Community Work for Vocational Training and Employment of Persons with Mental Retardation
Contents

Foreword $v$

COUNSELLING
1. An Introduction to Counselling 3
2. Forms of Counselling 11
3. The Counselling Process and Techniques 25
4. Personal Counselling of Persons with Mental Retardation 51
5. Community Counselling 59

WORK IN THE COMMUNITY
6. Communication with Community 65
7. Communication and Presentation 77
8. Community Based Rehabilitation Programmes 83
9. Evaluation of Community Intervention 95

LIAISON WITH GOVERNMENT AND NON-GOVERNMENT ORGANIZATIONS
10. The Scope of Liaison 101

Bibliography 110
Counselling

Unit-1

An Introduction to Counselling

STRUCTURE

• Introduction
• Objectives
• Definition
• Problems and Needs for Counselling
• Related Terminology
  ❖ Guidance
  ❖ Advice
  ❖ Direction
  ❖ Instruction
  ❖ Education
  ❖ Psychotherapy
• Unit Summary
• Check Your Progress
• Points for Discussion/Clarification
Foreword

"A book that fills the mind with beauty and opens the heart to what is lovely and lovable is a treasure forever." It allows transmission of knowledge from generation to generation and from place to place. Books have always been our best friend and a source of learning. We read and write for many purposes, most of the time they are either social or academic.

This manual attempts to serve the academic needs in the field of Special Education and Rehabilitation. Disability Studies are mostly dependent on western books and literature with very little being available within the country. An effort has been made to fill in the gaps that existed, by preparing the manuals that would be simple in approach, easy to understand and serving the students needs. We hope that they will prove to be an effective tool not only for students and teachers, but also for parents, NGOs and organizations of persons with disability. The manual attempts to consciously follow the course syllabus and in the process explore the general and disability specific issues. In the process of creating such specifically tailored manuals for the courses, there are possibilities of oversights or errors despite our being careful. The Council would like to invite your suggestions and comments so that the subsequent editions, revised versions can be improved upon.

Time and again, it was emphasized that there is a great dearth of study material for the students as well as the teachers for the various diploma level courses in discipline of Special Education and Rehabilitation of the Council. This set the Council to take up the onerous task of manual preparation. Lots of effort has gone into the process, by the authors and the editors. Searching for the appropriate and relevant material that should go into the manual, readily understood by the trainee has been a gigantic responsibility executed with extreme care by the specialist team chosen for this purpose.
The Council would like to thank everyone associated with this project for their contribution. We hope that the manuals are able to unlock the doors of knowledge and successfully develop an insight into the world of persons with disability.

(Dr. J.P. Singh)
Member-Secretary
1

An Introduction to Counselling

Introduction
Counselling is a scientific process of assistance extended by expert, to a needy person in an individualized situation. It is one of the services of guidance, which intend to establish a relationship between the counsellor and the subject in which, the former attempts to assist the latter, in achieving optimum educational, vocational, personal and social development and adjustments.

Objectives
After learning this unit the trainees will be able to:

- Define counselling.
- Analyze the problems and needs of counselling.
- Explain the related terminology.

Definition
Different psychologist and guidance workers have tried to define counselling in different ways. Some of the important definitions of counselling are given below:

1. "Counselling is a series of divert contacts with the individual which aims to offer him assistance in changing his attitudes and behaviours." (Carl Rogers)

2. "Counselling is vitally related to learning. As in learning we are concerned with the modification of behaviour, so in counselling, the role of the counsellor is to discover the dissatisfaction (may be called problems) of the counselee
and help him or her set up some goals and guide him or her through difficulties and problems.” (Kelly, J. A.)

3. “Counselling implies a relationship between two individuals in which one gives a certain kind of assistance to the other.” (Myers)

4. “Counselling is a mental learning process. It involves two individuals, one seeking help and the other a professionally trained person helping the first to orient and direct himself towards a goal which leads to his maximum development and growth in his environment.” (Willy and Andrews)

Problems and Needs for Counselling

Need for Counselling When a Student

1. Needs not only reliable information but also its interpretation so as meet his own personal difficulties.

2. Needs a capable listener with a broader and long experience so that he recount his difficulties and get some suggestion.

3. Thinks that the counsellor has access to the facilities for the solution of his problem.

4. It is aware of the problem but is unable to define it or express it or cope with it intelligently.

Personal Problems, Which Require Counselling

While making an attempt to understand the problems of the counselee, we may decide about the different areas of guidance, i.e., educational, vocational and personal but in actual practice it becomes difficult to disintegrate them. One type of problem, say vocational influences educational and personal problems. Some of the problems are listed below which are generally faced by the students.

1. Getting along with ones peers and making and keeping friends.

2. Getting desirable social experiences and problems in this regard.

3. Problems in health, the headache, laziness, inattentiveness.

4. Getting along well with teachers, parents, brothers and sisters.
5. Problems related to personal appearance and figure.
6. Appropriate use of leisure time i.e., inadequate or necessary participation in school activities.
7. Clarification of manners, morals and values.
8. Personal problems connected with planning the future and choosing of career.
9. Problems about money.
10. Problems related to sexuality i.e., mixing up with the opposite sex and dealing with them.
11. Personal behaviour problems.
12. Developing and satisfying philosophy of life.
13. Problems related to school adjustment.
15. Adjustment needs stemming from feelings of inferiority, inadequate social skill and unfortunate personality traits.
16. Emotional problems resulting from scholastic difficulties.

**Role of the Counsellor**

The fundamental principle is that all individuals differ from one another and no two individual are identical. Each individual’s problem is treated as a unique one. As such the role of the counsellor is quite difficult. He is to interpret the similar problem of different individuals in different ways as each problem is a unique one.

**Related Terminology**

1. **Counselling and Guidance**

   Not to talk of the layman, some traders and workers use both these terms interchangeably, even when the fact remains that guidance is a broader term which includes many services and counselling is just one of them. The following points will further clarify the similarities and differences between guidance and counselling.

   (a) Both guidance and counselling are a continuous process and not isolated activities.

   (b) Guidance is a broader and comprehensive process, the process of Counselling is characterized by more precise depth and several specific details.
(c) The fundamental task of collecting accumulated data about the individual and his environment is performed through the process of guidance service, before actual counselling can start. It is only in the professional setting of counselling that the technical task of interpreting and communicating the outcome of the data takes place.

(d) The fact is that the preliminary responsibility of data collecting and scoring may be shared by other guidance workers working at various levels. The subtle skills of counselling can be performed only by the trained counsellor.

(e) Counselling is the center of the guidance programme, but guidance programme has broader field to perform.

It can then be said that guidance and counselling although not synonymous terms are clearly and intimately related to each other.

2. **Counselling and Advice**

In the process of guidance where counselling is the nuclear, even psychological tests, tools and techniques are made use of, while the advice of old days included only technical assistance both in self analysis, self-understanding and self-guidance process.

Secondly, in advice the decision is generally of the giver of the advice, while in counselling the decision is wholly of the recipient of the Counselling.

Thirdly, all the concomitant responsibilities of assisting the counselee with an understanding of all data, relevant to himself and is total environments need not necessarily find place in an advice giving situation.

Fourthly, very often advice giving may be finished in a single setting while counselling may require several setting just to grasp the situation in its totality. It may make the counselling process more time consuming and sound than advice.

Fifthly, it has been hypothesized that in the process of counselling frequency of seeking of counsel is bound to decrease while in case of advice the frequency of seeking advice may remain the same or even increased.

On the whole the process of counselling is more sophisticated scientific and needs trained workers, while advice can be given by those also who might not have formal training in it.
3. **Counselling and Directions**

Directions are bit more than advice. It contains an element of authority, command and obedience, while the process of counselling provides permissive and democratic and democratic environment in which he is helped to look at himself in a relatively objective manner. Like advice, direction is a short process and simple process. "There is not to question why; there is but to do and die"—is the dictum of direction. In Counselling the counselee has every right to know the cause, he uses his own discretion to do the act and he is responsible for the consequences of his action.

4. **Counselling and Instructions**

Teaching and instructions are closely related. However, an instruction is comparatively more methodical functioning of knowledge information or skill than teaching. It also contains a slight connotation of command in it.

5. **Counselling and Education**

All guidance is education but all education is not guidance. Again all counselling is guidance, but all guidance is not counselling. In this sense all counselling is education, but it has some different characteristics in it. As compared to instruction, counselling is more close to education.

6. **Counselling and Psychotherapy**

Psychotherapy is the technique used by the counsellor in medical setting while counselling is used in educational, vocational and personal type of problems. In psychotherapy special techniques and tools are made use of while in case of counselling the tools, which can be used in school, are made use of psychotherapy deals with individuals who have acute problems while counselling is used to deal with normal problems which disturb him.

**Unit Summary**

Counselling is vitally related to learning. As in learning we are concerned with the modification of behaviour, so in counselling, the role of the counsellor is to discover the dissatisfaction (may be called problems) of the counselee and help him or her set up some goals and guide him or her through difficulties and problems." (Kelly, J. A.)

The fundamental principle is that all individuals differ from one another and no two individual are identical. Each individual's
problem is treated as a unique one. As such the role of the counsellor is quite difficult. He is to interpret the similar problem of different individuals in different ways as each problem is a unique one.

Some traders and workers use both these terms interchangeably, even when the fact remains that guidance is a broader term which includes many services and counselling is just one of them.

On the whole the process of counselling is more sophisticated scientific and needs trained workers, while advice can be given by those also who might not have formal training in it.

Check Your Progress

1. Define counselling.
2. Explain the need for counselling.
3. Mention few personal problems which require counselling.
4. What is the role of the counsellor?
5. Differentiate between counselling and guidance.
6. What do you mean by counselling and advice?
7. Differentiate between counselling and directions.
8. What is the difference between counselling and psychotherapy?
9. Define counselling. Explain the related terminology with examples.
10. The related terminology in counselling use:
    (a) Counselling and guidance.
    (b) Counselling and advice.
    (c) Counselling and education.
    (d) Counselling and instruction.
    (e) Counselling and directions.
    (f) Counselling and psychotherapy.

Points for Discussion/Clarification

......................................................................................................................
......................................................................................................................
......................................................................................................................
Community Work for Vocational Training and Employment of Persons with Mental Retardation
Community Work for Vocational Training and Employment of Persons with Mental Retardation

Asok Chakraborty, M.A. (Psy), B. Ed. (M.R.)
Manabendranath Das, M.A. (Socio), M.A. (HRM), B.M.R.

Edited by:
A.T. Thressia Kutty

Rehabilitation Council of India
in association with

KANISHKA PUBLISHERS, DISTRIBUTORS
NEW DELHI-110 002
Community Work for Vocational Training
and Employment of Persons with Mental Retardation
© Rehabilitation Council of India
Counselling

Unit-2
Forms of Counselling

STRUCTURE
- Introduction
- Objectives
- Approaches
- Directive Counselling
- Non-Directive Counselling
- Electic Counselling
- Group Counselling
- Unit Summary
- Check Your Progress
- Points for Discussion/Clarification
Introduction
After explaining the need for counselling and related terminology, this unit discusses various forms of counselling. Various approaches to counselling are directive counselling, non-directive counselling, Electric counselling and group counselling.

Objectives
After completing the unit, the students will be able to:

- Describe various approaches to counselling.
- Examine various phases and process of different forms of counselling.

Approaches
Among the several approaches to counselling the widely used ones are four viz., Directive Counselling, Non-Directive Counselling, Electric Counselling and Group Counselling.

Directive Counselling is an approach in which the counsellor uses a variety of techniques to suggest appropriate solutions to the problem of the counselee. In this approach the counsellor plays a leading role.

Non-Directive Counselling is a counselee-centered approach in which he is guided to use his own inner resources to solve the problem. In this approach the counselee plays a predominant role.

Electric/Group Counselling, the strategy arises out of the appropriate knowledge of student behaviour and a combination of directive, non-directive and other approaches.
Group Counselling is based on the assumption that a person’s group membership has an immense psychological significance for him. A group helps him to understand his problems in the context of the social reality and to solve the same.

Directive Counselling
The basic of directive counselling advocated by E. G. Williamson is that counselling is possible only when an individual is able to accumulate adequate data to form the basis for an analytic diagnosis of the problem.

The following are the characteristic of directive counselling.

- The counsellor plays a prominent and leading role.
- The possible solution to the problem is suggested by the counsellor himself.
- The counsellor gives ‘direct’ advice, suggestions, explanations etc., to the counselee.
- Persuasion of the counsellor through repeated explanation to convince counselee regarding the suitability of the suggested solution.

Phases of Activities
In directive counselling the initiative for conducting the counselling is taken by the counsellor. In this process, the responsibility of the counsellor is to analyze the problem, find out the causes, make decisions and suggest appropriate solutions to the counsellor for his implementation. The following are the steps for conducting directive counselling.

- Starting the Counselling session.
- Analysis of the problem.
- Synthesis of the problem.
- Diagnosis.
- Prognosis.
- Prescribing remedial measures.
- Follow up.

The Process
The counsellor, through his friendly and warm behaviour, must create a cordial atmosphere for the counselling session. This is done
by a few pleasant introductory remarks such as ‘Hello, how are you? Make yourself comfortable’ etc.

Collect the relevant information about the problem of the client from various sources. Sometimes certain psychological tests may have to be administered on the counselee. Through a process involving free personal talk in the form of a discussion, the counsellor must attempt to understand the various aspects of the problem. In doing there may be need for the use of variety of probing questions.

The next stage of the directive counselling process is the prognosis. The counsellor gives his prediction on the future outcome of the problem. The counsellor should avoid fearful language. The counselee should not be perturbed of hurt by any chance.

Now the remedial phase of the counselling starts. Here the counsellor gives his advice as to how to cope with the problems. Most of the time, the counsellor suggests a number of solutions to the counselee and asks him to choose the appropriate one. When the counselee is convinced about his a future plan of action, the session is terminated.

Follow up is the final step of counselling process. This is done in relation to two objectives. First, whatever prescription is given to the student, its effectiveness must be seen in practice. Therefore, the counsellor keeps a watch over the client’s behaviour. Secondly, recurrence of the original problem may require immediate Counselling session. Therefore, follow-up of the counselling is of the utmost necessity.

Limitation

In the Counselling session the counselee may agree to the suggestions and solutions given by the counsellor but the former may face difficulty in implementing and practicing the same. This may be because the counsellor while suggesting solutions may not have considered all the issues and the influences on the counsellor. The counselee may also develop a tendency to become totally dependent on others for finding solutions to any problem, no matter how simple it is. This comes in the way of the personality growth of the counselee.

Non-Directive Counselling

Non-Directive Counselling is a client-centered approach for solving personal problems of individuals. Carl R. Rogers is the exponent of the non-directive technique of counselling.
Every human being possesses an urge to achieve meaningful adjustment to life’s demand. The absence of such adjustment gives rise to problems. The counsellor should assist the client in seeing the nature of the problem as the client sees and values it. In this process the client develops ability to face his acceptable as well as unacceptable characteristics. As the client begins to accept himself, he feels confident to make his own judgments regarding his problem.

**Phases of Activities**

The following are the phases of activities generally followed in the non-directive counselling process:

- Opening the session.
- Establishing rapport.
- Exploration of the problem.
- Exploration of the causes of the problem.
- Discovering alternatives solutions.
- Termination of the session.
- Follow up.

**The Process**

The date and time of the counselling is decided with the consent of the counselee. The counsellor may start the session with a few preliminary introductory remarks about the counselee such as his out of school activities, hobbies etc. This is intended to set the counselling going in a smooth manner and provide a setting for counsellor-counselee interactions.

The second phase is the establishment of rapport by the counsellor with the counselee. This step is the most important as the whole process of counselling depends on the rapport the counsellor is able to establish with the counselee. The counsellor’s responsibilities are to create an atmosphere that helps the counselee to free himself from the mental blocks that elude a satisfactory solution to his problems.

The counsellor responds to feeling underlying the counselee’s interactions rather than to the intellectual content. He accepts the negative feelings of the counselee through his own calm acceptance. He helps the counselee to express his feelings freely. The counsellor helps to counselee to identify the actual problem.
Once the counselee has identified the actual problem, the counsellor indicates clues to the counselee to identify the causes of the problem by a deeper understanding of the problem.

When the counselee has a clear understanding of all aspects of the problem and its actual causes, the counsellor assists him in working out solutions in the form of readjustment plans. The counsellor does not provide any ready-made solutions, but he sees to it that the solution is arrived at by the counselee himself and examines the suitability of the adjustment strategies evolved. He ensures that the counselee accepts the best strategy, which he himself has evolved and has considered suitable to him.

When the counsellor is satisfied with the outcome of the decision, the next phase is the termination of the session. During this stage, the counsellor asks the student to revised the causes of the problem and the readjustment strategies he has planned. The counsellor gives reassurance and encouragement to the client to use the readjustment strategy effectively. They plan together for future meetings, so that the effectiveness of the readjustment strategy can be evaluated.

**Limitations**

Non-directive counselling is time consuming. Many sessions may be required to convince the client to utilize his inner resources for solving his problems.

A teacher with very little knowledge of dynamics of students’ behaviour will not be competent to use this technique. It is difficult for the counsellor to interpret negative feeling often expressed by the client in the counselling session. Sometimes, it is quite possible that no acceptable solution emerges out of a counselling session.

Training in the use of this technique is necessary for undertaking the Counselling session.

**Type of Counsellor and his Responsibility**

The effective counsellor is one who holds a coherent and developing set of attitudes deeply imbedded in her/his personal organization, a system of attitudes, which is implemented by techniques and methods consistent with it. The counsellor does not try to shift his or her role to a more directive one or undertake responsibility for the counselee’s reorganization for it is believed that in doing so the counsellor will confuse and defeat the counselee.
Although the counsellor has values, in-so-far as possible they should be kept out of the counsellor-counselee relationship to avoid their introjections by the counselee. Hobbs has presented the activities of client centered counsellors involved in counselling:

- The therapist attempts to understand what the client is saying with reference to content, feeling and importance to the client and to communicate this understanding to the client.
- The therapist interprets what the client has said by offering a condensation of expressed feeling.
- The therapist simply accepts what the clients have said with an implication that what she/he has said has been understood.
- The therapist defines for the clients, at moments when the issue is relevant from the client’s of view, the nature of the therapeutic relationship, the acceptances of the situation, and the limits of the therapist-client relationship.
- The therapist attempts to convey to the client, through gestures, posture, and facial expression, as well as through words, a sense of acceptance and confidence in the ability of the client to handle his problems.
- The therapist answers questions and gives information when such responses are relevant to treatment, but she/he may refrain from giving information when the issue of dependency seems involved in the question.
- The therapist actively participates in the therapy situation, keeping alert, attempt to pick up nuisance of feeling, interrupting the client if necessary to make certain that the therapist is understanding what the client is saying and feeling. Client-centered counselling places responsibility not only on the counsellor, but also the client. Although transference attitudes may appear in the process, Rogers believes they will not develop into a transference neurosis because counsellor understanding and accepting leads to client recognition that these feelings are not the counsellor’s.

The counselee—Rogers presented eight criteria for counselling. These required that the client:

1. Be under tension.
2. Have some capacity to cope with the circumstances of life.
3. Have an opportunity to have contact regularly with a counsellor.
4. To be able to express conflicts verbally or through other media.
5. Be reasonably independent of close family control.
6. Be reasonably free from excessive instabilities, particularly of an organic nature.
7. Be dull normal or above average in intelligence.
8. Of suitable age—roughly from ten to sixty.

**Electic Counselling**

This is the type of counselling which combines the elements of both above types i.e. Directive and non-Directives. It gives freedom to the counsellor to use whatever procedures or techniques seems to be most appropriate to any particular time for any particular client in dealing with his problem. This was developed by F.C. Thorne.

**The Process**

The counselee comes to the counsellor with his problem. The counsellor promises him to help and fixes up the Counselling interview. During the process of interview in the light of need of the interviewee, the demand of the situation and the difficulty of the problem, he uses both the techniques of counselling i.e. Directive and non-directive and proceed in such a way that the counselee not only becomes wiser to deal with such problem in future but is competent to deal with the present problem on an effective way. The support is so established that the counselee opens his heart and comes up with his problem. The freedom of choice and expression is open to the both the counsellor and client and both of them adjust to serve the purpose of relationship. Both of them have confidant and faith in the relationship.

**Group Counselling**

Group counselling is a technique where a group of person is counselled by applying group interaction method for the purpose of arriving at a solution to the problems common to the group. All the group members are provided with an opportunity to discuss their problem together, in a free atmosphere. To the extent possible an indirect approach is followed during this type of counselling.
In the group counselling, group work helps the clients in understanding and finding out a solution to their problem. This is because dynamic interaction occurs among the group members who meet together for a commonly agreed purpose. Several important experiences like knowledge of reality, self-knowledge and self-realization can be achieved through group interaction process. These help to modify certain faulty social learning and to relearn certain attitudes and dispositions, which are essential for healthy adjustment.

Phases of Activities

In the group counselling the counsellor has a very important role in the beginning. The counsellor interested in organizing group counselling must have some knowledge about group interaction process. Several other traits like understanding the background of the group, knowledge of various psychological problems, the specific needs of each participant are needed for organizing group counselling. The following are the phases of activities followed in the group counselling.

- Selection of participants.
- Starting the session.
- Orientation towards discussion.
- Checking the unwanted behaviour.
- Assisting in self-disclosure.
- Assisting in decision-making process.
- Closure of the session.
- Follow up.

The Process

The participants of the group counselling process are chosen on the basis of their common problem. They must have some similar problem.

The group meets as per prior schedule date and time. The counsellor starts the session by introducing himself. He then requests each group members to introduce themselves. Now it is time to start the discussion over the problem. In most of the cases, the counsellor has to take the lead. He briefs the purpose of the meeting and invites
others participation in the discussion. Sometimes no one comes forward in discussion. In the case, counsellor can ask any individual to initiate discussion by saying, O.K., Mr. Ram, What do you think about this problem? Once the participants start talking, the counsellor keeps a close watch over the conversation.

When there is a natural flow of communication, the self-disclosures come from the group members. Self-disclosure is the explicit communication of personal information that one does not otherwise disclose to others. In the group counselling process one takes a risk to get benefit from others. If the group members show warm acceptance, the individual feels encouraged and the chain process goes on. Generally, group goal decides the type of self-disclosure. Counsellor should see that these self-disclosures occur gradually and according to the readiness of the group member to deal with it.

In the group counselling process, some group members may show resistance. This may be in the form of negative attitude or avoidance of closeness to other members. When the group members get support and acceptance, they may withdrawal their defenses. In this way, a safer atmosphere eradicates resistance.

The ultimate phase of group counselling process in decision-making. The group takes such a decision which is acceptable to all. In the Counselling group, through open communication, every one gives his opinion and shows respect for others viewpoint. With mutual consent the group finally makes a decision. The decision is generally accepted by others.

When a decision-making is over, the group decides when to terminate the session. When all the members get satisfied with the outcome of that session, the counsellor comes forward to end up the session. The counsellor concludes the session very slowly with all the formalities like assuring further help, offering thanks for cooperation etc.

Follow up is also needed in the group counselling. The counsellor should see that each member of the group who participated in the process is progressing. If he feels that some of the group members are not showing much improvement in their problem behaviour, he organizes another session to find an alternative solution readjustment strategy for the problem.
Limitations

As stated earlier the counsellor should have a thorough knowledge of interaction process and group work method. Otherwise he may face great difficulties in the phases like self-disclosure, checking hostility and decision-making process.

Sometimes, the size of the group may cause problems to the counsellor of the group members. The group should not be too large or too small. A group comprising eight to ten members is ideal for the purpose.

Unit Summary

There are various forms/approaches to counselling:

The basic of directive counselling advocated by E. G. Williamson is that counselling is possible only when an individual is able to accumulate adequate data to form the basis for an analytic diagnosis of the problem.

In directive counselling the initiative for conducting the counselling is taken by the counsellor. In this process, the responsibility of the counsellor is to analyze the problem, find out the causes, make decisions and suggest appropriate solutions to the counsellor for his implementation.

Non-Directive counselling is a client-centered approach for solving personal problems of individuals. Carl R. Rogers is the exponent of the non-directive technique of counselling.

Non-Directive Counselling is time consuming. Many sessions may be required to convince the client to utilize his inner resources for solving his problems.

Elective type of Counselling which combines the elements of both above types i.e. Directive and non-Directives. It gives freedom to the counsellor to use whatever procedures or techniques seems to be most appropriate to any particular time for any particular client in dealing with his problem. This was developed by F.C. Thorne.

Group Counselling is a technique where a group of persons is counselled by applying group interaction method for the purpose of arriving at a solution to the problems common to the group. All the group members are provided with an opportunity to discuss their problem together, in a free atmosphere.
Forms of Counselling

Check Your Progress

1. Define the following:
   (a) Directive counselling.
   (b) Non-directive counselling.
   (c) eclectic counselling.
   (d) Group counselling.

2. Discuss the phases and process of directive counselling.

3. Non-directive counselling session is a client-centered approach—discuss.

4. Discuss the process of group counselling.

Points for Discussion/Clarification

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
Counselling

Unit-3

The Counselling Process and Techniques

STRUCTURE

- Introduction
- Objectives
- Counselling Process
- Steps in Counselling Process
- Qualities of Counsellor
- Counselling Relationship
- Characteristics of Counsellor
- Techniques in Counselling
- Educational Guidance
- Vocational Guidance
- Check Your Progress
- Points for Discussion/Clarification
The Counselling Process and Techniques

Introduction

After learning different approaches to counselling, let us analyze the process of counselling.

Objectives

After learning this unit, the students will be able to:

- Describe the process of counselling.
- Narrate the qualities of a counsellor.
- Explain the techniques of counselling.
- Analyze the counselling relationship.

Counselling Process

The term "Counselling process" implies continuous change or changes that take place or rather which should take place in the client in promoting personality changes in a desired direction. The kind of change that the counselling process aims at is briefly:

1. Awareness on the part of the client.
2. Behavioural change in a desired direction through which the client can achieve his goals.
3. Understanding his potentialities, limitations and how best to utilize them in achieving his goals.

The counselling process, by and large, is the same for all problems and for all individuals. However, certain important differences need to be clarified.
Steps in the Counselling Process

1. The individual in need comes for help.
2. The helping situation is usually defined.
3. The counsellor encourages free expressions of feelings with regard to the problem.
4. The counsellor accepts, recognizes and clarifies these negative feelings, which is quiet fully expressed; they are followed by the faint and tentative expressions of the positive impulsive, which makes the growth.
5. The counsellor accepts and recognizes the positive feelings, which are expressed, in the same manner she/he has accepted and recognized the negative feelings.
6. This insight, this understanding of the self and acceptance of the self, is the next important aspect of the whole process.
7. When the individual’s negative feelings have been quite fully expressed, they are followed by the faint and tentative expression of the positive impulsive, which makes the growth.
8. Intermingled with this process of insight and it should again be emphasized that neither the step outlines are mutually exclusive, nor do they proceed in a rigid order, is a process of clarification of possible decisions, possible course of actions.
9. Then comes one of the fascinating aspects of such therapy, the initiation of minute, but highly significant, positive reactions.
10. This is, first of all, a development of further insight more complete and accurate self-understanding as the individual gains courage to see more deeply into her/his actions.
11. There are increasingly integrative positive actions on the part of the client. There is less fear about making a choice and more confidence in self-directed action.
12. There is a feeling of decreasing need for help, and recognition on the part of the client that the relationship must end.

Qualities of Counsellor

The effective counsellor was found to exhibit qualities such as tolerance, maturity, understanding and an ability to maintain an
counselling situation is important and not the way he behaves in all life situations.

**Genuineness:** The counsellor should establish a genuine relationship with his clients by which they can achieve their Counselling goals.

**Counsellor’s Skills**

Rapport, empathy and attentiveness are the three skills which can either facilitate or inhibit the counselling process. These skills are closely related to acceptance and understanding.

*Rapport:* Shertzer and Stone (1968) define rapport as an essential condition for a comfortable and unconditional relationship between the counsellor and counselee. Rapport means interest, responsive and sensitive emotional involvement. Counsellor’s use rapport as a technique in the initial stage of the interview to put the counselee at ease. Through rapport the counsellor understands and communicates with the client from the commencement to the end of the interview.

Taking the counselee’s needs and conflicts into consideration the counsellor establishes rapport. To help him discuss his feelings freely the counsellor tries to be friendly and attentive. For the establishment of good rapport there is need for counsellor skills and abilities, such as versatility, flexibility and relatability.

**Empathy:** Empathy means “feeling into” and has a significant role in the counselling situation. Empathy is referred to as the apprehension rather than the mere comprehension of emotions of another person without feeling completely what he feels. It is “the ability to feel and describe the thoughts and feelings of others”, (Dymond, 1949). She further describes empathy as, “the imaginative transporting of oneself into the thinking, feeling and acting of another and so structuring the world as he does.” Rogers (1962) lays emphasis on transposition rather than empathy.

**Portrait of Effective Counsellor**

Three aspects by which an effective counsellor can be distinguished from an ineffective one are experience, type of relationship established and non-intellective factors.

**Experience:** Fiedlers (1950, 1951) studies reveal that counsellors who are well-trained agree with each other about their concept of an ideal therapeutic relationship. According to Rogers (1962) also more
appropriate emotional distance from the counselee. Factors such as age, experience and sex also affect the counselling process.

Age: Clients perceive their counsellors in different ways depending on the counsellor's age. If the counsellor is younger than the client, the later will have less confidence in him. However, it is not desirable for a beginner in counselling to attempt to alter his appearance and behaviour.

Experience: It plays a vital part in the process of counselling, more experienced counsellor can exhibit more flexibility in their process of counselling.

Sex: There is a general notion that male counsellor are preferred. Koile and Bird (1956) and Fuller (1963, 1964) concluded that female clients prefer to discuss emotionally loaded problems with female counsellors. With some clients the sex of the counsellor may be important depending on the ease or difficulty with which they can discuss their problems with male and female counsellors.

**Personality Characteristics**

Weitz (1957), Snyder and Snyder (1961) and Tyler (1961) have suggested the following traits of successful counsellors:

*Interested in helping people:* Some investigators have reported that a "social service need" is necessary for success and satisfaction with a counselling job. Other investigators found that counsellors liked people and are interested in helping. This attitude makes the client feel comfortable in their presence.

*Perceptual sensitivity:* The counsellor should perceive and understand thoughts and feelings of the client and should be sensitive to the clues given by him or her.

*Personal adjustment:* It is natural for counsellors, as any other individuals, to have problems of adjustment. Snyder (1961) stated that they should be "normally adjusted" but not "perfectly adjusted". The counsellor should be able to cope with his problems in a constructive manner and should not attempt to try and solve the problems of clients when he himself is facing difficulties.

*Personal security:* Weitz (1957) suggested that feelings of personal security are another important factor. The counsellor may feel secure in his counselling role and feel insecure in certain areas outside counselling. This indicates that the way he conducts himself in a
experienced counsellors offer more congruence and empathy and they are more successful in communicating with their clients.

Type of Counselling Relationship: The ability to communicate and understanding their clients, maintain an appropriate emotional distance and divert themselves of status concerns in regard to their clients characterizes efficient counsellors (Fiedlers, 1950, 1951).

Non-intellective Factors: The effective counsellor exhibits tolerance for ambiguity, understanding (of the client), maturity and ability to establish good social relationship with clients and non-clients. Wicas and Mahan (1966) found that high rated counsellors were anxious, sensitive to the expectations of others and society, patient and non-aggressive in inter-personal relationships and showed appropriate self-control.

Counselling Relationship

As different types of counsellors perceive the counselling relationship differently, one might assume that they would define the ideal counselling relationship differently.

Fiedler gave the following as most characteristic of an ideal therapeutic relationship:

- There is an empathic relationship.
- The therapist and client relate well.
- The therapist sticks closely to the clients problems.
- The client feels free to say what he likes.
- An atmosphere of mutual trust and confidence exists.
- Rapport is excellent.
- The client assumes an active role.
- The therapist leaves the patient free to make his own choices.
- The therapist accepts all feelings, which the patient expresses as completely normal and understandable.
- A tolerant atmosphere exists.
- The therapist is understanding.
- The client feels most of the time that he is really understood.
- The therapist is really able to understand the client.
- The therapist really tries to understand the client’s feelings.
At the same time, Fielder rated the following statements as least characteristic of the ideal therapeutic relationship.

- The therapist is punitive.
- The therapist makes the client feel rejected.
- The therapist seems to have no respect for the client.
- There is an impersonal, cold relationship.
- The therapist curries favour into the client with his skill and knowledge.

Characteristics of Counsellor

In order to identify the characteristics of counsellor, investigators suggested four approaches:

Speculation: The National Vocational Guidance Association (1949) listed such characteristics as interest in people, patience, sensitiveness, emotional stability and objectivity as being important for good counselling.

Harmin and Paulson (1950) listed the following characteristics, understanding, sympathetic attitude, friendliness, sense of humor, stability, patience, objectivity, sincerity, tact, fairness, tolerance, neatness, calmness, broadmindedness, kindliness, pleasantness, social intelligence and poise.

Lowrer (1951) believes that personal maturity is the most important desirable characteristics for counsellors to progress. According to the Association for Counsellor Education and Supervision, the counsellor should possess six basic qualities:

1. Belief in each individual.
2. Commitment to individual human values.
3. Alertness to the world.
4. Open-mindedness.
5. Understanding of self.
6. Professional commitment.

Parker (1966) holds that a counsellor should possess such characteristics as sensitivity to others, ability to analyze objectively an individual's strengths and weaknesses, awareness of the nature and extend of individual differences and ability to identify learning difficulties.
Techniques in Counselling

**Individual Counselling**

It was originated by Alfred Adler who represented the system as a comparative means of understanding individuals in relation to their social environment. It is a one to one interaction marked by intimacy, warmth and rapport between the counsellor and the counselee. When the object is to either aid the counselee to solve problem, to find ways to use personal qualities more effectively, or to make an important life-decision. It is frequently divided into three sub-types personal adjustment counselling, educational counselling and career counselling. Recognize at the outset that these three types of counselling are independent of one another. Human concerns rarely separate themselves into neat compartments.

**Group Counselling (Meaning and Concept)**

Group counselling is a new approach for the school counsellor. Group counselling utilizes the dynamic phenomena of group interaction, group cohesion, patterns of leadership and group leadership.

The most accepted definition is that of Goldman who has said, "It is a meeting of counsellor with a group whose members exhibit various anxieties, concerns and needs. It is distinguished from teaching by the fact that the latter usually deals with academic content which comes from outside the group and which is presented by a person, usually the teacher, to the group. It is further distinguished from group guidance in that the latter group counselling process may vary, but it usually is a collaborative one dealing with various attitudes, opinions, and concerns, school related and otherwise, which originate from within the group."

Gazda described the following fundamental characteristics of group counselling.

1. It focusses on conscious thought and behaviour.
2. It involves such therapy functions as permissiveness, orientation to reality, catharsis, mutual trust, caring, understanding and acceptance.
3. It is composed of members who are basically normal.

Every group cannot be counselled. According to Cartwright and
Zander (1968) many of the following statements characterize individuals in group:

1. They engage in frequent interactions.
2. They define themselves as group members.
3. They are defined by others as belonging to the group.
4. They share norms concerning matters of common interest.
5. They participate in a system of interlocking roles.
6. They identify with one another as a result of having set up some model object or ideal in the superego.
7. They find the group rewarding.
8. They pursue promotively interdependent goals.
9. They have a collective perception of their unity.
10. They tend to act in a unitary manner toward the environment.

**Goals of Group Counselling**

1. To help each member of the group know and understand and to assist with identification seeking process.
2. As a result of it coming to understand self, to develop increased self-acceptance and feelings of personal growth.
3. To develop increased self-direction, problem-solving and decision-making abilities, and to transfer these abilities to use in regular classroom and social contracts.
4. To develop sensitivity to the needs of others which results in increased recognition of responsibility for one's behaviour; to be able to identify with the feelings of those significant others in our world as well as to develop a greater ability to be empathetic.
5. To learn to be an empathetic listener.
6. To be congruent with self, and be able to offer accurately what one thinks and believes.
7. To help each member formulate specific goals for himself which can be measured and observed behaviorally and help him to make commitment to move toward those goals. The
main objective of group counselling is to assist individuals in coming to a fuller realization and acceptance of self and others.

**Ingredients of Group Counselling**

The group counselling process has certain stages in it and these ingredients, no doubt, in varying degrees, are present in each of the stages.

1. *An exploratory stage:* It involves group identification and an atmosphere of security.
2. *Transmission stage:* It is self-disclosing stage.
3. *The action stage:* By way of reinforcement, members become confident.

The major components of group counselling are:

1. *Facilitative conditions:* The counselling group must possess certain qualities like empathy, unconditional positive regard and non-possessive warmth and genuineness. These qualities play an important role in the early phase of group counselling and developing sound relationship among the members.
2. *Self-disclosure:* Self-disclosure of here and now feelings, attitudes and beliefs is generally actively sought in group counselling. Members understanding and trust one and other.
3. *Feedback:* A basic ingredient of group counselling is the feedback a member receives from the other members. Feedback consists of telling members how they are being perceived when they interact with one another.
4. *Leadership qualities:* The counsellor should be capable of influencing people in getting their cooperation to reach the goal by virtue of his leadership qualities.
5. *Group norms:* In group situation members identify each other. They become sensitive to one another’s opinion; they often seek from member’s approval and disapproval of their ideas. The counselling group is very effective because of pressures it exerts on individual members. Group norms regulate the performance of a group.
Rules of Group Counselling

1. Group counselling is a co-operative job. All must work together to help one and other to solve their problems.
2. All should look at problems of others honestly.
3. Everyone should try to listen to others patiently.
4. All must stick to a topic and not get side-tracked.
5. All must speak freely and honestly.
6. Everyone must have trust in other members of the group.
7. The purpose of the group is to explore problems together.
8. One of the best ways one can help others is to let them know that they are not alone in what they feel.
9. The atmosphere for group counselling situation must be permissive. The members should be free to express their problems but permissiveness should be followed within certain limits and restrictions. The counsellors must be experienced by the students as an accepting and facilitating adult.

Advantages of Group Counselling

1. Group counselling enables the counsellor to have contacts with more students. It makes the economic use of his time and service.
2. Students readily accept group counselling since other students are present. The tendency to look different is curbed.
3. Counselling groups provide outlets for such needs as status, security and mature emotional expression. It makes effective use of the social setting and peer identification.
4. Group counselling is economical in terms of the time, use of the skill of counsellor and money.
5. Group counselling provides life-like and realistic social experiences useful for modifying personal habits and behaviour.
6. The establishment of counselling groups within the school may facilitate individual counselling and prepare a background for it.
Limitations of Group Counselling

1. Group counselling is not applicable in case of children below the age of ten years.

2. Some thinkers are of the opinion that group counselling can only be used as an adjunct to individual counselling. It cannot be independently used.

3. The areas where group counselling can be used have not yet been clearly defined.

4. Research needs to decide about the kinds of problems to be dealt with composition of groups that leads to greater effectiveness and the most appropriate group size for dealing with particular problems.

The Process of Group Counselling

Group counselling ordinarily involves five stages, namely.

1. The formation of the group.

2. The involvement stage.

3. The transition stage.

4. The working stage.

5. The ending stage.

Individual and Group Counselling Similarities

1. The objectives of both are almost similar. Both techniques aim at helping the counselee achieve self-integration, self-direction and response ability.

2. In both the techniques, the counsellor presents an accepting, permissive climate for the clients to participate freely such that their defenses are reduced.

3. Both techniques aim at clarifying feelings, restatement of content, and the like. The counsellor helps the clients to become aware of their feelings and attitudes and also to examine them. The members who receive help in both the techniques are normal individuals who have common developmental problems concerning needs, interests and aspirations.

4. Both approaches provide for privacy and confidentiality of relationship.
Differences between Individual and Group Counselling

1. Individualized counselling is a one-to-one, face-to-face relationship marked by intimacy, warmth and rapport between the counsellor and counselee. In group counselling there is the physical proximity of other members with perhaps similar problems. The client may obtain solace from the knowledge that he is not the only one with problems and that there are others who have similar problems.

2. In group counselling, unlike in individualized counselling, the counselees not only receive help but also give help to others. The more cohesive the group, the more are the members able to help one another. This co-operative feeling brings the member closer, which in turn helps in facilitating the mutual expression of feelings.

3. The counsellor’s task is somewhat more complex in group counselling. He has not only to follow, but also to sense and appreciate what a member says but also how this affects other members and their reactions. The counsellor in a group counselling situation has more demands to meet and satisfy.

Educational Guidance

In the words of J. A. Humphreys and A. Traxler, the school, “helps to bring to bear on the individual those influences that stimulate and assist him, primarily by his own efforts, to develop to the maximum degree consistent with his capacities. In other words, the institution offers activities and employs procedures through which the individual is encouraged to make the most of himself.” Guidance aims at fulfilling this most important function of the school.

According to Myers, “It is a process concerned with bringing about, between an individual pupil with his distinctive characteristics on the one hand, and differing groups of opportunities and requirements on the other, a favorable setting for the individual’s development or education.”

Dunsmoor holds the view, “Educational guidance is primarily concerned with the student’s success in his educational career. It relates to the student’s adjustment to school and to the preparation and carrying out of suitable educational plans in keeping with his educational needs, abilities and career interests.”
Brewer defines it, "Educational guidance is a conscious effort to assist in the intellectual growth of an individual. Anything that has to do with instruction or with learning may come under the term of guidance."

**Objectives of Educational Guidance**

1. The main objective of educational guidance in schools is, to help students their strengths and weaknesses and to aid in the process of adjustment.

2. To aid students in the positive development of attitudes, value system, adjustment skill and decision-making competencies. In short, it is to help them to develop into free and responsible citizens.

3. To develop individual potentialities. It is dedicated to aiding students to individualize and make personally meaningful the academic, social and ethical aspirations of the institution.

4. To increase the accuracy of the individuals self-perception.

5. To screen individuals who have some difficulties in learning and to suggest means and measures to rehabilitate them.

6. To suggest courses of study to individual students.

7. To encourage the harmonious development of the students.

8. To identify the students who are gifted, mentally or physically deficient, so that special arrangements are made for them.

9. To enrich them with the "world or work" so that they can make wider choices of their vocations and professions.

**Benefits of Educational Guidance**

The guidance in the field of education, eliminates wastage of time, money and energy by putting right persons at their right place in right type of course and institution at the right time and in the right manner i.e., in accordance with their abilities, aptitudes and personality characteristics. It enables to locate the dormant qualities of a student and their proper manifestation.

(a) *Benefits to students:* Educational guidance assists a student to understand himself i.e., to recognize his aptitudes, abilities and interest; to develop better personal and social relationship; to get the maximum benefit out of school; to
become acceptable to other students in making careful choices of subjects and courses; to develop good study habits; to make appropriate occupational choices by way of making special provisions for the education of the gifted students, the slow learners and the handicapped ones.

(b) Benefits to teachers: Educational guidance increases the teacher’s understanding of student, by understanding the strengths and weaknesses of the students by doing interaction with parents. The teacher is in a position to devise suitable methods and programmes to meet the needs of the students.

(c) Benefits to parents: Educational guidance helps the parents to better understanding their children, to get suitable and adequate information about various courses of study and vocations, to improve teacher-parent and student-parent relationships.

(d) Benefits to community: Educational guidance feeds the community with better adjusted citizens, addiction free and AIDS free youth, who considers themselves to be useful members of the society.

(e) Benefits to school administrators: Educational guidance helps the school administrators in making admissions to various courses and in making the best use of the energy, money, time and resources of members of staff and the students. A maladjusted student is always a source botheration of to the administration.

Scope of Educational Guidance

The general scope of educational guidance is very wide. It shares much of the ground with vocational guidance and also personal guidance. In terms of schooling, it covers from pre-primary stage to the college or university levels of education. However, the greatest need for educational guidance is at senior secondary stage of education after which the student either enters university education or takes up some vocation in life.

The scope of educational guidance is very wide in terms of kind of student it serves. It serves all kinds of students i.e., gifted or talented students, average students, backward and handicapped students. In fact, all students need guidance at one stage or the other.
Vocational guidance largely consists of providing career or occupational information to pupils. With the ever growing complexity of modern living, different kinds of occupations are emerging. Most young men and women are handicapped by inadequate information about the opportunities available to them, the requirements which they have to fulfill to enter those occupations, and the places (locations) where specialized training facilities are available. Young men and women should know all about the opportunities open to them so that they can make best use of them. Most people fail to realize their potentialities largely owing to their ignorance concerning how to put their potential to use. Vocational guidance thus largely concerns itself with providing occupational information. In addition to giving information the guidance worker may occasionally be called upon to perform a wider function in clarifying the several questions concerning occupations.

Check Your Progress

1. What are the aims of counselling process?
2. Explain the steps in counselling process.
3. Qualities of counsellor.
5. Explain the goals, rules, and process of group teaching.
6. What are the rules of group counselling?
7. What are the similarities of individual and group counselling?
8. Explain the scope and benefits of educational guidance.
10. What are the factors affecting vocational guidance?
11. Discuss the qualities of a vocational guidance counsellor.

Points for Discussion/Clarification

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
Counselling

Unit 4

Personal Counselling of Persons with Mental Retardation

STRUCTURE

• Introduction
• Objectives
• Characteristics of Slow Learners
• Causes of Backwardness
• Guidance Needs of Slow Learners
• Check Your Progress
• Points for Discussion/Clarification
potential to choose wisely and to understand that he is responsible for his own life.

*Ethical behaviour:* Unless the client is convinced that he can completely trust the counsellor, he will have inhibitions to be open and to follow the directions of the counsellor.

*Understanding:* Good communication skills are necessary to be an effective guidance counsellor. Through communication skills he should understand the world of the client and perceive his aspirations and hopes.

*Openness:* Openness is necessary for accepting the client as he is. The rigidity will block the openness of the client and it will prevent the spontaneous expressions.

*Sensitivity:* The relationship with the client must be marked by honesty and sincerity. This would help the client to trust the counsellor.

*Listening:* Total attention to the expressions of the client is an important aspect of guidance. Unless the client feels the counsellor is attentive, he would not continue his conversations and expressions.

Vocational guidance counsellor should be enriched with patience, emotional stability, objectivity, respect for the facts, broad mindedness, tactfulness, pleasant appearance, concern, friendliness and above all respect for the clients.

*Distinction between Vocational Counselling and Vocational Guidance*

Both of these are often carried out at the same locations and by the same person, therefore distinction between vocational counselling and vocational guidance is blurred. Sometimes no distinction is made or recognized. However, the distinction is dealt with hereunder.

Vocational Counselling does not consist in giving vocational information. It is basically more concerned with the vocational development of an individual that is, it is concerned with his personality growth. Vocational counselling has for its locus the client or the individual. It is concerned with the discovery of his potentialities, interests and attitudes such that he is helped to actualize himself in the pursuit of his occupation. The occupation is thus the means of self realization or self-advocacy.
• Promoting dignity of labour.

2. Secondary stage—discovery of abilities
• Helping the students to identify their abilities.
• Giving necessary information about various jobs, skills and opportunities.
• Exposing the students to various job situations.
• Helping them to make choice.

3. Post school stage—selection of suitable jobs
• Helping to select courses.
• Encouraging to acquire various skills.
• Exposure to various jobs.
• Selection of a suitable vocation to start with.

4. Common mistakes in choosing a career
• Selecting a job beyond his mental capacity.
• Choosing a job that has limited employment potentials.
• Choosing a job for which the person does not possess essential skills.
• Choosing a job without the required physical strength and endurance.
• Selecting a job because of its glamour.

Qualities of a Vocational Guidance Counsellor

Competence: The counsellor’s skills are built upon a thorough knowledge of human behaviour, perceptive mind and ability to integrate present events with training and experience. An ability to think in an orderly, logical manner is essential if he is to assist the client in setting objectives, placing events in perspective, considering alternatives and assessing outcomes.

Flexibility: The guidance counsellor must not be rigid. He must be alert to changes in client’s attitude and expectation of him. He should try to be available according to the needs of the client.

Acceptance: Guidance counsellor must consider the client as a person of infinite worth and dignity. He should accept his right to make his own decisions. He also should believe that he has the
preparation of many vocations rather than one. An individual takes longer time to adjust himself to the proper occupation and loses money.

3. **Vocational guidance from the financial point of view of employers:** Often industry and business suffers heavy losses because of change in labour.

4. **Vocational guidance from the financial point of view of the society:** Ultimately it is the society that suffers all the cost of these wasteful methods of entering occupations.

5. **Vocational guidance from the health point of view:** Wrong choices of occupations adversely affect the health of the workers.

6. **Vocational guidance from the health point of view of personal and social values:** The following personal and social values in the choice of an occupation are involved—the happiness of the worker, satisfaction in his work, personal growth and his contribution to human welfare.

7. **Vocational guidance for the purpose of utilizing human potentialities:** The society loses much through its failure to discover potential genius. A great deal of genius remains undiscovered in every generation.

8. **Vocational guidance from the point of view the complex nature of the society:** Far-reaching changes have taken place in economic, political and social structure of the country.

9. **Vocational guidance from the point of view of the availability of the growing amount of information concerning individuals:** The new methods of studying the individuals help to understand the individual in a more scientific and comprehensive way.

**Vocational Guidance at Various Stages**

1. **Elementary stage—development of work readiness skills**
   - Eye-hand co-ordination.
   - Arrangements of materials.
   - A desire to do better.
   - Neat and systematic work.
   - Spirit of co-operative work.
   - Respect for manual work.
7. **Social development:** Participation in the co-curricular activities of the school, sociability, adaptability etc., are included under this heading.

**Vocational Choice Determinants**

**The Basic Elements**

1. Occupational choice is a developmental process, it is not a single decision made over a period of years, a process which takes place over a minimum of six or seven years and more.

2. Since each decision during adolescence is related to one’s experience up to that point, an in turn has an influence on the future, the process of decision-making is basically irreversible.

3. Since occupational choice involves the balancing of a series of subjective elements with opportunities and limitations, the crystallization of occupational choice inevitably has the quality of compromise.

**Factors Affecting Vocational Choice**

1. **Family:** (a) Physical factors, (b) Location of the family, (c) Physical conditions, (d) The Health, (e) The socio-economic level, (f) The occupational information, (g) The family as a mediator of culture, (h) The family’s religion, (i) Attitudes and values of the family, (j) Work values learned in the family, (k) Emotional currents in the family, (l) Emotional needs fostered in the family, (m) Adult role models in the family.

2. Ability.

3. Personality.

4. Economic factors.

5. Industrialization.

6. Public policy.

**Vocational Guidance—Various Points of View**

1. **Individual differences:** Guidance is needed to identify the differences among individuals and differences among courses of action open to them.

2. **Vocational guidance from the financial point of view of an individual:** A lot of money is unnecessarily spent in the
guidance worker and client. As the individual is the focus of guidance, the reliable data about individual must be obtained for individual guidance.

**Source of Data Collection**

- The client.
- Parent and family members.
- Classmates and peers of the individual.
- Various records relating to the individual.
- Teachers and other personnel connected with the case.

**Types of Data**

1. **General data:** Name, address, age, date of birth, father’s name and occupation are the most important items in this group.

2. **Family and social environment:** This item includes, home environment and social conditions existing in the neighborhood. Education of the parents, family members, pedigree chart, attitude of family members to the client and cultural pattern of the family are also a part of this item.

3. **Physical health data:** This includes findings of medical examination, growth characteristics, nutrition and general health. As many jobs require certain minimum standard of physical fitness for work, this type of data is very important.

4. **Educational history and achievement data:** Progress in the past and present not only in terms of marks but also in terms of other objectives, such as good work habits, appreciation, attitude towards school subjects, likes and dislikes, special abilities and disabilities towards co-curricular activities are the various items included under this heading.

5. **Psychological data:** General mental health, predominant mood, self-assertion, sense of confidence and attitude towards self, are the various traits to be included.

6. **Educational and vocational data:** The educational and vocational plans of an individual must find an important place in the data collected about an individual. These plans may reveal the extent to which the parents had a hand in the educational and vocational plans of their children and the extent to which these clients are really interested.
5. To assist the individual to acquire technique analysis of occupational information and also to develop the habit of analyzing such information before making a final choice.

6. To assist individual to secure such information about himself, his abilities, general and specific, his interests and his power as he may need for a wise choice.

7. To assist economically handicapped adolescents to pursue their occupational choices.

8. To assist the students to secure knowledge of the facilities offered by various educational institutions for vocational training and the requirements for admission to them, the cost of attendance etc.

9. To help the worker to adjust himself to occupation in which he is engaged; to assist his to understand his relationship with workers in his own and related occupation and to society as a whole.

10. To enable the students to secure reliable information about the danger of alluring shortcut to fortune through short training courses and selling propositions of such unscientific methods.

Areas of Vocational Guidance

- Enable the clients to discover their potentialities and interest.
- Make them understand occupational requirements.
- Make available information about vocational training.
- Assist in choice of vocation.
- Train the clients for entrepreneurship.
- Train the clients for adjustments in a chosen vocation.
- Assist the client in attaining emotional stability.
- Help the client to get properly adjusted in life.

Methods of Guidance

- Individual guidance.
- Group guidance.

*Individual guidance*: Individual guidance is a face-to-face relationship marked by intimacy and good rapport between the
related to occupational choice and progress with due regard for the individual's characteristics and their relation to occupational opportunity."

In the definition adopted by the National Vocational Association, U.S.A in 1937, "Vocational Guidance is the process of assisting the individual to choose an occupation, prepare for it, enter upon and progress in it."

Vocational guidance is the process of helping a person to develop and accept an integrated and adequate picture of himself, and of his role in the world or work to test this concept against reality and to convert it into a reality with satisfaction to himself and benefit to society.

**Vocational Guidance for Persons with Mental Retardation**

Vocational guidance for persons with mental retardation has two aspects:

1. Guidance to the persons with mental retardation.
2. Guidance to parent/guardians of the individuals with mental retardation.

As the persons with mental retardation lack the ability to take decisions and hold the full responsibility of his actions, the parents/guardians play an important role in the vocational rehabilitation of their retarded children/wards.

**Aims of Vocational Guidance**

1. To assist the student to acquire such knowledge of the characteristics, functions and duties regarding the group of occupations, within which his choice will probably lie as he may need for making an intelligent choice.
2. To enable students find general and specific abilities and skills required for the group of occupations under consideration in terms of qualifications, age, sex and preparation.
3. To give opportunities for experience in school and out of school, which will provide information about condition of work. It will assist the individual to discover his own abilities and help him in the development of his interests.
4. To help the individual to develop a definite point of view regarding the choice of occupation.
The general scope of educational guidance includes appraisal of the talents of the students by the use of a large number of measurement techniques such as tests and rating scales, parent’s readings, diagnostic records, individual inventories, socio-metric analysis, observations, anecdotes, educational clinics, case studies and cumulative records. Educational guidance helps the students in having adjustment with school, home, neighborhood and society. It brings about two kinds of changes for achieving the required adjustment i.e., environmental change and change in the individual. It brings about change in environments by means of socialized curricula, co-curricular activities, physical surroundings, community resources, educational and vocational opportunities and group contacts.

Educational guidance workers bring about change in the individual by the means of interviews, operational exercises, instructions, direct evidence and group process.

**Limitations of Educational Guidance**

Following are limitations of Educational Guidance:

1. Educational guidance is not a panacea for all educational ills.
2. Educational guidance services are not well organized in our country at any level.
3. Educational guidance has limited benefits due to lack of proper facilities in schools.
4. There is an over-doing of psychological tests in educational guidance. Properly standardized psychological tests are not available.
5. Conditions of modern life are too complex for any person to solve the problems of other persons.
6. There is lack of trained and qualified workers in schools. Untrained and unqualified guidance workers do a greater harm than good by way of the rendering of ill equipped service.

**Vocational Guidance**

The general conference of International Labour Organization in its Vocational Guidance Recommendations described Vocational Guidance as “assistance given to an individual in solving-problems
Personal Counselling of Persons with Mental Retardation

Introduction
From the beginning of the civilization until comparatively recent times the attitude of the society towards its children with mental retardation was of intolerance. In the period of mental retardation history, the evidence is available that things were left on the hells to perish. However, there has been gradual evolution of the feelings that provision must be made for the protection and care of the handicapped persons so that, today there are laws that provide not only for the education and discrimination towards the handicapped but also for their restoration of remunerative employment. As a result of this treatment, now in the most countries of the world, there is a programme of special treatment in education for particular group of handicapped such as the visually handicapped, hearing handicapped, mentally handicapped etc. It has also been realized that it is the responsibilities of the state not only to provide simple justice by providing compensation but must also render them fit for work.

Schoell has introduced the concept of mental retardation. According to him, retardation is measured in terms of the extent to which Educational Age fall short of the Mental Age. In the same way Prof. T.N. Birkett had started, “A slow learning child is one whose capacity for learning the kind of material which is taught in the ordinary school is limited by some deficit in intellectual capacity, limited intelligence. However, it may be defined, is the chief characteristics of the slow learner”.

Children, whose capacity for education or training is limited by low intelligence, cover a fairly wide I.Q. range from approximately
40 to 90. However, students whose I.Q ranges between 50/55 and 85/90 are capable of benefiting from the kind of education, which is offered within the normal school system. They may be classified into two groups:

(a) The Educable group—I.Q range 51 to 70.
(b) The borderline/slow learner—I.Q range 71 to 89.

Students whose I.Q range is between 35/40 to 50 are usually termed as trainable mentally retarded. Provision for education of such children may be made outside the normal school system.

Objectives
After learning this unit the trainees will be able to:

- Describe the characteristics of slow learners.
- Discuss the causes of backwardness.
- Identify the guidance needs and areas.

Characteristics of Slow Learners
Sullivan summarized the characteristics of these children as follows:

1. Short attention and short concentration span.
2. Slow reaction time.
3. Limited ability to evaluate materials for relevancy.
5. Limited ability to work with abstractions and to generalizations.
6. Slowness to form association between words and phrases.
7. Failure to recognize familiar events.
8. Habits of learning very slowly and forgetting very quickly.
9. Very local point of view.
10. Inability to set up and realize standard of workmanship.
11. Lack of originality and creativeness.
12. Inability to analyze, to do problem-solving or think critically.
13. Lack of power to use the higher mental processes.

Causes of Backwardness
Usually a number of causes operate upon simultaneously to
contribute to the backwardness of the child in question. So each case has to be studied individually. The causes could be:

1. *Social and economic*: A survey conducted by Burt during 1925-35 covering the entire area of London reported that backwardness and poverty go hand in hand.

2. *School conditions*: In efficient teaching, ill-organized school organization, unsympathetic behaviour of the teacher, lack of individual and group Counselling, absence of the child from the school are some of the important factors responsible for it.

3. *Poor home conditions*: Lack of accommodation, over crowding, uneducated parents, emotional and moral conditions of the home also influence the attainment of the child in school.

4. *Poor physical conditions*: Physical defects give rise to retardation. The poor general health, malnutrition, diseases also contribute towards it.

5. *Sensory defects*: Weak sight, poor hearing, bad control of hands also hamper the work of the classroom more directly than the physical defects.

6. *Intellectual backwardness*: Intellectual deficiency or inborn dullness like perceptual and associative disability is the most common and important cause of backwardness.

7. *Temperamental defects*: Emotional instability, excitability, depression, apathy, lack of industry and lack of honesty are some of the numerous temperamental disorders, which can be responsible for retardation.

**Guidance Needs of Slow Learners**

1. Guidance of such students at the secondary stage is more complex because of specialization. There should be counsellors and guidance workers in the secondary schools to guide slow learning students.

2. Maximum information about such children should be secured. Their interests should be discovered.

3. Special classes for slow learning children should be organized. However, partial segregation is preferable to total segregation, which has its own shortcomings.
4. Assignments given to the students should be broken up into short and simple units. They should be encouraged to attempt smaller units.

5. *Drill work*: It is more appropriate. Sufficient drill work should be done.

6. *Summaries*: Frequent summaries of the important points of discussion should be used.

7. *Proper evaluation*: Good set of tools should be provided for objective evaluation.

8. Slow learners should be praised occasionally when they have done their assignments well. It increases their motivation.

9. Their supervision should be very close.

10. Auditory and visual aids facilitate their learning process as concrete things have more appeal for them.

11. Opportunities for expression of creativeness with their.

12. Diagnostic tests should be employed in working with slow learning children.

13. Courses and curricula should be selected by the students with the help of their counsellors on the basis of aptitude, interests and needs.

14. Vocational programmes should not be forced upon slow learners.

15. The whole programme of recreational activities, music, art, dramatics etc., should be opened to all on an equal basis. It helps them in their adjustment.

16. Remedial teachers who meet such students twice a week may be appointed to compensate their shortcomings.

17. All agencies engaged in the children’s welfare work should co-operate in their own way so that slow learners develop a sense of respectable social beings.

**Check Your Progress**

- What are the characteristics of slow learners?
- Explain the causes of backwardness.
- Discuss the guidance needs of slow learners.
Points for Discussion / Clarification
Counselling

Unit-5
Community Counselling

STRUCTURE
- Introduction
- Objectives
- Mobilizing Community Resources
- Creation of Public Awareness and Co-operation
- Social Integration
- Unit Summary
- Check Your Progress
- Points for Discussion/Clarification
Community Counselling

Introduction

Rehabilitation is a joint effort of the government and non-government agencies. The community, the professionals, the parents of the disabled persons and the disabled persons themselves should take active participation to achieve success in rehabilitation services.

Objectives

After learning this unit, the trainees will be able to:

- Describe the importance of mobilizing community resources for rehabilitation services.
- Identify methods to create public awareness.

Mobilizing Community Resources

- Creating awareness in the community regarding the needs of persons with mental retardation.
- Emphasis the participatory and social aspect of rehabilitation.
- Identify the local resources.
- Work out the methodology to mobilize the resources.
- Develop a system of mapping and utilizing the resources.

Types of Resources

- Human resources—funds, materials, moral support and goodwill of people, voluntary services. Resources can be tapped by creating awareness at all levels.
Creation of Public Awareness and Co-operation

The Need

- Mental retardation is basically a social problem. It varies from culture to culture and also among persons with mental retardation. Because of their deviant behaviour, they are at a great risk of being devaluated by the society. Because of their low mental and physical capabilities they fall below the expectation levels of society.

- Efforts to improve their ability to adapt to the society, through education and training, need attention, not only from professionals but also from parents as well as community. People with mental retardation are different but their needs are the same as that of non-retarded persons. Therefore, they should be perceived and treated as normal.

- In our society, considerable amount of ignorance and indifferent outlook exists regarding the concept of mental retardation. This is largely due to lack of our non-availability of proper information and guidance with regard to the causes, prevention, detection, management and facilities for persons with mental retardation.

- Lack of awareness results in misconceptions. Parents blaming themselves, considering it as their karma, seeking the help of religious people, faith healers, going from doctor to doctor or looking for a magical cure for their mentally retarded child is very common.

The objective of making parents and general public aware of the condition, education and training facilities, is to facilitate social and economic independence of persons with mental retardation.

In order to achieve the above objective:

- It is necessary to integrate them into the mainstream of normal life and enable them to utilize scientific and technical advances in the area of education and training would ultimately help them to minimize the effect of mental retardation. It would also assist them in the process of social and economic habilitation.

- For proper and successful integration and socialization or persons with mental retardation, parents and general public
should be suitably prepared, through public education on causes, prevention, early detection, training, misconception, and right attitude towards the persons with mental retardation.

Social Integration

Social relationships constitute the heart and soul of community integration (Kennedy, Horner, & Newton, 1989). Few will argue the importance of family, friends, and significant others to one’s overall well being. Fewer still will argue the importance of a strong and stable support network for persons experiencing difficulty with the community adjustment process. It seems ironic, then, that so little attention has been paid to the study of social integration, a person’s general level of intra and interpersonal functioning, particularly as it relates to persons with mental retardation (Ittenbach, Abery, Larson, Spiegel, & Prouty, in press).

A major finding within social integration research is that persons with mental retardation tend to be accepted less often and rejected more often than persons without mental retardation, leading to less satisfaction with personal relations (Taylor, Ashler and Williams, 1987). Fewer friends, less intimacy, and less empathy among peers with disabilities were reported by adolescents with mental retardation than adolescents without mental retardation (Zetlin and Murtaugh, 1988). Abery and others found the social lives of persons with mental retardation to be highly restrictive, making transitions through key developmental stages more difficult and detracting substantially from overall quality of living. Though many adults with mental retardation report a substantial number of friends. Kennedy and Horner and Newton (1989) found a limited number “companies who remained a part of a participant’s social sphere for more than a few months.”

Contributing to this lack of short and long-term meaningful social relationships for adults with mental retardation is a tendency toward a rather shy and reticent temperament, particularly in mainstreamed settings. Though researchers have contested the notion that people with mental retardation lack essential social skills, there appears to be agreement on the need for peers and confidants who can model effective social behaviors in community settings. Peers without mental retardation offer opportunities for social involvement not always available to peers with mental retardation.
(Abery et al., 1990; Brinker, 1985). For example in a study involving 245 children, adolescents, and young adults from nine states, Brinker found that students without mental retardation extended more social bids to students with mental retardation than did peers with mental retardation, equally important, students without mental retardation.

Unit Summary

Rehabilitation is a joint effort. The community plays an important role. Therefore, programmes are necessary to create awareness and mobilize the resources.

Check Your Progress

Discuss how can you create community awareness and mobilize the resources for the rehabilitation services.

Points for Discussion/Clarification

................................................................................................................
................................................................................................................
................................................................................................................
................................................................................................................
Work in the Community

Unit–6
Communication with Community

STRUCTURE

• Introduction
• Objectives
• Approaches to Work with Communities
• Community Organization as a Social Casework Process
• Measures to Strengthen Community Process
• Community Level Problems in Indian Context
• Communication with the Community
• Perfect and Imperfect Communication
• Importance of Social Interaction
• Mainstreaming
• Reverse Mainstreaming
• Check Your Progress
• Points for Discussion/Clarification
Communication with Community

Introduction
A community is defined as a group of people, living in a common geographical area, sharing common interest and having a sense of belonging. The community is composed of network of groups and essence of community organization is to engage these groups in common tasks. Community organization is a process by which a community identifies its needs or objectives, develops confidence and works towards these needs or objectives, takes action in respect of identified needs and in doing so extends and develops co-operative and collaborative attitude and practice in the community.

Objectives
After learning this unit, the students will be able to:

- Define community.
- Approaches to work with communities.

Approaches to Work with Communities

1. Reform orientation: This approach is adapted by small group or an individual to seek action to a specific group or take up a project thought beneficial to the community. Changing the Lunacy Act or increasing or providing allowances for the disabled persons might be one such project. It can be possible through:

   (a) Direct action: This is to call the attention of authorities for enforcing legislation or some unfulfilled needs that can be fulfilled under existing legislation.
(b) **Sales propaganda method**: When issues are complicated and members are not convinced, sale propaganda is used to create the need or to win the support of the community members. This can be done through advertisement, writing articles, arranging lectures or film shows.

(c) **Committee organisation**: In this method proposal of reform originated by the group is represented through a committee, which works for its enhancement in seeking support from the members of the community.

2. **Planning orientation**: This approach is used where planning is required to overcome specified and general problems faced by the community at large. Someone who is aware of the difficulties, shows concern, and feels to explore the nature of the problems, takes the initiative to form a group, to develop plan for solving the problem in phases. To make the objectives more specific, the primary objectives are divided into important sub-goals. Committees are organized who are assigned to undertake specific tasks. Members of the committees are selected depending upon the nature and planning of the tasks. Elders, local leaders and professional are involved as members in the committees.

3. **Process orientation**: This is to encourage the community to identify problems and to work systematically on these problems. Underlying belief is that such an experience will increase the capacity of the community to deal with problems which will confront the community in future.

This approach presumes that group would become more involved, more willing to work together, enforces greater co-operation provided it deals with problems about there is common concern and conviction.

**Community Organization as a Social Casework Process**

Community is defined as, "(any consciously organized aggregation of individuals residing in a specified area or locality, endowed with limited political autonomy supporting such primary institution as schools and churches and among whom certain degree of interdependence is recognized." Lindeman). Such a definition includes the village, town, city and suburb. This is the traditional concept of community and is commonly accepted.
Communication with Community

Steps in Community Organization

1. To make informal but systematic survey of the community which may include:
   (a) History of the community.
   (b) Geographical area.
   (c) Population.
   (d) Customs, traditions, norms, values and superstitious.
2. To identify needs of the community and determine priorities.
3. To find out methods and techniques for meeting the needs.
4. To discover existing resources and mobilize them.
5. To find out financial, technical and manpower resources.
6. To create conscious amongst community people.
7. To co-ordinate the work of the various groups and agencies in the community.
8. To staff and budget the programme to be initiated.

Conditions of Community Organization

Community organization is one of the techniques of social work practice. The principles of community organization are based on the philosophy of social work. Community organization seeks the initiative of community members in identifying and solving their own problems. Conditions which are attended by the community worker/the agency involved in community organization work are:

1. The community worker/agency must deal with problems which the community recognizes as its problems.
2. It must encourage self-determination amongst members.
3. Must engage the community in an active way during problem-solving process.
4. Must move at a pace that the community can cope.
5. Encourage growth through problem-solving process.
6. Must encourage community self-understanding and integration.

Role of Community Worker

1. Worker can assist in identifying the needs and problems in community, but does not determine the contents.
2. Community worker brings forward the problems by taking initiative to identify problems and needs of community members rather than to wait for the client to bring them forward. In accordance to this, worker also identifies steps to deal with the needs of the community.

3. Worker does not avoid asking leading questions; encourage discussion on problems he believes are important. He has control over himself and is aware of is primary goal to help the community to become aware of its needs, potentials means and scope of working co-operatively.

4. Manipulation is allowed to secure goals. It is used to assess the community. It is used to assess the community process, elements that influence this process, introduction of new elements to change the course of this process in order to achieve predetermined goals.

5. Needs to show interest and responsibility in reforming services in a community and to demonstrate concern for the well-being of its members.

6. Tries to find out financial, technical and manpower resources from within. If necessary and possible outside the community.

7. Tries to eliminate and prevent social ills and disabilities which stand in the way of welfare programme.

8. Creates consciousness for needs and resources by interpretation, helping the people to prepare for fulfillment of those needs with the available resources and helping them to find solutions leading to actions.

**Measures to Strengthen Community Process**

Following are few major considerations in strengthening effective operation of a “community organization” process.

1. Worker must attempt to enhance self-motivation amongst members in the community.

2. Method of encouragement should be through skill in helping people to discover that they themselves have ideas and enthusiasm. Help them to promote ideas and to rationalize them into actions.
3. Be sensitive to the needs and desires that lie latent within the members and appropriately plan programme to give scope for their expression.

4. Move the "process" in a community, at a pace so that its members could cope with.

5. Establish total trust, as a true friend with the members. This could be indicated through word, manner and deed.

6. Be a good listener, willing to share member's interest, their worries and enthusiasm.

7. Attitude of the worker must be governed by his assessment of the member's needs, rather than by prejudice or bias.

8. Develop tolerance and mutual respect amongst the members.

9. Increased awareness towards common goals of the community.

10. Give scope for total participation of members, in identifying problems-solving process.

**Community Level Problems in Indian Context**

There are certain problems, which exist in urban as well as in rural setting. They influence differently at different levels. These problems (conditions) are interdependent and their affect is deep-rooted which hinders the progress of the whole community.

1. *Illiteracy and lack of awareness*: These two conditions are inter-related. Majority of the people are illiterate and ignorant. They do not have much knowledge about the problem. Efforts are made to make the common masses aware. Still people are ignorant and have misconceptions.

2. *Non-availability of proper information or guidelines*: Facilities for the welfare, education and training of deprived persons do exist but majority are not aware. Result is that they remain deprived. Hence, dissemination of information is very much needed so that people can take advantage.

3. *Poverty and over population*: Come in the way of planning and implementation of welfare programmes. Voluntary organizations are coming forward to share the burden but because of financial constraints they are restricted to limited number of people.
4. **Lack of rehabilitation services:** Priority is given to other essential subjects in which the interests of the whole state is involved. Rehabilitation programmes do exist but are not enough to meet the needs of the people with handicap.

5. **Lack of employment facilities:** Due to ignorance of capabilities of persons with mental retardation, most of the employers hesitate to offer jobs. If they do they either “over employ or under employ”. This may be damaging to the growth of the persons with handicap. Awareness therefore needs to be built amongst employers so that they could offer appropriate employment facilities.

6. **Lack of Social and economic security:** Most of the services offered to cater to the immediate or temporary needs of the child, rather than plan on long-term basis. Parents of often share fears and feel insecure about the future of their child. The question remains unanswered, as to who is going to take care of their child after their death.

7. **Misconceptions and stigma:** Ignorance and illiteracy lead to misconceptions and stigma attached in the society. Parents feel hesitant to send out their child, with the fear that society might condemn them, laugh at them or exploit them. Such types of fear prevent them from coming forward to seek appropriate services.

All these issues are not within the limit of the single person or institutions to deal with them. These can be resolved only at community level.

**Communication with the Community**

Communication is the major factor of social interaction. There must be some sensory medium like gesture, or speech by which the ideas are communicated and to make social contact meaningful. Communication is an important device for reciprocal reaction of individuals and groups. Social contact is of course the pre-requisite of social interaction. But, all social contact are not communicative. It is not enough if one meets the other. It is necessary that there should be mutual or reciprocal response. Shaking hands with an idiot or speaking to a dumb person are social contacts without communication. Communication is the most essential process by which social contacts are made meaningful. In the absence of communication, social contact is purposeless and has no bearing on social life.
Perfect and Imperfect Communication

Communication may be perfect or imperfect depending on the nature of human relationships. Perfect communication involves positive reciprocal response. Imperfect communication is negative indicating differences and disagreement. Co-operation and conflict are two aspects of communication. In other words, perfect communication is associative, whereas imperfect communication is disassociative. There are various methods of communication in terms of speech, gesture and appearances. Communication is interpreted on social background. A person may speak something and his action may be contrary. Intentions may be different from oral expression. Communication may give two or more meanings. A man may smile and smile, and yet may be a villain. One may hood-wink with an appreciation or ridicule. There could be a double meaning for speech and gestures. The interpretation of communication depends on the social purpose for which it is employed.

Importance of Social Interaction

The importance of social interaction is made clear and appreciable by considering the nature of social isolation. Individual who are completely deprived of social environment have no ability or opportunity for social interaction. Complete social isolation makes the individual incapable of interaction with other individuals and groups. He may act organically and psychologically with natural surroundings. But, social isolation is denial of social interaction. There are degrees of social isolation depending on physical and mental deficiencies and also wide cultural differences. Physical disability by the impairment of one or more sense organs, as in the case of blind and deaf deprive such individuals of the direct reactions of sight and hearing. But there are modern devices of communication by touch, symbols and physical gestures to make them comprehend the reactions. Mentally deficient persons suffer from isolation. They are isolated from elements of culture. They lack understanding and feel that they are outside society. Social isolation may also occur from racial and cultural differences, which create prejudice against contact and communication. Foreigners may be isolated as strangers. Linguistic differences create segregated groups who dislike mutual contact and influence. Racial differences in terms of colour, between the white and the Negro cause social avoidance. Caste, prejudices create barriers against contact and communication. There are
innumerable ways in which individuals and cultural groups lack contact and communication. Isolation of the individual prevents socialization, whereas isolation of the groups leads to restricted culture without diffusion.

Mainstreaming

The second aspect of normalization that relates to special education is a provision of mainstreaming. The provision stipulates the handicapped children be educated in "The least Restrictive environment." This means that handicapped children are to be educated with non-handicapped children whenever possible, in as nearly normal an environment as possible. This process is known as mainstreaming.

The term "mainstreaming" was originally coined to describe the process of educating handicapped students in the LRE. Through common usage, however, mainstreaming now refers to the practice of integrating handicapped children into regular classes for all or part of the school day. The LRE, on the other hand, refers to the educational placement of the students in a setting as close to the regular classroom as possible. For some children the LRE might to be placement in a regular class. For others, it might mean education in a self-contained special class or home-bound instruction.

Placement decisions are made at the time that the individualized educational programme is planned and should be based upon the child's unique needs.

Reverse Mainstreaming

Reverse mainstreaming is a procedure that involves introducing non-handicapped student into special classrooms to work with severely handicapped students. The purpose is to maximize integration of severely handicapped and non-handicapped students. Mainstreaming a more familiar concept refers to the integration of the handicapped into the non-handicapped classroom to enable each individual to participate in patterns of everyday life that are close to the mainstream. Reverse mainstreaming is, as the name suggests, a procedure carried out in reverse of mainstreaming, but striving for the same goals reverse mainstreaming can be used with all severe handicaps.

Who should be Mainstreamed?

One of the most difficult tasks facing educators is to determine which
students to place in regular classes for what subjects and for what amounts of time. But we are keeping in our mind these seven suggestions following a study of successful mainstreaming practices common to a number of schools to be mainstreamed.

- Students should be capable of doing some work at grade level.
- Students should be capable of doing some work without requiring materials, adaptive equipment, or extensive assistance from the regular classroom teacher.
- Students should be capable of "staying on task" in the regular classroom without as much help and attention as they would receive in the special classroom or resource room.
- Students should capable of fitting in to the routine of the regular classroom.
- Student should be able to function socially in the regular classroom and profit from the modeling or appropriate behaviour by their classmates.
- The physical setting of the classroom should not interfere with the students functioning (or it should be adapted to their needs).

It should be possible to work out scheduling to accommodate the students in various classes, and the schedules should be kept flexible and be easy to change according to the students.

Students who cannot meet these criteria should probably not be placed in regular classes. They should instead be educated in one of the other types of educational arrangements, such as the self-contained special educational class. A major goal for such students, however, should be to develop the skills needed to function in the regular class. In addition, as their skills develop, efforts should be made to integrate them into the regular class for short periods. This will give them opportunities to practice skills so they may eventually spend longer periods in the more normalized environments as they learn and mature. Mainstreaming will not be effective if teachers and administrators reject the concept and believe that it will not work. On of the leading authorities on mainstreaming conducted a series of interview with school personnel and identified six attitudes that appeared to be most conductive to successful mainstream.
Belief in the right to education for all children.

2. Readiness of special education and regular class teachers to co-operate with each other.

3. Willingness to share competencies as a team on behalf of pupils.

4. Openness to included parents as well as other professional colleagues in planning for and working with children.

5. Flexibility with respect to class size are teaching assignments.

6. Recognition that personal and social development can be taught, and they are equally as important as a academic achievement.

If these attitudes are prevalent among school personnel, mainstream seems likely to be successful. Of course, something more than good attitudes is needed, classroom teacher also need to have a specific competencies related to mainstreaming.

Check Your Progress

1. What do you mean by the term “Community”?

2. Explain the approaches to work with communities.

3. What are the points to be considered in survey of community?

4. What are the steps in community organization?

5. Explain the conditions of community organization.

6. What is the role of community worker?

7. Mention the measures to strengthen community process.

8. Discuss the community level problems in Indian Context.

Points for Discussion/Clarification
Work in the Community

Unit-7
Communication and Presentation

STRUCTURE

- Introduction
- Objectives
- Communication Characteristics
- Physical Surroundings
- Jargon Free Communication
- Non-Verbal Communication
- Verbal Communication
- Unit Summary
- Check Your Progress
- Points for Discussion/Clarification
7

Communication and Presentation

Introduction

In order to support families, positive relationships must be established between parents and professionals. Positive relationships involve effective communication (Winton & Bailey, 1985). Communication is a process by which information and feelings are received and sent between individuals. Recently, attention has been placed on the importance of quality communication skills.

Successful communication skills tend to be related to certain characteristics of communication, the physical surroundings, the needs of those communicating, and aspects of verbal and non-verbal communication.

Objectives

After learning this unit the students will be able to:

- Explain the characteristics of communication.
- Discuss on the merits and demerits of different types of communication.

Communication Characteristics

Effective communicators are usually associated with particular characteristics that affect the direction and outcome of interaction with others. Two of the most important characteristics of quality family-professional communication, and the most difficult to quantify, are respect and trust. To communicate respect, professionals acknowledge the family's decisions, lifestyle, values, beliefs, and efforts to care for their child, even when these conflict with those
held by interventionists within some cultural groups this might involve addressing the most elderly family member, using titles of respect, and dressing to communicate respect for the family (avoiding causal clothing). To communicate trust, professionals must follow through with commitments, offer unhurried contact time, communicate empathy, and admit, when appropriate, if answers are not available.

Physical Surroundings

Attending to another person, either through eyes or ears, can be extremely difficult when there are distractions. Minor physical barriers to quality communication can often be controlled. For instance, scheduling visits, when they do not interfere with favorite programs can eliminate slight distractions, such as a television playing during home visit. Sibling's interferences can be handled by bringing a distractor toy or activity for the sibling or giving the sibling some role in intervention activities. Note taking during meetings may inhibit the flow of conversation with some parents, while others do not appear affected. The decision to take notes should be the prerogative of each family.

Jargon Free Communication

Communication is only effective when everyone involved understands the message. Professional jargon interferences with clarity and may serve as a barrier to developing quality relationships with families. Occasionally it may be appropriate for professionals to use an unfamiliar term because it is the most effective and accurate descriptor. In this case, the new term and its purpose needs to be clarified so it becomes a part of professionals' and parents' shared language. A mother with a newly diagnosed infant offers this perspective: “I feel like I need a medical dictionary to just talk to the doctors and school people I see. After awhile, I ask them to write things down and I look it up when I get home. But half the time, I nod and act like I am not stupid and completely lost. Sometimes, I leave with knots in my stomach.” Unfortunately, some professionals are unaware that their communication skills make it difficult to form warm relationships with families. Effective communication skills demand practice and experience. Because communication skills are the platform for all effective early intervention, interventionists are wise to develop these skills with the same professional dedication that they develop other skills related to serving children and families.
Non-Verbal Communication

Eighty-five percent of all information conveyed is communicated non-verbally. Non-verbal communication is the use of body language including gestures, facial expressions, posture, and body movements that convey information. It is important to learn to monitor one’s body language, to respond to others’ body language, to become familiar with culturally diverse non-verbal signals (e.g., avoiding eye contact, avoiding asking questions), and to note discrepancies in non-verbal and verbal messages. Table provides a list of desirable and undesirable non-verbal communication behaviors appropriate for mainstreamed Anglo culture.

Paralanguage: Paralanguage refers to the manner of speech or vocal effects, such as voice tone, volume, or intonation, that accompany or modify an utterance and communicate meaning. A monotone voice, for example, conveys boredom, while a high-pitched voice signifies disbelief. The way in which one speaks is often more important than what is actually said.

Listening: The importance of active and purposeful listening for effective communication cannot be overemphasized. A common complaint of parents is that professionals do not listen to them (Johnson, McGonigel and Kauffman, 1989). Quality listening is active process requiring conscious attending skills. The active listener leans slightly forward and maintains more than the usual amount of eye contact during a conversation (Knopp, 1972). A face-to-face position with an open posture (i.e., arms not crossed in front), remaining relaxed and alert, establishing proximity within a comfort zone, and using natural gestures are nonverbal behaviors that demonstrate attentive listening. (Readers are reminded that these behaviors may communicate disrespect in some cultural groups and should be used in situations only in which they are appropriate.) Fatigue and strong feelings about what is being discussed, however, can operate as deterrents to listening (Kroth, 1987).

Verbal Communication Skills

Verbal communication skills such as following, reflecting, questioning, and structuring, combined with non-verbal skills form the foundation of quality communication.

Unit Summary

Communication is an important aspect in rehabilitation. It should
be jargon-free communication. One should be aware of the surroundings for effective communication. It includes verbal and non-verbal communication. Listening plays an important part in effective communication process

Check Your Progress

What are the characteristics of communication?

Explain verbal and non-verbal communication?

Points for Discussion/Clarification

.............................................................

.............................................................

.............................................................
Work in the Community

Unit-8
Community Based Rehabilitation Programmes

STRUCTURE
- Introduction
- Objectives
- Definitions
- Models of Community Based Rehabilitation
- Community Participation
- Mass Transfer of Knowledge
- Community Participatory Rehabilitation
- Unit Summary
- Check Your Progress
- Points for Discussion/Clarification
Community Based Rehabilitation Programmes

Introduction

Community Based Rehabilitation (CBR) is a process wherein the knowledge about disability and skills in Rehabilitation are transferred to the disabled, their families and to the members of the communities, effecting significant attitudinal change and creating a more positive environment for an overall holistic improvement in the life of persons with disability.

It can also be termed as a mechanism for empowerment in which the community members, including disabled persons and their families, co-operatively participate in a process that leads to decisions made by them and for them. CBR is therefore referred to as rehabilitation.

CBR is workable because it utilizes untapped local resources including and essentially that of community involvement and participation.

In a nutshell CBR is need based, building on three community resources of finance, material and human resources and especially in terms of existing infrastructure of schools, community hall etc. The community articulated its needs and examines various avenues to meet these needs within existing resources. The process of sensitization, mobilization, decision-making, implementation, evaluation and modification are essential parts of the participatory process that is called CBR.

Objectives

After learning this unit the students will be able to:

• Define CBR.
• Describe the models of CBR.
• Explain the importance of community participation.

Definitions

Various definitions of CBR discussed here clearly bring out the essential elements of CBR and also shows how the concept is evolving as a result of experience and information gathered for the field.

“Community Based Rehabilitation is a strategy for improving service delivery, for providing more equitable opportunities and for promoting human rights of the disabled people.”

—Einar Hilander, UNDP

“CBR is a serious effort towards de-institutionalizing, de-professionalizing and de-mystifying Rehabilitation for persons with disability.”

—UN, 1976

“CBR is a process of democratization of rehabilitation for persons with disabilities.”

—WHO

“Community Based Rehabilitation is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities.”

—WHO

“CBR is implemented through the combined efforts of disabled people, themselves, their families and communities and appropriate health, education, vocational and social services.”


These definitions thus stress:
1. The importance of local traditional values, and their strengths.
2. Equalization of opportunities for disabled persons for equitable distribution of wealth of a country.
3. Integration/inclusion of individuals with disabilities in the community and protection of human rights.

So we can see the paradigm shift where PWD are not objects of charity but partners in development and progress within their own
communities. It is very difficult to define CBR precisely as it is more of a system and a process with immense potential for innovations and flexibility based on local needs. Therein lies the strength of CBR and its tremendous scope for replication.

Models of Community Based Rehabilitation

1. Medical model.
2. Social model.
3. Educational model.
4. Vocational model.
5. Community model.
6. Comprehensive model.

Publicity of Different Programmes of CBR

Rehabilitation was given a major thrust as public attitudes towards disabled people shifted from exclusion to that of inclusion. One area of focus was the "Independent Living Movement" in Japan and USA wherein the persons with disabilities took over the onus of management of rehabilitation programmes from professionals. Empowerment of the disabled had truly arrived in the developing countries also.

The second area of thrust was a focus in rural or marginalized urban communities, which had no rehabilitation services at all. All the rehabilitation services were concentrated in urban cities which copied western strategies for intervention that was high on cost, technology and western practices. Even if some agencies were working in Poverty Alleviation or Health programme the combined effort and impact was too meager when compared to the magnitude of the problem.

The introduction of CBR showed that a shift was made from rehabilitation taking place in institutions to the homes of the end users.

The southern states of India were the very first to take the initiative to try out the strategy of CBR. This process was aided because the indicators of Health, Education, Training and Employment were good.

At present 20 CBR projects are functioning in the four southern states. Given the diversity in India, each model has its uniqueness
and differences and also some similarities. Some areas that are common are objectives, structure, programme component, type/category of target group, training and background of rehabilitation workers. But each has their own approaches for achieving the same objectives. So now, more rehabilitation services are reaching the disabled persons but enough is done to empower the disabled persons to manage their own programmes.

Three Tier Structure Model

Three Tier Structure of CBR

<table>
<thead>
<tr>
<th>Policy level</th>
<th>(Managers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid Level Staff/Superisors</td>
<td>(Technical Skills)</td>
</tr>
<tr>
<td>Grass Root Workers</td>
<td>(Community/change agent)</td>
</tr>
</tbody>
</table>

Managers: Background is rehabilitation with technical and/or managerial skill.

Mid level staff: These are usually therapists, technicians with disability specific experience.

Grass root level workers: These are pre-or secondary qualified from the local community, are the best link agents with community resources and disabled persons.

With training, each grass-roots level worker develops skills both technical and managerial.

---

**PROGRAMME COMPONENT**

- **RESTORATIVE**
  - Health.
  - Medical.
  - Education.
  - Economic.

- **PREVENTIVE**
  - Immunisation.
  - Awareness.
  - Nutrition.

- **EMPOWERMENT**
  - Access.
  - Group Saving.
  - Credit Programme.
  - Rights Issues.
Approaches

As stated earlier programme component are largely the same in all the project areas of CBR but approaches are different which are dictated by need and ground realities.

DRC Model

The Government of India launched District Rehabilitation Centers Scheme in 1985. It had three tier structure—Village level, PHC level (Public Health Center) and District Level.

Top Down Model

Major successes were in health but as regards community participation and as a change agent not much headway was achieved as it had a very bureaucratic approach where the disabled person had to travel long distances to District Rehabilitation Center. But the flip side of this model is that it gave an impetus to national level planning for implementing CBR.

SPASTN Model

A project called DARC (Disability Awareness and Rehabilitation in the Community) was initiated in 1992. This program was developed in response to the felt and expressed need of families of children with disabilities. Its core philosophy and strength is networking and linkages. DARC is called the Linkage Model of CBR in early Intervention with the community, the Integrated Child Development Scheme (ICDS) and the Primary Health Centers (PHC) as its main partners linked together for the singular purpose of preventing, detecting and managing childhood disabilities within community settings. DARC primarily serves the 0 to 6 years age groups with special emphasis on the high risk newborn baby. This is perhaps the only model in India where Health and Welfare sectors have come together on a common platform to share resources and skills at the community level. The house of DARC is built on six pillars with the community as the foundation:

- Pillar 1: Awareness creation.
- Pillar 2: Screening and Detection in hospitals, Balwadies and Schools and through camps.
- Pillar 3: Early Intervention on a multi-site basis.
- Pillar 4: Training of grass-root workers.
Pillar 5  Referral chain.
Pillar 6  Cross-sectoral networking.

This model is based on lessons learnt from David Werner in Mexico and D. Tjandrakusuma in Indonesia.

---

**Seva in Action Model**

This model had CBR committees at the grass-roots level managed by key local persons. A community member is trained at the grass-roots level and the cost is paid by CBR committee through local resources, local government and donors. All the management committees are actually community based in deed and action, where ownership of rehabilitation is with the community. Community handles planning, managing, monitoring and evaluation.

**Add India Model**

Also called *Empowerment Model*. Community and disabled persons are empowered as it is a bottom up approach. Here single disabled person is trained in all aspects of rehabilitation and community organizations. This people will work with community at one end and disabled persons at the other end. Disabled persons are motivated to form self-help groups for advocacy and rights issues to be tackled at all levels of government to gain access to existing health facilities, education, training and employment. The only limitation is that there are no quick fix solutions, no direct benefits.
Community Participation

Community participation may be explained as a process in which people become more aware of their rights and their problems and understand how they themselves can be involved and contribute to the health and also their strength and resources. There are three major ways in which community participates:

1. Community can provide facilities, manpower, logistic support and possibly funds to the services.

2. The community can be actively involved in studying its problems, decide upon feasible solutions and implement them.

3. Participate in primary health care services (for preventive and protective measures).

The Alma Atta declaration states essential health care is based on appropriate and acceptable methods and technology made universally accessible to the individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain the spirit of self-reliance.

It implies:

- Demystification of Technology.
- Mass Transfer of Knowledge.
- Human Resource Development.
- Encouraging Community Participation.
- Routing programmes in the community through convergence of services and effective networking.

The three major components viz., *Demystification of technology and mass transfer of knowledge, human resource development* (personnel development) and community based approaches are elaborated as follows:

**Mass Transfer of Knowledge**

Demystification of knowledge that makes technical knowledge simple, understandable and available to lay persons, empowering the family members, volunteers and community at large with the knowledge of the causative and risk factors of mental retardation and mental illness, simple low cost preventive measures available in the community and guide them in the utilization of the same.
Knowledge has to be communicated to:

1. Young perspective parents, pregnant mothers.
2. Grand parents and important family members who influence the decision-making process.
3. Opinion builders in the community such as religious leaders, village leaders, teachers etc.
4. Other functionaries in the community like local doctors, daís, loyah's etc.

While the existing village level workers can impart essential knowledge to the family members on these preventive aspects. Early detection and essential interventions for the mentally retarded, they need to be reinforced by other community forces. The message needs to be communicated in an effective and psychologically effective manner too.

Community Participatory Rehabilitation

The concept which has been clearly defined by WHO committee as: “Community Participatory Rehabilitation, (CPR), which involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and handicapped persons themselves, their families and their community as a whole.”

CPR envisages activities taking place within home of the disabled person, and integrative action being implemented at community levels e.g., day care centers, schools, youth clubs, community centers etc. CPR takes in turn from traditional institution based rehabilitation to one based at community level.

The Concept of CPR

- Awareness and concern of the community.
- Initiatives from the community.
- Planning by the community.
- Resources of the community.
- Implementation by the community.
- Evaluation by the community.
- Modification by the community.
Scope of CPR

- Prevention of disabilities.
- Identification of high risk mothers and infants.
- Early detection of disabilities and management.
- Assessment of the needs of the disabled and the family.
- Home based or neighborhood center based programme.
- Parental involvement.
- Play groups and integrated schooling for children.
- Advocacy groups and parent support groups.
- Organization of disabled people and for disabled people.
- Equality and equalization of services.
- Solidarity.
- Social integration.

Unit Summary

Community based rehabilitation promotes community participation and the involvement of disabled people. There are various models of CBR. Three-Tier model, Add India model, SPASTN model and Seva-in action model are some of them. Community participatory Rehabilitation is also a recent tried out model.

Check Your Progress

- Define CBR.
- Explain important models of CBR.
- What do you mean by Community Participatory Rehabilitation?
- Discuss the scope for CPR.

Points for Discussion/Clarification

.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
Work in the Community

Unit-9

Evaluation of Community Intervention

STRUCTURE

- Introduction
- Objectives
- Assessment Involving the Families
- Parent-Child Scales
- Determination of Family Strengths and Needs
- Check Your Progress
- Points for Discussion/Clarification
Introduction

One cannot forget the importance of family involvement in their children's rehabilitation services. Assessing their needs is the beginning of services. Therefore, this unit mainly discusses on the family assessment methods and utilizing the information for planning and intervention.

Objectives

After learning this unit the students will be able to:

- Describe the need for assessing family needs.
- Use the Parent-Child assessment scales and determine the family strengths.

Assessment Involving the Families

Like most types of assessment, family assessment is best if information is gathered using a number of sources and modes. Family assessment may involve assessing parent-child interaction, resposivity, and or family strengths and needs. Refer to Bailey and Simeonson (1988) for an extensive review of family assessment tools.

Parent-Child Scales

Research demonstrates that parent-infant interaction is related to later child development and associated with other dimensions of the family system. Consequently, one principal purpose of early intervention is to foster quality parent child relationships. To help parents adjust their interactional style, Hedlund (1989) recommends professionals take these actions.
• Educate parents about their child’s unique communication/body language.
• Assist parents in becoming attuned to their own interactional style and how that style affects their child.
• Provide parents with guided practice and encouragement to adapt their styles as their child develops.
• Highlight the child’s developmental progress so parents can see the results of their efforts.

When children are handicapped, their abilities and responsiveness in play interactions can influence reciprocal parent-child play. Parents may experience frustration if the child’s ability to play is significantly impaired. Assessment information helps to determine parent-child interactional strengths, in addition to needs, so rewarding aspects of the relationship may be increased. The interventionists can build on strengths (e.g., mother is devoted to child), and select for intervention those areas in which assistance may be needed (e.g., mother gives mostly non-contingent-attention).

Formal assessment of parent-child interactions should never be considered routine. Instead, families should determine if this is a desired area of attention for intervention efforts (Fewell & Kaminski, 1988).

Determination of Family Strengths and Needs

Determining of the family’s unique strengths and needs as they relate to the child’s development is a complex undertaking that requires many professionals to develop an entirely new set of skills. Any survey and questionnaire selected to determine families’ strengths and needs must:
• Meet the family’s individual needs (e.g., language of household).
• Be easy for parents to read.
• Be non-intrusive.
• Offer space for parents to add concerns.
• Be reasonable in length.
• Assist in determining family strengths.

Check Your Progress
• Discuss the importance of assessing family needs.
• What do you mean by parent-child assessment scales?
Evaluation of Community Intervention

- What are the important aspect to be included in questionnaire to assess family needs?

Points for Discussion/Clarification
Liaison with Government and Non-Government Organizations

Unit-10
The Scope of Liaison

STRUCTURE

• Introduction
• Objectives
• Role of Government and Non-Government Organizations in Serving Disabilities
• Role of NGOs in Funding Programmes
• Collaboration of Government and the NGOs
• Government Scheme in the Department for Rehabilitation of the Disabled
• Unit Summary
• Check Your Progress
• Assignment
• Points for Discussion/Clarification
The Scope of Liaison

Introduction
Disability rehabilitation is a joint effort of Government and Non-Government agencies. In the Central Government, Ministry of Social Justice and Empowerment is the administrative department for co-ordinating the activities, framing policies and programmes for the handicapped. As far as mobilization of resources is concerned, the role of Government is to make adequate allocation for the maintenance and development of services for the disabled. According to the Directory of Institutions compiled by the National Information on Disability and Rehabilitation, there are more than 2000 NGOs working in the area of disability. Most of these organizations are engaged in service delivery—providing education, distributing aids and appliances and imparting vocational rehabilitation.

Objectives
After learning this unit, the students will be able to:

- The role of Government and Non-Government agencies in rehabilitation services.
- Examine the need for collaborated approach.
- Describe various Government schemes.

Role of Government and Non-Government Organizations in Serving Disabilities
In the Central Government, Ministry of Social Justice and Empowerment is the administrative department for co-ordinating the activities, framing policies and programmes for the handicapped.
The Ministry of Social Justice and Empowerment, Ministry of Human Resources Development, Ministry of Health and Family Welfare and Ministry of Labor play a major role in the process of rehabilitation of the disabled persons. Ministry of Health has schemes for prevention and early detection and medical management. You are all aware of the Immunization programmes through pulse polio, to quote an example. Ministry of Human Resource Development, Department of Education is responsible for the implementation of integrated education (IED). The National Policy on Education (1986) was a springboard for IED scheme in our country (Refer SESM Block Unit). The District Primary Education Programme (DPEP), which includes children with disabilities, is implemented by Department of Education.

The job reservation and special employment exchanges are taken care by the Ministry of Labour while the Ministry of Social Justice and Empowerment co-ordinates the total welfare policies, schemes, and activities for persons with disabilities.

The Ministry of Welfare has set up National Council on Handicapped Welfare to frame policy guidelines for the entire country and to determine priorities. This council decides upon future action.

All the State Governments and Union Territories in India have established welfare departments to look after the welfare programmes for the disabled people in their state.

The role of the Government could be described as promotive, as one of giving the necessary stimulus. To promote the specialized service for the disabled persons with a view to making them self-respecting, self-reliant citizens contributing to nation’s human resources, the Government of India and State Governments have adopted the following measures:

1. Preventive measures.
2. Legislative measures.
3. Education.
4. Vocational training.
5. Employment.
6. Training of rehabilitation personnel and administrators.
7. Research and development.
As far as mobilization of resources is concerned, the role of Government is: Make adequate allocation for the maintenance and development of services for the disabled.

- Access the nature and scope of community and local authority resources and wherever necessary take administrative and legislative steps to channel such resources with developing services for the disabled.
- Discover new resources, especially at the focal level, for local projects.
- Create conditions in which voluntary organizations can mobilize resources more successfully.
- Enter into international collaboration for funding, technical expertise and personnel training in the welfare of the disabled.

Role of Non-Government Organization

India is a democratic country with a very strong NGO component, especially so in the field of disabilities. Looking back at the history we find that the first facility for children with mental retardation was established by an NGO. Even before various policies, concessions and acts came into effect; the NGOs were working for persons with mental retardation investing their commitment and the little financial resources that they could pool together.

Today, with various schemes of benefits and concessions, the Government has strengthened the NGOs. Most of the schemes by the Government seen either earlier such as the NHFDC, ADIP, Financial assistance for establishment of special schools/programmes (including building grants and maintenance grants) are in order to support the NGOs in the good work that they carry out for the betterment of persons with disabilities.

There are 3 broad categories of voluntary organizations serving the disabled in the country:

1. Those organized by the disabled itself.
2. Managed by the parents/guardians of the disabled.
3. Organized on humanitarian grounds.

NGOs are

- Sensitive to the local needs, hopes and aspirations, working in the area.
Flexible.
Available for consultation.
Help in generating, psychological satisfaction.
Honest, missionary zeal.
Can mobilize funds to self-finance.

NGOs have the potential for execution, which can be magnified by the Government support. What we need is a co-ordinated approach projecting comprehensive goals for the rehabilitation of handicapped.

Role of NGOs in Funding Programmes

According to the Directory of Institutions compiled by the National Information on Disability and Rehabilitation, there are more than 2000 NGOs working in the area of disability. Most of these organizations are engaged in service delivery—providing education, distributing aids and appliances and imparting vocational rehabilitation.

Apart from the service organizations there are certain National and International Organizations and NGOs who provide funds for enhancing services in the area of disabilities. Such funds are made available for projects geared towards:

1. Training of human resources at various levels for delivery of services ranging from master teacher training to grass-root level workers.
2. Development of self-instructional training modules, which are easy to use for the trainers/beneficiaries.
3. Service delivery for the disabled persons in a specific locality/defined project site.
4. Exploring use of innovative methods and materials for use with mentally retarded/other disabled persons.
5. Focus on the betterment of certain specific target groups such as girl child with retardation, children in rural/tribal belt, children with 0-6 years or 0-14 years age range, persons with severe/profound mental retardation and so on.

Usually such funds are available for specific project with defined time limit. You would have heard of agencies like Action Aid, ADD India, which are some examples in India. UNICEF, UNESCO, UNDP,
World Bank, ICD, OSRAM are some of international organization which fund projects. A list of NGOs, working in India is provided in NCPED (1998) publication.

Collaboration of Government and the NGOs

Neither Government nor NGOs can function independently in any country. Laws, rules and regulations are made by the Government will have NGO bodies in the committees that draft the laws, rules and regulations. The needs are assessed through the opinions and feedback from the NGOs. Need based programmes are again drawn by Government with involvement of NGOs.

A number of ongoing programmes initiated by the National Institutes and other government bodies are carried out in collaboration with NGOs. One good example of such a programme is the Diploma course in Special Education (Mental Retardation), which is initiated and regulated by government organizations, NIMH and RCI respectively. It is currently conducted at more than 50 centers in the country. Many of them have financial support from the Central Government. The programme reaches out to the extreme corners of the country—the eastern corner ones in Guwahati and Imphal, western corner ones in Vadodara in farthest northern one Rohtak and the Southern ones in Thiruvananthapuram, all of which are run by NGOs. It is easier that way, then the Government reaching out to all places and monitoring the programmes. By virtue of this collaboration of Government and NGOs, the number of special teachers in the country has increased multifold as each center has capacity of training 20 students each year.

Similarly, there are research projects conducted in collaboration with NGO, for which National institutes, RCI and S&T Mission Mode provide funds and/or technical support.

If the services for persons with disabilities should reach every affected person in the country, the strength of the NGOs must be realized and suitably supported by Central and State Governments.

Unit Summary

The role of the Government could be described as promotive, as one of giving the necessary stimulus. To promote the specialized service for the disabled persons with a view to making them self-respecting, self-reliant citizens contributing to nation’s human resources, the Government of India and State Governments have adopted the
<table>
<thead>
<tr>
<th><strong>Sl. No.</strong></th>
<th><strong>Name of the scheme</strong></th>
<th><strong>Assistance</strong></th>
<th><strong>Conditions</strong></th>
<th><strong>Officer to be approached</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Free Supply of Identity Card</td>
<td>Issue of identity cards to the disabled people.</td>
<td>The beneficiary should have above 40% disability to be certified by Government Doctor</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
<tr>
<td>2.</td>
<td>Special Education and Scholarship</td>
<td>Scholarship and Free Education.</td>
<td>Age above 3 years. Parents annual income not exceeding Rs. 24000/- for scholarship.</td>
<td>Dist. Disabled Rehabilitation Officer or Headmaster of Special Schools.</td>
</tr>
<tr>
<td>3.</td>
<td>Employment Opportunities</td>
<td>3% reservation in Government and Government undertakings and institutions, 1% for Orthopaedically handicapped, 1% for Blind, 1% for Deaf.</td>
<td>Percentage of disability above 40%, Adequate Educational qualification, Attending and passing competitive exams in TNPSC, Teaches Recruitment Board and other departments in accordance with education and age relaxation of age by 10 years.</td>
<td>Concerned Department.</td>
</tr>
<tr>
<td>4.</td>
<td>Unemployment allowance for the blind</td>
<td>Rs. 200/- per month for those have studied below X. Rs. 250/- for those who have studied PUG or HSC. Rs. 3000/- for those who have studied bachelor degree and above.</td>
<td>One year seniority in registering name in employment exchange. Age below 40 years, for SC/ST below 45 years.</td>
<td>District Employment Officer.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Name of the scheme</td>
<td>Assistance</td>
<td>Conditions</td>
<td>Officer to be approached</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>Self-employment for disabled</td>
<td>Educated and uneducated are assisted by giving bank loan with Govt. subsidy of Rs. 2,000.</td>
<td>Age above 18 years. Family income should be below Rs. 12,000/- per annum.</td>
<td>Dist. Disabled Rehabilitation Officer, District Manager, TAHDCO, General Manager DIG.</td>
</tr>
<tr>
<td>6.</td>
<td>Maintenance allowance for severely disabled</td>
<td>Rs. 150/- p.m. to the parents who are poor.</td>
<td>Disability 75% and above. Family income below Rs. 12,000/- p.a.</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
<tr>
<td>7.</td>
<td>Marriage assistance</td>
<td>(a) Scheme for Blind marrying normal. Rs. 10,000/- to each pair (Rs. 3,000/- by cash and NSC for Rs. 7,000/-).</td>
<td>Age of Bride 18 years. Age of Bridesgroom 21 years. One must be blind and one must be with vision.</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b) Scheme for Orthopaedically handicapped marrying normal. Rs. 7,000/- to each pair (Rs. 2000/- by cash and NSC for Rs. 5,000/-).</td>
<td>One must be orthopaedically handicapped, income below Rs. 24000/- p.a.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c) Scheme for Deaf marrying normal. Rs. 7,000/- to each pair (Rs. 2,000/- by cash and NSC for Rs. 5,000/-).</td>
<td>One must be deaf, income below Rs. 24000/- p.a.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Scheme for free bus pass</td>
<td>Any blind person can travel upto 100 Kms free of cost within the district. Orthopaedically handicapped, Deaf and mentally retarded can avail this facility for any specific purpose only.</td>
<td>There is no restriction or condition for blind. Others must have any one of the following: 1. Going to school or any training centre. 2. Hospital for treatment. 3. Work spot income below Rs 12000/- p.a. There is no income for MR.</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Name of the scheme</td>
<td>Assistance</td>
<td>Conditions</td>
<td>Officer to be approached</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>One time bus pass in State Transport</td>
<td>Any blind or the person with deformity in the legs can travel deformity of legs. once in a year in the State Transport for any purpose within the state.</td>
<td>Blind or the persons with deformity of legs.</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
<tr>
<td>11.</td>
<td>For the purchase of law books for law graduates</td>
<td>A law graduates is given Rs. 3,000/- for purchase of law books.</td>
<td>Passed law course and registered in bar council.</td>
<td>District Disabled Rehabilitation Officer.</td>
</tr>
</tbody>
</table>
following measures:

1. Preventive measures.
2. Legislative measures.
3. Education.
4. Vocational training.
5. Employment.
6. Training of rehabilitation personnel and administrators.
7. Research and development.

The Government has strengthened the NGOs with various schemes of benefits and concessions. There are 3 broad categories of voluntary organizations serving the disabled in the country:

1. Those organized by the disabled itself.
2. Managed by the parents/guardians of the disabled.
3. Organized on humanitarian grounds.

Check Your Progress

Discuss the role of Government in disability rehabilitation Explain the role of NGOs with examples.

1. Disability rehabilitation calls for a collaborative approach.
2. Give your views.
3. What are the major Government schemes for the disabled?

Assignment

Visit two NGOs in your area and conduct a study.

Conduct a parents meeting and explain the Govt. schemes for the people with disabilities.

Points for Discussion/Clarification

..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
Bibliography

Asch, M., *Principles of Guidance and Counselling*.


Christians Brems, *Dealing with Challenges in Psychotherapy and Counselling*.


Rao, S.N., *Counselling Psychology*.


*What can we do to ensure the rights of disabled people*—published by National Trust, Social Justice and Empowerment, Government of India.