

# MANUAL FOR SUPERVISED PRACTICUM

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Introduction and Guidelines		5
Orientation Unit	Understanding Case Vignettes	17
Practical 1	Resolving the Hypothetical Case Records	37
Practical 2	Formulating an ABC Chart for Behavioural Problems	39
Practical 3	Understanding Marital Relationships	41
Practical 4	Applications of Yoga Therapy	43
Practical 5	Understanding Impact of Chronic Illness	45
Practical 6	Understanding Concerns of Family Having a Child with Disability	47
<i>Appendices</i>		
Annexure A	Evaluation Sheet	<i>i</i>
Annexure B	Certificate of Completion of Supervised Practicum	<i>vi</i>

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*\*Course editing by the programme coordinators involved content editing, language editing, unit formatting and transformation of the unit.*

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*Dear Learner,*

The course 'Counselling and Family Therapy: Applications and Interventions' has 4 Credits of theory (MCFT-007) and 2 Credits of Supervised Practicum (MCFTL-007). The 2 credits of Supervised Practicum are divided into 6 Practicals, which you should complete along with your theory course in the specific period of time. This Supervised Practicum (MCFTL-007) helps you to understand better the applied concepts which are to be used during actual therapy sessions.

These practicals emerge out of the theory syllabus. The practical activities will help you to get hands-on experience of working with individuals and families in different settings. Orientational Unit has been provided to sensitise you, and impart some useful insights in the therapeutic context.

Here, we would like you to understand that in Supervised Practicum, you have to work under the overall supervision of the Academic Counsellor, generally called Counsellor in this Block. Further, before starting the practical activities, it is very important for you to read this Manual for Supervised Practicum carefully.

With best wishes,

**Programme Coordinators**  
**IGNOU**

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## INTRODUCTION AND GUIDELINES

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The focus of this Supervised Practicum (MCFTL-007) is on understanding applications and interventions of counselling and family therapy. As a counsellor and family therapist, you would be trying to help individuals in different stages of the human life span — right from young children through old age. Appreciation of diverse problems faced by individuals and families, understanding the mental health concerns and as well as application of counselling and family therapy interventions suitable to the client problem is the essence of this course. Thus in this Supervised Practicum, you are being provided with indepth exposure and opportunities with individuals (both males and females) at different stages in life, so that you develop the requisite skills in this critical aspect.

You have to complete the Supervised Practicum (MCFTL-007) in 15 working sessions. This Supervised Practicum, worth 2 credits, is divided into 6 practicals.

The practicals to be performed have been denoted in this Manual as Practical 1, Practical 2 and so on. Each of your 15 working sessions for doing the supervised practicum of this course should take 4 hours of a day, in which you should spend about 1 hour with the counsellor at the Programme Study Centre/Study Centre to which you are attached and about 3 hours in fieldwork carrying out the prescribed practicals, that is conducting interviews etc. and report writing. This Supervised Practicum is equivalent to 2 credits and thus has the workload of 2 Blocks (which may be thought of as Blocks 5 and 6).

### **Suggested Schedule**

It is advised that you should start the Supervised Practicum as soon as you go through the theory component of this course. Before starting the practical activities, therefore, you should devote your time to:

- (i) Reading and understanding the related Units.
- (ii) Attending the theory counselling sessions which will be organised by the respective Programme Study Centre/Study Centre, you are attached with.

As you have to complete three theory courses, the corresponding supervised practicum courses, internship as well as dissertation in the second year of the programme of study Master of Science in Counselling and Family Therapy [M.Sc.(CFT)], hence, it is advisable to complete the practical activities as per the scheduled time. You are suggested to do the practicals in a series, that is, to complete one Practicum first and then move to the next one. Please follow the sequence of the practical activities given in the Manual, as these are sequenced according to understanding and difficulty levels.

### **Duration of Supervised Practicum MCFTL-007**

The Supervised Practicum comprises 6 practicals, the details of which are given in this Manual. You have to complete these practical exercises in a total of 15 working days which include 15 compulsory contact classes (sessions) with the Counsellor, each of 1 hour duration. As stated earlier, you must spend the remaining 3 hours of each of the 15 working sessions for carrying out field work pertaining to the 6 practicals prescribed in this Manual. A few extra working sessions have been kept to allow for the fact that you may need some extra time and sessions for doing some of the practicals. The

tasks of conducting the activity; that is preparing the interview schedule etc; identifying the respondents and forming rapport with them, carrying out the practical exercise as well as report writing, are included in this time assigned for field work.

If the Supervised Practicum takes more time than this scheduled duration, then you can rearrange your work accordingly, but only after discussing it with the Supervisor/Academic Counsellor you are attached with at the Programme Study Centre/Study Centre.

### **Content Layout in the Practicum Manual**

This Manual for Supervised Practicum (MCFTL-007) consists of 6 practicals which you are required to carry out.

There is an orientational unit meant for your understanding and is not for evaluation. Then are given the practicals you have to do.

Practical 1 is on resolving hypothetical case record; Practical 2 to formulate an ABC chart for behavioural problems; Practical 3 is on understanding marital relationships; Practical 4 is on applications of yoga; Practical 5 is on understanding impact of chronic illness; and Practical 6 is on understanding concerns of family having a child with disability. The details regarding these Practical are given in this Manual.

You have to complete all 6 practicals for submitting the Practicum File. Please do not copy from your peers/friends, as both would have to repeat the whole practicum again.

### **Role of the Counsellor in Supervised Practicum**

- The Counsellor is a qualified professional in the field, allotted by the Programme Study Centre/Study Centre to which you are attached. The Counsellor will supervise and guide for the Practicum Activities, during the academic year.
- You have to spend 1 hour of each of your 15 working sessions with the Supervisor/Counsellor, in which she or he will guide you on the method in which the Practicum Activity has to be performed, as well as the analysis of the same. Besides this, you can seek the help of the Counsellor at any time during the sessions.
- The Counsellor may or may not be associated with the individuals or families you identify for the practicum activity, but she or he can help you in identifying the same.
- To conduct practicum activities, you have to meet the Counsellor first, discuss the practical you are going to conduct as well as the tool (e.g., the interview schedule) that you are going to use for the purpose, take her or his advice and then visit your respondents [the person(s) to be interviewed by you]. Here, in this programme of study, the respondent is also called 'participant' and at times 'subject' or 'client'. It is advisable to report to your Counsellor after you complete each practicum, and discuss what had transpired in the course of conducting the practical.
- After completing each practical, you need to write each and every detail in your report. The guidelines regarding report writing are given in this

Manual. If you have any problem or query regarding report writing, then contact your Counsellor for the same.

- Apart from guiding and supervising, the Counsellor will also evaluate your work. Thus, the Counsellor will evaluate and mark each Practical. The evaluation sheet to be used is given at the end of this Manual.

### **Points to Remember**

Two of the important things you have to ensure are obtaining informed consent and confidentiality. An informed consent shows that you respect the participants' right to know what they are being involved in and why, as well as what you will be doing with the information they give you. If the person does not like what you want to do with their information, then they have the right to refuse the interview. A sample consent form for you to use when doing the supervised practicum of this course, is given at the end of this manual.

Secondly, you must maintain confidentiality. You should be able to assure the participants that under no circumstances their identity would be disclosed and the information collected would strictly be shared only with the Supervisor, and used only for the purpose of meeting the course requirements. In your Report, you may give the respondents a fictitious name.

Rapport formation and orienting and preparing participants for the practical activity is also very important. Once you have identified the individual(s)/ family/dyad who you would like to participate in the practical activity, it is best to meet your participants in advance. Orient them about your practical requirements. It would also be appropriate to inform them of what you hope to learn and what you will do with the information. If they agree to participate, take their permission and set up a time and place to meet for the actual practical activity. Explain how you plan to record their conversations (audio recording/noting down their conversations) and take their consent for the same. The key to conducting such activity is to demonstrate respect for the person being involved. Different approaches may be appropriate for different individuals, and you may find yourself making adjustments on a case-by-case basis. For example, some individuals are more natural and comfortable if you drop your recording devices and notebooks. Others do not show such inhibitions and with them you can proceed with your technological devices. But in former circumstances you have to extremely rely on your observation and memorization skills. Immediately after carrying out the activity, you can note down the important pointers about their communicative behaviour, verbal responses and non-verbal cues.

For later use, you can also note down your experiences while conducting this activity. It may include information like how much time did it take to conduct the activity; how convenient it was to fix up an appointment with the participants; how did they react; did this activity help you learn a better way to ask questions on a certain topic, and so on. All of this information would later help you to write your report.

### **Some Useful Tips for Conducting this Practicum**

- Start the conversation by chatting casually with the person you are interviewing. It is a good idea to establish rapport with your participants.

A few people may feel offended if you are anxiously busy in referring to your interview schedule or setting up your electronic devices. Switch off your mobile phones, prepare well in advance and pay attention to what they are saying. Give them the opportunity to talk more and you can show your interest by nodding to their answers. Provide them enough time to reflect and think of situations.

- You are undergoing this course to become a counsellor/family therapist, you have not become one!!! Thus avoid giving advices to them and jumping to conclusions. Do not give shocked or surprised looks at their responses. Their answers may in fact surprise you, but don't show it on your face. You are also expected to not become too 'friendly' or emotionally involved with the participants. It may interfere with your analyzing the situation objectively. Develop sensitivity to understand both verbal and non-verbal cues while interviewing.
- If you intend to record the conversations, test the equipments well in advance. Label the tapes or notes with the participant's name, date and place and finally try to make the interview a good experience for both you and the interviewee. Be prepared before you go. Know how to use your equipment and know what questions you want to ask. Be considerate. Always watch to see how the interviewee is doing. Are they tired? Do they need to take a break? Do not force people to talk about things they do not want to discuss.
- After the interview, don't forget to note down all your observations made during the conduct of this activity. It may include information on some special experience like moments when you felt surprised, there were some unexpected responses, or you couldn't handle the activity as you had expected to.
- Once you have conducted the interview, the next step is to translate and transcribe the huge information you have collected on paper. If you have recorded the interviews, the further step is to translate and/ or transcribe these tapes. The first task is to transcribe your data. Transcribing involves writing out the recorded interview on paper. Transcribed data would be easier to refer to than the tapes.
  - At the top of your paper write the practical title; the tape number; side of the tape you are working on (A or B); the name of the interviewee; the interviewer; the date of the interview; where it was done. Number each page you write.
  - Write down every word that is spoken. Even if people repeat themselves, write it down again. For instance, if someone laughs, put that in brackets (laughs). If the person stops talking for a minute, then put the word "pause" in brackets (pauses). Writing this information down helps in understanding what the interviewee was saying. The interviewee might say something as a joke and laugh when they tell it. If you do not write that down, then the reader may not know that what was said was supposed to be funny. Writing down pauses in the conversation helps readers understand why sentences that come one after another might not relate to each other.
  - If you do not understand a word that was said, put round brackets and a question mark where the word is (?).



- If you want to make a comment on the transcript, put it in square brackets [ ]. Sometimes comments are added to transcripts to help those reading them understand what the interviewee has said.

You might have conducted the activity in your mother tongue or in Hindi, but as per the requirement of this course, the assignment needs to be submitted in English language. Thus the second task is to translate your data from one language to another, that is, the information you have collected in whichever language to English.

- Identify the emerging common themes from the data and put them into categories. Your interpretation should take the reader from first order explanation (i.e., straight from the participant) to second order (i.e., your explanation as a researcher). Therefore, try to explicate each category in detail. Additionally, your interpretation could be brought back to literature. You can refer to theoretical units for better interpretation of your findings. Bringing it back to literature helps with verification and report writing which is what is described next.

## Report Writing

You may start writing your report by situating the relevance of this activity with your understanding of the theoretical concepts. It includes information on why and how you carried out this activity. It should be a brief orientation. The details on the same may follow later. It should not be more than two pages in length.

### *Method*

This section should focus on all the methodological considerations you kept in mind before, and in the course of conducting the activity. It includes information on description of your setting, how did you identify your participants, how did you seek their informed consent, method of collecting information including the tool of data collection, and a brief plan of how you intend to analyze your data.

### *Findings/Results and Discussion*

The next step is to share your findings and learning from this assignment. Both verbal and non-verbal means of communication need to be focused upon. In this section, you would need to articulate the information obtained, as well as explain, interpret and discuss it in the light of theoretical units you have studied. Further, you need to remember that in our country, most of the things we say are context specific, not context-free. Thus, you need to be sensitive and analytical in your approach, as you interpret and discuss the participants' responses. You would find it useful to discuss your findings with your Academic Counsellor/Supervisor. Doing so would provide new insights that would enrich your analysis and discussion of your results. Please ensure that you enclose in the File, the transcript of each interview, as well as the audio tape, if used, or the written sheets (on which you noted the answers of the respondent during the interview). This enclosure, for each practicum so important for evaluation.

### *Conclusions*

You make final remarks in the conclusion. This is where you would repeat, very simply, what your findings were. Did you reach your goals? Did you

learn anything about doing this assignment that might be helpful to others? In this Section, you may also cover aspects such as these.

Writing a report is not always an easy thing to do. It sure feels good when it is finished! It feels great when you have something to give to people to show them what you have done.

### *Reflections*

Reflection on how your activity went and what you learnt from it has also to be included at the end of the report.

### ***Report of your practical should include the following:-***

Title  
Aim  
Objectives  
Method  
Results and Discussion  
Conclusions  
Reflections

#### **Important Guidelines for Working with Individuals and Families in Different Settings**

- Identify the family/individual for each practical carefully, as per the instructions given for each practical.
- Inform the Counsellor about the selected individual/family. Take the Counsellor's advice on the interview schedule or questionnaire you have prepared for that specific practical.
- Seek the consent from the family/participant before conducting the practicum activity. For each practical, separate consent needs to be taken. The consent form is enclosed at the end of this Manual.
- The time schedule for conducting the practicum activity should be planned according to the convenience of the family or the individual with whom the practical activity is to be carried out.
- Be punctual for your appointment; and if there is any change in time or day, inform the concerned family or individual.
- Try to fix the time and day, when other significant members of the family are also present, so that you can get information from other members in addition to your respondent.
- Before conducting any practicum, you should have thorough knowledge of its theoretical component and complete understanding of the procedure of performing the practicum activity.
- Before starting any practical, spend some time with the respondent(s) to establish rapport and create an environment comfortable for conversation or activity; this is generally termed as rapport building.

- Respect the views of respondents and do not interrupt or show your own attitude, opinion or prejudice regarding what they are saying or doing. The process should not be biased by your view points. Keep the information confidential, and share it only with your Academic Counsellor/Supervisor. Do not discuss it with any other person including your friend, spouse, parents and other family members.
- In case the family or the individual does not cooperate with you, or you feel that you are not getting the desired information, try to improve the rapport building and make your questions clearer. If it does not work, stop the activity politely and take their leave. And, report this in your file. Also, find another respondent to carry out your practical.

### Important Points for Writing a Report

- *Basic Information*

Please mention all relevant details of your student status (enrolment number, study centre etc.) clearly on each Practicum Report, as well as on the cover of the Supervised Practicum File. The File should be presentable and legibly written. Attach all other materials in the File (audio tapes, CDs, sheets of paper on which you had taken notes during the interview etc.) and list each one of them as ‘*enclosures*’ in the File along with the number of such items.

- *Content*

In the report of each practical, you need to give information about the respondents and the activity conducted. As you would realise, others (especially your evaluators!) would not have access to this information unless you provide the same in the report of the Practicum! So do remember to provide all relevant information. At the same time, be true to yourself as you are learning important concepts from the practicum activity. Do not falsify the report or modify the record of the practicum activity to make it look ‘good’. Don’t worry if everything about the individual, dyad or family does not fit a given, stereotypical norm of a family or a relationship. The idea here is to move away from being judgemental and learn to create a view that is unbiased, encompassing and sensitive to plurality. Your evaluations are going to be based on an objective and unbiased treatment of the same in analysis. Please use the concepts you have learnt in the various theory Courses in order to meet this end.

The content of your file will also be evaluated on how comprehensively and objectively you have dealt with the issues at hand. Your personal beliefs and preconceived notions should not hinder the understanding of the content.

- *Presentation*

Your report for each practical should be comprehensive and analytical. Be organised and help the evaluator know that you have understood the concepts. Use pseudonyms rather than the actual names for the subjects and family members. But rest of the information should be truthful.

- *Length*

Give all relevant details of a situation or a person. Be careful not to beat about the bush! The richness of content and organisation of your report carry more weight than how many pages it consists of or how long it is!

### **Supervised Practicum File**

The Supervised Practicum File will be prepared by compiling the written records of all the 6 practicals. You have to submit the complete Practicum File, duly evaluated by your Practicum Supervisor, at your Programme Study Centre/Study Centre, before the mentioned due date. The File would contain sheets on which you have written the report of each practical, duly evaluated by the Academic Counsellor, and the filled-in evaluation sheet given at 'Annexure A' at the end of this Manual.

The Counsellor will record the marks that you have obtained for the Practicum at the end of each practical in your Supervised Practicum File, and in Section 1 of the mark sheet provided at the end of this Manual at Annexure A. Sections 2 & 3 of Annexure A have to be left blank, as these are to be filled-in by the External Evaluator.

This Annexure A, with duly filled-in Section 1 and blank Sections 2 & 3, must be included in the Supervised Practicum File that you submit.

In addition, the Counsellor will certify the Form given at Annexure B at the end of this Supervised Practicum Manual, which declares that every practical was conducted by you, as stipulated, under her or his supervision. You must also include this duly filled-in Annexure B in the File you submit.

### **Evaluation of Supervised Practicum File**

The evaluation of Supervised Practicum is done at two levels. These are:

- Evaluation Level 1: Internal Evaluation
- Evaluation Level 2: External Evaluation

#### ***Evaluation Level 1: At the Programme Study Centre / Study Centre by the Academic Counsellor/Supervisor***

Every practical will be evaluated by the Academic Counsellor/Supervisor with whom you have been attached by the Programme Study Centre/Study Centre for the Supervised Practicum component of this Course. For the purpose of evaluation, for each practical, the Academic Counsellor will judge your performance during interactive sessions and evaluate the written records which have been submitted by you in the Supervised Practicum File. This is called *Internal Evaluation*.

The marking scheme is as follows:

#### ***For Practicals 1 to 6***

Maximum marks (MM) for each practical = 100

*Break-up*

MM for the interactive session for each practical = 20

MM for the written record of each practical for the Practical File = 80

*Hence, total MM for the internal evaluation component of the Supervised Practicum (all 6 practicals) is 600.*

***Evaluation Level 2: External Evaluation (Evaluation of Practicum File at IGNOU Headquarters)***

An expert from the panel, nominated by IGNOU, will evaluate the Supervised Practicum File. This is called *External Evaluation*. The External Evaluator will record the marks in Sections 2 and 3 of Annexure A of this Supervised Practicum Manual, that you would have enclosed in the File.

External evaluation will therefore be done on the basis of the Supervised Practicum File submitted by the learner.

*The External Evaluator shall evaluate each of Practicals 1 to 6 out of 100 marks each. Thus, the total marks for the external evaluation component shall be 600.*

**Weightage of Two Levels of Evaluation**

The two levels of evaluation carry equal weightage towards final marks:

- The marks given by the Supervisor at Level 1, known as '*Internal Assessment*', will be calculated as 50% weightage; and
- The marks given by the Expert at Level 2, known as '*External Assessment*', will also be calculated as 50% weightage.

You have to secure 40% as pass marks in both the assessments, internal as well as external. If you are not able to secure 40% marks in either assessment, you have to repeat the complete Supervised Practicum MCFTL-007. It means you have to re-do all the Practicum activities, make a new Practicum File and submit it.

**Note:** *The panel of experts nominated by IGNOU, who are going to evaluate your Practicum File at Level 2, have the right to moderate the Internal Assessment marks awarded through the Programme Study Centre/ Study Centre in any component of the Practicum.*

**Submission of Supervised Practicum File**

The complete Practicum File may be sent to the following address:

Student Evaluation Division

Indira Gandhi National Open University

Maidan Garhi, New Delhi – 110068

**Note:** *Before mailing the Practicum File, you must keep a photocopy of the File with yourself, so that in case of loss in transit or misplacement, you would be able to submit the copy of that file.*

### **Maximum Duration of the Practicum**

For this 2 credit Course comprising Supervised Practicum, you have to spend 15 sessions of which 1 hour is with your Counsellor or Supervisor and 3 hours are to be devoted to the field work. The maximum time you can take to complete the practicum is four months from the date of commencement of the Supervised Practicum for this Course.

### **Date for Submission of the Supervised Practicum File**

- If you wish the marks of the Supervised Practicum to be included in the June term-end examination marksheet, then your Supervised Practicum File must reach SED, IGNOU, Maidan Garhi, New Delhi latest by 30th April. The File should be duly verified and evaluated by your Supervisor before submission for external evaluation.
- In case the File is submitted after 30th April, and before 31st October, marks would be included in December term-end examination marksheet.

Thus, if your Supervised Practicum File reaches IGNOU between 1st November and 30th April it will be accounted for in the marksheet for the June examination, and if the Supervised Practicum File reaches IGNOU between 1st May and 31st October it will be accounted for in the marksheet for the December examination.

- In the first year of your registration, the first time you can appear in the term-end examination is in June. Subsequently you can appear for both June & December term-end examination.
- The file submitted will not be returned to you.
- Do remember to keep a photocopy of the File.

### **Checklist of Enclosures:**

When submitting your Supervised Practicum File, please ensure that you have included the following:

- 1) The cover page should clearly state the title “Supervised Practicum File for the Course MCFTL-007”. Your name and enrolment number must also be mentioned on the cover page.
- 2) The first page or the face sheet must also have your name; enrolment number; full address; name, designation and address of your Supervisor; as well as name and address of your PSC/SC. The format for the face sheet of the Practicum File is given on the next page.
- 3) Written record of the 6 Practicals and corresponding enclosures like audio tape, CDs and other materials used.

You must enclose the written record/transcript of each interview as it took place. Also enclose the audio tape/CD if used or the sheets on which you noted the answers of the respondents during the interview.

- 4) Annexure A (Sections 1, 2 & 3) and Annexure B.

SUPERVISED PRACTICUM FILE

M.Sc. (CFT) — Second Year

MCFTL-007

Name of the Student :

Enrolment No. :

Address :

Phone No. :

Study Centre/  
Programme Study Centre :

Regional Centre :

Name & Address of  
Supervised Practicum  
Supervisor :

Phone No./Mobile No./  
e-mail address of Supervisor :

Signature of the Student

Date :





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## ORIENTATIONAL UNIT : UNDERSTANDING CASE VIGNETTES

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This is an Orientational Practical. This is for your understanding and not to be evaluated. In this practical, some case vignettes have been solved using various counselling/family therapy approaches/techniques/methods. With this Unit, we hope to develop in you deeper understanding of applications of counselling and family therapy. Given below are a few hypothetical case records. Each case summary of a client is followed by formulation of the same case from three different approaches. Read it carefully and answer the questions posed. The questions are followed by their answers.

### Case Vignette 1

A 30 year old male, educated up to high school, currently working as a clerk in a firm and pursuing higher studies at the same time, divorced about 4 years ago without children, from an urban background. He described his parents as very strict and 'rule bound', mother as very dominant and father as very meek. There were frequent fights at home between his parents in front of the children. The client was the youngest of four children and recounts that his mother always used to scold him and physically abuse him in front of his brothers and sisters. He described himself as a loner, anxious and unable to make friends even if he wanted to. Currently he has come to the therapist with the problem of excessive use of alcohol, inability to hold a job because of his drinking problem. The initial interview also revealed sadness of mood, crying spells and suicidal ideation.

#### *Approach: Psychodynamic Approaches*

The focus in this approach would be on the unconscious dynamics of his behaviour. Importance is given to the material he has repressed like his anxiety related to the threatened breakthrough of his sexual and aggressive impulses. He had to control these impulses very rigidly, when he did not, he was punished. He developed a very strong superego by introjecting parental values and making them his own. They were unrealistic and perfectionist. He felt that he could be loved only if he became perfect. Since he couldn't be perfect, he felt inadequate and unloved. The anger and subsequent guilt that he felt was internalized which became depression. He also demonstrates a self destructive tendency which is a way of punishing oneself – turning the anger that he had towards parents and siblings towards himself and indulging in maladaptive patterns of behaviour which are harmful.

- Q1. What are the characteristics to be kept in mind when considering a client for psychodynamic therapy?
- Q2. What would some of the goals with this client be?
- Q3. At what developmental stage would he be fixated considering his drinking problem?
- Q4. Comment about the client's sex role identification.
- Q5. Mention some of the techniques used in psychoanalytically oriented therapies.

- A1. Available research indicates that a client who best responds to psychodynamic therapy would be a person who is intelligent, with good ego strength, strong motivation for therapy, past successes and achievements, presence of at least one intimate relationship, ability to feel and express emotions, capacity for reflection and a desire for self understanding.
- A2. The techniques here would be geared towards increasing awareness, fostering insights into the client's behaviour and understanding what the symptoms mean; in other words, making the unconscious conscious so that his behaviour is no longer guided by the unconscious forces. This intellectual and emotional understanding is expected to lead to a personality change.
- A3. The client's drinking behaviour suggests that he is fixated in the oral stage. This could be result of deprivation of love and affection during infancy. This could also explain his difficulty in maintaining intimate relationships in his adult life.
- A4. His sex role identification is loaded with difficulties. His first exposure to male-female relationships would be from his parents' relationship which was filled with fighting and arguing where his mother always won and his father was always the weak person. It could be understood that he identified with his weak father and his attitude towards women would be negative and generalized from his attitude towards his mother.
- A5. Free association, interpretation, dream analysis, analysis and interpretations of resistance and transference.

***Approach: Cognitive-Behavioural Approaches***

The focus of cognitive behaviour therapy would be to minimize the self defeating attitudes and helping him acquire a more realistic outlook on life.

The client developed maladaptive schemas in his growing up years as a consequence of the insecure relationship with his mother and frequent fights at home ("I am not acceptable", "I am powerless and vulnerable"). His poor social skills along with poor coping abilities further increase the strength of these beliefs. This constant feeling of insecurity would lead to feelings of inferiority and inadequacy which is very anxiety provoking. His powerless position does not give him the freedom to express his feelings easily, leading to frustration and faulty coping mechanisms like drinking excessively.

- Q1. List the steps involved in helping the client modify his dysfunctional thoughts.
  - Q2. Name some of the common cognitive distortions.
  - Q3. List some of the strategies that the client can use to deal with the dysfunctional thoughts.
  - Q4. Mention clinical disorders wherein cognitive behaviour therapy has been effectively applied.
  - Q5. What is guided discovery?
- A1. The first step would be to educate the client regarding the rationale for the treatment; encouraging the client to observe and monitor his thoughts during the course of the day; using specific techniques to identify and

challenge the core beliefs which are maladaptive; helping the client examine the assumptions he has about himself through reality testing and discussing basic skills with him that help him cope better rather than slip back to earlier patterns of behaviour.

- A2. Catastrophizing, overgeneralization, personalization, emotional reasoning, mental filter, 'should and must' statements.
- A3. Maintaining a thought diary to identify the maladaptive thought patterns and later use alternate thoughts; thought diary, coping cards, imagery, relaxation and graded exposure.
- A4. CBT has been extensively used in disorders like depression, generalized anxiety disorder, panic, specific phobias, social phobia, Obsessive-Compulsive Disorder.
- A5. Guided discovery refers to the process of questioning in cognitive therapy where the therapist aids the client in evaluating their automatic negative thoughts and beliefs, identifying distortions in their thinking and developing more adaptive and objective viewpoints. This guides the client to question their assumptions, seek alternative explanations, examine the utility of their thinking and plan a course of action.

**Approach: Humanistic Approaches**

The therapist relies on the subjective report of the client rather than on a formal diagnosis and assessment. The focus is to understand the client from his internal frame of reference. The client has enough understanding about his behaviour and is motivated to change. The therapist therefore has the belief that the client himself will find his own way and trusts that he has within himself the resources for personal growth. He has a low evaluation of his self worth and finds it difficult to believe that others really like him. He wants to feel equal to others and not have to apologize for his existence, yet most of the times he is keenly aware that he feels inferior.

- Q1. What are the necessary and sufficient conditions for personality change to occur according to Carl Rogers?
- Q2. What are the goals of Person Centered Therapy?
- Q3. What did Rogers mean by Actualizing Tendency?
- Q4. Describe the role of the therapist in this approach.
- Q5. Briefly describe how person centered therapy would help this client.
- A1. Two people are in contact; the first person (client) is in a state of incongruence, being vulnerable or anxious; the second person (therapist) is congruent in the relationship; the therapist has unconditional positive regard for the client; the therapist experiences an empathic understanding of the client's internal frame of reference and the client experiences at least to a minimal degree the unconditional positive regard and empathic understanding of the therapist.
- A2. This approach aims not only to solve problems but also to assist the client in their growth process, so that they can better cope with their problems than they are at the moment. The therapist does not choose the goals for the client. The clients, in a relationship with a facilitating therapist, have the capacity to define their own goals.

- A3. The drive within every person to accept important experiences into the self structure and thereby into awareness is the actualizing tendency. (Self structure refers to the beliefs and values relating to the self and the world.)
- A4. The therapist's attitude rather than the specific techniques facilitate personality change. The main function of the therapist is to establish a therapeutic climate through congruence, unconditional positive regard and empathic understanding that helps the client grow. Instead of viewing the client with preconceived diagnostic categories, the therapist views the client on a moment-to-moment experience which helps the client loosen his/her defenses and rigid perceptions and move to a higher level of functioning.
- A5. The therapist encourages the client to talk freely about the discrepancy between the person he wants to be and the person he is being and about his fears, apprehensions, inadequacies, etc. The idea is to create an atmosphere of freedom and security that will encourage the client to explore his own feelings. The therapist conveys the basic attitude of understanding and acceptance and positive regard which could help the client drop his pretences and explore his own self freely. He gets an opportunity to address the issues of anger, guilt, hurt, loneliness, etc. In relating to these feelings, he is no longer alone, since he has allowed the therapist into his world. Through this relationship he will get a sharper understanding of his own experiences, feelings and attitudes. The relationship would help him free himself from his self defeating ways and increase his faith in himself and confidence in his own abilities to resolve difficulties. The therapy will be successful if he begins to see himself in a positive light and be more sensitive to his own needs rather than confirmation from others around him.

## Case Vignette 2

### *Approach: Systemic Family Therapy*

Read the following case transcript and answer the questions given below.

Rajeev (R) and Asha (A) a married couple in their early thirties, were experiencing significant tension in their marriage since the past three years, and had come to the therapist (T).

(T): Please tell me a little about yourselves and the reason you came in for a consultation today.

(A): Well, we have been fighting a lot since the last few years. We have known each other since college and we were close but have never argued so much. We got married 3½ years ago and since then, have always had difficulties making joint decisions. I am not sure about whether I will make the right choice and frequently ask him for his opinion and decision and he resents that. I thought most spouses would like that!

(R): It isn't so simple. Now, I am the one who has to make all the decisions, even these really minor ones – and then I am blamed if things go wrong as well. I don't like her being so dependent on me. I know she's an independent woman – I liked that in her and I don't like this. I am sure she can manage.

- (A): Obviously, I could... I don't really have a problem *making* these decisions – in fact for some daily issues, I used to be the one who would make the decisions for my parents earlier. I can do it and would like too - I don't really like that I been called 'dependent'. I just don't want blame for what I decide...We have just started married life. I rather avoid complications - let him decide things out.
- (R): But I didn't marry you to dictate to you and I thought that's what we earlier decided about our marriage. We are not very traditional in mindset and we liked that. But nowadays, every decision becomes an impending argument. I'm tired!
- (T): It seems like you both are good decision makers though both of you also don't want to be the sole decision makers. It also seems like you can learn from each other but no one wants to make the rule about decision making. So, from today, I want you to do this: You are both going to practice 'leading and following'. On odd days of the month, Rajeev is going to be in charge of making all the decisions for both of you and Asha, you are going to graciously follow them, provided his decisions aren't too dangerous. On the even days, Asha makes the decisions and Rajeev follows. Is this okay?
- (R): Sure, let's try it. We have got nothing to lose.

The couple responded well to the assignment: Rajeev liked following his wife's decisions and Asha became more confident in her decision-making abilities. The ritual reduced a major control-related issue in their marriage.

*(Need to highlight that this might be just one technique being used – else sounds too simplistic.)*

*Structured Questions:*

- Q1: Describe the couple's decision making style.
- Q2: From a systemic perspective, how could their difficulties in decision making possibly cause this couple to stagnant in their overall marital progress?
- Q3: Which broad of family dynamics does the couple's difficulty in decision making represent? What could these difficulties imply for their future marital success?
- Q4: Comment on the usefulness of the simple ritual prescribed by the therapist.
- Q5: Highlight another method of family therapy that the therapist could have used to demonstrate effective decision making.

*Answers:*

- A1: The couple had difficulties in power and control. This was evident in their decision making styles. The wife was passive in decision making and resentful about the husband's decisions, due to her fears of his criticism if she made the 'wrong decision'. The husband resented always having to make the decision, with the pressure of feeling responsible if something did not work out.
- A2: The couple's style of decision making caused them to stagnant. The husband became tired of making decisions. The wife became more resentful. But due to fear on both parts and no one wanting to take the

decision about their decision making process, the couple feared taking decisions. A decision or the thoughts about decisions caused arguments and tensions, and did not enable the couple to move forward in their marital life. Hence, they were stuck in their own system.

- A3: Decision making falls within the realm of power and control. This implies that this couple is unhappy with regard to the distribution of power and control within their marriage. The spouses do not want to be authoritarian but more egalitarian in their decision making and are becoming frustrated at their inability to reach that state. As power and control is an important area of marital life, their overall level of marital distress can also be imminent.
- A4: The therapist's simple ritual reduced the control issue in their relationship, by creating more confidence in decision-making and more enthusiasm in decision-following. As the ritual decision was made by the therapist, this also resolved the issue of which spouse was in charge of making the rules about decision making. The ritual created an effective level of trust, control and independence in their marriage.
- A5: The therapist could have used a solution focused angle with the couple and asked them to rate their present situation. Simple steps could be devised to help them improve their decision-making processes, based on the couple's realities. For example: the wife could have made a decision for the couple that was similar in nature to a decision she had earlier made for her parents on daily expenses. The husband could have showed ways to appreciate her decisions. In this way, the couple could have become more comfortable and confident in their decision making processes.

### Case Vignette 3

#### *Approach: Solution Focused and Strategic Family Therapy*

Read the following case transcript and answer the questions given below.

Bharat (aged 40) and Vidya (aged 38) sought consultation for their son's (Rahul) erratic and disruptive behaviour. Rahul (aged 19) had been suspended for disrupting the class at college and is becoming increasingly uncooperative and argumentative at home.

- (B): Rahul is uncontrollable at home, it's becoming scary. None of us can predict what he will do next. As soon as he doesn't get his way on something, he loses his temper. It's obvious that he is not happy about his 12<sup>th</sup> standard marks and that he had to do this course in college but he has no right to turn our house upside down every night – it's like a war zone!
- (V): What hurts me most is that he doesn't seem to care about the effect he's having on any of us, including our 13-year-old daughter. He used to be so caring. That's why we had to do something and came for counselling. We would have never done that earlier – imagine our desperation! Every day is an argument trying to make him understand and it goes nowhere.
- (T): Desperate, yes...but I also get the sense that you are determined. You are determined enough to try counselling and improve the situation with

Rahul. I can see that you are tired and fed up with what's been happening. However, I wonder what you could all do to help conserve the energy you got left, so it doesn't get wasted on any more conflict.

What specific changes do you want to see in Rahul?

- (B): The first thing I want to see is Rahul showing some respect for his family. He'll need a 180-degree attitude turn.
- (V): Exactly, there is absolutely no respect now.
- (T): Okay. 'Respect' is an important but difficult word to define. It means different things to different families. Let me ask both of you this question. Suppose starting today, Rahul starts to act in a more respectful way to you, how would you become aware of that? In what part of everyday life would each of you first notice the change?
- (B): For me, it would be when I came home from work. I can tell the tension or calmness the minute I enter in.
- (T): So what would be different?
- (B): I would not have my daughter crying and telling me that Rahul fought with her. There would not be any problems reported by Vidya. Rahul would have dinner with us and participate in our conversations.
- (T): Great. What about you, Vidya?
- (V): Since he is not going to college now, he wakes up late...so probably Rahul coming down in the afternoon and saying 'Hi' when he sees me and responding to me when I ask him about his plans for the day.

*Structured Questions:*

- Q1: Describe the difficulties Bharat and Vidya have in parenting Rahul.
- Q2: Highlight two specific solution focused aspects of therapy used in this session.
- Q3: If you were present as an observer in this session, depict the emotions that Bharat and Vidya may have experienced as the session progressed.
- Q4: Highlight another specific solution-focused technique that could have been used to help Bharat and Vidya reflect on the way positive change in Rahul could be expressed in the family.
- Q5: How would a strategic family therapist have dealt with this couple?

*Answers:*

- A1: Bharat and Vidya have found it difficult to handle Rahul's disruptive behaviour. He is described as uncooperative and short-tempered at home and they find that their efforts to control him are of no avail. They seek counselling as a last resort and want him to understand how he is hurting them and changed from the 'caring son' he used to be.
- A2: In this session, the therapist used 'channeling' to divert the energy of Rajeev's anger and desperation into determination to preserve and find new ways of interaction. The therapist also used 'specification' to clarify the vague notion of 'respect' into specific behaviours in a specific context.
- A3: The parents seemed frustrated and desperate at the initial part of the session and seemed to believe that nothing will change. Their statements were also characteristic descriptions of their current situation. Towards

the end of this session, the couple seemed more hopeful and their conversations consisted of more action-oriented statements.

- A4: The miracle question with the videotaped questioning method could have been used. The therapist could have indicated that a miracle had happened in the night and asked the couple to state what an external observer would hear or see the following day if he walked around video-taping the interactions of the family members. Think of including what this miracle question would hope to accomplish.
- A5: A strategic family therapist may have used paradoxes with caution to illustrate behavioural change. He could have asked the parents to agree with Rahul's disruptive behaviours rather than getting upset and coaxing him. This would or could result in Rahul becoming perplexed about the familial reaction to his behaviours and eventually result in the decline of his uncooperative and disruptive behaviours.

### Case Vignette 4

#### *Approach: Structural Family Therapy*

Read the following case transcript and answer the questions given below.

Piyush and Ruchi came to a structural family therapist as their 20-year old son Sameer had been using alcohol since the last one year.

- T: Good Morning. Can you please be seated and we will start.  
(Therapist notices that Sameer sits between his parents but is closer to his father and at a slight distance from Ruchi.)
- T: I understand that you have been concerned about Sameer's drinking. Piyush and Ruchi, could you tell me a little about that.
- R: Well, I caught him with his friends stealing money the other day and asked him why and he told me it was to buy alcohol. I was so shocked and slapped Sameer, telling him not to steal ever again. His father seems to think its okay to do all that.
- P: I never said it was okay but she was yelling and screaming. I don't think that's the way to handle it. He should be responsible and grow up. But you know – we all have different stages where we experiment. I spoke to him and he seems to be doing just that. I smoked a couple of times when I was younger but then I stopped and I am very successful now. So Sameer (looking at him), you just need to stop too.
- S: Everyone drinks at college and I didn't have enough money so I took some. I didn't take that much. Mum doesn't give me enough pocket money so I took...my friends get enough from their parents. And then, mum got really upset and told my friends that they should look after me and 'not indulge in all this' – whatever that means! I am not a kid, I'm 20 years old!
- R: See, this is exactly what happens at home. He goes on like this and his father says nothing except 'it is all okay, it just happens'. He's my son and he should not be acting like this. What would my brothers say if they knew Sameer is into all these bad habits!
- P: It's always about what others would think! Sameer will learn and grow up. We should stop worrying about everyone. Sameer is not addicted to anything – You are making it sound like that.



S: Here we go again! I'm waiting outside (walks outside and closes the door).

T: I can see that you are both worried about Sameer but your differences in dealing with his behaviours are not helping. Maybe you could turn your chairs now to face each other and I want both of you to have a general discussion with each other on how you can both be overall effective parents to Sameer.

Piyush and Ruchi turned their chairs and started discussing ways to improve parenting Sameer.

*Structured Questions:*

Q1: Explain what seating arrangements represent to a structural family therapist. What does the seating arrangement in this case imply?

Q2: What is this family's presenting problem?

Q3: Name the structural family therapy technique that the therapist used by allowing the family members to continue talking about their reason for consultation.

Q4: How did the therapist achieve reframing at the end of the session?

Q5: Why do you think a face-to-face discussion on overall parenting may help this couple?

*Answers:*

A1: Seating arrangements represent family structure in terms of boundaries, alliances and coalitions. In this case, the seating arrangement indicated that there was a cross-generational coalition between Piyush and Sameer, and Ruchi was excluded from this subsystem. The marital bond appeared weak and the parents did not have a strong alliance with each other.

A2: The family's presenting problem is Sameer's drinking. This family has difficulties in parenting, associated with inconsistent disciplining and low parental communication. Decision-making and some other related aspects also need to be discussed.

A3: By allowing the family members, the therapist was using the technique of 'enactment' to observe the transactional patterns. Observation of these patterns helps the therapist understand typically how these family members mutually regulate their behaviours and deal with the problem behaviour.

A4: The therapist achieved reframing by shifting the focus from Sameer's issue with drinking and stealing money to the couple's need to create consistent and joint parenting.

A5: A face-to-face parental discussion helps the couple to demarcate their joint parental roles and create an alliance between them. It then becomes a new pattern and can replace the cross-generational alliance.

## **Case Vignette 5**

### ***Approach: Integrated Eclectic Approach***

Read the following case transcript and answer the questions given below.

Sunil, Divya, and Sunil's 55-year old mother Lakshmi came for a session to resolve the frequent arguments and tension at home.

- S: Thanks for meeting us. I wanted to speak to someone objective as every other day there is some argument or the other between my wife and my mother. I don't know what to do.
- T: Could you all tell me a little more about this.
- S: My mother and father were against my marriage to Divya as this was a love marriage and we came from different communities. I had insisted on staying in a joint family though to look after my parents and I can't see why they can't resolve their difference after so many years of marriage – We have been married for 10 years now and have a 7 year old son but they are always bickering about each other.
- D: I have tried to adjust as much as I can but everything I do is wrong for my mother-in-law. She criticizes my every move. We have sat and discussed this also but it goes nowhere. There is so much difference in how my son is treated as compared to Sunil's sister's son. She doesn't move to help or play with my son but literally brought up her other grandchild.
- L: (Pause) It isn't that. My daughter's son is now 15 years old. I had more strength to bring him up then, Now, I have diabetes and I am tired. She had the child, they had the marriage – all without listening to me or asking for blessings and now I have to look after everyone. Why should I?
- T: I can understand that there is resentment and sadness at how the events have progressed. Divya, I think you are experiencing anger and sadness at not being accepted into the family. Mrs. Lakshmi, I can hear your frustration that you were not consulted and you possibly feel left out so it doesn't make sense to intervene now. Sunil, I can understand that you would like more peace at home. Would you all agree with this?
- S: (Looking at the others) Yes, I think we do.
- T: I can understand there have been distressing events in the past but can we start afresh now? I would like each of you to tell me what you feel you could do and would like to see happen that can create a closer family unit.
- S: I think we can all spend more time with each other. Right now because of all this, I either spend time separately with my wife or my mother. I think we can start looking at things that we can all do together.
- D: Maybe I can avoid looking at the comparisons that have happened and move on. But then I would like my mother-in-law also to understand that.

*Structured Questions:*

- Q1: Describe the family problem in this case as per your understanding of the family dynamics.
- Q2: Explain how the therapist showed concern to each family member.
- Q3: What goals would you have set for the session with this family?
- Q4: Name a family therapy technique that could be used to assist this family.

Q5: If you were to continue to see this family, what kind of format of sessions would you use? (Individual/conjoint/group)

*Answers:*

- A1: This family consists of two systems – the marital subsystem and the joint family system. There is low cohesion in the larger system with difficulties in communication and roles. Reinforcement is also low.
- A2: The therapist paraphrased and reflected about each family member's feelings after they had expressed their thoughts individually. By doing so, he allowed all of them to effectively hear each other.
- A3: Goals that can be set with this family could include creating effective communication between the subsystems and ensuring a more cohesive larger system through joint activities and reinforcement of positive feelings.
- A4: The family could have been given a systemic ritual or the miracle question from the solution focused therapy format could be used. This could facilitate the family's progress towards well-defined familial goals.
- A5: Conjoint sessions could be used with the couple to strengthen their marital bond and joint sessions with the larger system. An individual session could also be held with Lakshmi to ensure adequate ventilation and cooperativeness in the joint sessions.

## **Case Vignette 6**

### ***Focus: Professional Approach and Ethical Issues***

Imagine a couple has come to you with marital difficulties. They have been married for 10 years and don't seem to agree on most things, including how to raise their 5 year-old daughter. They also spend most time outside the house, leaving the maid to take care of the daughter. A spousal argument frequently turns into one spouse storming out of the house and returning only post a few days. They have been advised to come for the session by the husband's eldest brother, who lives next door and has accompanied the couple for your session.

- Q1. What common ethical dilemmas could you face in a conjoint session with them?
- Q2. Name a particular ethical situation, which may require a decision about whether confidentiality should to be broken, that may occur during the course of this session.
- Q3. List 2-3 steps that you would use to deal with this situation.

*Answers:*

- A1 : Common ethical dilemmas faced could be as follows: Staying neutral and listening to both spouses equally/ Balancing the needs and interests of both spouses and their reasons for coming for the session/ Checking about the child's welfare and whether she is hurt in any of the violent couple arguments/ Assigning a responsible family member to address the child's welfare/ Appreciating the husband's brother's concern but still keeping the onus of responsibility and change with the couple and spending the majority session with them.
- A2 : If the couple mentions the presence of domestic abuse during these arguments or the child is not cared for appropriately and is neglected,

there may be a need to break confidentiality. Enlist the help of an experienced marital therapist first and discuss possible therapy options.

A3 : You can speak to an experienced marital therapist about possible therapeutic techniques and the need to break confidentiality. You could ask the neighbour or another relative to monitor the welfare of the child and let you know if abuse escalates and advise the relative to help the couple come for a session at the earliest in that eventuality. You also may need to involve other community resources such as neighbours, school and/or the police.

### **Case Vignette 7**

#### ***Focus: Referral and Intake***

Read the following case transcript and answer the questions given below.

T : Good morning Reena. Please tell me a little about yourself and the reason for coming in for a session today.

R : I have not been able to sleep properly since the last 2 months. Something or the other is constantly worrying me and I can't go to sleep and am hardly refreshed in the morning. Then, I find it difficult to concentrate on work as well. My doctor advised me to consult a counsellor so I called you.

T : I can understand that must be distressing for you and let's try to see how we can reduce that. You had mentioned that something is worrying you. Could you tell me a little about that?

R : At work, there is a person I liked and we got really close. I knew him as a colleague and now, we decided to get married. He is from my community but another caste so my parents were not very happy about him. I got married six months ago and things were fine initially. But now he's changed so much. He's so particular about what I say and how I dress. I don't dress outrageously or anything but he shouts about these small things. He says that I should act appropriately and be very traditional. My parents are traditional too but my father always encouraged me to study and say what we feel. My life has changed so much – it's just very upsetting.

T : Can you tell me a little bit about yourself and your family?

R : I'm 24 years old and have been working since the last 4 years. I started working while I was finishing my degree. I used to buy clothes and provisions for my family. Now my husband wants me to give all my money to my mother-in-law since we stay in a joint family. I want to and I will spend for our home but don't want to do like that. When we discussed this prior to marriage, he never said all this. He's just changed so much.

T : I can hear that you are very upset at how the person you know seems to have changed significantly and you don't seem sure of what's happening or why. I'm sure this must be confusing and scary too. You had also mentioned you had a difficulty sleeping.

R : Yes, at night, I stay awake wondering if I have made the right decision. I convinced my family that I should marry him though they were not very happy. But now, neither am I! Did I make the wrong decision?

What do I do now? I don't believe in separation and all that but it is so difficult to stay at home. Like you said, I am scared...

*Structured Questions:*

- Q1 : List the socio-demographic details elicited in the session.
- Q2 : What stage of marital life is Reena in, as per the family lifecycle stages? Describe the level of the marital bond, as described by her in the transcript above.
- Q3 : Mention the other intake details that the therapist should elicit from Reena to complete the family assessment.
- Q4 : How would you plan out therapy sessions with this client, based on the brief intake details?
- Q5: What goals could you imagine you would set with the client as the session progressed?

*Answers:*

- A1 : Reena is a 24 year old educated working woman, who has been married to a colleague since the past six months. She describes her family of origin as traditionally-oriented although education was emphasized by her father. The remarks made by her husband to her indicate that her husband's family is more traditional and they live within a joint family set-up.
- A2 : The couple is in the first family lifecycle stage of married couple without child. The marital bond is still in the process of being formed. The spouses have different expectations from each other and low communication about the same, leading to frustration. The husband also appears to be the decision maker and the decision making process authoritarian which is resented by the wife.
- A3 : The therapist should elicit details about the levels and nature of spousal communication, spousal roles and reinforcement provided. Information about the cohesion and social support perceived by the couple should also be gathered, as well as details about the couple's interaction within the joint family system.
- A4 : Therapy sessions with this client should ideally include conjoint sessions with the husband to provide his perspective about these few months and to assist the couple in improving their marital relationship by working on communication, expectations and cohesion. If the husband is unwilling to come for session, these goals will need to be achieved from an individual marital therapy perspective.
- A5 : The goals that can be set with this client will focus on completing the intake and family assessment details. Intervention can focus on increasing verbal communication between the spouses, especially on expectations and forgiveness.

## **Case Vignette 8**

### ***Focus: Initial Phase***

Read the following case transcript and answer the questions given below.

The therapist has collected some family assessment details from Reena and continues to interview Reena to set goals.

- T : So Reena, we have talked about your communication styles with your husband and the way both of you typically make decisions. Could you tell me about what you feel about both of you as a couple? For example: if people see you together, what do they think? What do you feel about the 'we'?
- R : Actually, anyone who sees us together thinks we are very close. We are known as 'a close couple' at work. We were very close and spoke lots and everyone noticed that. It's only changed since the last two-three months. I feel so lonely and away from him. We hardly do anything together and on the weekends also, he and I am doing separate things. We were never like this.
- T : It seems like there was a significant shift two-three months ago. Can you remember any event around that time that may have resulted in this?
- R : Well, nothing between us. (Pause) My father-in-law had a massive heart attack around 4 months ago and was admitted in hospital for a few weeks. He's fine now but obviously my mother-in-law and husband were very concerned at the time. My father-in-law has always been healthy so it was a shock to everyone when it happened. The doctors did a surgery immediately but said that it was a great thing he survived. My husband was also really worried about his parents at the time – he is very close to them. He is the only child also.
- T : I can imagine that would have been a difficult experience for your husband to go through. Can you describe your husband's interaction with his parents now?
- R : Well, he is more worried about them now and makes sure that they are fine. He calls quite frequently from work – he would never do that earlier.
- T : It seems like your husband has gone through a scary experience and is trying to deal with that as well and is anxious to keep his mother happy. In that process, he may be prioritizing their needs over your's, leaving you perplexed. Is that possible?
- R : I never saw it like that. Yes, it all changed after that happened. I can understand his worry but I want us to be fine too.
- T : I understand, so maybe I could help him examine these aspects in a separate session and we could work together with him in a conjoint session to improve your marital relationship as well.

*Structured Questions:*

- Q1: Comment on the level of cohesiveness shared by Reena and her husband.
- Q2: Describe the event that had occurred a few months ago and how it affected the family.
- Q3: Name the term used to describe stability in a family system and how a family seeks to achieve equilibrium. What shook the equilibrium in this family?
- Q4: What goals would you have set for this couple, taking into account the information provided in this transcript?

Q5: If Reena's husband is unwilling to come for sessions, how would you alter your therapy goals for Reena?

*Answers:*

- A1: Reena and her husband appeared to have been a cohesive unit with a strong couple identity prior to the father-in-law's heart attack. However, since this event, there has been distancing and few joint activities, that have adversely impacted their level of cohesion.
- A2: Four months ago, Reena's father-in-law was diagnosed with a massive heart attack and was operated on. This seemed to have 'shaken up' Reena's husband's fears about losing a parent and he has tried to ensure that his parent's requests are gratified since then.
- A3: Stability in a system is called 'homeostasis'. The event of the father-in-law's heart attack and the possibility that he may not have survived as per the doctors' statements, has shaken the homeostasis in this family, leading to a ripple effect experienced by Reena on her marital bond.
- A4: Apart from increasing cohesion and forgiveness, a goal could also include facilitation of affective communication by the husband about his fears and worries. The wife's supportiveness to him through various forms may also be another therapy goal.
- A5: Sessions with Reena alone could help her understand what her husband may be experiencing and to respond rather than react to him. Facilitation of communication and intimacy on her part can be addressed in the session.

## **Case Vignette 9**

### ***Focus: Middle Phase***

Read the following case transcript and answer the questions given below.

The therapist has met Vivek (Reena's husband) for an individual session and has spent a session with the couple. Part of the next conjoint session is given below:

- T : I understand you are spending more time together these days and you are both looking more cheerful.
- R : Yes, we make sure that we have our breakfast together every morning. It means waking up a little earlier for Vivek but he has been doing it and I feel it's nice. It reminds me of how we were before.
- V : Yes, I think that it calms us down as it's more relaxed at home now. We discuss daily chores etc. in the morning so there are not multiple phone calls and unnecessary confusion and anger during the day. I clearly know what Reena expects now.
- T : I'm glad to hear that. Maybe we can look now at understanding your individual definitions of 'acceptance' and 'support'. These words came up earlier when I asked you both what is important for your marriage. Can you define it more clearly now?
- R : By 'acceptance', I mean that he understands and likes me for who I am and doesn't want to be somebody else. For example: when he was getting angry with me for small aspects like my clothes, I felt that he didn't accept me as 'me' and he wanted someone different. And 'support'

means we talk and care for each other.

V : For me, 'acceptance' and 'support' are similar. It is really you understanding that I may be acting differently for some reason and asking me about that rather than just reacting and refusing. When I asked her to give the money to my mother, I was just thinking that my mother gets more involved in household expenses and so is not so preoccupied with dad's health, but she took it the wrong way. Similarly, with the clothes, I thought my mother may be happier with that and be more accommodative to her. I understand now that I should have explained it out, but if I don't Reena, I want you to ask.

T : I hear both of you saying the same thing: that you both care about your marriage and believe that open communication will help strengthen it. I would like you both to spend one of those breakfast times, possibly a weekend one to discuss such aspects further so that they don't build up. Is that possible?

R : Definitely!

*Structured Questions:*

Q1: Comment on the emotional tone in this session as compared to the previous two transcripts.

Q2: What do you suppose the therapist could have addressed in the individual session with Vivek?

Q3: Name the broad domains of family dynamics that the spouses define as important for them in this session.

Q4: What therapy/technique does the therapist use at the end of the transcript?

Q5: How would you evaluate the utility of couple rituals/shared couple time?

*Answers:*

A1: The emotional tone in this session seems to be more relaxed and hopeful, as compared to the earlier transcripts.

A2: In the individual session with Vivek, the therapist may have addressed his fears about his parents' mortality and health risks and advised him different ways of staying connected to them, without the hypersensitivity. The impact of his behaviour on the marriage may also have been discussed.

A3: The spouses defined communication and reinforcement as important areas for them, with the use of appropriate conflict resolution styles.

A4: The therapist uses 'reframing' at the end of the session to indicate that the spousal needs are similar and to create a common ground for further discussion between the couple.

A5: While shared time cannot be the only technique provided, it is still a useful technique to practice and build cohesion, intimacy and communication. Its ease allows couples to practice it often.

## **Case Vignette 10**

*Focus: Termination Phase – End Processes*

Read the following case transcript and answer the questions given below.



The transcript below is the last part of the last session.

T : Okay, so I think you are moving forward towards your dreams for your future. It sounds as though you are reaching the end of treatment. How do both of you feel about stopping?

V : Oh of course, I am feeling much better. We can stop. Thank you.

R : Yes, I agree. We are doing so much better than when I first met you, doctor.

T : That is great to hear. I will like to emphasize however that you may need to keep up the regular communicative and forgiveness related exercises to prevent problems in the future.

R : Yes, I think we will. Now, it seems like routine but now, we also know that we are coming to meet you so we do it more often.

V : I think it helped though. Maybe we may not do it that frequently but we have learnt to communicate our expectations more and I think that will continue. My mother is also quite relieved.

T : I'm happy to hear that but as mentioned, it is more difficult to keep the exercises up now but I hope you do it at least occasionally and keep the channels of communication open.

R : Yes, and I get along much better with my mother-in-law also now. I think her fear has reduced and I make sure she's more involved in routines at home. And Vivek also has calmed down – he calls them often but is not always gratifying their needs in one panic alert style! (smiles at Vivek while talking, teasing him)

V : Yes, thank you for the sessions. They helped, especially the individual one with me.

*Structured Questions:*

Q1: What do you imagine happened in the session between the last transcript and this?

Q2: How did the therapist encourage clients to continue with exercises learnt during sessions?

Q3: Comment on Reena's emotional tone in this session, as compared to the first.

Q4: How would you rate the level of the couple's difficulties at present (mild/moderate/severe)?

Q5: Mention a few difficulties that can occur at the point of therapy termination.

*Answers:*

A1: Between the last transcript and this, the couple seems to have discussed their future plans and have made adequate changes towards creating that shared reality.

A2: The therapist told them that it is difficult to continue at the same frequency but also encouraged them to use the exercises from a preventive perspective. This would motivate the couple to continue with these techniques.

- A3: Reena seemed calm and cheerful in this session, as compared to the first transcript. Her frustration at Vivek seemed to have been replaced by calmness and a relaxed attitude.
- A4: At present, the couple's level of difficulties seems to be at a mild level. This is a significant change from the intake phase where Reena mentioned how difficult it is for her to manage at home.
- A5: At the point of termination, some clients may be anxious about managing without the therapist and so may be reluctant to end and would prolong sessions. Additional conflicts and difficulties can surface at this point. The client/s may also have fears of relapse/problems recurring and so be resistant to termination.

**Self of the Counsellor / Therapist**

Based on your learning, decide whether the attributes listed below are required or unrequired attributes of an effective counsellor by placing a tick mark in the appropriate column.

<i>Therapist's Attributes</i>	<i>Required</i>	<i>Unrequired</i>
Objectivity		
Sensitivity		
Heightened Curiosity		
Ambiguity		
Empathy		
Flexibility		
Anxiety		
Respect		
Pessimism		
Short-temperedness		

*Answer:*

<i>Therapist's Attributes</i>	<i>Required</i>	<i>Unrequired</i>
Objectivity		
Sensitivity		
Heightened Curiosity		
Ambiguity		
Empathy		
Flexibility		
Anxiety		
Respect		
Pessimism		
Short-temperedness		

**Therapist/Counsellor and Client Relationship**

The following table represents how the combination of personal factors and skills produce growth conditions and desired therapy outcomes. Using this

table, highlight in the spaces provided the specific factors that could be effective agents of change in a session.

<i>Personal factors of the therapist</i>	<i>Counselling skills</i>	<i>Growth producing conditions</i>	<i>Desired outcomes</i>
Traits: ..... ..... .....	Understanding: ..... ..... .....	Trust: ..... ..... .....	For client: ..... ..... .....
Attitudes: ..... ..... .....	Support: ..... ..... .....	Openness: ..... ..... .....	For therapist: ..... ..... .....
Values: ..... ..... .....	Action: ..... ..... .....	Honesty: ..... ..... .....	For society: ..... ..... .....

Possible answers for the question could be:

<i>Personal factors of the therapist</i>	<i>Counselling skills</i>	<i>Growth producing conditions</i>	<i>Desired outcomes</i>
<u>Traits:</u> Friendly, Humour, Creative, Helpful	<u>Understanding:</u> Therapist listened & paraphrased, clarified what client said	<u>Trust:</u> Therapist indicated that session information will be kept confidential (not disclosed to others)	<u>For client:</u> Client was more hopeful at the end of session; less distressed, more practical
<u>Attitudes:</u> Openness, Optimistic, Cheerful	<u>Support:</u> Therapist acknowledged client's possible feelings, Therapist allowed time for client to speak	<u>Openness:</u> Therapist listened to what client said with accepting attitude, Therapist did not blame the client or pass other opinions and judgement	<u>For therapist:</u> Therapist was able to achieve significant amount in the session; was able to help client ventilate about problem and offer solutions
<u>Values:</u> Congruence, Belief that human life is important, Respect for others, Acceptance of self, others and human difficulties	<u>Action:</u> Therapist gave clear plan of action to client to achieve in next few weeks, Therapist set clear goals of progress	<u>Honesty:</u> Therapist explained how difficult the client's situation was	<u>For society:</u> Client's family will be less worried about client; Client will be more helpful & interactive with family members and friends; More productive at work.



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## **PRACTICAL 1 : RESOLVING THE HYPOTHETICAL CASE RECORDS**

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In this practical you have to decide upon the most appropriate approach/technique to be used to solve the given hypothetical case vignettes. Given below are three case illustrations. Formulate each of the cases from two different counselling/family therapy approaches – one from counselling perspective and one from family therapy perspective.

### ***Situation 1***

Sandeshi, 45 year old, is married to Kumar, 54 years of age. They have come in with their 17 year old boy, Shanku who has presenting complaints of not being able to study, being inattentive, repetitive failures in the same class. Doing genogram analysis of the family, it was found that the family has a learned background, all family members of the father's side did well in studies and were earning members. Mother's parents had died when she was very young and was raised by maternal aunt. The family was educated and well earning. Shanku's parents were well educated, father was working at a senior position in government office. Mother was housewife. They lived in a joint family. Kumar was the youngest son. He had three elder brothers and two elder sisters. The sisters got married when young and lived with their husbands respectively. Two elder brothers and their families visited the family on holidays or on family occasions. They both lived out of the city as their respective jobs were at quite far away places (different states). At present the eldest brother who resided with them along with the family was also out of city as his son had got a job in another state and were mostly these days living with the son. When Shanku was young, he was quite pampered by the paternal grandparents, and the paternal uncle and aunt who were strict with their children but quite lenient with Shanku, who was youngest amongst the siblings. The family was said to be cohesive and family decision making rested with the grandfather and later upon his death with paternal uncle. Though Shanku's parents were allowed to take decisions regarding his education, Shanku showed conduct problems since quite young. Later, truancy from school to play with older children in the playground was pointed out. On further questioning, affairs with 2-3 older girls were found; would after some time fail. The parents seemed to be well adjusted to each other. Mother would report the child's misbehaviour to her husband. Further, it was revealed that Shanku had molested his mother after the failure of his last affair, for which he held mother guilty of breaking it up. When this incident, was reported to the father, he thought they needed outside help as Shanku had not stopped misbehaviour even after being spanked.

### ***Situation 2***

Nazreen, 28 years old, was married to Shamim, 32 years old, a bank employee. Shamim lived with his widowed mother. Mother though quite old did all the household chores. Shamim had brought his wife with the presenting complaint of washing herself for many hours. Nazreen would go to pass urine and after that would take 2-3 hours to wash herself. She would spend 7-8 hours in bathing. She would wash herself thoroughly if they had sex. They reported that they had got married one year back. They had sex only 5-7

times. Shamim reported that when he found out this problem, he enquired from her family of origin and after a lot of probing was told that this problem started when Nazreen was 14 years old. Earlier it was less and later with time it had increased. Nazreen's mother used to bathe her to save the time once in a week. They had stopped her education after school, afraid that people would come to know. They also refused to take their daughter back and said that the husband may put her in an asylum but they would not take her back. Shamim's mother being a pious religious woman refused to throw Nazreen out and wanted her to be cured, the reason for them to seek help.

### ***Situation 3***

Antel, a 28 year old man, brought his beautiful wife Sofel, 24 years old. Sofel complained of having dreams of her younger brother-in-law in nude. Such dreams disturbed her a lot, leaving her perspiring and restless for the rest of the day. Their marriage took place three years ago. Last year the younger brother-in-law also got married and lived in a separate house nearby. Sofel started having these dreams quite regularly from past 3 months, earlier such dreams used to come once in 4-5 months. Kent was also a smart handsome man and his brother Kent was also smart and handsome. Kent has biceps like Salman Khan (actor), Sofel reported. On enquiry she informed that once, two years ago after one such dream, she had tried to kiss Kent but he did not agree. Sofel wanted to lead a happy married life but thought, she had some problem, she is not a good wife and her husband deserves a better wife. Antel wanted his wife to get over such dreams and lead a healthy life and look after their son, one year old.

Genogram analysis of Sofel informed that she lost her father at a very young age and so did not remember much about him. She had one elder brother who did not care about her and her mother's welfare. Before marriage she was interested to marry a neighbourhood boy but her brother had opposed it. Her marriage to Antel was arranged.

### ***Report of the Practical***

The report of this practical should contain the following details:

For each of the three vignettes/hypothetical cases, you have to state, giving the rationale, two different counselling/family therapy approaches to resolve the presenting problem and related issues – one from counselling perspective and one from family therapy perspective.

For each counselling/family therapy approach, you have to give reasons for having chosen the same. Substantiate your choice and provide details of how you would do the therapy/counselling, adopting that approach.

Each counselling/family therapy perspective should be elaborated upon in about 500-700 words.

3 cases × 2 selected approaches in each case vignette, implies that you have to provide 6 write-ups; as described above, in the Report of this practical.

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## **PRACTICAL 2 : FORMULATING AN ABC CHART FOR BEHAVIOURAL PROBLEMS**

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In this Practical, you need to observe and interview a family with a child presenting with behavioural problems.

### ***Steps to be followed:***

Identify a family having a child/adolescent with behavioural problems.

Interview the family having a child/adolescent having behavioural problems.  
Try to interview all the family members who look after that child.

Take permission to observe parent-child interactions for at least two hours which may be divided into half-an-hour sessions.

Note down the parent-child interaction pattern.

Identify the faulty parent-child interaction patterns and reinforcement patterns adopted. Make ABC chart to record maladaptive behaviour pattern.







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### **PRACTICAL 3 : UNDERSTANDING MARITAL RELATIONSHIPS**

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Interview two marital couples and find out areas of concern/conflict, issues with other family members, conflict resolution styles, inter-generational issues, etc. One of the couples should belong to joint/extended family and other to nuclear family.

***Steps to be followed:***

Identify two married couples, one from joint/extended family and the other from nuclear family.

Prepare an interview schedule, containing 30-40 questions, to be asked from your respondents.

Conduct the interviews.

In the report of your practical, write about areas of marital conflict, intergenerational issues, concerns/issues with other family members, how is conflict resolved – conflict resolution styles adopted by them, what are the factors that contribute towards maintenance of marriage, etc.





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## **PRACTICAL 4 : APPLICATIONS OF YOGA THERAPY**

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Interview four persons who do yoga, on a regular basis from a minimum of past six months. Find out the reasons for the person to do yoga, motivation, any benefits perceived, etc. and report.

### ***Steps to be followed:***

Prepare an interview schedule related to practice, reasons, benefits etc. of yoga therapy.

Identify four persons, preferably two males and two females of different age groups, who regularly practice yoga. The minimum time period for the person to be practising yoga should be at least six months.

Conduct the interviews.

In your report include a comparative summative picture also about the reason and motivation of the respondents for doing yoga, as well as the perceived/expected benefits.





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## **PRACTICAL 5 : UNDERSTANDING IMPACT OF CHRONIC ILLNESS**

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Identify a family, wherein an adult has a chronic illness. Interview the person having chronic illness and the family member(s) involved in care giving. Find out the stressors they face, strains/hardships, support available to them, etc.

### ***Steps to be followed:***

Prepare an interview schedule containing 30-40 items for the person who is suffering from chronic illness.

Prepare an interview schedule containing 30-40 items for the family members(s) involved as the primary caregiver(s) to the person having chronic illness.

(P.S. : At times, the caregiver may also be suffering from some form of chronic illness or ill-health; an aspect you may include in your interview.)

Identify, for interviewing, an adult who is suffering from chronic illness, as well as family member(s) involved as primary caregiver(s) of that person.

In your reflections of this interview, try to focus on the impact of emotional tones of your respondents on you and how did you handle the same.



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## **PRACTICAL 6 : UNDERSTANDING CONCERNS OF FAMILY HAVING A CHILD WITH DISABILITY**

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Identify a family, having a child/adolescent with disability. Interview at least two family members of the child/adolescent with disability, preferably those who are involved in caregiving. Find out the initial reaction (on learning about the child's disability), coming to face with reality, coping strategies used, social support available to them, hardships/strains faced, abilities of the child/adolescent with disability, etc.

### ***Steps to be followed:***

Prepare an interview schedule containing 30-40 items for the family members having a child/adolescent with disability.

Identify, for interviewing, at least two family members of the child/adolescent with disability, preferably those who are involved in caregiving.

In your findings, include related details; including whether any other family member was also having any kind of disability, age of onset, acceptance and coping methods used by the child/adolescent with disability, the coping strategies adopted by the family members, the socio-emotional aspects of the condition, support received, future plans of family members for the child/adolescent with disability, and so on.





**EVALUATION SHEET**

**Remember to attach this Annexure A (Completed Section 1, and Blank Sections 2 & 3) with the Supervised Practicum File when you send it to IGNOU. Keep a copy with yourself.**

**SECTION 1: Internal Evaluation by the Academic Counsellor at the Programme Study Centre/Study Centre**

*The following is the format in which the Academic Counsellor/Supervisor is required to consolidate the marks for the 6 Practicals done by the student. These marks should also be stated on each written Practical submission in the Supervised Practicum File.*

Practical No.	Name of the Practical	Maximum Marks	Marks Obtained		
			Marks based on Interaction	Marks based on Written Report	Total Marks
1	Resolving the Hypothetical Case Records	100			
2	Formulating an ABC Chart for Behavioural Problems	100			
3	Understanding Marital Relationships	100			
4	Applications of Yoga Therapy	100			
5	Understanding Impact of Chronic Illness	100			
6	Understanding Concerns of Family Having a Child with Disability	100			
	<b>Grand Total</b>	<b>600</b>	<b>Grand Total (x)</b>		

**Note:** \* Total marks for Practicals is 100 each, out of which 20 marks are for the assessment based on interaction with the Supervisor and 80 marks are for the assessment of the written report, which is to be supplemented by audio/CDs/and transcripts, or sheets on which notes were taken during interview, submitted by the learner.

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- **Weightage of marks for Internal Evaluation is 50%. To calculate this, use the formula given below:**

$$\frac{\text{Total marks obtained by learner (x)}}{600} \times 50 = \text{'N'}$$

**Note :** The pass percentage for Internal Evaluation is 40%. Therefore, if the learner gets **less than 20 marks** after calculating 50% weightage of total marks obtained, then the student has to **repeat the supervised practicum**. In other words, 'N' obtained should be at least 20 for the learner to pass.

The Counsellor is required to use the given formula to calculate the final marks out of 50, obtained by the learner in internal evaluation and to write this final score in figures and in words.

$$\frac{\text{(x)}}{600} \times 50 = \text{.....}$$

*(Marks obtained out of 50 in internal evaluation to be written in both figures and words)*

.....

**Academic Counsellor's/Supervisor's overall comments about the learner (use additional sheets, if needed).**

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

Date:  
 Place:

**(Signature of the Academic Counsellor/Supervisor)**

Name & Designation of Academic Counsellor/Supervisor : .....  
 .....  
 Address of Academic Counsellor/Supervisor : .....  
 .....  
 E-mail Address of Academic Counsellor/Supervisor : .....  
 Phone/Mobile No. of Academic Counsellor/Supervisor : .....

Date:  
 Place:

**(Signature and Stamp of the Programme Incharge of PSC/Coordinator of SC )**

Name of Programme Incharge of PSC/Coordinator of SC : .....  
 .....  
 Address of Programme Incharge/Coordinator : .....  
 .....  
 E-mail Address of Programme Incharge/Coordinator : .....  
 Phone/Mobile No. of Programme Incharge/Coordinator : .....

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## SECTION 2 : To be Used for External Evaluation at IGNOU

The following sheet will be used by the Expert Examiner identified by IGNOU headquarters to evaluate the Supervised Practicum File submitted by the Learner.

Practical No.	Name of the Practical	Maximum Marks	Marks Obtained
1	Resolving the Hypothetical Case Records	100	
2	Formulating an ABC Chart for Behavioural Problems	100	
3	Understanding Marital Relationships	100	
4	Applications of Yoga Therapy	100	
5	Understanding Impact of Chronic Illness	100	
6	Understanding Concerns of Family Having a Child with Disability	100	
	<b>Grand Total</b>	<b>600</b>	<b>Grand Total (Y)</b>

**Note** :\* For each Practical, the external evaluator is to give marks out of 100 on the basis of the report submitted for evaluation for each practical, which is to be supplemented by audio/CDs/and transcripts, or sheets on which notes were taken during the interview, submitted by the learner.

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- **Weightage of marks for external evaluation is 50%. To calculate this, use the formula given below:**

$$\frac{\text{Total marks obtained in external evaluation (y)}}{600} \times 50 = S$$

**Note:** The pass percentage for external evaluation is 40%. Therefore if the learner gets less than 20 marks after calculating 50% weightage, then the student has to repeat the Supervised Practicum. In other words, 'S' obtained by the student should be at least 20 to pass.

The external evaluator is required to use the above formula to calculate the final marks, out of 50, obtained by the learner in external evaluation and to write this score in figures and in words.

$$\frac{(y)}{600} \times 50 = \dots\dots\dots$$

*(Marks obtained out of 50 in external evaluation to be written in both figures and words)*

.....

**Date:**

**(Signature of External Examiner of IGNOU Panel)**

**Place:**

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**SECTION 3 : Grand Total of Marks for Inclusion in the  
Learner's Final Marksheet**

*Marks Obtained by the Learner in Sections 1 and 2 i.e. in both internal and external evaluation of Supervised Practicum are to be consolidated below by the External Expert (who did evaluation in Section 2)*

**Supervised Practicum (MCFTL-007)**

<b>Internal Assessment</b>	<b>External Assessment</b>	<b>Total marks obtained (T)</b>
<i>(External Expert to write marks as stated by the Learner's Supervisor as 'N' at the end of Section 1 of Annexure A)</i>  <i>(Marks out of 50)</i>	<i>(External evaluator to write marks here given by her/him as 'S' at the end of Section 2 of Annexure A)</i>  <i>(Marks out of 50)</i>	<i>(Expert to add marks 'N' and 'S' and write the total here)</i> <i>(N+S=T)</i>  <i>(Marks out of 100)</i>

**GRAND TOTAL OF MARKS OBTAINED BY THE LEARNER (T) : .....**

*(To be written in both figures and words)*

.....

**Date:** (Signature of External Examiner of IGNOU Panel)

**Place:**

Name of External Examiner : .....

Address of External Examiner : .....

.....

E-mail Address of External Examiner : .....

Phone/Mobile No. of External Examiner : .....

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**Certificate of Completion of Supervised Practicum  
MCFTL-007**

**Remember to enclose this Annexure in your Practicum File. Keep a copy with yourself.**

**(To be certified by the Academic Counsellor/Supervisor and the Programme Incharge of the Programme Study Centre or Study Centre Coordinator)**

We certify that the student Mr. / Ms. / Dr. ....with enrolment number .....has carried out the stipulated 6 practicals of the Supervised Practicum of the course 'Counselling and Family Therapy: Applications and Interventions' under our guidance and supervision. The Supervised Practicum File submitted herewith is the result of bonafide work done by the student for the supervised practicum MCFTL-007 from ..... (start date) to ..... (end date).

**Date:**

**Place:** (Signature of the Academic Counsellor/Supervisor)

Name & Designation of Academic Counsellor/Supervisor : .....

Address of Academic Counsellor/Supervisor : .....

E-mail Address of Academic Counsellor/Supervisor : .....

Phone/Mobile No. of Academic Counsellor/Supervisor : .....

**Date:**

**Place:** (Signature and Stamp of the Programme Incharge of PSC/Coordinator of SC )

Name of Programme Incharge of PSC/Coordinator of SC : .....

Address of Programme Incharge/Coordinator : .....

E-mail Address of Programme Incharge/Coordinator : .....

Phone/Mobile No. of Programme Incharge/Coordinator : .....

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*Dear Learner,*

*Photocopy this page, and place the duly filled-in copy at the end of each practical in your Supervised Practicum File.*

**Practical No. : .....**

**TO BE FILLED IN BY THE SUPERVISOR/COUNSELLOR**

**Counsellor's Comments:**

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

***Assessment during Interaction***

Marks (out of 20) : .....

***Assessment of Written Report (Supplemented by audio/CD and transcript, or record sheets used at the time of interviewing etc. submitted by the learner).***

Marks (out of 80) : .....

**Total Marks (out of 100): .....**

*(The total marks are to be written in both figures and words)*

.....

.....  
***(Counsellor's Signature and Date)***

.....  
**(Counsellor's Name)**

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## Sample of Permission Letter

I, ..... (name of the student)  
am pursuing M.Sc. (CFT)/PGDCFT programme from IGNOU. I am attached to  
..... Regional Centre at Study Centre /  
Programme Study Centre.....

.....  
(Name, Address and PSC/SC No.). I am doing Supervised Practicum of the  
Course 'Counselling and Family Therapy: Applications and Interventions' —  
MCFTL-007 under the guidance of my Academic Counsellor/Supervisor  
..... (name of the Academic Counsellor/Supervisor). For  
the completion of my course work, I need you to grant me permission to interview  
you and your child/spouse/any other relation for about 1½ -2 hours as per your  
convenience. Please grant me permission and oblige.

(Student's Signature & Name)

(Academic Counsellor's Signature & Name)

(Name & Signature of the Parent & Person to be interviewed)

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