Role of School Counselors and the Factors that Affect their Practice in India

Elizabeth Thomas and Anjali Miriam Dey

Christ (Deemed to be University), Bangalore, Karnataka, India

Abstract

This article summarizes the responses of the sample of Indian school-based counselors who contributed data to the international factor analysis that identified five dimensions of practice. Forty-five complete surveys (i.e., the International Survey of School Counselor's Activities) were obtained from Indian school-based counselors most of whom had a Master's degree in counseling psychology. Counseling Services, Advocacy and Systemic Improvement, Preventive Programs, and Educational and Career Planning were all considered important components of role. Activities related to the Administrative Role were considered as inappropriate. Compared to the other countries, the scores from India suggest that the school-based counselors gave relatively high importance to Counseling Services, Advocacy and Systemic Improvement, Preventive Programs, and Administrative Role. These results are interpreted with respect to important contextual factors operating in India which influence the work of counselors in school.

Keywords: school-based counseling, International Survey of School Counselors' Activities, India

School counseling is approached differently in different countries and these differences can be due to various factors. Martin, Lauterbach, and Carey (2015) had listed down some of these factors as cultural factors, national needs, societal movements, models of school counseling, laws and educational policy, and characteristics of the public education system. Research in the area of role and activities of school counselors has recently received attention around the world and India has also started recognizing it (Venkatesan & Shyam, 2015).

While the history of counseling can be dated back to the Guru-Shishya system in the Vedic period, counseling as a profession in schools is still in its infancy (Carson, Jain, & Ramirez, 2009; Deshwal & Gupta, 2017; Kodad & Kazi, 2014; Thomas, George, & Jain, 2017). During the Vedic periods, education was accessible only to male upper caste students (Thomas et al., 2017). With the British occupancy in the country, a lot of the old systems of thinking and living changed and public education became crucial, civilizing institutions with the aim of producing moral and productive citizens (Cohn, 1996). Policies in education came only after independence from the British rule. Recommendations implemented by the government focused on streamlining education with a focus on academics. For example, the main recommendation under the Kothari Commission under the National Policy on Education in 1964 was universal primary education along with the new pattern of education, focus on languages, and development of agricultural and industrial education (Cheney, Ruzzi, & Muralidharan, 2005). A few decades later, globalization, industrialization, urbanization, and ready access to digital media brought new opportunities in India but the system was not prepared to deal with the rapid changes that were brought with it (Kashyap, 2004; Kodad & Kazi, 2014). These changes included an increase in the number of single-parent families, divorce rates, issues of substance abuse, issues related to sexuality and reproductive health, especially among adolescent age group and various mental health issues (George & Thomas, 2013). Subsequently, an increase in the prevalence of mental health disorders like depression among school-going adolescents was reported (Deshwal & Gupta, 2017; Singh, Gupta, & Grover, 2017). Stigma related to mental illness was seen as one of the principal causes for the gap in the delivery of sufficient mental health care and treatment to the population (Venkatesh, Andrews, Mayya, Singh, & Parsekar, 2015). Since schools are a viable space to reach out to the children, the role and responsibility of the school to provide school counseling services took focus in India (Thomas et al., 2017).

In a report by Harris (2013), India was listed along with a number of other countries where school-based counseling is established but was not considered mandatory. It was noted that counseling was provided only in secondary schools, and the prevalence of school counseling in primary sections was only in private schools. Absence or inaccessibility of supportive systems and mental health services among adolescents can have a major impact on their overall well-being (Chandrashekarappa, Ramakrishnaiah, Ram, & Manjunath, 2016; Duggal & Bagasrawala, 2018). Even with growing research about the positive impact of school counseling, school counselors face various challenges in their workplace. School-based counseling across the world shows great variability in terms of focus, role, training, and models (Harris, 2013). It should also be noted that school counseling is in different stages of development in different parts of India and in some places the concept of school counseling is yet to be introduced (Rajan & Ngullie, 2017). In such circumstances, the factors influencing school counseling should be looked at in its context. The paper focuses on the different roles of school counselors in India and the various factors that affect their practice.

Method

Measure

The International Survey of School Counselor's Activities (ISSCA; Carey, Fan, He, & Jin, 2020) which is a 41-item scale. It has five dimensions of school-based counseling practice that include: Counseling Services, Advocacy and Systemic Improvement, Preventive Programs, Administrative Role, and Educational and Career Planning (Carey et al., 2020).

Participants

Forty-seven surveys obtained from India included 41 female and six male participants. Most of the participants had a master's degree in counseling psychology and their years of experience in their field ranged from two months to 20 years. Of the total data, few data were rejected as they were incomplete and 45 completed surveys were taken for the final analysis. The average number of years the counselors reported to have worked is three and a half years. About 89% of the participants had a Master's degree in Counseling Psychology. For the participants in India, the survey was conducted in English. The data collected was stored in secure files and no identifying information was stored.

Statistics

Means and standard deviations were used to explain the scores in the five dimensions among the Indian data. Bartlett Factor Scores (BART) were also computed for each dimension and means of these scores were calculated for each country. As BART scores are based on maximum likelihood estimate-based procedures, the result is most likely to represent unbiased estimates of the 'true' factor scores (Hershberger, 2005).

Results and Discussion

Table 1 shows the mean and *SD* of the scores among the Indian data with regards to each of the dimensions revealed through Exploratory Factor Analysis. Table 1 indicates that the following school counselor activities were considered to be appropriate in the Indian sample: Counseling Services (*M*= 3.6, *SD* = 0.58); Advocacy and Systemic Improvement (*M* = 3.4, *SD* = 0.69); Preventive Programs (*M* = 3.4, *SD* = 0.72); and Educational and Career Planning (*M* = 3.3, *SD* = 0.76). Administrative Role was considered as Inappropriate. In other studies, data was collected from countries including the United States, Malta, Costa Rica, Venezuela, South Korea, Turkey, China, Kenya, and Nigeria. Compared to the other countries, the scores from India suggest that the school counselors gave relatively high importance to counseling services, advocacy and systemic improvement, preventive programs, and administrative role. In counseling services, South Korea (*M* = 3.7, *SD* = 0.32) and Kenya (*M* = 3.6, *SD* = 0.47) scored slightly higher than India, followed very closely by the United States (*M* = 3.5, *SD* = 0.40) and Nigeria (*M* = 3.5, *SD* = 0.34). Only the United States (*M* = 3.5, *SD* = 0.42) scored slightly higher than India in Advocacy and Systemic Improvement, followed very closely by Malta (*M* = 3.3, *SD* = 0.52). India was among the countries which indicated higher preference for Preventive Programs along with the United States (*M* = 3.4, *SD* = 0.45), Turkey (*M* = 3.4, *SD* = 0.42), and Nigeria (*M* = 3.4, *SD* = 0.54). Nigeria (*M* = 3.2, *SD* = 0.5) gave the highest rates for Administrator Role followed by India and other countries like South Korea (*M* = 2.4, *SD* = 0.7), China (*M* = 2.4, *SD* = 0.5), and Kenya (*M* = 2.3, *SD* = 0.6). In the Educational and Career Planning, Kenya (*M* = 3.7, *SD* = 0.50) and Nigeria (*M* = 0.5, *SD* = 3.7) rated it as more appropriate, followed by the United States (*M* = 3.5, *SD* = 0.58), South Korea (*M* = 3.3, *SD* = 0.59), and India.

But, when comparing the BART scores, India (*M* = -.00, *SD* = 1.40) is among the few countries to score high for Counseling Services along with South Korea (*M* = .37, *SD* = .78), and Kenya (*M* = .22, *SD* = 1.16), where low scores were received among other countries like Venezuela (*M* = -1.21, *SD* = 1.07), Costa Rica (*M* = -1.14, *SD* = 1.14), and China (*M* = -.93, *SD* = .96). In Advocacy and Systemic Improvement, India (*M* = .19, *SD* = .94) again comparatively rated higher level of appropriateness along with Malta (*M* = .32, *SD* = .73), Costa Rica (*M* = .46, *SD* = .80), and the United States (*M* = .64, *SD* = .63), while countries like Nigeria (*M* = -.74, *SD* = 2.21) and Kenya (*M* = -.38, *SD* = .73) rated it as less appropriate. India (*M* = .64, *SD* = .68) also rated Preventive Programs as more appropriate along with Turkey (*M* = .72, *SD* = .50), Nigeria (*M* = .70, *SD* = 1.11), the United States (*M* = .69, *SD* = .65), and China (*M* = .43, *SD* = .43), while Costa Rica (*M* = -.56, *SD* = .85), and South Korea (*M* = -.35, *SD* = .98) rated it as less appropriate. India (*M* = -.10, *SD* = 1.03) rated Administrative Role as inappropriate, Nigeria (*M* = 1.67, *SD* = .59) and China (*M* = .18, *SD* = .77) had the higher scores, while the United States (*M* = -.96, *SD* = .93) and Malta (*M* = -.90, *SD* = .86) were comparatively on the lower side. India (*M* = -.48, *SD* = 1.06) along with Malta (*M* = -2.13, *SD* = 1.48) had rated low appropriateness for Educational and Career Planning when compared to countries like Costa Rica (*M* = 0.74, *SD* = 0.95), Venezuela (*M* = 0.78, *SD* = 1.04), Nigeria (*M* = 0.80, *SD* = 0.67), and Kenya (*M* = 1.13, *SD* = 0.71).

In India, Counseling Services was considered as slightly more appropriate as the central role of a school counselor followed by Advocacy and Systemic Improvement, Preventive Programs, Educational and Career Planning, and finally Administrator Role. The discussion looks into the various contextual factors that might explain the results. The results of the study are similar to the findings of Joneja (2006).They had found that almost 92.45% of the 53 school counselors in their study engaged in counseling services, 90.57% of them engaged in group guidance, 83.02% engaged in giving career information, and 83.02% were engaged in psychological assessment.

Counseling Services

The results showed that in India counseling services are considered appropriate as a central role of a school counselor. A survey conducted in 1993 and 2000 on the perception of school heads about the benefit of professional school counselor services other than teachers to the school found a drastic change in perception from 5% to 95% of heads perceiving it as an "urgently required service" (Arulmani, 2007, p. 79). This increase in the need for counseling services can be attributed to the economic changes (Arulmani, 2007), family structure and cultural changes (Kodad & Kazi, 2014) in India.

A study by Arulmani (2007) showed that there was a need for school counselors back then and often the responsibility of counseling services was taken over by teachers who were not trained in counseling theories but were "interested in helping others" and were assigned as student welfare officers (Arulmani, 2007, p. 77). Thus counseling services was always seen as central to the role of school counsellors.

A review of curriculum in Counselling Psychology in India has shown that Counseling theories and techniques remain a major portion of the coursework that trainee counselors undergo. Therefore it is likely that school counsellors would be more comfortable doing what they are trained to do. A major portion of the coursework consists of individual and group counseling, and counseling trainees can also be introduced to monitoring the effectiveness of the counseling services and crisis counseling. India is reported to use relational approaches in their practice which might be explained by the strong historical links with the United Kingdom (Harris, 2013).

The Medico-Pastoral Association (MPA) in Bengaluru, Karnataka was creating courses for those people who wish to provide mental health services in schools (Jacob & Shinde, 2003). However, the need for counseling services to address necessities like life-skills based education to adolescents is still being reported (Chandrashekarappa et al., 2016). It might also suggest that the reality of school-based counseling may be different from what the school counselors perceive their job should include.

School counseling services are considered as an appropriate role but questions are raised on a bigger issue about the effectiveness of such services. When there are numerous issues at the community level like family and community violence, alcoholism, substances abuse and so on, it can be perpetrated into school-related problems (Jain & Sandhu, 2013). A larger movement in the society is a need for school counseling to benefit as the students would be going back into these disruptive environments when school time is over. The recent Mental Healthcare Act (2017), which has replaced the act from 1987, covered the rights of those people with mental illness, access to healthcare and had outlined some measures to tackle stigma of mental illness. However, there still remains a requirement for an act to help create awareness about the better environment at home and community for the children to grow.

Due to the scarcity of resources allocated to counseling by the school administration, the school counselor may have to organize and cut short activities based on the available little budget (Joneja, 2006). There is also a scarcity of trained mental health professionals in India (Barua, 2009) who can provide help to the community in large.

Advocacy and Systemic Improvement

In the present study, India has also placed a great emphasis on Advocacy and Systemic Improvement activities as being an important aspect of school-based counseling services. With the National Curriculum review by the Government of India in 2005, Counseling services in schools had been identified as a necessity (National Curriculum Framework, 2005). The crucial role of the school counselor in helping the children, especially those with special needs, and their parents had been identified in research (Karande, Sholapurwala, & Kulkarni, 2011). The problem seem to lie with the fact that although schemes like the Integrated Education for Disabled Children was launched in 1974, there has only been limited coverage for it in India, and because of the limited resources and support that the special needs children receive, a lot of them leave the program (Chadha, 2000).

There needs to be new changes brought in to address challenges like internet addiction (Jhala & Sharma, 2017; Nalwa & Anand, 2003), and alcohol problems (Jaisoorya et al., 2016) which is rising in India. With the increasing number of global concerns arising in India, the curriculum might need a through enhancement to be able to keep up with the rising demands. Even though there is a need for endorsing whole-school-climate initiatives to help the students to focus on creating a caring community and develop positive qualities (Bhat, Ragan, Selvaraj, & Shultz, 2017), the role of the school counselor in its advocacy and role in systemic improvement has received very little pronouncement.

Preventive Programs

India places great emphasis on Prevention Program activities as a component of school counseling practice. There has been an increase in the awareness about the need for preventive programs also among parents. Preventive programs also include parent training education and the therapeutic process usually involves the counselor involving the parents in various segments of the students' life. In a qualitative study done on the traumatic childhood experiences with relation to stuttering shared during counseling sessions, the parents interacted with the counselor and expressed their support, encouragement, and willingness to help for the well-being of their child (Maurya & Singh, 2015).

The general population is more aware of the issues of online bullying and Smartphone addiction (Davey & Davey, 2014) that arise with technology and mobile phones usage among students. With people becoming more aware of such issues, the importance of preventive program movement is also realized. However, recent research showed that even though online bullying prevention initiatives are present, most of the schools in India are uncertain about who might take the lead to provide such programs (Bhat et al., 2017). Also, in spite of the results indicating that the school counselor activities were considered to be appropriate, and an awareness about the need for the service, literature has shown that lack of training in such specific counseling fields can lead to the school counselors not taking the initiative to work towards bigger goals (Bhat et al., 2017; Venkatesan & Shyam, 2015).

Prevention of bullying and ragging has been a major initiative ofthe Central Board of Secondary Education and circular had been released to the heads of institutions affiliated to the Central Board of Secondary Education ([CBSE], 2015). Research has led to the development of various preventive programs for adolescents like Life-Skills Education classes which focus on specific issues like drug and substance abuse, bullying and other forms of aggression, and various issues that adolescents face (Srikala & Kishore, 2010).

Administrative Role

The scores in the study suggest that the Administrative Role is considered inappropriate as being the central role of a counselor. The expectations of the administration have an impact on the job role of the school counselor. Counselors often assist principals in the performance of their administrative duties and handle the gatekeeping custodial work involved in such functions as testing, scheduling, and processing of college applicants (Joneja, 2006). Parents also tend to react against the school system and the teachers upon witnessing failure in performance in their child (Venkatesan, 2016). This shows the importance of the school counselors' role in working with families which may not be reflected much in the roles of school counselors in India.

Some school counselors had reported that the principal of the schools expected them to "perform non-guidance and non-teaching related functions" and certain school teachers and principals expected the counselor to "teach school subjects" (Joneja, 2006, p. 163). Researchers have also admitted perceiving that the role of the school counselor is limited to just interacting with the students and addressing their emotional needs or issues, and later realizing that the responsibilities of the counselor are wide (Tammana, 2016). Given the progress in research in school counseling, ambiguity in role definitions is still a prevailing issue. Lack of clarity about the roles, confusion with special education and lack of awareness among the stakeholders of school counseling like parents, students, and the administrators about the definition of counseling adds to the lack of evolvement and progress among school counselors towards their administrative role (Kakar & Oberoi, 2016). The conflict between personal values and the policies of the school are a common concern that school counselors experience (Tammana, 2016).

Educational and Career Planning

Increase in the awareness about the need for the service can also be attributed to the development of research looking into issues at schools. The results of the study indicated that educational and career planning as the central role of the counselor has not been considered as very appropriate in the Indian context. The need to stress on the use of career information and guidance to groups about their future has been identified as a responsibility of the school counselor (Joneja, 2006). Research into career counseling or guidance programs in schools is still considered to be in its infancy in India (Supreeth & Aravind, 2015). In the study by Supreeth and Aravind (2015) on the Jiva approach to career guidance in schools in India showed that students often take the initiative to approach their counselors about career decisions. As 'guidance' was usually associated with vocation, it was possible that parents expected the counselors to provide them with career guidance and information (Deshwal & Gupta, 2017).

Conclusion

There is no licensing authority which would govern and guide the counseling profession (Pereira & Rekha, 2017), and there are policy gaps for the practice of school-based counseling in India (Joneja, 2006). Discrepancies in role definition are one of the rampant issues in school counseling as seen in research. The term 'counseling' is often misinterpreted by the school system (Deshwal & Gupta, 2017). A recent research about the professional identity of school counselors in India revealed that parents and teachers want the school counselor to focus on "academic advising, student discipline, conflict resolution, crises intervention, and career choice and guidance" while the counselors wanted to focus on student problems and issues (Venkatesan & Shyam, 2015, p. 25). The discrepancies in the role definition are also seen between school counselors and school administrators. The school administration expects the counselors to handle admission duties, conduct staff enrichment programs, and give "low priority for advocacy, equity and child rights or community issues" (Venkatesan & Shyam, 2015, p. 32). Some school counselors are required to work in more than one school and deal with a large group of students and hence their work environment is not suitable to deal with other programs like organizing career conferences and plan tours (Joneja, 2006). One of the biggest factors that have driven the school counselors in India is the education, training, and exposure that they have received as students. Opening the counselor

trainees to newer and specific training in fields would enable them to deal with the plethora of responsibilities that the school counseling field has to offer. Development of culturally apt practices or cultural adaptation of Western practices is imperative for helping these school counselors to be effective in their work. Another challenge that school counseling faces is the lack of an organization to watch over the system, define school counselor roles and provide for school counseling licensing, policy research and implementation.

Future Research

The research so far has tried to identify the roles of school counselors from their perspective but there are no studies that focus on whether the concerned authorities are aware of these roles and policies that aim to implement them. There is a need to understand whether there is a presence of the knowledge about the various school counseling policies and role of school counselors among the students, parents, and the school administration including the teachers and school counselors. There is also a need to understand whether these policies are implemented in the schools in India and look at challenges if any, in its effective implementation.

Author Note

Elizabeth Thomas, Christ University, Bengaluru, India.
Anjali Miriam Dey, Christ University, Bengaluru, India.
Correspondence concerning this manuscript should be addressed to Elizabeth Thomas, Christ University, Bengaluru, India 560029 (email: elizabeth.thomas@christuniversity.in)

References

Arulmani, G. (2007). Counselling psychology in India: At the confluence of two traditions. *Applied Psychology: An International Review, 56*(1), 69-82.

Barua, A. (2009). Need for a realistic mental health programme in India. *Indian Journal of Psychological Medicine, 31*(1), 48-49. https://doi.org/10.4103/0253-7176.53316

Bhat, C. S., Ragan, M. A., Selvaraj, P. R., & Shultz, B. J. (2017). Online bullying among high-school students in India. *International Journal for the Advancement of Counselling, 39*, 112-124. https://doi.org/10.1007/s10447-017-9286-y

Carey, J. C., Fan, K. Y., He, L., & Jin, Y. Y. (2020). Five dimensions of school-based counseling practice: Factor analysis identification using the international survey of school counselors' activities. *Journal of School-based Counseling Policy and Evaluation, 2*(1), 4-21. https://doi.org/10.25774/0rpq-0v54

Carson, D. K., Jain, S., & Ramirez, S. (2009). Counseling and family therapy in India: Evolving professions in a rapidly developing nation. *International Journal for the Advancement of Counselling, 31*(1), 45-56. https://doi.org/10.1007/s10447-008-9067-8

Central Board of Secondary Education. (2015). *Guidelines for prevention of bullying and ragging in schools*, Reg:(D.O. No. 12-19/2012-RMSA-I), Circular No. Acad.- 17/2015. Shiksha Sadan, Delhi.

Chadha, A. (2000). The inclusive initiative in India. *Journal of the International Association of Special Education, 3*, 31- 34.

Chandrashekarappa, S. M., Ramakrishnaiah, N. M. M., Ram, D., & Manjunath, R. (2016). Mental health among adolescent girls–An effort to know the association of mental disorders with socio-demographic variables. *International Journal of Medical Science and Public Health, 5*(11), 2305-2311. https://doi.org/10.5455/ijmsph.2016.20042016472

Cheney, G. R., Ruzzi, B. B., & Muralidharan, K. (2005). *A profile of the Indian education system*. New Commission on the Skills of the American Workforce, National Center on Education and the Economy.

Cohn, B. S. (1996). *Colonialism and its forms of knowledge: The British in India*. Chichester, West Sussex: Princeton University Press.

Davey, S., & Davey, A. (2014). Assessment of smartphone addiction in Indian adolescents: a mixed method study by systematic-review and meta-analysis approach. *International Journal of Preventive Medicine, 5*(12), 1500-1511.

Deshwal, H. K., & Gupta, M. (2017). School counselling: A neglected link of schooling system in India. *Review Journal of Philosophy and Social Science, 42*(2), 160-166.

Duggal, C., & Bagasrawala, L. (2018). The critical role of schools in adolescent mental health care: Organizing systems and developing pathways. In *Positive Schooling and Child Development* (pp. 149-183). Springer, Singapore.

George, T. S., & Thomas, E. (2013). Awakening India's psyche. *Therapy Today, 24*(7), 34–35.

Harris, B. (2013). *International school-based counselling: A review of school-based counselling internationally*. London: British Association for Counselling & Psychotherapy & Department of Health.

Hershberger, S. L. (2005). Factor scores. In B. S. Everitt and D. C. Howell (Eds.) *Encyclopedia of Statistics in Behavioral Science* (pp. 636-644). New York: John Wiley.

Jacob, L. M., & Shinde, E. (2003). The Medico-Pastoral Association: Need-based initiatives by volunteers in mental health care. In V. Patel, & R. Thara (Eds.), *Meeting the mental health needs of developing countries: NGO innovations in India (*pp. 47-70). New Delhi: Sage.

Jain, S., & Sandhu, D. S. (2013). Counseling in India. In T. H. Hohenshil, N. E. Amundson, & S. G. Niles (Eds.), *Counseling around the word: An international handbook.* Alexandria, VA: American Counseling Association.

Jaisoorya, T. S., Beena, K. V., Beena, M., Ellangovan, K., Jose, D. C., Thennarasu, K., & Benegal, V. (2016). Prevalence and correlates of alcohol use among adolescents attending school in Kerala, India. *Drug and alcohol review*, *35*(5), 523-529. https://doi.org/10.1111/dar.12358

Jhala, J., & Sharma, R. (2017). Prevalence and nature of internet use among adolescents in Vadodara (Gujarat). *The International Journal of Indian Psychology, 4*(2),28-43.

Joneja, G. K. (2006). A follow-up study of trained guidance counselors. *Journal of the Indian Academy of Applied Psychology, 32(3)*, 153-170.

Kakar, V., & Oberoi, N. (2016). Counseling in Indian schools: Checkmating the past. *International Journal of Education and Management Studies*, *6*(3), 357.

Karande, S., Sholapurwala, R., & Kulkarni, M. (2011). Managing specific learning disability in schools in India. *Indian Pediatrics, 48*, 515- 320.

Kashyap, L. (2004). The impact of modernization on Indian families: The counselling challenge. *International Journal for the Advancement of Counselling, 26*(4), 341-350. https://doi.org/10.1007/s10447-004-0169-7

Kodad, H. S., & Kazi, S. A. (2014). Emerging area of counselling in schools in India. *International Research Journal of Social Sciences*, *3*(3), 44-47.

Martin, I., Lauterbach, A., & Carey, J.C. (2015).The identification of factors affecting the development and practice of school-based counseling in different national contexts: A grounded theory study using a worldwide sample of descriptive journal articles and book chapters. *International Journal for the Advancement of Counseling*, *37*, 305-318. https://doi.org/10.1007/s10447-015-9245-4

Maurya, R. K., & Singh, S. (2015). Traumatic childhood experiences and stuttering: A case study. *Asian Academic Research Journal of Social Science & Humanities, 2*(6), 331-351.

Mental Healthcare Act. (2017). *Ministry of Law and Justice*. Registered No. DL- (N)04/0007/2003-17.

Nalwa, K., & Anand, A. P. (2003). Internet addiction in students: A cause of concern. *Cyberpsychology &behavior*, *6*(6), 653-656. https://doi.org/10.1089/109493103322725441

National Curriculum Framework. (2005). *National Council of Educational Research and Training*. New Delhi: NCERT.

Rajan, S. K., & Ngullie, T. (2017). Psychosocial problems, help-seeking behaviour and resilience among students in schools with no psychologist. *Guru Journal of Behavioral and Social Sciences, 5*(1), 618-630.

Pereira, M., & Rekha, S. (2017). Problems, difficulties and challenges faced by counsellors. *International Journal of Indian Psychology, 4*, 65-72.

Singh, M. M., Gupta, M., & Grover, S. (2017). Prevalence & factors associated with depression among schoolgoing adolescents in Chandigarh, North India. *Indian Journal of Medical Research, 146*, 205-215. https://doi.org/10.4103/ijmr.IJMR_1339_15

Srikala, B., & Kishore, K. K. (2010). Empowering adolescents with life skills education in schools– School mental health program: Does it work?. *Indian Journal of Psychiatry*, *52*(4), 344.

Supreeth, S., & Aravind, S. (2015). Delivering career guidance: Case study of a school-based method from India. *Journal of the Indian Association of Career and Livelihood Planning, 4*(1), 24-37.

Tammana, S. (2016). The role of a school counsellor. In S. Sriram (Eds.), *Counselling in India: Reflections on the process* (pp. 163-181). Singapore: Springer.

Thomas, E., George, T. S., & Jain, S. (2017). Public policy, policy research, and school counseling in India. In J. C. Carey, B. Harris, S. M. Lee, & O. Aluede (Eds.), *International handbook for policy research on school-based counseling* (pp. 315-326). Amherst, US: Springer International Publishing AG.

Venkatesan, S., & Shyam, H. R. (2015). Professional identity of school counselors in India. *Journal of the Indian Academy of Applied Psychology, 41*(1), 25.

Venkatesan, S. (2016).Some cultural aspects of clinical counseling in Indian context. *Global Journal of Interdisciplinary Social Sciences, 5*(6), 21-26.

Venkatesh, B. T., Andrews, T. Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of Family Medicine and Primary Care, 4*(3), 449-453. https://doi.org/10.4103/2249-4863.161352

Table 1.

Means and standard deviation for Items for five dimensions of practice for India

Country	*N*	Counseling Services		Advocacy and Systemic Improvement		Preventive Programs		Administrative Role		Educational and Career Planning	
		M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
India	45	3.6	0.58	3.4	0.69	3.4	0.72	2.4	0.6	3.3	0.76

Note. The scale for interpreting the different dimensions of the scale range from: 1= Very Inappropriate; 2 = Inappropriate; 3 = Appropriate; 4 = Very Appropriate