

iCALL



COUNSELLING FOR ADOLESCENTS

A LEARNING MANUAL



Developed by:

iCALL, Tata Institute of Social Sciences
In Partnership with
UNFPA (Rajasthan)
NHM

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Launched in 2014, the National Adolescent Health Programme of the Government of India (Rashtriya Kishor Swasthya Karyakram, RKSK) created a paradigm shift from clinical interventions to health promotion to achieve better social and health outcomes for the 253 million adolescents in India. For the first time, a youth-centered initiative is also prioritising a comprehensive response to mental health concerns of young people. The strategy also responds to other unique health needs of adolescents related to nutrition, Sexual and Reproductive Health (SRH), prevention of injuries, violence, substance misuse and non-communicable diseases.

Argentina Matavel Piccin
Representative India and
Country Director Bhutan



UNFPA India

For UNFPA, young people are our core constituency. We uphold equal rights and opportunities for every young person to access integrated and quality SRH services and information and exercise their agency without fear, coercion or violence. The India Country Office has aligned its priorities and resources to strengthen adolescent and youth interventions in partnership with the Government, civil society organisations, youth groups, academia, private sector and media. We are convinced that investments in the health and well-being of adolescents will yield a triple dividend of benefits in improving the health of adolescents, future adult health trajectories and the health of the next generation of children.

UNFPA is privileged to partner with the Tata Institute of Social Sciences in Mumbai, one of India's leading academic institutions focused on the social sciences, we have together invested in enhancing skills and capacities of the RKSK counsellors at the Adolescent Health Friendly Clinics (AHFCs) to provide effective counselling services to adolescents. As a part of this collaborative venture, innovative methodologies such as onsite and online training programmes using Information Technology were put to use to reach out to the RKSK counsellors in the highly vulnerable districts of Rajasthan. As a result, RKSK counsellors have counselled and guided approximately five lakh adolescents over the past four years through facility-based adolescent-friendly health services. This effort is closely aligned with the UNFPA's commitment to strengthen outreach efforts to deliver services to marginalised sub-groups.

It gives me great pleasure to present to you a learning manual for counselling protocols developed as a part of this joint effort of UNFPA and the iCALL initiative at TISS. Our deep appreciation to the National Health Mission, Rajasthan for facilitating the activity. These knowledge products can be of great use in enhancing further the quality of counselling at the AFHC's in Rajasthan. In fact, their adoption by other states may also hold great promise. I sincerely hope that these products will act as a guidance and motivation to counsellors and health service providers to provide non-judgemental, gender-sensitive and human rights-based counselling services to adolescents accessing the health facilities.



Adolescents constitute about 23% of the Rajasthan population and investment on their health and social development will reap higher dividends for the country. Looking at the overall needs of the adolescents from their health, nutrition and social aspects, the Department of Medical Health and Family Welfare has rolled out Rashtriya Kishor Swasthya Karyakram (RKSK) since 2014. RKSK programme in Rajasthan is being implemented in 10 districts through the provision of facility based services of Adolescent Friendly Health Clinics through 314 health institutions. Since 2015, through the RKSK clinics outreach services and Adolescent Health Days, the RKSK programme has reached approximately 12 lakh adolescents in the State.

Naresh Kumar Thakral
Mission Director
NHM & Special Secretary
Medical, Health & Family Welfare

One of the major elements in the RKSK programme is the provision of the specialised counselling services provided by the counsellors at the health facilities on areas pertaining to Nutrition, Sexual and Reproductive Health, Mental Health, Accidents & Injuries and Gender Based Violence, Non-Communicable diseases and Substance Abuse. I am pleased to know that since 2018, the capacities of the counsellors are being built through both online and offline trainings rolled out under the partnership between NHM, UNFPA and iCALL of Tata Institute of Social Sciences (TISS), Mumbai.

For effective Counselling, it is important that the counsellors are provided with protocols for managing clients who are accessing the Ujala Clinics with various health and developmental related issues. I hope that this detailed guidebook will be helpful to strengthen the counselling skills of the RKSK counsellors to address the needs of the adolescents accessing the Ujala clinics.

I would also like to appreciate the efforts of the UNFPA, iCALL TISS and RKSK Division of the NHM Rajasthan in bringing out this guidance book on protocols and sincerely hope that this would benefit the adolescents in the State. Through this message, I would like to instruct the District Health officials to undertake a series of orientation of the RKSK counsellors on the protocols.

As adolescents are a crucial building block of the society the counselling protocols will be a path breaking guidance for the RKSK counsellors in 10 districts of Rajasthan.





The large cohort of India's young population presents an excellent opportunity to reap a rich demographic dividend. However, their potential can be realised only when we invest strategically in developing them into a well-nourished, healthy, appropriately educated and skilled youth force.

Prof. Shalini Bharat
Vice-Chancellor/Director
Centre for Health and
Social Sciences
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Mumbai, India.

The national adolescent health programme, Rashtriya Kishor Swasthya Karyakram (RKSK), is the right step towards promoting health and well-being of adolescents in India. Since past few years, iCALL, a field action project of the Tata Institute of Social Sciences (TISS), has worked towards development of Samvaad, an E-learning platform for building capacities of counsellors working with the RKSK programme and the Adolescent Friendly Health Clinics. The present manual is an outcome of iCALL's capacity enhancement initiatives and interactions with RKSK counsellors in Rajasthan.

The manual contains counselling protocols reflecting the thematic areas of focus in the RKSK programme. It is aimed at providing clear guidelines and directions for effective and adolescent friendly counselling endeavours, thereby promoting adolescent well-being.

I appreciate the efforts taken by iCALL team at TISS to create this learning manual for counselling protocols for RKSK counsellors in Rajasthan. I also sincerely thank the UNFPA and the National Health Mission, Rajasthan for supporting iCALL in creation of this manual. I am hopeful that the manual will serve as a valuable resource to all the counsellors working with the RKSK programme and adolescent health concerns across India.





It gives me immense pleasure to present the protocols designed for adolescent health counselors working with Ujala clinics in Rajasthan. These protocols will serve as important guidelines for the counsellors working with adolescent clients in under-served areas. The protocol document has emerged out of iCALL's (Tata Institute of Social Sciences) direct work with adolescents, capacity enhancement trainings with the Rashtriya Kishor Swasthya Karyakram (RKSK) counselors at Ujala clinics, and review of research on best practices in the area of adolescent health and mental health counseling.

Dr. Aparna Joshi
Assistant Professor,
Project Director, iCALL
School of Human Ecology
Tata Institute of Social Sciences

This protocol document is a part of an ongoing and long-term partnership between iCALL, TISS and NHM and UNFPA, Rajasthan for a shared goal of serving the health needs of India's adolescent population.

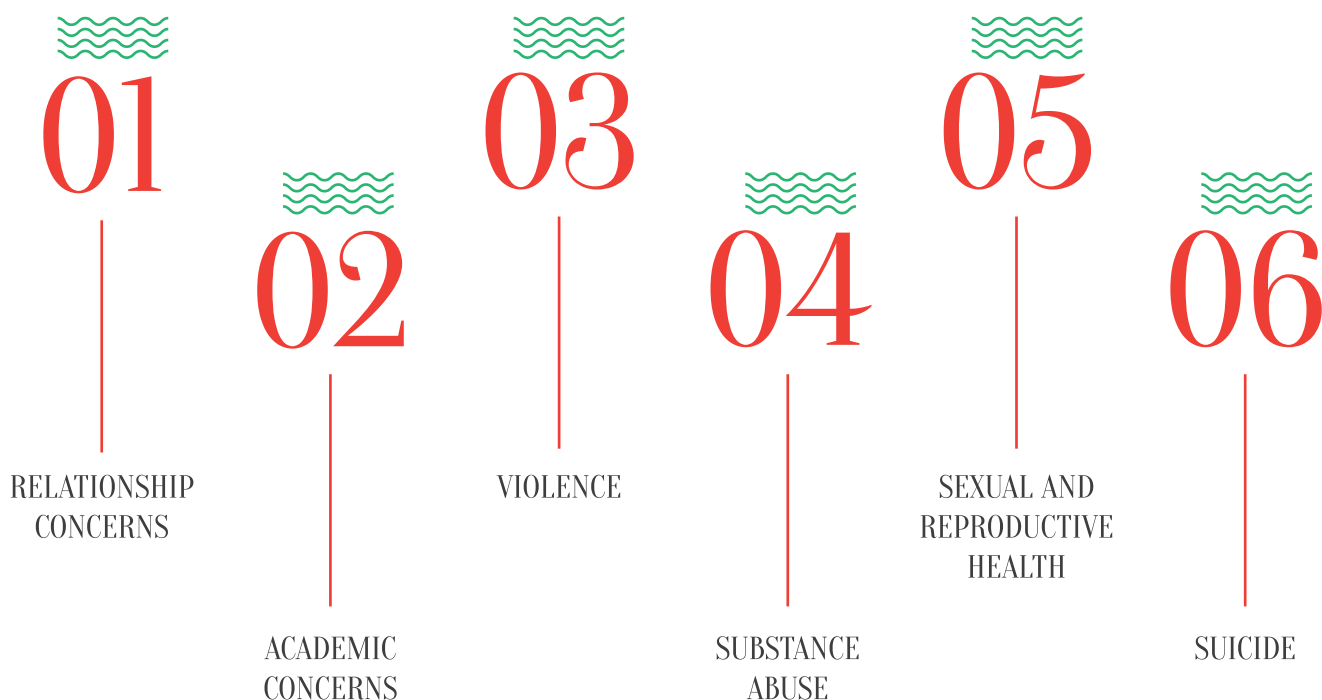
iCALL (TISS), NHM and UNFPA have been involved in the implementation of the Samvad e-learning platform through which the RKSK adolescent health counselors across all the districts of Rajasthan can access a comprehensive curriculum on counseling adolescents for health and mental health issues. The partnership is built on a vision to create a healthy learning environment for adolescent health counselors. This is further expected to enable effective delivery of counselling interventions to address health and mental health concerns of adolescents, alongside prevention and promotion of their overall well-being. The curriculum designed under the Samvad e-learning platform spans over 22 months, and covers all the important themes dedicated under the RKSK programme.

The protocol document is one more effort to provide guidelines to counselors for effective service delivery.

The document has been developed by iCALL in collaboration with UNFPA to build a unified counselling response aligning with best practices and ethical standards for adolescent clients seeking counselling services through the Ujala Clinic. Our hope is that these protocols will act as a brief, yet comprehensive resource that will help counsellors provide structured and effective counselling services to adolescents and young adults at the Ujala clinics.

The protocols are dedicated to the following six themes.

These themes reflect the thematic areas highlighted by the National RSKS programme as well as concerns that are reported by adolescents approaching the Ujala clinics.:



In addition to these themes, a general counselling protocol outlining important counseling principles and process skills for working with adolescents and youth, has been created to serve as a basic framework for counselors and help them to effectively cater to the needs of clients in distress. The document also consists of an annexure for additional reading of concepts illustrated as easy-to-refer diagrams and flowcharts that can be used as quick references by counselors during the sessions. The protocols highlight actionable ways in which ethical conduct and helpful interventions can be embodied in the counselling process by adolescent health.

I hope this document positively impacts the quality of services that are being offered to adolescents in the State of Rajasthan. I also hope that the document paves way for conversations on important themes of mental health, sexual and reproductive health, violence in intimate relationships, and suicide related concerns amongs adolescents and youth, that are often treated as a taboo in the larger society. I invite all the stakeholders interested in the area of adolescent well-being to read this document, with a hope that mental health and well-being will be considered as a necessary part of all health interventions.

TABLE OF CONTENTS

Page No. **9** RKSK Programme
in Rajasthan

Page No. **11** iCALL Psychosocial
Helpline, TISS

Page No. **13** How to Use
This Document

Page No. **15** Methodology

Page No. **17** General
Counselling

Page No. **21** Career and
Academic Concern

Page No. **29** Relationships
Concerns

Page No. **35** Sexual and Reproductive
Health Concerns

Page No. **39** Substance Use
Concerns

Page No. **45** Suicide

Page No. **51** Violence

Background

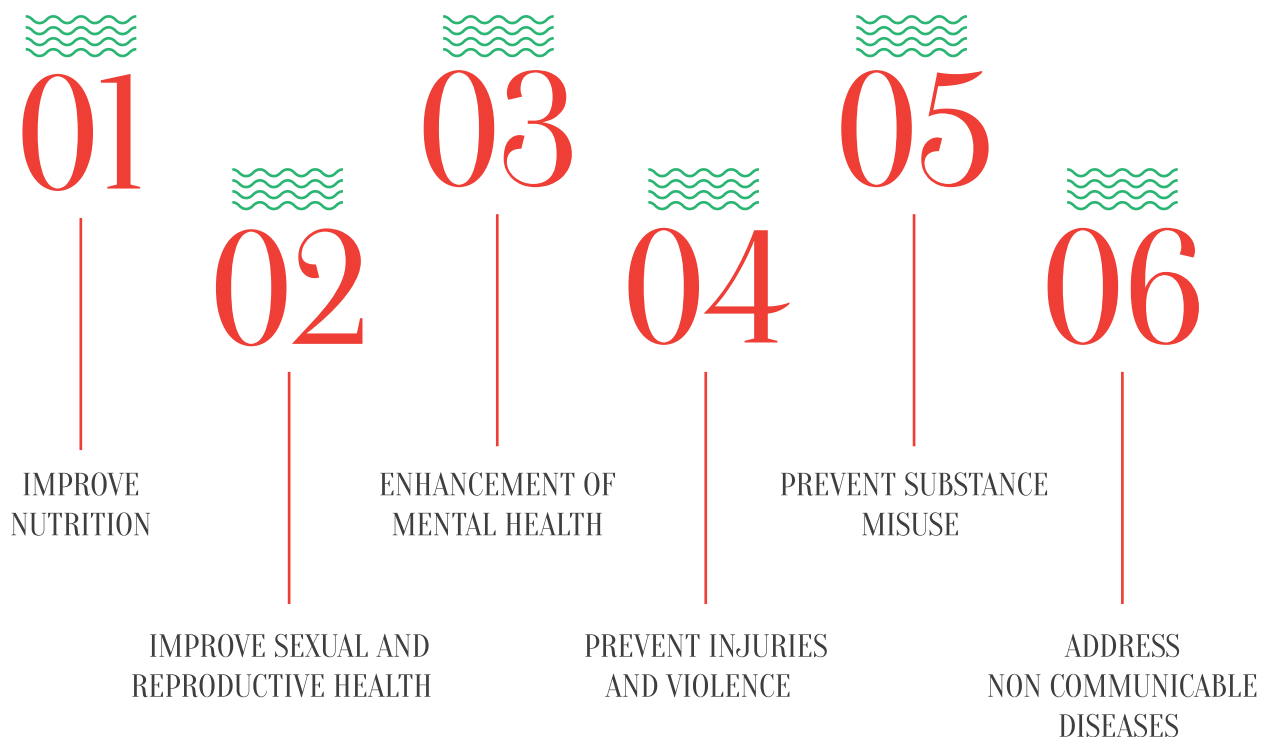
About UNFPA India and the RKSK Programme in Rajasthan

As per the 9th Country Programme Action Plan, the UNFPA has been working in mutual cooperation with the Indian Central and State Governments for the period 2018-2022 to achieve the following three outcomes of the UNFPA strategic plan:

- a) Sexual and reproductive health,
- b) Adolescent and young people's health, well-being and empowerment, and
- c) Population and Sustainable Development.

For attaining these outcomes, the UNFPA has been providing technical assistance to the Ministry of Health and Family Welfare (MOHFW) to help implement various programmes under the National Health Mission (NHM). One such programme, the Rashtriya Kishor Swasthya Karyakram (RKSK) was initiated in India in January, 2014 by NHM with support from the UNFPA. This program is an adolescent health program launched by the Ministry of Family and Health Welfare which aims at the welfare of adolescents and youth between the age of 10 to 19 years (Government of Rajasthan, n.d.).

The Ministry of Health and Family Welfare, in collaboration with UNFPA, has also developed a National Adolescent Health Strategy. This strategy focuses on the holistic model based on the continuum of care for adolescent health and development needs. This program intends to address the health needs of the 243 million adolescents in India (RKSK, n.d.). It introduces community-based interventions through peer educators and continues to align with other ministries and state governments. Following are the basic objectives of the RKSK program in India as delineated by the Ministry of Health and Family Welfare:



The total population of the state of Rajasthan comprises 23.3% adolescents between the age of 10 to 19 years (Census, 2011). The RKSK program focuses on the health welfare of adolescents as it is paramount to influence their health choices and educate them about healthy and unhealthy behaviors. This program, introduced by the Ministry of Health and Family Welfare, focuses on adolescents belonging to different profiles (married and unmarried, vulnerable and non-vulnerable, school and out of school, urban and rural, males and females and likewise). Furthermore, in a pioneering motion the Madhya Pradesh Government decided to make Psychosocial Counselling Skills an integral, if not foundational, component of the RKSK programme. This based on not only the global literature that ascribes to the importance of psychosocial counselling techniques as essential facilitative components to adolescent oriented welfare programmes but also based on the ground level gap present within the State's public health architecture for adolescent friendly health clinics (known as Ujala Clinics in Rajasthan under the current programme) and health professionals trained in dealing with Adolescent health and mental health issues.

Presently, there are 83 RKSK counsellors working in District, Sub – district and Community Health Centres (CHCs) in 10 high priority districts in Rajasthan, where they are engaged with issues in domains such Sexual and Reproductive Health, Mental Health, HIV/STIs, and NCDs, amongst others. The presence of crisis situations and issues as a frequent aspect of engagement for these counsellors further necessitates the integration of counselling skills and knowledge into not only the communication framework but also the conceptual understanding of the client in a clinical setting.

About Tata Institute Of Social Sciences (TISS)

The Tata Institute of Social Sciences (TISS) was established in 1936 as the Sir Dorabji Tata Graduate School of Social Work. In 1944, it was renamed the Tata Institute of Social Sciences. Since its inception, TISS's vision has been to be an institute that continually responds to changing social realities through the development and application of knowledge towards creating a people-centred, ecologically sustainable and just society that promotes and protects dignity, equality social justice and human rights for all. As part of its responsibility towards the problems and the emerging needs of society, the institute has piloted and pioneered several new, time-bound social welfare programs within well-established organizations /systems, or outside them, with the objective of demonstrating to the public, the need for such services. Such initiatives are known as Field Action Projects (FAPs). The FAPs over the years have demonstrated interventions with a wide variety of marginalized groups and issues, with a great degree of success. iCALL Psychosocial Helpline, an initiative by the School for Human Ecology, continues this rich tradition of FAPs by TISS.

iCALL Psychosocial Helpline

iCALL, a pioneering and empowering technology assisted mental health initiative, was started in 2012 as a project at the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai. iCALL endeavors to provide professional and free counseling via email and telephone to anyone in need of emotional support, irrespective of age, gender, sexual orientation or race, and transcending geographical distances while ensuring confidentiality.

iCALL is a National level telephonic, email and chat-based counselling service for addressing psychosocial needs of people in distress. It caters to individuals across all age groups (with a special emphasis on vulnerable groups such as children, adolescents, women and elderly). Currently the helpline is functioning for 14 hours a day, between 8 AM – 10 PM, Monday to Saturday. The counselling service addresses different issues ranging from crisis-oriented needs to more long-term emotional needs. Since its inception, the helpline's counsellors have collectively answered over 125000 calls, emails and chats on different issues such as emotional distress, mental health, relationship issues, sexuality, and gender-based violence, study related issues etc. The service aims to provide an anonymous and safe platform for people to be able to share, express and deal with their distress. iCALL also provides information, emotional support and referral linkages. Services provided by counselors at iCALL are supervised using different supervisory formats.

Besides providing counselling services, iCALL is also involved in capacity building of government and non-governmental helping professionals, carrying out relevant research in the area of counseling, mental health and psycho-social well-being, engaging in outreach and awareness creation work in the area of psycho-social distress and mental health and providing consultancy to various stakeholders (including state governments) for establishing technology assisted helping services and responses.

Since July 2018, iCALL entered into a partnership with the UNFPA with an aim of strengthening the RKSK programme across 10 districts of Rajasthan. Since then iCALL has trained more than 250 counsellors, offered multiple offline and online trainings, supervision support to aid counselors practicing in the RKSK Programme's Ujala clinics.



How to use this document?

The following protocols have been developed to provide counselors with a comprehensive practical guide to address 6 sensitive adolescent health concerns drawn from the national level- Rashtriya Kishor Swasthya Karyakram, namely:



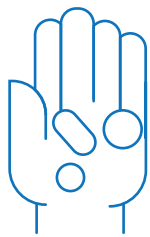
RELATIONSHIP
CONCERNS



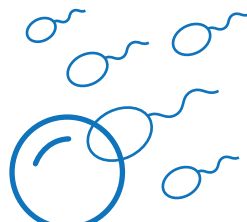
ACADEMIC
CONCERNS



VIOLENCE



SUBSTANCE
ABUSE



SEXUAL AND
REPRODUCTIVE HEALTH



SUICIDE

In addition to these topics, a general counselling protocol on counseling principles and process skills was also created to serve as a basic framework for counselors and help them to effectively cater to clients reaching out with disclosures of emotional difficulties. The protocols have been created keeping in mind the local psychosocial context around adolescent health in Rajasthan. The document highlights and uses local examples to illustrate concepts. The protocols are intended to be brief but comprehensive roadmaps in working with clients who may present with these or similar concerns. Particular attention has been paid to structure these protocols in such a way that they can be quickly referenced in a step-by-step manner to intervene with clients who report these concerns.

The protocols are simply written and jargon has been avoided deliberately in favor of using examples to illustrate various counselling skills and techniques. Each protocol has been broadly divided into the various stages of counselling from introduction to rapport building to risk assessment, interventions and follow up. Each of the stages has been described in the protocols with concrete questions/ instructions that can be utilised to further the counselling process. The protocols also highlight the process skills that should be applied throughout any session with a client, alongside the specific interventions. A similar structure has been used throughout these protocols to give counselors a demonstration of how these techniques can be translated into skills.

Another aspect that has been emphasized in these protocols is guiding principles in doing therapeutic work with adolescents and young people. Important ethical considerations and dos and don'ts have been specified with regards to concerns such as sexual and reproductive health, substance abuse and violence etc. These principles have been included to ensure that counsellors and sensitised & maintain non-stigmatizing stance at all times.

These protocols are intended to help counselors in their therapeutic work with clients, specifically the adolescent population. They provide a brief yet in-depth overview of what can be done to help a client in distress that approaches a counselor in the Ujala clinic. Sensitive topics such as breaching confidentiality in certain cases, ensuring the client's safety, dealing with exam anxiety, working with trauma have been described in detail. Additional (yet necessary information that was considered important) information has been provided in the annexures attached with the protocols along with references so that counselors can access these resources whenever possible.

These protocols are only meant to facilitate the work of counselors with clients. They are by no means exhaustive collection of the techniques, skills, therapeutic approaches and interventions that can be used in working with the adolescent population. The counsellors are however required to use their clinical judgement when adapting the guidelines in their practice to determine the appropriateness of skills & interventions to ensure the client's highest benefit and that no harm is inflicted in the process. We hope that these can serve as quick references and gateways to deeper understanding of working with people in distress.

Methodology:

iCALL has been in partnership with UNFPA to build capacities of RSKK counsellors since 2018 through the Samvaad e-learning programme. Based on findings from the Baseline (2018) and Midline (2019) studies to gauge the impact of this e-learning programme that was conducted in Rajasthan, the gap between theoretical knowledge of counselling skills and practical application in the clinics was identified. Findings from in-depth interviews as well as review of on-field observations of RSKK counselling sessions highlighted the specific arenas in which counsellors needed additional support and guidance.

iCALL Psychosocial Helpline's extensive curricula resources were used to guide the development of the protocols. These resources consist of evidence-based information about several key components of concern-specific counselling to engage in best practices as an adolescent-friendly counsellor. A thorough literature review was conducted to extract relevant information, skills, techniques and interventions to guide effective counselling practices for each of the 6 identified areas of concern. Finally, an umbrella review was undertaken that amalgamated and contributed to the collective findings in the key areas of the protocols.

iCALL's expertise in mental health counselling services, research & training and UNFPA's vast experience in strengthening the RSKK Programme in Rajasthan contributed to the development of a conceptual framework of the protocols. These protocols were developed to be easy-to-refer and directive documents that help counsellors effectively navigate the counselling stages and address any psychosocial concerns that adolescents may experience.

Besides the gaps identified and the RSKK counselling focus-areas that the programme is geared towards addressing, iCALL began to organize concern-specific skills, knowledge, referral linkages and interventions under 6 broad categories, namely:



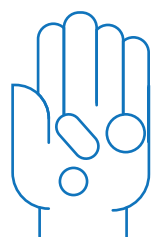
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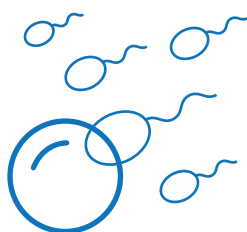
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General Counselling

When an adolescent visits your clinic for the first time:

Make the adolescent feel comfortable

Rapport building steps: Ensuring trust, attending, listening, responding, showing genuineness, providing empathy, being transparent to self

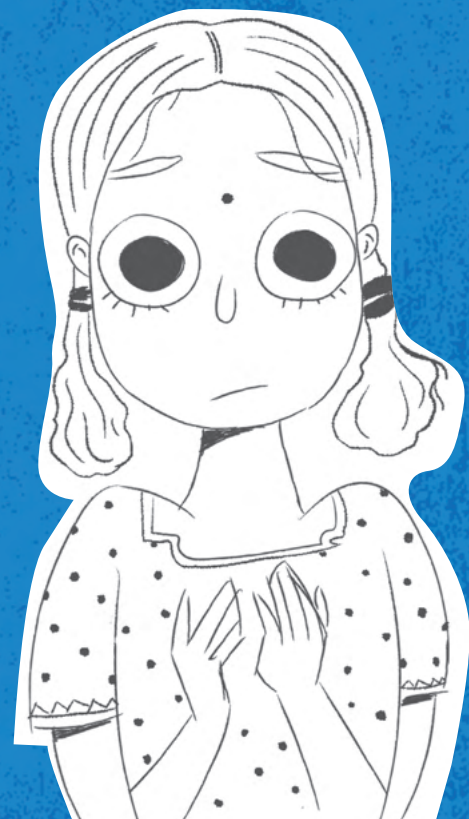
Assure confidentiality:

“Everything we speak about during this conversation will remain between you and me.”

Explain conditions under which confidentiality will be breached:

- Harm to self, harm to others.

Consent will be sought from you and trusted individual of your choice will be contacted.



Is the client emotionally stable/able to engage?

YES

NO

Problem Definition:

Concerns presented by the client
(in their words)

“What is it that you would like to talk about today?”

Categorize the client’s issues as per the client’s presentation into the RSKS focus areas.

For e.g. Substance abuse or nutrition.

Problem Exploration:

(slowly start developing a deeper understanding of the problem)

- How did the problem start/ what was going on in your life when the problem started?
- What feelings are you experiencing regarding this?
- In what ways is this problem affecting your life?
- How often does this concern arise?
How intense?
- How long has it been since you were facing this concern/feeling this way?
(any precipitating event?)
- How have you been coping with the same?
- Internal and external resources available to them to deal with the concern
- Thank the client for sharing their concerns with you and assure them of your support.

It is important to stabilize the client and hence these exercises are suggested:

Deep breathing:

Take a couple of deep breaths.

Close your eyes, or let your eyes gently rest on an object in the room. Put one hand on your chest and the other on your stomach.

Inhale deeply and slowly while counting to four (count out aloud). Breathe in through your nose and breathe out through your mouth.

When you breathe, the hand on your stomach should rise and the hand on your chest should move very little. Exhale slowly, counting to four (count out loud).

Exhale through your mouth, pushing out as much air as you can while contracting your abdominal muscles.

Once the client is stable, go to exploration of problem

Be

- Non Judgemental
- Empathetic
- Patient
- Good Listener
- Respectful
- Adolescent and youth-friendly

Practice/Employ

- Attending: limit distractions, clear mind and pay undivided attention
- Attention to paralinguistic cues: tone, pitch, volume, filler words
- Validation: it’s very natural to feel this way; it’s not easy to reach out, I’m glad you did
- Encouragers: minimal verbal responses (yes, hmm); brief invitations (tell me more)
- Paraphrase: key ideas shortened and rephrased
- Reflection of feelings: convey understanding of client’s experienced feelings
- Counsellors’ personal experiences should not determine the counselling process

Ongoing process of building relationship

List And Prioritize:

- ▶ List concerns (You have told me about.)
- ▶ Club similar concerns and distinguish the ones that are different
- ▶ Three most important concerns for client? (preferably in order of importance)
- ▶ Generate hope for the client and assure them of your support to navigate through the problem

Goal Setting:

(Counselor to assist the client identify the client driven goal)

What is it you would like to work upon / gain through this process?

If this is a concern, what can be a goal that we can work towards?

- ▶ Use Miracle Questioning or Imagery when not clear
- ▶ Divide goals into immediate and long-term
- ▶ Ensure goals meet SMART criteria (Specific, Measurable, Attainable, Realistic, Time-bound)
- ▶ Develop these goals collaboratively

Interventions:

- **Psychoeducation:**
- Normalize the experience for the client
- Provide issue specific information that helps the client understand their situation better and be better equipped to deal with the same or make an informed decision.
- **Facilitate Problem-Solving:**
Once concern is identified and defined:
 - Generate alternative solutions collaboratively
 - Evaluate each solution by encouraging client to list pros and cons of each
 - Choose the option based on this evaluation
 - Create an action plan and encourage steps for the same
 - Once tried, evaluate if the plan worked for the client
 - If not, encourage them to undertake the process again

- **Check for past coping strategies:**
- How have you been coping with this situation until now/managed to carry on?
- How have you managed to prevent things from becoming worse?
- Encourage the client to practice what has been effective in the past.
- **Strengths- based interventions:**
- Look for previous solutions:
Have there been times when this concern was less of a problem? What did you do or others do that was helpful?
- Look for exceptions:
Can you recall when this was less of a problem? What was different about that time?
- Offer Compliments:
Acknowledge how difficult an experience might be for the client and validate what they are doing well.
How did you do that?
I can see that you're feeling better. I'm wondering what worked for you?
- Encourage clients to do more of what is working

Interventions to Strengthen Thought Change:

Open-ended questions:

- What do you mean when you say that? What are some examples of this? What is another way of saying the same?
- What is the evidence to support your belief? What is the evidence against this belief?
- What else could we assume/this mean? What is another way to look at it? Are these the only explanations?
- How does it help you or not to continue to think this way? How would you benefit by changing this belief?

Decatastrophizing or “What if?” Technique:

- What is the worst that could happen?
- Realistically, how likely is it that this worst will come true?
- What would be so bad if this is proved to be accurate? Would it be uncomfortable/unpleasant or truly life-threatening?
- What could you do to cope if this really is the case?
- How can you change your understanding, after weighing up all the evidence, to make it less distressing?

Counsel-A-Friend Method:

- Imagine a close loved one in a similar situation. Verbalize what you would say to this person.
- Bring to their notice how they would never talk to a close one the way they speak to themselves negatively in their mind. Encourage them to extend the same care and compassion to themselves.

Advantages-disadvantages analysis:

Is used to evaluate possible solutions and weighing their pros and cons. Use to record advantages and disadvantages of held beliefs

Emotion-based interventions: (Refer Annexure)

- Grounding (5-4-3-2-1)
- Breathwork (deep breathing)
- Guided imagery (safe space)

Self-care

- Explain importance of taking care of self
- Check what is being done currently and encourage more of what they enjoy

Provide referrals (if required):

Provide information regarding other agencies that can be of help

- Name
- Location, timings
- Contact details
- Provide other helpful resources like articles, links, videos etc.
- Check if the client has connected successfully.

Homework

Provide rationale and make decisions collaboratively

- What do you think is something you can do this week that will help you get closer to your goal?
- Are there any challenges/obstacles that you think you will face during completion of this task? What are some ways you will deal with the same?

Termination:

Summarize:

- Include what the adolescent spoke about. What the counsellor said during interventions
- End with inquiring about how they are feeling at the end of the session on a scale from 1-10

Set Agenda for future:

Mutually decide goals for next session

Encourage follow-up:

Encourage and tentatively schedule day and time and make note of the next appointment in a diary.

Seek demographic details:

Age
Location
Source of referral
Relationship status

Seek feedback:

Could you tell me how you are feeling at the end of our conversation? Could you tell me what some key takeaways are for you from this session?

Clarify any doubts or questions

Is there anything else that you would like to discuss/ anything else that I can help you with?

Thank client and end the session



THINGS TO REMEMBER AS A COUNSELOR:

Seek supervision when required; engage in self-care when required.

Academic & Career Concerns

This is a thematic focus area and hence presentation of cases and the discourse of counselling may differ based the sub-theme identified by the client.

Adolescents may come to you for various concerns like:

- Feeling overwhelmed by the amount of work
- Exam stress
- Feeling pressurized by family and friends
- Unsure about career choices
- Not being able to concentrate
- Concerns about academic performance
- Living away from home
- Learning disabilities



Guiding principles:

- Self-determination and Autonomy: providing adolescents the space to explore and make their own decisions
- Respect: giving regard to their opinions, wishes, wants
- Diversity: be sensitive and cater to diversity and different needs of different populations

Problem Exploration for Academic and Career Concerns:

Assess the client's concern area by asking open-ended questions to gauge:

1. **Client's relationship with Academics:**
How is your relationship with your academics? What does it mean to you?
2. **Barriers to achieving academic goals:**
What kind of challenges are you facing while trying to concentrate on your academics?
3. **Emotional distress related to academic tasks:**
What fears/ distress are you experiencing related to the upcoming examinations or any other academic task?
4. **Client's academic goals:**
What is the academic goal that you would like to work towards in the coming two years?
5. **Academic interests:**
Where does your academic interest lie? Have you taken subjects that allow you to explore these?
6. **Support required by the client:**
What kind of support would you like with your academics? what are the specific skills or knowledge areas that you feel like you would like more support with to be able to better understand school classes?
7. **Assess area of concern:**
Assess if the client identifies the problem as lying in lack of knowledge, skill or mastery

Goal setting:

- ▶ Introduce the concept of SMART goals
- ▶ Assist in building their own goals
- ▶ Encourage process-oriented goals in place of result-oriented goals. For example: instead of aiming for the highest marks (results-oriented goal), we can encourage the adolescent to make the goal studying for a certain amount of time every day (process-oriented goal)
Process-oriented goals help adolescents focus on things in their control as compared to results-oriented goals that are beyond their control.
- ▶ Promote usage of visual cues. For example: writing down your goal and putting it up as a reminder, as well as to track progress. Finding something that acts as a visual reminder of the goal and motivates the client to work towards it, then placing these visual reminders in their immediate environment can be a helpful strategy. A picture, an object or something that the client associates with their goal such as a newspaper cutting that inspires them, can also be displayed.

Time Management:

- Ask the client to write down their activities and how they spent their time in the last couple of days to understand what activities the client engages in during the day.
- Discuss their pattern and facilitate reflection regarding:
 - **Things that don't really need to be done:** time that the client spends on activities that are not essential such as being on the phone or spending time on activities that do not need to be done immediately and are not urgent.
 - **Things that could be done by someone else:** things that the client does not need to be doing themselves and could be addressed by others.
 - **Things that can be done more efficiently:** activities that can be done more efficiently to reduce the amount of time spent doing them.
 - **Time wasters:** activities that are non-essential and do not require time to be spent on them.
- Use Time Quadrants by Sean Covey (1998) to help clients prioritize tasks based on importance and urgency. Clients can classify all the activities that they spend their time on in a day in one of these 4 quadrants to see which quadrant they spend the most time on:

QUADRANT 1: Important and Urgent	QUADRANT 2: Important and Not Urgent
Crisis and Emergencies <ul style="list-style-type: none"> • Last minute studying for an upcoming exam or completion of assignments. • Unforeseen events 	Productivity <ul style="list-style-type: none"> • Planning ahead for your future • Setting goals • Taking necessary breaks. • Investing time in relationships and Self
QUADRANT 3: Not Important but Urgent	QUADRANT 4: Not Important but Urgent
Distractions and Interruptions <ul style="list-style-type: none"> • Interruptions: home chores, other tasks that are not taking us towards our long-term goals 	Time wasters <ul style="list-style-type: none"> • Distractions (overthinking, worrying, surfing mobile, gossip)

Discuss in which quadrant they are currently spending most of their time.

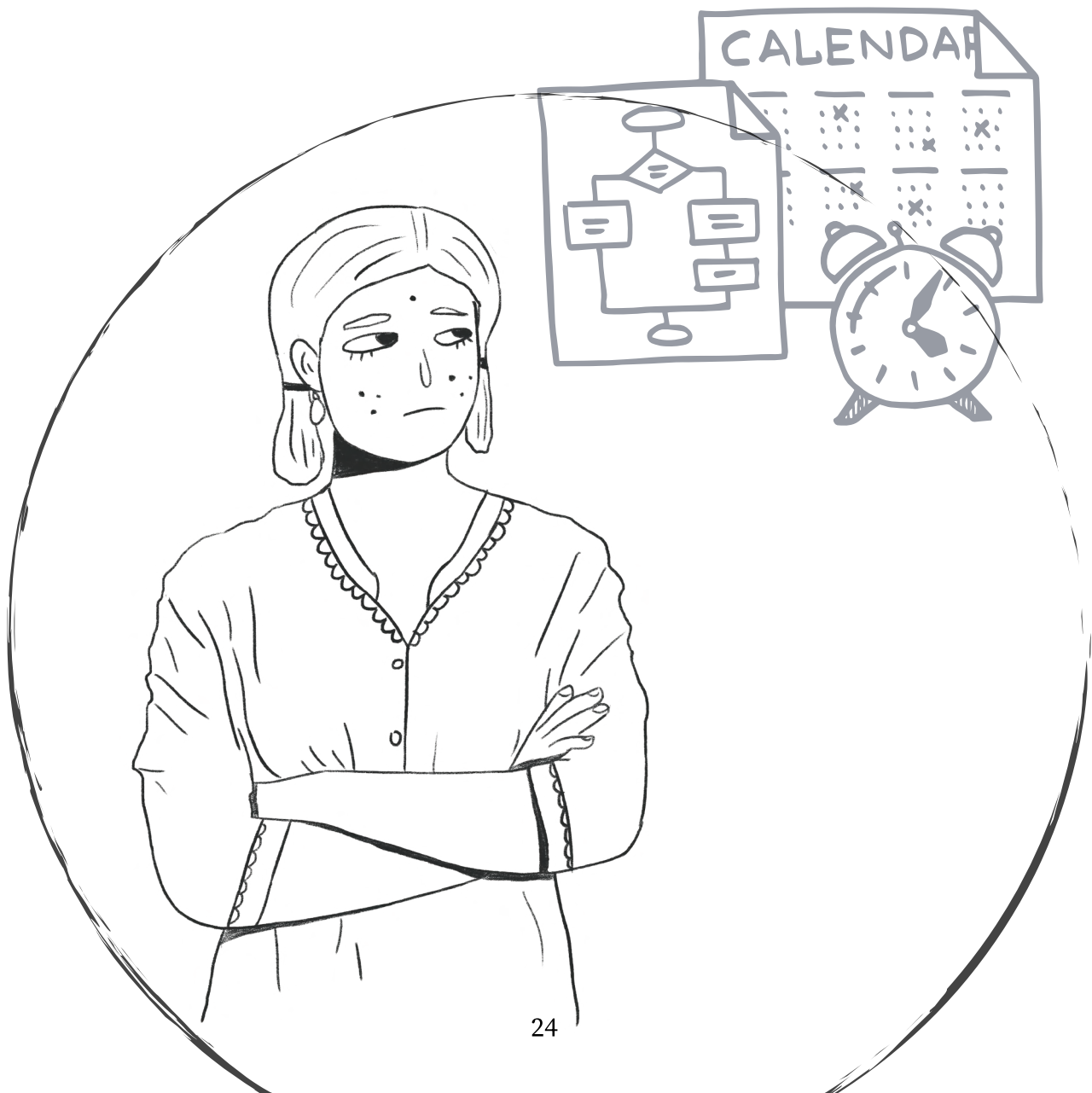
Clients can then be encouraged to:

- Do the tasks in Quadrant 1 on priority,
- Make time for tasks in Quadrant 2,
- Delegate, decline or do tasks in Quadrant 3 after the tasks in Quadrants 1 and 2
- Avoid or spend minimal time engaged in tasks from Quadrant 4
- Strategize with the client to spend more time in Quadrant 2 so as to avoid last minute urgent tasks like those in Quadrant 1, avoid time wasters and interruptions such as those in

Quadrants 3 and 4.

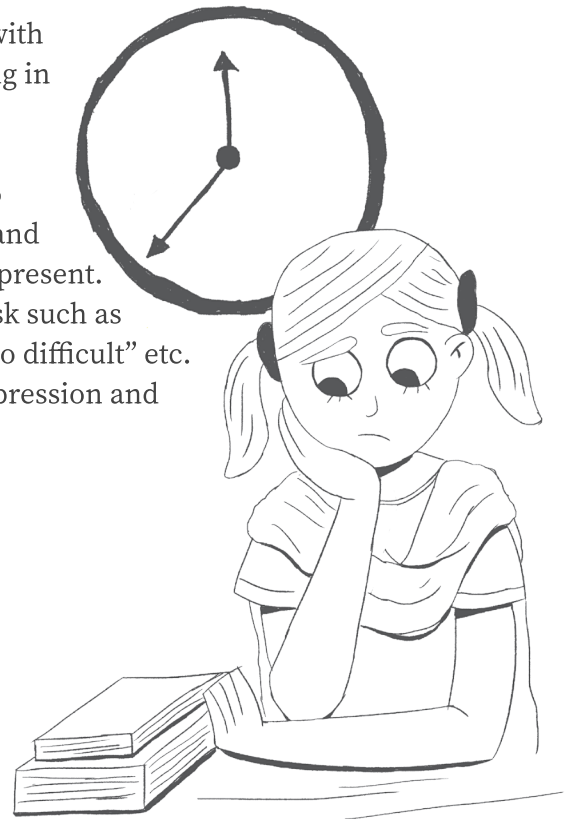
- Encourage the client to use day/week planners
- Help them know which is their optimal work period: do they work better at certain times in the day as compared to other times? Early morning, afternoon or in the night? When are distractions the least?

- Clients could also be encouraged to block time for the important things first, and then filling in other activities. Also, the importance of ensuring that breaks don't involve only screen time.
- Facilitate planning rewards (such as short breaks, meeting friends, doing something they enjoy) in advance and making them a part of the schedule so they are motivated to work towards their goal.
- Ask about any predicted roadblocks and help them come up with ways to work around them. If they anticipate they may have to help with a chore at home, they can plan their schedule to finish some studying before and after the anticipated time, or to schedule some time for the chore and other tasks.
- Encourage use of visual reminders like to-do lists



Procastination

- Normalize the experience and explain the cycle of procrastination and how it's not the same as laziness. Encourage reflection and understanding own pattern.
- Help prioritize and break down goals into smaller individual tasks with deadlines for each, with planned rewards and set time limits
- Explain the '5 minutes rule' or working in chunks of 15-20 minutes: encourage clients to start the studying for only 5 minutes and at the end of those 5 minutes, re-assess if they can continue and how to do so. This strategy can help clients to begin studying and overcome procrastination.
- Encourage practice of deep breathing or other relaxation techniques to feel more centered while beginning and continuing work
- Discuss importance of creating the right environment with all needed resources, removing all distractions, planning in advance for how potential challenges will be dealt with
- Explain technique of Emotional Time Travel to increase motivation: in this technique the client is encouraged to imagine how they would feel when they finish the task and use that to motivate themselves to begin the task in the present.
- Address any unhelpful thoughts about beginning the task such as "I will never be able to finish this task", "It is seeming too difficult" etc.
- Assess for other underlying concerns like anxiety or depression and address the same



Study Skills

- Facilitate understanding of learning styles (visual, auditory, kinesthetic, reading/writing, logical, solitary, group learning) (Refer annexure) and the associated methods that can improve productivity
- **Discuss different memory and concentration enhancing skills like:**
 - Making the information meaningful: Finding ways to relate to information by making it personally relevant and associating it with other information to make it more memorable.
 - Organizing the information: Club similar pieces of information under broad categories to help organize them into more manageable chunks.
 - Chunking: Breaking large pieces of information into smaller parts.
 - Visualization: Converting the textual information into a picture in your mind by using imagination.
 - Association: Association involves associating, or "connecting", a word or event with a place, feeling, person, situation, or thing.
 - Frequent reviewing: revision of the material often
 - Talking: teaching the material to another or yourself by talking out loud is a proven way to remember information more easily.
 - Mnemonic (describe/explain) devices: Mnemonic devices include relating facts with short phrases, words that rhyme, using acronyms, music or anything else the individual is familiar with

Examination Stress

This section is divided into 3 categories of interventions namely: adolescent accessing help before examination, during examinations and when awaiting results.

If the adolescent has accessed help before their exams:

- Acknowledge that examinations are stressful situations and validate their emotions
- Discuss techniques like deep breathing, grounding, and other relaxation techniques
- Encourage being mindful of how clients talk to themselves and work on addressing unhelpful self-talk such as calling themselves a failure or loser because of scoring low marks or because they cannot remember course material at that moment.
- If the client is extremely overwhelmed, encourage them to reflect on where the extra pressure is coming from (like high standards from self, parental expectations, the fear of failing, etc.) that may be adding to the stress and then work on the same
- Discuss coping strategies that the client has had success using in the past and encourage them to write these down as reminders to use in moments of distress.
- Encourage a balanced lifestyle and elaborate on importance of achieving academic goals, taking care of oneself and engaging in recreational activities
- Promote self-care physically (adequate sleep and rest, food), emotionally (engaging in activities that help them feel good) and psychologically (thinking helpful thoughts)
- Encourage clients to be organized, follow a schedule, and discuss helpful study skills
- Address any other concerns they may be facing at the same time
- Additionally, prepare the adolescent to handle stress during the examination

If the adolescent has accessed help during their exams:

- Provide test-taking tips: attempt the easier questions/ questions you know the answers to first, arrive at the exam center early, write down key words as soon as you see the questions to not forget the points etc.
- Encourage using grounding exercises and other relaxation techniques (paced breathing, 54321 technique) to stabilize each time they are beginning to feel overwhelmed.
- If they are feeling overwhelmed just before an exam: clients can type something out or scribble their thoughts out on a piece of paper to help vent out difficult emotions.
- If there are certain situations that the client is worried about: help visualize and prepare for the same.

If the adolescent has accessed help as they are awaiting results: (worried about failing, not getting good grades, etc.):

- Validate emotions, acknowledge the pressure and the fear that they may be feeling.
- Help them identify thoughts that may be adding to their stress and work on restructuring the same
- Remind the adolescent that one bad result doesn't define them as a person, downplay their past achievements, or doom their future.
- Help identify external sources and other culturally prevalent ideas that may be adding to their stress.
- Assure the adolescent that one failure does not determine their success in life or define them, encourage them to keep trying.



Learning disabilities:

- Provide psycho-education on learning difficulties and disabilities
- Validate and normalize their emotions and acknowledge how difficult their experiences can be
- Address any myths that they may have through psychoeducation. Unhelpful beliefs may sound like: “Having a learning disability means that I am not intelligent” or “I am abnormal because of my learning disability”.

In cases where a formal diagnosis has been made, work on exploring what that means for them

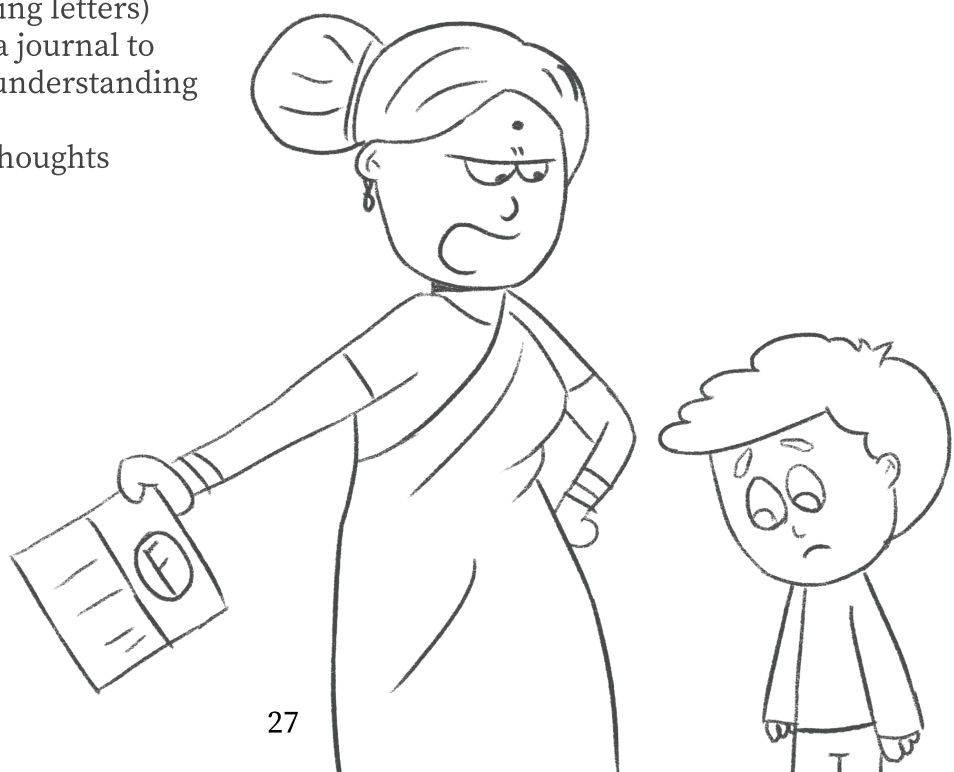
- Provide information about their rights, available provisions during exams, appropriate referrals

Living away from home for education:

- Normalize feelings, talk about how it is natural for anyone entering a new environment to feel a sense of loss, longing and isolation, and miss their home and related aspects
- Encourage the adolescent to maintain a steady routine
- Facilitate participation in social activities and other aspects of the institute’s culture
- Promote building new social connections and social support. If there are any roadblocks for the same (like social skills), address the same through discussing possible strategies
- Encourage activities that help feel them closer to home (like writing letters)
- Encourage maintaining a journal to facilitate reflection and understanding of own experiences
- Work on any unhelpful thoughts

Family is not letting them study/forcing them to study something else:

- Acknowledge the difficulty of their experiences and their emotions
- Help explore different options based on their priorities and the family’s priorities. Explain the options they can explore in academics and career
- Provide appropriate referrals to enlist the help of local resources such as community social workers who work for the rights of adolescents and youth
- Encourage a dialogue with family to help them understand the client’s point of view, reasons for choosing a certain career.
- Sometimes in rural areas, there are a lot of misconceptions about the importance of/or impact of education. Parents could be provided with accurate information; their fears could be explored and misconceptions could be addressed.
- Helping them to understand beliefs and see where they are coming from.
- Informing the client and significant others about their rights
- Encouraging assertive communication with the family/partner/ significant others to negotiate client’s freedom and rights with regard to pursuing education and making choices if it is safe for the client to do so.
- If the client is experiencing violence from the family, then assessment and safety planning could be discussed.



Career Concerns:

Work on increasing self-awareness:

- Facilitate greater self-awareness about their interests, values, aptitude, personality etc.

These can include:

- **Characteristics and attributes the client identifies with**
- **Their goals**
- **Their interests**
- **Their skills and abilities**
- **The kind of work environment they would like to have**
- **Values that are important for them**
- Discuss the client's social and familial context that will impact their decisions. Different options could be explored keeping the client's and family's priorities in mind.
- Discuss any potential obstacles and strategies to address the same.
- Find occupations/jobs that fit their personal selves by helping them to gain access to knowledge about various occupations and academic courses.
- Often in rural contexts, lack of information about valid options is limited. Counselors can help clients to learn more about the options they have available in their local area as well as outside so they can make informed decisions, or provide referrals to connect them with a career guidance counselor.

Aid decision making:

- Help evaluate and balance their interests, values, aptitude, personality and other life preferences
- Collaboratively create a list of possible options and explore each option in-depth
- Use cost-benefit analysis for each option by discussing advantages and disadvantages for each to narrow down and arrive at a decision

Taking steps towards implementation:

- Once decision has been made, encourage them to work towards the same
- Provide assistance with job search strategies like writing a résumé and cover letter, learning interview skills, and knowing where to look for jobs that are advertised as well as those jobs that are not advertised
- Practice Interview skills through role-play during the counseling session
- Use restructuring strategies to address any unhelpful thoughts
- Probe to see if difficulties in making choices about career are related to some deeper personal issues and address the same
- Help clients to identify the educational and skill requirements for the chosen job/occupation and aid them in making a plan for gathering the same by choosing suited subjects in school, choosing the right course and collecting relevant work experiences.
- Providing appropriate referrals to enable clients to receive career guidance in schools or outside
- Encourage the adolescent to explore opportunities for skill upgradation / enhancement through various govt. schemes



Relationships

Family, Peer and Intimate

Problem Definition:

This is a thematic focus area and hence presentation of cases and the discourse of counselling may differ based the sub-theme identified by the client

- Serious imbalance in respect for each other's dignity and rights.
- Feelings of inauthenticity about oneself ("not being able to be yourself" in the relationship)
- Ongoing feelings of loneliness and isolation
- Absence of shared values or common interests
- Ongoing feelings of contempt for one's partner
- Episodes involving physical, sexual or psychological violence, or the threat of such violence
- A partner's unexpected outside sexual relationship



Guiding principles:

- **Affirmative approach:**
address both pleasure and safety aspects of sexuality
- **Autonomy and self-determination:**
Emphasize on individual's right and ability to make informed decisions, with complete information regarding different options
- **Sensitivity & Diversity friendly:**
Working with the understanding that adolescents and their relationships may look very different and diverse and being affirming of the same
- **Consent:**
Emphasize on need for consent and equality as necessary for healthy relationships
- **Respect:**
Giving regard to their opinions, wishes, wants



Problem Exploration:

Assess the client's concerning area and determine if the distress is arising from any of the following:

- ▶ **An experience of isolation due to alliances/coalitions in the family system:**
Are there members of family that group together? Are there people in the family that the client feel closer to, than others in the family or relationship?
- ▶ **Roles:**
What roles does the client play in their relationships? Are they roles they chose, or are they imposed on them because they are male/female? Are any of the roles conflicting with each other which is distressing?
- ▶ **Communication Patterns:**
How does the client communicate in their relationships? Are they clear and direct about their needs and feelings or do they choose to not express themselves in the relationship?
- ▶ **Conflict and Interaction Patterns in the Relationship:**
how does the conflict usually begin? What is the conflict about? What events precede the conflict? What happens after the conflict? How do people in the relationship resolve the conflict?
- ▶ **Needs or Expectations from the Relationship:**
What are the clients needs and expectations from their partner/family/friends? What is their idea of a good relationship?
- ▶ **Rituals:**
What are some things that the client and their partner and family do together regularly?
When do they feel most connected with the partner/family/friend?
- ▶ **Emotional involvement:**
How important is the relationship to the client? What does it mean to the client?
- ▶ **Power and Leadership:**
Who makes decisions in the relationship usually? How does the client feel about that?
- ▶ **Family strengths and support:**
what are the strengths of the relationship? What part of the relationship is supportive and helpful for the client? When does the client feel most supported in the relationship?
- ▶ **Socio-cultural context:**
What are the social and culture norms that impact the relationship of the client? What are acceptable and unacceptable things according to the norms of the society in which the client lives?

Engage in Collaborative Goal-Setting with Client:

- Helping client to identify disbalance of power in the relationship, if any
- Encouraging clients to adopt reciprocal respect, dignity, and upholding rights
- Being authentic to self in the relationship
- Finding and harboring feelings of connection by considering shared values and interests
- Proactively ensuring no abuse or violence (including neglect and denial of needs) occurs
- Allowing clients to identify their needs in the relationship and find ways to communicate them to the partner
- Working towards a more equal sharing of roles and responsibilities in the relationship (not necessarily in a gendered fashion)
- Ensuring both partners feel mutually cared for
- Ensuring mutual consent in the relationship for all activities
- Practicing clear and direct communication

Interventions:

Basis the concerns, counsellors can choose appropriate interventions to address the distress from the guide below.

1. Conflict resolution strategies for building a healthier relationship:

Discuss how conflicts are being resolved currently and then discuss constructive strategies if needed.

These can include:

- Acknowledging the other person's point of view.
- Using 'I' statements:
 - When (the incident or situation that bothered them in a non-blaming way)
 - I feel (their feelings and thoughts)
 - Because (reasons for the same, impact of the behaviour)
 - Using a non-accusatory tone
- Resisting the urge to disconnect or withdraw
- Use Effective communication
- Discuss assertive communication and how it can help in relationships. Assertive communication is a communication style in which the individual is able to express what they need, feel and think while also respecting the other individual's right to do the same.
- Address any unhelpful beliefs the adolescent may have about communicating assertively such as saying no will lead to rejection, is rude, may hurt other people etc.
- Share different ways the adolescent can start practicing assertiveness such as using "I" statements, offering reasons for saying no and not apologizing, expressing needs clearly, etc.
- Conduct role-plays to practice responses for situations they find particularly difficult.
- Discuss other effective communication techniques including verbal and non-verbal and avoiding disrespectful forms of communication that can act as obstacles.
- Magic Ratio 5:1 – John Gottman encouraged individuals to have 5 positive interactions for every negative interaction/ feeling during conflict
- Problem Solving:
 - Discuss the process of problem solving and facilitate the usage of the same.
This includes:
 - Define the problem
 - Generate alternative solutions
 - Evaluate based on advantages and disadvantages of implementing these and choose accordingly
 - Implement and assess the outcome
 - If not successful try again



Addressing loneliness:

- ▶ Normalize the feelings of loneliness the adolescent is feeling.
- ▶ Find what the obstacles are for the adolescent (fear of interacting with others, fearing rejection, withdrawing, etc.) and address how current behaviors are adding to the concern.
- ▶ Discuss verbal and non-verbal social skills with the adolescent such as maintaining eye contact, greeting others and initiating conversation by finding common ground, asking questions and listening carefully, and maintaining conversation by asking follow up questions.
- ▶ Discuss qualities/strengths that the client has to offer which can be valuable in a relationship,
- ▶ Discuss how not to take things personally if someone doesn't respond to them
- ▶ Identifying settings and people the client feels more comfortable with and initiating interactions from there, providing and receiving support
- ▶ Ensure the client is taking care of themselves and encourage increased participation in different activities
- ▶ Communication skills could also be practiced through roleplays

Anger management:

- Gather information about how the client processes anger and how they deal with it currently.
- Encourage them to identify the situations in which they are most likely to get angry and reflect on their thoughts and emotions during such times.
- Explain how anger is usually a secondary emotion, displayed instead of other emotions that make us feel vulnerable (afraid, attacked, disrespected, guilty, disappointed, hurt).
- Use structuring techniques such as generating alternate and equally valid interpretations of the situation to address unhelpful thoughts.
- Encourage the client to be mindful and recognize how anger physically manifests in their body (sensations like tension, tightness, heaviness in the chest, head, etc.)
- Recognizing early signs and implementing strategies for anger management and emotional regulation before they feel completely overwhelmed.
- Collaboratively come up with a plan beforehand with methods that can work for them (e.g. grounding, breathing, distraction, counting)

Dealing with the loss of a relationship:

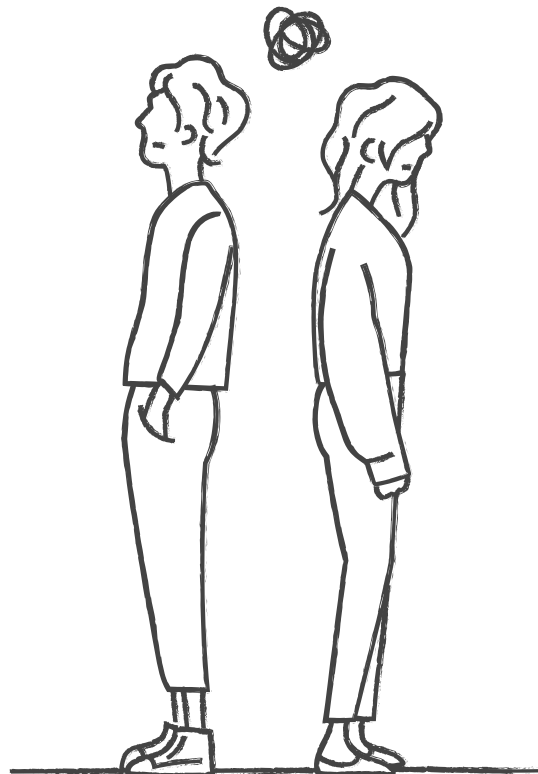
- Acknowledge the loss and validate the adolescent's emotions.
- Explain the stages that are commonly associated with grief: Denial, Anger, Bargaining, Depression and Acceptance (Refer Annexure).
- Encourage the client to share their feelings, encourage a healthy expression of feelings
- Understand from the client what kind of goal they would like to work towards. For e.g. getting the other person back is not a goal that the counselor can help with
- Check for current coping mechanisms and address any unhealthy coping behaviors (excessive substance use and dependence, stalking online or in-person etc.) and how they contribute in the short run and long run to the client's progress.
- Enquire about their current self-care and encourage them to focus on their self
- Assist in coming up with a routine that includes engaging in new activities or activities they previously enjoyed
- Urge them to foster their existing relationships and build on social support
- Address any unhelpful thinking patterns
- Encourage expression (verbal, written etc.) that explores different aspects of the relationship and also of the end of the relationship to help the adolescent process it better.
- Encourage them to be kind and compassionate to themselves. Ask them to remember what

Dealing with Rejection:

- Acknowledge how difficult it must have been for the client and normalize emotions.
- Address any unhelpful thoughts related to the situation and themselves.
Help dispute these thoughts and replace them with more rational and kinder statements.
- Encourage them to reach out and connect with support systems.
- Remind the client that it is a transient negative experience and it will pass.
- Encourage self-care, following a routine, and engaging in activities they enjoy.
- Discourage self and other destructive behaviors.
- Address gendered beliefs that can contribute to self or other deprecating behaviour.
- Discuss how to avoid this as it can become a space for self-blame.
- Discuss how to avoid this as it can become a space for revenge, violence.

Recognizing Unhealthy relationships:

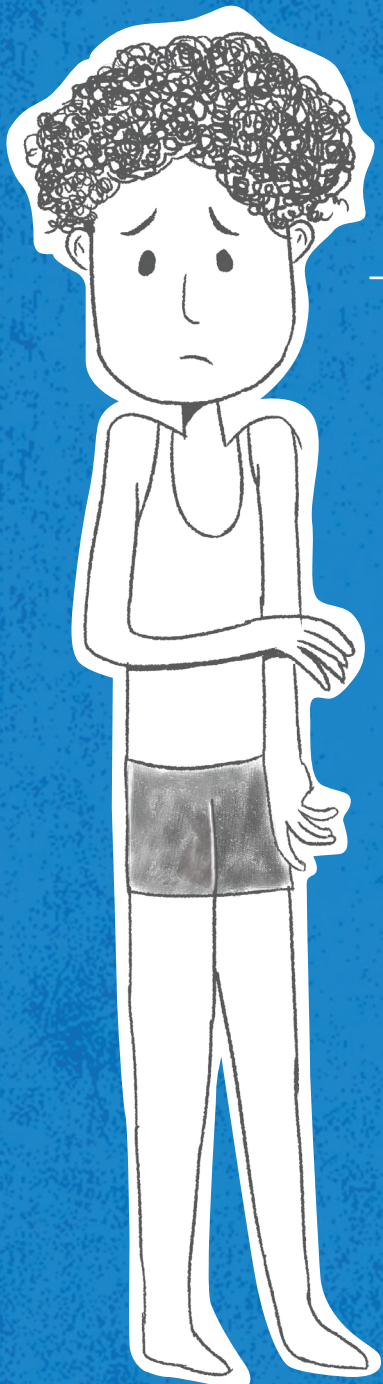
- Remain aware of the signs of unhealthy and abusive relationships such as excessive jealousy, manipulation, feeling unsafe, isolating partner, criticizing partner and significant others in their life, emotional/verbal abuse etc. Identifying the presence of an unhealthy relationship.
- Provide psychoeducation and actively talk about the same.
- Discuss how abuse is not about love, but about power and control. State that such behaviors are not acceptable, and that they don't deserve to be treated that way.
- Depending on how the client wants to proceed, discuss strategies for the same.



Talking to adolescents about consent:

- Understand the client's notions of consent and dispel any incorrect ideas they may have.
- Stress on the importance of the same.

Sexual And Reproductive Health And Issues



Adolescents may access help for:

- Sexual Identity and Gender Identity
- Questions related to human sexual and reproductive anatomy
- Physical and sexual development (menstruation, masturbation, and nocturnal emissions)
- Sexual acts and safer sex practices (safe from unwanted pregnancies various contraception options, abortion, HIV, other STIs, abuse, harassment or other forms of sexual violence and coercion)
- Concerns about sexual activity, sexual dysfunction, healthy expressions of sexuality

Do:

- Acknowledge difficulty in accessing help and talking about sexual and reproductive health
- Communicate confidentiality especially for:
 - Those who identify as Queer/ LGBTQIA+
 - HIV positive youth
 - Adolescents who may be pregnant
- Encourage questions
- Ensure comfort if the adolescent is very hesitant
- Be respectful and maintain a space that is free of judgment

Don't:

- Be moralistic
- Enforce your values and beliefs onto the client
- Let your own values and beliefs reflect in your responses even if client's differ from your own
- Judge/ condemn the client for doing something you think is 'wrong'

Work on building relationship

Guiding principles:

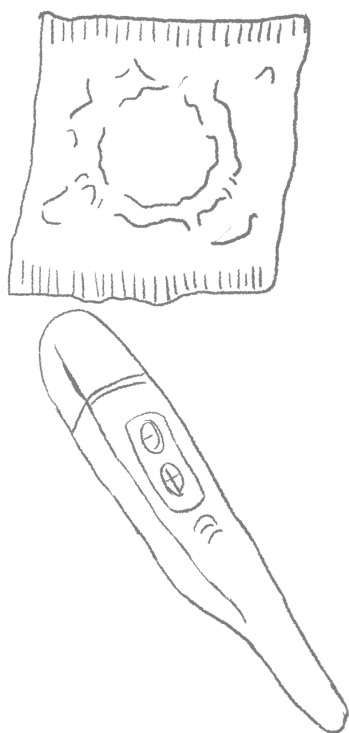
- **Affirmative approach:** address both pleasure and safety aspects of sexuality
- **Autonomy and self-determination:** emphasize on individual's right and ability to make informed decisions, with complete information regarding different options
- **Diversity:** be sensitive and cater to diversity and different needs of different populations
- **Consent:** emphasize on need for consent and equality as necessary for healthy relationships

Problem Exploration:

Assess concern area (For example)

- Anxiety about indulging in diverse sexual behaviors?
Guilt and shame of engaging in sexual activity?
(for e.g. engaging in sex with partners, masturbation, nocturnal emission)
- Lack of information regarding sexual activity, body, sexually transmitted diseases, fertility, abortion and contraceptives?
- Concern related to sexual or gender Identity?

The adolescent may not initiate talk about sexual and reproductive health and may present with a socially acceptable concern (e.g. academic concern). It is important for the counsellor to probe for further and inquire about the same.



Interventions:

Normalize and validate the client's feelings:

- ▶ Communicate that sexual interest and desire are very natural
- ▶ Promote reflection on emotions regarding sexual activity
- ▶ Explore sources of emotions like guilt/regret
 - Explore what the adolescent or youth already knows and sources of information about sexuality and gender issues

Provide information:

- Clarify any myths and fill in any information gaps
- While providing information:
- Share resources for reference after providing information about the concern
- Sensitively explore the adolescent's emotions and thoughts about the same by asking open-ended questions

Aid in making informed decisions:

- Stress that they are entitled to make informed and voluntary decisions
- Help clarify their thoughts and feelings
- Ensure they have all the information they need to make a choice (including their sexual and reproductive rights)
- Explore their own values as well as any external sources that may be influencing their decision
- Collaboratively come up with various options and discuss the pros and cons of each. The responsibility of making the final choice lies with the client.
- Identify any obstacles the client may face while implementing their plan and work on resolving the same (for example: skill development).

Sexual Orientation:

- Remember that not all adolescent sexual relationships are heterosexual
- Be non-judgmental
- Acknowledge that the client might be feeling uncomfortable or frightened by their feelings
- Validate that same-sex desire is natural and nothing to be ashamed of. Assure that they are not alone, and that nothing is 'wrong' about these feelings.
- Discuss how same-sex desire or sexuality by itself is not a problem or stressor, but can be a source of stress because the external society assumes and values heterosexuality as the only natural and normal form of sexuality.
- Provide information and resources on sexuality
- Discuss the impact of unique stressors (like not being able to discuss their relationships freely) and its impact on emotional well-being.
- The decision of telling other people lies solely with the client. The counsellor can provide support, discuss different possibilities and possible consequences, and help prepare for the same.
- When the client feels ready, provide information regarding LGBTQIA+ groups and other forums, and facilitate their participation in the same for support.
- Provide other queer friendly referrals and resources.

Physical and sexual Development/maturation:

- Understand their perceptions
How do you feel about these changes?
- Provide accurate information about changes in the body
- Normalize their experiences

Communicating with the partner on matters of sexual relationship and decisions:

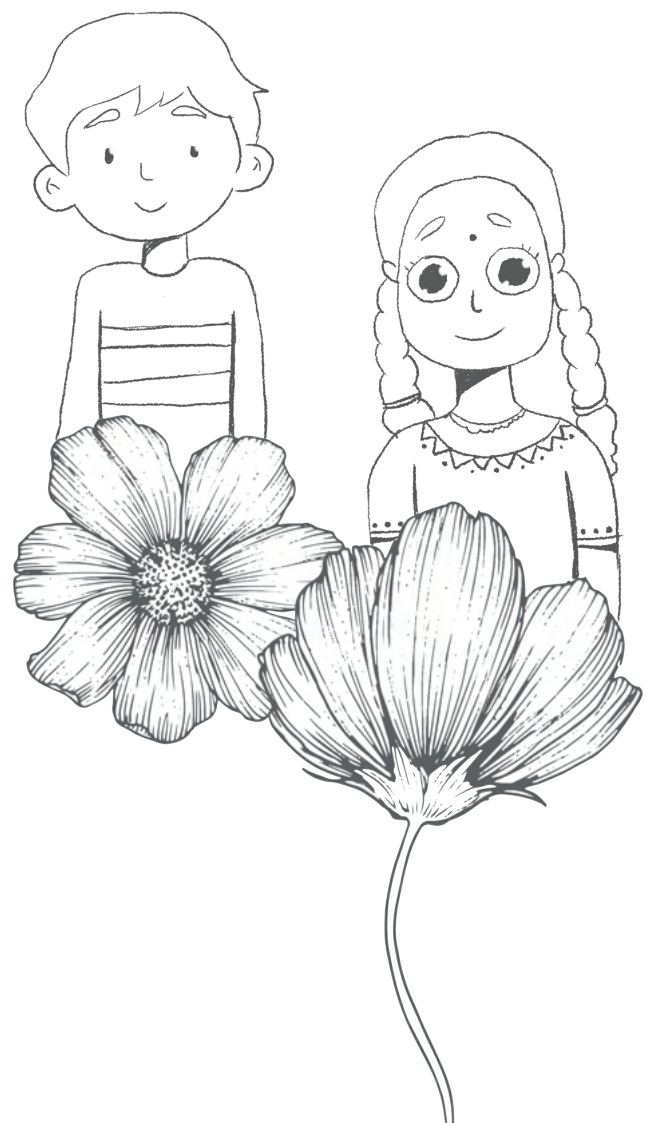
- Emphasize the importance of communication, mutual respect, and consent in sexual relationships.
“Could you tell me more about the nature of this relationship?
How do you feel about it?”

How do you communicate with your partner about your needs?

- If the adolescent is feeling pressurized:
 - Discuss ways to say no to unwanted or unprotected sexual activity.
 - Explore what they are comfortable with and practice through role-play various responses that can be used if there is pressure from the partner or peers
- If the adolescent is not communicating with their partner(s):
 - Understand reasons for the same and how they are connected to other social messages or deeper personal issues
 - Discuss and practice strategies for the same
- Inform them about their and their partner’s sexual rights (E.g. right to feel intimate and cared for, mutual consent, respect, and responsibility; give and to accept sexual pleasure; feel comfortable communicating what they want or do not want; respect each other’s right not to do anything that feels uncomfortable)

Body image:

- Assess how the client feels and talks about their own bodies.
“How do you feel in your body? Do you like what you see?”
“Do you feel the pressure to look different?”
- Promote reflection on where these messages are coming from? (about the ‘ideal’ body type)
- Replace messages from their inner critic with more positive statements based on their qualities, strengths, and achievements
- Normalizing changes to parts of the body in puberty and that each body looks different (Refer Annexure)
- Emphasize on the idea that there is no ‘perfect body’ and on their uniqueness
- Help set SMART goals





Substance Abuse

Problem definition:

Substance use currently a concern for the client.
Repeated use of a drug or chemical substance which leads to distress in clients.

Do:

- Be Non-Judgmental
- Use micro skills (e.g. validation, empathy, reflections, paraphrasing)
- Assess and aid the clients to see impact of substance use on everyday functioning
- Encourage and highlight small changes in behavior & habits

Don't:

- Shame the adolescent for using substance(s)
- Push for change that the client feels is not necessary or feels ready for
- Assume that substance use is a problem for them

Problem exploration:

Nature of substance(s):

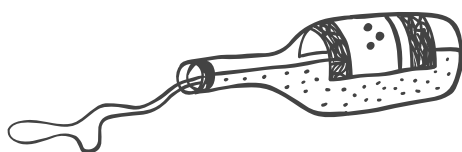
- Which substance/s do you consume?
- Do you consume tobacco/alcohol/weed /any other substances?
- Is there anything else that you like to consume along with that?

Patterns and effect of usage:

- When was the first time you consumed the substance?
- How often do you consume the substance?
- How much do you tend to consume at one time?
- When was the last time you consumed the substance?
- What is the maximum amount of the substance that you have consumed at one time? What was happening at that time in your life?
- Do you/have you consumed more than one substance simultaneously?
- How do you consume this substance?
- How do you obtain these?

Additionally, to understand current patterns of consumption:

- How many times have you consumed the substance in the past 30 days?
- How many times out of these occasions did you consume the substance to the point of feeling its intoxicating effects? (such as a high, or a kick, or a trip)
- On how many occasions did you consume more than one substance?
- How much money have you spent in the last one month on the substance?
- What kind of problems have you been experiencing/are you experiencing as a result of the consumption of the substance?
- What is the longest you are currently able/ you have been able to go without consuming the substance?
- How do you afford the substance?



Motivational strategies:

- ▶ Express empathy:
Provide safe space and listen with undivided attention, display empathy.
- ▶ Develop discrepancy:
Help examine and recognize the mismatch between their current problem behaviours and future goals, to become motivated and to make important life changes.
 - I hear you say that (an goal / value) is important to you. Would it be okay for us to discuss how your (current behaviour) contributes towards this goal of yours the next day?
- ▶ Roll with resistance:
Important to expect resistance as part of the process and not fight or counter argue with the client. At such times, reflective listening can be effective.
- ▶ Develop self-efficacy:
Help the client realize that it is they who can decide how to direct their own life
 - I believe that you would like to decide a (goal), I think you would be the best person to help us both understand how we can work towards this.

Some open-ended questions that can be asked to resolve ambivalence:

1. Disadvantages of continuing in the current way:

- Do you have any concerns about your current situation? Has it been a challenge in something you wanted to do?
- How is this affecting your relationships?
- What is there about your drinking that you think people see as reasons to worry?
- What do you think will happen if you don't change anything?

2. Advantages of changing:

- How would you like things to be different? / Where do you see yourself in five years from now? How does that fit with where you are now?
- What would be some good things about not consuming?
- The fact that you have come to the clinic tells me that at least some part of you thinks that something needs to be done. What are some reasons you think a change needs to take place?

Past History of Treatment:

- What are some ways that you have tried to quit before?
- Have you taken help from someone for this before?
- What are some things that helped you?
If the adolescent is feeling hopeless / helpless due to repeated unsuccessful attempts, validate their emotions and encourage their current efforts.
- What are some things that helped you?
“It is natural to feel (discouraged / disappointed / dejected /angry etc.), given that you have made an attempt before and you’re having to do it again. But I want you to know that this is something most people trying to quit experience. I am glad that you’re willing to try again and want to assure you that we can work on this together.”

Available Coping Skills/ Support Systems:

- Available coping strategies and support systems
- Kind of self-talk the client uses to try and cope with the cravings and desire to consume the substance
- The kind of behavioral strategies used to overcome the same.
- The people they reach out to when they feel vulnerable and also the groups (spiritual or otherwise) that are of help.
- Their social circles and how it impacts usage

Focusing on Strengths:

Help the client reconnect with their strengths.

- How do they describe their personal strengths and positive qualities?
- How were negative/stressful situations handled in the past?
- Positive qualities?
- Prior episodes of sobriety

Goal Setting:

Based on what the client would like to achieve, collaboratively set goals. Ensure the goals meet the SMART criteria.

- Abstinence: Want to stop?
- Harm reduction: Reduce? Reduce to what extent?

If more than one, which substance do they wish to quit/reduce.

Which is the substance that you would first like to work on?

3.Optimism about change:

- You said earlier that if you just decided to stop, you could do it. What makes you say that?
- What do you think will work for you, if you decided to change? (personal strengths/social support)
- Have you made any significant changes like this before? What helped then?

4.Intention to change:

- How important is it to you for this change to take place?
- Not worrying about the ‘how’ part for now, what do you hope will happen?
- What are some things you would be willing to try?

To help understand ambivalence and perception of importance placed on change and their confidence in executing the same:

The Readiness Ruler:

- On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, how important would you say it is for you to stop using the substance?
- On the same scale from 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are if you decided to (), you could do it?

Follow-up questions:

- What has made this change this important to you so far, as opposed to it being unimportant (0)? / Why are you at this (current score) and not 0?
- What would it take to make this change even more important to you? / What would it take for you to get from (current score) to (higher score)?
- Given what we have talked about, where would you like to go from here?
- What would you like to do/next step?

To help understand ambivalence and perception of importance placed on change and their confidence in executing the same:

The Readiness Ruler:

- On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, how important would you say it is for you to stop using the substance?
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Follow-up questions:

- What has made this change this important to you so far, as opposed to it being unimportant (0)? / Why are you at this (current score) and not 0?
- What would it take to make this change even more important to you? / What would it take for you to get from (current score) to (higher score)?
- Given what we have talked about, where would you like to go from here?

Interventions:

► Functional Analysis of the Behaviour:

Use open-ended questions to discuss with the adolescent the last few instances when they used the substance to determine the pattern of usage, triggers and reinforcers.

- Could you tell me more about the last two-three times that you had a craving and consumed alcohol?
- Where were you/ What had happened/ What were you feeling/thinking? (understanding the context)
- What happened after you drank/how did you feel after that?

Antecedent

Behaviour

Consequence

Coping Skills:

► Daily scheduled activities:

Assist in preplanning and having a fixed schedule.

► Lifestyle changes:

Collaboratively generate a list of alternate activities that they can participate in based on their interests to fill the void created by stopping substance use.

► Refusal skills:

Discuss and practice, through role play, some substance refusal skills for times when the adolescent cannot avoid an occasion where the substance will be freely available.

Discussions can include:

- Situations in which it might be difficult to not consume, different pressure tactics others might use
- Assertive communication
- Anticipated consequences of refusing and how to deal with the same body language and refusing quickly so that the urge does not increase

Other points that can be shared with adolescents:

- Saying a clear 'No' instead of 'Maybe later/ We'll see' to avoid being pressured again later
Clearly stating that they shouldn't be offered the same again. (e.g. I have stopped drinking and I would really like you to stop asking me to drink with you.)
- After refusing can either change the subject, suggest some alternative activities they can engage in together. (e.g. No, thank you. I have stopped drinking alcohol. Could we get something else to drink instead?)
- Leaving the place if constantly being pressured.

- **Enhancing social support:**

Encourage the adolescent to build new relationships and support networks that will help them and be supportive. These could be from within their existing circles or provide referrals of support groups or meetings for the same.

- **Dealing with Environmental Antecedents:**

Make the associations (external cues that may have over time become associated with the usage of the substance like a certain time of the day when they would drink, certain areas where they would spend time using, having extra money, the smell of alcohol, certain advertisements) and decision-making process more conscious.

- **Negotiating Emotional Antecedents:**

- Encourage the adolescent to be mindful of what they're experiencing. Discuss alternate behaviours for the same situations.
- Encourage them to identify moments of distress and practice relaxation techniques as well as carry coping cards with them that they can refer to (e.g. I can handle these situations/these emotions without drinking).
- Help identify emotional triggers and associated underlying distorted thoughts that worsen the situation.
- Encourage them to be aware of what is going through their mind at such times and even maintain a thought record, and then work on challenging these thoughts.

- **Work on thoughts:**

Once thoughts are identified, use strategies like:

- Examining for and against evidence,
- Considering other alternatives,
- What-if methods, to help modify these unhelpful thought patterns.

Similar to the positive coping statements, clients can also be encouraged to write down and carry automatic thoughts and their effective challenges to them and carry it for referring during high-risk situations.

Later, work can also be done on identifying any patterns reflective of underlying core beliefs (e.g. I am not worthy/capable of handling this) and working on the same using the aforementioned techniques.

- **Distraction techniques:**

Discuss other activities to engage in when the cravings arise. These could include physical exercise, talking to someone they trust, or practicing relaxation techniques. It is important to have this plan ready beforehand.

- **Focusing on the consequences:**

When the urge to use arises, the adolescent can be encouraged to think about the advantages-disadvantages of using, the reason they initiated stopping, and purposely recalling the negative consequences of using. Writing these down can also help.

- **Urge surfing:**

- Urge surfing is a technique used to objectively look at craving, to improve its acceptance as a normal time- limited experience that passes without the client using substances.
- The counsellor can explain that urges can feel like they will never end (especially when they peak for some time), but usually pass on their own, even when not fulfilled.
- The metaphor of water and waves can be used to explain the concept to the adolescent (Imagine urges are like waves that arrive, crest and subside).

Relapse Prevention:

- Provide psychoeducation regarding lapse-relapse-and how sobriety works.
- Explain the difference between a lapse (a single or couple of unplanned usage of the substance) and relapse (when the attempt to stay sober is abandoned)
- Help the client identify triggers in advance and commit to alternative coping strategies other than using the substance.
- If the adolescent has had past attempts and relapses, use that information to identify situations and plan strategies.

Strategies for when slips / relapse has happened:

Acknowledge and Normalize:

Attempting to stop using substances is indeed a really difficult journey and slips/lapses do take place and are a part of the process. This does not negate all the progress you have made till this point. This can be a learning experience and we can look at ways to reduce the chances that this happens again.

If a lapse has occurred:

- Where did this take place?
- Could you tell me more about what was happening? What were you thinking/feeling?
- When you consumed the substance, what were you hoping it would do/help you with?
- What will happen if you continue to use?
- What would you like for to happen moving forward?

To ensure that no more lapses take place:

- On days that you were not consuming, what were you doing/what helped?
- Which strategies have you been practicing that you found to be useful? (The adolescent could also write these down for reference during future situations)

When a relapse has occurred, similar steps can be followed (building motivation, identifying events that happened before the substance use, building coping strategies). Prompt them to remain connected and continue their efforts.

Additionally, work on reducing unhealthy emotions such as shame, guilt, pain the adolescent may be feeling. Highlight the progress they had made in earlier stages.

Presence of Coexisting Emotional and Psychological Concerns:

Recognize and effectively provide services and referrals for coexisting mental health conditions depending on severity

Providing other resources:

Provide information regarding -

- Support groups in the community
- Organizations working with substance abuse
- Rehabilitation centers and others based on needs

Suicide

Problem definition:

Crisis:

Any situation where there is threat to the client (suicide) or another individual (violence) in cases of potential harm to self.

If the client discloses, assure them of support and stabilize them.



Risk assessment:

Ask directly about suicide:

- Sometimes people in your situation feel like they don't want to live anymore, or sometimes they think about killing themselves. Have you been having any thoughts like these?
- Have you had any recent thoughts of killing yourself?
- Have you had thoughts like my family and friends would be better off without me?
If the client denies having suicidal thoughts but there is a high degree of concern based on the client's demeanor, ask again in different ways. Tell the client that you are genuinely concerned about their well-being and ask:

“You sound very upset to me right now, and I'm still concerned about you. Are you sure that you haven't been thinking about hurting yourself or thinking that your loved ones would be better off without you? I want you to know that this is a safe place where you can feel free to talk about anything that you may be experiencing.”

Check for feelings or thoughts indicating hopelessness/helplessness:

- Are you feeling hopeless about the present or future?
- Have you had thoughts about taking your life?
- When did you have these thoughts?

Check for past suicidal behavior (tendencies/attempts):

Ask about past attempts even if there is no evidence of recent suicidal thinking, and if triggers and circumstances that led to the first attempt are still active in their lives.

- Have you ever tried to kill yourself or attempt suicide?
- Have things ever been so bad for you in the past that you thought about killing yourself or actually tried to hurt yourself or kill yourself?

Do:

- Listen well and normalize
- Conduct the assessment and session with utmost sensitivity
- Constantly use process skills and work on building relationship
- Remain and converse in a calm manner
- Be non-judgmental
- Build on small hopes
- Emphasize that they are not alone
- Stabilize client

Don't:

- Panic
- Lecture the client about how life is precious and how suicide is wrong/unethical/against the plan of nature
- Mock or ridicule the client by saying that suicide is 'taking the easy way out', or that suicide is a 'cowardly' act
- Dare the client
- Guilt trip the client

Work on building relationship

Be sensitive to client statements that indicate distress:

While some adolescents may talk openly about feeling suicidal, it is essential to be sensitive to client statements like:

I am so tired of/done feeling this way I can't take this any longer
I'm going to do something about it.
Things are never going to change for me

At such times, proceed to conduct a risk assessment.

Suicidal Ideation:

If the client is having suicidal thoughts, specifically ask about:

▶ **Onset**

When did you begin having these thoughts?

▶ **Duration**

How long do they last?

▶ **Intensity**

- How strong are they?
- What is the worst they have ever been?

▶ **Frequency**

How often do you have thoughts of suicide?

Other questions:

- What do you do when you have suicidal thoughts?
- Do you find that you have them more frequently or more intensely at different times of the day or week?

Using Scaling questions:

- On a scale of 1-10 (1 being lowest, 10 being highest), how frequent are these thoughts of suicide?
- On a scale of 1-10 (1 being the lowest, 10 being highest), how intense or disruptive are these thoughts? (such that they disturb your everyday functioning)

Control:

- On a scale of 1-10 (1 being the lowest, 10 being highest), how would you rate your ability to switch off these thoughts and carry on with your day (with higher ratings indicating that the client has very little control over the thoughts once the thoughts strike)
- On a scale of 1-10 (1 being the lowest, 10 being highest), what is the likelihood that you will actually act on these thoughts (with ratings on the lower side indicating that these are merely thoughts, and ratings on the higher side indicating that the likelihood of an actual suicidal attempt happening)

Intent

Determine the extent to which the adolescent believes that the plan is lethal and the extent to which they are expected to carry it out.

- What have you done to begin to carry out the plan? (For instance, rehearsed what they would do/ made other preparations)
- How confident are you that this plan would actually end your life?

Assessing suicidal plans:

If the client's responses and other information available suggests that the client's thoughts of suicide are frequent, intense, hard to control, and that the client feels that a suicide attempt is imminent, it is extremely important to check how far the client has already planned this attempt. Respectfully share that you're worried about the client's wellbeing and would like to understand if they have thought about any plans to make an attempt. The more thought out the attempt, the greater the risk of the client acting upon the plan.

- Do you have a plan or have you been planning to end your life? If so, how would you do it?
- Where would you do it?
- Do you have the mediums (like drugs, rope) that you would use?
- If yes: Where is it right now?
- If no: How do you plan to obtain it?
- Do you have a timeline in mind for ending your life? /Is there a day/ time of the day which you would prefer to do this?
- Is there something (an event) that would trigger the plan?

Access to means:

Ask if the adolescent has access to any objects or means that can be used to harm themselves.

In cases where the adolescent has not spoken about any preferred means or has not had a past attempt, begin by asking open-ended questions about whether they have access.

- Are there any mediums that you plan to use currently in your environment?
Cases in which the adolescent has had a past attempt, or has specifically spoken about their planned method, questions that inquire about access to the same could be used.
- Do you have easy access to a knife?
- Do you have any rope in your house?
Other than assessing immediate surroundings, also ask about attempts to remove any means or if they have kept any for future use.

Assess Lethality:

Lethality, i.e. possibility of death, is to be considered high in the presence of the following risk factors:

- A clear plan or intent to end one's life
- Easy access to the means needed to end one's life and started gathering the same
- Past attempts / past history of mental illness / family history of suicide/ substance abuse
- History of Physical or Sexual Abuse
- Recently diagnosed with terminal illness
- Recent traumatic event
- Living alone, Isolation

In addition to this, also check for the following:

- Current daily schedule and level of current functionality
- Current self-care behaviors
- Lack of sense of belonging
- Feeling trapped and like there is no way out

Interventions:

<p>High Risk</p>	<p>Has suicidal thoughts Has a well thought out plan Strong intent Has access to means Presence of risk Factors Previous attempts</p>	<ul style="list-style-type: none"> - Ensure physical safety (Mobilize resources for the same if needed) - Work on getting rid of potential means - Validate and work on containment - Identify current trigger: (explore what already done, explore alternatives, collaboratively create safety plan) - Make safety pact - Encourage the client to delay the plan if they are resistant to other strategies
<p>Moderate Risk</p>	<p>Has suicidal thoughts Has a plan with some details Unsure of intent Some risk factors</p>	<ul style="list-style-type: none"> - Ensure physical safety - Validate and work on containment - Identifying and addressing concerns - Safety planning
<p>Low Risk</p>	<p>Has suicidal thoughts No plan No access to means No previous attempts</p>	<ul style="list-style-type: none"> - Validate - Identifying and working on concerns - Safety Planning - Hope Box

- **Restrict access to lethal means and ensure immediate physical safety of the client:**

In cases where the client is in possession of the means, it is important to encourage them to keep it aside for the time being and engage with them.

“I understand that you're feeling really overwhelmed. But I would request you to keep (..) away for the time being and we could talk about what has been going on...”

- **Breaching confidentiality and seeking informed consent:**

In high risk cases:

- 1 Identify a safe person (can be any trusted adult they trust) define and check if the client can reach out to them.
- 2 If the client is not willing to reach out, check if you can reach out to the safe person on their behalf. Discuss:
 - The safe person and their contact details.
 - How you will introduce yourself to the person.
 - What information will be shared with them.
- 3 If the client is not willing to consent:
 - Explain how you're concerned about their safety
 - Talk about the other safe authority that you would be reaching out to, who can reach out to the client.
 - What information will be shared with them
 - Follow-up with escalation authority (explain, which authority are we referring to) as well as client.

- **Working on identifying the precipitating events or major concerns:**

- Focus on the current problems that led to the crisis
- Encourage sharing and respond effectively.
- Understand history of the concerns, coping strategies that have already been utilized, and the concerns that can be worked upon collaboratively

- **Working on dealing with emotions and containment:**

- Create a safe space and focus on utilizing active listening skills like reflection of feelings, paraphrasing, and probing.

- **Generating and exploring alternatives:**

- Once some balance has been re-established, collaboratively work on generating other alternatives for their concerns.
- Inquire what has worked before and utilize other solution-focused therapy techniques
Have there been times when this was less of a problem? What did you do or others do that was helpful?
What was different about that time?

- **Follow-up and Making call pacts:**

If the client is feeling vulnerable even towards the end of the session (high and moderate risk), set call pact:

- Ask the client to choose a time that they'll call the counsellor. Decide the time yourself if they are unwilling to choose (2-3 hours later in high risk; 6-7 hours later if moderate risk). Discuss coping strategies for the time in between.
- If client doesn't call within 15 minutes of the decided time, send an SMS checking in
- In case the client doesn't call within 15 minutes of the message, call the client to ensure their safety and well-being

Important:

- In case pact has been made for the following day, provide referral of other active helplines for the night
- Discuss which number can be used for the call pact
- Discuss how you'll introduce yourself if someone else picks the call

Make a clear safety plan:
Plan how the client will fight off urges and remain safe.

Step 1.

Identifying the warning signs and triggers: (Refer Annexure)

Help clients determine their own triggers and cues so that help can be initiated earlier.

How do you notice (thoughts/feelings) during the period before you first notice that you are feeling suicidal? Have you noticed any triggers/ something that happen before you start feeling this way?

Step 4.

Identifying support:

Among your family or friends, who is supportive/ who do you think you could contact for help during a crisis? Is there anyone you would feel comfortable with discussing your thoughts of suicide?

Step 5.

Professionals to contact for help:

Numbers of helplines that are accessible 24x7, other numbers and resources that they can access at any point of time when they feel the need

Step 2.

Facilitate identification of coping strategies:

When was the last time you felt relaxed or peaceful? What were you doing?
Is there anything that you do that helps you take your mind off these things/feel better?
Who do you spend time with that makes you feel good?

Step 3.

During crisis:

Plan in advance what the adolescent could do when they start feeling suicidal.
Where could you go or who could you call to take your mind off things?

Ensure that the adolescent will follow through:

Those are some good options. What are some steps we could take now to ensure that you will

Step 6.

Temporarily restricting access to lethal means of self-harm
Inquire whether the means are available to them and work on eliminating the same.
Rehearse with the client how they will use the plan:

Where will the lethal means be kept?
How will you know when to take the first step? What comes next?

- **Creating a hope box:**
Encourage the client to place concrete reminders of coping strategies mentioned in the safety plan, and any reminders that will help the adolescent in that moment.
- **Distract yourself:**
Distraction tactics may help resist the urge to cut. A person can try to distract themselves by calling a friend or counting to 1,000.
- **Release anger:**
Alternative ways to release anger can include hitting a cushion, ripping up paper or scribbling on paper.

Violence



Problem Definition:

Violence includes all behaviours with the intent of power, control, and hurt. There are many forms of violence and their impact can be assessed in those domains including:

- Physical
- Emotional
- Social
- Sexual
- Financial or economic

Adolescents may face violence in their families, romantic relationships, or other circles, as well as be a witness to violence. Issues related to witch hunting, child marriage, dowry are also issues of violence.

Important Values for Violence Counselling:

- Beneficence – It is about ‘doing good’ for your client.
- Justice - complex ethical principle and it entails fairness, equality and impartiality; in other words, it is the obligation to be fair to all people.
- Right to autonomy - every individual’s right of self-determination, independence and freedom to make their own choices.

Violence is not acceptable under any circumstances.



Do:

- Be sensitive and listen attentively
- Ensure the client knows that they are believed completely and you have faith in the authenticity of their narrative
- Ask questions that make them feel at ease and not threatened
- Encourage them to continue talking
- Support them while encouraging objectively

Don't:

- Make them feel judged or blamed
- Ask questions that are:
 - Close-ended
 - Complicated
 - Threatening or culturally insensitive
 - Judgmental
 - Imply a certain point of view
- Many questions one after the other
- Name call, ridicule
- Interpret, analyse
- Withdraw, use humour

Assessment:

Essential to screen for violence, especially when the client sounds fearful/extremely upset.

Physical

- Has your partner / Life partner ever threatened to hurt you, physically/threatened to hit you?
- Pushed/slapped you during an argument?

Emotional

- Does your partner tease you in hurtful ways?
- Call you names? Criticize loved ones? (comment basis on your looks and body type)
- Does your partner threaten to kill themselves if you leave?
- Is your partner mean to you and then says it's your fault?
- Does your partner decide what you can wear?
- Does your partner threaten to spread rumours about you?
- Does your partner neglect you emotionally?

Sexual

- Does your partner ever pressure you for sex/sexual acts?
- Does your partner sexually neglect you?
- Does your partner manipulate the use of contraceptives?
Threaten to put intimate photos or videos online?
- Videotape sexual acts even when you're not comfortable?

- Does your partner pressure you to share intimate image/videos?
- Does your partner pressurise you to engage in acts that you are not comfortable with?

Social

- Is your partner extremely jealous/ gets angry with you if you talk to someone else?
- Does your partner tell you who you can hang out with? Decide how you will spend your time? Monitor your whereabouts? Cell phone use?
- Does your partner neglect you socially?

Additional assessment:

- What decision-making power does the client have?
- What resources does the client have?
- Who is/are the leaders in that situation/social unit?
- Who is committing the act of violence?
- Who is supporting the violence?
- Understand the client's (survivor's) needs
- What does the client (survivor) want?
- Whose support can be harnessed?

In the presence of violence:

- Label the behaviour as violence and state that it's not okay.
- Utilize validating messages such as:
 - "I'm glad you told me, and you can always talk to us about these things."
 - "You don't deserve this. This is not your fault."
 - "The abuse is not your fault. It is not because of something that you did wrong."
 - "There is no excuse for relationship abuse"

Interventions:

- Help understand the cyclic nature of an abusive relationship (honeymoon phase, build-up, explosion) [Refer annexure].
- Provide information about how you can help in different situations (like getting the police involved). Explain the processes involved in each of their options.
- If the client wants to stay in the relationship, respect their decision and encourage them to continue contact with the counsellor.
- Discuss strategies for next time that the abuse occurs
- Provide referrals (Refer annexure)

For adolescents who have either faced or witnessed abuse and are experiencing distress:

- **Provide psychoeducation about abuse and its impact:**
 - impact of trauma on individuals
 - their legal options, and other options
 - provide validation and normalize any reactions they may be having
- **Focus on grounding and relaxation techniques:**
5-4-3-2-1, state change activities, focused, deep breathing, progressive muscle relaxation, mindfulness exercises, and other personalized interventions. Encourage them to practice these between sessions.
- **Work on specific thoughts and emotions:**
 - Encourage them to recognise the connection between thoughts related to upsetting events, feelings and behaviours and evaluate whether these are helpful. Begin with everyday situations and eventually move to more distressing situations.
- **Develop a trauma narrative:**
Encourage journaling or talking to create a more detailed trauma narrative.
- Address any unhelpful thoughts and beliefs about the same
- Help overcome any unhelpful coping strategies
- **Discuss some concrete safety skills.**
 - Remember to not force the client to open up about the details of the abuse at any point. The client can be encouraged to process the narrative eventually once work on stabilization has taken place.

For cases where there is imminent physical danger from the partner (or other members they are living with):

- **Assess safety:**
Conduct a thorough exploration of the issues faced by the client and a detailed assessment of threats to safety and well-being of the client.
- How often does the abuse occur?
- What was the most recent incident of abuse?
- How safe do you feel presently?
- **Positive response to one or more of the following questions indicate a high risk to the client's life:**
 - Has your partner used a knife or gun on you? (one or more times)
 - Has your partner choked you? (one or more times)
 - Has your partner burned or injured you on purpose?
 - Have you suffered internal injuries to vital organs because of a fight with your partner?
 - Have you ever lost consciousness due to your partner choking/hitting you?
 - Have you lost consciousness for more than an hour due to a head injury?
 - Have you been hospitalized because of injuries?
 - Has your partner ever tried to kill you?

- **Safety planning:**
If the client is in significant danger, it is absolutely essential to help the client identify things that can be done to maximize their safety.
- List of 'ICE' (In Case of Emergency) Contacts
- Encourage the client to keep a small bag ready which contains essentials such as money, important documents, clothes, shoes, some edibles.
- Help map the environment to aide in maximize safety
- Make an escape plan
- **Generate Options:**
- Work with the client and generate possible options regarding what can be done, in a collaborative manner.
- **Explore Support Systems:**
Encourage the client to view existing and potential sources of support at the immediate level (family, relatives, friends), secondary level (work colleagues, acquaintances), and tertiary level (other organizations, government programmes).
- **Understand Client Expectations:**
- Ask the client specifically what is expected from the helpline.
- Use miracle questioning or other techniques to clarify goals when client unsure.
- **Work on Multiple Levels:**
- Psycho-education, or providing the client further information on the problems being faced by them, referring them to relevant professionals and agencies such as the police, the healthcare system, the law, and the non-governmental sector that can be of further help.
- **Check how the client feels at the end of the session:**
- Ask about key takeaways from the session.
- Exploring how they are feeling in comparison to the start of the session.
- Encouraging them to call back in case they ever feel anxious again.

For adolescents who are perpetrating violence:

Could be violence of any kind in their intimate relationships, towards their parents, or be bullying others in different contexts.

- State that their behaviour is abusive/violent in a non-condemning way
- Outline the negative consequences of their actions such as informing them about relevant laws
- Discuss the importance of consent and the unwelcome nature of coercion
- Discuss pros and cons of their current behaviour, motivate and elicit a plan for change
- Identify risk factors and triggers of violence and discuss healthy coping skills to address the same
- Discuss emotion regulation and anger management techniques (Refer Annexure).
- Discuss healthy interpersonal relationships and skills like nonviolent conflict resolution
- Work on cognitions that influence their abusive/violent behaviour such as power and need to control, patriarchal narratives etc.
- Work on building other empathy skills (taking the others' perspective by imagining themselves in that position, building a deeper understanding of the others' thoughts and feelings). Can be practiced through role-play on call.

Annexure

Table of Contents

Annexure A (General Counselling)	57
Emotional Based Interventions	57
Grounding	57
Breath Work	57
Guided Imagery	58
Annexure B (Academic and Career Counselling)	59
Learning Styles	59
Emotional Time Travel Technique	59
Annexure C (Relationships)	61
The Five Stages Of Grief	61
Annexure D (Sexual and Reproductive Health)	62
Positive Body Image	62

Annexure E (Substance Abuse)	62
CAGE Questionnaire	62
Annexure F (Suicide)	63
Important Warning Signs and Triggers	63
Annexure G (Voilence)	65
Referrals	65
The Cycle of Abuse	65
Anger Management Techniques	66

Annexure A

(General Counselling Protocol)

Emotion Based Interventions-

a) Grounding-

Grounding techniques help control anxiety by turning attention away from thoughts, memories, or worries, and refocusing on the present moment. In the 5-4-3-2-1 technique, person will purposefully take in the details of their surroundings using each of the senses. Questions directed to them are:-

- What are 5 things you can see?
- What are 4 things you can feel?
- What are 3 things you can hear?
- What are 2 things you can smell?
- What is 1 thing you can taste?

- Adapted from Pikorn, I. (2020).

b) Breath work-

Breathing exercises help to connect with the body and feel grounded when we may be feeling overwhelmed by anxious thoughts. These are some ways to engage in breathing exercises:

- 1) **Boxed Breathing Exercise:** Take a deep breath into the count of 4 - hold your breath to the count of 4 - exhale slowly to the count of 4 - pause to the count of 4 - repeat.
- 2) **Belly Breathing Exercise:** Relax your body. Gently place one hand on your belly. Take a deep breath in and feel your belly and rib cage expanding and then slowly exhale, feeling it contracting. Repeat this 4-5 times.

c) Guided Imagery-

The client could be encouraged to imagine a safe space by asking them to

- 1) Find a private and calm place for this technique. Get into a comfortable and relaxed state. Allow your entire body to become relaxed from the top of your head to your toes.
- 2) Calm your mind by focusing on your breathing.
- 3) Take long, slow and deep breaths.
- 4) Imagine yourself in a place where everything is as you want it to be: your ideal world. It can be your favorite place or even your favourite scenario (a garden, a forest, a beach, a mountain). Imagining yourself smiling, feeling happy and having a good time. Continue taking deep breaths.
- 5) Focus on the different senses present in this scene and try to experience each: smells, sounds, tastes, sights and touch. Imagine that you are feeling relaxed. Focus on your breathing whenever you are feeling anxious during the process. Continue to visualize for five to ten minutes or until you feel relaxed.
- 6) Notice how you feel in your body as you do the exercise, identify where in your body you feel relaxed.
- 7) Bring your attention back to your breathing and open your eyes when you feel comfortable.

- Adapted from White Swan Foundation.

References:

Pikorn, I. (2020). The 54321 Grounding Technique To Cope With Anxiety. Retrieved from <https://www.insighttimer.com/blog/54321-grounding-technique>
(Grounding technique)

White Swan Foundation. (n.d.). Relax with Guided Imagery. Retrieved from <http://whiteswanfoundation.org/article/step-by-step-relaxation-with-guided-imagery/>
(Guided Imagery technique)

Annexure B

(Academic and Career Counselling)

Learning Styles

1. Verbal (Linguistic): - The child prefers using words in both speech and writing and loves role playing.
2. Aural (auditory-musical):-The child prefers using sound and music and learns by listening and hearing lectures.
3. Visual (Spatial):-The child prefers using pictures, images and learns by observing and watching.
4. Physical (kinaesthetic):-The child prefers using the body, hands and sense of touch to learn.
5. Logical (mathematical):- The child prefers using reason, logic and recognizes patterns easily.
6. Social (Interpersonal):- The child prefers to learn within a group and is usually a good communicator.
7. Solitary (Intrapersonal):- The child prefers to learn and work alone and shows independent play.

Emotional Time Travel Technique:-

- When you are finding it difficult to work, try projecting yourself mentally into the future. Imagine the good feelings you will have if you stop procrastinating and finish a project (or the bad feelings if you don't finish, although focusing mostly on the good feelings is most helpful).
- Focus on imagining the future situation and take some deep breaths while trying this. It's also important to practice acknowledging and paying attention to any "negative" emotions you are experiencing but not getting too caught up in them.
- Doing Mindfulness technique can help along with Emotional time travel technique.

- If a fear of failure is preventing you from doing a task, just get started. Tell yourself you don't have to finish the whole project now, and it doesn't have to be perfect. Just do the first one or two steps or set a manageable timeframe, like working for 40 minutes or one hour.
- Unhelpful thoughts can be replaced by using emotional time travel technique. Some examples of thoughts that could be more helpful than self-criticism or excuses are, "OK, I didn't do as well as I hoped, but I did make some progress," "Fine, I'm feeling discomfort, but I'm going to feel more discomfort later', if the job is left undone".

References:

- a. Learning Styles: Why "One Size Fits All" Doesn't Work. (2016, February 18). Retrieved from <https://ilslearningcorner.com/2016-02-learning-styles-one-size-fits-all-doesnt-work/> (Learning Styles)
- b. Shellenbarger, S. (2014, January 7). To Stop Procrastinating, Look to Science of Mood Repair. Retrieved from <https://www.wsj.com/articles/to-stop-procrastinating-look-to-science-of-mood-repair-1389142943?tesla=y> (Emotional Time Travel Technique)

Annexure C

(Relationships Protocol)

The Five Stages of Grief:-

There are 5 identified stages of grief:

1. Denial- Person is unable to process or understand the information/bad news. He/she may choose to believe that it's incorrect or somehow mistaken. Thoughts the person would be going through are: - "This can't be happening", "I am fine" etc.
2. Anger- Once the person understands that previously rejected information really is true; they may feel frustrated and angry. People in the anger stage may ask themselves, "Why me?"
3. Bargaining-Person may seek out reasons to believe that he/she can avoid their grief. Example- "I would do anything to turn back time", "If only I could have done things differently" etc.
4. Depression-Many people in this stage will refuse help from friends and family, choosing instead to spend time alone. They may experience low mood and sadness.
5. Acceptance-Person is able to understand new reality such as accepting the loss of a loved one or an illness or another difficult life event. This does not mean that they are "okay" with it rather they have accepted the situation.

Please Note: - (Individuals may experience the grief stages in different orders, can oscillate between them and can skip them entirely).

- This model is based on the work of Elisabeth Kubler-Ross.

References:

- a. Kübler-Ross, Elisabeth. (1970). On Death and Dying. New York. Collier Books/Macmillan
- b. Gottman, J. (2012). Why Marriages Succeed or Fail: And How You Can Make Yours Last. Simon and Schuster.

Annexure D

(Sexual and Reproductive Health)

Positive Body Image:-

Help adolescents practice 3 A's with respect to their body:

1. Attention - Listening for and responding to internal cues of the body (i.e., hunger, satiety, fatigue).
2. Appreciation - Appreciating the pleasures your body can provide and what all it can do for you.
3. Acceptance – Accepting the body along with its flaws and treating oneself with compassion

References:

- a. iCALL

Annexure E

(Substance Abuse)

CAGE Questionnaire:

The CAGE questionnaire is a series of four questions that can be used to check for signs of possible alcohol dependency. It includes -

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

References:

- a. Ewing JA. Detecting alcoholism: the CAGE questionnaire. JAMA. 1984;252(14):1905-19076471323

Annexure F

(Suicide)

Important warning signs and triggers:

1. Direct Verbal Clues

I've decided to kill myself.

I wish I were dead.

I'm going to commit suicide.

I'm going to end it all.

If (such and such) happens, I'll kill myself. The precipitating factor might be losing a job, being left by a spouse, or being arrested for a crime.

2. Indirect Verbal Clues

- I'm tired of life.
- What's the point of going on?
- My family would be better off without me.
- Who cares if I'm dead anyway?
- I can't go on anymore
- I'm so tired of it all.
- I'm not the man (or woman) I used to be.
- Soon I won't be around.
- Soon you won't have to worry about me any longer.
- Goodbye, I won't be here when you return.

3. Behavioral Clues

- Relapse into drug or alcohol use after a period of recovery.
- Purchasing a gun.
- Stockpiling pills.
- Making or changing a will.
- Taking out insurance or changing beneficiaries.
- Making funeral plans.
- Giving away money or prized possessions.
- Changes in behavior, especially episodes of screaming or hitting, throwing things, or failure to get along with family, friends or peers.
- Loss of physical skills, general confusion, or loss of understanding, judgement or memory.

2. Situational Clues

- Sudden rejection by a loved one or an unwanted separation or divorce.
- A recent move, especially if unwanted.
- Death of a spouse, child, friend (especially if by suicide or accident).
- Diagnosis of a terminal illness.
- Flare up with friends or relatives for no apparent reason.
- Sudden unexpected loss of freedom (e.g., about to be arrested).
- Anticipated loss of financial security.

References:

- a. Suicide Prevention Resource Center (2012). QPR Gatekeeper Training for Suicide Prevention. Retrieved from <https://www.sprc.org/resources-programs/qpr-gatekeeper-training-suicide-prevention>

Annexure G

(Violence)

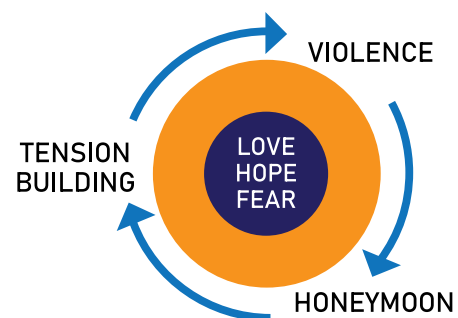
Referrals:-

As a counsellor, sometimes it is necessary to enable the client to find additional sources of support where appropriate. There are a number of potential reasons for making referrals. These include:

- The client has another need. (e.g. they want information or advice).
- The counsellor lacks specific skills.
- The client requires a specialist (e.g. there is an apparent mental health problem).
- The counsellor knows the client beyond the professional basis.
- No progress is being made.
- The client is partaking in disruptive behaviour that might be harmful to themselves or others.

The Cycle of Abuse:-

Lenore Walker (1979) identified the 3 cyclical phases that are found in abusive and violent relationships. These phases have been explained below:



1. **Tension building** - During the tension building phase, incidents may occur where the abuser feels wronged in some way and this can lead to the build-up of strong negative emotions of frustration, anger, humiliation, disgust or jealousy. This phase can last for a few hours or months.
2. **Abusive incident/ acute Explosion** - The tension that was built up in the first phase finally breaks and results in an abusive incident. The abuser may engage in physical or sexual violence and attempt to hit, punch, kick or try to rape the victim.
3. **Honeymoon Phase** - Following the incident, the abuser may apologize, buy gifts, or be extra affectionate to “make up” for the abuse. These assurances are intended to persuade the survivor to stay in the relationship. Once the honeymoon phase is over, the tension building phase begins again and the comforting promises the abuser are broken.

Anger Management Techniques:-

1. Relaxation - Deep breathing and relaxing imagery can help calm down anger, negative feelings etc. This includes breathing deeply from one's diaphragm instead of chest, using imagery to visualize a relaxing experience and doing slow non strenuous yoga exercises. (Refer to relaxation techniques in Annexure A)
2. Cognitive restructuring - It simply means changing the way one thinks. Anger can lead to irrational thinking and by using this technique a person can replace their thoughts with rational ones for e.g. instead of telling yourself, "oh, it's awful, it's terrible, everything's ruined," tell yourself, "it's frustrating, and it's understandable that I'm upset about it, but it's not the end of the world and getting angry is not going to fix it anyhow."
3. Problem Solving - This does not focus on finding the solution, but rather on how someone handles and faces the problem. Make a plan, and check your progress along the way. Resolve to give it your best, but also not to punish yourself if an answer doesn't come right away. This will help in protecting oneself from falling into all-or-nothing thinking, even if the problem does not get solved right away.
4. Using Humor - "Silly humor" can help defuse rage in a number of ways. It can help one get a more balanced perspective. One should use humor to face their problem and channelize their anger more constructively for e.g. when you get angry and call someone a name or refer to them in some imaginative phrase, stop and picture what that word would literally look like.

References:

- a. Walker, L. E. The battered woman. New York: Harper & Row, Publishers, 1979. (Cycle of Abuse)
- b. Image source - iCall Psychosocial Helpline
- c. American Psychological Association. (2015). Controlling anger before it controls you. Retrieved from: <https://www.apa.org/topics/anger/control/> (Anger Management Techniques)

The counselling manual is a brief and directive document that facilitates the work undertaken by RSKK counsellors at Ujala clinics in addressing adolescent mental health concerns. Each protocol has been broadly divided into the various stages of counselling that cover rapport building, risk assessment, interventions and follow up. Each of the stages have been described with concrete questions and instructions that can be utilised to further the counselling process. The protocols are aimed to serve as quick references and gateways to deeper understanding of working with adolescents in distress.

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