

CASE STUDIES OF COUNSELLING INTERVENTION FOR STUDENTS

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Abstract

Students face various problems in day to day life. A counsellor has an important role to play in the analytic process of offering therapy. Education system needs to be ready with a favorable program for the overall well being of the students. It includes keeping the teachers sensitized, have informal listening open when a student approaches to share a problem, involve parents with due courtesy and offer a confidential non threatening environment so that early intervention can be offered to a walk in case or those referred by the teachers, or asked for help by the family. The study is qualitative sharing of three selected cases with different observed issues and probed in-depth, offered intervention by taking along parents and suggested ways to deal with it and follow on. The purpose of study is to emphasize on early intervention and role of school system in taking care of the students beyond curricular aspects. It points out the further conscious review by each school on making counsellors accessible, supported for home visits or any alternative ways that must not neglect any case asking for, or in need of help. Further strengthening of skills of the teachers and counsellors can be a regular practice.

Key words: *informal listening, non threatening environment, early intervention, strengthening skills of teachers.*

Introduction

Education is living life while dealing with the problems that come along. Students face various problems in day to day life. Schools often disjoin on many of these issues. However, it is necessary to associate with the students to constructively resolve any problems.

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This requires students to expand their repertoire of information and skills beyond areas of learning. The schools must foster an environment of equality and social justice. This viewpoint however questions the schools' readiness on skills, knowledge, willingness, and responsibility to understand conflict as an opportunity for self awareness, and hence have a vision to enrich and strengthen school community (Bodine and Crawford, 1998). Children in a school come from various backgrounds. Changes in family structure or life style can have an impact on the behaviour and performance of the child. Students and families can benefit from family counseling (Butler, Crespi, & McNamara, 2017).

A school counselor has an important role to play in the analytic process of offering therapy. By aligning with the family and key stakeholders, seek consensus to reach the goals. Network with the referrals wherever required, develop intervention, implement these, document and assess outcomes, review and implement changes based on revised hypothesis (Franklin & Bry, 2019). Systems theory has a focus on looking at the whole story, and tapering down to the specific triggers (Scotts, 1992). Taking input from related teachers is important too. Semi structured interviews can be conducted to get related information of cases pertaining to behavioural issues or performance of the student. Active listening skills play an important role. Disengaged students feel away from rules and customs. Teachers can give valuable inputs on at-risk children. Unfulfilled expectations, immaturity, irresponsibility, distractions, disrespectful behaviour, seeking attention, poor listeners, unmotivated presence, and possibility of failing in class -- these are the possible areas of inputs from the teachers (Boyd-Franklin & Bry, 2019).

The objective of making a difference is basic- the transformation from invisible and helpless to empower to affect the world. To make a child wanted is a challenge. Generating positive responses can make the child motivated. The assumption of the school that all students have the life skills and habits towards school readiness often leads to negative characterization of students who are resistant to the school system. At-risk students, however, likely display behavior that creates obstacle to their learning. A great deal of systematic effort lies on the counselor with other stakeholders to help students unlearn and replace habits with more school appropriate habits (Boyd-Franklin & Bry, 2019). Parent organizations can also be involved to support the work of counselors, effectively network with school and other

referral agencies, share success stories with fellow parents and facilitate decision making and individualized education programs (Singh & Deshparbhu, 2016).

It is important to see an application from the student and parents to seek assistance and then have formal consent too. The following activities must be authorized by the head of the institution. The information centre or community based resource centre can be established in the institution so that parents can be trained, counselor be doing research further, optimum use of technology is made, assistive devices are available to understand their functioning including any low income parents or those not literate enough to sustain the situation independently (Singh & Deshparbhu, 2016). All sections of the school must be taken care of- preschool, and up to senior secondary classes. In extreme situations, alternative school can be designed and availed to accommodate students with behavioral, educational, and/or medical needs of students which usually remain unaddressed in a traditional public or private school environment (Singh & Deshparbhu, 2016).

Identification of issues, including those related to development, begin informally (Menon, 2016). The child's sensorial orientations to other things indicates hearing, seeing, cognitive capacities - for example, the slow responses of about twenty months old child or his/her clumsiness can set the parents to be curious. The suspected problem reaches the preschool teacher, or even later. The teacher herein puts her knowledge and training about developmental delays to report to the counselor. The team work ideally begins in the knowledge of the head of the institution which may include appropriate referrals for medical and developmental assessments.

A well trained and well equipped counselor in the institution thus has much to offer to the students with multiple issues. There can be group therapy sessions, individual therapy sessions, home visits, small classroom interactions, parent interactions, emails to parents and telephonic counseling. These need a positive approach on the part of institution system. The educational consultant or the guidance worker can recommend in alternative school if the student's educational needs, psychological evaluation and overall performance need more and specific attention (Singh & Deshparbhu, 2016). The teacher student ratio in an alternative school is friendlier with lesser students. The counseling facilities must be available accordingly.

Inclusion is an objective of the education program as per NCTE, 1998. Adequately trained teachers should be able to improvise teaching learning strategies, reorganize man power and material resources, enhance parent and community participation, ensure one to one learning practice, integrate these children with normal population, enhance facilitate inclusion aiming education for all (Menon, 2016).

The basic principles of the Human Rights Approach to Inclusive Education include recognizing every child to be special, recognize collective strength of the classroom, believe in peer to peer learning, expects teachers to make optimum utilization of available teaching aids and assistive devices. These students do not have to be considered as learning machines but as human beings. Multi-sensorial approach, good and regular supervision of the students and friendly learning environment should be offered.

The most cases received by the counselor demand home-school collaboration (Menon, 2016).

Objectives

- To identify cases of different problems in a school program and establish causes.
- To design intervention programs for respective cases in order to optimize their daily life participation in school.
- To extend participation of these individuals in other-than-classroom-programs.
- To suggest need based follow-on per case.

Need of the study

Understanding students of different age groups, identifying those in need of special care or deviance from normal classroom and/or social participation, and assisting them to mainstream on the basis of theoretical knowledge and experiences with various cases to improve everyday performance permits to cater to cases which may remain unreported, or get shadowed under the stigma of asking help.

Methodology

Purposive selection of three cases was done who sought help from the counselor. Ambiguous issues/ obstacles were observed by the parents and teachers.

Tools used

Teacher reports, parents' inputs, self disclosures, observations, and reporting by grandparents were used to establish the levels on various relevant parameters. Individualized intervention was planned for each case keeping privacy, confidentiality and consent to have long term co-operation. Flexibility was observed and sessions of counseling planned and executed from time to time.

Sample

Three cases were purposively chosen and discussed at length from rapport building to diagnosis, intervention and follow-on within the scope of school counseling

Results and discussions

Case 1: Ms. A, 18 years pursuing class 12th in a Government school, Chandigarh. Healthy in appearance, felt restless, anxiety ridden, performed poor in academics under pressure, sensitive to touch noise and light, avoided group activities and sports, behaved immature for her age, would answer before the question was completed, procrastinated in most day to day tasks, had a negative attitude, sensitive, felt difficulty in waiting for the turn in group activities, had low tolerance. On time test, scores indicated high ADHD. General Adult ADHD Test Symptoms checklist was also used. High ADHD approved by the scores. Inputs from significant others were taken. Six sessions of intervention were given, two for individuals and one with mother. Another test was administered namely 'test your positive thinking', wherein scores on positive and negative thinking were equal. It included items like, "Are you surprised when a friend lets you down?"; "Do you feel comfortable making yourself the target of your own joke?"

The following suggestions were made:

To exercise and eat right, to get a good sleep., to practice better time management., to work on relationships with, friends, family, cherish people who were sympathetic towards her challenges, and to proactively create a supportive work environment. The mother was encouraged to develop a pleasant environment, avoid criticism, praise strengths, not overestimate her, help divide larger tasks into smaller tasks to ensure feel a sense of accomplishment. For stress management going for walks, delaying responses to situations (than reacting), and referring to a physician for any medication to feel calm, was done.

Outcome: the case was followed for three months. In the first month there were periods of frustrations because of peer pressure in class over her academic performance. Over the time, positive interaction with the calm mother brought the stress down. She became more mindful of her strengths. She was more engaged with curricular activities and was better accepting of meeting targets in school.

Case 2: Ms. B., 18 years old girl studying in a government school in Chandigarh. Physically fit, healthy, had healthy childhood, from a nuclear family, reported stress, anxiety and restlessness. Rapport building was done for two sessions. She was very open to discuss her discomforts. The appearance was not obvious on any persistent stressors but she reported loss of sleep, worrying, sweating, dizzy spells, fast heartbeat when stressed, hot flushes, avoiding situations that frightened her, numbness in parts of her body, admitted to being dependent on others, felt tired and exhausted easily, often had headache, neck pain, recurrent and persistent ideas, unwanted and ambiguous images, sometimes had diarrhea, less sleep, mood swings, nausea, tension, anticipating bad experiences and feeling detached from body. She would feel strange things around herself at times, nervous, sensitive to light and touch, and pounding of heart (indicating anxiety). She exhibited severe fear on talking face to face with someone, moderate fear to meet strangers, severe fear of urinating in public bathrooms, moderate fear to be the center of attention, and often on many other parameters. The scores reflected high anxiety due to severe social phobia. She was also diagnosed to have anxiety impact on life, work and relationships. Her negative thoughts dominated her expressions though she would be positive about many things.

The intervention for the case required a deep understanding of her life situation; she was a case of perceived fears of her self-created blocks to enjoy life due to verbal pressure by too many commands from the parents. It was a consequence of too many commands from the parents. This had led to over expectation from herself in every sphere of life. There was a habit of anticipated failure and unhappiness in almost every situation. There was unawareness on the part of the parents regarding the anxieties she was carrying. The author/counselor fixed up joint interaction sessions to subtly apprise the parents of the situation. Individual session for each of the parents was conducted to unconditionally support their daughter to perform her best in academics. She was in need of engaging in physical activities to regulate her hormones, enjoy small daily life experiences, to trust free conversation with her parents without being judged, to have healthy expectations from her based on reality, to trust her friends and to have a routine structured with walks, cycling, swimming, if possible, and increase outdoor time. Follow on was suggested. She reported to feel happier and calm after a month. She expressed a newly discovered comfort with her friends and family. Her sleep issues were not completely resolved. She had lesser episodes of sweating or restlessness. Her teachers gave improved classroom behaviour, and her performance was more involved and superior. Sensitizing teachers had worked positively for both.

Case 3: Mr. C. 13 year old boy from a public school in Panchkula, Haryana, a single child, healthy in appearance. Father ran a business and mother was a teacher; a nuclear family. The concern was internet dependence, almost addiction. Parents reported his maximum day going into internet usage. He did not have too many friends. He was not close to any of those. He perceived his parents to be too busy in work. He would spend 9-10 hours on the internet playing games, chatting with friends/strangers. Parents complained of his door often shut and he would be inaccessible for hours, and remain without food. C was using plural web identities. His school performance was getting poor and he admitted that he is not considering school work important and not completing it usually. He would respond selectively to parents' calls or to knock on the door. After establishing a rapport with the client and him agreeing to too much time on internet, he reported poor encouragement from the parents. His attempts to improve were never appreciated. A session with parents along with the subject was held. Initial disagreements were enlisted. Three more sessions were held to structure a routine for the case. The internet availability was narrowed down to two hours in the evening. The child could ask for the two hours depending on the other outdoor activities suggested to

him after finishing his home work and schedule self study hours. Father was suggested to be available to facilitate his commuting for outdoor activities. Mother would escort him to the chess class. In school, the child failed in many subjects but was excellent in computers. The teachers were sensitized to have small tasks given to him every day and assessed on regular basis. Parents could access teachers more often on the phone also. The child was encouraged to write a journal and record expressions of his feelings, good or not, when he felt strongly about anything. The follow-on with the child reflected a positive change, the child reported enjoying academics, realized his indulgence in internet previously, and also was doing very well in his outdoor activities. The parents were comforted with the change in his overall behaviour.

The above three cases reflect in-depth involvement in the understanding small but meaningful things in life of the students. Conflict in life, perceived or real can be dealt with positive opportunities. The subject can simply expect respect. Differences can be appreciated. The contribution by team work of counsellor, teachers, parents and a responsive client can alter the path of a child to be better. Teachers can be trained in the skills. Staff development component can be initiated (Bodine & Crawford, 1998). Cooperative school systems helped make a change. The task requires patience and perseverance. Small, goals have to be appreciated. The counsellor had to use flexible ways for each case. What seemed impossible turned very enjoyable, eventually. Paylo (2011) recommended the school counsellor's involvement to know of family systems to justify meeting up essentials of the evolving profession and should be considered through the school counselling curriculum. It also helps to change the family's current homeostasis in the home (Lambie & Rokutani, 2002,). Hinkle (2001) endorses early intervention to check escalation of problems. A family systems perspective is preferred over individual therapy for youth in school settings (Velsor, 2000; Whiteside, 1993) and school counsellors can help parents promote effective ways of managing children in school settings and family homes (Nelson, 2006).

Educational implications

The role of the school program toward the overall well being of the students has always remained important. However, the challenges now are related more to lifestyle also. There should be time to time assessment of students. Any deviations should be soon dealt with. The heads of the institutions should have a mechanism of offering remedies and blocks by well

trained counselors and teachers. Early intervention program recommends professionals with technical knowhow. The school should have a mission statement to work on overall well being. (Rao, Kundu, & Auckerman, 2007). Home visit in cases with related parameters should be made. Rigidity in functioning of the schools often leads to perceived fears among students and parents. That can be avoided by offering confidential access, e mail or telephonic access to counselors. There can be appointment made to have one to one sessions following these. The state should allow resource rooms and referral teams available on call to support on medical intervention required along with these.

Way forward

More qualitative studies can be done to gather more information and share success stories with stakeholders working for the benefit of school program, and in the interest of children and youth, in specific. Teacher training programs can have modules intensively working for understanding and dealing with cases.

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