

MANUAL FOR SUPERVISED PRACTICUM

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EXPERT COMMITTEE

Prof. V.N. Rajasekharan Pillai (*Chairperson*)

Vice Chancellor

IGNOU, New Delhi

Prof. Mathew Verghese
Head, Family Psychiatry Centre
NIMHANS, Bangalore

Prof. Reeta Sonawat
Dean & Head, Department of
Human Development, SNDT
Women's University, Mumbai

Prof. Girishwar Misra
Department of Psychology
University of Delhi
New Delhi

Prof. Shagufa Kapadia
Head, Department of Human
Development and Family Studies
The M.S. University of Baroda
Vadodara

Prof. Manju Mehta
Department of Psychiatry
AIIMS, New Delhi

Prof. Ahalya Raghuram
Department of Mental Health
and Social Psychology,
NIMHANS, Bangalore

Dr. Rajesh Sagar
Associate Professor,
Deptt. of Psychiatry, AIIMS &
Secretary, Central Mental Health
Authority of India, Delhi

Prof. Rajni Dhingra
Head, Department of Human
Development
Jammu University, Jammu

Prof. T.B. Singh
Head, Department of Clinical
Psychology, IHBAS, New Delhi

Prof. Anisha Shah
Department of Mental Health and
Social Psychology, NIMHANS,
Bangalore

Prof. Sudha Chikkara
Department of Human
Development and Family Studies
CCS HAU, Hisar

Prof. Aruna Broota
Department of Psychology
University of Delhi
New Delhi

Prof. Minhotti Phukan
Head, Deptt. of HDFS
Assam Agricultural University
Assam

Mrs. Vandana Thapar
Deputy Director (Child
Development), NIPCCD
New Delhi

Dr. Indu Kaura
Secretary, Indian Association for
Family Therapy, New Delhi

Dr. Jayanti Dutta
Associate Professor of HDCS,
Lady Irwin College, New Delhi

Ms. Reena Nath
Practising Family Therapist
New Delhi

Dr. Rekha Sharma Sen
Associate Professor
(Child Development), SOCE
IGNOU, New Delhi

Prof. Vibha Joshi
Director, School of Education
IGNOU, New Delhi

Prof. C.R.K. Murthy
STRIDE
IGNOU, New Delhi

Mr. Sangmeshwar Rao
Producer, EMPC, IGNOU
New Delhi

Prof. Neerja Chadha
(*Programme Coordinator*)
Professor of Child Development
School of Continuing Education
IGNOU, New Delhi

Dr. Amiteshwar Ratra
(*Convenor & Programme
Coordinator*)
Research Officer, NCDS
IGNOU, New Delhi

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PROGRAMME COORDINATORS

Dr. Amiteshwar Ratra
Research Officer
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE COORDINATORS

Dr. Amiteshwar Ratra
Research Officer
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE WRITERS

Basic Unit 1 : Mr. Abdul Salam, NIMHANS, Bangalore

Basic Unit 2 : Ms. Aarati Taksal, NIMHANS, Bangalore

&

Dr. Shruti Kalra, Family Therapist, VIMHANS, Delhi

Basic Unit 3 : Dr. Amiteshwar Ratra, Research Officer, NCDS, IGNOU, New Delhi

&

Prof. Neerja Chadha, Professor of Child Development, SOCE,
IGNOU, New Delhi

Practicals 1 to 5 : Dr. Amiteshwar Ratra, Research Officer, NCDS, IGNOU, New Delhi

COURSE EDITORS

Prof. Anisha Shah
Dept. of Mental Health & Social Psychology
NIMHANS, Bangalore

Prof. Neerja Chadha*
Professor of Child Development
SOCE, IGNOU, New Delhi

Dr. Amiteshwar Ratra*
Research Officer
NCDS, IGNOU, New Delhi

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

MANUAL DEVELOPMENT AND PREPARATION

Dr. Amiteshwar Ratra
Research Officer
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

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Dear Learner,

The optional course 'Marital and family Therapy and Counselling' has 2 credits of theory (MCFTE-001) and 4 Credits of Supervised Practicum (MCFTE-004). The 4 Credits of Supervised Practicum are divided into five practicals that have been described in this Manual, which you should complete along with your theory Course in the specific period of time. This Supervised Practicum (MCFTE-004) helps you to understand better the theoretical concepts which you have studied. This would help you to apply these concepts later in work.

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. The basic Units provide you an orientation for carrying out these practicals.

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 or Supervisor in this Block. Further, before starting the practical activities, it is very important for you to read this Manual for Supervised Practicum carefully. Go through this Manual in order to understand what has to be done.

With best wishes,

Programme Coordinators
IGNOU

INTRODUCTION AND GUIDELINES

The optional course 'Marital and family Therapy and Counselling' has 2 credits of theory (MCFTE-001) and 4 Credits of Supervised Practicum (MCFTE-004). The focus of this Supervised Practicum (MCFTE-004) is on understanding the applications and interventions related to marital and family therapy and counselling. As a counsellor and family therapist, we provide you different areas to specialise in. This Supervised Practicum is intended to enhance your learning and experience in the area of marital and family therapy and counselling.

In this Supervised Practicum Manual you are provided with case illustrations in Basic Units 1 and 2, using specific techniques to resolve marital and family issues, to help you derive insights. Basic Unit 3 acquaints you with the fundamentals of doing and recording case work, which you need to refer to for doing the counselling and family therapy case works in Practicals 3 and 4. Various practicals have been prescribed in this Manual to facilitate learning by doing.

You are required to carry out the Supervised Practicum under the guidance and supervision of an approved Academic Counsellor/Supervisor, to whom you are assigned for the purpose by your PSC/SC. You will read more about this aspect a little later in this Section.

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.

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.

Duration of Supervised Practicum MCFTE-004

The Supervised Practicum comprises five practicals, the details of which are given in this Manual. You have to complete these practicum in a total of 30 working days which include 30 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 30 working sessions for carrying out field work pertaining to the 5 practicals prescribed in this Manual. Some extra working sessions have been kept to allow for the fact that you may need some extra time and working sessions in some of the practicals. The tasks pertaining to the practicals, including conducting/participating in counselling/family therapy sessions, organizing an awareness generation campaign, report writing etc. 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.

You have to complete all the practicals for submitting the Practicum File.

Please do not copy the illustrated examples as you will be asked to resubmit the Practicum File and this will lead to delay in award of the Degree. Also, do not copy from your peers/friends, as both would repeat the whole practicum again.

Role of the Academic Counsellor in Supervised Practicum

The Supervised Practicum has to be essentially done under the guidance and supervision of the Academic Counsellor/Supervisor. The Academic 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. The Supervisor can also be identified by you.

For doing the Supervised Practicum, you may identify an Academic Counsellor who is working as a counsellor/family therapist in an organisation working in related area of your specialisation such as university, college, hospital, family courts, men cell, women cell, family welfare centre, NGOs or governmental or private organisations working in the area of marital and family relationships.

The essential qualification of the Academic Counsellor is as follows: Master's degree in any of these disciplines – Human Development and Family Studies/ Child Development /Human Development /Psychiatry/Mental Health and Social Psychology /Psychiatric Social Work/Clinical Psychology/ allied disciplines, with at least five years of relevant experience.

It is essential that the Academic Counsellor/Supervisor be approved by the Programme Coordinators at IGNOU headquarters. Mere possession of degrees and experience does not mean the 'Counsellor' would be approved. The detailed biodata of the proposed counsellor has to be submitted for approval by the Programme Incharge at the PSC/SC to the Programme Coordinators at IGNOU Headquarters keeping the Regional Centre in the loop. The student may obtain the biodata form may to be used for the purpose from the Programme Incharge at the Programme Study Centre or the Study Centre Coordinator.

You have to spend 1 hour of each of your 30 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. Each working session is deemed to be of 4 hours duration.

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 method that you are going to use for the purpose, take her or his advice and then visit your respondent(s). Here, in this programme of study, respondent is also called 'participant' and at times 'subject' or 'client'. It is advisable to report to your Counsellor after you complete each session, and discuss what had transpired in the course of the session, along with planning the next session.

After completing each practical, you need to write each and every detail in your report. If you have any problem or query regarding report writing, then contact your Academic Counsellor/Supervisor 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.

Important Guidelines for Working with Individuals and Families in Different Settings

Identify the family/individual needing counselling/family therapy for each counselling and family therapy case record – from initial phase to termination phase.

Inform the Counsellor about the selected individual/family and the counselling/family therapy approach to be used with them.

Seek the consent from the family/participant before conducting the practicum activity. 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.

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.

Use the case history taking formats, mental status examination forms, and family interview schedule as given in the first year Supervised Practicum course material, as per the requirement of the case.

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, sharing it only with the 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 making any headway in counselling/family therapy, or there is unplanned termination, you would need to admit the same. Report this in your file. Also, find another respondent – individual/family to carry out your case work for the required number of sessions.

The awareness generation campaign should be well planned and well organised at the community level, creating awareness under the overall guidance of the counsellor/supervisor.

Important Points for Writing a Report

1. 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 and transcripts or sheets of paper on which you had taken notes during the sessions etc.) and list each one of them as 'enclosures' in the File along with the number of such items.

2. Content

In most of the practicals, one has to give details of the activity or session 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 in the 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 Course in order to meet this end.

You need to have at least 7 sessions of counselling, and at least 12 sessions of family therapy in the respective case records. Conducting an awareness campaign in the community would require at least 4-5 sessions. Acclimatisation would require at least 4-5 sessions.

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.

3. 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.

4. Length

Give all relevant details of each case/practicum. 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 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 (along with the requisite enclosures to support the same), 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 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 this Supervised Practicum Course. For the purpose of evaluation, for each practical, the Academic Counsellor will judge your performance during interactive sessions and the counselling/family therapy sessions, as well as 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:

Maximum Marks for each of the Practicals 1 to 5:

- ♦ Maximum marks (MM) for review of organisation = 50
- ♦ Maximum marks (MM) for acclimatisation sessions = 100
- ♦ Maximum marks (MM) for counselling case record = 200
- ♦ Maximum marks (MM) for family therapy case record = 300
- ♦ Maximum marks (MM) for conducting awareness generation campaign = 150

Hence, total MM for the internal evaluation component of the Supervised Practicum (all the practicals) is 800.

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.

Maximum marks for each of the Practicals 1 to 5:

- ♦ Maximum marks (MM) for review of organisation = 50
- ♦ Maximum marks (MM) for acclimatisation sessions = 100
- ♦ Maximum marks (MM) for counselling case record = 200
- ♦ Maximum marks (MM) for family therapy case record = 300
- ♦ Maximum marks (MM) for conducting awareness generation campaign = 150

The External Evaluator shall evaluate the Practicals as above. Thus, the total marks for the external evaluation component shall be 800.

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 MCFTE-004. 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 have the right to moderate the Internal Assessment marks awarded through the Programme Study Centre / Study Centre in any component of the Practicum.*

If the evaluator finds the practicum work NOT up to the standard desired, the evaluator may suggest minor/major changes and/or corrections, ask for clarifications and also can reject the manuscript. All instructions and advice to the student for subsequent modifications are made through the programme incharge. The practicum supervisor will have the responsibility to have the student make the suggested changes for the final copy and resubmit the report for re-evaluation.

In case of failed students, a pro-rata fee of Rs. 1500/- by way of a demand draft in favour of IGNOU and payable at the city where the Regional Centre is located should be remitted along with the resubmission of the Supervised Practicum File.

If the student is unsuccessful in the Supervised Practicum File for optional paper, she or he has to re-do the whole cycle, right from requesting the Programme Incharge for a Supervisor and re-submitting the File.

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 4 credit Supervised Practicum Course, you have to spend 30 sessions of which one 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 five months from the date of commencement of the Supervised Practicum for this Course.

At any given time, an Academic Counsellor shall have a maximum of only 6 learners attached to him/her. Once the Supervisor has been allotted, the Supervisor would be committed to the learner for supervised practicum for a maximum period of five months.

If for any reason a student is not able to complete the work in a maximum duration of 5 months, the student has to start afresh, and would be treated as a new student to the supervisor.

Student is NOT permitted to hop between different Supervisors/Counsellors.

If the student has to change the supervisor, then it should be done in the beginning itself; once the work assigned starts no changes are permissible.

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 MCFTE-004”. Your name and enrolment number must also be mentioned on the cover page.

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Practicum**

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 Practicals and corresponding enclosures like audio tape/CDs and transcripts, as well as other materials used.

In Annexures or enclosures, you must include the written record of each interview as it took place. Also enclose the audio tape/CD, if used and the transcripts or the sheets on which you noted the answers of the respondents during the interview. The materials that you prepared/used for conducting the awareness programme in the community must also be enclosed.

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



SUPERVISED PRACTICUM FILE

M.Sc. (CFT) — Second Year

(Optional Paper)

MCFTE-004

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 :



PART I

UNDERSTANDING THE BASICS



BASIC UNIT 1 : ILLUSTRATION OF MARITAL ENRICHMENT

INTRODUCTION

Traditional marital therapies and interventions aimed at reducing conflicts and distress in marital relations, once they had developed. However, it was found that such interventions do not necessarily lead to increase in happiness in the relationship. Thus, it becomes necessary that we *prevent* marital discord and distress even before they develop.

Marital Enrichment Strategies are used to enhance the quality of marital relationships. These are used in couples who are normal or with mild degree of discord, to improve their relationship. These help to prevent marital distress and to increase the positive experiences from the relationships. Typical Marital Enrichment programmes use skill-based approaches which train couples in communication skills, problem solving, conflict resolution skills, modification of beliefs about marriage or partner, increase in fun activities, improving affection and sexual enrichment.

BASIC ASSUMPTIONS

In order to appreciate the scope and limitations of Marital Enrichment strategies, it is important to understand the basic assumptions and characteristics of these programmes. The most important of them are listed below:

'Prevention is better than cure': All marital enrichment programmes assume that it is important and better to *prevent* marital discord and relationship problems before they develop at the first place. This is especially imperative in the light of research that traditional marital and family interventions *after* the development of conflicts do not necessarily lead to increase in happiness.

Relationship skills are learnable: These programmes do not view skills necessary to initiate and maintain healthy relationships as innate and therefore, not learnable. These strategies are based on the assumption that such skills are teachable and can be learned by any one. Most of the marital enrichment programmes utilize skill-based approaches.

The couple has mild or no conflicts: Marital enrichment strategies may not prove useful in couples with severe degree of discord and distress. It is also assumed that neither of the partners has any form of severe psychopathology.

The couple does not have any 'deeper issues' and both the partners are interested in continuing the relationship: It is assumed that the partners are basically compatible and the difficulties are not due to basic differences among them.

The programmes may be for an individual (only one couple) or group (involving many couples) format and are usually brief.

MARITAL ENRICHMENT PROGRAMMES

Different marital prevention and enrichment programmes are available, which focus on different aspects of marital relationship. The following are few of the marital prevention programmes:

Relationship Enhancement Program (Gureney, 1977)

Minnesota Couple Communication Program – MCCP (Miller, Nunnally & Wackman, 1975)

Prevention and Relationship Enhancement Program – PREP (Floyd, Markman, Kelly, Blumberg & Stanley, 1995)

Couples Coping Enhancement Training – CCET (Bodenmann & Shantinah, 2004)

Practical Application of Intimate Relationship Skills – PAIRS (Gordon and Durana, 1999)

Training in Marriage Enrichment – TIME (Carlson & Dinkmeyer, 1999)

Compassionate and Accepting Relationships through Empathy program – CARE (Rogge et al., 2000)

Various programmes emphasise on various components of relationships and intimacy. However, the following components are common to all of these programmes:

Communication skills

Conflict resolution skills

Problem-solving skills

Exploration and modification of beliefs and attitudes

Enhancing fun, affection and intimacy.

CASE ILLUSTRATION

The following case illustrates the application of such an integrated programme in a young couple in a clinical setting. The case exemplifies the application of above mentioned strategies to minimise conflicts and to enhance their marriage.

Background of the Couple

Husband : Mr. R, 27 year old male, Advocate, Middle socio-economic status, urban background

Wife : Ms. S, 23, Web designer, Middle socio-economic status, urban background

Chief Concerns

Couple feeling that they are not emotionally close

Anger outbursts of Mr. R

Disagreements on various issues

Assessment and History

● Mr. R's Family of Origin:

Mr. R was born after 3 years of parents' marriage. He was the eldest of two siblings. He was an 'easy going' child. He started going to school at the age of 4 years. He used to participate in sports and other co-curricular activities. He was liked among his group and was very social. He described himself as 'fun-loving'.

Mr. R remembers his father (who was also an advocate) as strict in those days. He would get beaten up by his father for not studying or for spending too much time in playing. His father used to emphasise on academic achievements. After completing his school, he joined for graduate programme in Commerce. He then went on to get a degree in Law. He used to stay in a hostel where he was ragged by his seniors. Due to this he used to spend almost half of his time at home and would study from home. After completing Law, he started practising along with a senior advocate. Later, when his father started an office of his own, Mr. R also moved in along with him and has been practising with him since then.

His relationship with his father got strained during this time. His father would ridicule him for not having prepared enough for court cases. He would ask him to read the legal books and used to 'consider him as a child and never trusted him with responsibilities'. He would praise his junior advocates in front of Mr. R. Father started taking alcohol during this period and then they used to have arguments. This started happening almost daily. It was then when Mr. R decided to get married, so that his 'life would get stabilised'.

● Ms. S's Family of Origin:

Ms. S was born after 10 years of her parents' marriage. She was the youngest of four siblings.

She was reported to be a sociable person and had good number of friends. Ms. S remembers that her father was a strict disciplinarian. He used to physically abuse them or shout at them for the 'smallest of mistakes'. He did not allow them to play or watch TV when they were children.

However, they had cordial relation with their mother. She had not witnessed any arguments between her parents. She was close to her elder brother and there used to be 'switch-board' communication to father through him. She used to share her emotional issues with him. She described her father as autocratic and that he used to take decisions by himself and every one had to agree with these decisions. She had cordial relations with her other siblings.

After 10th standard, father advised her to take 'commerce stream' in 10+2 and she did. She did not think about her individual interests, since it was father's decision, she reported. He wanted her to go into banking as he himself was working in a bank. After 10+2, she took up graduate programme in Commerce, after which she joined a web designing course though her father did not like it. After the course, she had started going as a trainee to an institute. It was then when the marriage proposal came and she had to say 'yes' since her father persuaded her. She explained that she was not mentally prepared for marriage then. But when her brother also supported her parents in this, she agreed. She stopped going for work after she got engaged.

- **Assessment of the Couple:**

After marriage they stayed in her in-laws' house for some time and then moved out. From the earlier days of marriage itself, she noted that her husband and his father did not share good relations with each other. She became close to her mother-in-law during these days. Both of them acted as mediators when Mr. R and his father had an argument between them. During the initial days, the couple had gone out on different trips and she remembers these days as happy.

After they moved out separately, she started going for a job as web designer. Wife thinks that their marital relation got strained after they moved out. According to her, he started picking up fights with her for 'the smallest of things'. He would complain about things like taste of food. He also started drinking and would abuse her verbally once he was drunk.

Various domains of their relationship like conflict resolution, communication patterns, roles, power and cohesion and intimacy were assessed. The sequence of events in a typical conflict situation was understood. Wife usually began the conflict in the form of complaints. The usual time they fought was when Mr. R had returned after his office job. Typically, he starts shouting at her for 'bothering' him and then they both stop talking to each other. This usually continues for a while after which Ms. S starts talking to him in a 'calm way' and they apologize to each other and start doing some joint activities like preparing food.

- **Therapist's Observations**

The therapist noted that they avoided discussing the topic of conflict later after a fight. Their conflicts mostly surrounded their differing interests. It included topics such as Ms. S liked 'romantic movies' while her husband liked 'action movies', his decision to change his line of career, Ms. S wanting to visit her parents often and disagreements regarding change of residence.

Mr. R was the primary bread winner of the system while Ms. S also supported him in the same. The roles were typical of a traditional couple. The household activities including cooking and housekeeping were taken care of by the wife. The two roles were usually maintained discrete while the husband did help wife occasionally in kitchen-related activities. All the matters related to finances were taken care of by the husband. Ms. S usually gave most of her salary to Mr. R who decided what to spend it on.

Ms. S appeared to be more expressive than her husband. He avoided discussions of his feelings. He typically shouted at wife when he became emotional. They used to make efforts to discuss issues with each other before making any decision though Mr. R's was the final decision. He seemed to have a tendency to force his decisions on her; at times, without any explanations. The couple typically engaged in joint activities when they enjoyed each other's presence. They used to go out to restaurants to dine together, visit relatives and friends' houses and go to various tourist spots.

- **Intervention**

In the initial sessions, the couple complained that there was minimal communication between them. Ms. S did not perceive her husband as supportive. They also had conflicts over financial issues. Another matter of concern was the anger

outbursts and occasional alcohol use of Mr. R. The expectations of Mr. R and Ms. S from each other were not matching. They had plans of changing their current residence. Husband had plans of changing his career, which was a matter of disagreement between them.

Since none of these problem areas were long-standing or indicative of deeper systemic or individual intra-psychic issues, it was understood that they would benefit from marital enrichment strategies. The sessions, therefore, were kept in a psycho-educational, active-directive and skill learning stance. The initial sessions focused on training the couple in problem solving strategies.

□ **Problem Solving**

Training in problem solving usually starts with a problem definition wherein the couple is helped to pinpoint what the problem is in as concrete terms as possible. An example could be that ‘my wife doesn’t serve me coffee when I get up’ or ‘my husband doesn’t hug me when he gets back home’. They are then asked to brainstorm various options to solve the problem. They are asked to refrain from thinking about the practical difficulties or advantages or disadvantages of these options at this stage. In the next stage, they are asked to consider the pros and cons in detail of each option. In the subsequent stage, they are asked to carry out the solution reached. The progress is reviewed and in case of difficulties they are either asked to redefine their problems or consider the other alternatives generated during brainstorming.

In the current case, the couple had disagreements over husband’s plan to start working in corporate sector or get into banking. Both the husband and wife were separately asked to weigh the advantages and disadvantages of joining corporate sector. A sample of the responses given by them is given below:

Husband’s Version:

Pros	Cons
1. Can work independently, detached from his father	1. Father’s dream of making him a popular advocate will not be fulfilled
2. Will not have to work 24x7; will have fixed working hours	2. Lesser pay
3. Lesser competition	
4. Less demanding kind of job	
5. A fixed schedule of working – therefore, more time for recreation and other activities	

Wife’s version:

Pros	Cons
1. Fixed Schedule	1. His fame and name as an advocate will be lost
	2. Lesser pay

After such a discussion of the pros and cons of the plan, Mr. R decided that he would continue practising in court as an advocate for next one year

and would reconsider the option of joining the corporate sector. Similarly, the issue of change in residence was also taken up and discussed. The couple also had disagreement on whether the wife should go for a job or not. This issue was also taken up and discussed in a similar manner.

In a subsequent session, the couple started off by stating they were 'not on talking terms'. On clarification, it was found that they had had an argument regarding shift in residence and now were not talking to each other. Mr. R's usual style was to shout at his wife when there were disagreements. Ms. S typically shouted back at him for some time and then would become silent and would not talk to her husband for quite some time. This issue was taken up and was used as an opportunity to teach them conflict resolution skills.

□ *Conflict resolution skills*

Conflict resolution skills have been considered as one of the most important skills essential for a healthy marriage by various researchers. Developing a sense of self-efficacy in handling relationship conflicts is considered important. The current couple were taught the following 'rules' of communication while trying to resolve conflicts:

Communicate using "I" messages instead of "you" messages. E.g., say "I feel uncomfortable when you say this" instead of "You always make me feel uncomfortable"

Avoid bringing up past conflicts

No catastrophic reactions or extreme statements

Keep arguments brief

Learn how to end an argument and how to apologize afterwards. E.g., one could say "I'm sorry that I said which hurt you"

Never assume anything, clarify your assumptions from your partner.

(Laveman & Borck, 1993)

They were told that conflicts were inevitable in any relations while skills to successfully resolve them were learnable.

The couple had an argument over cutting the wife's hair. Apparently, the husband had demanded a change in Ms. S's hairstyle and forced her to do so. Both husband and wife were reminded that they could use problem solving skills in such a context. However, they were also reassured and told that they would take time in the application of this newly learned skill. The application of conflict resolution skills was demonstrated in this context.

Ms. S's complaint of Mr. R not being supportive was discussed during the subsequent sessions. Ms. S explained how Mr. R disagreed with most of the plans that she had. Examples for this were that he would not join her for a movie of her own choice and that he did not support her decision to change their residence. The change in residence, according to her, was due to practical difficulties in going to work for both of them. However, Mr. R was reluctant to do so since he wanted to be closer to where his parents stayed.

Mr. R, on the other hand, complained that his wife never supported him. He cited the example of how she did not support his decision to change

his career. He explained that Ms. S usually leaves the situation when he tries to talk to her. The couple had never communicated their feelings on these issues to each other openly. They had never had a joint discussion about any of these.

□ *Communication skills training*

It was understood that training the couple in communication skills would help them in sharing their emotions and feelings with each other. The general principles of effective communication were discussed initially.

Following are the typical steps used in communication skills training (Schmaling, Fruzzetti & Jacobson, 1989):

Therapist models both positive and negative non-verbal skills. For example, therapist may demonstrate various facial expressions which convey boredom (or keen interest) in what the other person is saying.

Therapist models negative verbal skills. For example, a statement like “You and your stupid movies!” would be a highly negative verbal reaction.

Therapist teaches the couple how to paraphrase. This involves trying to understand what the partner is saying and confirming what you have understood. An example of such a question would be “Are you saying that you feel rejected when I don’t talk to you?”.

Training to attend to emotions. As in the above example, the person should try to understand the feelings behind what the partner is saying.

The current couple were then taught how they could apply these skills in their particular context. It was noted in the sessions that Mr. R is a kind of person who would not express his emotions very easily and directly and therefore, he was helped with this. They were advised to utilise the problem solving skills taught in the session to reach a conclusion about the issue of change in residence.

The issue of change in hairstyle was again taken up and both were asked to express their emotions in the session. As therapist was observing their conversation, it was noted that Ms. S had difficulty in making “I” statements. Mr. R was finding it difficult to use reflective listening skills. These were pointed out and both of them were helped to reframe their sentences to convey the appropriate message. They were made to practise these in front of the therapist himself.

The wife had brought up the issue of anger outbursts of Mr. R. It was found that these situations occurred when they failed to reach an agreement on the matters discussed. When they fail to reach any sort of conclusion, the husband gets into rage and would then leave home for sometime. However, they reported that there was no physical abuse of any kind. A major source of argument was the issue of Ms. S visiting her parents and relatives quite often. She also used to give many gifts to them which Mr. R thought was unnecessary. The wife usually reacted very strongly to these statements from Mr. R and told him that they were *her* parents and that he ‘need not bother about them too much’. On clarification, it was found that they both continued to have the concept of ‘your family’ and ‘my family’ and they used to accuse each other’s family members and relatives. Detailed exploration revealed that both of them did not actually mean many of these words they were using.

- Husband* : It was a mistake to marry her. I don't think we are compatible.
- Wife* : Me too! I don't think he loves me. Yesterday, we had a big fight, you know. He doesn't allow me to meet my parents. I've not even given them any good gifts after I got married. What should I say about such a man!
- Therapist* : So you are unhappy with the way things are. What are you feeling now?
- Wife* : I don't know! I'm angry and frustrated.
- Therapist* : OK, Now can we look at what we had discussed about communication in the last session a bit? Can you tell him what you actually felt when he did not allow you to meet your parents?
- In the above excerpt, the therapist is trying to clarify emotions and introduce "I" statements and helps wife to apply the same in communicating with husband in the session itself.
- Therapist (to husband)* : Can you elaborate a little more about what you said 'we are not compatible'?
- Husband* : You see; we've a lot of disagreements. Yesterday, she wanted to meet her parents. And I thought that was not so necessary since we met them just last week. She's always lost in choosing gifts for them.
- Therapist* : And this concerns you.
- Husband* : She raises the issue and would want to do it right away – which may not be practically possible for me – both in terms of finance and time.
- Therapist* : So you are concerned about these – time and finance.
- Husband* : Yeah. I understand that she would want to visit her parents and might be concerned about them. But she should look at these practical issues.
- Therapist* : OK, Can you tell her this?

The therapist further guides the husband in using "I" statements and being clear about what he wants to convey. He also demonstrates how extreme statements ('we are not compatible') could be substituted by clear and specific ones.

The importance of using conflict resolution and communication skills were emphasised in the sessions. Both of them were helped in using problem solving skills in managing such situations.

An example of recent anger outburst was taken up: Mr. R had gotten angry at Ms. S when she advised him to use a particular shampoo. On clarification, it was understood that he was doing some of his pending office work while she suggested this. He reported that he got irritated when she had brought

up this 'silly issue' when he was doing a 'serious work'. At the same time, the wife felt rejected when he shouted at her and started saying that she no more loves him. Both of them were explained how such extreme statements were unhelpful in improving their relationships and how they could use the communication skills taught in the sessions to convey their feelings appropriately. The husband was also told how he could have taken some time out once they found that their arguments are escalating.

The couple started experiencing improvements in their relationship once they had started using these skills on a daily basis. Ms. S reported an incident where Mr. R did not intervene too much in her shopping when they went out for one, which she perceived as an improvement. Ms. S had selected a dress for her on which husband gave some suggestions and allowed her to make the final decision. They both reported that they used to force their individual opinion on each other, otherwise. This was highlighted in the session by therapist and they were reinforced and encouraged to continue using these strategies.

□ *Enhancing fun, affection and intimacy*

This point in therapy was recognised as an ideal time to introduce fun-augmenting activities in the couple's life. The suggestions for such activities were obtained from the couple themselves. They came up with options like going for shopping, going to friends' house, joining a gym together and going for movies. The practical aspects of these options were discussed in the session.

By the next session, they had gone for a movie (of wife's choice) together and found the experience quite nice. The couple reported that they had difference of opinion in selecting the movie; however, they could use the skills taught in the sessions in reaching an agreement. The agreement they reached was to go for the movie which the husband wanted to go for, on a later date. Mr. R also reported that though he did not like the movie very much, he did not make any comments apart from stating this in a non-provocative style. He remembered that he used to tease his wife's selection of movies and used to ridicule the actors and the stories of these movies. The therapist continued supporting them and praising them for their efforts.

At this point of time in therapy, Mr. R complained that Ms. S spent too much of time with her friends and that he used to feel left out. He also felt that their relationship was not very intimate.

This issue was explored further and it was found that Mr. R used to feel that his wife shared everything with her friends and not with him. His feelings were explored and clarified. Ms. S could use her communication skills to make him 'feel understood' and the couple could come up with different solutions to this problem.

A discussion of improving their affection and love ensued. The couple were told about the importance of demonstrating the affection they had with each other. The couple could come up with behaviours indicating the same such as hugs, kisses and explicit statements conveying love. Ms. S agreed to make bed-coffee for husband while Mr. R agreed to go with her for movies of her choice. An exploration of their sexual life showed that they were not very satisfied with it. Ms. S perceived it as being very 'mechanical'. They were given suggestions to openly discuss their likes and dislikes. The importance of sexual relations in happy marriages was highlighted.

Exploration and modification of beliefs and attitudes

An exploration of the couple's belief systems about marriage and marital relations was carried out. Both of them strongly believed in the institution of marriage and condemned divorce except in exceptional cases. Both believed that marriage and intimate relationships are essential for one to lead a healthy life. The couple also believed that misunderstandings were best resolved when talked about it. These common beliefs were highlighted in the session by therapist. However, there were some differences in their belief systems. Mr. R appeared to have a more traditional outlook than his wife. Ms. S believed in independence of individuals though married. Mr. R had the belief that ultimately, wife should 'obey' him or sacrifice some aspects of her interests and choices to that of her husband's. On the other hand, Ms. S believed that an individual remains independent though she may be married. The therapist's task here was to clarify these beliefs and bring them to the fore and help them consider how these beliefs influence their relationships. It was pointed out to them these beliefs became dysfunctional when they were applied in an extreme and rigid manner. Such a discussion helped Ms. S to see that she need not resist any kind of influence from her husband. She reported that her arguments with Mr. R were usually when she thought he was trying to influence her decisions. She could understand the concept of interdependence (rather than independence) fostering cordial relations. The concept of 'obedience and disobedience' was also discussed. Mr. R could see how cooperation and mutual requests might be helpful than demands. He explained that arguments were activated when he felt that Ms. S was questioning his 'power and authority' and touching his 'ego'. Mr. R's reluctance to send his wife for job was also a part of his 'traditional outlook' about women. The therapist asked them to discuss this issue between themselves out of the session and reach an agreement about the issue. They were reminded to use their skills acquired during the therapy sessions.

By this point in therapy, the couple's interactions had improved quite a lot. They had gone to visit a common friend's house and had enjoyed the same. They had gone for Mr. R's choice of movie as earlier agreed. They reported that though there still were points of disagreement, these did not escalate into arguments and fights. They had decided to change their residence and had gone for shopping household items for the same. They had sat down together and had a discussion about the issue of Ms. S's career and had decided that she should continue to go for her job. They reported that they had utilised the two-column method taught in the sessions for reaching the conclusion. They reported that the most important learning from therapy was that conflicts were inevitable. They also reported that their sexual life was much more satisfying now.

It was decided to terminate the sessions since there were evident improvements in the couple. A total of 7 sessions were held with the couple. This case illustrates how marital enrichment techniques could be useful in a couple with lesser number of problems and less 'deeper' and serious issues. It can also be noted that this kind of a skill-learning and psycho-educational format works well with couples who are educated and young. Another noteworthy point about this couple was the cooperation in carrying out training tasks in the sessions and as homework.

The therapist also tried to stick to the model with each new problem and was successful in showing the couple how the same skill could be utilised in different, novel situations.

GLOSSARY

- Affection-enrichment** : Activities which increase cohesion and happiness among the partners.
- Communication skills** : Skills necessary for effective communication including that of one's emotions.
- Conflict resolution skills** : Skills essential for healthy resolution of conflicts in relationships.
- Marital enrichment** : Programmes used to enhance the quality of marital relations and to prevent marital distress, usually used with couples having mild or no conflict among them.
- Problem solving** : Programs to train couples and families in effectively solving their problems.
- Role plays** : In-session activity wherein each partner takes a prescribed role (usually that of the other partner).

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BASIC UNIT 2: ILLUSTRATION OF EMOTION FOCUSED THERAPY WITH COUPLES

INTRODUCTION

This Unit aims at making the process of Emotion Focussed Therapy, (EFT) with couples more explicit; to depict what EFT would actually be like. EFT is a structured time-limited therapy, which aims at helping couples reduce their negative interaction patterns and develop a secure attachment between them. EFT rests on the three pillars of attachment theory, experiential-humanistic theory and the systems theory (Johnson et al., 2005). All people have core psychological needs which manifest themselves as core vulnerabilities. When these vulnerabilities are evoked (say, in the context of an adult couple relationship), people experience primary emotions of hurt, anxiety, shame, hopelessness, fear. As a reaction to these primary feelings, secondary emotions get evoked. These may be anger, jealousy, rejection, fear. The basic premise in EFT is that emotions are complex information processing systems, which guide us to our actions and behaviours, our interpretations of other people, construction of our inner worlds and tell us how to “be” in our relationships. People also experience emotions which aim at influencing others; these are called instrumental emotions. As a relationship develops, and each partner’s core vulnerabilities get evoked (or core needs get threatened), a certain style of interaction between partners is set in motion. Some assumptions that EFT makes, which are related to the systemic perspective, are that causality is circular (Johnson & Greenman, 2006). In a relationship, each partner’s behaviour is in response to the behaviour of the other partner. Positive and negative feedback loops in the couple system (or the larger family system) maintain these patterns of interaction. Further, it is assumed that behaviours of a partner make sense in the context in which they are occurring. For couples, who are able to seek each other out in times of distress, or are able to have soothing interactions with each other, the distress is manageable. They are able to share their core needs with one another. This would indicate that they share a secure attachment. Some other couples may not be able to share their core needs with each other, indicating insecure attachment. In this case, the style of interaction with each other becomes repetitive over time and rigid. This is called the “Couple’s dance”. Negative interaction patterns take forms such as “Pursuer-Distancer, Demand-Withdraw, Attack-Defend” (Kalra, 2008). Being stuck in these negative interactions, the distress experienced by partners spirals. When couples present in therapy, they want help in reducing this distress. The aim in EFT is to change emotional experiences of partners, to develop soothing and comforting interactions between partners (emotion regulation) and to facilitate development of a secure attachment between partners. On an average the process of EFT may take about 12 to 20 sessions.

This Unit will take you through the process of EFT with the help of a case example.

THE CASE STUDY

Background Information

Vivek is 32/M, Manager (Sales) in a private company, from Delhi, Middle SES, Hindu and Sneha is 32/F, a lawyer, from Bombay, Middle SES, and Hindu. Vivek and Sneha shared a common ethnic/ cultural background of Uttar Pradesh (India). Both are currently working and living in Bangalore. They had an arranged marriage, have been married for four years, and they have a one and a half-year old daughter.

The Intake

The couple was self-referred. They presented with complaints of feeling disconnected, reduced interaction between them, not being able to solve their problems, and feeling that they were starting to lead parallel lives, though they both were living together. Their problems had started at the time of marriage, and were increasing as time went by. The couple reported that they wanted to work out their difficulties and keep the relationship going. They were worried that the distance between them would affect their daughter negatively. These were the reasons for seeking professional help. Their expectation from therapy was to get help in solving their problems and getting them to communicate better.

Assessment

After the intake, the assessment phase of therapy starts. The purpose of assessment was to understand the histories of each partner, and also of their marital relationship. The relationship is the unit of assessment. Information obtained during the assessment informs the therapist of how the problems between the couple started and what is maintaining the problem currently. From an EFT perspective, the assessment focuses on the nature of emotional interactions between partners, identification of typical negative interaction patterns, which maintain the distress, and lead to marital dissatisfaction. Assessment starts from the family of origin of each partner, how the alliance came through, and thereafter how the relationship/marital life progressed till the current life cycle stage.

Family of Origin (FOO)

Husband's FOO

Vivek was the first born of two sons. Father was 59 years, mother was 55 years and younger brother was 28 years. Vivek was born two years after his parents got married. His father was a meticulous person, but also quite anxious. He insisted on things being done his way. His mother was a submissive person, who would prefer to not make the father angry, and usually went along with what Vivek's father said. The father was the head of the family and all decisions were made by him. The mother managed the house. His parents shared an emotionally distant relationship with each other. What he recalled was that when his parents fought, it was usually that his father was angry about something, and his mother would keep quiet, not get in the father's way. Vivek recalled feeling very tense and anxious when his father would get angry around the house. Mother would also tell the sons to "not make things worse... encouraging them to not be seen or heard, so that the father's anger and anxiety could be contained."

Vivek and his brother both were close to the mother and communicated with the father through her. Vivek completed his B.Com. and MBA from Delhi, and moved to Bangalore when he was 23 years. Since then he had been working with a private firm and had been promoted to Manager of Sales when he was 29 years.

Wife's FOO

Sneha was a single child, born of a non-consanguineous marriage. Father died in 2003 when he was 53 years and mother was 55 years. She was born two years after her parents got married. She reported that her parents were both “egoistic”, that is, neither was the one to back down. They shared a conflictual relationship with each other. There would be frequent fights in the house, over issues like finances, cooking, and disagreement over how things need to be done around the house. Sneha would find this very stressful and tried to avoid being present during these fights. She would retire to her room, spend less time in her parents’ presence, tried to spend most of her time out of home. She said she saw how her parents fought, but never saw how they made up or resolved their fights. At times, she would get dragged into these fights and be expected to support either of her parents. When she resisted, she would get blamed for not being supportive. Sneha completed her studies in law and started working as a lawyer in Bombay. After her father died in 2003, in a road traffic accident, Sneha had to take care of her mother, and found it difficult to carry on with her own life.

The Alliance

The alliance of Sneha and Vivek came through a marriage bureau. They met once and then communicated over phone a few times over 2-3 weeks, met again once more and decided to get married. Both families approved of the alliance. The courtship period lasted for eight months. The couple got married in 2005. During the courtship period, the couple had infrequent and poor communication. Sneha would hesitate to initiate conversations or phone calls. But she was comfortable if Vivek called and could speak with him. She said she was not sure if he was free, or had the inclination to talk, and she felt she did not want to “intrude” on his space. Usually it was Vivek who initiated any communication. He would often get the feeling that he was the one who was bothered about their relationship, that he was taking more responsibility for keeping it going. They actually met four times between their engagement and the wedding. The wedding went off smoothly, and the two families shared a cordial relationship.

Life Cycle Stages – Details

Married couple without children

The couple mutually decided to live in Bangalore. After marriage they went for a honeymoon for two weeks. That period was reported to be very satisfactory time for both of them. When they came back, Sneha started looking for a job. Typically, the couple would spend time together in the nights. The couple was managing their affairs quite independently (of their FOOs) in the family of procreation (FOP). They would keep in touch with their FOOs regularly. Both sets of parents visited them for a couple of weeks twice a year. Decisions pertaining to the running of the house were taken mutually by Sneha and Vivek.

Vivek's work frequently involved traveling outside the city. In this context, Sneha would manage the running of the home, along with her job. The couple shared other household responsibilities and chores. The couple had a mixed communication pattern. Positive emotions could be shared verbally; communication about functional aspects was verbal and direct. However, Sneha had difficulty in sharing negative emotions like hurt, rejection, pain, sadness with Vivek.

She could not get herself to make any demands on Vivek (emotional, sexual). She was afraid he would deny them, or not fulfill them. Vivek would have to ask her what she was feeling, what was wrong, and then she would feel better. However, Vivek found this quite demanding. He also wanted Sneha to take some initiative. He felt that Sneha was not doing enough to keep the relationship going. When he did not initiate contact or communication, Sneha started to feel ignored and rejected; withdrew further. When she withdrew in this manner, he would also hold back. This would result in both not talking to each other for two-three days, each one waiting for the other to get back.

They would resume when an external demand made them communicate with each other. Both described these two-three days as very emotionally draining and painful.

The couple otherwise had healthy engagement with each other. The couple had emotional and instrumental support from their FOO. The couple had a healthy sexual relationship to begin with. Both felt quite connected with each other. Sneha and Vivek had a daughter in 2007. Significant issues came up between Sneha and Vivek during her pregnancy. She had had a difficult pregnancy and Vivek had to travel most of the time because of work. Though his parents and her mother took turns and came and stayed with her during that time, Sneha missed Vivek's presence. She often felt alone and scared. This is where their pattern of interaction changed. Though earlier Sneha would not say anything and withdrew if Vivek was not there, now she would complain often about his absence, accuse him of not caring about her or the baby. He would feel overwhelmed by this and he started avoiding her. He would work longer.

He also felt very anxious that something might happen to Sneha (because she had been having a difficult pregnancy), he might lose her. He would have high arousal levels, and this also contributed to his withdrawing from her.

Married couple with children (birth-36 months)

During this phase, the couple was focused on caring for their daughter. Sneha had quit work. Vivek was the only earning member of the family. He however had cut down on his traveling. Sneha was mostly involved in taking care of their daughter, and managing the home. Vivek would come back from work and then usually spend time with the daughter. Emotional difficulties became more between the couple at this time. They would have very little time for themselves. Sneha felt she was taking all the responsibility for the child, whereas Vivek would come back and play with her, or be watching TV. She felt alone, and unsupported. But she could not tell Vivek anything about this. When he felt that she was again involved in her own thing, and the baby, he would also withdraw. He would keep to himself. Communication between Vivek and Sneha became very functional over time, and largely pertaining to the daughter's needs. Each felt they were leading an independent life, without any connection with their partner.

Emotion Focused Therapy Formulation for the Couple

The therapist identified two patterns of interaction in the couple. The predominant one was withdraw-withdraw and the other was pursue-withdraw (manifested during the pregnancy). Sneha's core need was to belong, and the main vulnerability was that of abandonment. Potential abandonment created fear in her, which she dealt with by behaving in a way that would reduce this potential that is, withdrawing from Vivek, or not "imposing" on him or not making him angry. Vivek's core need was to be accepted and be valued. This created the vulnerability for feeling inadequate. Sneha's withdrawal or complaints would evoke this feeling of inadequacy. In response to that he would feel hurt. He would cope with the hurt by feeling angry, unsupported.

Behaviourally this would manifest itself as withdrawal. Both partners' tendency to withdraw in order to minimise conflict fed into each other's primary emotions and vulnerabilities. This maintained the negative interaction pattern between them.

The therapist works with couple on identifying this pattern and then restructuring their interactions in the middle phase of EFT.

Middle Phase of Therapy

So far, the EFT therapist did the intake to get an idea of the couple's concerns. She then started with the assessment where information was obtained about each partner's family of origin, how their alliance came through, the life cycle stages and about the couple's current interaction pattern. The therapist also gave the couple feedback about how their problems seem to be maintained. This initial phase lasted about three sessions. The stage is now set for the middle phase of EFT. The middle phase for this couple lasted for eight sessions. What did the therapist aim to do here?

The goals decided in therapy were

- For each partner to become more aware of their emotional needs
- For the couple to develop more soothing and calming interactions
- To help them develop a more secure bond between them.

What happened in therapy and how the goals were achieved is discussed below. Empathic exploration of emotions is an on-going process in EFT. The therapist aimed at deepening the emotional experiences of the partner. This facilitated expression of emotions for each partner, in the safety of knowledge that "it is okay to talk about this". Further, it acted as learning process for each partner: learning and understanding more about their partner's thoughts, rationales, emotions which drove certain behaviours, vulnerabilities and needs. The therapist by slowing down the process of interaction, made it possible for Sneha and Vivek to have repeated chances to discover each other, by listening and watching each other. Sneha and Vivek were able to see each other's actions in the light of new knowledge they gained about themselves and each other in the process of EFT. The therapist helped Sneha and Vivek stay with the changes the other partner was making and helped them make empathic connections with each other, and develop compassion for each other. This made it possible for them to develop trust and secure attachment. Given below are some session transcripts which highlight the process and techniques used in EFT.

Examples:

- **Examples of creating a therapeutic alliance (acceptance, empathic attunement and genuineness, validation) and tracking interactions:**

Therapist (T): You were saying that there is a gap that exists between both of you. Can you give me an example of what you mean when you say that there is a gap?

Both Sneha (S) and Vivek (V) look forlorn, Vivek's head is bowed down, Sneha is looking out of the window.

T : (Uses empathic attunement and validation, speaks slowly) It seems to me that it is hard for you to talk about this gap.

S : (Sighs) It is... we have not been talking to each other for three days now. It's so awful.

T : Hmm. Can you take me through what happened?

V : (Low tone) It started four days back. I came back from work. I was dead tired. It was 9 pm. I come home, and she is just not there. She is all wrapped up in herself. She didn't even ask how my day was. It got me mad.

T : For you, it was like she wasn't present, when you wanted her, and you felt angry.

V : (Pitch of the voice rising, frowns while talking) Yes, I was like you aren't even bothered about me. I just shut down.

(T turns to Sneha; she has tears rolling down her face. Her lips are quivering)

T : Sneha, what is going on for you right now, as you hear Vivek talk?

S : (Has a confused look on her face) There are just so many things buzzing in my head right now... it's like a cauldron.

T : So what all is brewing in that cauldron?

S : I am thinking about what happened that day, and what he is saying now. And the two are just so incompatible.

T : To you the two seem incompatible, and you are wondering how to make sense of that.

S : Yes... (Starts speaking very fast, pitch of the voice rising) that day, he comes home. I have been with the baby the whole day, not a moment to myself. Just doing all this by myself. I was changing Diya's (their daughter) diapers, how can I dump everything and go talk to him? He comes in, goes to the room, and then switches on the TV. He didn't bother about me. Who takes care of me? Nobody. (Starts crying again). I am so exhausted, but he doesn't understand. I felt so dumped. Like I don't matter. And if he doesn't want me, I am not going to force myself on him. And that's how the day ended. How can he say that I am not bothered?

T : Ok, it seems to me, Vivek, that when you came home from work that day, you wanted to be with Sneha, after a long day. You were looking forward to that. When she didn't come, you felt like she didn't care for you, you felt alone. And you decided to deal with that feeling by shutting down. And you Sneha, you had been feeling exhausted after the whole day. It felt like you were on your own, and what you were looking for is some comfort from Vivek. When he "shut down", you felt like he didn't care for you. And that is when you moved away. Did I get that right?

S : Yes it was like that. We just withdrew from each other.

T : Each of you felt you were on your own.

V : Yeah, and this is what happens each time. We end up not talking.

T : You know, sometimes couples get stuck in a certain style or pattern of interaction. We call this a "couple's dance". Like each one knows the "moves" and dances accordingly. And withdrawing (Therapist emphasizes this word) is the way both of you has developed to tackle conflicts. Sometimes it's quite difficult to get out of that style. What we will work on in therapy, is for both of you to learn how to beat this pattern, and discover more soothing ways of interacting with each other.

S : Nods her head

V : Okay...

Examples of restructuring emotions, using emotional engagement: expanding and deepening emotional experiences of partners (RISSIC, Validation, Evocative responding, Heightening, Empathic conjectures and interpretations):

S : (Sighs) I just can't believe where we have reached in the last four-five years.

V : It wasn't unimaginable... we are where we were four years ago.

S : (Turns to look hard at Vivek, tears start rolling down her face). How can you say that?

V : (In a low tone, speaks haltingly, eyebrows knit-together). Well, even when we were courting, you would never call. I had to do all the calling. It was like you expected me to run after you. I just got tired of being treated like that. And you know what, I don't think I want to do this chasing anymore.

S : (Looks anguished, eyes dilated)

(T looks at Sneha; she just keeps looking at Vivek, unable to say anything)

T : It is hard for you to listen as he talks, Sneha....

S : That time, I just didn't know what the proper thing to do was. Like, I didn't want to mess things up between us.

- T : You were worried that something might happen.... (INTERPRETATION)
- S : Yes... he used to travel, have meetings, or he might have been with his friends. I felt if I called him at the wrong time, he might get angry or annoyed. So I usually never called him.
- T : And it was difficult to take that risk? The risk of him getting angry?
- S : Yes...
- T : It was safer for you to not call him at all, than to see him annoyed. I am wondering what that would be like for you. Sneha, if Vivek got angry with you? (EVOCATIVE RESPONDING)
- S : (Takes a deep breath, bites her lip) It would be scary...
- T : It would be scary.... And overwhelming? And hard to deal with.
- S : Hmmmm.
- T : Sneha, have you ever told Vivek about feeling scared?
- S : No... just couldn't.
- T : Can you turn to him now, and tell him that you feel scared?
- S : (Folds her hands across her chest, looks down) Vivek, I feel scared.
- T : It seems there is a part of you Sneha, that wants to tell Vivek, how scared you feel but there is another part which tells, you, hold on... this is not safe. (EVOCATIVE RESPONDING/ REFLECTION)
- S : Some thing like that. During the courtship, we met once or twice. It may sound stupid, but I thought if I did something to make him angry, he would not like me, or think that I am clingy. Or if I intrude on his space, what if he got so annoyed that he decided he didn't want to be with me (eyes well up).
- T : Sure, if you felt that he might get angry with you, and leave you, you would feel scared. That's understandable. And you would make sure you didn't do something that would make him angry. And that you would do by "not intruding". Now, Sneha can you tell Vivek what scared you? (VALIDATION)
- S : I didn't want to lose you. I don't want to lose you. It scares me to think you may not want to be with me. That I will be all alone. (CORE NEED/VULNERABILITY IDENTIFIED – ABANDONMENT FEARS)

This is a session transcript where the therapist works with Sneha on restructuring emotions, and helping her identify secondary and primary emotions and her attachment vulnerability:

- S : (Sighs) I just can't believe where we have reached in the last four-five years.
- V : It wasn't unimaginable... we are where we were four years ago.
- S : (Turns to look hard at Vivek, tears start rolling down her face) How can you say that?

- V : (In a low tone, speaks haltingly, eyebrows knit-together) Well, even when we were courting, you would never call. I had to do all the calling. It was like you expected me to run after you. I just got tired of being treated like that. And you know what, I don't think I want to do this chasing anymore.
- S : (Looks anguished, eyes dilated)
- T : What is going on for you Sneha right now, as you hear Vivek speak?
- S : I am feeling scared. (SECONDARY EMOTION)
- T : You are feeling scared.... and what is this scary feeling about?
- S : I am scared that he will leave me. (VULNERABILITY) he is tired of me and he will leave me (covers her face with her hands).
- T : (Pauses, looks at Sneha, says in an empathic tone) And that will be very difficult for you to face... like it would be shameful for you to live with that. (EMOTIONAL CONJECTURE)
- S : I mean, what would I have, if he left me? (PRIMARY EMOTION — SHAME)
- T : Vivek, has Sneha ever told you about her fears of you leaving her?
- V : God! I had no idea she thought like that...
- T : Tell Sneha that, talk to her...
- V : (Turns to Sneha, Sneha is still hiding her face) I didn't know you felt like that. You are afraid I would leave you?
- S : (Nods her head)
- T : Sneha, can you tell Vivek what you need from him right now? (ENACTMENT)
- S : (Turns in Vivek's direction, but doesn't maintain eye contact, looks down) I just need to know.... I just need him to tell me, I mean, I need to (gulps) know that you still love me/care for me.
- V : (Reaches out, holds her hand, smiles) You are very important to me, Sneha. And I do love you.
- S : (Looks at Vivek) Really? But you said you are tired of chasing after me.
- V : What I meant was, sometimes it would be nice if you could "initiate". It would make me feel good.
- S : (Smiles and turns to therapist)
- T : How do you feel when you hear him comforting you?
- S : It feels so nice. Like I matter to him (CORE NEED: TO BELONG). I am feeling better. I was just scared that he would get angry or tired and leave me. And that just freezes me. It would be difficult for me to imagine being without Vivek. But if I know that he still loves me, and then he gets angry, it won't be so bad. I can deal with that (smiles)

and nods her head in affirmation). Then, I can do something to make things better. But to feel he doesn't love me, and then try to do something, to me sounds like I am imposing myself on him.

T : Sneha, can you tell Vivek, what he can do, to make you feel that he loves you and cares for you?

S : Well (smiles, appears a little shy) ... you know, he can, as in, you can, smile more often, hold my hand, or a hug or a pat on the shoulder. Or plain simple tell me.

V : Yeah, I can do that!

This is another session transcript where the therapist works with Vivek on restructuring emotions. Vivek, Sneha and therapist are in session, discussing a recent event where Vivek felt angry about his position in the house, and what he experienced as invalidation of his efforts as a provider for the family.

V : You know I am working hard to support the family. I don't want to sound like I am doing great things, but in a place like Bangalore.... It's tough. And I am the one earning money. Diya is very small, and Sneha needs to be with her. She is not working.

T : You are trying very hard... (VALIDATION)

V : I am... (Voice rising) you think I like being away from home, away from my baby? The work's quite a lot. So much traveling, meetings, managing the guys in office, and then come back home, and then to deal with this stuff at home.

T : (In an empathic tone, slowly) Seems like there is lot going on for you right now.

V : Hmm. But nobody understands that.

T : Like no one is clued into you.

V : (Frowns, looks angry) But I am expected to understand what other people are feeling and behave accordingly.

T : It seems to me that you are feeling angry, Vivek, and I am wondering if that feeling comes from a sense of things being unfair. (SECONDARY EMOTION — ANGER)

V : They are unfair. It's okay for her; she said to me what she wants from me. But nobody asked me what I wanted ...

T : Sneha didn't ask what you wanted ...

V : Yes ...

T : I am wondering what you are feeling right now, as you say this.

V : I feel like a nobody. Like I don't matter. Like what I am doing is just not good enough for her.

T : And what is it like when you feel what you are doing is just not good enough?

- V : It's like being told that I am not good enough. I feel I have disappointed her, not lived up.
- T : And what happens to you when you feel you disappointed her?
- V : (Sighs) It's too much to bear. I feel miserable. And then I don't want to have anything to do with anyone. (SECONDARY EMOTION: FEELING MISERABLE)
- T : You would rather be on your own. It's safer there. Because, there no one can hurt you. (CONJECTURE)
- V : Yeah, because it hurts (PRIMARY EMOTION) when I am made to feel I am on my own (CORE NEED: TO BELONG), that I didn't live up. (CORE NEED: TO BE SEEN AS ADEQUATE)
- T : So, for you, when Sneha gets upset that you come late and she backs off, it evokes feelings that you haven't lived up. You feel inadequate. And that hurts. And it is easier to deal with the hurt by staying away. Did I get that right?
- V : That's the routine...
- T : Sneha, how do you feel as Vivek shares his feelings?
- S : I feel bad, for him. I could see that he was doing his own stuff after coming back from work. I could see that. But I couldn't see the hurt. I feel I could have been there for him.
- T : Vivek, can you turn to Sneha now, and tell her, what you need from her?
- V : (Turns to Sneha) I want you to reassure me... that you value me as a person. That I am good enough for you.
- T : Sneha, I want you to respond to that...
- S : (Looks at Vivek) Vivek, you are one of the most important things that happened to me. You made it possible for me to move on after Papa passed away. When we decided to get married, I felt finally I found someone who will be there for me. I still remember that feeling (smiles). You are really good, Vivek. So many things have been possible because of you. I value you.

This is a transcript from a later session in the middle phase where the Sneha and Vivek come for a session and discuss an event in the past that hurt them both. This was regarding how Vivek felt when Sneha would criticize him for not being around much during her pregnancy. The therapist explores their feelings about this issue in the session, and helps the partners make sense of what was happening. In the initial part, the therapist has helped Sneha become aware of her emotions and her hurt which fuelled her anger, and how she would "chase" or "pursue" Vivek through her criticism, in order to make a contact or connection with him.

This was her way of saying to Vivek "I am in pain, I need you". In the transcript given below, the therapist works with Vivek. The transcript also shows how the couple has started changing their

interaction pattern, and is defending the relationship against the enemy (the typical cycle).

V : It would just make me want to pull the shutter down. The constant barrage of “you are not good enough”.

S : I never said you were not good enough Vivek. You were not there, ever. Do you know how difficult it was for me?

V : Fine, you were right and I was wrong. Can you stop now? Maybe we can discuss something else.

S : You can't keep running from this, you know.

Vivek looks away in the other direction.

(The therapist notices here the same interaction pattern that existed during the pregnancy: She pursues, he withdraws, and brings this to their notice)

T : Vivek, you looked away, as Sneha said that you can't run away from this. Is this what you meant by “pulling the shutter down”? (RISSC)

V : Yeah. That's what it was. It is too much. I cannot take it.

T : Its over whelming for you, to hear her talk like that... and pulling the shutter down, sort of, blocks the message “you are not good enough”....

V : I have tried, tried to be a good husband. And I know I was expected to be around more. I know she was having a bad time. It's just (pauses), I couldn't do anything for her.

T : What was that feeling like, Vivek, to not be able to do anything for Sneha?

V : I saw her in pain, visits to the doctor. And I felt I couldn't do anything. I felt helpless.

T : Helpless... (Says it slowly, low tone)

V : Yeah.

T : Then what would this feeling of helplessness make you do?

V : I felt nervous. I... I... I mean, I don't know... what if something happened to her, what if.... (Doesn't complete the sentence)

(At this point, Sneha looks in Vivek's direction, in surprise; starts talking to Vivek)

S : Vivek, what were you thinking?

V : I ... (hesitates)

S : Its okay, Vivek, tell me (Says slowly, in a warm, reassuring way)

V : I thought I would lose you; the thought was scary, okay? And I didn't like seeing you uncomfortable. And then I didn't want you to see me like that, all nervous. It wouldn't help in any way. Being engrossed in work, traveling made me calm down. I was away, but at least you wouldn't get freaked out that I was feeling helpless. I needed you to think that I was managing well.

- S : I don't think it helped, Vivek. It made me very, very angry... (Again, says this in a soft manner)
- V : I know. I know you wanted me around more. And then you would say all that stuff. It really made me feel I wasn't doing a good job, made me more anxious. I couldn't think of anything else to do except stay away. And having your and my mom around reassured me that you will be fine.
- S : (Turns to therapist and says) I didn't know he was scared.
- T : (Nods) So for you Vivek, seeing Sneha in discomfort during the pregnancy evoked anxiety and helplessness, and you didn't want her to see you in that state. And you could not bring yourself to tell her this. Today you have. How are you feeling about telling her about your emotions?
- V : I felt it was okay to tell her. As if it was going to be okay even if I told her. I believed her when she said "it's ok to tell me".
- S : You know, if you had just mentioned that you also get nervous about the baby and all, I would have felt more connected with you. I wouldn't have complained so much. I felt alone, even though both our mothers used to be there. And now, I can imagine how alone you would have felt too, with the shutter between us (smiles).

Here, both partners have shown empathy for each other, reassured each other.

There appears to be better understanding of how to have soothing conversations even while discussing difficult moments.

Termination

Termination of the EFT for Vivek and Sneha took place over two sessions. In this phase, the therapist reviewed how therapy had progressed and where they found themselves at the end of therapy. Sneha shared that she was able to trust Vivek more and could "seek things from him without feeling apprehensive". Vivek felt more valued and acknowledged. He could identify when he was starting to feel inadequate and could ask Sneha for reassurance. Both felt more compassion for each other. They could identify when the old cycle was coming back. They felt more connected as they bonded over their baby and other meaningful tasks. They still had concerns about the little time they had for themselves. However, they felt they could handle that issue on their own.

In this Unit, we have seen a couple undergoing EFT, and learnt about how it would be seen in action. Therapy began with assessment of FOO of each partner, tracking of their interactions, discovering each one's core attachment needs, creating a safe space for explorations of emotions, and then restructuring interactions to facilitate sharing of primary emotions, which makes it possible for a secure bond to develop between partners. EFT helps partners to seek each other out for comfort when core vulnerabilities get evoked. Thus, though conflicts between partners may not be resolved, EFT makes it possible for couples to accept each other's positions, as they experience compassion and empathy for their partner.

GLOSSARY

- Attack-Attack** : A pattern of relating where both partners will relate with each other by negative emotional attack.
- Pursuer-Distancer** : A pattern where one partner pursues and the other distances him/herself from the other.
- Withdraw-Withdraw** : A pattern where both partners find it difficult to engage with each other emotionally. And when faced by a conflict will withdraw further, as a way of protecting their vulnerabilities.

FURTHER READINGS AND REFERENCES

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BASIC UNIT 3 : FUNDAMENTALS OF DOING AND RECORDING CASE WORK

INTRODUCTION

Important guidelines for working with cases

For working with a case you have to first identify the case — an individual or a family, who is willing to take counselling/family therapy sessions with you to resolve their problems. Confidentiality, trust building, rapport formation, sensitivity and neutrality are among the key points which need to be remembered while handling a case.

- Seek the consent from the case — individual/family before conducting counselling/family therapy. For each case, separate consent needs to be taken. The consent form is enclosed at the end of this Manual.
- The time schedule for conducting the counselling/family therapy sessions should be planned according to the convenience of the family or the individual with whom the sessions have 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 and also expect the same from them.
- Before conducting any session, you should have thorough knowledge of the theoretical components as well as thorough understanding of the procedures.
- Respect the views of the individual(s) involved, 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 do not discuss it with any other person including your friend, spouse, parents and other family members. You have to discuss the case with you Supervisor though.
- In a case where the family or the individual refuses to cooperate with you, or you feel that therapy/counselling is not successful or making a desired impact, or if the individual/family stops coming for counselling/family therapy and you are forced towards unplanned termination, you would have to accept the case work as incomplete, and a learning exercise rather than a case you may submit for evaluation in your Supervised Practicum. You would then need to identify another case to carry out your work.
- Your Supervised Practicum File must have two case works, one involving individual counselling (minimum 7 sessions) and one involving family therapy (minimum 12 sessions).

Important points to keep in mind while carrying out the case work:

Intake of the client(s) should be recorded. If it was through any referral, their comments/suggestions should also be recorded.

Give due emphasis to rapport formation, sensitivity, objectivity and neutrality.

Your report for each case work should include the case history and mental status examination of your respondents.

Make an assessment through genogram and family line. Carry out genogram analysis and find out whether the problem occurred in any previous generation(s). At least 2-3 stage genogram analysis has to be done. Identification of repeat of any problem seen in the client with the family members from past generations should be probed further and noted.

Family history taking interview should begin from the client's present family life cycle stage and proceed backwards.

Understand power, hierarchy, subsystems in the family from therapeutic viewpoint.

Identify of stressors in your client. Help your client in coping with stress.

Understand manifestations of the problem in the family.

Note down hypothesization formulated by you in each case.

Understand handling resistance to change in the client.

Note: The tools for case history taking, mental status examination and semi-structured family interview schedule were given in the first year supervised practicum courses. Use the ones relevant for the individual whom you have identified for the specific case. For adults you will use Case History Taking of an Adult and Mental Status Examination Inventory. For children/adolescents you would use Case History Taking of Child/Adolescent and Mental Status Examination Inventory. From the Family Interview Schedule, use the areas/topics relevant for the individual/family, whom you have identified for the specific case work. In the first year practicum courses, you have also learnt about assessment through genogram.

Listing of what has to be done with the client(s):

List all the characters in the case record including your client.

List all the worries, problems, ailments, feelings or disorders which your client has reported.

List all the worries, problems, ailments, feelings or disorders which you feel are likely to exist and the client is unaware of.

Give reasons as to why do you think the client must be experiencing both — something in particular which client(s) is unaware of and something which client(s) is aware of.

Find out your client's purpose in coming to you.

Summarise and interpret what the client has reported to you.

Transform the problem statements made by your client into goal statements.

Set realistic goals mutually with your client and describe the same.

Explore the possibilities to reach the goal(s) and list them. Plan both long term and short term goals. Long term goal is the outcome expected after completion of the counselling/therapy. Short term goal is for one or two/three therapy/counselling session(s).

Develop a plan to reach the goal together with the client and explain the same.

Evaluate your own progress at the end of each session as well as after completion of the process of counselling/family therapy.

Use circular questioning with your client(s).

Observe neutrality in your sessions.

Involve all family members who are willing to participate in your session.

Try to involve the important (who influence the client) family members in the family sessions.

Assign home work assignments and ask about the follow-up in the next session.

Clearly hypothesize the reasons for the problem.

Discuss which therapeutic approach has to be used with the client(s) with your Supervisor. Substantiate your choice of therapy with reasons.

Evaluate the success or failure of your therapy and critically analyse the reasons for the same.

Inform the client 2-3 sessions early about the termination of family therapy/counselling.

Tips for Counselling/Family Therapy Sessions

Note whether the client was on time, late, or much before time for the meeting. This should be noted especially for the first appointment, and also for all other subsequent meetings.

Explanation of the meaning of the term family therapy and counselling to the client(s) needs to be done.

Note down the number of family members to be involved in the therapeutic sessions; and the number and relations of family members who can participate in the sessions.

Write a brief description of the problem diagnosed in the patient/family/ or the index patient in the family. Here Index Patient would be the person or family member who is thought by the family members to have a problem and is the basic reason for the family to seek intervention or family therapy.

Make an assessment of the environment or climate as seen at the time of each therapeutic meeting/session and note it down; for instance: whether the emotional atmosphere was warm, the rapport between the client(s) and the therapist and the rapport among the family members. The following terms are commonly used:

Noisy – The client(s) were fighting with each other or one person was cutting the other person's thoughts.

Cool – The client(s) pretended not to be affected by the problems so displayed a cool behaviour.

Anger – At a particular family member.

Loud – The client(s) were shouting.

Calm – The client(s) calmly participated in the session.

Warm – The client(s) displayed warmth towards each other.

For each therapeutic session this has to be noted. At times the atmosphere may change from beginning to the end; it should also be noted.

You and the client should agree to a contract containing long term goals of therapy.

Short term goals of therapy need to be outlined with the client(s).

Intake is to be a small session of 20-30 minutes. The therapist needs to understand the presenting complaint in systemic perspective.

During your student/trainee period when studying this course, you are NOT permitted to charge your patients i.e. take money/gifts. But, later on as a professional in actual practice, before and during your intake session you should tell about fees of a session and approximately how many sessions you would have, the frequency of the sessions and timings of the same to the client in the first meeting. At times you may take 2-3 sessions to decide upon the problem and number of sessions required.

Now, after understanding the client(s)' problem you have to decide upon the specific theory(ies) and therapy(ies) you would use. You have to give reasons for the choice of theory and therapy after understanding the client(s)' problem.

In most of the cases, you would have to psychoeducate the index patient's family regarding the problem/mental disorder the patient is suffering from.

Here, we would like you to give a description of what psychoeducation you provided and how did you go about it.

In dealing with especially children, adolescents and at times young adults with poor social mental functioning you may need to do social skills training and provide life skills education.

Here, we would like you to give a description of what and how you provided social skills training and/or life skills education.

In your family interview of the client(s) you have to note down the family life cycle stage of that person. Note down the roles and responsibilities, tasks carried out by the family, disciplinary techniques used by the family, understand the individual life span development of the individual, and so on. You have to find this by asking various relevant questions.

Then, ask the questions related to the previous family life cycle stages of that person; for a married couple start from the beginning family and for an unmarried person go to his remembrance from early childhood onwards.

In your understanding of the client(s) understand the deviations from the norms as specified by the culture to which one belongs. These understandings have to be from both life span and family life cycle perspectives.

Identify the stressors, hierarchy, power arrangements, alignments, triangulations, etc. in the family.

While doing individual counselling/therapy you have to note down the perceptions of the individual regarding the family members and their impact on the individual.

Please remember that it is the perception that one has about others' thoughts and feelings that has influence on us and our therapy.

Note down how did you as a counsellor/family therapist manage your personal issues, stress and anxiety.

Were you able to maintain the confidentiality issues? Now, please remember that as a trainee you have to discuss all the issues and concerns of the client with your Guide/Supervisor. You are not breaching confidentiality issues!

Note down if the client(s) had sought help before, when, what was the reason for seeking help and was the 'help' successful in resolving the client(s)' problem.

Note down client(s)' expectations from therapy. In family therapy sessions, each family member's expectations from therapy need to be ascertained. Then a common therapy goal among the family members needs to be found out.

Note the instances that describe your understanding of the following:

- What did the facial expressions of the client(s) indicate?
- Was there maintenance of eye contact?
- Was there failure at times in maintaining eye contact?
- What was the body position of you and your client(s)?
- How much space was there between you and your client(s)?
- Did you fall in the common therapist's traps in your therapeutic sessions?
- How did you get out of the trap?
- What was 'your role'/your self's role in therapy?
- What kind of therapist/counsellor and client relationship get formed?
- What professional and ethical issues did you take special care of?
- In what kind of therapeutic sessions were you an effective active listener?
- Did you preach too much on moralistic grounds?
- Did you allow your client to speak?
- Did you allow your client to speak on non-relevant issues?
- Were you able to bring the client to speak on the relevant issues?
- How did you stop the client from diverting from the main issue or speaking on not-relevant issues of that particular session — were you blunt or polite, how did you handle it?

- Was your relationship with your client affected by the client's and therapist's age, gender, disability, socio-economic status, sexual orientation, religion, ethnicity, spirituality, client being affected by STDs (sexually transmitted diseases), HIV/ AIDS, cultural differences etc.? Please elaborate.
- What special efforts did you make to understand your client(s)' culture and its impact on the real life of the client?
- How was the attitude of the index patient towards counselling/family therapy?
- What was the attitude of the other family members called for therapy towards counselling/family therapy?
- Who decided who all would attend the family therapy sessions?
- Describe the client's and his/her family's motivation for change?
- How did you use reflection with your case?
- Explain use of transference and counter-transference in your client-counsellor/therapist relationship.
- What kind of resistance did you face during therapy?
- How did you handle resistance to therapy?
- Explain one situation that required your coping skills during counselling and family therapy sessions.
- How did you deal with this situation?
- When and how did you discuss these situations with your Supervisor?
- What was the role of your Supervisor in these situations?

To bring the client back to the point you may say, "All right, what issue you are discussing is important, but at present we need to focus on we will come to this issue later".

Never adopt a high-handed attitude in a session.

Note down the home work tasks assigned to the client. Remember to take feedback regarding the home work assignment from your client in the next sessions.

If you will not take feedback, then they would think it is not important to follow the home work tasks.

You have to ask your client regarding their anxieties, fears and expectations.

Note down the kind of the environment that was present during each therapy/counselling session.

Note down, if any specific therapeutic technique was used, why did you use it and details related to it. Obtain your Supervisor's permission to use that technique.

Do proper record keeping.

One counselling/family therapy session is equal to one hour approximately.

Note down the number of sessions, duration of a session, as well as details of each session.

In your file, submit as appendices and enclosures the audio/video cassette/CD and transcripts, record sheets used at the time of interviewing/observing/counselling/family therapy, etc.

In actual practice, gap between sessions should be neither too less nor too much. However, for your Course you need keep the sessions with less gap.

Preparation of Case Records

In your Supervised Practicum File as described in this Manual, you are required to submit two case records; one pertaining to individual counselling and one pertaining to family therapy, from the stipulated area. The minimum number of sessions, each of about 1 hour duration is 7 for a counselling case work and 12 for family therapy case work. You may, of course, conduct more sessions in a case, if required.

For the purpose of the File, your case record (that would be evaluated by an external expert) would need to be a summative, critical account of all the sessions put together, with relevant excerpts and examples interwoven as required. Details of individual sessions (including details of each session; transcript of each session; and records pertaining to case history, mental status examination, genogram analysis, family interview, etc. and audio/video cassette/CD and transcript sheets) are to be provided as appendices/enclosures in the Report/File, for the external expert to refer to.

FRAMEWORK OF CASE RECORDS

Referral & Intake

Assessment of the individual/couple/family in terms of:

- Knowledge about illness
- Physical/Emotional/Financial/Household routine burden
- Basic needs
- Social support available
- Reaction of family members
- Impact of illness

Intervention Adopted

- What was the specific counselling/family therapy technique adopted with the client(s).
- Why was this technique chosen? Give clear reasons, with examples from your patient's case.
- How was the counselling/therapy implemented? Give details of the sessions.

Psychoeducation

- Whether needed
- Was it done
- How

Difficult situations encountered

- List down all the situations with your client which you found difficult to handle. Explain in detail.
- How did you handle these situations.

Reflections

- Note down your reflections for the case.
- Were you always right in your reflections? Give examples of when your reflections were right and when wrong.

Barriers in Communication and Handling Emotional Outbursts

- Were you able to handle the communication with the client effectively in all the sessions?
- List examples when you were not able to manage proper communication.
- What measures were undertaken by you to handle communication.
- How did you handle emotional outbursts.

Termination and Follow up

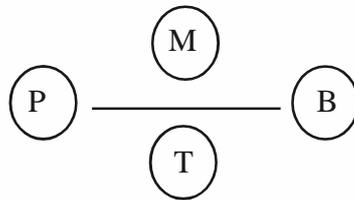
- Did you terminate at the appropriate time or abruptly? Was the termination planned or unplanned? Give details.
- Did the client stop coming without information?
- Were some tasks given at termination to be assessed in the follow up sessions? Write details.
- Did you follow up the case?
- Was therapy showing any positive/negative/no impact in the life of the client(s) after termination of the therapy? Elaborate with examples.

For each session, following points have to be recorded:

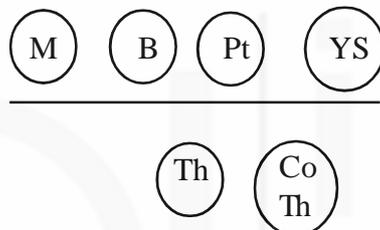
- ☞ Number of participants
- ☞ Details of participants
- ☞ Aim of the session (Intake/which phase of therapy)
- ☞ Emotional atmosphere (how was the emotional atmosphere during the session)
- ☞ Duration of the session
- ☞ Date
- ☞ Main themes in each session

- ☞ Details of any psychological assessment/tool if used or carried out
- ☞ Sitting arrangement (Shows how clients and toherapist were sitting, who was proximally closer to the therapist, etc.)

Examples:-



- Here, P - Patient
M - Mother
B - Brother
T - Therapist



- Here, M - Mother
B - Brother
Pt - Patient
YS - Younger Sister
Th - Therapist
Co Th - Co-Therapist

Please Note

- You have to submit 2 case works complete with intake, initial phase, middle phase and termination.
- One of the case works should involve counselling, and one should involve family therapy, from the specified area.
- Each counselling case record should include at least 7 sessions, while a family therapy case record should include at least 12 sessions. While you may take more sessions if required in a case, taking lesser number of sessions than stipulated is not permitted. Such a case would be rejected, and the Supervised Practicum deemed incomplete.
- Remember each session is of about 1 hour.

REPORT WRITING AND EVALUATION OF CASE RECORD

PARAMETERS FOR CASE EVALUATION

The report you prepare should be so designed and presented that it showcases your knowledge, skills acquired and competencies achieved for practice in counselling and family therapy profession. These are points which have to be noted by the Supervisor also.

Each counselling/family therapy case record would be evaluated on the following tasks performed by you:-

- Intake
- Initial phase
- Middle phase
- Termination
- Follow up
- Your understanding of the case
- Planning a therapeutic (counselling/family therapy) session
- Handling of ethical issues
- Sensitivity and skills applied with the case
- Adequacy and effectiveness of counselling/therapy
- Suggestions for improvement
- Honest reflections
- Regularity

Submission of original transcriptions of the sessions, along with CDs/audio tapes is compulsory.

You have to submit *two complete case records*.

One case record has to be from counselling perspective and one case record has to be from family therapy perspective.

PART II
PRACTICALS TO BE DONE



PRACTICAL 1: REVIEW OF AN ORGANISATION WORKING IN THE FIELD

You have to review one organisation or centre working in the area of marital and family therapy and counselling. Visit the organisation/centre, discuss with the functionaries and service providers, and also meet the beneficiaries and others to obtain the desired information.

You have to review the organisation/centre with respect to administration, therapeutic services provided, research and training, aim and mission of the organisation/centre etc. The organisation/centre identified by you for review should be one that is working in the area of marital and family life betterment. It could be a family court, women cell, men cell, family guidance centre, etc.; or it may be any governmental, private or non-governmental organisation/centre/institution etc., involved in providing marital and family therapy and counselling.

In your Report on the organisation/centre, include information pertaining to the following heads:

Name and address of the Organisation/Centre.

Organisational and administrative set up of the institution/organisation including board or governing bodies of the centre. History of the organisation.

Aim and mission of the centre/organisation.

Whether the organisation/institution is registered.

Professional support and services available at the centre/organisation. Focus on the domain of marital and family therapy and counselling.

The kind of beneficiaries that approach the organisation/centre for help and the nature of problems/issues they seek help for.

Target group of beneficiaries, and how the services are envisaged to reach the target beneficiaries.

Funding sources of the organisation/centre.

Infrastructural facilities present.

Relationship with other governmental, non-governmental and private agencies, and type of association with them.

Relationship with local bodies like panchayats, community based organisations, etc.

Job description of employees.

Community recognition and awards received.

Future plans of the centre.

Your reflections about the centre (It should include your impression about the centre, its functioning, its strengths, its weaknesses, etc.; what insight you got from being at the centre; what you learnt in terms of knowledge, skills and attitudes; how could the centre be more productive according to you; and so on. Write the honest impression you had).



PRACTICAL 2: ACCLIMATISATION SESSIONS

Before conducting the counselling/family therapy sessions yourself, it would be a good idea for you to observe how your Guide/Supervisor engages in marital and family therapy and counselling, as well as carry out some mock sessions or role play in the presence of the Supervisor.

At least 4-5 such sessions would be very useful. Include a detailed report on these acclimatisation sessions in your Supervised Practicum File.

Thus, for this practical, you have to report in the File in detail how these sessions were carried out, and in what ways did these sessions help you.





PRACTICAL 3: COUNSELLING CASE WORK

In this supervised practicum, you are required to prepare a case record comprising 7-10 counselling sessions. Thus, you need to be involved in counselling an individual/couple with marital and family issues, from the initial phase till termination, and prepare a record of the same. The case work must involve at least 7 counselling sessions; though you may take more counselling sessions with the client if required.

Steps to be followed:

- Identify a case (individual/couple) requiring counselling for problems related to marital and family issues.
- Your counselling case work should start from the initial phase, and progress till termination.
- In this practical, you have to apply therapeutic interventions from counselling perspective under the guidance and supervision of your Supervisor.
- **Refer to Basic Unit 3 in this Manual to learn about how you need to do the case work and record the same.**
- Prepare a record of the sessions and draw inference of each session in the end.
- At the summative level of the case record, give a summary about the client, the presenting problem, intervention strategy used, achievement or progress of each session, changes seen etc.



PRACTICAL 4: FAMILY THERAPY CASE WORK

In this supervised practicum, you are required to prepare a case record comprising 12-15 family therapy sessions. Thus, you need to be involved in family therapy of a couple/marital unit/family with marital and family issues, from the initial phase till middle phase or termination (as the case may be), and prepare a record of the same. The case work must involve at least 12 family therapy sessions; though you may take more sessions if required.

Steps to be followed:

- Identify a case (couple/marital unit/family) needing family therapy interventions for problems related to marital and family issues.
- The family therapy interventions should include not just the Index Patient, but also the family members.
- Your family therapy case work should start from intake/initial phase upto middle/termination phase, as the case may be.
- In this practical you have to apply therapeutic interventions from family therapy perspective under the guidance and supervision of your Supervisor.
- **Refer to Basic Unit 3 in this Manual to learn about how you need to do the case work and record the same.**
- Prepare a record of the sessions and analyse each session in the end.
- At the summative level of the case record, give a summary about the client, the presenting problem, intervention strategy used, achievement or progress of each session, changes seen, etc.



PRACTICAL 5: CONDUCTING AN AWARENESS GENERATION CAMPAIGN IN THE COMMUNITY

You are required to conduct an awareness generation campaign in the community, regarding aspects and issues pertaining to marital and family well-being.

You are expected to devote 4-5 working sessions for doing this activity.

Steps to be followed:

Decide on a topic/aspect/theme/issue related to marital and family well-being after discussing it with your Supervisor, that would be the focus of your awareness generation campaign.

In discussion with your Supervisor, plan the campaign. You would need to:

Decide on the methods and modalities of how you would conduct the awareness generation campaign in the community.

Consolidate the information, and the specific messages, that you would like to communicate to the community in the course of the awareness generation campaign.

Develop/prepare the materials to be used in the campaign.

Conduct the awareness generation campaign in the community, as per your plan and materials prepared. A multi-method approach is desirable.

Report of this practical must include details of:

- The rationale for the theme/issue selected by you for the awareness generation campaign. Give reasons for your choice of the particular topic.
- The planning of the awareness generation campaign. Provide detailed information on the above aspects.
- How you conducted the awareness generation campaign in the community. Provide detailed information on the modalities and methods adopted to disseminate the message or information on the theme selected, for awareness generation among community members. Enclose in the File, copies of materials you prepared and used in the campaign.
- The reaction and response of the people/community members.
- Impact of the awareness generation campaign, and how you assessed the same.
- Your accomplishments while conducting the campaign. Comment on how many people you were able to reach out to.
- Your limitations while conducting the campaign. What improvements would you bring about, if you were to conduct a similar campaign in future?
- Scope for future work in this direction.
- Your reflections on your attempt.



EVALUATION SHEET

Remember to attach this Annexure A (Completed Section 1, and Blank Sections 2 & 3) with the Supervised Practicum File when you submit the File for external evaluation at 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 5 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
Practical 1	Review of an Organization Working in the Field	50	
Practical 2	Record of Acclimatisation Sessions	100	
Practical 3	Record of Counselling Case Work	200	
Practical 4	Record of Family Therapy Case Work	300	
Practical 5	Record of Conducting an Awareness Generation Campaign in the Community	150	
	Grand Total	800	Grand Total (x)

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

$$\frac{\text{Total marks obtained by learner (x)}}{800} \times 50 = \text{'N'}$$

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.

$$\frac{\text{(x)}}{800} \times 50 = \dots\dots\dots$$

(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
Practical 1	Record of Review of an Organization Working in the Field	50	
Practical 2	Record of Acclimatisation Sessions	100	
Practical 3	Record of Counselling Case Work	200	
Practical 4	Record of Family Therapy Case Work	300	
Practical 5	Record of Conducting an Awareness Generation Campaign in the Community	150	
	Grand Total	800	Grand Total (y)

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

$$\frac{\text{Total marks obtained by learner (y)}}{800} \times 50 = S$$

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.

$$\frac{(y)}{800} \times 50 = \dots\dots\dots$$

(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 (MCFTE-004)

Internal Assessment	External Assessment	Total marks obtained (T)
<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
MCFTE-004**

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 numberhas carried out the stipulated 5 practicals of the Supervised Practicum of the course ‘Marital and Family Therapy and Counselling’ 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 MCFTE-004 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 in your Supervised Practicum File.

Practical No. :

TO BE FILLED IN BY THE SUPERVISOR/COUNSELLOR

Counsellor's Comments:

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

MM for the Practical:.....

- Maximum marks (MM) for review of organisation = 50*
- Maximum marks (MM) for acclimatisation sessions = 100*
- Maximum marks (MM) for counselling case record = 200*
- Maximum marks (MM) for family therapy case record = 300*
- Maximum marks (MM) for conducting awareness campaign = 150*

Marks obtained by the learner :.....

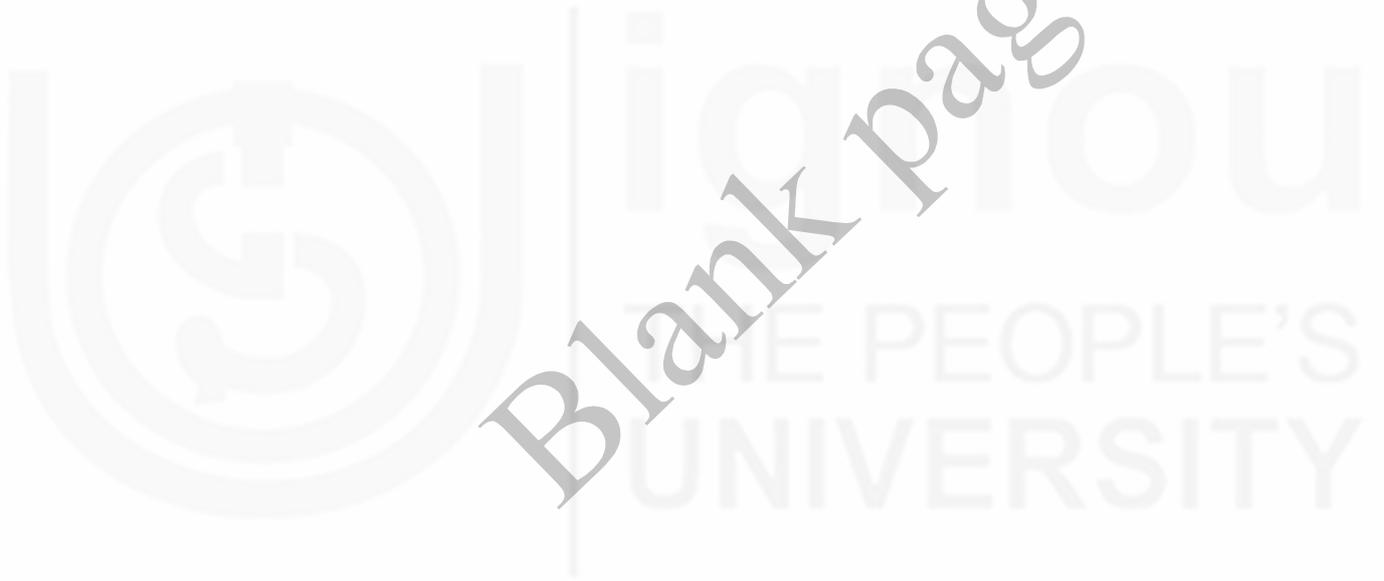
(The marks obtained by the learner in the Practical are to be written in both figures and words)

.....

.....
(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 'Marital and Family Therapy and Counselling' — MCFTE-004 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 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 Persons to be Interviewed)

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