

Interventions in Counselling

Block 1

PSYCHODYNAMIC / PSYCHOANALYSIS

Freud and Psychoanalysis

- Sigmund Freud, a Viennese neurologist (1856-1939), is one of the most influential writers of the twentieth century
- Freud's theory is rooted in the belief that human behavior and personality are heavily influenced by unconscious forces. The core components are:
- **Psychic Determinism:**
- Every thought, action, or emotion has an underlying cause rooted in mental events.
- Both external realities (the environment) and internal psychic processes contribute to behavior.
- **Levels of Consciousness:**
- Conscious: Thoughts and perceptions we are actively aware of.
- Preconscious: Information that can be readily brought to conscious awareness.
- Unconscious: Deep-seated desires, memories, and instincts that are not accessible without effort but heavily influence behavior.

Structure of Personality:

- **Id (Pleasure Principle):**
- Innate, primitive desires and instincts, like hunger and aggression.
- Operates entirely in the unconscious, seeking immediate gratification.
- **Ego (Reality Principle):**
- The rational part of the mind that balances the id's desires with societal norms.
- Mediates between the id, superego, and reality.
- **Superego (Morality Principle):**
- The internalized moral standards and values, often derived from parents and society.
- Strives for perfection, which can lead to feelings of guilt or inferiority when unmet.

Defense Mechanisms:

- These unconscious strategies protect the ego from anxiety and internal conflicts. Examples include:
- **Repression:** Pushing distressing thoughts into the unconscious.
- **Denial:** Refusing to accept reality.
- **Projection:** Attributing one's undesirable thoughts to someone else.
- **Displacement:** Redirecting emotions to a safer target.

Freudian Psychosexual Stages:

- Freud proposed five stages of development, where unresolved conflicts can influence personality:
- Oral (0-1 year): Focus on the mouth (e.g., sucking, eating).
- Anal (1-3 years): Focus on toilet training and control.
- Phallic (3-6 years): Awareness of genitals and the Oedipus/Electra complex.
- Latency (6-12 years): Period of relative calm in psychosexual development.
- Genital (12+ years): Maturation of sexual interests and relationships.

PSYCHODYNAMICS

- Psychodynamics, also known as dynamic psychology, is the study of the interrelationship of various parts of the mind, personality, or psyche as they relate to mental, emotional, or motivational forces, especially at the unconscious level.
- psychodynamic implies that the psyche (mind/emotions/ spirit/self) is active, not static. These internal mental processes are dynamic forces that influence our relations with others.
- The mental forces involved in Psychodynamics are often divided into two parts
 - a) Interaction of emotional forces:** the interaction of the emotional and motivational forces that affect behaviour and mental states, especially on a subconscious level
 - b) Inner forces affecting behaviour:** studying the emotional and motivational forces that affect behaviour and states of mind.

- Psychodynamics builds on Freud's ideas by exploring how emotional and motivational forces influence the mind. It focuses on:
- **Unconscious and Conscious Motivations:**
- Our actions are often driven by unconscious desires we may not fully understand.
- Example: A person avoids forming close relationships because, unconsciously, they fear abandonment due to a parent leaving them in childhood.
- **Early Childhood Experiences:**
- Experiences during childhood shape how we see ourselves and cope with challenges.
- Example: A child who grew up with overly critical parents might become a perfectionist to avoid feeling inadequate.
- **Unresolved Conflicts or Unmet Needs:**
- If emotional needs are not addressed, they can reappear as stress or unusual behaviors.
- Example: Someone who felt neglected as a child might constantly seek validation in their adult relationships.

Carl Jung's Contributions

- **Collective Unconscious:**

A shared collection of symbols and ideas that all humans inherit.

Example: The idea of a "Hero" who overcomes challenges to achieve greatness is present in myths, movies, and stories worldwide, like Superman or Harry Potter.

- **Archetypes:**

Universal patterns or symbols we recognize intuitively.

Examples:

- The **Mother:** Representing care and nurturing, like Mother Nature or fairy godmothers.
- The **Shadow:** The darker, hidden side of ourselves, often shown in villains like Darth Vader.

- **Individuation:**

A personal growth process where we bring all parts of ourselves—good and bad—into harmony.

Example: Accepting both strengths and weaknesses to live a balanced and fulfilling life.

- was initially developed by Sigmund Freud, Carl Jung, Alfred Adler and Melanie Klein.

Alfred Adler's Contributions

- **Social Connections:**

Adler believed relationships give life meaning.

Example: A person who builds strong friendships and community ties feels more fulfilled and purposeful.

- **Inferiority Feelings:**

We grow and improve because we want to overcome feelings of being "less than."

Example: A student struggling with math works hard to improve, eventually excelling and gaining confidence.

Object Relations Theory (Melanie Klein)

- **Importance of Early Relationships:**

Relationships with caregivers shape how we connect with others later in life.

Example: A child who feels safe and loved by their parents is more likely to develop secure and trusting relationships as an adult.

- **Emotional Well-being:**

Early negative experiences can lead to challenges in managing emotions.

Example: If a parent is distant or neglectful, the child may grow up feeling insecure and struggle with self-worth.

Psychodynamic Psychotherapy:

- Derived from psychoanalysis, this therapy focuses on uncovering unconscious conflicts and understanding their influence on behaviour.
- **Techniques include:**
 - **Free Association:** Clients speak freely to reveal unconscious thoughts.
 - **Dream Analysis:** Exploring symbolic meanings in dreams.
 - **Transference:** Understanding how clients project feelings onto the therapist that stem from past relationships.
 - **Interpretation:** Helping clients understand the hidden meanings of their words, actions, and dreams.
- **Goals:**
 1. **Symptom Relief:** Address specific psychological issues, such as anxiety or depression.
 2. **Personality Change:** Foster long-term growth and self-awareness.
 3. **Improved Relationships:** Uncover patterns of behaviour that hinder healthy connections.

Psychological Counselling

- Pepinsky and Pepinsky feel that “Counseling relationship refers to the interaction which
 - i) occurs between two individuals called “the counsellor” and the “client”,
 - ii) takes place within a professional setting, and
 - iii) is initiated and maintained as a means of facilitating changes in the behaviour of the client.
- **Nature:**
 - Facilitates self-reflection, growth, and independence.
 - Offers support in decision-making and problem-solving.
 - Encourages self-exploration and insight into emotions and behaviors.
- **Approach:**
 - Builds a relationship based on trust, respect, and confidentiality.
 - Focuses on empowering clients to recognize and utilize their potential.
- **Roles of a Counselor:**
 - Active listening, providing empathy, and guiding the client toward solutions.
 - Acts as a facilitator, not a problem-solver, ensuring clients take ownership of their decisions.

Goals and principles of counselling

•Goals:

- Preventive:** Helping clients anticipate and manage potential problems.
- Enhancement:** Fostering self-improvement and maximizing potential.
- Remedial:** Addressing existing issues and restoring functioning.
- Exploratory:** Encouraging clients to discover their inner resources.
- Cognitive:** Promoting better decision-making and problem-solving.
- Psychological:** Addressing emotional well-being and resilience.
- Physiological:** Enhancing health through stress management or lifestyle changes.

•Principles:

- Establish mutual respect and understanding.
- Maintain confidentiality and privacy at all stages.
- Adopt a positive, client-centered approach.
- Emphasize active listening, empathy, and non-judgmental communication.
- Be transparent about roles, goals, and the counseling process.

• **Process and Applications**

- **Stages of Counseling Process:**
 - **Establishing the Relationship:** Building trust and rapport.
 - **Identifying Problems:** Exploring client concerns in detail.
 - **Planning Solutions:** Collaborating on strategies to address issues.
 - **Applying Solutions:** Implementing action steps and interventions.
 - **Termination:** Gradual conclusion of counseling sessions, ensuring sustainability of progress.
- **Applications:**
 - Educational, career, marriage, and interpersonal counseling.
 - Crisis intervention for acute psychological distress.
 - Rehabilitation counseling for chronic issues or disabilities.

Unit 2

Insight-Based Therapies

•**Insight Defined:**

- Insight is self-knowledge—the understanding of one’s motives, behaviors, and feelings.
- It includes recognizing when thoughts or behaviors are irrational or inappropriate.

•**Role of Psychologists:**

- Psychologists assist clients in becoming aware of factors affecting their well-being.
- They design treatment programs tailored to address the client’s specific problems.

•**Benefits of Insight:**

- Helps clients understand the causes of their problems and conflicts.
- Enables clients to develop strategies to overcome these challenges.
- Encourages personal growth and the realization of one’s full potential.

•**Insight Therapy:**

- A general term for therapies focused on exploring the reasons behind thoughts, feelings, and actions.
- The goal is to uncover motivations and understand behavior to facilitate change.

Insight therapies

- Psychoanalysis
- Humanistic And Existential Approach
- Psychodynamic Therapy
- Adlerian Psychology
- Existential Therapy
- Person Centered Therapy
- Gestalt Therapy

•**Psychoanalysis (Freud):**

- Focus:** Uncovering unconscious conflicts rooted in childhood experiences.

- Techniques:**

- Free Association:** Speaking freely to reveal unconscious thoughts.

- Dream Analysis:** Interpreting the symbolic meaning of dreams.

- Transference:** Understanding how clients project feelings onto the therapist.

- Example:** A person with trust issues might uncover repressed memories of abandonment from a caregiver.

•**Humanistic and Existential Therapies:**

- Humanistic Therapy:** Emphasizes free will and personal growth.

Example: A client learns how their low self-esteem prevents them from pursuing meaningful relationships.

- Existential Therapy:** Focuses on self-awareness and taking responsibility for one's life.

Example: Helping a client find purpose after a significant loss.

•**Psychodynamic Therapy (Jungian Influences):**

- Focuses on present problems while addressing unresolved conflicts.

- Explores “complexes” (themes tied to repressed thoughts).

Example: A person repeatedly failing in relationships might discover an unconscious "inferiority complex."

Gestalt Therapy:

1. Focuses on the present moment and unacknowledged emotions.
2. Encourages responsibility for decisions rather than attributing them to past experiences.

Example: A client learns to confront and express anger instead of avoiding it.

Person-Centered Therapy (Carl Rogers):

1. Builds on empathy, unconditional positive regard, and authenticity from the therapist.
2. **Example:** A client gains confidence in decision-making through nonjudgmental support.

Adlerian Therapy:

1. Stresses personal responsibility and social connections.
2. Helps clients increase self-confidence and social interest.

Example: An individual who feels unworthy of success identifies and changes negative thought patterns.

Short-Term Counseling (STC)

The purpose of short-term counselling is to quickly identify the problem, get some insight into the psychodynamics that may have contributed to the problem, and lead the client to the road that will be most helpful.

PRINCIPLES OF STC

- A Focus on a Specific Solution that the Counselee Wants to Get.
- A Willingness to Change
- A Limited Time Frame
- **The seven principles of short-term treatment are:**
 - 1) Mutual goal-directedness;
 - 2) Quick problem identification;
 - 3) Reminder of finiteness of sessions;
 - 4) Making an appropriate referral;
 - 5) Confidentiality;
 - 6) Open communication; and
 - 7) Follow up.

- **The Six-Session Model:**

1. **Session 1-2:** Assessment of problems and goals.
2. **Sessions 3-4:** Development of strategies and insights.
3. **Sessions 5-6:** Applying solutions and preparing for termination.

Brief Therapy

- (Also called short-term or time-limited therapy) emphasizes time as a defining element in the therapeutic process. It has a clear starting point, endpoint, and pathway to achieve specific goals. Unlike open-ended therapy, which focuses on broad goals without a set timeline, brief therapy is structured around measurable progress within a limited time frame.

Developments that Influenced Brief Therapies

- **Effectiveness within 10 Sessions:** Significant changes in psychotherapy often occur early, typically within the first 10 sessions.
- **Increased Accessibility:** Growing interest in making psychotherapy more widely available to meet societal needs.
- **Economic Incentives:** Financial considerations favor shorter therapies.
- **Symptomatic Treatments:** Focus on specific goals like behavior therapy, marital counseling, and problem-solving rather than altering core personality traits.
- **Support from Managed Care:** Managed care systems strongly promote shorter, more efficient treatments.
- **Manualized Treatments:** Structured, standardized approaches have become central to psychotherapy research and are well-suited for brief therapies.
- **Empirical Evidence:** Studies demonstrate the effectiveness of brief therapies.
- **Wide Adoption Across Models:** Virtually all therapy schools (e.g., psychoanalytic, cognitive-behavioral, solution-focused) offer brief therapy options.

The major presenting problems can be approached from a brief therapy model

- work with adolescents
- couple counselling
- crisis intervention
- group therapy
- parent training
- family therapy

STC may be used for these special client populations

- i) People who Abuse Drugs
- ii) People who use tobacco
- iii) People who abuse Alcohol
- iv) People with disabilities
- v) Women
- vi) Victims of Abuse
- vii) Older Adults

Unit 3

Key Concepts of Interpersonal Counseling (IPC):

1. Interpersonal Relationships:

1. Associations between individuals involving interdependence, shared thoughts, emotions, and activities.
2. Healthy relationships are built on secure attachment, love, intimacy, and positive behaviors.

2. Historical Background:

1. Influenced by psychodynamic theories (Adler, Erikson, Sullivan).
2. IPT was developed to treat depression and later expanded to other conditions like bulimia and substance abuse.

3. Structure and Focus:

1. IPC is a brief, time-limited version of IPT with six sessions lasting about 30 minutes each.
2. The focus of Interpersonal Therapy (IPT) is on improving interpersonal relationships and social functioning to help alleviate symptoms of depression and other mood disorders. The therapy is structured around the belief that difficulties in relationships and social interactions can contribute to, or exacerbate, mental health problems..

Goals of IPC:

- Reduce psychological symptoms and restore morale.
- Improve social adjustment and interpersonal relationships.
- Achieve rapid symptom reduction.

Key Problem Areas in IPT/IPC:

1. Unresolved Grief:

1. Delayed or distorted mourning.
2. Therapy focuses on facilitating the grieving process and rebuilding connections.

2. Role Disputes:

1. Conflicts in significant relationships due to differing expectations.
2. Goals: Identify the dispute, plan action, and modify unsatisfying patterns.

3. Role Transitions:

1. Difficulties adapting to life changes (e.g., retirement, parenthood).
2. Therapy helps clients process emotions, acquire new skills, and rebuild social networks.

4. Interpersonal Deficits:

1. Inadequate or unsupportive relationships, leading to social isolation and emotional issues.
2. Therapy emphasizes building new relationships and improving self-esteem.

George Levinger's Model of Relationship Development

- George Levinger proposed a five-stage model to describe the development and progression of interpersonal relationships, particularly adult romantic relationships. Although it was initially applied to heterosexual romantic relationships, this model can also describe other types of interpersonal connections.
- **Stages of the Model:**
 - 1. Acquaintance:**
 - 1. Description:**
 1. This is the initial phase where individuals meet and form first impressions.
 2. Physical proximity, mutual interests, and social context influence whether interactions continue.
 - 2. Outcomes:**
 1. Relationships may either progress to deeper connections or remain superficial.
 - 2. Buildup:**
 - 1. Description:**
 1. Trust and care between individuals develop.
 2. Compatibility, shared goals, and mutual attraction play a crucial role.
 - 2. Outcomes:**
 1. Individuals decide whether to invest more effort in the relationship.

3. Continuation:

1. Description:

1. A commitment to maintaining the relationship is established.
2. This phase is characterized by stability, growth, and mutual trust.

2. Outcomes:

1. Relationships in this phase can last for years, with continued effort from both parties to nurture the bond.

4. Deterioration:

1. Description:

1. Challenges such as boredom, conflict, or dissatisfaction may arise.
2. Communication decreases, and trust may erode.

2. Outcomes:

1. If unresolved, the relationship may continue to deteriorate, leading to its end. Alternatively, the issues may be addressed, allowing the relationship to recover.

5. Termination:

1. Description:

1. The relationship ends due to separation, death, or other reasons.

2. Outcomes:

1. Healthy relationships may end naturally (e.g., due to death), while others may dissolve due to unresolved issues or external factors.

Structure of IPC:

1. Assessment and Diagnosis:

1. Identify the client's interpersonal stressors and their link to symptoms.
2. Establish a treatment contract focusing on IPC's short-term nature and expected outcomes.

2. Intervention Sessions (Visits 3–5):

1. Focus on resolving specific stress areas like grief, role transitions, or disputes.
2. Utilize strategies like discussing memories, building new connections, and reframing roles.

3. Termination (Visit 6):

1. Review progress and discuss coping strategies for future stress.
2. Consolidate gains and address any concerns about ending therapy.

Key Stages of IPC

•Assessment and Treatment Contract (Visit 1):

•Goals:

- Determine client suitability for IPC (e.g., no severe psychiatric disorders).
- Identify recent life changes, mood, and social functioning.
- Establish an interpersonal diagnosis linking life stressors to symptoms.

•Components:

- Discuss short-term nature (six sessions of 30 minutes).
- Set clear goals, such as symptom reduction and improved coping.
- Assign homework on life events for the next session.

•Identifying Problem Areas (Visit 2):

•Goals:

- Explore the onset and duration of symptoms.
- Review current life circumstances and close relationships.

•Focus:

- Identify key relationships causing distress.
- Understand specific issues and develop strategies for improvement.

•Intervention and Working on Stress Areas (Visits 3–5):

•Goals:

- address specific problem areas, such as:
 - Grief or Loss:** Facilitate mourning and build new connections.
 - Role Transitions:** Help clients adapt to life changes by processing emotions, acquiring skills, and creating social networks.
 - Role Disputes:** Resolve conflicts by identifying issues, planning actions, and reassessing expectations.
 - Interpersonal Deficits:** Reduce isolation by exploring past relationships and building new ones.

•Techniques:

- Encourage discussion about specific experiences and emotions.
- Assign tasks, like engaging in social activities or reflecting on past events.

•Termination and Review (Visit 6):

•Goals:

- Summarize progress and reinforce coping strategies.
- Address any concerns about therapy ending.

•Focus:

- Consolidate gains achieved during counselling.
- Discuss relapse prevention strategies.
- Identify potential future stressors and ways to handle them.

IPT/IPC in Special Populations

- **1) Elderly clients:** In working with the elderly, IPT sessions may be shorter to allow for decreased energy levels, and dependency issues may be more prominent.
- In addition, the therapist may work with an elderly client toward tolerating rather than eliminating long-standing role disputes.
- **2) Clients with HIV infection:** In IPT with HIV-positive clients, particular attention is paid to the clients' unique set of psychosocial stressors: the stigma of the disease; the effects of being gay (if applicable); dealing with family members who may isolate themselves; and coping with the medical consequences of the disease.

- **3.) Adolescents**

In Interpersonal Psychotherapy (IPT) for adolescents, therapists address developmental issues like separation from parents, peer pressure, and first experiences of loss. Treatment involves weekly sessions for 12 weeks with additional phone contact in the first four weeks. Parents are involved early on to discuss the adolescent's symptoms and treatment options. The therapist focuses on supportive listening and monitors for suicidal thoughts or school issues. Although antidepressants are not strongly supported by research, some clinicians may prescribe them if helpful.

- **4. Clients with substance abuse disorders:**

Interpersonal maintenance therapy

- Interpersonal Therapy as a Maintenance Approach (IPT-M) is a preventive aftercare strategy for clients recovering from depression. It focuses on the post-remission period, when increased responsibilities and social contact may lead to stress and vulnerability to relapse.
- IPT-M helps clients manage these stresses, reducing the risk of recurrence. While total prevention is unlikely for those with recurrent depression, research suggests that maintenance therapy can delay relapse and maintain the client's current level of functioning.

Unit 4

The most commonly known developmental problems faced by children are

- LD (Learning Disability)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety Disorder (AD)
- Enuresis
- Encopresis
- Sleep Walking
- Tics
- Autism

The main causes of learning disabilities are:

1. Heredity
2. Illness or injury during or after birth
3. Stress during infancy
4. Environmental factors (e.g., exposure to toxins)
5. Comorbidity with other disorders (e.g., ADHD)

Techniques

The main point of the **Behavior Modification Approach** is that the counselor works to **modify the behavior of children with learning disabilities (LD)** by **restructuring environmental conditions** and using techniques such as **reinforcement** (positive reinforcement, token economy, timeout procedures) to help them acquire desirable learning behaviors.

• **Psycho-analytic Approach:** Focuses on **analyzing the behavior** of the child after building a strong rapport and identifying the **root cause** of the learning disorder. A **remedial program** is then tailored to address the issue.

• **Individualized Instructional Approach:** Advocates for **small group or individual** sessions to address learning deficiencies. **Peer tutoring** is highlighted as an effective method, providing a safe, supportive environment where children can improve their learning with the help of peers.

- **iv) Self-instructional approach:**

- In this approach the counsellor helps the children by making them realise the concept of self-learning and self-improvement measures.
- For this purpose remedial programs are presented in the form of program learning text, computer-assisted instructions etc. For better output, these programs should be guided by the counselor.

- **v) Multisensory approach:**

- In this type of counseling the counselor helps the LD children to use their multiple senses e.g. visual, touch, auditory etc depending upon the nature of the subject material and its learning objective
- e.g. to provide wholesome language experiences, a multisensory approach VAKT i.e. Visual Auditory Kinesthetic and Tactile have been devised.
- While counselling, the counsellor must remember to use the step-by-step method, where the children are first acquainted with the letters of words and then slowly with the word. Once the word is mastered the learner is asked to make use of it in a sentence, then into a story writing, after that they are finally provided reading practices.

- **vi) Technological approach:**

- In this approach the counselor can make use of advanced technology for providing remedial instructional program.
- In this type of remedial instruction visual and auditory presentations are used.
- **Audio tape recorder:** Reading, speaking and conversation skills can be better developed within the child with the help of the tape recorder.
- **Computer Assisted Instructions (CAI):** Severe LD cases find it difficult to follow classroom teaching and text book. For them, hypertext technology and hypermedia technology are used and provision for using computer and computer technology is given.
- In this way the advanced technology can be utilised for providing useful remedial measures to the learning disabled problems.,

ADHD

- Attention deficit hyperactivity disorder (ADHD) is a behavioral disorder that is usually diagnosed in childhood and can last into adulthood. It's one of the most common neurobehavioral disorders in children.

Possible Signs of ADHD

LOTS of Energy
Hard time following directions

Hard time waiting
Disorganized
Frequent fidgeting
Can't sit still
Interrupts
Excessive talking

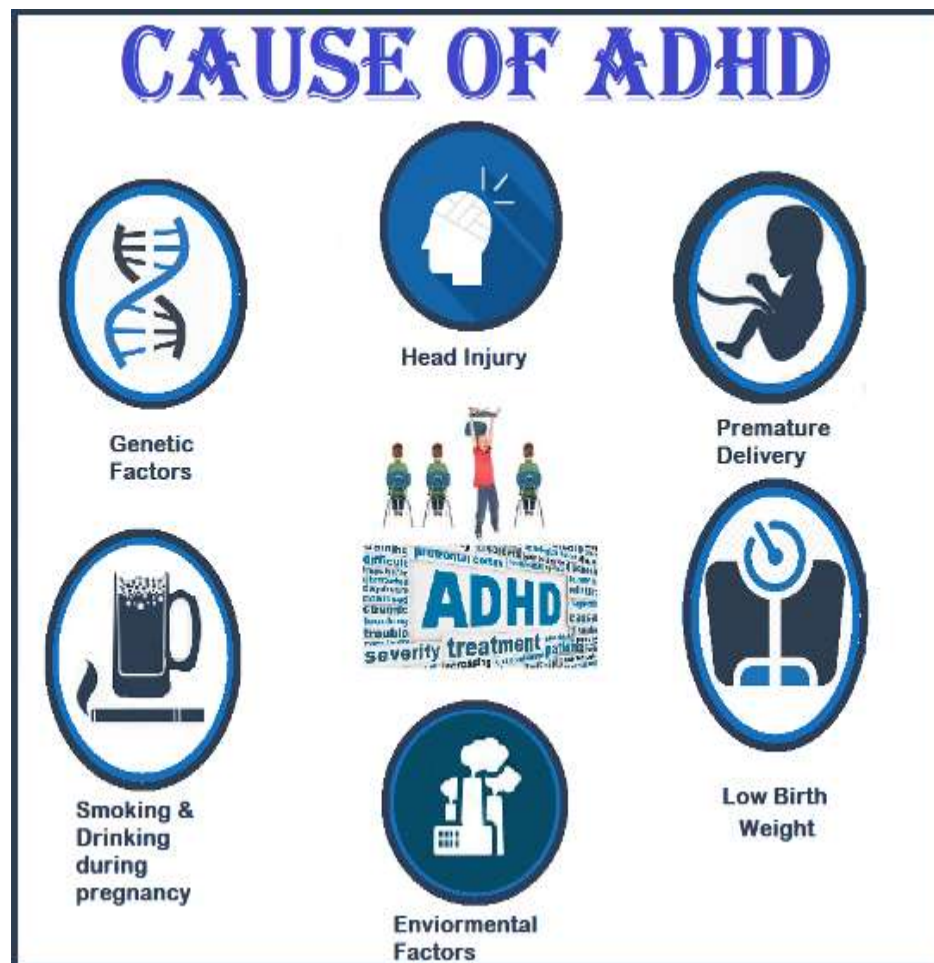
Easily distracted
Climbs on things all the time

Loses things
Forgetful

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CAUSE OF ADHD



Genetic Factors

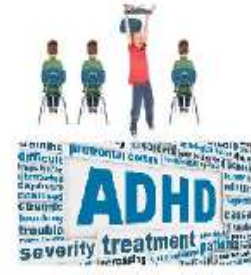
Head Injury

Premature Delivery

Smoking & Drinking during pregnancy

Environmental Factors

Low Birth Weight



ADHD Treatments	No cure for ADHD, but treatments can reduce symptoms and improve functioning. Treatments include medication, psychotherapy, education/training, or a combination.
Medications	Can reduce hyperactivity and impulsivity, improve focus, work, and learning.
Stimulants	Most common ADHD medication, increases dopamine and norepinephrine to improve thinking and attention.
Non-Stimulants	Take longer to work but can also improve focus, attention, and impulsivity.
Support Strategies for Children	
Routine and Schedule	Establish and maintain a consistent daily routine, including specific times for activities. Make schedule visible and adjust changes in advance.
Organizing Everyday Items	Assign specific places for items like clothing, backpacks, and toys to ensure everything is in its place.
Homework and Notebook Organizers	Use tools to keep school materials organized and emphasize the importance of writing down assignments and bringing necessary materials.
Clear and Consistent Rules	Implement consistent, understandable rules that children with ADHD can follow.
Praise and Rewards	Praise good behavior and provide rewards when rules are followed, as children with ADHD may receive and expect criticism.

ANXIETY DISORDER

General Anxiety:

- Affects behavior and thoughts, interfering with school, home, and social life.
- Symptoms include:
 - Difficulty concentrating
 - Trouble sleeping, waking with bad dreams
 - Changes in eating habits (eating more or less than usual)
 - Quick anger, irritability, and outbursts
 - Constant worry or negative thoughts
 - Tension, fidgeting, or frequent toilet use
 - Crying frequently, clinginess (especially in young children)
 - Complaints of physical ailments (e.g., tummy aches, feeling unwell)

•Separation Anxiety:

- Characterized by excessive anxiety about separation from attachment figures (e.g., parents).
- Symptoms include:
 - Lack of confidence
 - Apprehension in new situations
 - Immaturity for their age
 - Oversensitivity, nervousness
 - Easily moved to tears
 - Overdependence on caregivers
- Common in girls, and recovery is typically faster, but if untreated, it can lead to school refusal and long-term adjustment difficulties.

• Selective Mutism:

- A condition where a child is unable to speak in specific social situations (e.g., school or social groups).
- Symptoms include:
 - Inability to speak in certain settings, despite being able to speak in others (e.g., at home).
 - It can only be diagnosed if the child has been mute in these situations for at least one month.
 - It is rare in children and can affect all social strata.
- Causes include biological/genetic factors and environmental influences.

- **Treatment Techniques for Anxiety Disorders in Children:**

- 1. Relaxation Techniques:**

1. Methods to help children relax and reduce anxiety, such as deep breathing exercises and guided imagery.

- 2. Cognitive Behavioral Therapy (CBT):**

1. A therapeutic approach that helps children recognize and change negative thought patterns, develop coping skills, and manage anxiety.

- 3. Psychotherapy:**

1. A form of therapy where the child explores underlying causes of anxiety and works on strategies to manage their symptoms.

BEHAVIOURAL DISORDERS OF CHILDHOOD AND ADOLESCENCE

- **Sleepwalking (Somnambulism):**
- **Definition:** A disorder where children walk around while asleep, unaware of the activity, and do not remember it later.
- **Onset:** Typically occurs between the ages of 6-12 years.
- **Sleep Pattern:** Happens during the second or third hour of sleep, in Non-Rapid Eye Movement (NREM) sleep.
- **Activities:** Children may walk, perform complex activities (e.g., eating, playing with toys), and eventually return to bed.
- **Symptoms:** Eyes may be fully or partially open; episodes last 15-30 minutes.
- **Cause:** Exact cause is unknown but can be linked to anxiety-inducing situations or events.

- **Tics:**
- **Definition:** Involuntary muscle movements such as eye blinking, lip licking, neck twisting, throat clearing, etc.
- **Age Group:** Common between the ages of 2-14 years.
- **Gender:** More common in boys than girls.
- **Treatment:** Includes behavior intervention, relaxation techniques, awareness techniques, cognitive techniques, and yoga.

Functional Enuresis / Encopresis (Bedwetting):

- **Definition:** Involuntary urination during sleep (bedwetting) after the age of 5 years.
- **Causes:** This may be related to stress, fatigue, or various organic conditions (e.g., disturbed cerebral control of the bladder, medication side effects, or neurological dysfunction).
- **Additional Causes:** Personal immaturity, emotional problems, faulty learning, disturbed family interactions, hostility, and anxiety.

Autism Spectrum Disorder

•**Definition:** A developmental disability caused by differences in the brain, characterized by difficulties in social communication and interaction, along with restricted or repetitive behaviors or interests.

•**Differences from Autism:** The term "autism spectrum disorder" (ASD) replaced "autism" in 2013, encompassing various levels of autism, including autism, Asperger syndrome, and pervasive developmental disorder.

Risk Factors for ASD:

- Parent age 35 or older.
- Use of valproic acid or thalidomide during pregnancy.
- Premature labor and birth.
- Birth complications.
- Low birth weight.
- Having a sibling with autism.
- Certain chromosomal or genetic conditions.

Techniques for Helping Children with ASD:

- Social Behavior:** Helping the child master the fundamentals of social behavior.
- Language Skills:** Development of language skills.
- Behavioral Counseling:** Providing behavioral counseling.
- Parental Counseling:** Offering counseling to parents.
- Independent Work:** Training children to do their own work.
- Engagement in Activities:** Engaging children in various activities.
- Behavior Modification:** Using behavior modification techniques.