



Sujitha
SAPM, Gender

COMMUNITY COUNSELLING

COUNSELLING

It is defined as the guidance of the individual in resolving personal or psychological problems. The counsellor is supposed to guide the client and direct him/her to find own solutions.

COMMUNITY COUNSELLORS

As a part of Kudumbashree Gender self learning programme, 336 community counsellors were selected from 14 districts of the state. Community counsellors are selected women from Kudumbashree network as well as professional counsellors from the community. Three state level training programs at regular intervals has been conducted for community counsellors for capacity building based on the module developed by counselling experts.

BACKGROUND

In 2007, Kudumbashree started a special initiative called gender self learning programme as part of women empowerment programs. It initiated a wide range of programs focusing on various aspects of women empowerment. GSLP programs mainly aim at three aspects namely – Preventive and pro active programs, supportive programs and transformative programs. Community counselling is the new endeavour started in 2014 as a part of supportive programs.

Child Development Center Trivandrum designed a pre marital counselling programme with the association of Kudumbashree mission and the MOU has been signed on January 24, 2014.

The aim of pre marital counselling class is to give awareness about relationships and thereby reducing the issues arising in family life. It also aims at developing healthy communications among people, awareness about

health and mental health, changes in life etc.

Kudumbashree state mission has given the intimation to districts to select community counsellors from all the districts. The lists from districts have been sent to the state mission office and the same got approval on September 2014.

TRAINING

An orientation workshop for the selected counsellors has been conducted at district level. The first state level training is given to the selected participants in five batches from 2nd to 27th February 2015. The training has been led by a number of experts in the area of counselling, mental health, child care etc. Dr. Babu George, Dr. Leena Sumaraj, Dr. Rama, Dr. Mohanraj, Dr. Manjula, Dr. Susheela Mathew, Dr. S K Harikumar, Dr. Susha Jananrdhanan, Dr. Arun B Nair led the classes and the board topics on discussion were Gender concepts and programmes, Case study analysis, Family and Marriage, social concepts, Reproductive health and nutritious food, life skill education, guided counselling and sexuality, parenting, mental health and sexuality.

The training was based on case study analysis and various tools for counselling interventions such as interview, focus group discussion, observation and family history analysis were discussed in this training.

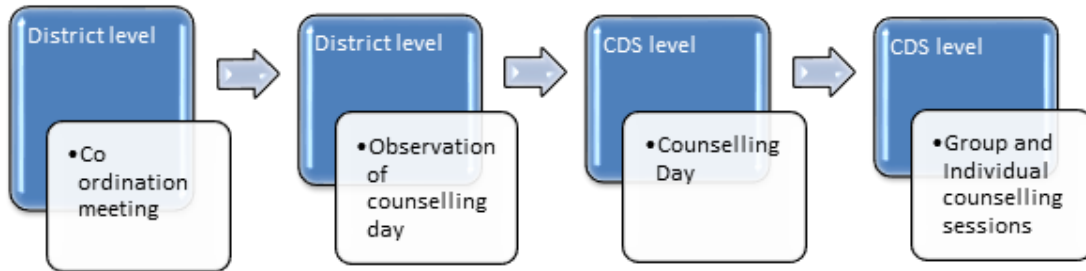
Case study analysis includes how to analyse individual cases, what all things to be studied, why do we need to do the background study, finding out the positive and negative

aspects of the situation, arriving at decisions etc.

PROCESS OF IMPLEMENTATION

Community counsellors are selected in accordance with the number of CDS in each district. There is one community counsellor for every 3 CDS. A co ordination meeting

has been conducted at every district followed by District level counselling day. Every CDS has also observed one day as counselling day. As part of pre marital counselling programme, group counselling and individual counselling sessions has been conducted in every CDS by respective community counsellors.



LEARNINGS FROM PRE MARITAL COUNSELLING PROGRAMME

- Even the educated people are having many misconceptions about family and sexual life
- Sexual education is necessary in schools so that the adolescent students get the opportunity to have right in formation
- Misconceptions and traditional practices affect the health of mothers in many ways. Awareness in the society level is needed in such cases
- We need to build good communication among family members to understand and solve issues in the family.
- Understanding of mental health is very low in our society. Society needs to be educated on mental health issues and mental disorders.

PRESENT ACTIVITIES

Community counsellors work with a wide variety of groups and help the common people to solve their problems. They provide their services directly in the community. Women and children are the most socially and economically marginalized people in the community. This make them more vulnerable to abuse and harassment. The community counsellors of Kudumbashree thus focus on the women and children more. These counsellors work in collaboration with gender resource centres, block level community counselling centers of Kudumbashree and Snehitha gender help desk all over the state.

Community counselling and support services primarily aim to give premarital counselling, counselling services to the parents of BUDS/BRC children, old age people and adolescent students. Other than these focussed areas, community counsellors target group includes young couples, children, women who are survivors of violence in family and workplace, people with psychiatric problems etc.

Community counsellors are getting honorarium as per their days of work. They are getting an average income of Rs. 8000 – 12000 per month.



| Sl No. | District | No of Community Counsellors |
|--------|----------------|-----------------------------|
| 1 | Trivandrum | 28 |
| 2 | Kollam | 25 |
| 3 | Pathanamthitta | 28 |
| 4 | Kottayam | 25 |
| 5 | Alappuzha | 19 |
| 6 | Idukki | 23 |
| 7 | Ernakulam | 34 |
| 8 | Thrissur | 33 |
| 9 | Palakkad | 30 |
| 10 | Malappuram | 23 |
| 11 | Kozhikode | 20 |
| 12 | Wayanad | 9 |
| 13 | Kannur | 25 |
| 14 | Kasargod | 14 |
| | Total | 336 |

BLOCK LEVEL COUNSELLING CENTRE

Kudumbashree has started block level counselling centre in all the districts of Kerala. Community counseling centres are working with the support of block Panchayats. There are 66 block level community counseling centres are working across Kerala. Counselling service is available in these centres twice in a week. Apart from this, Community counsellors are organizing group awareness classes and other community level programs in these centres at specific intervals. Community counselling centres aims to provide counselling facilities and other support systems and programs. The centre works as a place for problem solving and collective activities. Community counsellors, Gender resource persons and Snehitha staffs attend the cases reported in the centre.

COUNSELLING CENTRES AT JANAMAITHRI POLICE STATIONS

Kudumbashree has started Community counselling centres at few Janamythri Police Stations. A community counsellor is in charge of each centre and they deal with the cases referred by the respective police station. Counselling service is given to the clients and family members. Cases are also referred to Snehitha Gender help desk if needed. Currently . Counselling centres are working in Panthalam and Adoor Jnanmythri Police stations of Pathanamthitta District.

SERVICES PROVIDED

Community counsellors are involved with gender self learning activities by providing Psycho social support, Case



അടുർ പോലീസ് സ്റ്റേഷനിൽ കുടുംബശ്രീ ജില്ലാ മിഷനും ജനമൈത്രി പോലീസും ചേർന്ന് ആരംഭിച്ച കൗൺസിലിംഗ് സെന്റർ ഡിബോ.എസ്.പി. ആർ.ജോസ് ഉദ്ഘാടനം ചെയ്യുന്നു

മനസ് തുറക്കൂ... പ്രശ്നങ്ങൾ ഇവിടെ പരിഹരിക്കപ്പെടും

അടുർ മനസ് തുറന്നാൽ തിരാ വുന്ന പ്രശ്നങ്ങളുമായി അടുർ പോലീസ് സ്റ്റേഷനിലേക്ക് എത്തുന്നവരെ ഇനി സൈക്കോളജിസ്റ്റ് ഉറപ്പുയെച്ചുള്ളവർ കാത്തിരിക്കും. അവരുടെ പ്രശ്നങ്ങൾ കേട്ട് പരിഹരിക്കാവുന്നത് അവരുടെ വെച്ചു തന്ന പരിഹരിച്ചു വിടുന്നതിനാണിത്.

ജനമൈത്രി പോലീസും ജില്ലാ കുടുംബശ്രീ മിഷനും ചേർന്ന് ആദ്യത്തെ കൗൺസിലിംഗ് സെന്റർ അടുരിൽ

ജനമൈത്രി പോലീസും ജില്ലാ കുടുംബശ്രീ മിഷനും ചേർന്നാണ് സംസ്ഥാനത്തെ ആദ്യത്തെ കൗൺസിലിംഗ് സെന്റർ ഇവിടെ തുടങ്ങിയത്. ദിവസവും നിരവധി കുടുംബ പ്രശ്നങ്ങളാണ് പോലീസ് സ്റ്റേഷനിലേക്ക് എത്തുന്നത്. ഇവ കേസുകളിലേക്കും മറ്റും പോകുന്നത് ഒഴിവാക്കുന്നതിനും കുടുംബ ബന്ധങ്ങളുടെ കെട്ടുറപ്പ് ശക്തമാക്കുന്നതിനുമാണ് സെന്റർ ആരംഭിക്കുന്നത്.

ക്ലിനിക്കൽ സൈക്കോളജിസ്റ്റിന്റെ സേവനം
അടുർ സ്റ്റേഷനിൽ ആരംഭിച്ച സെന്ററിൽ ബുധൻ, വെള്ളി ദിവസങ്ങളിൽ കുടുംബശ്രീ ജില്ലാ മിഷൻ നിയോഗിക്കുന്ന ക്ലിനിക്കൽ സൈക്കോളജിസ്റ്റിന്റെ സേവനം സൗജന്യമായി ലഭിക്കും. സ്റ്റേഷനിൽ എത്തുന്ന പരാതികളിൽ പരിഹരിക്കപ്പെടാൻ സാധ്യതയുള്ളവ കൗൺസിലിംഗിനായി മാറ്റിവെക്കും. ഇതിനുശേഷമായിരിക്കും ബാക്കിനടപടികൾ. സംസ്ഥാനത്തുതന്നെ പരിക്ഷണാർഥമാണ് ഈ കൗൺസിലിംഗ് സെന്റർ ആരംഭിച്ചിരിക്കുന്നത്. സെന്ററിന്റെ ഉദ്ഘാടനം അടുർ ഡിബോ.എസ്.പി. ആർ.ജോസ് നിർവഹിച്ചു. എസ്.ഐ. ആർ.മനോജ് കൂമാർ അധ്യക്ഷത വഹിച്ചു. ജില്ലാ മിഷൻ കോ-ഓർഡിനേറ്റർ സാബിർ ഹുസൈൻ മുഖ്യപ്രഭാഷണം നടത്തി. എസ്.ഐ.മുഹമ്മദലി, അനൂപമ, രാജു എ.നായർ, രാജു, കെ.ബി.അജി തുടങ്ങിയവർ സംസാരിച്ചു.

study and analysis, Legal support, Crisis management, Home visit, Family risk assessment and risk management, Gender based violence, Domestic violence, Sexual abuse, Harassment, Human trafficking, Educational issues of children, Referral services, Awareness classes, Counselling support to women in need, Counselling support to the cases registered in Block Level Community Counselling centre, Gender Resource Centre and Snehitha gender help desk.

Apart from taking group counselling sessions, community counsellors deal with a number of individual cases too. Over these years, community counsellors in the state dealt with a wide variety of cases and given them adequate support needed. The cases can be broadly classified in to five categories

1. Family issues
2. Adolescent issues
3. Mental health problems
4. Personal disputes
5. Other problems

Community counsellors use various techniques such as case study, mental status examination, behaviour therapy, positive reinforcement etc.

The programs are based on the following areas

1. Counselling
2. Adolescent issues
3. Family issues
4. Common Mental health issues
5. Psychological interventions
6. Crisis intervention
7. Legal aid for women and children
8. Support systems and organizations

Programs are also designed for different target groups and focus areas of discussion.

- 1 Family counselling
- 2 Counselling adolescent children
- 3 Counselling old age people
- 4 Support to parents of differently abled children
- 5 Drug abuse
- 6 Media & youth

പുതുപ്പാടിയിൽ കുടുംബശ്രീയുടെ വിവാഹപൂർവ്വ കൗൺസിലിങ്

അങ്ങനെയ്താണ് പുതുപ്പാടിയിൽ കുടുംബശ്രീയുടെ വിവാഹപൂർവ്വ കൗൺസിലിങ്ങ് നടന്നത്. ഇവിടെ വിവാഹം കഴിഞ്ഞുപോയവർക്കും വിവാഹം കഴിയാതെ പോയവർക്കും കൗൺസിലിങ്ങ് നൽകിയിരിക്കുന്നു. ഇവർക്ക് കൗൺസിലിങ്ങ് നൽകിയിരിക്കുന്നത് പുതുപ്പാടിയിൽ കുടുംബശ്രീയുടെ കൗൺസിലിങ്ങ് സെന്ററിൽ ആണ്. ഇവിടെ വിവാഹപൂർവ്വ കൗൺസിലിങ്ങ് നൽകിയിരിക്കുന്നത് പുതുപ്പാടിയിൽ കുടുംബശ്രീയുടെ കൗൺസിലിങ്ങ് സെന്ററിൽ ആണ്. ഇവിടെ വിവാഹപൂർവ്വ കൗൺസിലിങ്ങ് നൽകിയിരിക്കുന്നത് പുതുപ്പാടിയിൽ കുടുംബശ്രീയുടെ കൗൺസിലിങ്ങ് സെന്ററിൽ ആണ്.

FOLLOWING IS THE BRIEF CASE REPORT DETAILS WRITTEN BY COMMUNITY COUNSELLOR

The names and address of the client (and family members) are hypothetical considering their privacy and ethical standards of the profession.

Case Report-1

Problem

Ms. X was a 44 year old married women. Client was suffering from financial crisis because of house construction and education of their kids. She asked for help to her own father and brother, but they were not willing to help her. Her husband is living separately because of these issues. Those problems gradually lead to depression.

The Symptoms that are observed by the community counsellor were

- Decreased talk
- Decreased sleep
- Decreased food
- Low self esteem
- Fatigue
- Emotional Instability
- Anxious about child and husband
- Crying spell

Interventions

Conducted some sessions for recovering the client from present conditions. That are

1. Family Therapy (3 session)
2. PMRT
3. MBCT

Continuous follow-up has been done with this case. The client and family members were given counselling. The client is also referred for further medication and she is living a happy life now.

Case Report – 2

Problem

The client was a 17 year old male who is showing detachment from his life situations. At the age of 5 he was in 1st standard, mother noticed that he was very poor in academic education. He mechanically copy down the letters into his notebooks. And teacher enrolled him for BRC training. At the age 11 he was assessed IQ low and was trained for three months. All the time he coping text books, somebody interrupt the work he became hate him. Client easily irritated when children tease him and feelings stone to them. He always likes to sit alone and avoid other children.

Symptoms

- Delayed activities of day to day living
- Decreased social interaction
- Sleeplessness past 6 months

- Poor scholastic performance.

Formulation of diagnosis

As per the case history and Mental Status Examination (MES) the client is slower in domestic skill than normal.

Poor academic performance particularly in reading and writing.

Poor in social and emotional maturity and executive speech problem.

Provisional Diagnosis

ICD10 F.70 M mild Mental Retardation

Intervention

1. Vocational rehabilitation
2. Parental counselling
3. Adequate Psychotherapy for Psychological and behaviour Problems
4. Referred for psychological treatment

Case Report 3

Background details

Ms.X, age 16 shows decreased academic performance and her family expects her to over perform all other students. She wanted to study well and started going for extra coaching classes. But she started to feel dull at times. She could not understand what she read and used to sleep on the study table. She started to getting angry easily. As per the instruction by one of her teacher, parents brought her for counselling.

Session 1

Counsellor talked to her normally with general things and daily routine. She talked about the studies and other problems.

Interventions

The counsellor teaches her some techniques for concentration. Counsellor taught her about relaxation techniques and meditation. Counsellor advised her to take proper sleep and participate in recreational activities.

Session 2

She brought the prepared timetable for study and the counsellor encouraged and appreciated her efforts. She started to sleep well and getting up early in the morning. Counsellor encouraged her to spent time with her family members more.

The counsellor talked to her parents as well regarding not to give too much stress on the child.

Outcome

The client accepted and followed most of the suggestions and she showed major improvement in her academics and life as well.

Case report 4

Background details

Mrs.Y is a 44 year old female living in a socio -



economically high class family. Her issues were decreased sleep, decreased talk, low self esteem, fatigue and emotional instability. She approached the community counsellor because of the problems faced in the family. The family members used to tease her because of the altered behaviour of hers in certain times. As the community counsellor was a known person to her, it was easy for her to open up for support.

History

The patient was living with the family for the last 16 years. She has a major financial crisis in the family and her own parents and siblings didn't help her during that time. Her husband is also not in a good relationship with her because of this reason.

History of past illness

She had a past history of depression at the age of 28 and did undergo medication at that time. No other person in her family is affected with any psychiatric illness.

Motor behaviour: Appropriate

Attention and concentration: easy to arose but not sustained

Orientation: present to place, person and time

Memory: normal

Thought process : disturbed

Mood: anxious and fearful

Interventions

She has given counselling sessions and suggested for family therapy (3 sessions) And MBCT.

OTHER INTERVENTIONS

Community counsellors intervened in many domestic violence cases and helped the client to get justice through

womens cell, protection officer and police

Community counsellor has worked as a mediator with DLSA (district legal service authority) to get legal aid to the clients.

They also worked in convergence with school counsellors in many cases. Give references to other special centres in special cases.

OUTCOMES OF COMMUNITY COUNSELLING PROGRAMME

1. Community counsellors can be provided services in a range of ways. Rather than defining counselling

or group work, community counsellors are powerful tool in the society to make interventions

2. They try to decrease the trauma of people exposed to violence and negligence

3. They have the ability to challenge the power, and rise of up common people's rights

4. They are able to provide improved emotional support.

5. They could serve people with available resources and support systems I the society.

6. They are capable of giving support to adults, parents of specially abled children and old age people etc