

Adolescent Mental Health and Counselling
A TRAINING MANUAL FOR COUNSELLORS (DRAFT)

July 2025

by



School Initiative for Mental Health Advocacy (SIMHA)
a field action project of the School of Human Ecology
Tata Institute of Social Sciences, Mumbai

In Collaboration With



**IPE Global Centre for Knowledge
and Development (CKD)**

Acknowledgements

The authors would like to express their sincere gratitude to all those who contributed towards the development of this training manual. We thank the team at SIMHA as well as CKD for their invaluable inputs and bringing on-ground experiences into the creation of this manual to make it accessible for counsellors.



We have drawn upon evidence based models and resources developed by various international organizations and practitioners across the world. We are grateful to the team at the National Institute for the Clinical Application of Behavioral Medicine, Connecticut, United States for granting us permission to use their resources in the manual. We have taken due care to appropriately credit their work in relevant chapters.

We thank all the counsellors across India who have been tirelessly working with adolescents to provide timely and responsive care to them. This manual is dedicated to their efforts and we hope it serves as an effective resource and guide for all counsellors.

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Introduction

About the Manual

Background

This manual has been developed by SIMHA in collaboration with the IPE Global Centre for Knowledge and Development (CKD). The School Initiative for Mental Health Advocacy (SIMHA) is a field action project of the School of Human Ecology, Tata Institute of Social Sciences, Mumbai that aims to promote the well-being of adolescents and youth. SIMHA's vision is to establish sustainable mental health-friendly educational systems across contexts in India through research, advocacy, and capacity building. Since August 2020, SIMHA has trained over 38,400+ key stakeholders including teachers, school leaders and principals, counsellors and special educators, and community health workers from over 100 cities, districts, and towns across 25 states and 04 Union Territories (UT) from India and internationally.

IPE Global Centre for Knowledge and Development (CKD) is a not-for-profit, community-oriented, knowledge-driven, relationship-building, forward-thinking, and value-creating organization. Guided by a vision rooted in values and goals, CKD aims to create a world that embraces diversity, equity, and inclusivity—where women, adolescents, and children can realize their full potential.

CKD is implementing Project Utthan in partnership with the National Health Mission, Uttar Pradesh, to improve adolescent health outcomes in the districts of Barabanki, Bareilly, and Sonbhadra. The project addresses barriers to adolescent growth and well-being by facilitating the convergence of key government schemes, including Rashtriya Kishor Swasthya Karyakram (RKSK), School Health and Wellness Program (SHWP), Rashtriya Bal Swasthya Karyakram (RBSK) and Tele Mental Health Assistance and Networking Across States (Tele-MANAS).

This manual was developed in response to field observations and discussions with government stakeholders, which revealed a critical gap in knowledge and skills related to adolescent mental health, counselling techniques, and intervention strategies.

CKD collaborated with TISS-SIMHA to design and implement a comprehensive, practical training module focused on adolescent mental health and counselling for Adolescent Health Counsellors (AHCs) working with children and adolescents in Uttar Pradesh under Project Utthan.

This manual is a product of that collaboration. It aims to equip counsellors with the tools and understanding needed to address the mental health concerns of adolescents. By integrating international best practice guidelines with insights from trainers, supervisors, and counsellor education frameworks, the manual aspires to serve as a valuable resource not only in Uttar Pradesh but across India.

Scope

This manual is intended to serve as a resource for counsellors engaged in providing support to adolescents. The culturally sensitive and contextually appropriate interventions detailed herein may be employed during counselling sessions to effectively address the diverse concerns presented by adolescents.

Overview

This manual is divided into two sections:

1. Unit 1 - Introduction to Counselling with Adolescents: This section describes the overview of working with adolescents. It includes the following chapters:
 - a. Working with Adolescents: This chapter describes the various frameworks that help in counselling adolescents and the ethical perspectives that guide counselling adolescents.
 - b. Basic Counselling Skills: This chapter describes the skills that counsellors can use while conducting sessions with adolescents.
2. Unit 2 - Specific Concerns of Adolescents: This section describes in detail how counsellors can intervene when working with specific concerns that adolescents may bring. Each chapter in this section starts with an introduction about the topic, role of counsellors, and the key ideas that guide interventions. Clear and detailed guidelines for counsellors are presented on identifying concerns, preparing to intervene and providing interventions. This section includes the following chapters:
 - c. Concerns of Growing Up: This chapter focuses on some common physical, cognitive and emotional, academic and social concerns that adolescents may need support with.
 - d. Working with Anxiety and Sadness: This chapter describes the interventions for helping adolescents regulate anxiety and sadness.
 - e. Working with Trauma: This chapter discusses the impact of trauma on adolescent's lives and how we can help them manage this impact.
 - f. Working with Self-harm: This chapter focuses on the reasons for self-harm in adolescents and how to manage self-harm.
 - g. Working with Digital Use: This chapter describes what problematic digital use is among adolescents and how they can use the internet wisely.

Throughout the manual, exercises for reflecting on and practising skills specific to each concern mentioned in the chapter have been included. Suggestions for self-care practices have also been woven into the chapter design.



UNIT 1

Working with Adolescents

Adolescence is a period of transition between childhood and adulthood marked by significant physical and emotional changes^{1,3}. Adolescents have a strong need for independence and autonomy⁴, are curious about their surroundings and are in search of their identity⁵. However, adolescents in the current times also face certain challenges such as peer pressure, unprecedented access to digital media⁶, and changes in the traditional family structures⁷. Keeping in mind these challenges, adolescents are at risk of experiencing a range of psychosocial and mental health concerns⁸.

India, with 253 million adolescents, has the largest adolescent population in the world, with nearly 20% of them residing in Uttar Pradesh⁹. In our country, it is estimated that 1 in 14 adolescents may have a mental health concern^{10,11}, with the rates being higher in urban areas¹². Adolescents from UP report a similar level of distress. However, older adolescent girls reported twice the level of distress as compared to older adolescents boys and younger adolescents^{10,11}. Statistics suggest that, out of 1.3 billion adolescents in the world, one in seven experiences a mental health concern such as depression and anxiety. The lack of awareness about mental health, stigma in seeking help and a limited number of trained mental health professionals who can provide help worsen the situation¹³.

As counsellors, our work with adolescents includes:

- Promotive work, which involves increasing well-being and positive mental health of adolescents¹⁵. For example, we can encourage adolescents to do yoga and exercise for the mental health and well-being.
- Preventive work, which includes providing interventions to those who are judged to be at risk of developing mental health difficulties¹⁵. For example, we may provide relaxation strategies and support to adolescents who are at risk of experiencing distress or developing mental health concerns.
- Interventive work, which involves providing interventions after identifying an adolescent with a mental health concern¹⁵. For example, providing relaxation training to an adolescent who comes to us with academic-related concern and we identify that they are anxious about exams.

We can do promotive, preventive and interventive work with individuals as well as groups of adolescents. We can also work with the adults who are actively engaged in adolescents' lives, such as parents and teachers.

1. Frameworks in Adolescent Counselling

1.1. Developmental framework

Adolescents are individuals in the age group of 10-19 years. Adolescence is divided into two phases, that is, early adolescence extending from 10 to 14 years and late adolescence from 15 to 19 years. It thus serves as a bridge between childhood and adulthood. During this time, they are in the process of developing their identity and answering the question, 'Who am I?'¹⁶. This involves creating a separate identity from others, particularly adults in their lives. Adolescents also want independence and seek social connections with people of their own age. Hence, we as counsellors can build a better therapeutic relationship with them if we encourage

their autonomy and work collaboratively with them. We can have an attitude of respect, empathy and interest towards them, be transparent about our role, acknowledge their choices and build on their existing strengths¹⁷.

Brain development in adolescence happens very rapidly. Due to the changes in the brain at this time, adolescents develop the ability to reason, plan and control their emotions and behaviours. Keeping these developmental considerations in mind can help us in understanding their behaviours better¹⁸.

1.2. Ecological framework

Mental health and well-being of adolescents is linked with the external environment as well.

Let us consider this example

Let's reflect!

Shanti is a 15-year-old adolescent who came to the counsellor as she had been feeling anxious about her exams. She is the first person in her family to go to an English-medium high school in a big city. She received first rank in her village in 10th boards and everyone in the village is very proud of her. They all encouraged her to pursue her studies, and her parents took a loan to send her to her aunt in the big city. However, ever since she has come to this school, she is not able to study properly. Although she studied in an English-medium school in her village before, she finds it difficult to follow the rapid pace of English that her teachers and classmates speak. She also finds it difficult to manage her workload as she feels that it has increased a lot, and she is not able to cope with it. Her aunt has also not gone to a high school so she cannot help her. Her exams are approaching now. For the first time in her life, she feels unprepared for her exams and is feeling very anxious about her performance. She is also afraid of letting her parents down.

Ruchi is also a 15-year-old adolescent studying in the same school. She has also been feeling anxious about her exams and so she visited the counsellor. She comes from a family of doctors and was ranked first in the school in the 10th boards. However, her elder sister had come first in the city two years ago, so she felt that this was not an occasion for celebration. She wants to do even better in her 12th boards, so she has started working even harder. She has asked her mother for tuition and is spending all her time between school and tuition. However, it leaves her with little time for self-study. She has been feeling overwhelmed with the classes and feels tired, unable to concentrate on her studies. And now her exams are approaching. For the first time in her life, she feels unprepared for her exams and is feeling very anxious about her performance. She is also afraid of letting her parents down.

Although Shanti and Ruchi have come to the counsellor with the same concerns, what are the differences in their experiences?

Answer:

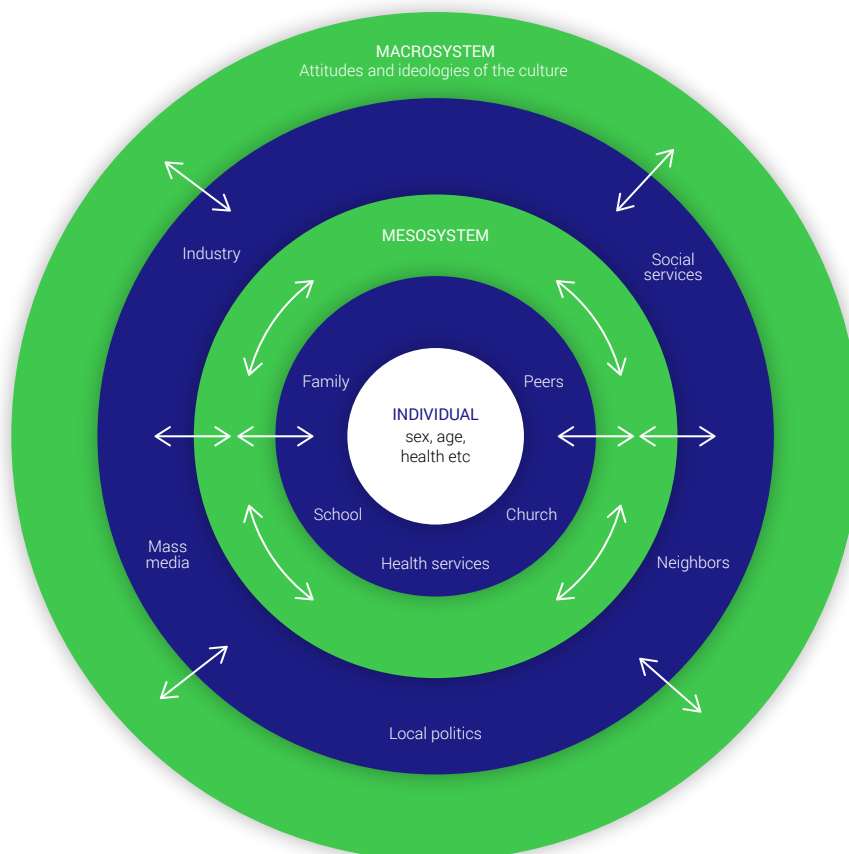
Although Shanti and Ruchi are anxious about exams, there are differences in their experiences. Shanti is from a rural background and is the first person in her family to pursue studies in an English-medium high school in a big city. She is not an expert in English which makes it difficult for her to adjust to the increased workload. She has limited financial and social support in the city.

Ruchi, on the other hand, is from an urban and highly educated family with a lot of resources. She can access financial support from her parents and support from tuitions. However, this has led to high expectations from herself and others.

This shows how the external environment can play a role in mental health concerns of adolescents. In order to understand the interaction between the environment and the adolescent, we can learn about Bronfenbrenner's ecological systems model¹⁹. The model highlights the five environmental or 'ecological' systems influencing the adolescent:

- **Microsystem**, consisting of family, school, peers, religious places, workplaces (if they are working) and neighbourhood.
- **Mesosystem**, consisting of the relationships between the components of microsystems. For example, the adolescent will be affected by how their family interacts with their neighbours.
- **Exosystem**, consisting of economic, political, education, governmental and religious systems.
- **Macrosystem**, consisting of overall beliefs and value systems in the adolescent's environment.
- **Chronosystem**, consisting of environmental events and changes that occur over the course of the adolescent's lifetime.

All of these systems are interdependent and influence one another.



Source: By Hchokr at English Wikipedia, CC BY-SA 3.0,
<https://commons.wikimedia.org/w/index.php?curid=50859630>

These systems and their interrelationships in the external environment will thus influence the mental health of the adolescent. Let us take an example to understand this better. During the COVID-19 pandemic, Mitali's father lost his job. Even 5 years later, he has trouble finding a new job because the economy has been down and new jobs are not easily available. In the meantime, he started a small business and expected Mitali to contribute to it. The family started expecting Mitali to help out even at the cost of missing school, believing that education was of no use to the father. Hence, she had to take leaves from school. Her teachers started scolding her for missing school. Mitali has been feeling very sad and anxious these days. As we see in this example, the external factors play a role in Mitali's mental health. For her, the pandemic is the chronosystem, loss of her father's job is microsystem, the pandemic's impact on economy is the exosystem, the belief that education was of no use to the father is the macrosystem and the teachers scolding Mitali are a part of the mesosystem.

1.3. Rights-based framework

When working with adolescents, protecting and upholding their rights becomes most important. This means that we see adolescents as individuals with the right to dignity, autonomy, respect and safety. In counselling, this translates into rights such as being heard, participating in their process, receiving support, and being free from discrimination. Adolescents are participants in this process; not just receivers. These are in alignment with the United Nations Convention on the Rights of the Child²⁰.

In practise, this may look like:

Principle	What It Means in Practice
Respect	Treating adolescents with dignity regardless of age, gender, identity, etc.
Participation	Involving them in decisions about their care and goals for counselling.
Collaboration	Taking a non-expert stance i.e., accepting that we do not know what is best for them and we are figuring it out with them, not for them.
Non-judgment	Accepting their views and choices without moralising.
Inclusion	Being sensitive to caste, gender, class, disability, sexuality, etc.
Safety	Prioritising emotional and physical safety; be alert to signs of harm.
Autonomy	Supporting their ability to think, feel, and choose even if they may be doing this imperfectly.

Let us reflect on how we can be collaborative in our sessions:

We are being collaborative when...	We are not being collaborative when...
We give the adolescent an opportunity to speak about what they want to speak instead of prioritising what we want to ask. While it is important that we get the information we need, we cannot do this at the expense of their comfort.	We control the agenda of the session.
We ask the adolescent for feedback and listen to it without being defensive.	We believe that we know the right way and they do not.
We support the adolescents to identify and use their own resources.	We consider them helpless and try to rescue them or fix their problems.
We support adolescents to make their own decisions.	We make decisions for them.
We respect adolescents' opinions on what may/may not work.	We keep pushing an idea because we believe it might be helpful even when they have clearly rejected it.
What else can we think of?	

1.4. Strengths-based framework

When we acknowledge the strengths of a person, we are saying that there is more to them than their problems. Thus, we assume that all individuals have positive assets, strengths and resources in their lives that they can and are using. It is about recognising that adolescents have other dimensions to their lives than the concerns or problems they may be sharing with us. Our role in counselling is to identify and build on their interests, strengths and resources, rather than suggesting ideas or directions that do not take these aspects into account.

In practise, we can incorporate this value in our listening stance. When adolescents are speaking, it is important to not only attend to stories of struggle that they share but also try to identify and listen for their stories of resilience.

For example, when an adolescent mentions having tried various new activities to bring their attention to studies but nothing has worked, before moving on to discuss solutions to their problem, we can pause and reflect, *'It sounds like you were really resourceful and tried various different things on your own'*. Sometimes, this may also involve initiating conversations about adolescent's assets and strengths. For example, a simple question such as, *'As part of the session, I like to ask about strengths as well. Can you tell me a story about a success you have had in the past?'* can introduce a useful new dimension into the session.

As counselling is a helping profession, there is a code of ethics that we must follow. We will next discuss these ethics of counselling adolescents.

2. Ethics of counselling adolescents

Ethics guide professional conduct to protect the rights of clients and prevent harm to them. Counselling adolescents requires us to operate from an ethical code to ensure that their best interests, dignity and well-being are safeguarded. These ethical principles also help to navigate the complex ethical dilemmas which may come up while working with adolescents^{21,22}.

2.1. Ethical principles

The key ethical principles are:

Principle	What it means	In practice, this means...
Autonomy	Respect the adolescent's right to make their own choices and decisions	Involving adolescents in decisions about their care wherever we can.
Non-Maleficence	Do no harm	Avoiding giving advice or taking actions that may lead to increased distress or risk for the adolescents.
Beneficence	Act in the best interest of the adolescent	Always prioritising the adolescent's emotional and physical well-being. This also includes referring adolescents to mental health professionals when their concerns are beyond our expertise.
Justice	Be fair and non-discriminatory	Treating all adolescents equally, regardless of caste, religion, gender, etc.
Fidelity	Commitment to the well-being of adolescents and fulfilling promises	Being punctual and prepared in sessions, maintaining confidentiality and avoiding dual relationships

2.2. Important ethical considerations

Along with these principles, we also need to keep some considerations in mind:

- 2.2.1. Taking informed consent and assent. Informed consent means getting permission to begin the counselling process after explaining what it means in a way that adolescents and their guardians can understand. In India, adolescents cannot give consent to start counselling. It must be obtained from their guardians. Adolescents who are above 16 years of age can give their assent, that is, permission to participate in the counselling²³.
- 2.2.2. Ensuring confidentiality and communicating limits to confidentiality. We can communicate about confidentiality when we start introducing ourselves and counselling to adolescents. We can let them know that all that is discussed in a session is between us and the adolescent. There are two limits to confidentiality. One is when the adolescent mentions the possibility of harm to self and when they mention the possibility of harm to others^{21, 22}. In case of harm to self, we can ask the adolescent to involve a trusted adult to help them in this situation. In case, the adolescent is threatening harm to others and we feel that they have the means to cause this harm, we can report this situation to the relevant authority such as the school principal. As counsellors, we have a mandatory duty to report to authorities if the adolescent discloses that they are being sexually abused. We can call the police (100 or 112) or visit the nearest police station or call childline (1098) or even report it online at the NCPCR's website. We can also write to pocsoebox-ncpcr@gov.in or send a physical letter to: NCPCR, Chandralok Building, Janpath, New Delhi 110001. Under the Protection of Children Against Sexual Offences Act (POCSO, 2012)²⁴, we have to report sexual abuse mandatorily or else there may be legal consequences.
- 2.2.3. Maintaining boundaries and avoiding dual relationships. An important consideration in the ethical code of conduct is maintaining boundaries with adolescents²⁵. This means that we ensure that we do not have more than one relationship with the adolescents. This means that we cannot be a teacher and a counsellor to the adolescent. It also means that we cannot be a counsellor to an adolescent we know outside of a therapeutic relationship. This also means that we do not become too involved in their life as a friend or a parent-figure.
- 2.2.4. Self-care. Many professional organisations working in the field of counselling have also highlighted taking care of counsellors as an ethical principle to ensure that we are able to give our best to the adolescents²¹. Self-care can be defined as the "*ability to refill and refuel oneself in healthy ways*²⁶", which may include "*engagement in behaviours that maintain and promote physical and emotional well-being*²⁷" and which "*lessen the amount of stress, anxiety, or emotional reaction experienced when working with clients*²⁸". This means having a caring attitude towards ourselves, knowing our needs and taking actions to meet them.

It is important to take care of ourselves to prevent burnout, secondary traumatising and compassion fatigue described below:

Burnout, secondary traumatisation, and compassion fatigue

Due to our professional training and perhaps our personalities, we may take on the role of caregivers easily. But when it comes to our needs, issues, and concerns, we may not be as attentive. Thus, we need to understand the negative impact of burnout, vicarious traumatisation and compassion fatigue.

- **Burnout:** *"A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations²⁹".* Some signs are:

- **Body-based.** Being tired and irritated, having headaches, stomach-related disturbances, back pain, changes in weight and sleep patterns.
- **Behavioural.** Not feeling enthusiastic, coming to work late, doing little despite long hours, becoming frustrated and angry easily, difficulty making decisions and not engaging with colleagues.
- **Psychological.** Feeling depressed, empty, taking negatively about ourselves, feeling guilty and blaming ourselves for not doing enough.
- **Spiritual.** Losing faith, meaning, and purpose, feeling alone and disappointed, changes in values and religious beliefs
- **Clinical.** Not engaging with adolescents, blaming them, feeling bored and daydreaming during sessions and being angry with them.

- Secondary traumatisation: We may feel as emotionally as distressed as the adolescent. This may get overwhelming for us and thus may interfere with our work³⁰. Some of the symptoms are:

- Having intrusive thoughts or images of personal or work-related traumatic events
- Feeling easily frustrated, irritated or angry
- Feeling dread when working with certain people/situations
- Feelings of depression, loss of hope and optimism, sadness, upset
- Decreased feelings of competence, sense of purpose/enjoyment with career

- **Compassion fatigue:** It is defined as a tense state where we may be preoccupied with the story of our adolescent's trauma and show certain symptoms similar to them, such as re-experiencing the traumatic events, avoidance/numbing of reminders, persistent arousal (e.g., anxiety) to name a few³⁰. Some symptoms that we can be careful about are:

- Headaches
- Nausea
- Sleeplessness
- Intrusive imagery

- Feeling vulnerable
- Difficulty trusting others
- Becoming emotionally numb or overwhelmed

We can take the following steps to take care of ourselves³¹:

- **Valuing the person of the counsellor:** This refers to how we can understand our unique identities, qualities and strengths as a counsellor and try to find ways of nourishing these aspects of ourselves.
- **Recognising the risks:** It is important to acknowledge some of the challenges of being a counsellor, such as not being sure of outcomes or listening to highly emotional narratives of distress.
- **Refocusing on the rewards:** At the same time, it is important to refocus on the rewards of being a counsellor and what are the unique rewards that the profession offers us.
- **Minding the body:** This refers to how we can take care of our bodies, such as ensuring we do physical activity, have good food and enough sleep in our day.
- **Nurturing relationships:** Even though we are building and sustaining relationships all the time, we can sometimes neglect the meaningful relationships in our own lives. Making effort to nurture and sustain our professional and personal relationships can be an act of self-care.
- **Setting boundaries:** It is important that we set boundaries in our personal and professional lives, including setting caseload boundaries and saying no when appropriate.
- **Changing our thoughts:** This refers to being aware of and evaluating our own thought processes, such as monitoring when we are making comparisons to others or setting overly high standards for ourselves.
- **Seeking supervision:** Supervision is a form of intervention when a senior member of a profession helps a junior member or group of junior members of the same profession. It helps junior therapists to become better and maintain the quality of the profession³². It also helps to improve our skills and knowledge, self-awareness and ability to be reflective, understand and resolve ethical dilemmas, deal with burnout and become more confident³².

2.3. Resolving ethical dilemmas

Even when we are aware of the ethical codes of conduct, it is possible that we may have difficulty in translating them into action. Situations in real-life may not have an easy solution. For example, what if we want to be there for the adolescent but also need to take care of our own well-being. Or what if we know that someone close to the adolescent can help them but the adolescent does not want to include them in the conversation. These questions are called ethical dilemmas as they bring two or more ethical principles in conflict with each other.

Let us understand what we can do when we are faced with such dilemmas:

Scenario 1:

We have been working with an adolescent and their parents come to meet us after a session. They tell us that they would like to know what the adolescent has been telling us in sessions and what we are teaching them.

As counsellors, we may believe that parents have a right to know as the adolescent's well-being is their responsibility. However, we need to maintain confidentiality as well.

What do you think we should do in this situation?

We can follow these steps:

1. Recognise that it is a dilemma. We can ask ourselves, *'Am I feeling stuck? Am I feeling that I am being pulled into different directions?'*
We can then ask ourselves, *'What are the directions I am being pulled into?'*
In this example, we may be conflicted between the right of parents to know about their child and our duty to maintain confidentiality (with limits, that is, harm to self and harm to others) that we have promised to the adolescent.
2. Identify the ethical principles. We can consult the ethical principles that we have listed above. We may believe that it will be beneficial for the parents to know about the important points in the sessions to help the adolescents. This is aligned with the ethical principle of beneficence. On the other hand, maintaining confidentiality indicates that there are only two incidents in which we can discuss with others about what is happening in a counselling situation. We can check if there is any possibility of harm to self or others. If not, then the principle of confidentiality indicates that we do not need to involve the parent. We have to take a call on how to address this.
3. Consult or reflect with others. If we have a doubt, we can speak to our colleagues, particularly senior colleagues as well.
4. Communicate honestly and respectfully. We can then communicate with the parent explaining the need for confidentiality. We can say, *"I understand your concern. What your child shares with me is private unless I believe they are unsafe. If that happens, I will involve you immediately."* Based on our judgement about the relationship of the adolescent with the parent, we can also speak to the adolescent about this and check with them if they would like to share about their experience of counselling with the parent.

Let's reflect

We can try to resolve the following ethical dilemma.

An adolescent comes to you and says, "I feel that you are the only one who understands me. None of my friends or family is so nice to me. I do not think this one hour is enough. I want to be your friend. Can we please speak more often or even meet outside these sessions? Here is my social media request, please accept it."

Answer:

- a. Recognise this situation as an ethical dilemma: Am I feeling uncomfortable with this request? I am conflicted between not wanting the adolescent to feel alone but also not being their friend.
- b. Identify that we cannot have a dual relationship with the adolescent; that is we cannot be their counsellor and friend.
- c. We can ask our other colleagues if they have faced a similar situation and what they did at that time.
- d. We can say this to the adolescent: *'Thank you for sharing this with me. It means a lot that you feel safe and understood with me. However, I want to discuss with you about my role as your counsellor. It is different from that of a friend. I am here to help you in a professional way. This means that I cannot talk to you or meet you outside of sessions or connect with you on social media. This is not because I do not care about you. But there are rules in our relationship meant to keep you safe and make the counselling more focused on helping you. [pause and wait for their response].'*

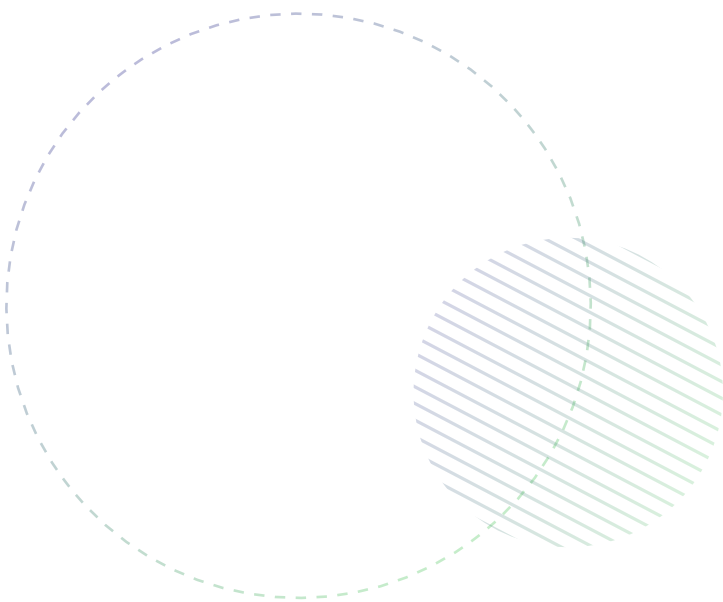
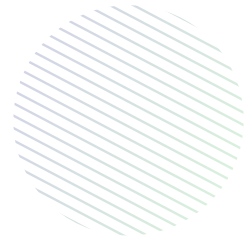
Summary

Adolescents go through a period of transition between childhood to adulthood marked by significant physical and emotional changes. As counsellors we can help them by doing promotive, preventive and interventive work with them and the significant stakeholders in their lives. We can use a developmental, ecological, rights-based and strengths-based framework in counselling. We must keep the ethical principles in mind such as autonomy, non-maleficence, beneficence, justice and fidelity. We also have to keep in mind that we take informed consent, ensure confidentiality, maintain boundaries and take care of ourselves. Self-care can help in avoiding burnout, secondary traumatisation and compassion fatigue.

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Basic Counselling Skills

Counselling is a professional and collaborative process where a trained person (the counsellor) helps individuals explore personal difficulties, make sense of their emotions and thoughts and move towards greater well-being and understanding of self. It is grounded in an ethical relationship that values confidentiality where the counsellor offers empathy, respect and psychological support in a non-judgemental space. It helps individuals address developmental challenges, resolve specific difficulties, make decisions, cope with crises, develop personal insights, improve relationships with others and promote personal growth and change.

Key qualities of a good counsellor include:

1. Having empathy: Empathy means having the ability to understand an adolescent's experiences and emotions from their perspective, to see the world as they do and at the same time maintaining our own understanding of these experiences.
2. Being non-judgemental: Accepting the adolescent as they are, irrespective of their background or choices.
3. Showing patience: Allowing the adolescent to set the pace of the sessions and express themselves.
4. Expressing genuineness: Being truthful and honest about ourselves and the counselling process in the counselling session.

Basic counselling skills are tools that are used in counselling to help clients in understanding their concerns, exploring their emotions, and discussing possible actions in a supportive environment, without judgement¹. These skills also help build a therapeutic relationship between counsellors and clients^{2,3}. Therapeutic relationships build a sense of safety and connection, which allows clients to bring changes in their lives⁴. Having a good therapeutic relationship is especially important for adolescents as they seek empathy, genuineness, understanding and support from counsellors before making changes in their lives^{5,6}. If adolescents feel that counsellors seem to be only asking questions and are not trying to understand them, adolescents may not feel comfortable with them and not open up about their difficulties⁷.

This chapter focuses on skills required to work with adolescents in sessions. We will be discussing different skills that can be used in the starting of the counselling session, during the session and at the end of the session.

1. Before starting the session.

We can keep some of these considerations in mind when we are preparing for a session with an adolescent:

- Review the value frameworks, theoretical backgrounds and ethical guidelines of counselling with adolescents.
- Do a self-check-in ('How am I doing? What am I feeling?').
- Carry out tasks or rituals to ground or centre ourselves before starting sessions (e.g., breathing deeply for 2 minutes).
- Remember to have a notebook, pen and other resources (e.g., database of referrals) to make sure that we have everything that we need.

2. Starting the session.

2.1. Introducing ourselves

We can start the session by introducing ourselves and help them understand what counselling is. We can say,

'Hi, my name is... [your name]. I am a counsellor here at... [place of work]. I listen to and provide support to adolescents like you who are going through difficult times. Counselling is a safe space for you to share your thoughts, feelings and concerns freely without judgement. Counselling sessions are usually 30-45 minutes long. You can talk as much or as little as you want to. There is no pressure to talk.'

We can then ask them what they would like to talk about. We have to pause then to give some time for adolescents to speak up. We have to maintain silence and sit patiently. Once some time has passed and if they are still silent, we can ask them if they would like to speak about something. If the adolescent is feeling hesitant to talk, we can help them understand what counseling is and what is our role as a counselor. We can also ask them if they have any questions. If they are still not talking, we can wait till the end of the session. Once the session is about to end, we can say,

'Our time is ending for today. However, I would like to know about you and what made you come for counselling. Can we schedule a session soon?'

If the adolescent comes for the session but still does not communicate, we can ask them

'We can talk or you can also draw or write if you want. If you want, you can also share some music with me that might help me understand you better. Will that be more comfortable for you?'

Being consistent with session times, our stance on waiting and not pressuring them to speak will help in trust building.

Creative ways to build rapport

We can keep the following material to help build rapport with adolescents:

1. chart papers
2. colours, paints and sketch pens
3. clay
4. sand tray
5. glue and art scissors (which are not sharp)
6. stress balls or soft toys
7. sticky notes
8. drawing of feelings wheel (described below)
9. stickers and collage material
10. board games

2.2. Introducing confidentiality

We can then introduce the concept of confidentiality and the limits to confidentiality⁸. Confidentiality builds trust in the relationship and helps in keeping the relationship transparent. We have to inform adolescents that confidentiality may need to be broken if there is a threat of harm to self or others. We will be bringing in someone to help them in that situation⁹.

We can say,

"Our sessions are private and you are free to discuss anything you'd like with me. We can speak about how you are feeling, what you are thinking or things that you have not shared with others or problems you would like for us to work on together. All these discussions will be private. But, there are times when we may need to decide about getting another adult involved in our discussions.

If there is a time where you might be likely to hurt or harm yourself, I would need to discuss this with your parents to ensure safety for you and others. In these situations, I have to involve trusted adults. Another situation where I might involve other adults is when there is a risk of harm to others. If you share with me that you intend to harm someone else, in order to assure their safety, I will be contacting them.

It is a rule that all counsellors follow to make sure that people's safety comes first. However I will inform you and try my best to help you understand why this must be done, before I do so. Other than these two situations, everything we speak about will only be between us. Do you have any questions for me? [pause]

There could be other situations, where I may have to speak to your parents about what is happening in our sessions, as they may have to be involved in some plans we are making as a part of your care, or they may have general questions about how you are doing. In these situations, you and I can plan together on what we share with them and can even do so together. Please feel free to ask me any questions you have about any of this."

2.3. Taking down their information

Once the adolescent has clarified their doubts and is ready to begin the session, we can ask them about their name, age, relationship status and the person who referred them to us. We can also ask them about the name and contact details of the person they think we can invite to support them in times of risk of harm to self.

Please note

Sometimes, it is possible that the adolescent may be very distressed when they come to us. It might be better to first help them calm down first before we ask them questions or even ask them to describe their concerns. We can use the techniques given in Section 2, Chapter 2 to help adolescents feel calm.

3. During the session.

Micro-skills form the nuts and bolts of counselling. Micro-skills involve the specific actions or responses that the counsellor uses in a session. We can use our body language, gestures or facial expressions to convey understanding and warmth. We can also use the tone of voice, intonation, volume and emphasis on words as other non-verbal cues.

We can keep in mind

- Use a gentle and calm tone of voice.
- Speak slowly and clearly.
- Speak only a little at a time.
- Pause enough to allow the adolescent to respond.
- Conduct frequent checks for understanding through paraphrases and summaries as well as explicitly asking, '*Does that make sense?*' or '*Have I understood correctly?*'
- Respect any verbal or non-verbal indication that the adolescent does not want to talk and stay in silence with them.
- Ask them for permission before introducing a skill or technique.

Throughout the session we will be using the following skills:⁴

3.1. Listening

Listening is one of the key skills used by counsellors. It involves being fully present in the moment. Being present in the moment does not mean that our minds do not wander; rather it means that when it does, we gently bring it back and focus on the adolescent's words again.

If we are only listening to reply to the adolescent or find ourselves thinking of the next question to ask, we may miss out on what they are trying to convey to us. We may not be able to understand their experience completely and hence not be able to help them.

We can convey that we are listening by making eye-contact or nodding or through our facial expressions. We can also say, '*Hmmm*', '*uh-huh*', '*I see*' and so on.

Sometimes in the session, we may feel the need to pause listening when we feel that the adolescent might be repeating themselves or moving on to the next concern. It is also possible that we may have to clarify something that they said. During this time, instead of interrupting, we can wait for a natural pause in the conversation which we can then use to make a response. We can use the techniques described later in the chapter to make this response.

Reflective Exercise

Read the role-play scenario:

Ayaan is 16 years old and came to the session because he has been feeling low, avoiding friends, and skipping football practice. His teachers report he's been quieter than usual. Today is his first session.

Counsellor:

"Hi Ayaan. So what's going on? Your teachers say you've been skipping football and not talking much."

Ayaan:

"I don't know. I just haven't felt like going lately."

Counsellor: *(quickly)*

"Are you struggling with time management? Maybe you need a planner to organise things better."

Ayaan: *(fidgets)*

"No... it's not about planning. I just... don't feel like talking to anyone."

Counsellor:

"Everyone goes through mood swings. It's part of growing up. You should push yourself to go out—it'll make you feel better."

Ayaan: *(quietly)*

"Okay."

Counsellor:

"You just need to be more positive! You're so young—you have your whole life ahead of you."

Ayaan: *(looks away, crosses arms)*

"Yeah... I guess."

- How do you think Ayaan is feeling after this conversation?
- How will he perceive the counselling process?

Answers:

- a. Ayaan might feel unheard and dismissed. He may feel that the counsellor is not hearing him but is more interested in giving advice. He may feel uncomfortable and might not want to engage with the counsellor. He may also be feeling irritated with this conversation and may want to end it soon.
- b. He may start believing that counselling is unhelpful and only about giving advice. He may become unwilling to come for future sessions and feel that counselling is not for him.

Instead this session could have gone like this:

Counsellor: *(calm, warm tone)*

"Hi Ayaan. My name is Vijaya. I am a counsellor. Could you tell me what brings you here today?"

Ayaan: *(shrugs slightly)*

"Yeah... I didn't really want to come. My teacher made me."

Counsellor:

"It sounds like you were not sure about coming. Did the teacher tell you why she sent you here today?"

Ayaan:

"Yeah. I just... I don't know. The teacher said she was concerned. I haven't really felt like doing anything lately. Not even football."

Counsellor: *(with gentle curiosity)*

"Hmm. Football used to be something you liked?"

Ayaan:

"Yeah. It was kind of my thing. But lately, I just don't feel like going."

Counsellor: *(pauses, reflects)*

"It sounds like something has changed for you. Like the things that were fun, you just don't feel like doing them anymore."

Ayaan: *(nods, looking down)*

"Yeah. I don't know what's wrong with me."

Counsellor: *(softly)*

"It makes sense that you'd feel confused. It seems like a lot is going on for you. Would you like to share with me?"

Ayaan: *(after a pause)*

"I just feel tired all the time. Like even getting out of bed is hard."

Counsellor:

"That sounds really difficult, Ayaan."

Ayaan:

"Yeah... exactly."

Counsellor:

"Can we talk about this more? I'm here to listen."

3.2. Open and close-ended questions.

Open-ended questions are questions that start using 'what', 'how', 'could', 'can' and 'would'. These questions give the adolescent the freedom to lead the conversation in the direction they want. It also invites them to give more details. For example, we can ask, '*How did you feel at that time?*' or '*What are some of the challenges you are facing?*'. 'Could', 'can' or 'would' questions have an added advantage of giving the adolescent the option of not responding. If we want to explore the specifics of a situation, we may ask, '*Could you give me an example?*'. A 'why' question is often associated with being questioned or interrogated and hence we may want to avoid it. A more open question might be '*What makes that important for you?*'.

Close-ended questions are questions that generally have limited possibilities for answers such as yes or no. For example, asking '*Did you feel angry when he said that?*' or '*What is your name?*' are examples of close-ended questions. These questions are important but we can start with open-ended questions and then move to close-ended ones. The adolescent may feel interrogated if we are only asking close-ended questions. We can use the tone of our questions to show our curiosity. This will ensure that adolescents feel our interest in their stories. They may also feel that they can answer because they want to and not because they are compelled to answer. Reflections and summaries are also important and useful ways of moving the conversation forward.

3.3. Reflection of content and feeling.

A reflection, as the word suggests, is when we mirror the adolescent's emotions or what they have said back to them. A reflection can consist of a reflection of content (also called a paraphrase), a reflection of feelings or often, a reflection of both feeling and content. A reflection of content is useful when we want to understand a situation further and/or help the adolescent feel understood. It generally involves using different words than the adolescent to convey the key essence of what they are trying to tell us. A reflection of feeling is communicating the underlying feeling that the adolescent may have. This is a powerful statement that can shift the conversation to the adolescent's emotional experience and deepen the conversation.

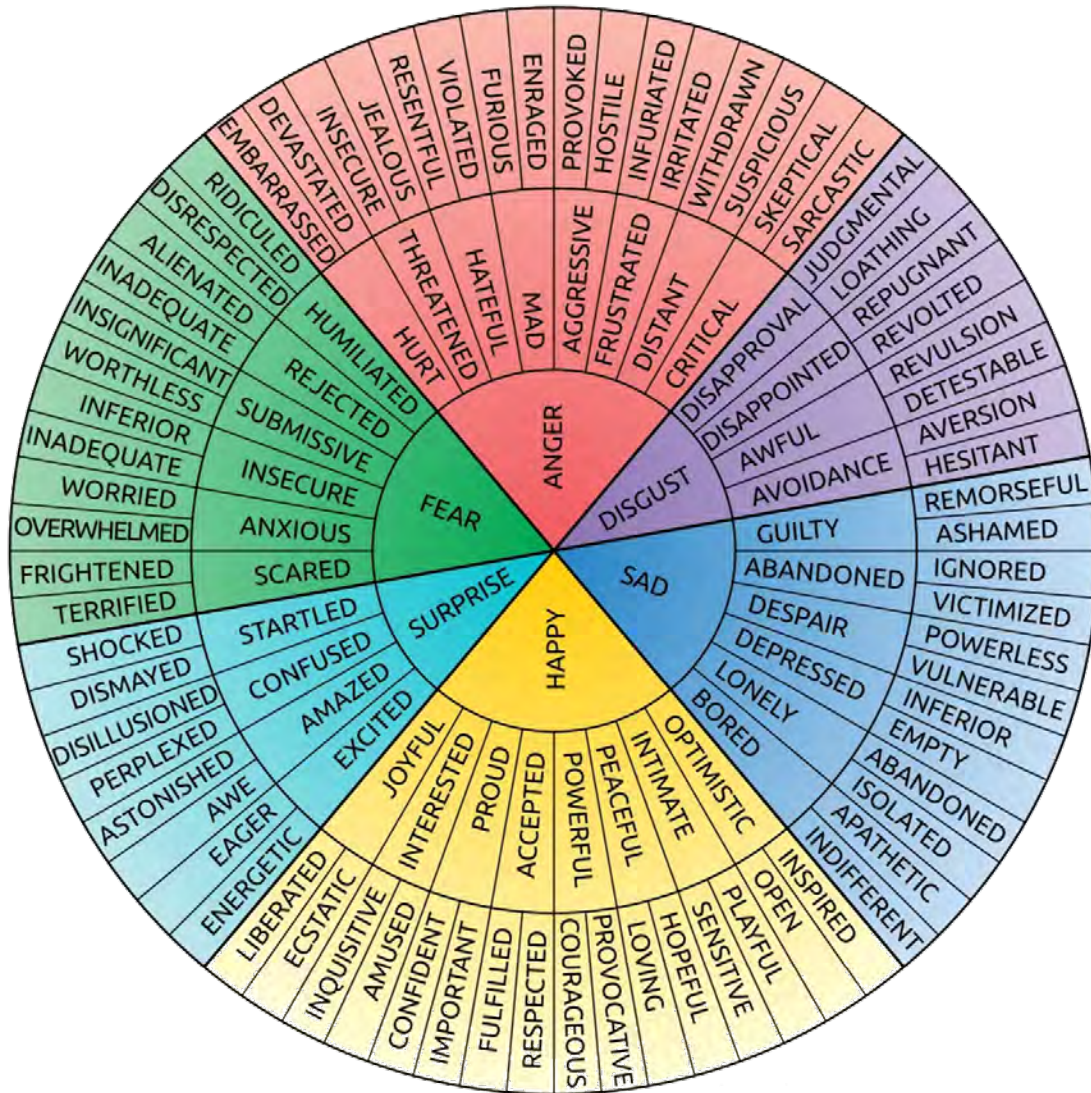
Let us look at these practice examples:

Example	We can say
<p>Adolescent: My friend said that she will help with my homework but I have been waiting here for 2 hours and she never came. I started thinking what if she does not want to help me.</p>	<p>Reflection of feeling: It seems like you expected your friend to come and help you and you felt anxious when she didn't.</p> <p>The counsellor adds a feeling word 'anxious'; this is a key aspect of a reflection of feeling.</p>
<p>Adolescent: My friend said that she will help with my homework but I have been waiting here for 2 hours and she never came. I started thinking what if she does not want to help me.</p>	<p>Reflection of content: Sounds like you waited for very long for your friend to come and help you. You started thinking about the reasons about why she did not come.</p>

A simple reflection of feeling can simply involve identifying the adolescent's explicit emotion. A more complex reflection of feeling can involve naming emotions that they might not have explicitly said but that the counsellor senses. Generally, it is a good idea to use phrases such as '*Sounds like...*' or '*Am I right in understanding that...*' or '*I am getting the sense...is that right?*' or '*I'm hearing that...*'. This is because we are saying something that they are not yet telling us. By using these

phrases we are offering an opportunity to the adolescents to modify or clarify the reflection. This helps them feel that we are genuinely interested in what they are saying and are okay with getting corrected. It also helps them see us less as an authority figure and more as someone on their side.

It is useful to review a 'feeling wheel' such as the one below to develop a vocabulary of emotion words. We can even share this with the adolescents as they may not be aware of words that describe their emotions. Identifying and labelling an emotion often brings relief to the adolescent as it makes them feel that their experiences can be understood by themselves and others.



Feeling Wheel. Source: Designed by Glenn Trigg, <https://www.glenntigg.net/emotions-wheel/> (Reproduced under CC by 4.0)

Practice Exercise

Consider the following statements made to you by an adolescent and try reflection as a response.

1. *There are so many things happening. My mother is sick, I have to make food for everyone at home and get my siblings ready for school. I get so tired by the time this is done that I don't have time to do my homework. My teacher scolds me in front of the entire class and my classmates make fun of me.*
2. *I was so careful with my studies, but I still failed this exam. I don't know how. I stayed home and studied all the time, and did not even go to play. I also tried to read all the answers before the exam and revised during the exam too. I don't know what I did wrong. Did I fail because I am stupid?*
3. *My friends are always on the phone sharing reels and photos with me. I actually don't like a lot of these videos. I would rather we play outside. But I cannot say anything because they are my friends and I don't want them to be upset with me.*

Answers:

- a. You seem to have a lot of responsibilities at home which leaves you with no time to do your homework (reflection of content). You sound like you are tired and overwhelmed in this situation (reflection of feeling).
- b. It seems like you worked really hard for your exams but could not get the results (reflection of content). I think you might be feeling confused and upset and are even blaming yourself. Is that right? (reflection of feeling)
- c. It seems that you and your friends have different preferences for how you spend time (reflection of content). You sound confused and a little scared of upsetting them, is that so (reflection of feeling)?

3.4. Organising and prioritising.

Sometimes, adolescents mention many different issues and it all seems like a lot, both for them and for us. Organising their key concerns may be helpful as it helps them feel that there are finite things and they can be managed. For example, we can say,

'Sounds like a lot of things are going on for you. I hear 3 different issues that are troubling you - your relationship with your sister, your friend leaving the school and your uncle's constant comparison with your cousin, have I understood it correctly?'

Prioritising is also an important skill as we cannot attend to or address everything someone may have said. The key skill is to learn to be conscious about when and what we are prioritising and how that influences the direction of the conversation.

We can also ask the adolescent directly about their priorities. For example, we may say, *'We have discussed these different concerns you are having right now. Which of these issues seems most important for us to talk about?'*

Organising and prioritising may help to focus our interventions. Once adolescents realise that their problems can be managed, they may feel better about themselves and less overwhelmed.

3.5. Observing the unsaid.

We can also observe the signs of strong emotions (e.g., rapid breathing) or tone of voice of the adolescents. This helps us get additional information about their concerns. Adolescents may not be ready to share their concerns or may not find the right words to express themselves.

If they are having difficulty expressing their feelings or thoughts spontaneously, we can choose to comment on something we notice in real-time to bring that aspect into focus in the session. In a gentle, curious and non-judgmental tone we may say,

'I'm sensing that you are finding it difficult to talk about your relationship with your sister right now as we speak, is that so?' or 'I'm noticing that you are breathing fast whenever this friend is mentioned. Are you feeling anxious right now?'

3.6. Normalising.

Normalising is recognising that suffering and struggle are a part of everyday living. It conveys to the adolescents that they are not alone and their experiences and emotions are valid. Some subtle ways of normalising include,

"It is understandable that when so many things around you are going wrong, you feel anxious" or "When you describe all things that have been happening at your end, I cannot find it in myself to judge your emotions as something out of the ordinary".

At times, providing specific feedback to the adolescent about common reactions may be helpful, such as, *'Many adolescents who feel anxious before exams have trouble sleeping the night before'.*

However, if not used sensitively, normalising may seem like we are minimising their experiences. It may take away from their unique experiences and make them feel unheard. We must take care that normalising should not be interpreted as, *'There's no big deal in what I'm going through. Everyone goes through it and I shouldn't feel entitled to my pain.'* or *'If what I'm feeling is normal, does it mean that nothing can or should be changed?'*

3.7. Using silence.

An important skill to remember using in sessions is knowing when to probe and when to use silence. When we keep silent and continue to listen, we convey to the adolescent that their words matter. It is used to convey empathy, giving them time to reflect on what they have said and to show that we can wait for them to express themselves. It also allows adolescents to set up the agenda for the session. We can continue to show them that we are silent and listening by maintaining eye-contact with adolescents.

However, if not used sensitively, silence might be perceived as disinterest or boredom by adolescents. It is important to notice the body cues from the adolescent. If we feel that the adolescent looks uncomfortable with silence, we might want to use the skill of noticing the unsaid (mentioned above) to highlight their discomfort.

3.8. Using humour.

Humour means that we lighten the mood of the session by making a joke or a light-hearted comment. It can be used to build a connection with adolescents and make them feel at ease with us. It may convey to them that we as counsellors are open, easy to approach and even human. Humour may also convey to them that we do not look at them only as someone with problems but also as a fellow human being to whom we relate to. We can use it to make things less heavy, validate a shared experience, or to gently challenge negative thinking.

For example, *if the adolescent after sharing a worry with us says, 'You must be thinking I am crazy', we may reply humorously, 'If you think this worry is crazy, well, I am glad that you cannot hear my thoughts, because I have had these thoughts many times.'*

We must take care that we do not use humour to be sarcastic or make fun of them or make them feel bad about themselves. We need to consider their culture and values also before using humour. It is possible that what might be humorous for someone may not be humorous for others. Hence we can keep in mind that we reflect on how the adolescent responds to our humour. If we see that they are not laughing or smiling, we may redirect the conversation to an earlier topic. If they are looking offended, we might want to apologise to them as well.

3.9. Sharing our experiences with them.

Sometimes, we may also share something about our own experiences with the adolescent. When we share these experiences carefully, it may help the adolescent feel understood and less alone.

For example, if the adolescent shares that they feel lonely in school, we might first want to explore these experiences. If we find something that we relate with, we may gently say, *'I remember feeling this way in school and wondering if anyone else feels like that. I think people feel alone in school and it is not an uncommon experience.' This may help the adolescent feel understood.*

However, sharing our experiences must serve the adolescent's needs. Before sharing something personal, we can ask ourselves, *"Is this helping the adolescent feel more understood or connected?"* If the answer is no, we may not want to go ahead with saying this. Sharing our experiences, especially if we have not made sense of them ourselves, may shift the focus from the adolescent to us. They may feel confused or feel like they now have to take care of us.

4. Ending the session.

4.1. Summarising.

At the end of the session, it is useful to summarise. It involves attending to key thoughts, feelings and facts mentioned by the adolescent and restating them as accurately as possible in the context of a longer conversation. We may say,

"I'm aware that we have 10 minutes left in our conversation. Is it okay if I summarise what we've discussed to make sure we are on the same page?" (taking permission for a summary is important).

We can then proceed to mention the key points in our conversation and highlight the significant conclusions or actions that have been collaboratively decided upon. We may have to remember that summarising can also be helpful during the session to find a focus and prioritise the same with the adolescent, check our understanding, transition to a new topic and move the conversations ahead.

4.2. Planning for the next session.

It is also important to decide clearly with the adolescent about when they will meet us again and plan for the next session. When we are about to end the session, we can also ask for feedback. We can say,

'How are you feeling after our session?' or 'How did you find this session to be?'

Let's Avoid...

Putting a diagnostic label on the adolescent's experience. Adolescent's experiences may make sense in their circumstances. They need not necessarily indicate a disorder. This means that we should avoid using words such as 'symptoms' 'disorder' 'condition' and avoid labelling with statements such as, 'You seem to have depression, you seem to have OCD'.

Continuing asking questions when the adolescent is clearly unwilling to speak further. Adolescents have a right to say no or not answer our questions. It is not something that they have to comply with.

Making unrealistically positive comments. E.g., *'Everything will be fine'* or *'Don't worry, things will work out in the end'*.

Making judgemental or interrogative statements. E.g., *'Why did you go out when you knew it was unsafe?'* Using a tone that conveys shock (*'All your friends use alcohol!'*) may also be perceived as judgemental.

Letting the session move into an unstructured conversation. The goal of our session is to understand the adolescent's needs and help them meet them. It includes listening to their story but also asking specific questions to clarify certain details. It is a respectful, fluid process of asking questions gently while the adolescents are telling their story.

Taking care of ourselves.

When we hear stories of young people facing hardships and difficulties, it can be a challenge for us to stay hopeful and continue to help them. It becomes important to assess how we are taking care of ourselves and follow it up with plans to take care of ourselves. The following questions may help us to identify the different domains of self-care that we may be engaging in already and those which we may need to nurture more:

- **Professional attributes:** *Do I look competent and professional? Do they think I am warm, caring, and accepting?*
- **Peer supervision:** *Do I regularly engage with and speak to other colleagues to increase my learning?*
- **Leaving the work at the office:** *After finishing my work day, am I able to disengage from my work after going home? Am I able to maintain a balance between my personal and professional life?*
- **Social support:** *Am I getting time to nurture my support network of family and friends?*
- **Relaxation:** *Am I able to engage in leisure activities to relax myself?*
- **Attitude towards work:** *Am I feeling renewed and energised by my work? Do I look forward to it? Am I able to act in accordance with the ethical standards of counselling?*
- **Attitude towards clients:** *Am I able to be objective? Am I able to maintain good boundaries with them? Am I able to maintain a sense of humour with them?*
- **Personal care:** *When I need it, will I be able to go for personal therapy?*

Summary

Basic counselling skills are the tools used to support adolescents in understanding concerns, exploring emotions, and considering actions in a non-judgmental space. They build a therapeutic relationship that creates safety, empathy, and trust so that adolescents find it easy to open up.

Before starting sessions, we can check-in with ourselves and prepare for the sessions. We can start the sessions by introducing ourselves, the counselling process, explain confidentiality and its limits and taking down their details. During the session, we can use skills like listening, using open and close-ended questions, reflection of content and feeling, organising and prioritising, observing the unsaid, normalising, using silence, humour and sharing personal experiences. We can end the sessions by summarising, planning for the next session and asking for feedback.

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UNIT 2

Concerns of Growing Up

Adolescence is the time of life between childhood and adulthood, from ages 10-19 years. Adolescents go through many changes physically, mentally, emotionally and socially. While this phase of life brings exciting opportunities for growth, learning, and meaningful achievements, it also comes with its own set of unique challenges, often referred to as growing up concerns. Many adolescents find themselves adjusting to physical changes and becoming more aware of their bodies. At the same time, they may struggle to understand and manage their emotions, at times feeling overwhelmed or frustrated. School work and academic workload may increase as they transition into middle or high school, with greater academic pressure and expectations. Friendships and peer relationships become central to adolescents' identity and some adolescents may explore romantic relationships. Balancing all these changes can feel like a lot, and it's important that adolescents get the right support along the way. With support and care, adolescents can form healthy relationships with their friends and families, develop comfort in their bodies, manage their emotions and academic expectations and can become happy, healthy adults who also contribute to society.

As counsellors, we may meet many adolescents who might be struggling with growing up concerns. Our role is to:

- Help them understand changes in their body
- Offer ways to understand and express their emotions effectively
- Support them in staying organised and coping with academic pressure
- Help them build and maintain healthy peer relationships
- Refer them, if needed, to more specialised services, by offering referrals.

Since adolescents are undergoing major transitions, it will be helpful for us to understand the impact of these changes on the adolescent's life. The changes that adolescents experience can be categorised under the following domains:

- Physical
- Cognitive and Emotional
- Academic
- Social

1. Physical

Adolescents undergo many physical changes during adolescence. This phase, called puberty, leads to the following changes:

Boys	Girls
Growing taller and broader	Growing taller with wider hips
Deepening of voice	Starting their period
Hair growth on the face, armpits, legs and groin	Hair growth on their bodies
Growth of penis	Growth of breasts

Many times, adolescents may not understand why these changes occur. Some of these changes such as heightened awareness of the body and sexual desire may be confusing for them. Since sexuality is considered a taboo topic, they may not have access to the right information as well. They may also feel more conscious or embarrassed about the changes in their body and may not want them. They may also compare their bodies with people around them. Since changes during puberty occur at different times for different people, this comparison may make them feel less confident about themselves. Adolescents may also compare their bodies with peers or people online, which can set unrealistic standards and make them feel less comfortable and confident about their bodies.

Let's reflect

We can help adolescents understand that people around them might be sharing certain messages about their bodies. We can ask them to list the messages they receive from:

- Friends
- Family
- TV/movies
- Social media influencers

We will focus on assessing and intervening for:

Understanding puberty

Addressing body-image concerns

1.1. Assessment:

We can ask the following questions to understand these concerns that adolescents may bring. It is possible that adolescents may hesitate in sharing these concerns with us. We can try to make them as comfortable as possible, build trust with them and use open-ended questions that reflect curiosity and empathy. Open-ended questions may also give choice to the adolescents to open up as much or as little as they want.

1.1.1. Understanding puberty

We can keep in mind the physical changes that adolescent girls and boys undergo during puberty. We can then ask them the following questions:

- Have you noticed any changes in your body in the recent months/years?
 - What kind of changes have you seen?
- How do you feel about these changes?
- Do you have any questions about these changes?
- Have you spoken to someone about these changes?
- Who do you speak to?
- Have you found yourself comparing your growth with others?
 - How do you feel about these comparisons?

1.1.2. Assessing body-image related concerns

We can ask the following questions to understand if the adolescent has any body-image related concerns:

- As we grow older, the way we look also changes. How do you feel about the way you look?
 - Do you have strong feelings about the way you look?
- Do you compare your body to others?
- Do you feel the pressure to look a certain way?

Let's reflect

Prashant, a student of class 9 has asked to speak to a counsellor. He was looking anxious when he came to the room. However, when he was asked about his concerns, he did not say anything. The counsellor tried to make him comfortable and even though he was answering her questions, he did not say why he had come to the counsellor. The counsellor then asked if she could do anything to make him comfortable, he replied that he would feel more comfortable talking to a male counsellor.

- How should the counsellor respond to this request?
- What could be the reasons for Prashant to ask for a male counsellor?

It is possible that Prashant may want to discuss physical changes after puberty. Physical changes in the adolescent's bodies are often personal and they may hesitate in sharing them with adults. When asking about these changes, it is important that we ensure that adolescents are comfortable talking to us. We can look for any signs of discomfort and also ask them about their comfort level.

It is also possible that adolescents may prefer to speak to someone of the same gender about these concerns. During this time, it is important for us to remember that such a request may not be about our competence; rather it can be about their comfort. We can respect their choices.

Answers:

1. When an adolescent asks to speak with a different counsellor, it can be difficult for us to understand the reasons. It is possible that Prashant is using his autonomy in the space, to negotiate needs and ask to speak with someone they feel comfortable around. The counsellor can thus respond to him by validating his feelings of discomfort and being curious about them. It might be helpful for the counsellor to remember that his request may not be related to the counsellor's capabilities.
2. Prashant may be concerned about things that he feels only a male counsellor might understand. Depending on Prashant's cultural and social upbringing, he may not feel comfortable speaking with a female counsellor about sexual exploration, romantic relationships, etc. It is also possible that due to patriarchy, he might find it difficult to share feelings of sadness, loneliness, fear and pain, especially if it makes him look "weak" or "confused".

1.2. Intervention

1.2.1. Understanding puberty

Psychoeducation about changes in the body during puberty.

When adolescents express confusion about changes in the body due to puberty, we can provide information to them about puberty. We can use the script written below and can also use visual aids to share this information. This may clarify any myths and misconceptions. This may bring down shame and feelings of being different from others. We can say,

'As an adolescent, you may go through a number of changes in your body. This is your body's way of becoming an adult and carrying out tasks that adults are expected to perform. But these changes occur differently for everyone. For some, they may happen earlier; for others later.

You will find yourself growing taller and broader. That's why you may feel hungry all the time. You will see that hair starts coming on your body, particularly on your legs, under your arms and near your private parts. You also start sweating more and, hence, smelling more too! Your skin may become oilier and you may get acne and pimples.

For girls, we can say:

Your breasts may start growing. Sometimes, one side may be bigger than the other. It is normal and there is nothing to worry. You may also get your period. This is the body's way of getting ready to have children. But just because the body might be preparing, does not mean we might be ready as well. This is just the body's way of developing. Sometimes you may feel pain and tiredness and your mood may change quickly during and before periods. Usually this is normal but if this is very painful or upsetting for you, we might check with a doctor as well.

For boys, we can say:

You will notice that your penis is growing and you may get erections. Sometimes, erections may be because you find something attractive; sometimes they occur for no reason at all. While it may be awkward for you, it is normal. Sometimes, you might see that while sleeping you get an erection and even ejaculate. This is also normal, and sometimes it is not even in our control.

Talking about Masturbation

Adolescents are likely to explore their body and their sexuality. They may want to understand sexual pleasure. Considering that sexuality and masturbation are taboo topics in our society, it is possible that adolescents may be hesitant to talk about this. However, their natural curiosity may lead to them gaining information about these topics from unverified or even dangerous sources. We can provide them information about masturbation by saying:

Adolescent girls may get the urge to masturbate. Masturbation means touching self for pleasure. You will find that many parts of your body, particularly, breasts and private parts bring pleasure when touched. This is completely normal and there is nothing wrong with it. Masturbation can be a good way to explore your body and what you like and don't like so that you can comfortably give consent in later sexual activity.

Adolescent boys may experience erections. Having an erection and then touching yourself to have an orgasm is called masturbation. It is a normal part of growing up. Exploring your body helps us in understanding what we like and don't. This helps in making sexual activity later even more enjoyable. There is no shame in this.

1.2.2. Addressing body-image concerns

- a. Psychoeducation about body image concerns: If adolescents are finding it challenging to accept the changes in their body after puberty, we can say:

You mentioned that you do not like ... [mention the parts of body they do not like from earlier assessment]. A lot of adolescents might feel this way. It is easy to be harsh on our body, especially when it is changing and doesn't look the way it used to or the way people on social media look. But during adolescence the body is still growing. It is learning how to be. And just like we are patient with a friend who is figuring things out, our body also requires patience and support.

- b. Letters appreciating our body: We can help adolescents write a letter to their bodies where they appreciate their body for everything it does for them. It can help them build kindness and understanding towards their body. We can ask them to:

- Start with a greeting for the body just like we greet a friend.
- They can honestly share how they are feeling about their bodies.
- Once they have shared these feelings, they can imagine what they would say to a friend who was speaking about their bodies like that. They can express their kindness.
- Then they can share their appreciation for the tasks that their body does for them. For example, they can thank the body for allowing them to dance, sing or play with their friends, and become taller.
- Lastly, they can end the letter by making a commitment to create some change regarding their bodies for the coming week. For example, they can be less harsh with their bodies or spend less time looking at the mirror, etc.

2. Cognitive and Emotional

The brain and the nervous system undergo major changes during adolescence. Adolescents need to learn how to plan, check, and manage information and also experience and express different emotions. During this time the adolescents might be:

- More likely to take risks or seek out fun and exciting experiences because their brain is wired to explore and enjoy the moment.
- Developing the ability to pause and think through their actions. Impulse control is a skill that takes time and support to build.
- Looking for instant rewards, that is, things that feel good right now without always considering how those choices might affect them in the future.
- Feeling frustrated when asked to wait or when things don't happen right away, especially if they are excited or emotionally charged.

These behaviours happen because the part of the brain responsible for logical thinking, planning, and self-control is still developing. They are still learning to balance strong emotions with thoughtful decision-making.

Adolescents may also find it challenging to manage their impulses or frustration. This may negatively impact their relationships with family and friends as they may act without thinking about how their actions may influence others. Hence, learning to manage their impulses and frustrations is a key task of growing up.

We will focus on assessing and intervening for:

- a. Regulating impulsive reactions
- b. Managing frustration

2.1. Assessment

2.1.1. For assessing if the adolescent has any difficulties in regulating impulsive reactions, we can ask them:

- Do you ever do or say things without thinking? Can you give an example? What happened after that?
- Do you find it hard to control what you say or do when you are excited or upset?
- How often do you find yourself doing things without thinking of the results?

2.1.2. For assessing if they have difficulties in managing frustration, we can ask:

- What do you do when something does not go your way? What do you do after that?
- Do you give up after feeling frustrated?
- Do you get upset when someone says "no" to you? What do you do then?
- After getting really frustrated, how long does it take for you to calm down?
- What do you do to calm yourself down?

2.2. Intervention

2.2.1. Regulating impulsive reactions.

a. STOP: When the frustration is building up for the adolescent, they can use the STOP technique. This helps them pause before reacting out of frustration. It stands for:

- Stop: It implies we freeze, we do not move or speak at this point
- Take a breath: We take a deep breath and exhale slowly for some time.
- Observe: What is going on inside us? How are we feeling? What are we thinking?
- Proceed mindfully: Decide and act on a wise course of action rather than an angry or frustrated course of action.

b. STOP-THINK-RELAX²: This technique can help adolescents take a pause before they make a decision. In this technique, we can start with:

- STOP: The first step is to help the adolescent take a pause. We can ask them to identify the signs in the body that are making the adolescent feel an urge to act. We can ask them to either think of the word 'Stop' in their mind or visualise a stop sign. We can say,

What happens in the body when you are about to take an action?

If they cannot say, we can ask,

Do you feel a sense of energy? Like you cannot rest if you don't do something?

Once they say yes, we can ask them to make a list. After making a list, we can say,

Now every time you feel like you are having these feelings, think of the word 'Stop' in your mind. You can see it written as a picture or you can just imagine seeing this word.

- THINK: The next step is to encourage adolescents to think of why they want to act. We can ask them to think about how they want to act and what will be the consequences of their actions. We can encourage them to also think of how their actions will impact others. We can say,

While you are stopping yourself from action, think of what will happen if you act like this? How will others react?

After they have listed out their thoughts, we can also ask,

What else can we do?

- RELAX: The last step is to help the adolescents relax using techniques. We can say,

You can take a deep breath, count till 10 while you exhale.

You can also imagine all the positive scenarios after you act wisely.

2.2.2. Managing frustration

- a. Guided imagery:³ If the adolescent is feeling frustrated because they are not able to reach their goals and are on the verge of giving up on them, we can ask them to imagine how they will feel once they have achieved this goal. We can say,

Take a deep breath in... and slowly breathe out. Let your shoulders and jaw relax. Feel your feet on the ground, supporting you. Close your eyes and imagine that you did not give up today. Instead you decided to continue working on the goal and managed to achieve it! Maybe you asked for help. Maybe you broke the task into smaller steps. Maybe you found a new way.

Imagine yourself doing the hard work, step by step. Now imagine that moment when you finally reached your goal. You did it. You succeeded. How do you feel? [wait for the adolescent; if they cannot answer, say] Do you feel proud? Happy? Excited?

Now notice how others react to your achievement? What do they say?

Imagine that this version of you is giving a speech to you. What do you think this version of you will say?

- b. Pros and cons analysis:⁴ We can also do the pros and cons analysis of acting on the frustration or controlling it. This helps the adolescent understand why acting out in frustration may be unhelpful for them. We can say,

"When you did... [act done in frustration], what felt good about this? What were the not-so- good parts of doing it?

What if we saw the other side of it, that is, if you were not to do ...? What would have been the benefits of not doing it? What would be the cost?

Lastly, we can ask,

If you were to do something differently in this situation, what would you do?

3. Academics

Entering adolescence coincides with moving into middle and high school. Middle school curriculum is often different from the primary school curriculum as new subjects are introduced. Adolescents are encouraged to prioritise their studies and plan for their future. They are expected to start exploring their interests and find out what interests them. This is important for choosing their careers.

Since brain development is still ongoing, they may struggle to balance their work and friendships. Considering the steep learning curve in school, adolescents may also find it challenging to adjust to the new routines and manage their time. They may need some support and supervision to guide the organising and planning of their work.

We will focus on assessing and intervening for:

- a. Organising and planning work
- b. Managing exam anxiety

3.1. Assessment

3.1.1. For assessing difficulties in organising and planning studies and work, we can ask adolescents questions such as:

- How do you usually plan your day? When do you study during the day?
- How do you plan for assignments/exams and tests?
- What do you do when you get a lot of homework?
- Do you ever find it hard to start studying, even when you know you need to?
- How often do you leave things till the last minute?

3.1.2. For assessing how adolescents manage their exam anxiety, we can ask:

- How do you feel when exams are coming up?
- If they cannot answer, we can further probe by asking,

Do you feel nervous? Do you feel like you will forget everything?

- Do you ever find yourself worrying about not doing well?
- How do you manage your worries?

3.2. Intervention

3.2.1. Organising and planning work:

- a. Setting up a time table and a study zone: This means identifying an area in the house and a time which the adolescent can select to study that is free from any distraction. This will help to signal their mind that a time and place for studies has been created. We can say,

We can set up an area of the house that is reserved only for studies. We can make sure that this place has limited noise and no access to our phones. We can also decide on a particular time at which we will study. Then we can decide what the goal for that day is. Do we want to study a chapter? Complete our homework? We can make these goals as specific as possible. Similarly, we can plan what our goals for the week are. We can break down these goals into smaller steps and guess how much time each task will take. Then we can decide when we will do these tasks. We can even create a calendar or a chart to check. We will need to make sure that we take breaks in between study time as well. Lastly, we can ensure that we reward ourselves when we complete our goals!

- b. 1-2-3 prioritising technique⁴: This technique helps to prioritise study tasks. This helps in reducing the overwhelm that adolescents might feel when they have a lot to do. We can help understand this technique by saying,

When we have a lot to do, everything can feel urgent. But not everything is equally important. Try the 1-2-3 rule:

- 1 = Must do today
- 2 = Good to do today
- 3 = Can wait

Let us make a list of all tasks that we need to do. We can label them as per this rule. Let us start with the 1s. What are the things that you need to do today?

3.2.2. Managing exam anxiety

- a. For helping adolescents manage their exam anxiety, a list of strategies have been given in the next chapter. Certain techniques such as breathing exercises and grounding exercises are described in the chapter.
- b. Double standard technique⁴: In order to manage the anxiety related to making mistakes and putting themselves down, we can use the double standard technique. We can say,

Imagine someone you care about, maybe a friend, a younger sibling, or someone who reminds you of yourself. If they came to you and said exactly what you just told me like "I messed up, I'm so stupid, I always fail", what would you say to them?

Once they reply, we can highlight the kindness that the adolescent might be showing to their friend or sibling. We can then ask them to show the same kindness to themselves.

4. Social

Peer relationships become very important during adolescence. Adolescents are more likely to follow advice from their peers rather than from their parents or teachers. Friendships become very important and adolescents may not want to disrupt these relationships for fear of losing them. The absence of friends can be very isolating and to avoid this isolation, they may give in to pressure from their friends to engage in activities they are not comfortable with. Adolescents must be supported to learn how to balance between the priorities of their friends and their own personal preferences.

As adolescents go through hormonal and physical changes, they may become interested in sex, which is a natural and healthy part of life. This may culminate in an interest in romantic relationships as well. Adolescents may want to explore intimacy and closeness in romantic relationships. These relationships are important influences on the emotional, social, and mental development of adolescents. Romantic relationships can bring strong emotions; both positive (like love, excitement, and joy) and negative (such as jealousy, anger, or anxiety). Healthy romantic relationships can help adolescents learn communication and conflict resolution skills. However, sometimes they may be at risk for doing something that they do not agree with. Helping them understand consent can clarify what they want and what they can ask from their partners.

Let's reflect

Talking about adolescent romantic relationships may not be comfortable for us. We need to be careful about our own biases about adolescents' engagement in sexual or romantic activities. We can ask reflect on the following questions:

- a. *How comfortable or uncomfortable do I feel while discussing adolescent sexual behaviour?*
- b. *How can I ease that discomfort?*
- c. *How can my cultural, religious or personal views affect my conversation with adolescents on sex and relationships?*
- d. *How can I learn more about intimacy, sexuality and romantic relationships?*

We will focus on assessing and intervening for:

- a. Building friendships and social groups
- b. Navigating conflicts with peers and parents
- c. Understanding consent in relationships

4.1. Assessment

4.1.1. For understanding if the adolescent is facing any challenges in forming friendships and social groups, we can ask:

- Is it easy or hard for you to make new friends?
- Have you ever felt left out or like you did not belong in a group?
- Are you able to talk to your friends about how you are feeling?
- Do you ever feel like your friends pressure you to do things you are not comfortable with?

4.1.2. For understanding how adolescents navigate conflicts in relationships with peers and parents, we can ask:

- What happens when you and your friends argue or disagree?
- Can you tell me about a time when you had a disagreement with a friend?
 - How did you handle it?
- Do you feel comfortable saying 'no' to your friends?
 - Why or why not?
- When you and your parents have different opinions, how do you usually work through them?
- After an argument, what do you do to reduce your anger and calm down?

4.1.3. We can first ask if the adolescent is in a relationship. If they say yes, we can understand how they navigate consent in relationships by asking:

- Have you ever felt that you had to do something with your partner that you were not comfortable with?
 - Were you able to speak about this experience with them?

4.2. Intervention

4.2.1. Building friendships and social groups: As we have seen, peer relationships are an important part of an adolescent's life. Having a good social environment can positively impact their development and be a source of joy. We can help adolescents learn skills such as:

- a. Starting and maintaining conversations using role-plays⁵: We can help adolescents who are very shy or those who do not know how to start conversations by helping them practice these skills in role-plays with us. We can say,

“Let us practice how to start a conversation with someone, maybe a classmate or someone in the playground. We have to remember that we do not need to have an entire conversation with them. Only saying one or two sentences will be okay as well. We can start with making eye contact. If they are also looking at us, we can go towards them, smile and in a friendly tone say something. We can try to find something to complement them on or see if we have seen a common interest between the two of you during your class.

Now I will pretend to be someone new and you can be you. Try to initiate the conversation. Once you are done, we can discuss how you did and practise again.

“Let’s role-play. You’ll be you, and I’ll pretend to be someone new. You try starting a friendly chat. After that, I’ll give you feedback – and then we’ll switch.”

- b. Supporting social connection⁷: For adolescents who report feeling isolated or alone, we can suggest a game to understand their support systems. We can say,

‘Everyone has a team that is in their corner. There can be players in their team. There can be cheerleaders as well. We just need to find out who is on our team.’

We can ask them to draw or imagine a line from being very connected to being lonely.

Then we can ask them the following questions:

- Where do you see yourself on that line?
- In which direction would you like to go?
- What is one step you could take to move in that direction?
- Which people in your life do you feel connected to?
- What can you do together to maintain that connection?
- Is there anyone you would like to invite into connection?
- What can you do to nourish connection to yourself?

4.2.2. Navigating conflict with peers and parents: Conflicts are an important part of any relationship but may feel overwhelming at that moment.

- a. Psychoeducation about conflicts: We can help them learn skills of conflict resolution by first normalising conflicts. This helps them understand that they do not need to avoid conflicts; rather they need to resolve them. We can teach them skills of conflict resolution by saying:

“Conflict is normal and everyone goes through it. Some people tend to get very angry in conflicts and say something that they may feel bad about later. Some people tend to start moving away from people because conflicts might make them anxious. Instead of trying to solve the problem, they may start avoiding people or talking about it. They may stop responding to others. However, this might make the other person believe that they do not care. Sometimes, just to avoid conflicts, some people might just quickly apologise. This might lead the other person to believe that their actions were okay, while the person who quickly apologised continues to feel hurt. Do any of these responses feel familiar to you? How do you react to conflicts?

Once the adolescent understands these responses, we can help them move on from them. We can say,

‘There are 4 steps we can keep in mind:

First, we will need to calm ourselves so that anger or anxiety does not take over. We can use the Stop-Think-Relax technique mentioned above for this step.

Second, we need to tell our friend/partner our side of the story without blaming others. We can speak with statements that start with 'I' rather than 'You'. For example, instead of saying "You made me frustrated", we can say "I felt frustrated."

Third, we need to listen to the other person too. We can say, "I want to hear your side of the story too." it is important to genuinely try to listen to their point of view as well.

Lastly, after hearing both perspectives we can try to arrive at a common solution. It is possible that we may realise that we have hurt our friend. In that case, we can say sorry. If they are hurt because of our actions, we can also show them how sorry we are through actions. For example, if we have broken their pencil box, we can offer to buy a new one. If we have said something hurtful, we can promise them not to do so again and follow our promise. Similarly, if they have hurt us, we can ask them to apologise. If they are trying to repair the hurt they may have caused, we can accept and appreciate their efforts. It is okay if the solution does not come. A trusted adult can be asked to help in this context.

Let us do a role-play where I can be your friend who you are arguing with. Once we are done, we will see what we did well and how we can be better.'

Let's reflect

Uzma and Nishita have come to the counsellor. Nishita is speaking while Uzma remains silent and looks disinterested. Nishita tells the counsellor that she and Uzma are best friends. But two weeks ago they had a big fight. Nishita has noticed that Uzma has been crying in class and looking upset, has lost weight and has not been talking much for one to two months. She has been worried about Uzma and has constantly been asking her if she is okay. Two weeks ago, Nishita told the teacher about her worries. Suddenly Uzma became very upset with her and told her that she does not want to talk to Nishita anymore. Hearing this Nishita became angry with her and started shouting at her, calling her a selfish friend. Hearing this, Uzma became upset and stopped talking to her. After calming down, Nishita felt bad and tried to apologise to her. But Uzma continues to be distant

- What do you think is Nishita's response to conflict? How do you think Uzma is responding to the conflict?
- Nishita seems to be trying to speak about the conflict but Uzma continues to be disinterested in speaking about it. What should the counsellor do in this situation?

Answers:

1. Nishita is responding to the conflict by becoming angry with Uzma as she might be feeling that her worries and anxieties are not considered to be important. Uzma, on the other hand, may not feel ready to share her problems with Nishita, as she may feel scared of being judged, or feel it is risky or dangerous to involve Nishita in any of this. She responded to the conflict by withdrawing from her and shutting down.
2. The counsellor can help them identify their responses to conflict and help them discuss their feelings of anxiety, anger, fear, worry and avoidance. They may help them understand how Uzma's shutting down and Nishita's constant pushing while coming from a space of care are not helping them resolve their conflict.

- b. Challenging negative thoughts⁴: Adolescents may have a number of negative thoughts about themselves which influence their interactions with others. For example, if they think '*Nobody likes me*', they will also stop trying to speak to friends. Since they are not talking to anyone, others may not speak to them as well. This will make their belief stronger. This traps them in a cycle. In order to challenge these thoughts, we can ask,

"Are these thoughts 100% true? Have there been any instances where something else has happened?" [we can then wait for them to give us these instances].

Once they have given us a different perspective, we can explore further by asking,

"What was different in this situation?"

We can help the adolescents see that their thoughts are not facts and that they also have some control over their actions, which in turn will change their situation.

4.2.3. Understanding consent in relationships: We may want to help adolescents understand three concepts for a healthy relationship. These are:

- a. Assertiveness⁵: It is important that adolescents are able to express what they need in relationships. It is possible that these needs may not be met. Adolescents must learn how to express themselves and tolerate the disappointment of not having their needs met as well. We can ask them to use statements starting with "I" to express their needs. In case their partner may not want to do what the adolescent is saying, we can help them ask questions respectfully to understand their points of view.

An example of this is if one partner wants to talk on the phone to the other, we may help them say something like,

'I really want to talk to you on the phone when we reach home.'

Let us assume that their partner says no, we can help them ask more about this. They can say,

'Can you help me understand why you are saying no? I will respect your no, I just want to understand it better.' [It is important for adolescents to understand that 'No means No'. Even if the adolescents really want something, it does not mean that they can proceed without the other person's consent.]

Once their partner has helped them understand their reasons (maybe their family does not like them to talk on the phone or they cannot focus on their studies), adolescents can say,

"Thanks for helping me understand. Is there any way we can find a time when you might be free so that we can talk?"

- b. Setting boundaries⁶: Just like it is important to express our needs, it is also important to set boundaries about what is acceptable or not for us. Setting a boundary means helping others realise that we will not do something that we are not comfortable with. We can help them understand this by saying,

"Boundaries are like invisible lines that protect our comfort, values, and space. They help us feel safe and respected in our relationships." We can pause here and ask them a question,

"Have you ever done something you didn't want to, just to keep someone else happy? Or felt weird when someone stood too close or kept on talking to you even though you said no? That uncomfortable feeling is our brain's way of telling us that a boundary is being crossed. [We can pause here to ask them some instances where their boundaries have not been respected.]

We can then say,

"There are different kinds of boundaries, such as physical boundaries, which help us understand how much touch we are okay with. Another example is that of emotional boundaries. An example of where our emotional boundary may not be respected is when we are being teased or someone reveals our secrets. We can also set boundaries related to time. For example, how long do we want to text, till what time will we talk at night and so on. Lastly, we need to have some digital boundaries as well. We can protect our digital boundaries by not sharing our passwords with anyone and not checking anyone's phone."

We can then move on to helping them set these boundaries. We can say,

"Setting a boundary means calmly letting the other person know what we are okay with and what we are not. We don't have to sound angry or mean. We can be kind and firm while talking about our boundaries. It might feel awkward when we do it for the first time, but it is important."

Setting boundaries is not about pushing people away. It is about teaching others how to treat us with respect. In return, we must also learn their boundaries and respect them. Respecting each other's boundaries is a sign of a healthy relationship."

Lastly, we can continue by telling them what they can do when people do not respect their boundaries. We can say,

"If someone does not respect our no, first we can tell them firmly and kindly to respect. If they continue to disrespect our boundaries, we can tell a trusted adult, such as a teacher or a family member about this and ask them for help."

These conversations will help adolescents respect their partner's boundaries.

c. Psychoeducation about consent: Consent means that both partners who are involved:

- Agree to something freely, clearly, and with excitement. It is very important that both people consent to any romantic or sexual activity such as holding hands, hugging, kissing, sending sexual messages or images.
- Clearly say that they consent and neither of them assumes it.
- Ask for and give consent every time they are exploring intimacy. It is important that neither of them assume that consent taken and given previously applies to all future situations.
- Agree that consent is not the same as flirting, wearing short clothes, or thinking, *"They looked like they were enjoying"*.
- Agree that it can be withdrawn at any time, even in the middle of an activity, for any reason and that decision must be respected immediately.

In order to help adolescents understand consent, we can say,

Consent is about permission, freedom, and respecting each other. It means that all people who are involved in a situation clearly agree to what is happening, freely and enthusiastically. It should never be implied and it can be taken back at any time. To help remember what healthy consent looks like, we often use the acronym FRIES¹⁰:

F – *Freely given: It is a choice that is made without being forced, manipulated or being under the influence of any substances.*

R – *Reversible: Anyone can change their mind at any time, for any reason.*

I – *Informed: Everyone involved has all the relevant facts.*

E – *Enthusiastic: Everyone is genuinely excited and comfortable.*

S – *Specific: Saying yes to one thing (like a hug) doesn't mean saying yes to everything (like a kiss or more).*

Once the adolescent understands this, we can help them understand what happens if their consent is not respected. It is possible that events where consent is not respected such as a partner continuing to touch them even after they have asked them to stop, can leave the adolescent feeling confused, upset or even traumatised. If an adolescent comes to us with such an experience, we can help them by saying,

"It is not your fault if your consent was not taken. No one ever deserves this. It is the other person's responsibility who ignored or crossed your boundary."

We can also help them normalise their feelings by saying,

"You have the right to feel however you feel. Any emotional response such as anger, numbness, sadness, or even something else is valid. There's no 'correct' way to feel."

We can then emphasise the importance of support. We can say

"You don't have to go through it alone. Can we identify any trusted friend, family member, an adult, or even a helpline where you can talk? You do not need to be sure of what happened to ask for support, it can always be available to you."

After an appropriate time has passed where we have helped them manage their emotions (see Chapter 2 for further information), we can then help them in exploring their options. We can say,

“Let’s discuss what we can do. I can first help you create a safety plan. We can distance ourselves from this person and ask your friends to help you in maintaining this distance. [If the person is someone they cannot avoid, friends or family members may warn them of their presence and the adolescent can find ways to not interact with them]. Once we know you are safe, we can discuss reporting this behaviour to the teacher or their family member.”

The steps for creating a safety plan and how to break confidentiality and disclose something which is harmful to the adolescent are discussed in Chapters 3 and 4, respectively.

4.3. Referral

Where do we refer an adolescent for additional support, if needed?

- Tele-MANAS offers 24/7 tele-mental health services, including counseling, psychotherapy, and referrals, in multiple languages. The Tele-Manas phone number is 14416 or 1-800-891-4416.
- Childline, a 24-hour helpline, is helpful for referring any child who is facing violence or difficulties at home. The childline phone number is 1098.
- Ayushman Bharat Health and Wellness Centres Ayushman Aarogya Mandir, to help school children overcome any difficulties they may face in schools and at home.
- There are Saathiya Kendra where Adolescent Health counsellor are present at CHC and DH level and the Mankaksh in District Hospital where a psychiatrist and psychologist are available.

Let’s Avoid...

Making them feel their problems are very small. Let’s avoid making statements that seem like we are saying, *“They are too young to feel this way.”*

Not considering their strengths and factors that help them. It is important that we acknowledge that adolescents have internal and external strengths which can be used to help them help themselves.

Judging or shaming them. It is possible that an adolescent’s behaviour may be different from our personal, religious and cultural values. But that does not mean that we make them view the world as we see it. Hence, we must avoid statements such as, *“You shouldn’t be doing all this”, “This is wrong at your age”, or “Focus on your studies, do all this later.”* Shaming also involves giving warnings. For example, we must stop ourselves from saying things like, *“only thinking about your friends and not your studies will ruin your life”* or *“You will regret doing this.”*

Not being mindful of our relationship with them. We don’t just talk about healthy relationships, we show what one looks like. Every interaction that we have with adolescents is a chance to show respect, empathy, boundaries, and trust to them. When adolescents see us listening without judgment, respecting their freedom, and handling sensitive topics with care, they learn how to do the same with others.

5. How can we take care of ourselves?

This chapter helps us understand how to help adolescents navigate their growing up concerns. However, it may also challenge some beliefs that we hold which might be difficult for us. It is at this time that we might want to practise self-compassion¹¹. We can try these strategies to help ourselves:

- **Learning new information using resources which are genuine and reliable.** We can learn new information about adolescent relationships and sexuality from sources that can be trusted. We can further discuss these with our colleagues and seniors to understand and apply them better.
- **Understanding and challenging our beliefs.** We can use this opportunity to understand the origins of our beliefs. We can try to see which experiences, people or cultural and religious practices shaped our view of the world. Sometimes, the new information we learn may be contradictory to our beliefs. We might want to see how we can resolve these differences.
- **Understanding our stance. We can ask ourselves, "What compassionate and balanced view can help me support adolescents better?"** Another question we can ask ourselves is, "How do my current beliefs impact the values that I hold as a counsellor?" This will help us in understanding that we can choose the values and beliefs that we want to hold on to and change those which do not help us.
- **Treating ourselves with kindness and compassion.** We can remind ourselves that we are also humans who are allowed to learn and grow. We do not need to have all the answers at once. We might want to say to ourselves, "I'm allowed to grow and learn to be different. Caring for my own learning journey will help me help adolescents better."

Summary

Adolescence is a period of development that occurs between 10 to 19 years. During this time, adolescents go through many physical changes such as height and weight differences, menstruation in girls and deepening of voice in boys, etc. They also experience cognitive and emotional changes, when the brain undergoes increased development because of which they are likely to take more risks and seek instant rewards. Academic expectations also increase at this time. They also prioritise peer relationships and may try to develop romantic relationships.

Working with adolescents requires us as counsellors to be more reflective of our own biases. It is important to validate and normalise adolescents' experiences around puberty, their emotions, academics and peer relationships. We can provide psychoeducation about normal adolescent development and support them. Exploring how to manage different stressors such as anxiety, sadness, academic pressures, conflict in relationships and consent in different situations is important, in order to make adolescents feel supported.

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Working with Anxiety and Sadness

Adolescents undergo many physical, emotional, and social changes. They also start taking on new tasks along with new roles and responsibilities.^{1,2} These increasing demands may sometimes leave them feeling overwhelmed, anxious, and/or sad. Experiencing emotional distress can also negatively affect an adolescent's academic performance, relationships with family and friends, and the ability to participate fully in the community.³

Adolescents may not always come to us on their own seeking help to manage their distress. They may sometimes not even know how to describe what they are feeling. Our work is to:

- Help adolescents feel understood, and validate their emotions.
- Help them see why they might be feeling this way.
- Help them manage the intensity of their emotions.
- Help them understand the difference between feeling emotions and showing them. For example, feeling sad is different from crying.
- Refer them, if needed, to more specialised services if the distress is very high and has been going on for a long time.

1. What are key ideas to remember?

1.1. Anxiety

Anxiety is usually normal. It warns us about something dangerous. But sometimes, anxiety can be more than required. Anxiety might make us feel that the situation is too scary when it is not. Sometimes, it makes us feel that everything must be in our control to stop it. Sometimes, we may worry about anxiety itself.⁵ Then we must take steps to manage it.

Anxiety is expressed as high arousal in the body. Anxiety is generally accompanied by bodily changes, such as breathlessness, fast heartbeat, sweating, tremors, feeling 'as if something bad is going to happen', etc.

Anxiety is expressed in thoughts as worry. Anxiety can be experienced as repetitive thoughts or worries which we feel we cannot control.⁶ This includes thinking about 'What-If's' or worst-case scenarios in our minds.

Anxiety is expressed in behaviour as avoidance or being very careful. When we are anxious about something, we may either avoid that situation/activity/person/place or become too careful about it.⁷ For example, an adolescent who is anxious about exam results might either avoid going to school or repeatedly try to find new study skills instead of studying for the exam. Both may provide temporary relief but lead to continued anxiety.

Prashant has asked to speak to the counsellor. He said that ever since he started grade 9, everyone has been expecting a lot from him. His friends say that he should be talking about girls and movies and not studies. His teachers think he should be spending more time studying and not talking to his friends. His family is telling him that school is not so important, and he should be working with his father and contributing to the household income as his father's salary is not enough. He also wants to help his family financially but he wants to continue his studies also. All this is stressing him out. He is constantly worrying about what if his friends find out that he wants to study, and they stop talking to him or if his teachers find out that his parents do not want him to take his studies so seriously and they send him to the back bench where he cannot hear anything. All these 'what-ifs' make his head hurt and he feels like he is letting everyone down. He feels that it is his responsibility to make his family financially better as he is the eldest son. His body has been reacting strangely too. Sometimes, he feels light-headed; sometimes, his hands and legs feel cold.

- What are the signs of distress that we notice in Prashant?
- What might be contributing to him feeling this way?
- How can we make him feel heard and understood?

Answers

1. Prashant appears overwhelmed because of the expectations that he feels from people around him. He appears worried and seems to be wondering about "what if" scenarios. He is also worried about being judged by his peers and teachers. He might feel guilty as he fears disappointing others around him, especially as he feels he is unable to meet the responsibility of being the eldest son and contributing financially. These feelings are expressed in the body as headaches, feeling light-headed, and having cold hands and legs.
2. Prashant is feeling this way because he is caught between expectations from different people in his life. His friends expect him to be less serious about studies, teachers want him to focus more on studies, and parents expect him to work instead. He fears disappointing his parents and teachers and worries about losing friends if he chooses to focus on studies.
3. We can help Prashant by listening to him actively, without judgement and by normalising his feelings as a natural response to what he is hearing from people around him. We can help him understand that anxiety is being expressed in his body as light-headedness, or his hands and feet going cold. We can then teach him some strategies for managing his anxieties.

1.2. Sadness

Sadness is expressed in the body as having low energy. When we feel sad, we may not feel motivated and feel low in energy. We may find it difficult to do things that usually make us happy such as talking to our friends or doing yoga.

Sadness is expressed in thoughts as hopelessness or helplessness. When we are feeling sad, we may start seeing ourselves, the world around us and our future negatively⁷. We may also think that nothing we do or anyone else does can help us anymore⁸.

Sadness is expressed in behaviours as moving away from people. When we are sad, we may withdraw from others. This makes it difficult for us to get joy or support from those around us⁹. Furthermore, when we feel that there is a problem in our relationships or that we have no support, we feel sad.

Uzma's friends have been noticing that she has been crying in class. When they ask her, she usually says it is nothing. One day, when her friends saw her cry so much that she fainted, they decided to tell the teacher. When the teacher asked Uzma, she broke down and told her that her family is keen to get her married soon. Even though it will happen once she completes school, her family has been asking her to prepare for it. Since she had polio as a child, she walks with a visible limp. Her family are very worried about who will marry her keeping in mind her disability. They constantly comment on how she should check her weight, how she must prioritise learning household chores over homework, and how she should stop talking and laughing with her friends. She is very upset and feels that her life as a student has ended. She is not free to do anything and if she does, then she is criticised.

- What are the signs of distress that we notice in Uzma?
- What might be contributing to her feeling this way?
- How can we make her feel heard and understood?

Answers:

1. Uzma is showing signs of emotional and physical distress such as frequently crying in class, feeling upset and withdrawing from friends. She also worries about her life as a student coming to an end when thinking of marriage.
2. Uzma's family's decision to get her married after school is making her feel sad. Their worry about how her disability will impact her matrimonial prospects. These worries come across as criticisms about her appearance or weight which contributes to her distress.. Since she is not able to seek support from her friends, she might be feeling more overwhelmed.
3. We can help Uzma by validating her feelings and distress. We can help normalise her feelings of overwhelm. We can also help her understand how withdrawing from her friends might be contributing to her sadness. Lastly, we can teach her techniques of managing her emotions and thoughts.

2. How do we assess anxiety and sadness?

2.1. Preparing to intervene

Before we enter a session, it would be helpful for us to check in with our own emotions.

Make sure we are calm. If we are personally disturbed, this may affect how we respond to the adolescent's emotions. We can make sure we are calm before entering sessions. We can even use strategies from this chapter with ourselves to feel relaxed and calm.

Have a database for referrals. With adolescents in high distress or in need for more long-term support, we may need to make appropriate referrals. It would be helpful if we have the referral list ready.

2.2. Identifying anxiety and sadness

Anxiety and sadness are common concerns that adolescents bring to us. We can follow the following process to understand these concerns:

1. Open-ended questions

To start, we can ask open-ended questions to understand their feelings:

- *How do you feel most of the time?*
- (When they have mentioned a specific incident/event), we might say, "*How are you feeling about that?*" or "*How did that make you feel?*"
- *Can you help me understand more about what you are feeling?*
- *What is the main feeling you are experiencing?*

If they find it difficult to express how they are feeling, we can ask:

- *Would you say that you were feeling more worried or more sad or more angry...?*
- *Would you say that you feel more sad most of the time or more worried?*

2. Specific/focused questions

Once we understand what they are feeling, we can ask about how strongly they are feeling a particular emotion. We can say:

- On a scale from 1 to 10, 1 being the least... (whatever emotion the adolescent has mentioned) and 10 being the most, how are you feeling?

We can also try to understand if there are any changes in their emotions. We can ask:

- Do you always feel like this or does it change?
- How long does the feeling last?

For understanding anxiety look for:

Verbal Cues	Non-Verbal Indicators
Asking for repeated reassurance, "Everything will be fine? / I won't fail my exams, right?"	Being breathless/speaking rapidly
Repeatedly asking for solutions and advice	Seeming confused
Talking about worst-case scenarios and 'What-Ifs'	Having difficulty in answering questions ("I don't know", "I can't think")
Talking about body concerns (headaches, stomach aches, inability to sleep)	Being irritable and unable to understand what we are saying

Apart from this, we can explore how they are evaluating the anxiety:

- *What do you feel might happen if you continue to feel anxious?*
- *What might happen if you lose control?*

For sadness, we can look for:

Verbal Cues	Non-verbal Indicators
<i>"I don't really care", "It's all the same"</i> (Feeling bored and not caring about anything)	Speaking slowly
<i>"I will always be like this", "There's nothing to do, what's the point of all this?", "This will never get over"</i> (Feeling hopeless)	Speaking very softly
<i>"I don't feel like doing anything"</i> (Not feeling active)	Speaking in a tearful voice
<i>"I feel very alone", "There's nobody to help me"</i> (Expressing loneliness)	Crying
<i>"I don't feel anything"</i> (Feeling numb)	Speaking one or two words
<i>"Everything feels unreal", "I feel as if I'm out of my body"</i>	

Other questions to ask about sadness include:

- Change in daily routines by asking, *"Have you seen any change in your daily routine?"*
- Changes in sleep and appetite by asking, *"How has your sleep been?"*, *"Have you seen any change in your hunger?"* [look for both increase and decrease]
- Changes in the relationship with family and friends by asking, *"Are you able to talk to your friends and family freely?"*, *"Who do you share your feelings with?"*
- Change in circumstances which may have led to sadness by asking, *"Since when have you noticed feeling like this?"*, *"Did something happen that bothered you?"*
- Changes in understanding themselves by asking, *"Have you noticed how you feel about yourself?"*, *"Has there been any change in that?"*

Once the adolescent is calmer, we can check why they were anxious. It will be helpful for them to see how their reaction may be normal in that situation. For example, if an adolescent is pushed into an empty room and locked, we can say,

"It sounds like you were really anxious when you were pushed and locked."

We can extend this further by validating to show we understand by saying,

"Anybody would feel anxious in such a situation."

We can also link the emotion to possible causes to help them understand their emotions better. For example, we can say,

"Ever since your partner shifted schools, there has been simply nothing to do. You don't feel like studying or talking to your friends at all...could that be why you are feeling sad?"

We can help adolescents find out what had made them anxious in a particular situation by asking,

"What was happening before you got anxious?"

"Were you feeling any physical discomfort? Were you hungry or tired or in pain?"

A good assessment will also help us see if there are other emotions. For example, in the previous example of the adolescent being pushed and locked into an empty room, there might be other feelings also. For example, we can say,

"Of course you were anxious. I also wonder if you were feeling anything else."

If they cannot understand, we might prompt them by saying, *"I imagine you might also feel angry about this."*

We can give them some cooling-off period. This is because emotions will go down with time as they cannot remain very high for a very long time. Offering to do something else will give them this time. We can say,

"Would you like to drink a glass of water?" or *"Would you like to take a couple of minutes? I will wait for you."*

Once they feel understood and validated by us, we can start with the interventions.

Before we start, we will ask their permission by saying, *"Can I guide you through a method that may help you feel calmer?"*

3. How do we intervene?

Before we start with helping them, we may have to work with adolescents about their beliefs about emotions. Adolescents may have many myths and misconceptions about emotions, which may affect how ready they are for change. Hence, we need to address them first.

Let's practice

Adolescents may avoid speaking about difficult times, saying, "There is no point in crying. It does not lead to anything." They may believe that painful emotions should always be avoided.

We can say: Painful and difficult emotions are universal. Everyone goes through them. When emotions are very intense, and become distressing, it can help to talk to someone.

Adolescents may say, "I don't want to feel this way. This is stupid." They may believe that emotions do not serve much of a purpose; they unnecessarily complicate things

We can say: Emotions are like an alarm system. They tell us what we should pay attention to. For example, anger may tell us about injustice, sadness alerts us to a sense of loss or feeling alone, and anxiety may speak about the presence of a threat. Once we can understand what emotions are saying, we can take action to address them.

Adolescents may say, "Emotions are sometimes wrong and make no sense whatsoever."

We can say: Emotions might look 'extra' or 'senseless' but when we consider your life experiences and circumstances, these emotions make sense. Imagine if your friend says, "I am feeling anxious because of my weight. I will only eat one roti everyday." We might not understand this fear. But what if we come to know that this friend has been bullied for her weight? We might be able to understand why weight is so important for her. What if we come to know that her family has been telling her that if she does not lose weight, she will never get married? Now, it makes sense that her anxiety or how she manages this is not 'extra'.

3.1. Body-based

- a. **Grounding.** When adolescents are in distress, we can help them come back to the present moment by using their senses. Anxiety and sadness make the mind race and focus on the past or the future. Grounding slows us down and helps us come back to our physical surroundings.
- b. **Sensory awareness exercise:** "Sit in the chair in front of me comfortably with hands and feet relaxed. Breathe in and out slowly and deeply. Look around you and name five red objects that you can see in my room, you don't need to tell me, just notice it for yourself. [wait for a sufficient amount of time]"

Now try to notice the sounds that you can hear around you. You can close your eyes if you want. Whatever sounds you can hear around you, notice them... [If the adolescent is having difficulty, prompt with what might be likely. Can you hear the sound of the fan? Can you hear any students outside the room?] [wait]

Now I want you to notice any smells around you, take a deep breath and notice whatever you can smell. [wait]

Now can touch something in front of you and notice how it feels on your skin...does it feel hard or soft? Smooth or rough? [wait]

Now I want you to notice any tastes in your mouth." [wait]

c. 5-4-3-2-1:

Notice 5 things you can see [wait for them to respond], 4 things you can touch [wait for them to respond], 3 things you can hear [wait for them to respond], 2 things you can smell [wait for them to respond] and 1 thing you can taste [wait for them to respond].

d. Paced Breathing. When emotions run high, our breath may be shallow or very fast. This is because our body is preparing to get as much air inside as possible. But this might make us feel out of control. Teaching adolescents breathing techniques can help them reduce anxiety or anger. We can say,

"Now, as I say, breathe in [count to 4 in our mind], hold [count to 5 in mind] and breathe out [Count to 6] [Repeat for a few counts]. As you breathe, notice your breath going in and out, feeling it in the nose on the way in and sensing how it fills the lungs and expands the belly, sides of the chest and the lower back."

e. Guided Imagery. When we feel overwhelmed, we may start feeling unsafe. At this time, we need to feel calm again. One way of calming ourselves down is by imagining ourselves in a safe and calm space. We can say, "Is there a place that you think of as safe and calm?"

If they cannot think of a place, we can offer options such as a beach, a quiet garden or a quiet hut on a mountain. We can then do a safe space exercise. For this, we will say,

"Close your eyes...allow yourself to feel comfortable...Imagine that you are in [adolescent's preferred place]... What do you see on your beach? What do you hear? What do you feel? What do you smell? What do you taste? Who is with you?"

Sometimes we may have to help adolescents with more instructions, such as,

"You can notice a gentle breeze flowing as you stand on the warm sand."

3.2. Behavioural

a. Keeping a mood diary. We can ask the adolescents to write down their mood and rate it from 1 to 10 where 1 means that they felt this emotion with the lowest intensity and 10 means they felt this with the highest intensity. This exercise can be done at different times of the day. This will help them see that their mood may not be the same always and they may even feel better sometimes. We can say,

"How were you feeling today morning? In the afternoon? After lunch? Was there a time when you felt okay or happy for some time?"

b. Behavioural Activation¹² Behavioral activation means feeling active through actions. For adolescents who say they feel bored or not motivated, it is helpful to explain to them that our emotions are often linked to our behaviour. We can say,

"What we do affects how we feel and how we feel affects our behaviours. Sometimes, even if we don't feel like doing something, starting to do it can make us feel better. We do not have to complete the task, just start it and do it at a particular time of the day."

These activities can help the adolescent feel pleasure or a sense of achievement. We can start by asking them what gives them a sense of pleasure. We can say,

"What do you enjoy or what makes you happy?" If they cannot think of anything, we can suggest the following¹⁵:

- Listening to their favourite music; cooking a favourite dish, watching a funny movie
- Doing something good for someone else, like calling a relative/friend and ask if they need help with something
- Doing tasks and household chores, like organising clothes or books, washing plates/clothes, cleaning the house
- Using a good smell by burning candles or agarbattis or eating something tasty
- Drawing or painting happy pictures, looking at photos of happy times

Then we can support them to think of some things that help them feel confident. We can say,

"What makes you feel like you have achieved something?"

If they say nothing, we can prompt,

"Reading a page?' Doing some homework?"

We have to remind them to appreciate themselves for doing even the smallest of tasks and keep a record of it. We have to be careful not to plan too many tasks with them.

c. Sleep hygiene. If adolescents mention sleep disturbance, we can help them sleep better. Sleep hygiene includes a series of steps that help in preventing sleep disturbances. Having regular sleep and wake times, avoiding substances that interfere with sleep and not getting anxious about sleep help the body maintain a rhythm. We can say,

"Our bodies wake up when the sun rises and sleep when it sets. So, we have to be careful not only about how much we are sleeping but also when we are sleeping. Try to sleep at a particular time every night and wake at a defined time every morning."

Next, we can ask them to reduce use of substances before sleep like caffeine, alcohol or tobacco. We can say,

"Don't have coffee, tea for at least 6 hours before you sleep."

Next, we can highlight the importance of using the bed only for sleeping. We can say,

"Use the bed for sleeping and nothing else. Try not to eat, study or use your phone before going to sleep."

We can also help them understand that if they are not sleeping, they should not stay in bed for too long. Instead, they can do something else. We can say,

"If you are in bed and are not able to sleep for 15-20 minutes, do not stay in bed. If you stay in bed, this may increase your anxiety. Instead get up, read something or take a walk and try again."

d. Physical activity. Introducing physical activity can be an intervention for helping adolescents manage their emotions. This is because physical activity can help us feel more active and feel like we have a sense of control. We can gently ask,

"What do you do to be active? Any games or exercises?"

If they are not doing any physical activities, we can recommend a few activities like yoga.

Maintaining a gratitude journal¹⁶. Gratitude journaling means writing about things we are thankful for. When we are distressed, we tend to start viewing the world in a negative light. Writing down things we are grateful for helps us realise that there might be something that is positive for us. We can ask adolescents to write things that they were grateful for throughout the day by saying,

"Can you write down 3 things that you were grateful for today?"

3.3. Cognitive

a. Organising and prioritising. Sometimes, we might become overwhelmed when we have too many thoughts and feel like we have too much on our mind. Helping organise our thoughts helps us understand that there are limited things to manage. We can then prioritise which ones to tackle first so that we realise that we do not need to do everything at once. We can start by first listening attentively to the adolescent and then using simple reflections and summaries to help them make sense of their problems. We can then name each of these problems and ask,

"What do you want to do first?", followed by, "what next?"

b. Problem-solving. Problem solving methods can be used to help adolescents generate solutions to problems that influence their moods. It is because solving the problem can make the adolescent feel less anxious, sad or angry. Problem-solving 14 can be carried out by following these steps:

Step 1: Help the adolescent define the problem by asking,

"What is your main concern?"

Step 2: Help them create many solutions. The key here is to help them think of solutions and not if they will work or not. We can say,

"Let's think how we can solve this. Do not worry if this is a good solution or not. Just think of as many solutions as possible."

Step 3: Help them consider the positives and negatives of each solution. We can say,

"What can be the advantage(s) of doing this?" followed by "What can be the disadvantage(s)?"

Step 4: Help them find one or two options they would like to implement by saying,

"Now let's try option A and B out of all these options."

Step 5: Help them carry out the chosen solutions and make *'if-then'* plans for any problems that may come.

Let's practice

Suppose we are helping an adolescent whose main concern is understanding a study topic. We can take the following steps:

Step 1: Confirm - "So, your main concern is that you want to understand the study topic better."

Step 2: Ask - "Can we think of as many ways of understanding this topic as possible? It is okay if they will work or not, we are just thinking here."

Step 3: Find the advantages and disadvantages - "You would like to try going to friends to learn about the topic better. What might be the advantages of this? What might be some problems with it?"

Step 4: Find out the best solution and carry it out - "Of all the solutions that we thought of, asking your friends sounds like the best one. Let's try to do that."

Step 5: Plan for carrying out the solution - "Which friend can you ask? If they cannot explain the concept or if they don't have the time, then what can you do?"

c. Evaluating thoughts⁵. We all tend to make certain errors in thoughts. Adolescents may do so as well. It is important that we help evaluate their thoughts because thoughts affect our mood and behaviours. For example, a thought such as "I am a bad person" tends to make a person feel sad. They may not do activities that make them happy believing that bad people do not deserve good things. In order to evaluate their thoughts, we can first ask them to list their thoughts. We can ask them to judge these thoughts by saying,

"Is this a feeling or fact?"

"Is there any proof that this is true? Is there any proof that this may not be true?"

"What is the worst that will happen if this is true?"

"What would you say to a friend who is in the same situation?"

It is important to remember that we have to help the adolescent find the answer to these questions themselves rather than giving these answers to them.

d. Cognitive reframing. Cognitive reframing means thinking differently about a particular situation. Sometimes, when emotions overwhelm us, we might not be able to take all things into consideration. Reframing tends to help us look at all aspects of the situation. Once we see this, we might feel better about the situation which will reduce distress. Care must be taken that we do this technique only after we have validated the adolescent's concerns. Otherwise, they may feel judged by us. We can say,

"Despite everything that went wrong, is there something that you feel stopped things from getting worse?"

"Is there anything you learned or found helpful despite these challenges?"

e. Using strengths. We can find out the strengths and resources of adolescents which might help them see themselves as resourceful and confident. This may change the way they look at themselves, thereby reducing their distress. This can be done by asking sensitive questions such as:

- Have you ever had to deal with something similar in the past?
- How did you deal with it then?
- How did you manage for so long? What/who has helped you?
- What are your strengths? What strengths do your friends say you have?
- How did you develop this strength? Where did you learn this from? How can you apply it to this problem currently?
- If tomorrow morning you woke up and a miracle had happened and the problem was solved, what would be different? What will you see? What will you hear? What will you feel inside yourself? What would you be doing differently?
- On a scale of 1 to 10, how much difficulty is the problem causing for you currently? If it could lessen by one point, what would have changed?

f. Building hope. Building hope helps in reducing distress by helping adolescents look beyond their concerns and look forward to a future that is positive and meaningful. We can start by validating their feelings and then help them imagine the immediate future by asking,

- What are your plans after you leave this session? What is the first thing you will do?
- What is something you're really looking forward to doing afterwards?

We can then move on to hope-building in the long-term future by asking,

- What are your hopes, dreams and wishes for your life?
- How did you come to believe in these hopes?
- How have you managed to hold on to these hopes in difficult times?
- What keeps you from giving up?

Speaking with parents and trusted adults

As counsellors, we may have the opportunity to speak to the parents and trusted adults such as teachers, health and wellness ambassadors and health service providers in the adolescent's lives.

Anxiety and sadness are the most common concerns that adolescents face. By helping the adults in their lives understand these concerns better, they may be able to help us help the adolescents better. We can start by saying,

'As you might have seen, adolescents may get anxious or feel sad. These feelings are common and with the right kind of support, they can get through them.'

1. Sharing information about Anxiety and sadness: We can then explain what is anxiety and sadness by telling parents,

'Anxiety is a state of body and mind in which the adolescent feels scared or worried. It can show up as stomach aches, headaches, or even getting angry. It may also show up as worrying about something, feeling restless and not able to concentrate and feeling overwhelmed.'

'Sadness is like a feeling of loss or pain in which the adolescent feels low and upset. It may look like being tired all the time, losing interest in things, or not wanting to talk much. It is not laziness, it is our way of dealing with emotional pain.'

2. Invite them to link the adolescent's experience with their own: We can pause and gently ask them to reflect,

'Has there been a time when you felt anxious or sad? [pause]. What did you do to feel better? Who did you reach out to?'

This may promote empathy towards the adolescent.

3. Address some myths about anxiety and sadness. We can say,

'Sometimes, people feel that adolescents are 'acting sad or anxious' because they want attention. Most of the time, adolescents are not asking for attention, they are asking for care. Just like when someone has a fever, they are not asking for attention, they need to be taken care of.'

Similarly, some people may wonder why the adolescent may be feeling sad when they have everything. Feeling sad does not mean that the adolescent does not value what they have. During adolescence, they are figuring out who they are and what they want. Thus, they may struggle emotionally.'

4. Help them help the adolescent: After addressing these feelings, we can also help them understand what they can do to help. We may say,

'While helping adolescents, we do not need to fix everything for them. We just need to be with them and show them we care.'

We can do this by

- Listening without judgment: We can do daily check-ins and ask the adolescent how they are feeling. We do not need to do this all the time. Having a fixed time when we can be present for the adolescent may be helpful. We can avoid giving advice to adolescents at this time such as, 'don't overthink so much' or that 'do all your chores and you will stop feeling sad.'
 - Validate their feelings: We can acknowledge that they are feeling an emotion even if we do not understand it. We can avoid dismissing their emotions or making them feel that their emotions do not match their circumstances.
 - Offering stability: We can help adolescents by maintaining regular meal times, school timings and so on. However, we must take care that we check-in with the adolescent if they feel like they can eat their meals or go to school instead of forcing them to do so.
 - Gently encourage the adolescent to do things that the adolescent is finding hard: We can tell the adolescent that we believe that they can do this. We can remind them that we will support them even if they are finding it hard. We can ask the adolescent gently, 'what happened when you tried to do this? What do you think prevented you from doing it? How would you like to do it differently next time?' We can explain to the parents that they do not ask all the questions at the same time. They can ask one question and wait for the adolescent to respond.
 - If the adolescent is crying or becoming very anxious: We can offer them a glass of water or a hug or breathe with them to help them feel better. We can also ask them to practice the skills that they have learnt in counselling such as grounding or breathing exercise [Note to counsellors: We can teach the parents the same skills as the ones we are teaching the adolescent.]
5. Answer their questions and help them with their anxieties: We can answer their questions about the adolescents without breaking confidentiality (refer to unit 1, chapter 1). We can also help them with their anxieties by framing their worry about the adolescent as care. We can encourage them to talk to their friends or close ones about their anxieties and also remind them that they are not alone in helping the adolescent. We can also ask them to practice the skills that they have learnt to manage the adolescent's anxieties such as grounding or breathing to help themselves as well.

6. Share signs for further help: We can share the following signs with the parents about when to seek further help:
 - If the adolescent is showing sudden changes in their behaviours such as they stop talking or eating or become very quiet or become very aggressive or stop wanting to go to school
 - Constantly say that they are feeling worthless or like a burden
 - Are unable to stop crying
 - Talking about ending things
 - Having panic attacks

During these times, they can come back to us or take them to a school counsellor or even a mental health professional.

7. We can end the conversation by reminding them that their efforts matter. We can say,

'It is okay if we cannot figure out exactly what to say or do. What matters most is showing them that we are trying to understand. Adolescents may not always respond in the way we want them to, but deep down, they feel our effort.'

3.4. Referral and follow-up. When the adolescent is feeling frustrated, we can help them seek support from others. This helps them build better connections. We can introduce this by saying,

- Do you think you can take someone else's help in this situation?
- Do you have anyone in mind who could help?
- How could you reach out to them?

In order to ask for help, we can also help them plan this communication better. We can ask,

"How could you say what you are feeling to them in a way that they will understand?"

We can help them plan this situation better by asking specific questions like,

- Would you want to ask when they are free?
- How will you want to tell them this? By writing / speaking / texting?
- What would you want to avoid doing? How could you manage yourself so that you don't do that?

For many adolescents who come to us in high distress, we may need to refer them to specialised services by:

- Providing a contact helpline like Tele-Manas, they can reach out.
- Referring to school counsellor or other counsellors for help

When do we refer an adolescent to these services?

- If they are unable to care for themselves, e.g. not eating or losing a lot of weight
- If they are harming others
- If they are threatening to harm themselves
- If they start using drugs or alcohol
- If they are hearing voices that others cannot hear
- If they are being physically or sexually abused

Let's Avoid

Blaming Adolescents. *"Why didn't you tell somebody if you were feeling so bad?", "It is your fault."*

Making them feel like their problems are very small. *"Many people have problems, your problems are not very big", "At your age, people should be happy", "You have nothing to worry about, we had so many problems."*

Rushing into problem-solving. *"On this piece of paper, let's write down all your problems and one solution for each of them."*

Giving false, general reassurances *"Everything will be alright", "You will not fail."*

Forcing false positivity or cheerfulness. *"Everything happens for the best", "Let's try to see the positive side of the situation."*

4. How can we take care of ourselves?

This chapter helps us understand how to help adolescents who are distressed. But such situations can be difficult for us too. We can try these strategies to help ourselves:

- **Be in the moment:** When we are working with a highly distressed adolescent, we may panic or go blank. We can take a few seconds to come back to the present moment (e.g. taking a couple of deep breaths, looking around the room we are in)
- **Thinking about the session after we are done with it:** Thinking about our sessions helps us to process our own emotions about what happened.
 - We can write about our feelings during the sessions.
 - We can discuss with colleagues who are working with us.
 - We can take supervision.
- **Take a break from our work:** After a session, some of us may constantly think about what happened in the session. We can try to engage in physical activities such as cooking or exercising and try to stay focused on these activities.

Summary

Adolescents may experience anxiety and sadness during this period of physical, emotional, and social changes. Anxiety helps us understand situations that are scary or dangerous. It is expressed in the body through high arousal, worries or having too many thoughts, and avoidance. Sadness is usually seen as low mood, limited energy and motivation, and hopelessness or helplessness. It is expressed as difficulty in focusing attention, expressing disinterest, shortened speech or even crying. Interventions that can help to better understand and reduce feelings of anxiety or sadness include grounding techniques, breathing and guided imagery exercises, maintaining a mood diary or gratitude journal and learning to evaluate thoughts or engaging in problem-solving techniques.

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Trauma

Traumatic events are those events that cause significant emotional, physical and psychological harm and take away one's sense of safety. Some traumatic events that adolescents may experience include bullying, physical or sexual violence, loss of a loved one, neglect, etc. Traumatic events may have different immediate and long-term effects on adolescents. They may feel shocked or deny that the event has happened or may find themselves constantly thinking about it. They may also feel very anxious, upset, sad or angry about what has happened. Trauma can have a lasting impact as it changes the way we think about ourselves and the world around us.

Trauma is not just what happened to people; it is how they felt about it and how these events continue to affect them in the present day. The 3Es of trauma¹ are as follows:

- **Event:** Refers to what happened to the adolescent.
- **Experience:** Refers to how the adolescent felt during or after the event. These experiences are influenced by how old the adolescent was at that time, what kind of beliefs their community and family members have about the event and how much support they receive.
- **Effect:** Refers to the impact the event has on the adolescent. These events can impact the adolescents immediately after they occur, after some time, and even long after the traumatic event has ended.

Let's practice

The counsellor met Uzma and taught her techniques about managing her sadness. When asked about her concerns related to marriage, Uzma opened up and told her that she does not want to get married because she is in love with someone else who does not care about the fact that she had polio. She never imagined that anyone could love her despite that. However, she feels that her family will never allow for this. When the counsellor asked about this, she said that she had shared about this person with her mother thinking how much her mother will appreciate the fact that she found someone who loves her as she is without caring about her disability. She thought that would have been her biggest concern as she always talks about this. But her mother became very angry with her and started beating her up. When her father and other elders in the family saw her beating Uzma, they tried to stop her. In her anger, the mother revealed this to the entire family and she was beaten so severely that she broke her arm. Her family threatened her with dire consequences if she met her partner again. No one at home has been talking to her since then and there is insistence on getting her married to someone the family chooses for her. She feels that she will not be able to escape this situation and feels helpless about not being able to make her own choices. She feels let down by her mother for not keeping her trust and her elder brother for not protecting her. It has been 6 months but she finds herself thinking about the event and crying and it all comes rushing back to her. She believes she will never be able to trust her own family again.

- What is the traumatic event for Uzma?
- What was the traumatic experience for her?
- What was the effect of the traumatic event on her?

Answers:

1. The traumatic event Uzma described was her mother betraying her trust after she confided in her about her romantic relationship. She and the rest of her family began beating her up, breaking her arm. They also threatened her with negative consequences, if she did not listen to them.
2. The betrayal of her trust, the family violence, and the lack of support were traumatic for her. She feels trapped in this situation and feels unable to make her own choices.
3. Uzma is not able to trust her family. She feels scared and cries when the memory of the event comes to her. She also worries about her future and feels angry that her family does not support or care for her. She is especially upset about the fact that her family does not want to know about her partner who loves her despite her disability; even though that was their biggest concern. She may also feel guilty for having upset her mother and family.

As counselors, we may meet adolescents who have experienced trauma. Our role in working with them is to:

- Create a safe and trusting environment.
- Help them understand the impact of trauma on their thoughts, emotions and behaviours.
- Help them manage the impact of the traumatic event.
- Work with the significant adults in their lives to create safe environments.
- Refer them, as needed, to more specialised services, by offering referrals.

1. Key ideas

Adolescents who have experienced traumatic events require sensitivity, care and understanding. As counsellors, we need to help them feel safe, heard, respected and supported in their choices. Being trauma-informed⁴ helps us understand what they have been through and how it can affect them.

1.1. What does it mean to be trauma-informed?

Being trauma-informed involves following the four key principles of trauma-informed care, known as the 4Rs⁵:

Realising that many adolescents experience traumatic events such as bullying, abuse or violence.

Recognising the signs and symptoms of how trauma affects adolescents.

Responding in a way that help adolescents feel safe, cared for and empowered.

Resisting re-traumatisation, that is, making sure what we do not do or say anything that makes them feel worse. Resisting re-traumatisation also involves not asking them to tell their trauma story. Our work is not to ask for details or know what happened. We will focus on how we can help them reduce the impact of the traumatic event.

Being trauma-informed does not mean helping adolescents process their trauma⁶. Rather, it means providing a safe environment where they feel empowered and understood.

When planning our work with adolescents, we must keep the following principles in mind^{4,5}:

What is the principle?	What does it mean?	How can we do it?
Safety	Making the adolescent feel physically and psychologically safe	<ul style="list-style-type: none"> ● Finding a private space where they can speak freely and feel safe ● Seating them near the door so they can access an exit, if needed ● Greeting them warmly ● Using a consistent tone ● Checking for their comfort and respecting their personal space
Trustworthiness and transparency	Being honest, clear, and consistent so the adolescent knows what to expect	<ul style="list-style-type: none"> ● Explaining what they can expect from the session ● Telling them about our role ● Explaining confidentiality and its limits ● Ensuring that we fulfill the promises we make to them
Peer support	Using support from others with shared experiences to promote healing	<ul style="list-style-type: none"> ● Promoting connections with others ● Helping them identify peers who can support them
Collaboration and mutuality	Working with adolescents, not over them; valuing their voice and choices	<ul style="list-style-type: none"> ● Seeking permission before we ask questions ● Asking for their inputs in sessions ● Giving them choices ● Involving them in setting goals for themselves
Empowerment, voice and choice	Helping adolescents feel in control and confident in their strengths.	<ul style="list-style-type: none"> ● Praising their efforts and not just outcomes ● Letting them make decisions and respecting these decisions
Cultural, historical and gender sensitivity	Respecting their background, beliefs, identity, and experiences	<ul style="list-style-type: none"> ● Being open to learning about their context and family values and not making assumptions about their background ● Suggesting techniques that fit their context

1.2. What happens in the brain and body during traumatic events?

Let us try to understand the 'hand model of the brain'⁶. Imagine the brain as a fist formed by tucking the thumb inside it. Here the wrist is the spinal cord, the thumb is the emotional brain and the fingers covering the thumb are the thinking brain. When there is no threat, the spinal cord takes care of the functions of the body, the thinking brain guides the actions of the body and the emotional brain helps us make sense of the world. Everything goes smoothly. But when we go through a traumatic event, our brain goes into an emergency mode. The thinking brain takes a backseat, while the emotional brain takes over. It starts making decisions to make us feel safe.

Our body also goes through certain changes. We no longer feel relaxed or at ease⁷. In the beginning, our heart rate increases, our body becomes still and our muscles are stiff and tense, as if we are alert, watching and waiting. Then we start feeling the need to fight or run away (flight) from the dangerous situation. Our heart rate and breathing increase. We start sweating and get cold hands. Our entire body is tense during this time. When our body is unsure or undecided about what to do and how to respond, we may feel frozen. If the situation goes on for a long time and we feel nothing will help, our body feels like it is collapsing. During this time, the heart rate decreases, breathing becomes shallow and we feel hopeless, detached and numb. These responses are summarized in the picture below:

A QUICK AND SIMPLE WAY TO THINK ABOUT THE BRAIN

Paul D. MacLean, MD, developed the concept of the triune brain in *The Triune Brain in Evolution: Role in Paleocerebral Functions*. Rick Hanson, PhD, author of *Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence* built on this original concept.

In many ways, the brain is considered the most complex of human organs. But complex doesn't have to mean complicated. Especially when we're trying to explain the brain's different but necessary functions.

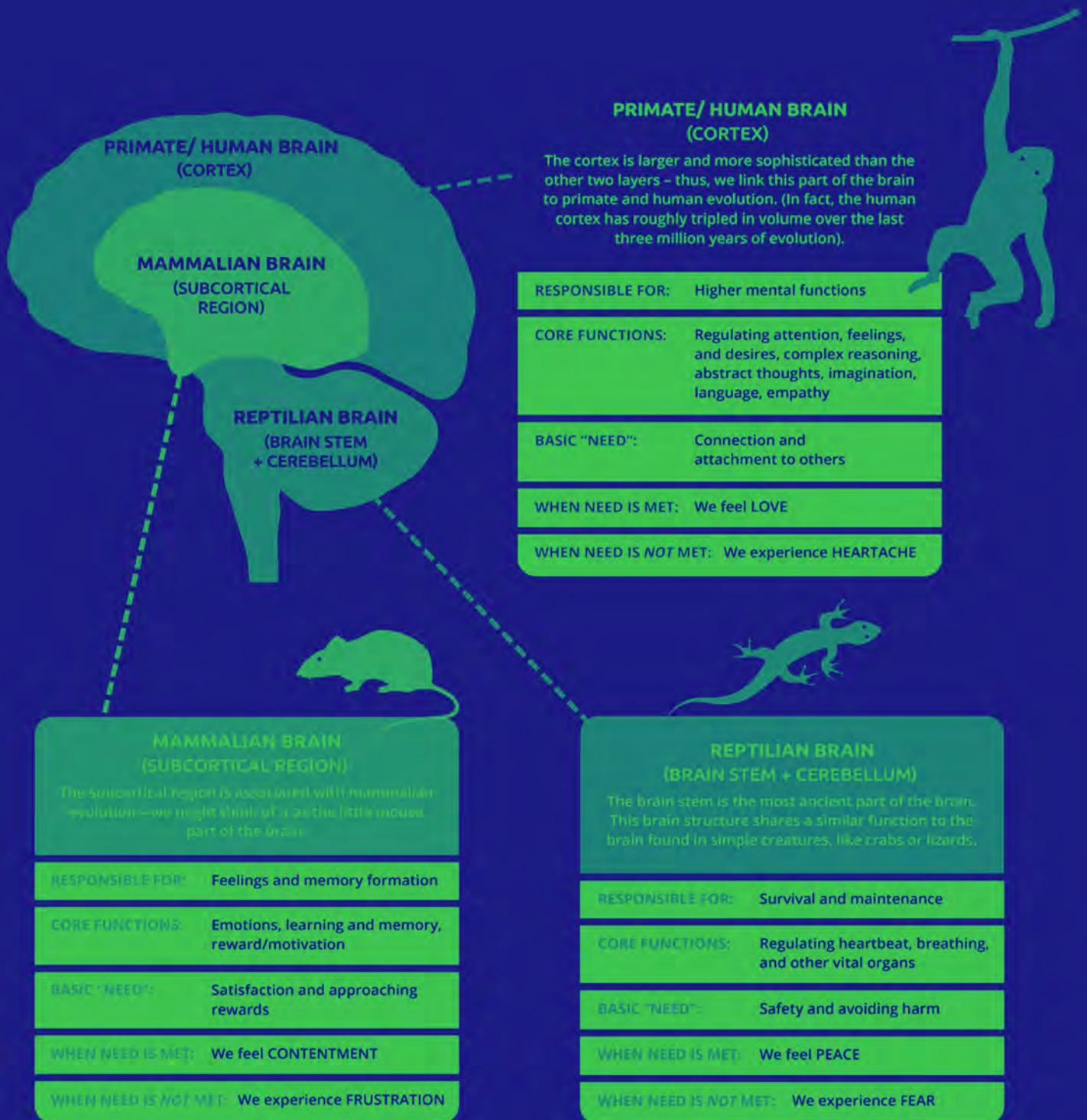
Our brain structure can be divided into three layers - the brain stem, the subcortical region, and the cortex. And each layer can be loosely associated with the reptile, mammal, and primate/human phases of evolution, respectively.

So, if you think about it, it's almost as we're carrying a little lizard, a little mouse, and a little monkey inside our brains.

And as the brain evolved, so did its capacity to meet the three fundamental needs of any animal . . . Safety, satisfaction, and connection.

Here's a visual . . .



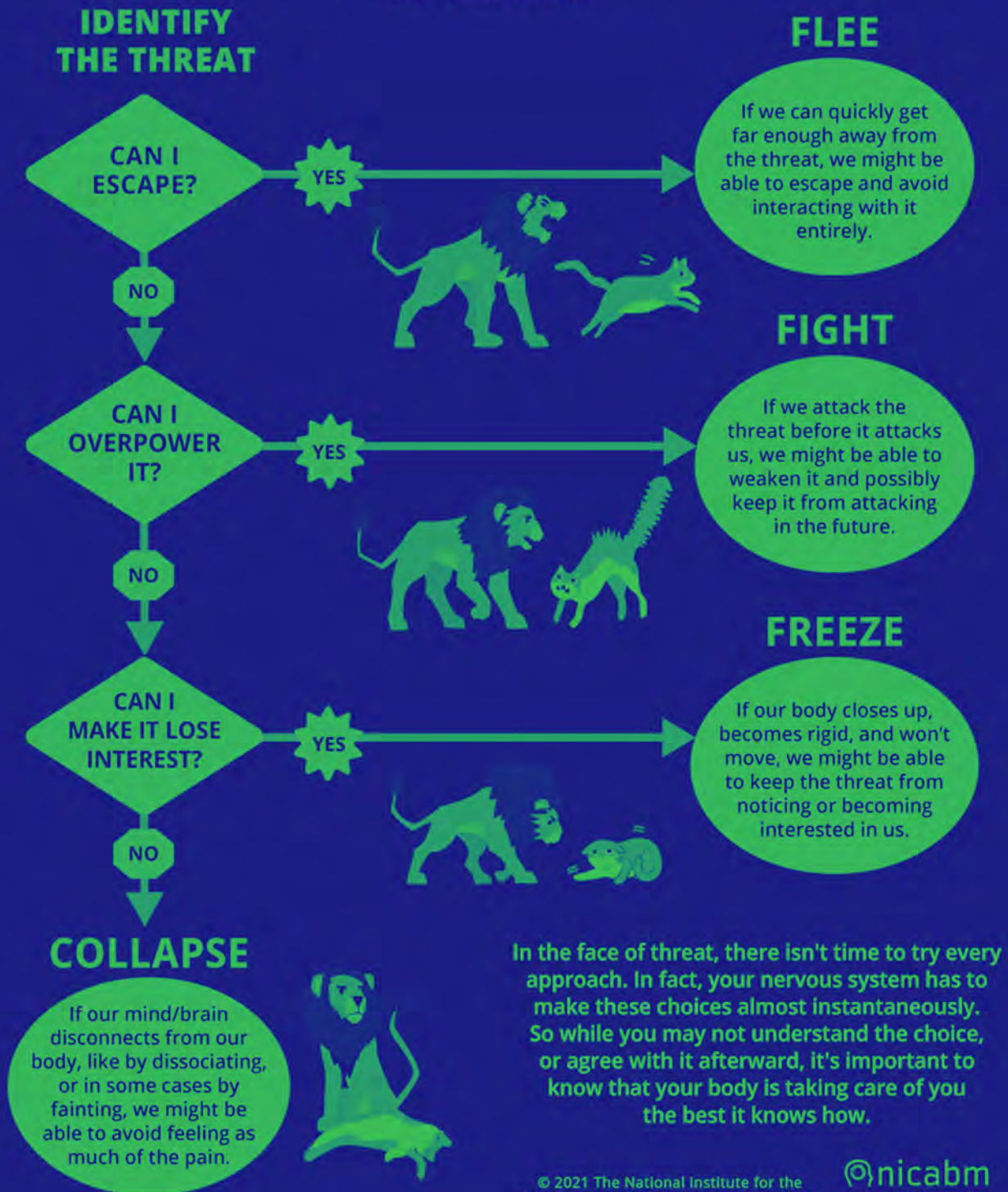


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HOW THE NERVOUS SYSTEM RESPONDS TO TRAUMA

Adapted from *Ruth Lanius, MD, PhD*

How does your nervous system figure out how to respond in a crisis?
It's a split-second, unconscious process designed to choose the best option for keeping you safe.
Here's how it works:



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Clinical Application of Behavioral Medicine


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1.3. Window of Tolerance

The Window of Tolerance refers to the zone in which a person feels calm enough to think, feel, and respond to situations in a balanced manner. When someone is in their window, they can learn, talk, connect with others, and manage stress.⁸ When a person feels too overwhelmed or too shut down by emotions or stress, they fall outside this window. Trauma, especially in adolescents, can make this window very narrow. When adolescents move outside their window, they may exhibit two extreme reactions: hyperarousal and hypoarousal. Hyperarousal is similar to the fight or flight response. During this time, we may react more, feel anxious or get irritated, constantly be on guard, have memories or nightmares of the events and feel like doing risky things. Hypoarousal, on the other hand, is similar to the collapse state. During this time, we feel numb, empty, helpless and unable to think^{8,9}. Both hypoarousal and hyperarousal are trauma responses and uncomfortable to be in for a long time. We need to help adolescents learn ways to come back into their window of tolerance.

2. How do we assess trauma responses?

2.1. Trauma can manifest in different ways such as

1. Physical responses
2. Social responses
3. Emotional responses

We can ask the following questions to understand the impact of traumatic events on adolescents. It is important to note that adolescents may respond to trauma differently than adults or younger children.

2.1.1. Physical

Aspects	Details to be asked	Questions to Ask
Sleep Difficulties	Changes in sleep Quality of sleep Interruptions in sleep	Start by asking, <i>'How has your sleep been?'</i> If they don't respond, follow up with, <i>'How many hours of sleep do you usually get?'</i> <i>'Has this pattern changed recently?'</i> <i>'How do you feel when you wake up?'</i> <i>'How often does your sleep break?'</i> <i>'How do you feel when your sleep breaks?'</i>
Hunger-related Changes	Eating too much food Not eating enough food	Start with asking, <i>'How is your hunger?'</i> We can then ask, <i>'Has this pattern changed recently?'</i>
Aches and pain	Feeling pain in the body	<i>'Have you noticed any aches or pains recently?'</i>

2.1.2. Social

Aspect	Details to be discussed	Questions
Family and Peer Relationships	Increased feelings of loneliness or being isolated	<p>Start with, <i>'How are your relationships with your friends? And with your family?'</i></p> <p>If they are unable to answer, we can then ask</p> <p><i>'Do you reach out to them for support?'</i></p> <p><i>'Have you noticed any changes in how you behave around them?'</i></p> <p><i>'Are there increased conflicts in your relationships?'</i></p>
Academic Progress	Difficulty concentrating or staying focused on schoolwork	<p><i>'Have you noticed any changes in your academic performance?'</i></p> <p><i>'Have you been able to concentrate on your studies?'</i></p>

2.1.3. Emotional responses

Emotional aspects	Details to be discussed	Questions
Changes in the way they view the self	Disturbed sense of self, self-doubt and reduced confidence	<p><i>'Have you noticed any changes in how you see yourself?'</i></p> <p><i>'Have you seen any change in your confidence?'</i></p>
Develop risky behaviours	Compromise safety, risk of substance use disorder	<p>Start with a general question, <i>'How do you cope when you experience distressing emotions?'</i></p> <p>Then move on to,</p> <p><i>'Have you ever done something that made you feel unsafe?'</i></p> <p><i>'Have you taken any substances?'</i></p>

Besides these emotions, we can also refer to the emotions such as sadness, anxiety and anger as mentioned in the previous chapter.

Sometimes, in addition to these responses, we might also see other responses such as:

Symptom	Description	Assessment Questions
Flashbacks	<p>Clear and intrusive images of the traumatic event coming to us as if we are in a movie</p> <p>Acting these events in play</p> <p>Disturbed sleep due to nightmares</p>	<p><i>'Do you remember repeatedly?'</i></p> <p><i>'Do you have dreams about the event?'</i></p> <p><i>'Do you feel that event comes back to you as if you are living it again or as if it is playing as a movie in front of you?'</i></p> <p><i>'Do you feel very distressed when the event is mentioned?'</i></p> <p><i>'Do you have nightmares about it?'</i></p>
Avoidance	<p>Distressing thoughts, reminders or memories of the event</p> <p>Fear of places or people associated with the event</p>	<p><i>'Do you feel that you are constantly avoiding some experiences? For example, thoughts, memories, feelings or even people or places that remind you of the traumatic event.'</i></p>
Hyperarousal	<p>Overly careful</p> <p>Being on the edge, almost in the fight/flight/freeze state</p> <p>Constantly feeling anxious or irritable or constantly checking for safety</p>	<p><i>'Are you experiencing any difficulty in sleeping? Are you able to sleep on time? Do you find yourself waking up while sleeping? Do you feel fresh after waking up?'</i></p> <p><i>'Do you feel like you have been getting angry more often? Does it feel like you get angry for no reason?'</i></p> <p><i>'Do you feel like you are constantly alert? Do you find it difficult to relax?'</i></p> <p><i>'Do you find it difficult to concentrate? Do you get distracted easily?'</i></p> <p><i>'Are you getting startled easily? Do you feel that you are on edge all the time?'</i></p>
Hypoarousal	<p>Feeling numb</p> <p>Feeling disoriented as if their body is not their own</p> <p>Not able to feel happy</p> <p>Feeling disconnected to others as if watching them through a window</p>	<p><i>'What do you enjoy these days? [if they say nothing, we may further ask] What did you enjoy before the event occurred? Do you still enjoy it?'</i></p> <p><i>'How would you describe your relationships with your loved ones currently?'</i></p> <p>On further probing, we may ask, <i>'Do you feel connected to them?'</i></p> <p><i>'Do you feel a sense of achievement when you succeed at something?'</i></p> <p><i>'Are you able to feel connected to your loved ones?'</i></p> <p><i>'Do you sometimes get confused or disoriented as if you are losing time of the day?'</i></p> <p><i>'Do you ever find yourself somewhere and can't remember how you got there?'</i></p>

If we see these signs and they persist for more than 4 weeks after the traumatic event has occurred, we must refer them to a specialist.

3. How do we intervene?

We need to be in our own window of tolerance for helping adolescents with histories of trauma. Let us practice these skills with ourselves before using them with adolescents.

3.1. Being trauma-informed. In order to help adolescents who have gone through traumatic events, we must make sure that we respond in trauma-informed ways.

After meeting Prashant, the counsellor helped him by listening to him, validating his fears, giving information about anxiety and helping him manage his thoughts. She then asked what made him scared of being sent to the back bench. Prashant told her tearfully that the boys who sit at the back benches abuse him and his family. They make fun of the financial condition of his family. They say mean things about his sister and make him watch movies where there is a lot of violence and sex. The only time he feels good is when he performs well in class or answers questions and teachers appreciate him. But the other boys tend to make fun of him for that as well.

The counsellor can practise the 4Rs in this example:

- Realise that this is a traumatic event for Prashant and not dismiss it.
 - Recognise the signs and symptoms of trauma such as anxiety and shame.
 - Respond to make him feel heard and validated and bring it to the attention of the teacher.
 - Resist retraumatisation by not making him share his story again and again or not asking questions only to satisfy their curiosity but to help Prashant.
-
- **Safety:** We can create a safe space by listening to and validating his concerns. We can help him understand that his feelings make sense and are not shameful. We can then help Prashant feel safe in the classroom by asking his class teacher not to make him sit at the back.
 - **Trustworthiness and transparency:** We can explain to him that because he has shared about the harm that is being done to him, we will have to share these concerns further. We can include him in all decisions making sure that he knows how we will involve his teacher and what we will say to her.
 - **Peer support:** We can help him identify and connect with friends who do not act like this.
 - **Mutuality and collaboration:** We can acknowledge his strengths, see him as a partner and invite him to think how we can change this situation. For example, we can ask him what he can do if these students abuse him, how he can set limits and so on.
 - **Empowerment, voice and choice:** We can appreciate his academic performance and highlight his strengths.
 - **Cultural, historical and gender sensitivity:** We can help him understand how being a boy makes it difficult to speak about sex in a way that is different from these boys.

Feeling safe

Creating safety is the most important part of trauma-informed care. By helping adolescents feel safe we can help them gain some control in the world around them which in turn helps them feel less overwhelmed. When there is a risk of immediate danger, adolescents need to leave that place. We can help them identify and figure out a way to get themselves out of a place of danger. We can then help them feel safe in their body by helping them calm themselves. We can work collaboratively with adolescents to create safety plans for such situations. These plans have a list of clear instructions about what they will do and who they will contact during this time. For physical safety, we can help the adolescent identify a space where they may feel safe. This may be a place where others are available (a place of family gathering), or where the person causing harm is absent (e.g. rooms where the parent who might be hitting adolescents are sitting). For emotional safety, we can help them identify places, people or ideas which make them feel calm.

3.2. Stabilization

Adolescents who have experienced trauma might feel a sense of looming danger and feel on the edge. They may feel as if their thoughts and emotions are out of their control. We can help them feel safe in their body and more in control of their emotions. This process is called stabilization and it is the first step in helping someone who has gone through traumatic experiences. Some important strategies that we may use are given below. Other techniques mentioned in the previous chapter can also be used.

Toolbox for Stabilization

Trauma can take us to the past, so we can use the following techniques to bring us back to the present:

1. Grounding: These strategies use our senses to bring the mind back to the present and help the body feel safe. Some common grounding techniques are:

- Common grounding techniques such as smelling agarbattis and dhoop, drinking tasty and sweet-smelling drinks, mindfully eating crunchy food such as chips or dry fruits, doing yoga and stretching may be helpful.
- Another technique is the 54321. We ask adolescents to look around and see 5 objects they can see, 4 things they are touching, 3 sounds they can hear, 2 things we can smell and 1 thing they can taste.
- Another helpful grounding technique is playing a favourite song, paying attention to its tune and music and singing it aloud.
- We can also grounding statements such as

"It seems like you are feeling overwhelmed. Let us try to bring you back to the present. Take a deep breath, relax your body; let the tension come out of your body towards your feet which touch the ground. Imagine walking out of your mind and into the present. Look around you and tell me what you can see right now?"

2. Safe object technique uses an object to remind adolescents that they are safe and to help manage their emotions. We can ask them to find a physical object that has personal importance to them. It can be a toy or a piece of cloth or jewelry or a photograph that can be carried around with them. Touching these objects may help them feel calm.

3. Body-based techniques may also help in bringing them back to the present using movement. Drop three10 is one such technique. It includes asking them to drop first the jaw, shoulders and stomach. We can say

"First drop your jaw by making your tongue fall to the bottom of your mouth. Then drop your shoulders, release them and let them fall. And lastly, drop your stomach. Just let it go without holding it tightly. Notice how you feel."

4. Safety statements: This technique uses words to bring the adolescents back to the present and feeling safe. We can also ask adolescents to tell themselves:

- I am in control of my reactions.
- I am not in danger. I am safe now.
- I am trying to be healthy and happy now
- I can try to find out what is in my control

5. Safe space visualization: This technique uses imagery to help adolescents come back to the present and feel safe after being overwhelmed. A script adapted from Lynch et al10 reads

"Sit comfortably, with your hands empty and your feet resting on the ground. Start by taking three breaths, long, slow and deep breaths. Focus on the breath and become aware of it. Next move on to your heart beat and feel its rhythm. Let go of the tension with each breath and the beat of your heart. Now, think of a place where you feel safe. It can be a real place or a place in your imagination. Let it come to you. Whatever it is, a beach, a lake, a mountain, anywhere; just picture it in your mind. Imagine that you are inside this safe place. Look around you... Notice any object, its colors, its shapes... And now, listen to the sounds in your safe place, anything you can hear, maybe birds, animals, wind, etc. As you look around and listen to your surroundings allow yourself to feel safe, warm and comfortable. Now, pay attention to the smells in your safe place. What are the smells that you are noticing? Maybe your favourite food or flower? Enjoy the smells as you breathe in deeply... Allow yourself to feel safe in this space surrounded by the smells, Now, walk around this space in your mind. Notice something and pick it up. Touch it and observe its textures. Is it soft or rough? Warm or cold? Soft or hard? Continue to walk around and keep on touching it. Spend some time in your safe place, while relaxing and enjoying it... (pause one minute). And when you are ready, come back into the present, knowing that your safe space is within you, and you can return there at any time. It will always be there for you."

6. Coping box: This technique uses activities to help adolescents calm themselves down or distract themselves to bring them back to the present. This can include:

- Photos of loved ones, lyrics of favourite songs, phrases or poetry that bring a smile to the face, messages that help them feel less alone
- List of names, telephone numbers and addresses of people they feel close to or who can help them at a short notice.

- List of helplines, police and ambulance

7. Coping cards: This technique uses reminders to help adolescents bring themselves back to the present. Coping cards are pieces of paper that have all the strategies learnt by the adolescent written on it. We can also ask them to write down the situations where they will use these strategies.

3.3. Understanding the impact of trauma

We can help adolescents understand what happens in their body and brain in response to trauma. This helps to normalize their reactions and reduce the feelings of shame. We can say,

"A lot of adolescents say they felt scared, shocked, or confused in that situation. It is normal to react like that. something really scary happens, it can change the way we think, feel or act. It may even continue to affect us after the event is over.

Trauma makes the world feel unsafe. We might feel anxious, numb, or even start doubting ourselves. It is our brain and body's ways of protecting us. Trauma has a way of affecting our brain. We can think of our brain like a fist. The wrist is responsible for functions like breathing, our heart beating, etc. thumb is the emotional brain and the fingers are the thinking brain.

Normally, the thinking part is in charge. But when we feel in danger, the emotional part takes over and the thinking brain takes a backseat. If the danger goes on for too long, the emotional brain stays in charge, and it gets harder to think clearly, feel calm, or trust people.

When the brain senses danger, our body may also show some reactions. We might feel angry and want to fight, we might feel panicked and want to run away or we may feel numb and stuck and freeze in the situation. These are normal reactions and make us feel safe. But when they keep happening even when we're not in danger, they get in the way. When we get reminded of the traumatic events, we may start feeling these emotions even though we may not be in danger. These are called triggers. When triggered we may start feeling anxious or shut down.

There's a small zone where we feel like we can think and feel at the same time. It is called the window of tolerance. When we are in the window, we feel safe. But when we get overwhelmed, we may feel too anxious or too numb. We can use techniques such as deep breathing or grounding to come back to the window of tolerance."

3.4. Addressing specific concerns

1.	Sleep Difficulties	Developing a " <i>sleep kit</i> " ¹¹ with adolescents: This involves making a real box which contains items that help them relax and bring them back to the bed; similar to the coping box we made earlier.
2.	Difficulties in peer relationships	Identifying friends with whom they can share their feelings: We can use the strategies of problem-solving mentioned in the last chapter to identify friends who are empathic and supportive.
3.	Academic- related concerns	Using strategies mentioned in chapter 1 and 2 to work on academic difficulties: Once we have identified these difficulties, strategies mentioned in chapter 1 and 2 to help manage anxiety or promote organising their studies can be helpful. If flashbacks are interfering, we can use the stabilization techniques mentioned before.
4.	Flashbacks	<p>Understanding what flashbacks are and why they occur: We can say, <i>"Intrusive thoughts or feelings may come to us as images, dreams, or memories of trauma. They may come to us when we do not want them and upset us. The reason these memories come is because our mind is trying to process the traumatic event by going over them again and again. This is the mind's way of understanding and making sense of these experiences. Even though this may seem strange to us, it is quite useful in helping us learn about our experiences and to sort through them."</i></p> <p>After explaining this, we can teach them the stabilization technique mentioned above.</p>
5.	Avoidance	<p>Understanding what avoidance is and why it happens: We may say, <i>"We often want to put those things aside which are distressing to us just like these traumatic memories. We may feel better for some time, but such avoidance actually stops us from getting over the experience. Such memories tend to come back to us as nightmares or flashbacks."</i></p> <p>We can pause here and ask the adolescent about what they think about this. In case they disagree, we can continue by saying, <i>'Let us do an experiment to see this. Please sit back and close your eyes. Try to imagine a pink elephant. Can you see it in your mind? Now please try to stop this image. Do not think of the pink elephant. Do not let it enter your mind. What happened? Were you able to stop it? This is what happens to traumatic memories as well.'</i></p> <p>We can then help them reduce avoidance by managing their emotions.</p>
6.	Hyperarousal	<p>Understanding what hyperarousal is and why it occurs. We can say, <i>"Many people may experience sleep, and concentration related difficulties, feeling restless and irritable, or thinking of the future. These problems show that the body is aroused as it is constantly trying to be aware of threats. This interferes with daily functioning as the body still thinks it is under threat."</i></p> <p>We can use the strategies mentioned above or the strategies mentioned in the previous chapter to manage anxiety.</p>

7.	Hypoarousal	<p>Understanding what hypoarousal is: We can say, <i>'Sometimes our body may become numb or shut down because our emotions become too much. We start living in a way that feels automatic.'</i></p> <p>We can help them identify and label their emotions by asking them to maintain an emotion expression diary. We can ask them to write about moments when they felt sad, happy, angry and afraid over the course of their week.</p>
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3.5. Referral and follow-up

The strategies mentioned in this chapter are useful for working in a trauma-informed manner to create safety and stabilization for adolescents. However, some adolescents may require additional care to manage clinical conditions such as Post-Traumatic Stress Disorder (PTSD).

Some indicators for referral to specialized psychological help

- Experiencing multiple traumatic events
- Physical complaints of discomfort, pains and aches.
- Academic problems and not being able to maintain friendships.
- Severe mood changes like emotional outbursts and shutting down
- Risky behaviour such as harming self or consuming substances or behaviours that compromise the safety of the adolescent.
- Showing symptoms of re-experiencing, avoiding, changes in arousal levels and negative thoughts and mood states even 4 weeks after the traumatic event has taken place.

Let's avoid

Not practicing principles of trauma-informed care. If we do not practise the principles of trauma-informed care, we may be at risk of making the adolescent feel judged, shamed and blamed for their normal reactions.

Asking for the trauma story. It is important to remember that asking adolescents to tell their trauma story may be retraumatizing for them and must be avoided.

Working with adolescents when we are disturbed. It is important to remember that trauma work cannot happen if we are disturbed.

Attempting interventions beyond our training. Trauma work involves special training. If we are not trained in trauma interventions, we should refer to someone who is trained in this field and will be able to provide the appropriate help.

Not considering the resilience and strengths of adolescents. Even when faced with trauma, adolescents may show the ability to bounce back and be resilient. We can look for their strengths and appreciate them about the same.

4. How can we take care of ourselves?

Working with trauma may also make us question our sense of safety. It is important to keep ourselves stabilised as well. We can create our own coping toolbox and keep the following things in it to make ourselves feel safe and loved: A perfume or ittar or dried flowers that remind us of our favourite smell.

- Messages or letters of our loved ones which are meaningful to us that we can read when we are feeling distressed.
- Pictures of our friends and family members
- A hand-written list of our favourite songs for our different moods
- A list of acts of kindness that others have done for us
- A list of acts of kindness that we can do for others
- Our favourite gift that a loved one has given to us.

Gender-based violence

Violence is when someone causes harm (in words, actions or by using threats) to another person's body, mind or dignity. We often think of violence only as a form of hitting or fighting but violence comes in many forms. These include:

1. Physical violence: Hitting, slapping, burning, kicking, punching to name a few
2. Verbal violence: Saying insults, calling bad names to others, threatening someone, constantly criticising someone, not letting someone meet their loved ones, trying to control someone's behaviours by dictating how they should act, speak or what they should wear to name a few
3. Sexual violence: Unwanted touching, forcing someone to watch or do sexual acts, making sexual remarks, jokes or comments and penetrating someone without their consent to name a few.

It is helpful to remember that even if the act does not leave a physical reminder, any violent act is harmful and dangerous for the person experiencing it.

Gender-based violence occurs when a person is targeted, harmed or experiencing physical, verbal or sexual violence because of their gender or because they are not behaving how the society expects them to behave. Some common example of gender-based violence are:

1. A girl being teased or touched without consent by boys for the clothes they are wearing
2. A girl being slapped for arguing with a boy because 'girls should keep quiet'
3. A boy being beaten for being 'too soft' or 'not man enough'
4. A transgender teen being bullied, isolated, or attacked for dressing or behaving differently
5. An adolescent girl being forced into marriage, or stopped from going to school
6. A boy being pressured into violence or sex to prove his masculinity

As counsellors, we can help adolescents understand gender-based violence. For example, many adolescents may not even know that they are experiencing it or that they have not done anything to 'warrant' this behaviour. We can validate their distress as we may be one of the few individuals who are the witness to their difficulties and abuse.

We can help the adolescents by:

7. Using supportive and validating statements (We can refer to basic counselling skills in unit 1, chapter 2, help them regulate their anxiety or sadness by referring to unit 2, chapter 2 and the intervention part of this chapter to get an overview).
8. One of the most important interventions that we can undertake is focusing on the blame and guilt that the adolescent might be feeling. We can help them understand that the blame lies only with the person who decides to be violent, abusive or neglectful. Considering the high incidence of gender-based violence and patriarchal nature of our society, it is possible that the adolescent may feel as if they are at fault for their difficulties. We might be one of the few individuals who may take a stand against this. One of the ways of doing this is to clearly state our position on violence. Simple phrases such as, "It is not ok for someone to hurt you, no matter what you did" may serve to be powerful reminders for the adolescents that they do not deserve to be treated in a harmful way. We can also reach out to a trusted adult and/or parents who will advocate for the adolescent to get them help. We can also reach out to authorities such as school principals who can ensure their safety and help stop the abuse.
9. We can make a safety plan with the adolescent. It will include identifying situations that are unsafe or people who might abuse them. It is important to emphasize that while the adolescent is not responsible for abuse that they are undergoing, it is possible to identify the situations where abuse is likely to occur.
10. We can also help the adolescent in identifying physical spaces where people who could potentially harm the adolescent are absent (e.g. having a room in which the door can be locked or shut completely), people they can contact for help such as family members or friends who may be able to calm the other person down or physically separate them from the abuser, check in on the adolescent to make sure they are safe and who can accompany them to this safe space.
11. We can also help them identify places that are safe to go to (such as a safe house where they can stay), a bag that they can keep ready for leaving (carrying government ID, some money, a spare set of clothes), helpline numbers such as helpline for National Commission for Women, Childline, and police. In case of sexual violence, it is mandatory that we report it to the authorities as per POCSO, 2012. These steps are given in Unit 1, chapter 1

Summary

Traumatic events are those events that cause significant emotional, physical and psychological harm and take away any sense of safety. Trauma is about what happened to them, how they felt during and after the event and the impact that the event had on them. Counsellors must be trauma-informed in their care for these individuals, by practicing the 4Rs - Realizing traumatic events that many adolescents go through, recognizing the signs, responding in a way that makes adolescents feel safe, and resist re-traumatization by ensuring not to increase harm by what we say. During traumatic events, the thinking brain shuts down while the emotional brain takes over, triggering intense physical reactions like increased heart rate, tension, and fight, flight, freeze, or collapse responses. Trauma can manifest as physical, social and emotional changes as well as flashbacks, avoidance, hypoarousal, hyperarousal and numbness. It is important to keep these in mind while assessing signs of trauma. Planning for safety is the first intervention that needs to be undertaken. Stabilization helps adolescents feel safe and in control through grounding, body-based techniques, visualization, and coping tools that bring them back to the present. Explaining trauma responses to adolescents helps normalise their feelings and reduce shame. Referral to specialized psychological help is needed if adolescents show persistent trauma symptoms, risky behaviour, severe mood changes, physical complaints, academic or social difficulties, or have experienced multiple traumatic events.

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Self-harm

Self-harm refers to acts that cause harm to oneself physically and/or mentally. The person may or may not wish to end their life while engaging in these acts¹. While this behaviour is common across age groups, adolescents are more vulnerable to using self-harming behaviours to manage their emotions². Some adolescents may start self-harming around the age of 12, and for many, it becomes less common by the time they are 18. But the chances of self-harm are usually highest between ages 14 and 16³.

As counsellors, we may meet adolescents who may be engaging in self-harm behaviours. Our role in working with them is to:

- Create a safe and trusting environment
- Assess the risk for self-harm and develop safety plans
- Find the function that self-harm serves and offer alternatives for the same
- Refer them, if needed, to more specialized services by offering referrals.

1. Key ideas

1.1. What is the difference between self-harm and suicide?

Self-harm is an action by an adolescent to harm themselves⁴. This is different from suicide. In a suicide attempt, there is an action to harm self with the intention to die which may or may not end in a completed suicide⁴. Suicide results from suicidal ideation, in which a person thinks about, considers, or plans not wanting to live⁵. Despite this difference, it is important to treat self-harm seriously as engaging in self-harm increases the risk of suicide⁶.

1.2. What are the types of self-harm?

The most common type of self-harm seen in adolescents is cutting or burning parts of the skin. Other forms include scratching, pulling hair, hitting, banging or punching walls and other objects to cause pain, even breaking bones, taking toxic substances and not allowing wounds to heal⁶. Sometimes, actions may not cause immediate harm; rather, they result in self-harm over the long term. This includes dangerous driving or engaging in unprotected sexual activity with unknown people⁷. Infections from untreated self-harm wounds can also be harmful in the long term.

1.3. Why do adolescents self-harm?

Many adolescents feel the urge to hurt themselves when they experience intense, painful emotions that feel too overwhelming or out of their control. Self-harm is more often a way to cope with strong feelings they can't express. Here are some common reasons¹⁵:

- **To manage difficult emotions:** Some adolescents use self-harm as a way to release feelings they can't put into words. When emotions like sadness, anger, or fear are too intense, harming themselves becomes a way to show or manage these feelings.

- **To distract from emotional pain:** Self-harm can temporarily distract adolescents from what they are feeling inside. When their distress becomes too much and they do not know what to do with it, physical pain may feel easier to handle than emotional pain.
- **To feel in control:** When adolescents have thoughts of killing themselves, self-harm can give them a temporary sense of control over their thoughts.
- **To punish themselves:** Some adolescents may hurt themselves as a way to punish themselves when they feel ashamed, guilty, or really low about who they are. They might believe they deserve to feel pain because of what they've been through or how they feel inside.
- **To feel something when they are feeling numb:** Adolescents may become upset or scared by the lack of feelings. In their desire to feel something, even pain, they may engage in self-harming behaviours. Pain, as a grounding experience, allows them to stay in the present¹⁶.
- **A cry for help:** Self-harm can be a way to signal distress when adolescents don't know how to ask for help directly. It may be the only way they know to show they are struggling and to communicate.

1.4. What is the cycle of self-harm?

After self-harming, adolescents might feel a sense of relief, calmness, or release. It might seem like the only way to escape the intense emotions or numbness they are experiencing. However, this relief usually is temporary. The painful feelings return, and sometimes even stronger than before.

This can create a difficult cycle as painful emotions build up which leads to self-harm. A short-term relief is felt but the emotions return. The urge to self-harm then becomes stronger. Over time, adolescents may feel trapped in this cycle, not knowing any other way to cope with their emotions or feel in control. They might start believing that self-harm is the only option they have.

Hence, finding alternative ways of expressing their emotions can help adolescents come out of this cycle.

Let's practice

The counsellor worked with Prashant to help him manage his emotions and speak to the class teacher about this behaviour. She also helped him identify friends with whom he can feel safe. Prashant then opened up about a behaviour he feels ashamed about. He showed the cuts on his upper arms which are covered by his school uniform. He also said that he has made similar cuts on his inner thighs. Whenever he would remember all those incidents with the boys, he would feel like crying or become very disturbed. But if he showed any emotions, they made fun of him. Cutting helps him feel calm and makes him feel relieved, so he carries his blade everywhere. If he cannot find a safe place to hurt himself or if he cannot afford a new blade because of financial concerns, he pinches himself very hard. Although he feels better after that, he finds cutting more helpful. If he cannot even do that, he starts banging his head against the wall.

- What are the different ways in which Prashant is harming himself?
- Why is he engaging in self-harm?

Answers

1. Prashant is engaging in various forms of self harm including cutting on his upper arms and inner thighs using a blade, pinching himself very hard and banging his head against a wall.
2. He seems to be engaging in self harm to manage difficult emotions like sadness, shame, isolation, etc. He does not seem to know other ways of managing these emotions. When he engages in self harm, it distracts him from these difficult emotions and makes him feel a temporary sense of calm and relief.

Self-harm is often misunderstood or minimized as attention seeking behavior and people who self-harm are often judged even by counsellors. Before we start with helping them, we may have to address our own beliefs about self-harm. given below are a series of statements. Please choose what is right and what is wrong.

Let's practise

Adolescents who are self-harming are doing it for attention-seeking.

Boys find it harder to talk about self-harm because they are thought of as 'weak'.

Unaddressed self-harm increases the risk for suicide for adolescents.

Adolescents who self-harm often do not tell anyone about their self-harm because they feel shame and fear about it.

Cutting is the only form of self-harm.

Boys cannot self-harm.

Engaging in self-harm means that they will soon want to die also.

Answers:

1. False. While self-harming could be a cry for help, there are other reasons why adolescents self-harm as mentioned previously. Suggesting it's "attention seeking" can minimize their distress and discourage them from seeking help.
2. True. Societal norms around masculinity often discourage boys from expressing vulnerability, which can make it harder for them to open up about self-harm.
3. True. While self-harm is not always linked to suicidal intent, continuing self-harm without addressing it can increase the risk of suicide.
4. True. Feelings of guilt, shame or fear of being judged often prevent adolescents from disclosing their self-harming behaviour.
5. False. While cutting is the most common form of self-harm, other behaviours like burning, scratching, hair-pulling, hitting, breaking bones, and even risky actions like dangerous driving or unprotected sex can also be forms of self-harm.
6. False. Both boys and girls engage in self-harm.
7. False. Self-harm is often a way to manage overwhelming emotions and not always linked to suicidal intent.

How do we assess self-harm?

1.5. Preparing to intervene

We can keep the following principles in mind before we start the assessment:

- We need to ensure we are not interrogating them; rather we are trying to understand what makes them feel harming themselves is the only way for them.
- The process of showing curiosity for understanding and changing self-harm behaviours happens as a conversation rather than by asking one question after another
- Building safety and trust with the adolescent to allow them to share their struggles with us. We will have to genuinely try to understand why self-harm feels like the only way to manage their emotions or feel in control and empathise with their distress and difficulties. This itself is healing for them.
- We have to be comfortable with listening to them and their pain without rushing to 'fix' the problem and giving them reassurances. We have to be able to tolerate their pain. In case we feel that is difficult, we can use some strategies mentioned in the last two chapters to manage our own emotions.
- We must respect that even when the adolescent is at risk for self-harm, they still have the choice and freedom to make their own decisions.

1.6. Identifying concerns

Adolescents may not come to us directly to tell us about their self-harming behaviours. we can look out for the following cues for identifying self-harm:

Non-verbal cues	Verbal cues
Injuries (cuts, bruises, burns, scratches), especially on the wrists, forearms, thighs which occur very often and have little or no explanation	Feelings of guilt, or a punishing attitude towards the self (<i>"I deserve to feel pain"; "I feel very angry towards myself", "I sometimes feel the need to punish myself"; "I hate myself"</i>)
Scars in patterns or in a group (Often in straight lines or having a similar size)	A high emotions (<i>"I need to release the emotional pressure that builds up inside of me", "I need to stop bad feelings or manage my stress"; "I need to feel relief from the anxiety"; I am in a lot of pain, this physical pain better"</i>)
Carrying sharp objects like razors or scissors with the adolescent	numbness (<i>"I sometimes feel so numb, I need to do something to feel anything", "I need to feel real"</i>)
Blood stains on clothing, tissues, or belongings	thoughts of dying (<i>"I sometimes feel like urge to kill myself, it scares me so I try to do things to stop myself from doing it/ from going too far/ to stop the thoughts of ending my life"</i>)

We can start the assessment with asking open-ended questions such as:

- When you're feeling really overwhelmed or upset, what do you do?
- Sometimes when people are going through a lot, they find very different ways to cope. What are the ways in which you cope?
- Have you ever felt like hurting yourself to deal with difficult feelings?

We can then ask questions which are specific to self-harm. In order to learn these questions easily, we can use 'STOPS FIRE'¹⁷.

<p>S – Suicidal ideation</p>	<p>To ask if there is any thought or plan of dying by suicide. this is done to rule out suicide as assessment for suicide risk is different</p>	<ul style="list-style-type: none"> ● <i>Have you ever thought of dying?</i> ● <i>Do you ever go to sleep and wish that you did not have to wake up?</i> ● <i>Have you felt that life is not worth living?"</i>
<p>T – Types</p>	<p>To find out the methods used to harm themselves (e.g., cutting, burning, hitting)</p>	<ul style="list-style-type: none"> ● <i>Can you tell me about the ways in which you have hurt yourself?</i> <p>If they are not able to answer, we can ask about the each type of self-harm method mentioned above</p>
<p>O – Onset</p>	<p>To find out when the self-harm first started and understand how long they have been harming themselves</p>	<ul style="list-style-type: none"> ● <i>When was the first time you hurt yourself?</i> ● <i>What was going on in your life at that time?*</i> ● <i>How long have you been using self-harm to manage your feelings?</i>
<p>P – Place / Location</p>	<p>To find out the place where the adolescent might injure themselves and if there is a particular location where self-harm happens</p>	<ul style="list-style-type: none"> ● <i>Where on your body do you usually hurt yourself?</i> ● <i>Is there a place (like school, home, or your room) where you usually self-harm?</i>
<p>S – Severity of damage:</p>	<p>To understand how serious the injuries are and if they will need medical attention. It also includes asking if they have had any infection around their injuries in the past</p>	<ul style="list-style-type: none"> ● <i>Have you ever had to go to a doctor because of your injuries?</i> ● <i>Did you ever get an infection in that area?</i> ● <i>How long do the injuries take to heal?</i> ● <i>How deep or serious are they?</i>

F – Functions of self-harm for the adolescent:	To understand how self-harm helps the adolescent?	<ul style="list-style-type: none">● <i>What does hurting yourself help you?</i> <p>If the adolescent cannot answer, we can use specific questions such as:</p> <ul style="list-style-type: none">● <i>Does it make you feel calmer?</i>● <i>Do you feel more in control?</i>● <i>Does it reduce the numbness?</i>● <i>When you self-harm, what feeling or situation are you trying to manage?</i>
I – Intensity of self-harm urges:	To understand how strongly do they feel the need to harm themselves	<ul style="list-style-type: none">● <i>On a scale of 1 to 10, how strong is the desire to hurt yourself?</i>● <i>Do you ever feel like you can stop yourself from hurting?</i>● <i>For how long can you stop yourself before you give in and hurt yourself?</i>
R – Repetition	To understand how often do they self-harm	<ul style="list-style-type: none">● <i>How often do you find yourself hurting yourself?</i>
E – Episodic frequency	To understand if there is a pattern how they self-harm, that is, if it happens during a particular time or under a particular situation	<ul style="list-style-type: none">● <i>When do you usually self-harm? Is it more frequent during specific times?</i>● <i>Does it happen daily, weekly, or only when you are stressed?</i>● <i>Are there any specific situations, people, or incidents that lead you to self-harm more often?</i>

* While asking about when self-harm started, we have to be careful that we do not ask them about their trauma histories. As seen in chapter 3, we have to ensure we do not retraumatize them by asking them to share their trauma stories again. A good assessment will help us understand what is the level of risk of harm to the adolescent and what intervention is required.

Level of Risk	Characteristics
Mild risk	<p>Thoughts about self-harm are present but these thoughts do not come frequently and are not too intense or do not last for too long.</p> <p>May be feeling sad, irritated, crying, or even be expressing mild emotional hurt</p> <p>Has not thought of any method of harm or is not expressing any intention to harm self.</p> <p>Reports having good self-control and is able to engage in problem-solving during stressful times</p> <p>Also reports feeling a strong connection to friends and family and has plans for the future, is hopeful about it.</p> <p>Requires intervention such as psychoeducation, building the coping skills, suggesting a referral to a therapist or a helpline and planning a follow-up session.</p>
Moderate risk	<p>Has frequent thoughts of harming self but may not be too intense or last too long. Some control over these thoughts is present.</p> <p>Has considered self-harm and done it sometimes.</p> <p>Feels that they do not want to repeat self-harming.</p> <p>Can control impulses to harm themselves and engage in problem solving.</p> <p>Their support system is not always available or accessible to them</p> <p>Requires immediate support, safety planning and referral.</p>
High risk	<p>Reports frequent urges to self-harm and has no control over it.</p> <p>They may be emotionally numb or have very high emotions (anxiety, anger, agitation). They may also be in unbearable emotional pain expressed as distress or despair.</p> <p>Has a specific, detailed plan of carrying out self-harm and engaging repeatedly in it.</p> <p>Feels that they do not know any other means of managing their emotions (I feel so overwhelmed; this is the only way to stop.)</p> <p>They may feel isolated, neglected or have intense conflicts with family members and friends.</p> <p>immediately refer to a MHP. Collaborate with the adolescent to involve a parent or trusted adult</p>

Communicating limits of confidentiality

Once we have assessed for risk, we will know if we need to involve a trusted adult to help the adolescents. For this, we will have to introduce breaking confidentiality to the adolescent. As we have seen in Chapter 1, Section 1 on working with adolescents, harm to self means that we have to break confidentiality. We can do it in the following manner.

In a calm, warm voice while maintaining eye contact with the adolescent, we may say,

Thank you for sharing this with me. It has been such a difficult time and I appreciate the trust that you have placed in me (pause and wait if the adolescent has anything to add here).

Your safety and well-being are most important. Remember when we first started meeting, I mentioned that everything you share with me stays between us. I also mentioned that, in times when you are at risk for harm, from yourself or others, I will have to break confidentiality. This is one of those times where I need to get some help to keep you safe (pause and see if they have to say something; if they are upset after hearing this, first we will focus on helping them manage their emotions before continuing).

As we found out, self-harm helps you in... [share with them how you make sense of their answers]. But this also puts you in danger. And I do not want to miss this chance to keep you safe or to help you better (pause here and see if they have any doubts, try to answer them). Can we discuss who can provide that support to you? [if they cannot say any name, we can suggest someone based on our work with them]. We can decide together what to share with them. We can tell them about the situations where self-harm may happen and what they can do to support you. Can we discuss what we want to say to them? If you want, I can start. You can add anything you want.

It does not mean that I will share everything that you have shared with me; only what is important in helping with self-harm. My goal is not to make the situation worse for you; rather it is to make sure you have the support you need. When we are discussing about this with the trusted person, we can say in a calm voice

"Hi [name of the person], thank you for coming here. I wanted to talk about something important about [Adolescent's Name]. They have been really trying to help themselves and feel better. They have been really brave by talking to someone and opening up about their feelings (pause to let them hear this and acknowledge if they have noticed any change).

Recently, [adolescent] shared that they've been hurting themselves. Many adolescents do this. They might harm themselves to manage their emotions or feel calmer. For [Adolescent's name], this happens when [describe a situation where it is clear why the adolescent was self-harming we have discussed with them earlier] (pause and see how they are reacting. If they are upset, help them calm down first; if they have any questions, answer them).

Right now, [Name] is safe, and wants to get help. They have asked for you because they feel [tell them the reason the adolescent gave to choosing this person]. We want [Name] to feel heard and understood at home. For this, we ask you to do this [tell them about the plan that was discussed with the adolescent]. (Do not give all the points at once, pause after every point and give time for them to ask questions).

I understand that this may be difficult for you to hear. I am here to answer any questions related to our plan. If you feel that you also need help, we can plan for that as well.

Lets practice

Talking about limits of confidentiality is a difficult conversation. We may encounter a number of difficulties. Let us consider how we will manage if:

- The adolescent gets upset or angry with us for suggesting this.
- The trusted adult gets angry or upset with us.
- They get angry or upset with the adolescent
- They agree to help but we can see that they are upset.
- We get upset in this situation

Answers:

1. It is normal for an adolescent to get angry or upset when we have to tell them that an adult will be involved. We have to first acknowledge their feelings and validate their fear, letting them know that we understand how difficult it is to share something so personal. However, we can gently remind them that it is necessary to do so for their safety and wellbeing. We can assure them that their safety is our priority and we are doing this to protect them, not punish them. We can reassure them that we will advocate for them irrespective of how their caregiver reacts and will keep them involved in this process
2. When the trusted adult comes to know that their child is engaging in self-harm, it can bring up a lot of difficult emotions for them. Due to this, they may even get upset with us. First, it is important to stay calm and not take their reaction personally. Their reaction might be based on shock, worry or misunderstanding, which is not a reflection of us or our work. Our role will then be to help them understand their feelings while prioritising their role as a trusted adult in the adolescent's lives.
3. Sometimes the trusted adult may act out of fear or concern, but it may be translated into anger towards the adolescent, especially when there is mention of self-harm. They may feel a sense of failure or loss, for not being able to protect/take care of the adolescent, and may also feel shame about how others may perceive this adolescent. We can explain the functions of self-harm to them and clarify any myths and misconceptions that they may have about self-harm.
4. If the adult agrees to help, but is still upset, that is a natural response. We can help them understand that their feelings in this situation are also valid and important, but they must ensure that these feelings are not communicated in a harmful manner to the adolescent, who is still experiencing distress. We can ask the adult to seek out help and support for themselves. It is important not to dismiss anyone's feelings in this situation, and to remind the adult that their feelings of anger, disappointment and pain should be towards the situation that has caused distress to the adolescent, not the adolescent themselves.
5. As counsellors, it is possible that we may feel upset, sad, angry or even frustrated after listening to the adolescent's story. Sometimes we may feel upset towards the adolescent or the adult working with us as well. In such cases, we must ensure we take care of ourselves by engaging in supervision, personal therapy and reflective exercises.

2. How do we intervene?

After completing the assessment, we would have understood the risk for the adolescent. We would have also helped them identify a trusted adult and facilitated a referral for them. Our work during this time will be to help adolescents manage their self-harm urges. The following interventions can be used:

2.1. Stabilizing high intensity emotions

We can use the strategies for stabilisation mentioned in the previous chapter such as grounding, safe object, safe space visualisation, etc to manage their emotions. If the adolescent expresses feeling sad or anxious, we can also use the strategies mentioned in chapter 2.

2.2. Tolerating distress

We can teach them the TIPP skill. TIPP stands for temperature, intense exercise, paced breathing, and paired muscle relaxation. This technique helps bring down the arousal level of the adolescent by doing activities that help them gain control over the body. We can say,

Temperature is about getting cold water on your face by washing it. This helps in slowing heart rate, making breathing slower and deeper. We can then increase the heart rate and breathing by doing quick jumps or on-the-spot running or jogging. This helps us feel in control. Paced breathing means breathing to the counts. Let's start. Count 1-2-3-4 while breathing in; then hold the breath while counting 1-2-3-4 again; then count once again 1-2-3-4 while breathing out and then again count 1-2-3-4 while holding breath. Paired muscle relaxation means we have to tightly make a fist of our hand and hold it for about 8 seconds [wait]. Slowly release it.

2.3. Delaying self-harm

Since self-harm serves a purpose for the adolescent, it is difficult for them to stop even though they know it is painful. We can ask them to delay instead. Delaying encourages adolescents to wait before self-harming, even if they can't stop completely. Instead of asking them to quit right away we ask them to pause. We can say,

"Feelings of self-harm are like waves, they can come very strongly but they can also go down with time. We can try to see if your feelings also go down. So the next time you feel like hurting yourself, can you wait for 30 seconds before acting on it? Check with yourself if you feel the need to hurt yourself as strongly as you did before."

If the delay does not work, we can then teach them how to reduce the harm. Teaching them safer techniques of self-harming ensures that harm is as less as possible while the adolescent is still learning to find alternatives for self-harm behaviours.

What does harm mean?

- Using dirty razors or pins can lead to serious infections especially if wounds are not cleaned properly. Using razors or pins which others use is also harmful.
- Scratching or cutting can lead to permanent scars or damage, especially if these wounds are not allowed to heal properly.
- In extreme cases, self-harm can lead to very serious injuries which can even be a threat to their lives. For example, the adolescent might cut too deep by mistake and bleed a lot. Or they may hit their head very strongly. Getting injured again and again may also make it for them to study or play like they used to.

Sometimes, even when adolescents want to stop self-harm behaviours, they are unable to do so. We may have to refer them to specialist care at that time (see section 3.6; referral and follow-up). While they are learning how to stop these behaviours, it is important that we teach them how to reduce the harm that their actions may have the potential to cause. The harm reduction approach is a way of helping adolescents who self-harm by focusing on keeping them safe, even if they are not ready to stop the behaviour right away. Since self-harm often helps them cope with overwhelming emotions, it can be really hard to give it up completely at first. In fact, forcing them to stop without giving them adequate support may lead to more harm than good. This contradicts our ethical responsibility to do no harm. Hence, instead of forcing them to stop immediately, harm reduction works by minimising the danger. When adolescents engage in such ways of harming, reducing harm becomes most important. We can take the following steps:

- For cutting – We can ask them to only cut themselves in a safe and calm place and use a new and clean blade each time. We can also help them find which areas are safer and avoid wrists or neck. If they notice a lot of blood, they can apply pressure and bind the area around the wound with a napkin or cloth.
- Burning – We can ask them to quickly wash the affected area with cold running water for at least 10-15 minutes and not use soap, creams, oils or balms. They have to leave the wound open and cover it with any cloth. They must remove any watches, belts, rings, bracelets, shoes and other tight objects that might cause swelling.

2.4. Distracting themselves

We can also help adolescents distract themselves at this time. We can ask them to do some other things before trying to self-harm. Some examples are given below:

When they are angry and frustrated, they can

- Hit a pillow
- Squeeze a rubber ball really hard
- Play loud music
- Tear a paper into lots of pieces, like a newspaper
- Clench then relax hands
- Write or draw on paper what has made them angry, then fold it, flush it down a toilet or tear it up

When they are sad or afraid

- Wrap themselves in something cozy, such as a sweater or blanket tightly
- Go for a walk. They can also ask someone to go with them
- Write down, or record a video or audio of how they are feeling
- Crying or sleeping
- Listening to music
- Calling or messaging a friend
- Calling a helpline
- Lying down in a comfortable position and practice breathing exercises

When they need to be in control

- Set a timer and doing something that feels like an achievement like cleaning up or doing some homework
- Arrange clothes or utensils or pens
- Use a colouring book, drawing or learn to cook

When they are numb or disconnected

- Smell something with a strong smell
- Wash face with cold water
- Drawing or putting a plaster on the area of our body that we may want to harm; using less harmful tools (like a clean blunt stick, or the flat end of a pencil to create some pressure or sensation)
- Massage the area where we want to harm ourselves

2.5. Planning for safety

A **safety plan** can be made by writing all the techniques that the adolescent may want to use when they want to self-harm or share with the loved ones to help them out at that time. Safety plans can help them feel in control. It can have the following:

- **Warning signs:** Thoughts, feelings or behaviour that we have identified with the help of the adolescent that leads to self-harm
- **Helping strategies:** A list of things to do which they can do at that time
- **Names and contact details** of people they trust
- **Contact details of professionals,** support helplines and crisis helplines

We can involve parents/caregivers in sharing the safety plan as well. After clarifying any queries they may have, we can involve them in the safety plan (as discussed in the section on confidentiality, all these need to be discussed with the adolescents before communicating with the parents/caregivers).

We can say,

As we have discussed previously, self-harm urges usually come when the [adolescent's name] is feeling overwhelmed. We can give them some breathing space. We may feel panicked or we may have a lot of questions like why are they doing it or what are they thinking. But asking too many questions or showing how worried and concerned we are may overwhelm them more.

Instead of asking questions, let us discuss some practical strategies that will help you support [adolescent's name] better. These strategies will help to reduce the risk and help them manage their overwhelm. It will also help us in showing [adolescent's name] our care for them. We can help them remember that there are other ways of managing their pain and distress.

[Adolescent's name] has a list of warning signs and helping strategies to manage the urge to harm themselves. If we see that they are being distressed, we can remind them to look at this list first. In the meantime, we can reduce their access to [mention sharp objects if they are cutting themselves or items which can help them burn themselves if burning is the primary way of harming themselves].

We can also check with the adolescents which strategy they would like to use. For example, we can help them distract themselves by drawing, journalling, and harm reduction [we can share the strategies that we have helped adolescents write in their safety].

Our job is not to fix everything or know the right thing to say to make them stop. Being calm, available and listening will help [adolescent's name] feel safe. If the self-harm gets too much, you can reach out to the Tele-Manas Helpline number or take them to a nearby hospital.

The counsellor had helped Uzma make a safety plan for her home and school in which they identified areas where she can be safe from the physical beating or harsh words. They also worked towards reducing the distress by helping her talk to her friends and concentrate on her studies. She then asked about the fainting episode. The counsellor learnt that Uzma has not been eating at all and rapidly losing weight. If someone forces her to eat, she goes and vomits the food out. Whenever her family criticises her too much, she starts slapping herself. Her family makes fun of her and tells her it is all her drama and she is just seeking attention and sympathy. She has tried to stop loving her beloved but she is not able to do that. She hates herself for not being able to do this and feels that she deserves to be punished for having these feelings and also being angry with her parents. So she finds ways to slap herself, bang her head, burn herself when she is in the kitchen. She started crying and saying she deserves all the pain because she is a bad person.

- What is the level of risk for Uzma?
- What can we do immediately for her?
- Which interventions do we think will be helpful for her?

Answers

- Uzma is at high risk. She engages in frequent and severe self harm, including slapping, head banging and burning herself. It seems like she has little control over these urges. She is also showing signs of difficulty in eating, intense self-hatred and believes she deserves pain, indicating deep emotional distress. To add to this, she does not have support from her family to cope safely.
- We need to immediately refer her to an MHP. We can make a safety plan and share helpline numbers she can call in times of extreme distress. It is also important to involve a trusted adult, maybe someone other than her immediate family who can support her during this time.
- To intervene, we must listen to her with empathy and validate her feelings, especially since her family tends to dismiss her emotions. We can help her stabilize overwhelming emotions through grounding exercises. During periods of high distress, we can teach her to use the TIPP technique or the mindfulness techniques or safe space visualization mentioned in the previous chapter. We can use harm reduction strategies, for example, as soon as she engages in burning. Likewise, we can teach her ways of taking care during and after harming herself. We can ask her to delay the self-harm urge by using distraction techniques like hitting a pillow, tearing paper, massaging the area that she wants to harm, stretching or doing a yoga pose such as shavasana etc.

2.6. Referral and follow-up

For adolescents at a moderate to high risk for self-harm, we need to refer them to specialized services with them by:

- Providing a contact helpline like Tele-Manas they can reach out.
- Referring to school counsellor or other counsellors for help

Let's Avoid...

Interrupting the adolescent while they speak. While most of us do not want to do this, if we are feeling the need to interrupt them, we might want to check if we are uncomfortable.

Interrogating the adolescent. In our rush to help them as fast as possible, we may end up asking too many questions and not taking enough pauses.

Saying that we understand, when we do not. It might be more helpful to ask for more information than assuming that we know what they might be wanting to say.

Forcing adolescents to stop. For example, we may find that statements like, *"Don't worry, everything will be fine. you just have to stop self-harm"* or *"this is too small of a thing to self-harm about when I have seen you overcome bigger things"* might make the adolescent feel unheard or not cared for.

Feeling very emotional and still continuing. We can try to take a break if we are feeling too much. This is a natural response to seeing someone harm themselves and we must take care of ourselves as well before helping other adolescents.

Not breaking confidentiality. We may feel that breaking confidentiality may create problems in our relationship with the adolescent and make them hesitate from reaching out for help. We may think, 'at least the adolescent is coming to me for help. If I break their trust, they will stop coming only'. While this may be true, not breaking confidentiality is more harmful in the long run. It breaks trust of the adolescent as they may feel that the counsellor after telling them about this condition is going back on their words. It may convey to them that self-harming is not so dangerous for them and not serious enough. It may also encourage keeping their self-harm a secret and feel shame around it. Lastly, we may also feel emotional and take responsibility for the adolescent's well-being if we have no support. We may not be as helpful to them as we want.

3. How can we take care of ourselves?

Sessions in which we come to know that adolescents may be at risk for self-harm can be very distressing for us. During and after such sessions, we can take care of ourselves by:

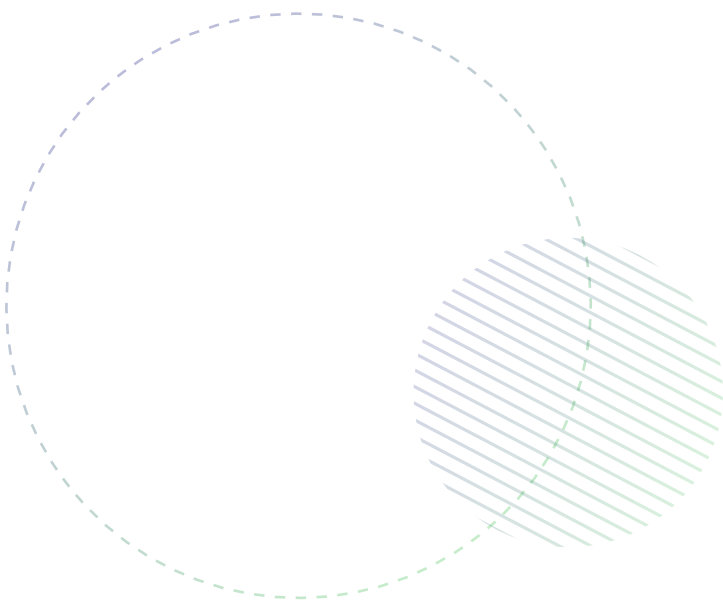
- Having a grounding ritual for us. It can be a breathing exercise or a meditation
- journal by asking ourselves:
 - What emotions came up for me today?
 - What am I holding from the session that I need to let go of?
 - What do I need to feel more balanced right now? (e.g., a walk, music, a loved one, silence)
- Reminding ourselves:
 - Their pain is real, but it is not mine to carry alone.
 - I am allowed to rest, restore, and refill my cup.

Summary:

Self-harm refers to acts which cause harm to oneself physically and/or mentally. The most common type of self-harm seen in adolescents is cutting or burning parts of the skin, but can also include scratching, pulling hair, hitting or punching walls, taking toxic substances etc. Adolescents typically self-harm to manage difficult emotions, distract from emotional pain, or to feel in control or to feel something when they are feeling numb. Some signs of self-harm usually include injuries to the wrist, thighs or scars in particular patterns, and statements of guilt, punishment towards the self, very intense emotions or numbness. We can work with adolescents by teaching grounding, safety interventions and strategies to delay self-harm, along with providing referrals.

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Problematic Internet Use

Adolescents are growing up in a world where technology is used in every part of their lives. They use it for gaining information, learning concepts, making friends and having fun. Using the internet can be helpful when it is used carefully and in moderation. Excessive and problematic internet use can lead to sleep-related difficulties, decreased physical activities and various mental health problems such as mood related difficulties.¹ Adolescents today have access to unlimited information, about any topic which increases their risk of exposure to bullying, violence, and disturbing content as well.² It may also lead to viewing pornographic content. Pornographic content involves videos, images or stories that have sexual acts or nudity to make the viewer feel sexually excited. This content may come in their games, as ads or even as pop-ups. Adolescents may access pornographic content unintentionally or because of peer pressure, due to curiosity about sex and/or lack of information about sexual health. It is harmful for the adolescents as it may lead to false information about sex, unrealistic standards of their bodies, or even lead to addiction. Adolescents may also become victims of online frauds where they may be asked to share money or personal details from them.

Adolescents may be aware of these challenges, but they might struggle to balance the benefits of internet use with the risk of overuse. They may also be afraid to discuss these concerns as they may feel that their internet use may be stopped. As counsellors, our role is to:

- Use internet safely
- Manage screen time
- Identify signs of excessive use or addiction
- Identify signs of cyberbullying
- Refer them, if needed, to more specialized services, by offering referrals.

1. Key ideas

Digital well-being: Refers to maintaining our physical and mental health while using digital media for personal, professional, educational, or enjoyment purposes. This also includes being safe and responsible in the digital world such that we are not causing harm to others.³

Screen time: Screen time refers to the amount of time that we spend with screens such as smartphones, tablets, laptops and computers.³ Screen time has become an essential part of our lives but excessive use can be harmful. Some common disadvantages of spending too much time on screen for adolescents are obesity, sleep disturbance, bad posture and eye health, decreased performance at school, increased aggression, thinking badly about the body and addiction. Excessive screen time can also lead to exposure to sexual content which might be harmful.³ There is a lot of misinformation available over the internet as well so adolescents must take care to check the information that they consume. Excessive use of internet has also been linked to mental health concerns and even suicide among adolescents.⁴

Digital addiction: Digital addiction is an umbrella term that includes problems such as internet addiction, gaming addiction, social media addiction and other digital media addiction.⁵ It covers addiction to online apps as well as gaming on phones, tablets, laptops etc.⁶

Problematic internet use: Problematic internet use is defined as using the internet in a manner that is risky, excessive or impulsive in nature leading to negative life consequences. This leads to physical, emotional and social problems and interferes with daily functioning⁷. In this case, we no longer have control over our use of the internet and tend to use it excessively. Not using the internet leads to distress, feeling bored and not engaging with our friends and family. We may then feel more lonely and isolated from others and want to spend more time on the internet.⁸

Internet Addiction: Internet use turns into addiction when it starts disrupting normal life, creates strains on relationships and continues to use it despite knowing its side-effects.⁹ Adolescents tend to get bored faster than adults and may look for experiences that help them reduce this boredom. The Internet provides information in a way that is designed to attract attention. Thus, stopping internet use becomes very challenging. With increased internet use post COVID-19 pandemic, this has become a bigger problem for adolescents.¹⁰ In fact, internet addiction among adolescents in India is higher than those of other South-East Asian countries.¹¹ Internet addiction has been linked to poor academic performance, increased aggression and mental health concerns among adolescents.¹⁰

Social media addiction: Social media addiction means constantly thinking about social networking sites, to be constantly motivated to log on to or use these sites, and to spend so much time and effort on these sites that it interferes with other social activities, studies or job, interpersonal relationships, and/or psychological health and well-being.¹² This is different from internet addiction as it focuses only on social media sites and not on other uses of the internet.

Internet gaming disorder: Internet gaming disorder refers to the specific condition where we become addicted to online games. It includes spending more and more amounts of time preparing for, organizing, and actually gaming.¹³ It is accompanied by thoughts such as constantly thinking of the rewards of the games, making rules to play these games, using games as a way of enhancing self-esteem and gaining acceptance among peers. This leads to difficulties in academics and friendships.¹⁴

What are the benefits of digital access and use?¹⁵

- Adolescents use the internet to seek information and explore topics they are interested in, ranging from schoolwork and current events to health, hobbies, and social issues.
- Social media, in particular, helps adolescents develop and maintain friendships.¹⁵
- Many young people feel comfortable exploring their personality in spaces that are private from family or community judgement; finding safety, community and familiarity in online communities.
- Social media also plays a key role in identity development,^{17,18} giving adolescents a space to express themselves, share their thoughts and feelings, and explore different parts of their personality. This can help them build confidence, feel understood, and strengthen friendships.
- For those who feel different or left out in real life, social media can provide a sense of belonging and support. Research shows that marginalized youth, such as LGBTQ+ adolescents and disabled individuals often find affirming communities and role models online, which helps them feel seen and validated¹⁹.
- For adolescents in rural areas or those with fewer resources, social media can open doors to the opportunities and experiences that they might not otherwise have.

Uzma told the counsellor that she had met the person she is in love with online first. It was a time when she was feeling very lonely, thinking she was different from others in class as all the boys in her class made fun of her for having polio. Whereas the girls in her class, especially her best friend Nishita do not engage in this. She also realised that she was not feeling attracted to boys in her class. Once, when she was surfing online, she came across this group of girls who liked girls. She was very curious about them. She realised that she may also like girls. She never dared to speak to anyone in her town about this, but she found herself opening up to these girls. They helped her feel normal about her situation and made her feel accepted. During one of these times, she met her partner with whom she connected deeply. After a few months, she found out that her partner also lived in the same town as her and they decided to meet. They have been together ever since.

- How did the internet and social media help Uzma in this example?
- How would her experience be different if she did not find support in this online community?
- What precautions would you recommend to Uzma in this situation?

Answers:

- The internet and social media provided Uzma support and friendships when she felt isolated and confused about her identity. She found a safe space online to express herself and feel accepted. It allowed her to connect with like-minded individuals, which led to the development of supportive friendships and even a romantic relationship. These connections helped her feel a sense of belonging.
- Without the support of this online community, Uzma might have continued feeling isolated and alone. Without access to a safe space, she may have struggled with accepting herself. She might have struggled with the feeling of being different.
- Safety in online spaces is the most important. She must be careful in sharing personal information and take a trusted person with her when she has to meet her online friend for the first meeting.

2. How do we assess problematic digital use?

Adolescents may not always come to us directly with concerns of excessive internet use. In such a situation, we can look for the following signs:

- Feeling irritated when devices are taken away
- Not able to focus on studies
- Postponing tasks
- Feeling bored easily
- Feeling tired and exhausted all the time
- Having headaches
- Difficulties in sleep
- Feeling lonely like they don't belong anywhere
- Not feeling connected with family, neighbours classmates
- Choosing to engage online rather than in real life situations

Some adolescents may also know that they are using the internet excessively but may not know how to stop. It is possible that they may themselves report these signs to us.

Once we can understand that the adolescent is using the internet excessively, we can ask the following open-ended questions to understand the domains of their use.

Domains	Questions to ask
<p>Understand the current digital habits</p>	<p><i>What digital devices do you use?</i></p> <p><i>How much time do you spend on these devices?</i></p> <p><i>On your phone?</i></p> <p><i>On your laptop?</i></p> <p><i>What do you mostly use the internet for?</i></p> <p><i>Which apps or websites do you visit the most?"</i></p> <p><i>On average, how many hours a day do you spend online?</i></p> <p><i>What about using social media?</i></p> <p><i>How many hours in gaming?</i></p> <p><i>What about general browsing?"</i></p> <p>Are there specific times of the day when you are usually online? if they cannot answer, we can ask,</p> <p><i>Do you check your phone or devices first thing in the morning or right before bed?</i></p>
<p>Explore their perception of digital use habits</p>	<p><i>How do you feel when you're using your devices?</i></p> <p>If they cannot answer, we can further ask,</p> <p><i>"Do you feel happy, relaxed, anxious, or maybe lonely when you cannot use your device?</i></p> <p><i>Are there things about your screen time that you wish were different?</i></p> <p><i>Do you feel in control of your device use?</i></p> <p><i>Do you think your internet use is helping you or causing problems?</i></p> <p>If they cannot answer, we can further ask</p> <p><i>Are there times when you feel like you should stop but cannot?</i></p> <p><i>Have you ever tried to limit your screen time? What was that like?</i></p> <p><i>How do you feel when your parents or other adults stop you from using your device for long periods of time?</i></p>
<p>To understand the consequences of excessive digital use</p>	<p><i>Do you experience stress or worry related to your online activities?</i></p> <p><i>Has your screen use affected your sleep in any way?</i></p> <p><i>Have you had headaches, eye strain, or body pain after screen use?</i></p> <p><i>Has your schoolwork been affected by your device use?</i></p> <p><i>Are you missing out on activities or hobbies because of time spent online?</i></p>

Lets practice

Prashant has been doing well. He reported that he was no longer anxious and was not even self-harming now. However, the counsellor noted that his eyes were red and he looked tired. When asked about this, he said, 'Nothing to worry, I just did not sleep last night because I was playing my game and talking to my friends all night.' When the counsellor asked about these friends, he said that they were his online friends and they had a lot of fun playing an online game together. He enjoys playing this game and spending time with them but is hesitant to speak about it further. But the counsellor persisted in asking about his digital habits. He then reported that he was sleeping for only 3-4 hours at night because the free version of the game could only be played at night and he cannot afford to buy the game. He was feeling very tired and irritable all the time because of lack of sleep. He has stopped going out to play because it is tiring for him. He also feels irritated as his online friends play during the day as well but he cannot as playing during the day comes with payment. He really wants to buy it and gets angry about the fact that his family cannot afford it but then instantly starts feeling ashamed for thinking like this. His friends complain about his irritability and do not speak to him. He said he does not care because his online friends like him and understand him better than his friends. His family members have also noticed this and often asked him to keep away his devices. Instead he has limited his interactions with his family members; he quickly finishes his meals and goes back to the screen.

- How do you think Prashant's screen time is affecting his life?
- What questions can we ask to get the information from Prashant?
- How can we intervene?

Answers:

1. Prashant's physical symptoms include a lack of sleep and feeling tired all the time, while emotionally he feels irritated. He has withdrawn from family and friends and is not concerned about these relationships, even though his friends have stopped talking to him. He does not seem to be focusing on his studies, preferring to focus his energy to play video games and spend time with his online friends.
2. We can ask Prashant about his digital habits, such as how long he plays, what type of game he plays, and why he likes the particular game. We can ask Prashant about what made him start playing and explore how he feels when he plays and when he does not play. We can then ask him about the consequences of playing, such as effects on his sleep, energy levels, and concentration at school.
3. We can psychoeducate him about the problems associated with spending too much time playing the game, and identify parts of his life that are already affected by this. Exploring reasons with Prashant about why he feels the need to play often, can help us find alternatives to playing. We can then develop a plan that enables him to choose when and how he can play games without feeling like he has to give up other things.

3. How do we intervene?

3.1. Preparing to intervene

Before we start the intervention, we need to be aware of the guidelines that exist about digital use in India. The Indian Association of Paediatrics' (IAP) Guideline Committee on Digital Wellness and Screen Time in Infants, Children and Adolescents³ recommend the following actions for adolescents:

Recommendations for adolescents

- Balance screen time with other activities that help in their overall development. This may include spending at least one hour of outdoor physical activity (playtime), 8-9 hours of night-time sleep, and time for schoolwork, meals, hobbies, interactions with friends and family time. If the adolescent has to compromise on any of the above activities because of using screen for urgent purposes, then the screen time must be compensated later.
- Use screens safely. We can ask them to use screens for education, communication and skill development purposes to promote healthy lifestyle and safety.
- Monitor their media use and take care not to use/download any violent or undesirable content. This involves discussing the content with them and using this opportunity to promote media literacy (that is promoting their own critical thinking about what is desirable and what is not), values, healthy and safe lifestyle, and knowledge of cyber laws and strategies to detect fake news and messages.
- Monitor their social media use to ensure data privacy, being safe on social media platforms, and detecting any signs of cyberbullying or media addiction.
- Ensure that screen use is not interfering with their academic performance, mental health, learning of new skills and values.

3.2. Interventions

3.2.1. For digital safety

We can help adolescents keep themselves safe digitally. This means knowing what to share, what not to share and how to manage dangerous situations like cyberbullying, scams or strangers reaching out to them. We can suggest the following Do's and Don'ts to them

Dos	Don't
Know their digital rights such as the right to protect their identity, privacy, and emotions online.	Share their personal information such as home address, passwords, personal photos, or school/family details publicly.
Check who can see your stories, posts, and location . Keep your location sharing turned off when not needed.	Keep location sharing on all the time , especially with people you don't know.
Treat online relationships the same way as offline ones – with kindness, respect, and boundaries.	Be mean, aggressive, or hurtful online just because they are behind a screen.
Use respectful language while chatting or commenting, even when disagreeing.	Use abusive, threatening, or mocking language to others.
Always check if a post is true, kind, and legal before sharing.	Post or forward messages that could be fake, harmful, or offensive .
Talk to a parent or trusted adult before posting sensitive photos or messages.	Make big online decisions alone or in secret , especially when unsure.
Be careful not to download or copy anything that doesn't belong to them.	Download, screenshot, or repost someone else's content without their permission.
Avoid opening messages or links from unknown sources – delete suspicious messages.	Click on random links, promos, or "too good to be true" offers, transfer money or gamble .
Say no to meeting online friends in person alone and always involve a trusted adult.	Meet strangers from the internet alone, even if they seem friendly or trustworthy.
Ask yourself: <i>Would I do this offline? Would I be okay if my parent or teacher saw this?</i>	Do anything online that they would not do in real life , or that you'd be embarrassed to admit.

3.2.2. For managing problematic internet use

We can help adolescents manage their internet use by promoting its moderate and controlled use.²⁰ The following techniques can be used²¹:

- 1. Helping them understand problematic digital use:** Through the assessment, we will be able to understand the adolescent's problematic digital use, their perception of their use as well as any negative impact of excessive digital use. We can then try to help them connect these negative impacts with excessive internet use. We can say,

"The problematic digital use is not just about being online. It is about the time when digital use starts affecting other parts of your life. As you mentioned, being online is causing problems for you like [mention the difficulties adolescent faces during digital use]. It is not about blaming you or shaming you, it is simply about noticing that our balance might have shifted. The digital media is designed to be fun and to make us go back to it again and again. We might start using it when we are bored, sad, stressed or lonely. Have you noticed that you might be using it at these times? [wait]"

But sometimes, even though it serves as a quick distraction, it might create more problems for us. It might make us more easily bored. Or if we are sad because our friend is not talking to us, and we use the internet to feel better instead of talking to our friend, it may isolate us further. Our friend may feel that we do not care for their feelings as we are spending time on the internet instead of with them. They may get further upset with us and we may feel worse afterwards. That is why, it cannot be a solution to our problems, rather it may add to our problems. But the good news is we can control the time we spend on the internet. We just need to find a balance for it."

While making these changes, we can help adolescents create changes in their posture while using their devices. For example, we can ask them to keep their back straight and shoulders supported, ensure that their device is on their eye-level, keep the feet flat on the ground with the hands and elbows getting support.

- 2. We can then encourage their motivations to change.** If adolescents are motivated to change their digital habits, the changes that they create have a better impact. Adolescents may express mixed feelings towards their internet use. We can ask them,

"What do you like and dislike about your screen use?"

Once they have identified that there might be some aspects of using screens that they do not like, we can encourage talking about change. We can ask them,

"What would be different if you used the screen differently? Maybe used it less or for other purposes?"

- 3. Doing a pros and cons analysis of their internet use:** We can help adolescents identify the pros (advantages) and cons (disadvantages) of their digital use. We can say,

"Sometimes when we are unsure whether a habit is helping or hurting us, it can be useful to look at the good and the not-so-good sides. It helps us decide what we want to keep, change, or do differently. Let us look at your time spent online. We will explore both sides of this".

We can then ask them to make 4 columns:

- Pros (short-term)
- Cons (short-term)
- Pros (long-term)
- Cons (long-term)

Once they have filled this list, we can say,

"What do you notice when you look at this list? Are there any things you want to keep doing? Any things that feel like they are not helping you in the long run?"

We can then introduce changes by saying

"It sounds like you really enjoy being online. At the same time, it is also affecting... [mention the cons]. Can we explore what we can do for these?"

4. Keeping a track of progress: We can encourage adolescents to keep a track of their progress by helping them understand their own patterns of digital use. This helps them notice their patterns and make changes that they can sustain. Having access to this information also helps them gain confidence in their ability to change their patterns. We can ask them to make a tracking sheet which will have the following columns:

- a. What was happening around them when they started using the internet?
- b. Who was around them?
- c. What time did they start using the internet?
- d. What were they doing on the internet?
- e. How long did they stay
- f. How did they feel before they started
- g. How did they feel afterwards

Knowing how they felt before digital use helps us understand which feeling they were trying to change. We can ask to look for alternatives to digital use to change that feeling. For example, if they are getting bored, we can ask them what else can they do besides digital use? Similarly, if they are sad, what else can they do? And so on.

Once they have decided the alternate behaviour to internet use, we can use the same sheet to measure this behaviour. We can then compare the results. If they notice a change in their sheets, we can make sure we appreciate them for these changes and teach them to reward themselves as well. Care must be taken that the rewards are not digital use-oriented! Tracking progress is one of the most effective ways of managing digital use.²²

5. Planning for spending time away from the screen: We can also help adolescents decide how much time they want to spend on the screen and make a plan for it. This helps them be in control of how time they want to spend on the digital use as it is easy to go from 10 minutes to 3 hours when we find something interesting on the digital use. For example, we can start with asking them,

"If you were not spending time on your device, what would you want to do?" They may say they want to spend time with their friends or family. We can then tell,

"Can we set a goal? Maybe this Sunday, you can ask your parents and go to the market with a family member? In return you can promise that you will spend one hour on the internet talking to your friend. Let us see how you feel that day?"

For this, first we need to find the pattern of digital use for adolescents. This is done by asking the questions described above. Then, we will disrupt their pattern by asking them to do something else instead. For example, if the adolescent starts using their phone or computer as soon as they come back from school, we can ask them to first wash their face, have their food, speak to a family member before using their device. Similarly, if they are using the internet constantly throughout the day, we may ask them to take breaks during lunch, dinner, homework and play time before resuming use of the internet.

6. **Keeping a list of alternative pleasurable tasks:** This list can contain a series of activities that the adolescent has not been able to do because of their screen time use. The nature of digital activities is such that they tempt us to choose these activities over others. By making a list of alternative tasks that adolescents find pleasurable, we can help them choose these over screen time. Writing them beforehand helps adolescents not to think of such activities on the spot.
7. **External stoppers:** Using external stoppers means that adolescents use external reminders to limit digital use. This helps them keep track of time as online activities are often designed in ways that motivate us to keep on doing them again and again. Adolescents can do this by creating alarms or asking family members or friends to remind them to stop using their screen after some time. We can say to them,

"you can set up alarms or ask your friend to message you or a family member to come into the room and ask you to stop and do something else after an hour or so of spending time using a device or your screen."

Nowadays, many applications are available to help adolescents keep a check on the time spent on the screen. These applications can also be used.

8. **Tracking progress:** Once the adolescent has made these changes, we can ask them about how they felt and compare it with other days when they have not set the goal of less time on the device. If they cannot answer, we can ask them specific questions like the ones mentioned during assessment. Once they see a change in their energy levels, they may set more goals and for a longer period of time. This helps the adolescent break away from automatically engaging in digital use and promotes intentionally doing something else.
9. **Reminder cards:** Reminder cards are written or typed notes that help us remember why we want to reduce the screen time. When the desire to use the screen is high, it is often easy to forget the reason for change as changing behaviours is difficult. These reminder cards can help the adolescents remember why they are undertaking such a hard decision. We can help them create these cards in session when we discuss the reasons for change.

3.2.3. Preventive strategies

We can also encourage important stakeholders to help adolescents use internet safely by:

1. **Encouraging parents** to get involved in keeping adolescents safe. This may include educating parents on safe use of the internet and encouraging them to maintain open communication with adolescents.
2. **Creating awareness** on digital wellness and online privacy can empower adolescents to protect their personal information. We can work with schools, parents and other adults who work with adolescents to build support networks for adolescents.
3. **Promoting Healthy Digital Habits** by encouraging offline activities like sports, outdoor play, and hobbies that contribute to mental well-being and community-building, and building deeper connections.

3.3. Referral

We may need to refer them to specialized services by:

- Providing a contact helpline like Tele-Manas they can reach out.
- Referring to school counsellor or other counsellors for help

When to refer an adolescent to these services?

- Always thinking about internet activity and not paying attention to anything else
- Not able to cut down their time on the internet despite trying.
- Missing schools or home chores
- Lying about time spent online
- Losing money online or gambling
- Watching pornography and developing unhealthy beliefs about sex as result of it
- Physical signs mentioned above

Let's Avoid...

Shaming or blaming the adolescents for spending a lot of time on the internet. The Internet serves many purposes for adolescents and it is easy to lose track of the time they spend on it. It is also a good way to escape boredom for them. Hence it is important that we do not shame or blame them; instead we can help them use it in moderation.

Stopping the use of the internet. It is important to remember that the internet is essential amongst today's adolescents and serves many functions for them such as gaining knowledge, understanding concepts and maintaining friendships. Adolescents may not be able to completely stop their internet use.

Imposing our rules of changing internet use behaviour. We must help adolescents understand and discover their rules of internet use behaviour instead of imposing our own.

4. How can we take care of ourselves?

This chapter helps us understand how to help adolescents navigate their digital use. We might be using the internet for many activities such as learning, having fun or to soothe ourselves. However, we are also not unaffected by problematic digital use. We can ask ourselves:

- Are there any signs to indicate that we are using the internet excessively?
- What are the reasons for us to engage in excessive use of the internet?
- What are we missing out while excessively engaging with the internet?
- What can we do differently?

Addressing cyberbullying

Cyberbullying has been defined as “willful and repeated harm inflicted through the use of computers, cell phones, or other electronic devices”.²³ Cyberbullying is defined it as “the use of electronic communication technologies to bully others.”²⁴ Cyberbullying can also involve sharing someone’s personal and private information without their consent. Sometimes, adults may build trust with adolescents online with the intention of sexually exploiting them later. They may start with giving compliments to adolescents, showering praises on them, flattering them, making them feel special and offering gifts and friendship to them. Then may then pressurise, threaten or trick them into sending their private and/or sexual images and videos even when they feel uncomfortable. The adolescent may feel afraid, guilty or emotionally forced into sending them but finds it difficult to say no. This may cause significant distress to them. Both boys and girls can be affected by cyberbullying. Cyberbullying has been linked to increased stress, anxiety and decreased academic performance.²⁵ In more severe situations, it is also linked to depression, suicide, self-harm.²⁶

What are some examples of cyberbullying behaviours?

- Harassing, threatening or humiliating others using abusive and hateful language, through personal messaging or on public platforms
- Spreading rumours about others using the internet
- Sharing someone’s messages (screenshots of private messages) or confidential information (address/ phone number, sharing pictures/videos) online without their consent
- Pretending to be someone else online to mock or manipulate others (creating a fake account to bully someone)
- Trolling - Leaving mean or mocking comments on someone else’s post, creating offensive memes or posts about someone
- Cyberstalking - Keeping track of someone’s online activity in a way that makes them feel uncomfortable, threatened or worried
- Blackmailing the victim to send intimate pictures, threatening to post intimate pictures unless demands are met

What is the impact of cyberbullying?

- Feeling lonely or not belonging anywhere
- Not being able to focus on studies
- Feeling as if same memories are repeating again and again in their mind
- Feelings of fear, shame and guilt (For example saying, “They will know everything I am doing”, “How could I fall into this?”, “I should have prevented this”)
- Feeling trapped, unable to escape or cut off contact
- Feeling like they can’t trust anyone

- Having low confidence
- Changes in friendships and other relationships
- Avoiding school or social activities
- Not performing well in academics

What can we do if we come to know the adolescent is being cyberbullied?

We can take the following steps whenever an incident of cyberbullying or online misbehavior is identified:

- Reassure the adolescent that help is available
- Ask them to take a break from the online world.
- Ask them to block the sender.
- Ask them not to respond to the hurtful message.
- Save the message to enable reporting.
- If they know the bully, report it to the adult who may be in contact with the bully. For example, if the bully is in the same school, talking to the school counsellor or class teacher may be helpful, if they are in the same tuition, then telling the tuition teacher would be helpful.
- If the bullying is happening because of a school mate, contact the school teacher to inquire about bullying policy in school as most schools have anti-bullying policies.
- Try contacting the digital platform provider to block and report the bully.
- If bullying does not stop, report to the cyber police*

*Cyberbullying, texting about sex and online sexual involvement with an adolescent (below the age of 18 years) are cybercrimes and can be reported at the cybercrime portal of Government of India (<https://www.cybercrime.gov.in>). We can also contact Childline, a 24-hour helpline, for referring any child who is facing cyberbullying. The childline phone number is 1098.

Summary

Adolescents are growing up in a digital world where digital use is deeply integrated into their daily lives for learning, socialising, and entertainment. When used mindfully, digital use can have many benefits. Overuse of digital media is linked to poor sleep, difficulties in academics, and severe mental health concerns. Counsellors can play an important role in helping adolescents build safety, focus on understanding their digital patterns, encouraging motivation to change problematic internet use patterns and finding alternatives to screen time. We can also engage with other significant stakeholders in the adolescents' life to create a balance in their internet use.

Cyberbullying involves using digital platforms to harass, threaten, or humiliate others. It includes behaviours such as spreading rumours, sharing private information, trolling, or cyberstalking. If an adolescent is being cyberbullied, it's important to reassure them, block the bully, save evidence, and report it to trusted adults or authorities.

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About the Authors

Dr. Chetna Duggal is Associate Professor at the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai. She has completed her Ph.D. from TISS, Mumbai and her M.Phil. in Clinical Psychology from NIMHANS, Bangalore. She is a psychotherapist with over 20 years of experience and has worked with children, adolescents, couples and families. She teaches courses on psychotherapy and counselling in the Masters programme and supervises trainee counsellors and practitioners. She is the Project Director of the School Initiative for Mental Health Advocacy (SIMHA), an initiative that endeavours to promote well-being of young people in schools through advocacy, research and capacity building. She also heads Rahbar, an initiative to promote training, supervision and professional development for mental health practitioners in India.

Ms. Mrinalini Mahajan is a clinical psychologist working as a private practitioner in New Delhi. She has experience of working with individuals with psychiatric difficulties as well as children who are survivors of sexual abuse. Her special interest is in working with individuals with histories of trauma which also aligns with her research interest. She has an MPhil in Clinical Psychology from NIMHANS (Bangalore), an MA in Clinical Psychology from TISS, Mumbai (Silver Medalist) and a BA (Hons.) Psychology from Delhi University (Gold Medalist). Her therapeutic work is a reflection of her beliefs about acknowledging and appreciating the role of social justice, intersectionality and socio-political frameworks in the sphere of mental health.

Credits and Acknowledgements

The Centre for Knowledge and Development (CKD) played a pivotal role in the development of this training manual for Adolescent Counsellors. Under the leadership of Seema Gupta (Lead-CKD), the CKD team — including Sukriti Jain (Lead Manager-CKD), Anujesh Mathur (State Lead-UP), Paritosh Vashisht (Training and Capacity Building Expert), and Satish Kumar (Communications Lead) — provided essential field-based insights, rigorous technical review, and strategic programmatic alignment. Their contributions ensured that the manual is both evidence-informed and contextually responsive to the realities faced by adolescent health counsellors in Uttar Pradesh. By enhancing its relevance, clarity, and practical usability, the CKD team helped shape the manual into a vital resource for strengthening adolescent mental health interventions across the state.

The CKD team extends its sincere gratitude to the National Health Mission, Uttar Pradesh, for their valuable insights and guidance.



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