) Due to the medium of sociometry, the counsellor can get the help for doing

interaction regarding the student.

(7) This method provides total informations in connection with term likings and

dislikings of the students as well. Thus the aforesaid points are to be taken in mind.

Some definitions of "Questionnaire"

According to Goode and Hatt, "The word 'questionnaire' in general, refers to device for securing answers to questions by using a and form which the respondent fills ill himself."

Hsin-Pao-Yang has expressed that, "In its simplest form, the questionnaire consists of a schedule of questions, sent by mail to persons on a list or in a survey sample".

I.D. Pope has mentioned that, "A questionnaire is a set of questions to be answered by the informant without the personal aid of an investigator or enumerator. Usually the questionnaire is sent by mail but it may also be distributed. In either case, it is filled up by the one supplying the information".

It is clear from the above definitions that inspite of many abuses, as Goode and Hall have also agreed; the mailed self-administered questionnaire remains a useful technique in sociological research. Sometimes, it is t he only research tool uti1ised but it is often used in conj unction with other methods of investigation.

Characteristics of 'Questionnaires'

On the basis of the definitions, the following characteristics of 'questionnaires' might be mentioned :

i. Questionnaire is the indirect form of collecting the primary data from the informants.

ii. It contains questions pertaining to common facts mostly inspiring, and in clear and simple language.

iii. It is a sort of list of questions, mostly printed or very often cyclostyled too.

iv. It is mostly sent by post to the informants although on local level sometimes it might also be distributed.

v. The questionnaire is necessarily fined up only by the informant, and not by the investigator, etc.

vi. The questionnaire is necessarily filled up only by the informants to extract informations from them.

vii. It might be sent by mail to innumerable informants spread in an extensive region.

Conditions for the use of Quesiionnaire

The following might be the conditions only under which could the questionnaire be successfully used:

(i) Literate Respondents. If the respondents themselves arc not educated or literate, they can neither understand the questions nor could respond to them. Hence, for the purpose of using questionnaire, the informants must he educated. G.A. Lundberg has also made use of the term 'literate people' in, the definition of 'questionnaire'.

(ii) Informants' Special Interest. Merely the educational standard of the respondents is not sufficient for successful use of questionnaire. They should also have enough of interest in the problem being studied and must also possess good knowledge on various aspects of the problem. If they are either less interested, or don't possess enough knowledge in the sphere, the questionnaire technique shall not be suitable.

(iii) Willingness to Respond. Even if the respondents arc literate and arc also interested in the problem being studied; unless willing to respond to the questionnaire promptly, the technique might not be successful. It is observed, that mostly the respondents of highly educate class prove to be defaulter's in responding. Hence they need the impact of a particular environment and public opinion.

(iv) Additional Informations Available. Already securing other, relevant information before the despatch of the questionnaires, adds to their utility and success. The questionnaire might be treated supplementary means. Since the questionnaires are filled up by the informants in their own discretionary style, the responses must be checked
up by other primary and secondary sources too.

Merlts of questionnaires

Briefly speaking, the following might he enumerated us the merit or the main advantages of the questionnaire technique:

(1) Large Universe Covered . In this method, the researcher has not to go to observe or conduct interviews himself, nor required to contact so many persons personally, hence he could easily procure the relevant information from the informants of an extensive region in a very short time.

(2) Saving of Time. Since the printed questionnaire forms, duly filled In with responses of the informants, arc received bark in a reasonable period of time, he if not required to waste enough of his valuable time In contacting persons here and

there. Even if there is some delay in receiving replies, request might again be sent to the respondents
for an early reply, thus saving enough of time.

(3) Lower Costs. In this method, the main items of expenditure arc mainly the paper, its printing, and the postage expenses. On the whole the overall expenditure is much less. In it the question of salaries, allowances, etc., of the regional or field workers doesn't arise at all. The organisation expenses too arc very few.

(4) Convenient Filling Up. This method is the most convenient for collecting the data. The respondent may fill up the questionnaire according to his convenience and interest. He feels delighted in going through various kinds of questions to be responded. The researcher too doesn't find it difficult to put in more labour, time and money, and he is
saved of several field-botherations.

(5) Objective Informations. While filling up the questionnaire, since the enumerator is not present before him, the respondant might freely and clearly give the information. In the anonymous qucsuonnaircs, the respondents might supply information without hesitation. Thc.se replies arc very correct, real and authentic. Since there is no personal influence, the objectivity is also there. Mrs. Young has said that questionnaire is used in gathering objective quantitative data as well as in securing the development of information of a qualitative nature.

Demerits of Questionnaires

Despite the questionnaire method being very useful and advantageous to the researcher, there might be certain evils or abuses too associated with this technique, which may be mentioned as follows:

(1) For Educated Strata Only. The questionnaire could be responded to only by the literate informants and the illiterates may not able to use it. Thus it remains confined only upto the educated people. It is also incapable of representing all the units of the universe covered.

(2) Unsuitable in Precise Studies. The questionnaire is usually used for general socio-economic surveys which are mostly concerned with numerical data. Though in psychological studies too this technique is being used, it is incapable of being used for precise and intensive studies the investigator is not present there.

(3) Impussibility of Universal Questions. As in the case of schedule, likewise in the questionnaire too, it is not possible to frame or describe universal questions.

The main cause is the variations in the respondents, their thinking, ideals, behaviour patterns, social, economic status, prestige, cultural and educational standard, etc. Hencc for various respondents, separate questions have to be framed.

(4) Questions not Understood Correctly. Very often, the spondents might feel the difficulty in. understanding exactly what has en asked in the questions, since the Investigator is not present there. Several questions are understood in a sense different than that of the searcher. The investigator is often unable to explain, through hints and his exact purpose of the questionnaire .

(5) Incapable to Stimulate Emotions. Since the researcher and informant arc not facc-to-face in filling up questionnaire, none of them could exchange the views or extend his thoughts to the other. They are unable to get sufficient inspiration for expressing their feelings. Hence is much more of the formality in the informations so collected.

(6) Incomplete Informations Received. Apart from the lack of representation in the informations, there is also the demerit of completeness in the questionnaire. Some of the important questions arc totally ignored by the Informants, deliberately or by oversight, or remain negligent and avoid to open their secrets. Thus many important questions arc left unanswered and the informations received insufficient too.

(7) Dirty/Illegible Writing. While filling up the questionnaire the pendants treat it as a burden, and carelessly fill it up, mis-spelt and written. Often the answers are not capable of being read out. In hence of legible writing, it is difficult correctly to understand.

Characteristics of A Good Questionnaire :

• Questionnaire should deal with important or significant topic to create interest among respondents. • It should seek only that data which cannot be obtained from other sources. • It should be as short as possible but should be comprehensive. • It should be attractive. • Directions should be clear and complete. • It should be represented in good Psychological order proceeding from general to more specific responses. • Double negatives in questions should be avoided. • Putting two questions in one question also should be avoided. • It should avoid

annoying or embarrassing questions. • It should be designed to collect information which can be used subsequently as data for analysis. • It should consist of a written list of questions. • The questionnaire should also be used appropriately. When is it appropriate to use a questionnaire for research?

Different methods are better suited to different circumstances and questionnaire are no exception to it. Questionnaire are used at their most productive: • When used with large numbers of respondents. • When what is required tends to be fairly straight forward information. • When there is a need for standardize data from indentical information. • When time is allows for delays. • When resources allow for the cast of printing and postage. • When respondents can be expected to be able to read and understand the questions. Designs of Questionnaire : After construction of questions on the basis of it's characteristics it should be designed with some essential routines like: 184 • Background information about the questionnaire. • Instructions to the respondent. • The allocation of serial numbers and • Coding Boxes. Background Information about The Questionnaire Both from ethical and practical point of view, the researcher needs to provide sufficient background information about the research and the questionnaire. Each questionnaires should have a cover page, on which some information appears about: • The sponsor • The purpose • Return address and date • Confidentiality • Voluntary responses and • Thanks Instructions to the Respondent : It is very important that respondents are instructed to go presented at the start of the questionnaire which indicate what is

expected from the respondents. Specific instructions should be given for each question where the style of questions varies through out the questionnaire. For Example – Put a tick mark in the appropriate box and circle the relevant number etc. The Allocation of Serial Numbers : Whether dealing with small or large numbers, a good researcher needs to keep good records. Each questionnaire therefore should be numbered.

Advantages of Questionnaire : Questionnaire are economical. In terms of materials, money and time it can supply a considerable amount of research data. • It is easier to arrange. • It supplies standardized answers • It encourages pre-coded answers. 185 • It permits wide coverage. • It helps in conducting depth study.

Disadvantages : • It is reliable and valid, but slow. • Pre-coding questions can deter them from answering. • Pre-coded questions can bias the findings towards the researcher. • Postal questionnaire offer little opportunities to check the truthfulness of the answers. • It can not be used with illiterate and small children. Irrespective of the limitations general consensus goes in favor of the use of questionnaire. It's quality should be improved and we should be restricted to the situations for which it is suited.

Rating scales

A rating scale is a tool used for assessing the performance of tasks, skill levels, procedures, processes, qualities, quantities, or end products, such as reports, drawings, and computer programs. These are judged at a defined level within a stated range. Rating scales are similar to checklists except that they indicate the degree of accomplishment rather than just yes or no. Rating scales list performance statements in one column and the range of accomplishment in descriptive words, with or without numbers, in other columns. These other columns form "the scale" and can indicate a range of achievement, such as from poor to excellent, never to always, beginning to exemplary, or strongly disagree to strongly agree. Some tasks, such as procedures and processes, need to be observed in order to be assessed. Characteristics of rating scales Rating scales should: • have criteria for success based on expected outcomes • have clearly defined, detailed statements This gives more reliable results. For assessing end products, it can sometimes help to have a set of photographs or real samples that show the different levels of achievement. Students can visually compare their work to the standards provided. • have statements that are chunked into logical sections or flow sequentially • include clear wording with numbers when a number scale is used As an example, when the performance statement describes a behaviour or quality, 1 = poor through to 5 = excellent is better than 1 = lowest through to 5 = highest or simply 1 through 5. The range of numbers should be the same for all rows within a section (such as all being from 1 to 5). The range of numbers should always increase or always decrease. For example, if the last number is the highest achievement in one section, the last number should be the

highest achievement in the other sections. • have specific, clearly distinguishable terms Using good then excellent is better than good then very good because it is hard to distinguish between good and very good. Some terms, such as often or sometimes, are less clear than numbers, such as 80% of the time. • be short enough to be practical • highlight critical tasks or skills • indicate levels of success required before proceeding further, if applicable • sometimes have a column or space for providing additional feedback • have space for other information such as the student's name, date, course, examiner, and overall result • be reviewed by other instructors Instructional Job Aid | Developing Checklists and Rating Scales Page 6 Considerations for numeric rating scales If you assign numbers to each column for marks, consider the following: • What should the first number be? If 0, does the student deserve 0%? If 1, does the student deserve 20% (assuming 5 is the top mark) even if he/she has done extremely poorly? • What should the second number be? If 2 (assuming 5 is the top mark), does the person really deserve a failing mark (40%)? This would mean that the first two or three columns represent different degrees of failure. • Consider variations in the value of each column. Assuming 5 is the top mark, the columns could be valued at 0, 2.5, 3, 4, and 5. • Consider the weighting for each row. For example, for rating a student's report, should the introduction, main body, and summary be proportionally rated the same? Perhaps, the main body should be valued at five times the amount of the introduction and summary. A multiplier or weight can be put in another column for calculating a total mark in the last column. Consider having students create the rating scale. This can get them to think deeply about the content. Rating scale example 1: Interpersonal skills assessment COMM 0001 – Business Communications Objective: The student will demonstrate the ability to

work well with other people. Criteria for success: Each statement must be at a level of "Average" or better. Instructor: _____ Date: _____ Student name: _____ Student ID: _____ Team Skills Poor 1 Weak 2.5 Average 3 Good 4 Excellent 5 People skills Communication skills Contribution to the work done Contributions to meetings Arrives on time to meetings Based on team agreement, place a check mark in the appropriate box in each row. Comments: Instructional Job Aid | Developing Checklists and Rating Scales Page 7 Rating scale example 2: Practicum performance assessment Expected learning outcome: The student will demonstrate professionalism and high-quality work during the practicum. Criteria for success: A maximum of one item is rated as "Needs improvement" in each section. Performance area Needs improvement Average Above average Comments A. Attitude • Punctual • Respectful of equipment • Uses supplies conscientiously B. Quality of work done • ... Above average = Performance is above the expectations stated in the outcomes. Average = Performance meets the expectations stated in the outcomes. Needs improvement = Performance does not meet the expectations stated in the outcomes. Rating scale example 3: Tools handling assessment Expected learning outcome: The student will select the proper tool for each task and use it both skillfully and safely. Criteria for success: All skills must be performed "Average" or better. Skill Unacceptable 0 Weak 2.5 Average 3 Good 4 Excellent 5 Weight Score Selects the proper tool 1 Uses the tool skillfully 5 Uses the tool safely 2 Total Instructional Job Aid | Developing Checklists and Rating Scales Page 8 Rating scale example 4: Computer program quality assessment Expected learning outcome: The student will write efficient, documented, error-free computer programs that meet the specifications. Criteria

for success: A maximum of one item is rated as "Below expectations". Computer Program Below expectations Meets expectations Exceeds expectations Comments Achieves what it was designed to do Operates without errors Source code is efficient Source code is welldocumented Exceeds expectations = Performance is above the expectations stated in the outcomes. Meets expectations = Performance meets the expectations stated in the outcomes. Below expectations = Performance does not meet the expectations stated in the outcomes. Rating scale example 5: Written report assessment Expected learning outcome: The student will write a report that recommends one piece of equipment over another based on the pros and cons of each. Criteria for success: All items must be rated as "Weak" or above. Report Unacceptable 0 Weak 2.5 Average 3 Good 4 Excellent 5 Weight Score Introduction 1 Main Body 5 Summary 1 Total Instructional Job Aid | Developing Checklists and Rating Scales Page 9 Rating scale example 6: Presentation performance assessment Expected learning outcome: The student will give a presentation that defends their marketing approach for their assigned product. Criteria for success: Only one item is rated less than "Slightly agree". Presentation Skill Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree His/her voice was clearly heard His/her tone of voice was varied The pace was appropriate The language level was appropriate Checklist for developing a rating scale In developing your rating scale, use the following checklist. In developing a rating scale: † 1. Review the learning outcome and associated criteria for success. † 2. Determine the scale to use (words or words with numbers) to represent the levels of success. † 3. Write a description for the meaning of each point on the scale, as needed. † 4. List the categories of performance to be assessed, as needed † 5. Clearly describe each skill. † 6.

Arrange the skills in a logical order, if you can. † 7. Highlight the critical steps, checkpoints, or indicators of success. † 8. Write clear instructions for the observer. † 9. Review the rating scale for details and clarity. † 10. Format the scale. † 11. Ask for feedback from other instructors before using it with students. Instructional Job Aid | Developing Checklists and Rating Scales Page 10 References Angelo, T. A. and Cross, K. P. (1993). Classroom assess.

After reading this unit you will be able to: • State different types of tools and techniques used for data collection • Distinguish the basic difference between tools and techniques. • Describe concept, purpose and uses of various tools and techniques in research. • State the tools coming under enquiry form, psychological test observation and Interview. 9.1

ATTITUDE SCALE: Attitude scale is a form of appraisal procedure and it is also one of the enquiry term. Attitude scales have been designed to measure attitude of a subject of group of subjects towards issues, institutions and group of peoples. The term attitude is defined in various ways, "the behavior which we define as attitudinal or attitude is a certain observable set" 175 organism or relative tendency preparatory to and indicative of more complete adjustment." - L. L. Bernard "An attitude may be defined as a learned emotional response set for or against something." - Barr David Johnson An attitude is spoken of as a tendency of an individual to read in a certain way towards a Phenomenon. It is what a person feels or believes in. It is the inner feeling of an individual. It may be positive, negative or neutral. Opinion and attitude are used sometimes in a synonymous manner but there is a difference between two. You will be able to know when we will discuss

about opinionative. An opinion may not lead to any kind of activity in a particular direction. But an attitude compels one to act either favorably or unfavorably according to what they perceive to be correct. We can evaluate attitude through questionnaire. But it is ill adapted for scaling accurately the intensity of an attitude. Therefore, Attitude scale is essential as it attempts to minimize the difficulty of opinionative and questionnaire by defining the attitude in terms of a single attitude object. All items, therefore, may be constructed with graduations of favors or disfavor.

Purpose of Attitude Scale: In educational research, these scales are used especially for finding the attitudes of persons on different issues like: • Co-education • Religious education • Corporal punishment • Democracy in schools • Linguistic prejudices • International co-operation etc.

Characteristics of Attitude Scale: Attitude scale should have the following characteristics. • It provides for quantitative measure on a unidimensional scale of continuum. • It uses statements from the extreme positive to extreme negative position. • It generally uses a five point scale as we have discussed in rating scale. • It could be standardised and norms are worked out. • It disguises the attitude object rather than directly asking about the attitude on the subject. Examples of Some Attitude Scale : Two popular and useful methods of measuring attitudes indirectly, commonly used for research purposes are: • Thurstone Techniques of scaled values. • Likert's method of summated ratings. Thurstone Technique : Thurstone Technique is used

when attitude is accepted as a uni-dimensional linear Continuum. The procedure is simple. A large number of statements of various shades of favourable and unfavourable opinion on slips of paper, which a large number of judges exercising complete detachment sort out into eleven plies ranging from the most hostile statements to the most favourable ones. The opinions are carefully worded so as to be clear and unequivocal.

The judges are asked not express tier opinion but to sort them at their face value. The items which bring out a marked disagreement between the judges un assigning a position are discarded. Tabulations are made which indicate the number of judges who placed each item in each category. The next step consists of calculating cumulated proportions for each item and ogives are constructed. Scale values of each item are read from the ogives, the values of each item being that point along the baseline in terms of scale value units above and below which 50% of the judges placed the item. It we'll be the median of the frequency distribution in which the score ranges from 0 to 11. The respondent is to give his reaction to each statement by endorsing or rejecting it. The median values of the statements that he checks establishes his score, or quantifies his opinion. He wins a score as an average of the sum of the values of the statements he endores. Thurstone technique is also known as the technique equal appearing intervals. Sample Items From Thurstone

Type Scales: Statement Scaled value I think this company treats its employees 10.4 Better than any other company does. 9.5 It I had to do it over again I'd still work for this company. 5.1 The workers put as much over on the company as the company puts over on them. 2.1 You have got to have pull with certain people around here to get ahead. An honest man fails in this company. 0.8 The Likert Scale : The Likert scale uses items worded for or against the proposition, with five point rating response indicating the strength of the respondent's approval or disapproval of the statement. This method removes the necessity of submitting items to the judges for working out scaled values for each item. It yields scores very similar to those obtained from the Thurstone scale. It is an important over the Thurstone method. The first step is the collection of a member of statements about the subject in question. Statements may or may not be correct but they must be representative of opinion held by a substantial number of people. They must express definite favourableness or unfavourableness to a particular point of view. The number of favourable and unfavourable statements should be approximately equal. A trial test maybe administered to a number of subjects. Only those items that correlate with the total test should be retained. The Likerts calling techniques assigns a scale value to each of the five responses. All favourable statements are scored from maximum to minimum i. e. from a score of 5 to a score of one or 5 for strongly agree and so on 1 for strongly disagree. The negative statement or statement apposing the proposition would be scored in the opposite order . e. from a score of 1 to a score of 5 or 1 for strongly agree and so

on 5 for strongly disagree. 178 The total of these scores on all the items measures a respondent's favourableness towards the subject in question. It a scale consists of 30 items, Say, the following score values will be of interest. 30 5 =150 × Most favorable response possible 30 3 = 90 × A neutral attitude 30 1= 30 × Most unfavorable attitude It is thus known as a method of summated ratings. The summed up score of any individual would fall between 30 and 150. scores above 50 will indicate a favorable and scores below go an unfavorable attitude. Sample Items from Linkert Type Minnesota Scale on Morale Responses Items SA A U D SD Times are getting better SA A U D SD Any man with ability and willingness to work hard has a good chance of being successful. SA A U D SD Life is just a series of disappointments. SA A U D SD It is great to be living in those exciting times. SA A U D SD Success is more dependent on lack than on real ability.

Limitations Of Attitude Scale : In the attitude scale the following limitations may occur: • An individual may express socially acceptable opinion conceal his real attitude. • An individual may not be a good judge of himself and may not be clearly aware of his real attitude. • He may not have been controlled with a real situation to discover what his real attitude towards a specific phenomenon was. • There is no basis for believing that the five positions indicated in the Likert's scale are equally spaced. • It is unlikely that the statements are of equal value in 'forness' or "againstness". 179 • It is doubtful whether equal scores obtained by several individuals would indicate equal favorableness towards again position. • It is unlikely that a respondent can validity react to a short

statement on a printed form in the absence of real like qualifying Situation. • In sprite of anonymity of response, Individuals tend to respond according to what they should feel rather than what they really feel. However, until more precise measures are developed, attitude scale remains the best device for the purpose of measuring attitudes .

CHECKLIST :

A checklist, is a type of informational job aid used to reduce failure by compensating for potential limits of human memory and attention. It helps to ensure consisting and completeness in carrying out a task. A basic example is 'to do list'. A more advanced checklist which lays out tasks to be done according to time of a day or other factors. The checklist consists of a list of items with a place to check, or to mark yes or no.

Purpose : The main purpose of checklist is to call attention to various aspects of an object or situation, to see that nothing of importance is overlooked. For Example, if you have to go for outing for a week, you have to list what things you have to take with you. Before leaving home, if you will check your baggage with the least there will be less chance of forgetting to take any important things, like toothbrush etc. it ensures the completeness of details of the data. Responses to the checklist items are largely a matter of fact, not of judgment. It is an important tool in gathering facts for educational surveys.

Uses : Checklists are used for various purposes. As we have discussed that we can check our requirements for journey, Birthday list, proforma for pass-port, submitting examination form or admission form etc. in every case, it we will check before doing the work, then there is less chance of overlooking any, important things. As it is useful in over daily life, it is also useful in educational field in the following way. • To collect acts for educational surveys. • To record behaviour in observational studies. • To use in educational appraisal, studies – of school buildings, property, plan, textbooks, instructional procedures and outcomes etc. • To rate the personality. • To know the interest of the subjects also. Kuder's interest inventory and Strong's Interest Blank are also checklists. Hints on Constructing Checklist : • Items in the checklist may be continuous or divided into groups of related items. • Items should be arranged in categories and the categories in a logical or psychological order. • Terms used in the items should be clearly defined. • Checklist should be continuous and comprehensive in nature. • A pilot study should be taken to make it standardized. • Checklist can be constructed in four different ways by arranging items differently. 188 (1) In one of the arrangement all items found in a situation are to be checked. For Example, a subject may be asked to check ( ) in the blank side of each activity undertaken in a school. (2) In the second form, the respondent is asked to check with a 'yes' or 'no' or asked to encircle or underline the response to the given item. For Example, (1) Does your school have a house system? Yes/No (3) In this form, all the items are positive statements with checks ( ) to be marked in a column of a right. For

Example, (1) The school functions as a community centre ( ). (4) The periodical tests are held – fortnightly, monthly, quarterly, and regularly. The investigator has to select any one of the format appropriate to his problem and queries or the combination of many as it requires.

Analysis and Interpretation of Checklist Data: The tabulation and quantification of checklist data is done from the responses. Frequencies are counted, percentages and averages calculated, central tendencies, measures of variability and co-efficient of correlation completed as and when necessary. In long checklists, where related items are grouped together category wise, the checks are added up to give total scores for the category wise total scores can be compared between themselves or with similar scores secured through other studies. The conclusions from checklist data should be arrived at carefully ad judiciously keeping in view the limitations of the tools and respondents.

Merits : • Students can measure their own behavior with the help of checklist. • Easy and simple to use and frame the tools. • Wanted and unwanted behaviors' can be included. • Personal - Social development can be checked.

Limitations : • Only the presence or absence of the ability can be tested. • Yes or no type judgment can only be given. • How much cannot be tested through checklist. For Example, you want to test the story telling still of a student. You can check only whether the student developed or not developed the skill but you cannot study how much he has developed? When we want to check 'yes' or 'no' of any ability, checklist is used.

PSYCHOLOGICAL TESTS:

Among the most useful and most frequently employed tools of educational research psychological tests occupy a very significant position. Psychological tests are described to describe and measure 193 a sample of certain aspects of human behaviour or inner qualities. They yield objective descriptions of some psychological aspects of an individual's personality and translate them in quantitative terms. As we have mentioned earlier there are various kinds of psychological tests. In this unit we will discuss 'Aptitude tests' and 'Inventories'. Aptitude Tests : "Aptitude tests attempt to predict the capacities or the degree of achievement that may be expected from individuals in a particular activity". Aptitude is a means by which one can find the relative knowledge of a person in terms of his intelligence and also his knowledge in general.

Purpose : The purpose of aptitude test is to test a candidate's profile. Aptitude test helps to check one's knowledge and filters the good candidates. The ability of creativity and intelligence is proved by the aptitude test. It always checks the intelligence and fastness of the person in performance.

Importance of Aptitude Test : Research data show that individually administered aptitude tests have the following qualities: • They are

excellent predictors of future scholastic achievement. • They provide ways for comparison of a child's performance with other in a same situation. • They provide a profile of strength and weaknesses. • They asses difference among individuals.

Uses Of Aptitude Test : Aptitude tests are valuable in making programme and curricula decisions. In general they have three major uses: Instructional : Teacher can use aptitude test results to adopt their curricula to match the level of students or to design assignments for students who differ widely. Administrative : Result of Aptitude tests help in determining the programmes for college on the basis of aptitude level of high-school. It can also be identify students to be accelerated or given extra attention, for exampling and in predicting job training performance. Guidance : result of aptitude tests help counsellors to help parents and students. Parents develop realistic expectations for their Child's performance and students understand their own strength and weaknesses. Intelligence tests are also a kind of aptitude test as they describe and measure the general ability which enters into the performance of every activity and thus predict the degree of achievement that may be expected from individuals in various activities. Aptitude test, however have proved of great value for research in educational and vocational guidance, for research in selection of candidates for particular course of study or professional training and for research of the complex causal relationship type.

INTELLIGENCE

What is intelligence?

The ability to solve problems and to adapt to and learn from life's everyday experiences The ability to solve problems The capacity to adapt and learn from experiences Includes characteristics such as creativity and interpersonal skills The mental abilities that enable one to adapt to, shape, or select one's environment The ability to judge, comprehend, and reason The ability to understand and deal with people, objects, and symbols The ability to act purposefully, think rationally, and deal effectively with the environment.

As you think about what intelligence is, you should ask the following questions:

To what extent is intelligence genetic? To what extent is intelligence stable? How do cognitive abilities interact with other aspects of functioning? Are there true sex differences? Is intelligence a global capacity (similar to "good health") or can it be differentiated into various dimensions (called "factors" or "aptitudes")? Are there a number of "intelligences"?

How do you measure intelligence?

Intelligence Quotient (IQ): Measure of intelligence that takes into account a child's mental and chronological age

IQ Score = MA / CA x 100

Mental age (MA): the typical intelligence level found for people at a given chronological age Chronological age (CA): the actual age of the child taking the intelligence test People whose mental age is equal to their chronological age will always have an IQ of 100.

If the chronological age exceeds mental age – below-average intelligence (below 100). If the mental age exceed the chronological age – above-average intelligence (above 100).

The normal distribution: most of the population falls in the middle range of scores between 84 and 116. • Very Superior Intelligence (gifted) - Above 130 • Superior Intelligence - 120 to 129 • High Average Intelligence - 110 to 119 • Average Intelligence - 90 to 109 • Low Average Intelligence - 80 to 89 • Borderline Intellectual Functioning - 71 to 79 • Mild Mental Retardation - 55 to 70 • Moderate Retardation - 40 to 54 • Severe Mental Retardation - 25 to 39 • Profound Mental Retardation - Below 25 Intelligence tests were developed for the practical function of selecting students for admission or placement in schools. Originally these tests were not based on any theory of intelligence. They defined intelligence as the ability to do well in school.

Stanford-Binet

This test was developed to identify children who had serious intellectual difficulties -- such that they would not succeed in the public school system and who should not be placed in the same classes with other students. This test measured things that were necessary for school success such as understanding and using language, computational skills, memory, and the ability to follow instructions. Individual responses in four content areas - Verbal reasoning Quantitative reasoning Abstract/visual reasoning Short-term memory.

Wechsler Scales

Wechsler Adult Intelligence Scale-Third Edition (WAIS-III): Used with people 17 and older Wechsler Intelligence Scale for Children-Third Edition (WISC-III): Used with children 6 to 16 Multiple Intelligences (Howard Gardner) Gardner thinks there are eight types of intelligence. He believes each of us have all of the eight types of intelligence to varying degrees. These multiple intelligences are related to how an individual prefers to learn and process information. Verbal skills: The ability to think in words and use language to express meaning o Sensitivity to the meanings and sounds of words, mastery of syntax, appreciation of the ways language can be used (authors, journalists, speakers, poets, teachers) Mathematical skills: The ability to carry out mathematical operations o Understanding of objects and symbols and of actions that be performed on them and of the relations between these actions, ability for abstraction, ability to identify problems and seek explanations (scientists, engineers, accountants) Spatial skills: The ability to think three-dimensionally o Capacity to perceive the visual world

accurately, to perform transformations upon perceptions and to re-create aspects of visual experience in the absence of physical stimuli, sensitivity to tension, balance, and composition, ability to detect similar patterns (architects, artists, sailors, chess masters) Bodily-kinesthetic skills: The ability to manipulate objects and be physically adept o Use of one's body in highly skilled ways for expressive or goal-directed purposes, capacity to handle objects skillfully (surgeons, craftspeople, dancers, athletes, actors) Musical skills: A sensitivity to pitch, melody, rhythm, and tone o Sensitivity to individual tones and phrases of music, an understanding of ways to combine tones and phrases into larger musical rhythms and structures, awareness of emotional aspects of music (musicians, composers, sensitive listeners) Interpersonal skills: The ability to understand and effectively interact with others o Ability to notice and make distinctions among the moods, temperaments, motivations, and intentions of other people and potentially to act on this knowledge (teachers, mental health professionals, parents, religious and political leaders) Intrapersonal skills: The ability to understand oneself o Access to one's own feelings, ability to draw on one's emotions to guide and understand one's behavior, recognition of personal strengths and weaknesses (theologians, novelists, psychologists, therapists) Naturalistic skills: The ability to observe patterns in nature and understand natural and human-made systems o Sensitivity and understanding of plants, animals, and other aspects of nature (farmers, botanists, ecologists, landscapers, environmentalists) For fun – Figure out where you fall on the eight intelligences:

Triarchic Theory (Robert Sternberg) Intelligence comes in three forms. Analytical intelligence: The ability to acquire and store information; to retain or retrieve information; to transfer information; to plan, make decisions, and solve problems; and to translate thoughts into performance o How efficiently people process information o How to solve problems, how to monitor solutions, and how to evaluate the results o The use of strategies, acquiring knowledge o Students high in analytical intelligence do well in class with lecture and objective tests. They are considered smart, get good grades, do well on traditional tests, and go to competitive colleges. Creative intelligence: The ability to solve new problems quickly; the ability to learn how to solve familiar problems in an automatic way so the mind is free to handle other problems that require insight and creativity o How people approach familiar or novel tasks o Compare new information with what they already know and to come up with new ways of putting facts together o To think originally o Students high in creative intelligence might not conform to traditional schools. They tend to give unique answers for which they might get reprimanded. Practical intelligence: The ability to get out of trouble; The ability to get along with other people o How people deal with their environment o How to size up a situation and decide what to do – to adapt to it, to change it, or to get out of it o Students high in practical intelligence don't relate well in traditional schools. They do well outside the classroom walls with good social skills and common sense. Infant IQ Tests: Infant IQ tests are much less verbal than IQ tests for older children Developmental Quotient (DQ): An overall

developmental score that combines subscores on motor, language, adaptive, and personal-social domains in the Gesell assessment of infants Bayley Scales of Infant Development: Scales that assess infant development – current version has three parts: a mental scale, a motor scale, and the infant behavior profile Fagan Test of Infant Intelligence: A test that focuses on the infant's ability to process information in such ways as encoding the attributes of objects, detecting similarities and differences between objects, forming mental representations, and retrieving these mental representations The scores on the Gesell and Bayley tests DO NOT correlate highly with other IQ tests. The components of an infant IQ test are not the same as the components of other IQ tests. Unlike the other tests, the Fagan test is correlated with measures of IQ in older children (habituation and dishabituation in infancy predicts intelligence in childhood and adolescence - quicker habituation and greater amounts of looking in dishabituation reflect more efficient processing). Intelligence through adolescence: There is a strong relationship between IQ scores obtained at ages 6, 8, and 9 and IQ scores obtained at 10. There is still a strong relationship between IQ scores obtained in preadolescent years and those obtained at age 18. However, individual intelligence scores can fluctuate dramatically over childhood and adolescence

Intellectual Development (John Horn): Crystallized intelligence: accumulated information and verbal skills, which increase with age Fluid intelligence: the ability to reason abstractly, which steadily declines from middle adulthood Cognitive mechanics versus Cognitive pragmatics

(Paul Bates): Cognitive mechanics decline during aging whereas cognitive pragmatics do not. Cognitive mechanic (hardware of the mind; speed and accuracy of processing; attention; visual and have a biological/genetic foundation◊motor memory; discrimination; comparison; categorization) Cognitive pragmatics (culture-based software; reading and writing skills; language comprehension; have an◊educational qualifications; professional skills; knowledge of the self and coping skills) experimental/cultural foundation.

Factors Influencing Intelligence

The Child's Influence: Genetics Genotype–Environment Interaction Gender o Boys and girls tend to be equivalent in most aspects of intelligence The average IQ scores of boys and girls is virtually identical♣ The extremes (both low and high ends) are over-represented by boys♣ o Girls as a group: Tend to be stronger in verbal fluency, in writing, in perceptual speed (starting as early as♣ the toddler years) o Boys as a group: Tend to be stronger in visual-spatial processing, in science, and in mathematical problem♣ solving (starting as early as age 3) The Immediate Environment's Influence Family Environment School Environment o Attending school makes children smarter Children from families of low SES and those from families of high SES make comparable♣ gains in school achievement during the school year o What about during summer break? During the academic year -- schools provide children of all backgrounds with the same♣ stimulating intellectual environment. Over the summer, children from low-SES families are less likely to have the kinds of♣ experiences that

would maintain their academic achievement. The Society's Influence Poverty o The more years children spend in poverty, the lower their IQs tend to be Children from lower- and working-class homes average 10-15 points below their middleclass♣ age mates on IQ tests o In many countries, children from wealthier homes score better on IQ test than children from poorer homes The greater the gap in wealth in a country the greater the difference in IQ scores♣ o Chronic inadequate diet can disrupt brain development Chronic or short-term inadequate diet at any point in life can impair immediate♣ intellectual functioning o Reduced access to health service, poor parenting, and insufficient stimulation and emotional support can impair intellectual growth Race/Ethnicity o Overall, differences in IQ scores of children from different racial and ethnic groups describe children's performance ONLY in the environments in which the children live. These findings do not indicate potential, nor do they tell us what these children would do if they live someplace else. The current group differences in IQ are due to environmental differences -- as discrimination and inequality decrease -- IQ differences decrease.   The average IQ score of Euro-American children is 10-15 points higher than that of♣ African-American children The average IQ score of Latino and American-Indian children fall somewhere in between♣ those of Euro-American and African-American children The average IQ score of Asian-American children tend to be higher than any other♣ group in the US American-Indian children: Better on the performance part than the verbal part of an IQ♣ test Latino children: Better on the performance part than the verbal part of

an IQ test♣ Asian-American children: Better on the performance part than the verbal part of an IQ♣ test African-American children: Better on the verbal part than the performance part of an IQ♣ test Are IQ tests culturally biased? Culture-Free: Describing an intelligence test that, if it were possible to design, would have no culturally linked content Culture-Fair: Describing an intelligence test that deals with experiences common to various cultures, in an attempt to avoid cultural bias Raven's Progressive Matrices A "culture-fair" or culture-reduced test that would make minimal use of language and not ask for any specific facts These matrices progress from easy to difficult items -- measures abstract reasoning Culture can influence a◊Even on culture-fair tests, Euro-American and African-American children still differ child's familiarity with the entire testing situation Even pictures can produce bias – some cultures have more experience with pictures than others.

QUESTION BANK

*(L*ong Answer Type & Short Answer Type Questions)

1. *Difference Between Tools And Techniques In Assessment?*
2. *What are the tools of assessment?*
3. *What are the tools for evaluation?*
4. *What is tools and techniques?*
5. *What are the different methods of assessment?*
6. *What is tools and techniques?*
7. *What are the different methods of assessment?*
8. *What are the three types of assessment?*
9. *What are the principles of assessment?*
10. *What are the different methods of evaluation?*
11. *What are the two types of evaluation?*
12. *What are the different types of summative assessment?*
13. *Difference Between Tools And Techniques In Assessment?*

14. *What are the non-test instruments in education?*
15. *What are the non testing techniques in guidance and counselling?*
16. *What are the techniques used in guidance and counselling?*
17. *What are the difference between testing and non testing?*
18. *What are the definition of non testing techniques?*
19. *What are the non testing techniques interview?*

20. *What are the non testing devices in guidance?*

21. *What is the meaning of observation method?*

22. *What is the observation method?*

23. *What are the five characteristics of good data?*

24. *What are the advantages of observation method?*

25. *What are the Merits or advantages of Interview?*

26. *What are the advantages and disadvantages of face to face interviews?*

27. *What are the advantages and disadvantages of interviews in qualitative research?*

28. *What are the advantages and disadvantages of questionnaire?*

29. *What are the advantages and disadvantages of observation?*

30. *What are the disadvantages of personal interview?*

31. *What do you mean by structured questionnaire?*

32. *Why are questionnaires used?*

33. *What are the characteristics of a good interview?*

34. *What are the characteristics of a good questionnaire?*

35. *what are the requisites of a good questionnaire?*

36. *What is a rating scale?*

37. *What is a rating scale assessment?*

38. *What is check list and rating scales?*

39. *What is the thurstone scale?*

40. *What is a rating scale assessment?*

41. *What is the graphic rating scale?*

42. *What is a Likert scale questionnaire?*

43. *What is thurstone Attitude Scale?*

44. *What is attitude scaling?*

45. *What is the difference between measurement and scaling?*

46. *what are Characteristics of Attitude Scale?*

47. *What are the different types of psychological tests?*

48. *What is the use of psychological tests?*

49. *What do psychological tests assess?*

50. *What is psychological aptitude test?*

Unit-V

ABNORMAL BEHAVIOUR AND MENTAL ILLNESS

Meaning & Concepts of normality and abnormality

The area of psychological disorders is called "abnormal behaviour". Abnormal behaviour presents psychologists with a difficult task: it is difficult to define and therefore it is difficult to diagnose because it is, to a large extent, based on the symptoms people exhibit or report.

Making a correct diagnosis is extremely important because this dictates the treatment people receive. Psychiatrists and psychologists use a standardized system called a diagnostic manual to help them, but such a system is not without faults. Since there is no clear definition of normality—or abnormality—and symptoms of the same psychological disorders may vary not only between individuals but also between social and cultural groups, it is clear that a psychiatric diagnosis may be biased or even wrong.

Definitions of normality and abnormality can also change over time. Often, a decision about whether or not an individual's behavior is abnormal depends on a series of value judgments based on subjective impressions. Definitions of "normality" are part of the diagnostic process, which is why it is considered important to establish some objective criteria. At present, there is a tendency to

rely on the *subjective* assessments of clinicians, in combination with the diagnostic tools of classification systems. It is not an easy task to define what is normal and what is abnormal. Behavioural measures, such as intelligence and short-term memory, tend to be normally distributed—that is, the distribution from a sample of people tends to fall within a bell-shaped curve. Being normal falls within this bell curve. There are problems in using statistics in this way when we are dealing with abnormal behavior because some things that are statistically normal—such as obesity— are not desirable or healthy behaviours—and some that are statistically rare—such as a high IQ—are not dysfunctional.

Abnormality is sometimes defined as the subjective experience of feeling "not normal"—for example, feeling intense anxiety, unhappiness, or distress. This is often enough to seek help. However, the subjective experience of distress is not always a reliable indicator

One way to define abnormality is to consider when behaviour violates social norms or makes others anxious. This definition is problematic.

Cultural diversity affects how people view social norms: what is seen as normal in one culture may be seen as abnormal in another.

The difficulties outlined here illustrate the problems in diagnosing "abnormal behaviour". Rosenhan and Seligman (1984) suggested that there are seven criteria that could be used to decide whether a person or a behaviour is normal or not.

● *Suffering*—does the person experience distress and discomfort?

● *Maladaptiveness*—does the person engage in behaviours that make

life difficult for him or her rather than being helpful?

● *Irrationality*—is the person incomprehensible or unable to communicate in a reasonable manner?

● *Unpredictability*—does the person act in ways that are unexpected by himself or herself or by other people?

● *Vividness* and *unconventionality*—does the person experience things that are different from most people?

● *Observer discomfort*—is the person acting in a way that is difficult to watch or that makes other people embarrassed?

● *Violation of moral or ideal standards*—does the person habitually break the accepted ethical and moral standards of the culture?

These criteria demonstrate the fine line between defining abnormality in ways that focus on distress to the individual, and defining it in terms of what is or is not acceptable to society. The first four deal with how the person is living life; the fifth represents a social judgment because it deals with what is seen as conventional or not; the remaining criteria clearly represent *social norms*. The danger of social judgments is that they often fail to consider the diversity in how people live their lives.

There is an increasing awareness of how psychiatric diagnosis of ethnic minorities has been misapplied because doctors do not understand the cultural norms of the groups people come from. Defining abnormality is not easy, and it has a lot to do with the implicit theories people have about what is normal and what is abnormal.

CAUSAL FACTORS OF ABNORMALITY

Biological causal factors

Biological Viewpoint and Biological Causal Factors

A. Mental disorders are viewed as disorders of the central nervous system, the autonomic nervous system, and/or the endocrine system that are inherited or caused by some pathological process.

B. Imbalances of Neurotransmitters and Hormones (see figure 3.1)

1. Imbalances of neurotransmitter systems

2. **Neurotransmitter**—chemical substances that are released into the synapse by the presynaptic neuron

a. May be excessive production and release of the neurotransmitter substances into the synapses

b. **Synapse**—a tiny fluid-filled space between neurons

c. Dysfunction may occur in how neurotransmitters are deactivated

d. May be a problem with receptors in the postsynaptic neuron

e. Nor epinephrine, dopamine and serotonin are monoamines (each synthesized From a single amino acid) that have been extensively studied

3. Hormonal imbalances (see figure 3.4 for a diagram of the endocrine system)

4. **Pituitary gland**—the master gland of the body which produces a variety of hormones

5. **Hypothalamic-pituitary-adrenal-cortical axis (HPA axis)**

6. *Cortical*—stress hormone

C. Genetic Vulnerabilities

1. Abnormalities in the structure or number of chromosomes

2. **Genes**-very long molecules of DNA

3. **Chromosomes**—chain-like structures within a cell nucleus that contain genes

4. Vulnerabilities to mental disorders are almost always polygenic, which means multiple genes influence them.

5. Genes affect behavior indirectly; expression is not a simple outcome of the information encoded in the DNA but is the end product of a process that is influenced by the internal and external environment.

6. The relationship of genotypes to phenotypes

7. **Polygenic**—mental disorders that are influenced by multiple genes

8. **Genotype**—a person's total genetic endowment

9. **Phenotype**—the interaction of the genotype and the environment

10. **Genotype-environment correlations** occur when the genotype shapes the environmental experiences a child has.

a. Passive effect

b. Evocative effect

c. Active effect

11. People with different genotypes may be differentially sensitive or susceptible to their

Environment; this is known as **genotype-environment interactions**

12. Methods for studying genetic influences, used by those in the field of behavior genetics,

Includes:

a. **Behavior genetics-**the field that focuses on studying the heritability of mental

Disorders

(1) Pedigree or **family history method**

(2) **Twin method**

(3) **Concordance rate**

(4) **Adoption method**

13. Separating genetic and environmental influences

a. Shared environmental influences are those that would affect all children in a family similarly.

b. No shared environmental influences are those in which children in the same family differs.

14. Linkage analysis and association studies

a. These studies attempt to determine the actual location of genes for certain Disorders.

Psychological Causal Factors

A. Early Deprivation or Trauma (See Figure 3.10)

1. Institutionalization

a. Many children institutionalized in infancy or early childhood show severe emotional, behavioral, and learning problems and are at risk for disturbed attachment relationships and psychopathology.

b. Adoption can lead to significant improvement; the earlier the adoption, the better the children did.

2. Neglect and abuse in the home

a. Among infants, gross neglect may be worse than abuse.

b. Abused children may be overly aggressive, suffer difficulties in linguistic development, and develop significant problems in behavioral, emotional, and social functioning, including conduct disorder, depression, anxiety, and impaired relationships with peers.

c. Atypical patterns of attachment are common—most often a disorganized and disoriented style.

d. These early experiences may never be overcome.

e. There is a 30 percent chance of intergenerational transmission.

f. Improvements may be seen when the care giving environment changes.

3. Separation

B. Inadequate Parenting Styles

1. Parent-child relationships are always bi-directional.

2. Parental psychopathology

a. Parents suffering from schizophrenia, depression, antisocial personality disorder, or alcoholism tend to have children at heightened risk for a wide variety of developmental difficulties.

b. Effects do not seem to be due simply to genetic variables.

c. Importance of protective factors such as a warm and nurturing relationship with an adult, having good intellectual skills, having social and academic competence, and being appealing to adults

3. Parenting styles: warmth and control (Figure 3.12 depicts the four types)

a. Authoritative parenting

b. Authoritarian parenting

c. Permissive/indulgent parenting

d. Neglectful/uninvolved parenting

e. Styles vary in the degree of parental warmth and in the degree of parental control

f. Restrictiveness can protect children growing up in high-risk environments.

C. Marital Discord and Divorce

1. Marital discord

a. When marital discord is long-standing, may lead to frustrating, hurtful, and generally damaging effects on both adults and children

b. Effects may be buffered if one parent is warm, prone to praise and approval, and able to inhibit rejecting behavior toward child or if child has supportive peers.

2. Divorced families

a. Effects of divorce on parents

b. **Direction of the causal relationship**—overrepresentation among psychiatric patients

c. Effects of divorce on children

(1) Long-lasting modest negative effects documented.

(2) Effects of divorce are often more favorable than the effects of remaining in a home with marital discord.

(3) Children living with stepparents—especially very young children—are at increased risk for physical abuse.

D. Maladaptive Peer Relationships

1. Despite attitudes against bullying, most children do nothing to discourage bullying; 20 percent–30 percent of children actually encourage the bully.

2. Sources of popularity versus rejection

a. Popular children tend to be either pro-social or antisocial

b. Rejected children tend to be too aggressive or too withdrawn.

MENTAL ILLNESS DSM-IV

Personality-Related Problems and the DSM-IV

The defi nition of personality-related disorders described and illustrated in the two preceding sections was initially proposed in the fi rst edition of this book, but it appears to have had very little impact on the fi eld. In particular, there has been scant attention to the issue of cognitive distortions as defi ning characteristics of personality-related disorders, perhaps because the assessment of cognitive distortions is diffi cult (but see Barriga & Gibbs, 1996).

Instead, what has evolved is a broader perspective. Instead of tightly defi ning personality-related disorders by a set of necessary and suffi cient criteria, current thinking points out that there is a continuum of problems-in-living associated with personality traits, and that researchers and practitioners need a fl exible system that can be applied anywhere along the continuum.

Widiger, Costa, and McCrae (2002) have proposed a four-step process to meet this

need. Diagnosis of individual patients begins with an assessment of standing on each of the fi ve factors and their associated facets, either by clinical judgment (M. J. Miller, 1990) or by self-reports or observer ratings on standardized measures of the FFM. Such an assessment would be clinically useful in understanding the strengths and weaknesses of the individual and in developing rapport in almost any therapeutic setting (T. Miller, 1991).

The second step is to identify personality-related problems. This might include the presenting problems, but it would also be possible to use a systematic screening. Widiger, Costa, et al. (2002) provided a list of problems that are likely to be associated with the low and high poles of each of the factors and facets. That list could guide a diagnostic Psychopathology and the Five-Factor Model 61 interview. For example, a client who scored low on Trust might be asked if he had a sense of being exploited or victimized; one who was high on assertiveness might be asked if she was perceived as being domineering and bossy. Ultimately, this process should yield a list of issues that could become the focus of counseling or therapy.

Counselors might find no need to proceed beyond Step 2. Clinical psychologists or psychiatrists, who may be required to give a formal, *DSM* diagnosis, would need to ascertain if the problems identified were serious enough to warrant classification as a personality disorder. Step 3 requires a judgment of whether the personality-related problems cause clinically significant personal distress or social or occupational impairment. The Global Assessment of Functioning (*DSM-IV* Axis V; American Psychiatric Association, 1994) scale might be used to make this judgment. If impairment is judged significant— and until the *DSM* offers a new system more in line with the four-step process—the condition can be diagnosed as a Personality Disorder Not Otherwise Specified.

Finally, clinicians or researchers who are interested in more detailed syndromes can use personality profiles (McCrae et al., 2001) or prototypes (J. D. Miller, Pilkonis, & Morse, 2004) to help make categorical judgments. Under the *DSM-IV*, these profiles or prototypes would need to be considered hypotheses that specify the particular disorders that the individual might have; a detailed interview would probably be needed to confirm that *DSM* criteria for a diagnosis are met. If a future *DSM* adopted this four-step procedure, the fourth step would be an optional description of a personality pattern, and would be defined by scores on a personality inventory (Costa & McCrae, 2005). For example, Widiger, Trull, et al. (2002) asserted that the obsessive–compulsive personality disorder is characterized by high levels of assertiveness, competence, order, dutifulness, and achievement striving, and by low levels of openness to values and compliance. An individual showing that pattern of personality traits in Step 1 and diagnosed as having a personality disorder in Step 3 would be classified as having an obsessive–compulsive personality pattern in Step 4. At this point in scientific history, we know much more about the FFM—its heritability, development, longitudinal stability, universality, and consensual validity (Costa & McCrae, in press)—than we do about the shifting categories of personality disorders that have been offered in a series of *DSM*s. Future *DSM*s should base their description of personality pathology on the solid foundation the FFM supplies. The four-step process is one way to do that.

Mental health professionals refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM) for standard terms and definitions of various forms of abnormality. It is a classification system that includes descriptions of all psychological disorders, which are also known as mental disorders.

The DSM, published by the American Psychiatric Association (APA), is periodically revised to incorporate the latest information related to psychological disorders. The DSM was first published in 1952 and since then has gone through several changes with its latest version being DSM-IV-TR (text revision).

To develop revised editions of the DSM, task forces are appointed which comprise of clinicians and researchers with expertise in specific disorders. On the basis of their research, a list of several disorders ranging from mild adjustment problems to severe disorders has been developed.

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The DSM ensures standardised interpretation of the diagnostic labels and also provides a common language and format for communication between clinicians and researchers.

Its multiaxial format (explained later in the chapter) also allows thorough evaluation of cases with attention to the mental disorders, general medical conditions, psychosocial problems and the level of functioning, which might get ignored if the focus were on evaluating only the presenting complaints.

The recent editions of the DSM follow an atheoretical approach, that is, they try to present psychological disorders in a manner that reflects observable phenomena rather than what caused it. For example, anxiety disorders are described in terms of the associated psychological and physical symptoms associated with no reference to what caused these symptoms.

The DSM classification system also helps in treatment planning. For example, a clinician would choose very different treatment plans for individuals with anxiety disorders as compared to those with psychotic illnesses. Also, every DSM-IV diagnosis has specific numerical code, which helps individuals acquire health insurance to manage the treatment cost.

The authors of the DSM have tried to develop a reliable and scientifically and clinically sound system such that anyone showing a specific set of symptoms receives the same diagnosis across clinicians, irrespective of their theoretical orientation.

Emphasis has also been on the ensuring its validity - the extent to which the diagnostic criteria measure a specific disorder and how well the disorders can be distinguished from each other. For this, the experts have been required to take into account the base rate of a disorder - that is, the frequency with which a disorder is

found among the general population. Low base rate means fewer cases and therefore establishing the reliability of the disorder becomes difficult.

1.3.1 How the DSM Developed The DSM was the first official classification system that was developed exclusively for diagnosing mental disorders. Let's look at the history of the DSM - the initial editions of this manual were not as precise and reliable as the recent ones.

The DSM-I, the first edition published in 1952, followed a theoretical approach where mental disorders were seen as an individual's _emotional reactions' to his problems.

The DSM-II which was published in 1968, tried to introduce explicit definitions and diagnostic terms that would reduce reliance on theoretical assumptions.

In 1974, the APA appointed a team of scholars and practitioners to develop a manual that would be based on observable phenomena and acceptable to clinicians irrespective of their theoretical orientation. This led to the DSM-III, published in 1980.

Although the DSM-III was a refined edition, it had instances in which the diagnostic criteria were not entirely clear. Due to this, the DSM-III-R was published in 1987 as an interim manual till a more complete edition was developed.

Around the same time, the APA once again set up a task force that worked towards improving the reliability and validity of the diagnoses, in stages. In stage 1, its members reviewed the relevant research published which was then carefully analysed in stage 2. The next stage involved field trials in which several thousand individuals with diagnosed psychological disorders were interviewed. Consistency in diagnosis was assessed by having pairs of clinicians independently rate clients through videotaped interviews. To establish the validity of the diagnosis, clinicians evaluated individuals diagnosed with specific psychological disorders, with the number and nature of symptoms needed to diagnose specific conditions. These field trials helped to empirically decide the specific kind and number of symptoms that would make a diagnostic criteria. For example, to diagnose Major Depressive Disorder, a person has to have atleast five out of the nine listed symptoms which include lack of interest, sad mood, disturbed sleep, disturbed appetite, feelings of worthlessness, etc.

Thus, the DSM-IV was published in 1994. A major feature of this version was that it included _the symptoms cause clinically significant distress or impairment in

social, occupational or other areas of functioning' as one criterion for almost half of all the disorders.

The DSM-IV with updated information, known as DSM-IV-TR (text revised) was published by 2013.

Researchers have begun working on the DSM-V which may be published in the coming years.

1.3.2 Controversial Issues Pertaining to the DSM

For many years, critics of the DSM have argued that it tends to unfairly label people and is not a very reliable and valid tool. It is also suggested that politics and culture have influenced the definitions of disorders from time to time. For example, homosexuality was included as a diagnostic category in the DSM-II and was removed following protests from gay activists at the APA annual conferences from 1970 to 1973. Also, pressure from the Vietnam War veterans forced the authors of DSM-III to recognize that a group of symptoms experienced by survivors of traumatic events represented a disorder and thus post-traumatic stress disorder was introduced. This demonstrates the biased processes involved in defining mental disorders.

In addition to this, the DSM classification system is criticised for being prejudiced against women, in that women are more likely to be diagnosed with personality or mood disorders because feminine personality characteristics are perceived as being pathological. As a result of this, the authors of the DSM-IV have been particularly careful about basing their decisions on fair interpretation of the research data (Kirk & Kutchins, 1992; Kutchins & Kirk, 1997).

1.3.3 Definition of Mental Disorder
The concept of mental disorders is fundamental to the processes of diagnoses and treatment. The authors of the DSM define a mental disorder as —a clinically significant behavioral or psychological

syndrome or pattern that occurs in an individual that is associated with present distress (e.g., painful symptom) or disability (i.e., impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom and it is not typical or culturally expected Let's understand this definition.

A mental disorder is clinically significant - this implies that the symptoms have to be present for a specified period of time and should have a major effect on the person's life. Thus, an occasional low mood or strange behaviour or a sense of instability are common experiences and do not represent a mental disorder.

A mental disorder is behavioral or psychological syndrome or pattern - a syndrome is a collection of defined symptoms. A behavioural or psychological syndrome indicates a set of observable actions and the thoughts and feelings reported by the individual. Accordingly a random thought or behaviour does not constitute a mental disorder. A person has to experience a wide range of defined thoughts, feelings and behaviours in order to be called as having a psychological disorder.

Further, it is **associated with present distress, disability, impairment or serious risk**. This means that the syndrome sufficiently interferes with the individual's everyday functioning. For example, a woman who compulsively washes hands may be very disturbed by her actions and may not be able to overcome the behaviour. Her productivity at work and social life may also be severely affected by this.

In certain mental disorders the person may not experience any distress but there may be a serious risk to life. For example, a person in a hyperexcited state of mania, having a good time, may believe he can fly and is thus at risk.

Finally, **the disorder is not a culturally expected or sanctioned pattern**. For example, a woman feeling sad, having difficulty eating, sleeping, concentrating, etc., for few days, following the death of her husband, will not be called as suffering from Major Depressive Disorder because it is an expected reaction to this event.

1.3.4 Assumptions of the DSM-IV-TR The DSM is based on some assumptions:

1.) Medical Model: The DSM follows a medical model which means that every physical and psychological disorder is regarded as a disease. In this sense the DSM is similar to the ICD, the International Classification of Diseases (ICD), developed by the World Health Organisation, and ensures uniformity in the usage of medical terms. Thus, according to this view, Schizophrenia is a *disease* and the individual suffering from it is referred to as *patient*. The use of the term *mental disorder* is also in line with this view. Although the term mental disorder implies a distinction between ‗mental‘ disorders and ‗physical‘ disorders, it is important to recognise that there aren‘t any fundamental differences between mental disorders and general medical conditions. Mental disorders tend to involve biological factors and similarly physical disorders have psychological components.

The term ‗general medical conditions‘ (Axis III) is used only as a convenient format to refer to illnesses that are not listed under mental disorders.

2.) Atheoretical Orientation: The authors of the DSM have tried to develop a descriptive rather than explanatory classification system, that is, a psychological disorder is presented as an observable phenomenon rather than in terms of what caused it.

The DSM is neutral with respect to the theories of causality. For example, the DSM-IV-TR classifies social phobia as an anxiety disorder in which the person has persistent fear of social or performance situations, without any reference to whether the anxiety is caused due to a childhood trauma or an unconscious conflict or any other factor. The early editions of the DSM were based on the psychoanalytical tradition in which mental disorders were seen as _neurosis' or an _emotional reaction' to one's problems and were thought to be a result of unconscious conflicts. The term neurosis is not a part of the DSM anymore but is still commonly used to describe symptoms that are distressing and do not have a physiological basis. The term is also used to refer to excessive anxiety or worry and to distinguish the condition from psychosis. Psychosis involves the presence of hallucinations (false perceptions) and delusions (false beliefs). It is a condition in which the person is not in touch with reality and shows grossly disturbed and bizarre behaviour. Psychosis is not a diagnostic category but used as a descriptive term in the DSM-IV-TR.

3.) Categorical Approach: The DSM-IV-TR classifies the disorders into separate categories. For instance, conditions which involve excessive anxiety or worry are categorised as anxiety disorders, those which affect the mood are referred to as mood disorders. Although systematic, this approach has a limitation - psychological disorders cannot be very neatly separated from one another. For example, it is difficult to distinguish between sad mood and clinical depression (severe enough to receive a diagnosis of depression). Also, some cases involve a mixed presentation such a person experiencing anxiety and sad mood or mood symptoms with psychosis.

Due to this, a dimensional approach is being considered, that is, instead of fitting an individual's symptoms into some category s/he would receive a numerical rating on his symptoms indicating the severity of each. The dimensional model is thought to give a better picture of the individual's condition. There are two issues related to the categorical approach. One is comorbidity, that is, conditions in which a person has two or more disorders that co-exist. For instance, negative emotional states are common in anxiety disorders, mood disorders and some personality disorders. The second is that of boundaries - some disorders have overlapping symptoms, such as conduct disorder, oppositional defiant disorder and attention-deficit/hyperactivity disorder (Widiger & Samuel, 2005).

4.) Multiaxial system: This system involves assessing five areas of an individual's functioning so that the treatment can be planned accordingly and the course of the disorder can be predicted. The DSM comprises of five axes:

Axis I: Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention This axis is used for listing the various forms of abnormality, that is, the clinical syndromes or disorders with the exception of the Personality Disorders and Mental Retardation, such as schizophrenia, the different types of anxiety disorders, such as social phobia, specific phobia, generalised anxiety disorder, obsessive compulsive disorder, etc., mood disorders such as major depressive disorder, bipolar disorder, etc., adjustment disorders, cognitive disorders like delirium, dementia, amnestic disorder, etc. If an individual has more than one Axis I disorder, all should be reported with the primary reason for the visit being listed first. **Axis II: Personality Disorders and Mental Retardation** All the Personality Disorders like Paranoid personality disorder, Schizoid personality disorder, Schizotypal personality disorder, Antisocial personality disorder, Narcissistic personality disorder, etc., and Mental Retardation are reported on Axis II. Maladaptive personality features or excessive use of defense mechanisms can also be mentioned here. This axis ensures that the unhealthy personality characteristics and mental retardation will be taken into account while attending to the primary complaint. **Axis III: General Medical Conditions** This axis is for reporting the general medical conditions that are important in understanding an individual's mental disorder. General medical conditions may be related to the mental disorders in several ways. In some cases they may play a role in the development of an Axis I disorder, for example, Hypothyroidism may lead to depressive symptoms in some or an individual may develop an Adjustment disorder as a reaction to the diagnosis of Brain tumour. In certain cases medical conditions may influence the treatment of the Axis I disorder, for instance, a person's heart disease may influence the clinician's choice of medicines for this patient's depression. **Axis IV: Psychosocial and Environmental Problems.** the psychosocial and environmental problems that influence the diagnosis, treatment

and prognosis (future course) of mental disorders listed on Axis I and/or II are reported on this axis. This includes a negative life event, interpersonal stresses, lack of social support, etc. These problems may influence the development or treatment of mental disorders or may develop as a result of the Axis I/II condition.

QUESTION BANK

*(L*ong Answer Type & Short Answer Type Questions)*

1. What are the meant by abnormal behavior?
2. What are the difference between normal and abnormal behavior in psychology?
3. What are an example of abnormal behavior?
4. What are is abnormal disorder?
5. What are considered abnormal behavior?
6. What are the cause of abnormal behavior?
7. What are is the definition of causal factors?
8. What are the cause of abnormality?
9. What are the main causes of psychological disorders?
10. What are the criteria for abnormal behavior?
11. How do you cite the DSM IV in APA format?
12. How does the DSM define mental illness?
13. What are the DSM IV?
14. Is autism in the DSM IV?