PARENTAL COUNSELLING AND GUIDANCE

Counselling plays a vital role in disability rehabilitation. Parents need professional help to resolve issues and concerns pertaining to the child’s condition. Delayed milestones, developmental deviations and deficits of the child lead to serious emotional consequences such as irritability, stress, anxiety and depression among parents and caretakers. This enduring effect distorts perception of parent’s social and emotional wellbeing along with significant change in family dynamics that rupture the fabric of family functioning. Parents are given guidance to understand the nature of developmental delay/Intellectual Disability and the needs of the children at different stages of life so as to promote harmonious development of the child in the family setting. Counselling session is conducted for parents keeping in mind the ethical issues and quality time is spent to unearth the repressed feeling of pain and loss. This session help parents to accept the reality and learn to live with challenges.

SKILLS REQUIRED FOR COUNSELLING:

1. Attending (maintaining eye contact, face the client squarely, adapt open posture)
2. Listening (door openers, minimal encouragers)
3. Influencing (suggestion, advice and communication style)
4. Responding with empathy (putting oneself into the shoe of client or perspective taking)

The above skills are applied judiciously during counselling session.

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Counselling process involves the following steps:

⇒ Informing the diagnosis of the child has to be done cautiously because of the sensitiveness attached to it.

⇒ Identification of stressors that impedes the effective functioning of parents.

⇒ Identification of needs of parents by using NIMH - FAMNS (Family Needs Schedule)

⇒ Identification of facilitators and inhibitors that affect parental coping. viz...

**Facilitators**

* Self-determination
* Mutual support of spouse
* Financial support
* Professional support and management
* Institutional support
* Child characteristics
* Accessibility of services

**Inhibitors**

* Poor physical health of the family
* Lack of acceptance
* Financial constraints
* Transferable jobs
* Loss of support system

⇒ Assessment of impact of disability Parents are assessed for emotional reaction, extra demand in terms of financial constraints, social restriction, strained relationship, psychosomatic problem and positive effects by using NIMH - FAMILY IMPACT SCALE.

A smile on the face of parents is an hallmark of our achievement.
⇒ **IDENTIFICATION OF SUPPORT SYSTEM** and **RESOURCES** available to parents such as grandparents, relatives, support group, community, neighbours, N.G.Os’ professionals etc.. by using **NIMH - FAMILY SUPPORT SCALE**.

⇒ **IDENTIFICATION OF ADAPTATION STAGE OF PARENTS**: Usually parents of children with disability pass through different psychological reactions over a period of time. The process of adaptation can be viewed as a continuum of reaction. The various reactions are all present to some degree at each point in time. This grieving process can take days or years to work through. Any reaction can be missed out or be a fixation. It becomes paramount importance to identify the current adaptation stage of parent. “Model of adaptation to loss” is taken into consideration to understand the level of feeling of parents and subsequently help them to reach adaptation stage. The following stages are noticed during the course of adaptation.

![Model of Adaptation to Loss](image)

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1. Shock : The immediate psychological reaction presented soon after the confrontation of diagnosis. Parents experience confusion and numbness.

2. Denial : After a period of time, parents reach the next level of feeling of rejection, disbelief and protest of the fact of diagnosis.

3. Anger : This level of feeling is characterised by outward reaction of parents which is displayed through guilt feeling and blaming others.

4. Sadness : This stage is marked by low mood with diminished activity. Parents present grief and despair during this stage.

5. Detachment : Parents proceed to next level of feeling on continuum which is marked by disconnecting themselves from others. Parents often talk about emptiness in their lives and perceive life as meaningless.

6. Reorganisation : A further move on continuum; parents indicate a pragmatic outlook towards the adaptation. A ray of hope is seen and they come to understand the reality.

7. Adaptation : Finally, Parents get adapted to condition of their child and they reconcile and accept the challenges of bringing up their child with Developmental/Intellectual Disability.

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8. GOAL SETTING: Selection of goal for parental counselling is based on parental needs, adaptation stage of parents, impact of disability, and the availability of Resources and Support system.
STAGES OF COUNSELLING:

**STAGE 1: EXPLORATION**
After establishing rapport, counsellor explores the problem from client frame of reference and then focus on specific concern

**SKILLS APPLIED**
- Attention skills
- Listening skill
- Paraphrasing

**STAGE 2: NEW UNDERSTANDING**
The client is helped to see himself/herself and his situation in new perspectives. Subsequently focus on what he might do to cope more effectively. Helped to see what strength and resources might use

**SKILLS APPLIED**
- Responding with empathy
- Recognizing themes and inconsistencies.
- You-me-talk (immediacy)
- Providing information

**STAGE 3: ACTION**
The client is helped to consider possible ways to act, to look at costs and consequences, to plan action. Implement it and evaluate

**SKILLS APPLIED**
- Above skills plus
- Brainstorming
- Problem solving
- Use learning theory to plan action
- Evaluation, Recapitulations

**STAGE 4: Termination of the session**

**STAGE 5: Follow up**

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How to open a Counselling Session:

- Be punctual to the session
- Make client at ease.
- Greet with a smile.
- Physical setting like sitting arrangement should be comfortable for the client.
- Invite the client to talk with open ended questions in a non – threatening way.
  Write down main points
- Use simple words while communicating.

Do’s in counselling

- Be warm and supportive
- Respect the client
- Pay attention to both verbal and non-verbal communication
- Ask for clarification
- Reflect what you hear
- Allow client time to talk
- Be silent when silence is needed
- Show empathy
- Help client to explore their feelings and emotions in safe settings
- Encourage the clients to find their own solutions to their problem
- When counsellor feels that the client’s problems are beyond his/her discipline and
  is difficult for him/her to manage he/she should refer the client to appropriate professional.
Don’ts in counselling

- Do not argue with the client
- Do not interrupt the client when he is expressing something unless it is essential
- Do not give unnecessary psychological insights to the clients problem
- Do not give readymade solution to the clients
- Do not burden the client by describing too many of your own similar experience
- Do not impose your own moral values on the client
- Do not ask inappropriate questions
- Do not talk all the time
- Do not be critical of the client’s belief and values

How to close a Counselling Session:

- Do not end session abruptly
- Tell client the time left out.
- Prepare the client for closing by summarizing the session
- Avoid taking up new issue when there is not enough time for discussion.

Factors to be considered during counselling

- Socio economic status of the parent
- Single parenting
- Marital relationship
- Family functioning
- Adaptation stage of the parents

Ethical consideration during Counselling

- Confidentiality should be maintained. It is duty of counsellor to protect the Identity and privacy of the client
- Counsellor should not be influenced by other than professional relationship
- Socio-cultural background of the client should be considered during the counselling process.

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Protocol for Psychological Services in Early Intervention

An ounce of prevention is worth a pound of cure

Every child is different in terms of their growth and development. Due to various reasons like maternal infections, metabolic errors, environmental factors, dysfunctions of central nervous system and nutritional deficiencies etc., result in developmental delay, developmental deviations and/or developmental disorders. To overcome this a strategic and systematic attempt based on scientific and empirically proved method is deployed for such conditions in the form of comprehensive planned activities called early intervention programme. The rationale behind this programme is that the brain at the early years of life of child is prone to have malleability in its form and function. A notation of neuronal plasticity that occurs during critical period of development of child is well explored for optimal benefit of the child. Such procedures alter or accelerate the rate, area and pattern of development. In these early years, the brain presents higher plasticity and promotes a period during which acquisition of cognitive functions is favored as well as motor dexterities, linguistic capabilities, social and emotional abilities. This plasticity of the brain also facilitates the recovery of those capabilities and functions that might be altered, enabling the acquisition of new learning and capabilities. Multidisciplinary services are used judiciously in consultation with parents for all-round development of the child. Early detection of developmental delay, deviation or disorder is corner stone of early intervention. Earlier the detection and intervention better is the prognosis.

1. Objective of the psychological service:
   ♦ To optimize developmental areas of the child
   ♦ To modify maladaptive behaviours of the child
   ♦ To promote capacity building of parents/caretakers
2. Rationale of the service

Exploration of the neuro plasticity principle (stimulation and re-training of the brain) for optimal development of the child

Enrichment of environment for developing neuronal network

Optimal use of critical period for maximizing cognitive functioning

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3. Target Group

Child below 6yrs of age who are presenting with

- Risk of delayed milestones
- Environmentally deprived
- Biological vulnerability
- Pervasive developmental delay
- Sensory and motor deficits
4. Activity Flow Chart

Case History

Assessment of Developmental/Behavioural/Parent Needs

Intervention

Referral Service
Cognitive Stimulation
Behaviour Modification
Parental Counselling

Follow-up

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5. Details of Psychological Services

Case history: Taking involves documentation of systematic in-depth inquiry about life events of child from informant related to disability. Case history elicits valid and reliable information on personal history comprising of prenatal perinatal and postnatal events of the index. It also seeks information on attainment of speech and motor milestones of child. Family history comprises of type of marriage, SES any history of disability in the family. School history of the child encompasses type of school and class studying presently, reasons if discontinued. Play history of the child focus on nature and type of play child involves.

A. Psychological Assessment

1. Assessment of developmental status of the child: After obtaining a detailed case history of the child assessment is done to ascertain current developmental functioning in various areas of development of a child using standard screening and testing procedures and protocols. The data derived is converted into developmental age and subsequently into developmental quotient. This helps parents and professionals to get fair idea of current developmental functioning of child.

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\text{Tools used:} \quad \text{Bayles Scales of Infant Development} \\
\text{} \quad \text{DASII (Developmental Assessment Scale for Indian Infants)} \\
\text{} \quad \text{Gesell Developmental Schedule} \\
\text{} \quad \text{Developmental Screening Test} \\
\text{} \quad \text{Seguin Form Board Test} \\
\text{} \quad \text{Draw a Person Test} \\
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Assessment of conditions like autism is done by using Indian Scale for Assessment of Autism, M-Chat and INCLEN

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2. **Assessment of adaptive behaviours:** Screening of the child is done in terms of their standard expected performance in personal and social functioning area. The data derived on this test is projected as social age and subsequently into social Quotient. The domains that are assessed self-help skills, socialization, communication, self-direction and locomotion. Profile of strength and weakness of child in various domains is drawn. Subsequently, this profile guides to plan intervention programme.

**Tool used:** Vineland Social Maturity Scale

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**B. Intervention Services**

1. **Cognitive Stimulation:** A well designed programme that targets activation of sensory and motor areas of the brain by systematically exploring the sensory thresholds in the form of designated activities which involves simple motoric movements along with sensory organs optimal functions. The interaction in the form of manipulation with the stimuli improves cognitive functions like perceptual skills, attention, compression skills reasoning and reflective thinking.

   This programme helps to improve the establishment of neuronal network of the brain. The designated activities aids in proliferations that counter acts the delayed development of the child. Both physiological stimulation and environmental conditions and experiences can cause changes in brain plasticity of the child. The principles of imitation, repetition, elaboration, classification, conservation, seriation, symmetry and reciprocity are used in cognitive stimulation.

   Cognitive Stimulation involves graded activities for the child targeting the aspects of attention, perception, memory and processing speed. Therapists manipulates stimulus to increase span of attention, refine perception skills, improve memory and processing speed by making use of above principles strategically. Various materials like soft toys, games, peek-a-boo and play equipment are used.
2. **Behaviour Modification Programme:** This programme basically targets maladaptive behaviours which are learnt, that impairs child normal and effective functioning in a given social context.

**The steps are:**

1. Identification of problem behaviour is done by observation, interviewing the parents and use of checklist (tool used: BASIC MR Part B)
2. Hierarchy of problem behaviour
3. Selection of target behaviour.
4. Identification of rewards
5. Identification of assets
6. Baseline recording
7. Behaviour analysis
8. Development of behavioural package programme
9. Evaluation and follow up

3. **Issue of psychological reports:** On parental request psychological report is issued. This report helps the parent to fetch/avail social benefits in various forms.

4. **Referral service:** Based on assessment data the client is referred to required services like speech therapy, physiotherapy, occupational therapy and medical intervention for further management