

Chapter-3
METHODOLOGY

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Methodology

3.0.0 Introduction

In this research, “**A study of the effect of counseling on depression anxiety & stress in relation to suicidal potentiality among adolescents**” was done. For study adolescent students of age group 15 to 17 years from CBSE & MP Board schools of Indore city are randomly selected. The psychological test related to depression, anxiety, stress & suicidal potentiality were administered on these students & relation between these variables was studied. The objective, hypothesis, variables & scales used in the research work are described in detail in this chapter.

3.1.0 Objectives of the study

Following are the objectives of the study:-

- O1 To study the difference in means of depression, anxiety, stress and suicidal potentiality score of pre and post counseling among adolescents.**
- O1.1** To study the difference in means of depression score of pre-counseling and post-counseling among adolescents.
- O1.2** To study the difference in means of anxiety score of pre-counseling and post-counseling among adolescents.
- O1.3** To study the difference in means of stress score of pre-counseling and post-counseling among adolescents.
- O1.4** To study the difference in means of suicidal potentiality score of pre-counseling and post-counseling among adolescents.

C12 To study the effect of counseling on depression, anxiety, and stress in relation to suicidal potentiality among adolescents.

C12.1 To study the effect of counseling on depression in relation to suicidal potentiality among adolescents.

C12.2 To study the effect of counseling on anxiety in relation to suicidal potentiality among adolescents.

C12.3 To study the effect of counseling on stress in relation to suicidal potentiality among adolescents.

C13 To study the difference of depression, anxiety, stress and suicidal potentiality in boys and girls

C13.1 To study the difference of depression in boys and girls.

C13.2 To study the difference of anxiety in boys and girls.

C13.3 To study the difference of stress in boys and girls.

C13.4 To study the difference of suicidal potentiality in boys and girls.

3 2.0 Hypotheses

Following are the Hypotheses of the study:-

H1 There is no significant difference in means of depression, anxiety, stress and suicidal potentiality score of pre and post counseling among adolescents.

H1.1 There is no significant difference in means of depression score of pre-counseling and post-counseling among adolescents.

H1.2 There is no significant difference in means of anxiety score of pre-counseling and post-counseling among adolescents.

H1.3 There is no significant difference in means of stress score of pre-counseling and post-counseling among adolescents.

H1.4 There is no significant difference in means of suicidal potentiality score of pre-counseling and post-counseling among adolescents.

H2 **There is no significant effect of counseling on depression, anxiety and stress in relation to suicidal potentiality among adolescents.**

H2.1 There is no significant effect of counseling on depression in relation to suicidal potentiality among adolescents.

H2.2 There is no significant effect of counseling on anxiety in relation to suicidal potentiality among adolescents.

H2.3 There is no significant effect of counseling on stress in relation to suicidal potentiality among adolescents.

H3 **There is no significant difference of depression, anxiety, stress and suicidal potentiality in boys and girls.**

H3.1 There is no significant difference of depression in boys and girls.

H3.2 There is no significant difference of anxiety in boys and girls.

H3.3 There is no significant difference of stress in boys and girls.

H3.4 There is no significant difference of suicidal potentiality in boys and girls.

3.3.0 Variables

3.3.1 Independent Variables

3.3.1.1 Depression

The World Health Organization, (2009) defines depression as: “Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration.”

According to Beck's (2009)

“The depression cannot be defined only by reference to mood. He contends that mood change may only be one element of depression and may not in any event, always be present.”

Following are the key attributes by which depression may be defined:

- Specific alteration in mood, whether sadness, apathy or loneliness.
- A negative self image involving self – blame ;
- Desire for self – punishment, desire to escape, to hide or die;
- Physical or physically Expressed changes such as anorexia, loss of libido or insomnia;
- Changes in level of activity, whether there be increased agitation or hyperactivity or withdrawal and inaction.

3.3.1.2 Anxiety

Anxiety is mostly defined as an acquired (learned) fear. For the moment we will employ the term anxiety and fear interchangeably, although they are often used in somewhat different ways. Examples of anxiety are all around us: the student who is anxious about taking examination, the businessman with anxiety about his financial future, the icon-age girls who is anxious about her appearance etc. Anxiety may seem irrational when it is a response to dangers that are already passed or that are expected in the future but have not yet occurred, or that seem idiosyncratic or unusual.

Maher (1966) “Anxiety is characterized by an over whelming sense of apprehension; the expectation that something bad is happening or will happen. The feeling of anxiety is a psychological and physiological state characterized by physical, emotional, cognitive and behavioral components.”

Earlow (2002) “Anxiety is future oriented mood state associated with preparation for possible, upcoming negative events; and fear is an alarm response to present or imminent danger (real or perceived).”

3.3.1.3 Stress

Stress is the body’s reaction to a change that requires a physical, mental or emotional adjustment or response. Stress can come from any situation or thought that make a person feel frustrated, angry, nervous or anxious. Dealing with serious illness or caring for someone can cause a great deal of stress.

Selye H. (1958) “Stress is non-specific response of the body to any demand for change.”

Lazarus (1984) “Stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resource and endangering his or her well being.”

3.3.1.4 Counseling

Counseling is a word everybody has heard but few understand. It is a two way communication aimed at helping a person to know what ails him and how best to help himself. It is a process designed to help a person cope with stress. The need for counseling is greater in our era than before. Each person growing in modern society faces a more complex situation and problems, example for a young person trying to choose among the many vocations is not an easy task. If left to his own he will probably make his choices according to his convenience. It is the combination of an extremely diversified industrial society with democratic ideals and attitudes that makes counseling necessary. (Gibson and Mitchel 1981)

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Garth J. Blackham (1977) “Counseling is a unique helping relationship in which the client is provided the opportunity to learn, feel, think, experience and change in ways that client thinks is desirable”.

Bruce Shertzer and Shelly C. Stone (1974) define counseling as “an interaction process which facilitates meaningful understanding of self and environment and results in the establishment and clarification of goals and values for future behavior.”

3.3.1.5 Adolescence

Adolescence has been linked to a tide that rises in the veins of youth: if this tide be taken in the strength & along the flow of its current it will move on to fortune! It is a transition from the dependency of childhood to the relative ‘autonomy’ of adulthood, roughly extending from 12 to 19 years of age.

The term Adolescence is derived from the Latin word ‘Adolescere’ which means ‘To grow to maturity’. It is a bio-social transition between childhood and adulthood. Adolescence is the period of physical & psychological development from the onset of puberty to maturity of adulthood. Puberty refers to the physical & sexual maturation of boys & girls. Adolescence refers to the behavioral characteristics of this period that are influenced by culture & physical changes.

3.3.2 Dependent Variable

In this study the dependent variable is Suicidal – Potentiality among adolescents. Vulnerability of committing suicide is more in adolescents who are suffering with depression, anxiety and stress.

3.3.2.1 Suicidal potentiality

Suicide is considered a major public health problem around the world as well as a personal tragedy. According to the National Institute of Mental Health,

suicide was the eleventh leading cause of 'death' in the India in 2000, and third leading cause of death for people between the ages of 15 and 24.

The term suicide describes the act of taking one's own life. There are various kinds of suicide, so our first task is to clarify our use of the term. Suicide in the conventional sense, in which someone plans out or acts upon self-destructive thought and feeling, often while they are experiencing overwhelming stress.

3.4.0 Sample

The sample was selected randomly from CBSE and MP Board schools of Indore. The students were from the age group of 15 to 17 years. The name of the school and identification of students were withheld for confidential reasons. For administering psychological scale related to depression, anxiety, stress and suicidal potentiality on these students prior permission of respective school authorities was taken. For this study the sample size of 300 students was taken and scale were filled up by them. Out of these 300 respondents, the researcher selected 30 adolescent students who have high level of depression, anxiety, stress and suicidal potentiality.

Table 3.1
Representative sample of the study

Age	Total	Pre-counseling	Post-counseling
15 – 17 years	30	30	30

3.5.0 Research Design.

- One Group Before – After (Pre-post) Design –

A one group before – after design consists of observing the subject at some time prior to the onset of the experimental condition (Y_b) and comparing that performance with a similar observation made during or after the treatment (Y_a).

This type of design is called a before – after design, referring to the temporal relationship of the observation to the experimental condition (Matheson, 1970). The data are analyzed by comparing the before and after scores for all subjects.

Table No.3.2

One Group Before – After (Pre-post) Design

Group	Before observation	Treatment	After observation
1	Y_b	X	Y_a

3.6.0 Scales used for Research work

3.6.1 Depression Scale

Burn Depression Inventory (BDI) (1989):

The gold standard of self-rating scale is the Burn Depression Inventory which was initially developed to assess the efficacy of psychoanalytically oriented psychotherapy in depressed subjects. This scale was designed to measure the severity of depressive symptoms that the test taker is experiencing “at that moment.” The depression scale included 15 items concerning different symptom domains with four possible answers describing symptoms of increasing severity associated with a score from 0 to 3 as shown below :-

Absent	Somewhat	Moderately	A Lot
0	1	2	3

Self-rating scale, such as BDI, offer some advantages over clinically-rated scale, as they may take less time, do not require trained personnel and their administration and scoring process appear more standardized. Internal Consistency - Burn and colleagues in 1989 published a meta analysis of all the psychometric studies and found a mean coefficient alpha of 0.86 for psychiatry

subjects. Test-Retest Reliability - with self – administered measures, assessing test – retest reliability may be complicated by the fact that the correlation coefficient may increase spuriously because of practice or because of memory effects. However, in a Spanish study, test – retest reliability for the BDI was between 0.65 and 0.72. Validity -The convergent validity with the BDI has been reported to be extremely variable, ranging between 0.27 and 0.37. Burn and colleagues showed that in psychiatry patients, the mean correlations of the BDI were 0.72 with clinical ratings.

3.5.2 Anxiety Scale

Burn Anxiety Inventory (BAI) (1989)

The gold standard of self-rating scales is the Burn Anxiety inventory which was initially developed to assess the efficacy of psychoanalytically oriented psychotherapy in anxious subjects.

The scale was designed to measure the severity of Anxiety symptoms that the test taker is experiencing “at that moment”. The BAI included 33 items concerning different symptom domains, with four possible answers describing symptoms of increasing severity associated with a score from 0 to 3 as shown below :-

Not at All	Somewhat	Moderately	A Lot
0	1	2	3

Internal Consistency - Burn and colleagues in 1989 published. BAI and found a mean coefficient alpha of 0.89 for psychiatric subjects. The coefficient of reliability was determined by test – retest method. The test was administered twice with a time interval of 25 days to a sample of 580 students. The convergent validity with the BAI has been reported to be extremely variable, ranging between 0.32 and 0.86. Burn and colleagues showed that in psychiatric patients the mean correlation of the BAS were 0.79 with clinical ratings.

3.6.3 Student's Stress Scale (S.S. Scale, 2008)

Bhatia & Pathak

The students stress scale has been used for measuring the different types of stress of an individual. The present scale measure six important stress areas of an individual.

To make a scientific selection of the stress areas, six relevant and meaningful areas of stress were taken. There six areas were –

- a. Academic Stress (AS)
- b. Financial Stress (FS)
- c. Vocational Stress (VS)
- d. Family Stress (FaS)
- e. Social Stress (SB)
- f. Emotional Stress (ES)

- **Item Analysis**

The scale was administered to the subject of the sample of 300 students (Male and Female) for the purpose of item – analysis. The age range of the subject was 16 to 21 years. Subjects were asked to respond in terms of their agreement or disagreement with the items in a five point continuum namely Strongly agree, Agree, Uncertain, Disagree and Strongly disagree. The responses received were awarded five to one scores respectively for five alternatives. Item analysis was done with the help of the method between two extreme upper and lower groups. Discriminative values were computed for item-selection. All the items were than arranged in descending order of their value. out of 50 items the first 30 items were selected for the final form of the scale. Thus the scale consists of 30 items out of which each stress areas has 5 items. These items are presented

in the simple statements and provide five alternative response option graded on a five point scale.

- **Reliability**

The coefficient of reliability was determined by test – retest method the test was administered twice with a time interval of 25 days to a sample of 200 students. The test-retest reliability coefficient for each area of the scale was found as follow as –

Area	Test-Retest Reliability
A) Academic stress	0.81
B) Financial stress	0.71
C) Vocational stress	0.78
D) Family stress	0.73
E) Social stress	0.75
F) Emotional stress	0.77
Total	0.79

- **Validity**

The Validity of the scale was found out by correlating the scale with some external criterion like the Bisht Battery of stress scale by Abha Rani Bist. Both the scale were administered to sample of 100 subjects and correlation was found. Out between different area which were common in both the scale indicated positive and significant correlation. A coefficient of correlation has been obtained 0.75 on the total stress scores, which is high and significant.

- **Scoring**

It is a five point scale, the scoring of which has been given by assigning five to one scores respectively as follows:-

Strongly Agree	Agree	Uncertainty	Disagree	Strongly Disagree
5	4	3	2	1

The total score for each area of stress ranges from 5 to 25. Whereas the ground total of the stress range from 30 to 150. Higher scores on scale reveals the greater degree of stress.

3.6.4 Suicidal Ideation Scale – SIS (2011)

Sisodia and Bhatnagar

Suicide is a true, universal and generally occurring social incident. Examples of suicide are available from every society and of every time, right from the ancient period to the modern era.

Suicide is the third leading cause of death for the 16 to 23 years old age group. The actual incidence of suicide may be higher than official reports because moral and other stigmas associated with suicide often causes suicides to go unreported.

This scale was developed by using Likert technique with an aim to measure suicidal ideation. Suggestions were invited from the experts from different fields such as psychology, sociology, human development, family relations and psychiatry.

The final form of scale was thus prepared comprising of 25 statements. The scale consists of 21 positive statement and 4 negative statements. Serial numbers of negative statements are 11, 13, 18 and 24.

Response	Item No.	Total
Positive	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 16, 17, 19, 20, 21, 22, 23, 25	21
Negative	11, 13, 18, 24	4
	Total	25

Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Positive	5	4	3	2	1
Negative	1	2	3	4	5

- **Reliability** – The reliability of the scale was determined by (a) test-retest method and (b) internal consistency method. The test-retest reliability was 0.78 and the consistency value for the scale is 0.81.
- **Validity** – Besides face validity as all the items of the scale are concerned with the variable under focus, the scale has high content validity. The scale was validated against the external criteria and coefficient obtained was 0.74.
- **Scoring** – The scale consists of twenty five statement for positive statements, 5 marks to strongly agree, 4 marks to agree, 3 marks to undecided, 2 marks to disagree and 1 marks to strongly disagree responses are assigned. For negative statement 1 marks for strongly agree, 2 marks to agree, 3 marks to undecided, 4 marks for disagree and 5 marks to strongly disagree responses are assigned. The higher the score more is the suicidal ideation or suicidal potentiality.

3.7.0 Procedure of Collecting Data

For proposed research work, the necessary psychological scale related to depression anxiety stress and suicidal ideation were arranged and then the data was collected as per the 3rd chapter of the thesis.

It was decided to take the 300 adolescent students from Indore city (both boys & girls) of the age group 15 to 17 years for the study. As research is based on adolescent students, it was decided to take sample from CBSE & MP Board schools of Indore. Prior permission was taken from the respective school authorities for administering the above mentioned psychological scale on the students.

The psychological scale was filled up by the students in their class itself under the guidance and supervision of teacher and researcher. The general instructions were given to the students that, they will be given some scale and they have to fill them on their own on the basis of their personal experiences, interests and knowledge. The students were told that these observations will be used in research work so they have to co-operate but they were not known that these scale relate to depression, anxiety, stress and suicidal ideation. The students were given these four tests one after the other and told to fill them up. These psychological scale were filled up by students in a personal contact with them.

After collecting the filled scale from 300 students, the scales of students showing high level of depression, anxiety, stress and suicidal ideation are all were separated and a chart showing their test scores was prepared. Chart proved to be of great help in counseling of those students who had high levels of test scores. Collection of data from students, separation of students with high test scores and preparation of a test score chart took more than 3 months. Also students looked very interested and enthusiastic while filling up the scale.

3.8.0 Intervention Counseling

Table No- 3.3

Group Counseling Chart

S.No.	Objectives	Expected time(per week)	Counseling session	Material required	outcome
01	Rapport building	2 hours	I	-	Student will feel comfortable and ready to speak
02	To understand and identify the problem	2 hours	II	Give different strategies and techniques to solve the problems	Students started to deal with their problems with the help of techniques given by the researcher
03	Feedback from students	1 hour	II-A	Verbal feedback	Students felt relaxed and enthusiastic
04	Termination	1 hour	III-B	Again the same tests of depression, anxiety, stress and suicidal potentiality were filled up by students	The level of depression, anxiety, stress and suicidal potentiality of students was decreased and students were told to follow up the techniques and strategies

Researcher collected data from 300 students of CBSE & MP board schools of Indore. Out of these 300 students 30 students i.e- 10% were having high levels

of depression, anxiety, stress & suicidal potentiality. These 30 students had some common problems like exam anxiety, lack of concentration, parental conflict, financial problems, emotional instability, scholastic problems etc. In other words it could be said that the high levels of depression, anxiety, stress & suicidal potentiality were common to almost all the adolescent boys and girls. So counseling of these students had done & they were brought out of depression, anxiety, stress & suicidal potentiality by giving solutions to their problems.

The counseling for depression, anxiety, stress and suicidal potentiality was done in groups, as the problems were common to all the students. This group counseling was done in three sessions. First session was conducted for building rapport with the identified students. In the second session core problem was identified and given solutions accordingly. The third session was termination. First session of **rapport building** was to establish rapport with the respondent. It means establishing a friendly relationship of confidence and understanding between the researcher and respondent. For this researcher started conversation with general topics of interest such as name, school name, family background, weather current affairs, sports etc. Such initial conversation was for creating friendly atmosphere and a warm interpersonal relationship and mutual understanding of the other.

In the second session, researcher identified and understood the problem of the students and gave appropriate techniques and strategies to solve them.

In the third session of **termination**, students were again asked to fill up the same scales of depression, anxiety, stress and suicidal ideation and their scores after counseling were calculated. These scores are called the post- counseling scores.

The three sessions of counseling were held by the researcher for the duration of 2 months.

First session- Rapport building.

Second session- Problem identification and solution.

Third session- Feedback, Termination.

Table No.3.4

Table showing no. of students having problems related to depression, anxiety, stress and suicidal potentiality

Scholastic problems	Financial problems	Parental conflict	Exam Anxiety	Career selection	Peer pressure	Fear of Failure	Conscious About looks	Emotional Instability
24	07	05	27	15	10	18	04	06

Table No. 3.5

Table showing Intervention Counseling

S.No.	First Session	Second Session	Third Session
01	Rapport building	<p>Scholastic problem:</p> <ul style="list-style-type: none"> • Fear of studies • Studying is boring task • Not getting involved in extra - curricular activities • Feeling of shyness • Hesitation <p>Solution:</p> <p>Study Techniques:</p> <ul style="list-style-type: none"> • Make studying a habit • Create the right study environment • Maximize the time • Use study aids • Use memorization tools 	Feedback and Termination

		<ul style="list-style-type: none"> • Be prepared for exam <p>Confidence Building Tips:</p> <ul style="list-style-type: none"> • Straighten up • Listen music • Deal with failure • Embrace superstitions <p>Mindfulness Exercise Meditation and Yoga</p> <p>Time Management Tips:</p> <ul style="list-style-type: none"> • Organize time • Assess time • Set priorities • Make a schedule • Use a calendar • Plan activities logically 	
02	Rapport building	<p>Financial problems:</p> <ul style="list-style-type: none"> • Non availability of tuition fees • School fees cannot be paid • Cannot go to hotel or canteen like other students • Cannot afford school material <p>Solutions:</p> <ul style="list-style-type: none"> • Learning mehandi art • Doing beauty parlour course • Learning cloth stitching • Coping skills 	Feedback and Termination
03	Rapport building	<p>Parental conflict:</p> <ul style="list-style-type: none"> • Quarrels between parents • Arguments on silly matters • Neglect towards needs of the children <p>Solutions:</p> <p>Tips for frustration tolerance</p> <ul style="list-style-type: none"> • Acknowledge own choices • Set achievable goals every day • Practice making decisions • Change thinking <p>Tips for reducing anxiety</p> <ul style="list-style-type: none"> • Accept that you're anxious 	Feedback and Termination

		<ul style="list-style-type: none"> • Question your thoughts • Use a calming visualization. • Use positive self-talk • Focus on meaningful activities <p>Tips for emotional stability</p> <ul style="list-style-type: none"> • Don't take the things personally • Don't argue • Respond mindfully • Don't tie present emotions to past negativity • Don't try to be perfect <p>Meditation and Yoga</p>	
04	Rapport building	<p>Exam anxiety:</p> <ul style="list-style-type: none"> • Lack of sleep • Lack of concentration • Loss of appetite • More sweating • Mind becoming blank • Feeling of forgetting whatever has been studied <p>Solutions:</p> <p>Study Techniques:</p> <ul style="list-style-type: none"> • Make studying a habit • Create the right study environment • Maximize the time • Use study aids • Use memorization tools • Be prepared for exam <p>Tips for reducing anxiety</p> <ul style="list-style-type: none"> • Learn how to self-soothe • Check your diet • Get moving • Get more sleep <p>Memory Techniques</p> <ul style="list-style-type: none"> • Eat right food • Do physical exercise • Stop multitasking • Play brain games • Learn a new skills 	Feedback and Termination

05	Rapport building	<p>Career selection:</p> <ul style="list-style-type: none"> • Wrong selection of subject • Selection of subject of non interest • Worry about getting job <p>Solutions:</p> <ul style="list-style-type: none"> • Availability of career options • Encouraged for entrepreneurship • Changing stream according to their interest 	Feedback and Termination
06	Rapport building	<p>Peer pressure:</p> <ul style="list-style-type: none"> • Wrong selection of subject • Outing • Give and take of gifts because other students do it. <p>Solutions:</p> <p>Meditation and Yoga</p> <p>Tips for reducing anxiety</p> <ul style="list-style-type: none"> • Learn how to self-soothe • Check your diet • Get moving • Get more sleep 	Feedback and Termination
07	Rapport building	<p>Fear of failure and competition:</p> <ul style="list-style-type: none"> • Teasing by friends • Feeling of forgetting • Comparison by teachers and parents • Fear of failure <p>Solutions:</p> <p>Study Techniques:</p> <ul style="list-style-type: none"> • Make studying a habit • Create the right study environment • Maximize the time • Use study aids • Use memorization tools • Be prepared for exam <p>Memory Techniques</p> <ul style="list-style-type: none"> • Eat right food • Do physical exercise • Stop multitasking 	Feedback and Termination

		<ul style="list-style-type: none"> • Play brain games • Learn a new skills <p>Concentration Tips</p> <ul style="list-style-type: none"> • Find appropriate study environment • Gather all the study materials • Clear a study place • Keep away unnecessary electronics • Stick to routine • Find a study partner • Create an incentive 	
08	Rapport building	<p>Conscious about Looks:</p> <ul style="list-style-type: none"> • Occurance of pimples on the face • Becoming fat • Skin becoming dark or tanning of skin <p>Solutions:</p> <p>Confidence Building Tips:</p> <ul style="list-style-type: none"> • Straighten up • Listen music • Deal with failure • Embrace superstitions <p>Meditation and Yoga</p>	Feedback and Termination
09	Rapport building	<p>Emotional Instability:</p> <ul style="list-style-type: none"> • Mood swings • Becoming more sensitive • Becoming depressed • Getting disturbed if someone says something <p>Solutions:</p> <p>Tips for emotional stability</p> <ul style="list-style-type: none"> • Don't take the things personally • Don't argue • Respond mindfully • Don't tie present emotions to past negativity • Don't try to be perfect <p>Meditation and Yoga</p> <p>Mindfulness Exercise</p>	Feedback and Termination

3.9.0 Statistical Tests Correlation, t-test and ANOVA were applied for statistical analysis. SPSS (version 20) software was used for statistical analysis.