



Effectiveness of group counselling intervention in reducing adolescent anxiety of low socio economic strata

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ABSTRACT

Adolescence is a very critical and crucial age full of emotional, physical, mental and social challenges. Anxiety, depression, stress, substance Abuse etc. are few of the many psychological problems experienced by them. They require immense support and affection to get through this phase and enter into adulthood as normal, secure individuals. Counselling Intervention has been proven time and again to be effective in reducing psychological problems in the adolescent community. However, limited data exist on the effectiveness of interventions on the adolescent anxiety of low SES population. In fact, studies have established that low SES adolescent children show no or minimum levels of anxiety compared to their counterparts from higher SES. The objective of this study was hence to assess if Counselling Intervention is capable of reducing levels of anxiety along with honing the coping skills of adolescent children, from low Socio-Economic Strata (SES). Methods: To this effect, a group of 14 children (age group of 17 to 19) was assessed for Anxiety, using Becks Anxiety Inventory, counselling intervention sessions were held across the span of 2 months, the group was re-evaluated on anxiety post the sessions and conclusions were drawn. The children were counselled using a combination of behavioural techniques and therapies mostly verbal, to increase the coping skills of the children (group) to face their anxiety, cope with it and gradually overcome its impact. Becks Anxiety Inventory scale was used to measure the pre and post anxiety levels of the group. Results: The pre-screening resulted in overall anxiety score of (401) i.e. almost 93% of the group showed signs of moderate to high anxiety levels. 64% of the group responded they were severely 'Unable to relax' and 'Nervous'. Overall, the group exhibited major signs of Social Phobia and General Anxiety. The post-screening of the group resulted in the overall score of 166 and 66% reduction in their anxiety levels. Conclusions: Adolescent children from low SES definitely have varied levels of anxiety but they are mostly unaware that they are anxious and that group interventions can definitely be effective in reducing their anxiety. Way Forward: The next step in this regard is to extend intervention to a larger sample from different backgrounds using advanced Anxiety Assessment tools and specific Counselling Techniques for its effectiveness. Comparative Studies using control groups shall be equally beneficial in reporting the effectiveness of counselling on anxiety.

Keywords: Counselling, Adolescent Anxiety, Intervention, CBT, Becks Anxiety Scale

1. INTRODUCTION

Research on assessments of anxiety in adolescent children from low socio-economic strata is found to be very limited and inconclusive. Anxiety disorders are defined as one of the most common problems faced by every individual irrespective of age, sex, socio-economic status, education, culture, religion, and country. According to the Mental Health Foundation (UK), one in every six young people would experience an anxiety-related problem. Moreover, National Institute of Mental Health, America, accounted for approximately 18% of American Population suffering from some of the other kind of Anxiety Disorders. The Indian figures are equally alarming since one out of every fourth Indian is found to be affected by some form of anxiety, as reported by WHO. The most prevalent forms of anxiety experienced by children and the young population are generalized anxiety disorder (GAD) that causes young people to feel extremely worried. They could generally worry about multiple things throughout the day. Social Anxiety, Separation Anxiety, Exam Phobia, fear of authority etc. are some of the common anxiety types observed in children. Prolonged untreated anxiety can lead to Panic attacks that are extreme anxiety attacks which are unpredictable and usually, last around 10 to 15 minutes. The subject might find it difficult to breathe and feel out of control. The feeling of panic gradually subsides but the individual might keep feeling quite shaken and uneasy

Phobias are when a particular thing makes a person feel nervous about. It makes the person with phobia feel threatened in everyday life although generally, the thing might not be actually harmful. For example social phobia, where the person feels very uneasy & nervous when in a group or asked to speak in front of an audience, common anxiety symptom of adolescent children.

The anxiety statistics for Indian adolescent children cannot be used as an absolute, although the increase in the number of people, families, individuals approaching counseling centers, mental health clinics, and behavioral therapists, is alarming. Young people

have always had stress in their lives, but the number of students who are experiencing this stress with few or no coping skills seems to be escalating at an alarming rate (Brenner, 1984). Still, across our society, the idea what anxiety is, the extent of its effect on normal functioning and that the therapeutic and pathological treatments are available to cure it, is a far cry. Reasons such as lack of awareness, social stigma, social embarrassment, accessibility of help, psychological counseling therapies are still a taboo, of which few limit us from assessing the real needs of our nation's young generation in dealing with anxiety, depression, stress etc. In a study conducted by Dr. J. K. Trivedi and Pawan Kr. Gupta, *An Overview of Indian Research in Anxiety Disorders* (2010), they have concluded that the level of Anxiety Disorder Research required in the areas of epidemiology, phenomenology, course, outcome, and management was lacking, and that tremendous amount of efforts and exhaustive research & alternative treatment methods are required to tackle and counter the growing menace of anxiety and depression disorders. This includes areas like family studies, genetics, and neurobiology, psychopharmacology and non-psychopharmacology treatments like psychotherapies, relaxation therapies, yoga etc. Therefore the need of the hour is to take stalk of the extent of anxiety-related psychological symptoms affecting our children and teenagers and create an environment, a robust system to address and deal the same. That is to provide counseling therapies, treatments etc. to the maximum number of young adults in time, so that we are able to if not stop entirely but at least minimize the severe impacts of the menace of anxiety, depression, and stress in their adult life.

1.1 Adolescence

According to WHO, Adolescence is the phase between childhood and adulthood (Age group 10-19 years). Adolescence is a very crucial and critical period of development. Children have to adjust to not one but multiple changes happening within and around them. Some of the very common changes include physical changes as in voice change, hair growth, menstruation cycle, breast growth, psychological (e.g. development of identity, intelligence) social-values (e.g. relationships, responsibilities) and cognitive changes (e.g. reasoning, logic,) too and definitely environmental influences. On top of it, they have constant parental and peer pressure to perform better & best in academics, sports, extra-curricular activities.

Children at this stage are highly energetic, hopeful, sensitive, inquisitive, and vulnerable and demanding, if they do not receive health guidance and support from their parents during this phase then it is quite natural for them to feel not being understood, hence become prone to anxiety, stress, depression, which shall adversely affect their academic performance and social position. The point in question here is also that why parents or the closest caregivers are the ones who are unable to notice issues troubling their children. Why is the child not able to share his issues or problems with his parents and teachers?

Adolescence can be a daunting time, particularly for young people with low self-esteem, and feeling of hopelessness (Morton & Montgomery, 2013). Adolescence is a critical developmental period for young people, and although difficult for some, could be a vital opportunity to develop young people's strengths, leading to positive outcomes (Morton & Montgomery, 2013). It has been suggested that having the confidence and ability to figure out solutions to their own problems develops greater resourcefulness and resilience in adolescents, both valuable lifelong attributes (Everall, Altrows, & Paulson, 2006; Morton & Montgomery, 2013).

We cannot deny the fact that percentage of at-risk children is also increasing with every passing year, who don't have a genuine interest in academics, do not follow rules of the school, who disobey, disrespect, and getting involved in anti-social activities like substance abuse and petty crimes. The point is more and more awareness, caution and keen eye is expected from all the caregivers involved in a child's day to day activities, be it parents, school teachers, peers, doctors and other caregivers to be able to spot the shortcomings, understand the limitations and recognise that a child has some issues or problems that require immediate attention. For an adolescent child, a mere idea of not having a good appearance in front of peers could lead to anxiety. At times it has been observed and found that reasons for anxiety lie in very superficial things but they get embedded in their heart/mind for life and become very important for the child's existence for example: Self Image, Colour of skin, Pimples, Meek Voice, less height, or overweight, number of friends, jealousy, extreme competitiveness, popularity among the opposite sex, etc.

All in all we need to acknowledge that adolescence is a very crucial age that requires immense caution, education, help, support, mentoring, coaching and counselling as enablers and tools, to allow them to realize their true self, and enable them to learn to manage their lifestyles and find a way to the growing demands of the self and society.

1.2 Adolescent Anxiety

A lot many studies have been conducted between the combination of academic achievement, socioeconomic status and anxiety for young adults and children like Minnalkodi, B. (1997) carried out a study of higher secondary school student's achievement in zoology in relation to anxiety, achievement, motivation and self- concept. He found a significant difference between academic achievement and anxiety of government and private school children. A comparative study of Muslim and Non-Muslim school children of Uttar Pradesh for their academic achievement based on their socio-economic status and anxiety was done by Alam, M.M. (2001), these studies did not obtain a relationship between socio-economic status and anxiety among children in the Indian context. Although, Masomeh, Khosravi (2005) carried out a study on the topic "A comparative study of the relationship between self-concept and anxiety among adolescent." The overall result, on school anxiety, showed that Iranian students were higher on test anxiety and lack of confidence than the Indian students, it covered only a single aspect of effects of Anxiety.

There is another study done by Deb, Chatterjee & Walsh (2010) that tried to link Anxiousness in High School Children in India (Kolkata city) with gender, socio-economic background, and school type and quality time with parents. Here, it was found that Anxiety was more in children from middle-class families than children from the high or low-income group.

1.3 Counseling and its Benefits

Counselling has come up as a great medium to help and support children from very young age to identify and detect early on the onset of any kind of mental health issues. There are few studies that enquired the counseling needs of adolescent students (Pushplatha C. & Sasikala S, 2015), they found around >55% children required counseling but 72% were unaware of Counselling Services. 95%

thought that they did not require counseling at all, 53% of students wanted to talk about their problems only with their friends. Abdul A. & Sumangala V. (2015) explored teacher's perception of the counselling needs of Higher Secondary School students in Kerala and it was found that Higher Secondary School students (adolescent) were in much need of counselling intervention to address their needs to tackle behavioural problems, to be understood, to love and be loved, feeling of belongingness, security, approval, to tackle emotional problems, achievement, freedom and future vocations.

In the US & the UK, there have been massive government programs, projects, and exhaustive research, studies in the areas of mental health, primary care interventions, counselling etc. and studies showed that more and more people from all walks of life are approaching Counsellors, Psychologists for help to deal with various psychological problems which are hampering their normal functioning in their day to day lives. Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. (2010), presented estimates of the lifetime prevalence of DSM-IV mental disorders with and without severe impairment in adolescent children between 13 to 18 yrs. and found that Anxiety disorders were the most common condition (31.9%) and that the median age for onset of anxiety was 6 yrs. Lifetime prevalence of Severe Impairment with Anxiety disorders was 8.3% in adolescent children. The way we are moving forward, these figures shall only rise.

Although there is lot of work happening in India to the likes of mental health clinics being set up, appointment of dedicated counsellors in schools, counselling and psychiatry clinics, assessments and interventions for various psychological ailments, child care facilities etc. there doesn't seem to be the existence of a cohesive and holistic approach towards tackling the growing counselling and clinical needs of the people, including children and adolescent.

The overexposure and easy accessibility of infants & children to technology, materialistic, readymade, synthetic objects, and the extreme shrinking of healthy human connections, is interfering with the natural, normal and healthy growth and development of the physical, mental, behavioral, neural, biological, emotional and social attributes of a child. This is not limited to the only urban population but has extended or is expanding immensely to the underprivileged families in urban areas and in rural areas. The older generation has no idea how to cope with it and hence is not capable enough to fathom how it is affecting their children. Even children from loving and caring families are developing psychological & behavioral problems. Thus the need of the hour is to extend counseling & psychiatry interventions to as many as possible.

There is not one but many instances where open discussions with children, paying attention to what they speak and mean, taking interests in their activities, being frank about relationships, timely coaching them about opposite sex, hormonal changes, expected pressures of school etc. enable them to become responsible and dynamic adults.

In a research done by Weiss, Weiss, Alicke & Klotz (1987), they established that the youngsters who were treated with various psychotherapies became better adjusted than the untreated ones. Behavior therapies have been highly effective regardless of the age of the clients, the experience of the therapists, or the problem being treated.

The British Association of Counselling and Psychotherapy emphasizes the need for extensive comparative research on effectiveness and efficacy of counseling and psychotherapy over medication that shall guide the national policymakers to decide which programs are worth investing. Cognitive Behavioural Therapy (CBT) currently is the most researched technique having supportive research evidence as to its effectiveness but other approaches such as Humanistic and Psychodynamic are catching up too. There have been multilevel studies and research to confirm the effectiveness of therapies with respect to medication, with different therapies and counseling techniques. Bedi et al., (2000), compared the effectiveness of counseling versus antidepressants, with inconclusive results. Simpson, S., Corney, R., Fitzgerald, P., et al. (2003), examined the effectiveness and cost-effectiveness of short-term counseling in general practice for patients with acute isolated depression or depression along with anxiety. There was an overall significant improvement in the actual scores over time, but there were no significant differences between the two groups on any of the measures at either 6 or 12 months. Gibbard, I. and T. Hanley (2008), found a significant increase in effect size pre- to -post-therapy for clients receiving person-centered counseling compared to a wait-list. This study a Person-centered counseling reported being effective for clients with common mental health problems, such as anxiety and depression. Effectiveness extends to people with moderate to severe symptoms of longer duration.

Moore Budd A.'s work on, The Efficacy Of Group Counseling Interventions Employing Short-Term Rational Emotive Behavior Therapy In Altering The Beliefs, Attitudes, And Behaviors of At-Risk Adolescents, has found significant evidence of the effectiveness of group interventions using REBT (Rational Emotive Behaviour Therapy).

Counseling and therapy propose an amalgamation of positive achievable benefits which can enhance one's life greatly. Exploring & sharing one's thoughts with a counselor, a non-judgmental person can imbibe the feeling of being less alone and being able to sort out one's thoughts in a productive manner. Disorganized thoughts, can be challenging and obstruct one to make right choices: counseling is a collaborative and confidential relationship, that works to cultivate a realistic plan to help move forward and grow to achieve the results specific to the individual seeking. A greater degree of self-awareness and understanding of oneself and others is the biggest benefit of counseling. It creates a better understanding of one's self-esteem, enhancing the personal relationships. Brings in clarity about who one is and what one can do in life, gives direction to work towards goals, and inculcates confidence, and faith in one's own capacity to achieve them. Counselling has to be accepted with open arms and not something to be petrified of, but rather it should be thought of as a step towards a chance of a happy & sorted life. Counseling improves self-knowledge, self-confidence, well-being, health, and clarity of mind. It offers the opportunity to improve life and comes with an overall feeling of positive change that manifests into a more fulfilling and productive life. Counseling makes one feel more inspired, motivated, and organized.

For abused children who have poor self-concepts and a life history of experiencing failure, discovering they can be helpful to someone else may be the most profound therapeutic quality possible. In the counseling group, children also discover they are worthy of respect and that their worth is not dependent on what they do or what they produce but rather on who they are.

2. METHODS

Hypothesis: H1: the Overall anxiety of adolescent children coming from low SES is fairly low. **H2:** There will be a significant difference in the Pre-Anxiety and Anxiety in adolescent children from low SES post Counseling Intervention.

The study was conducted on a sample of 14 students (from low SES families studying in a non-profit institute), comprising of 9 girls and 5 boys, within the age group of 17 to 19 years, studying in classes 10th, 11th, 12th. and one girl had enrolled in a graduation course commerce stream. This study considers both qualitative and quantitative approach in its conduction and analysis. The Counselling Intervention covers the Qualitative aspect and the data collected through Beck’s Anxiety Inventory enables the Quantitative analysis of this entire project. It allows for a fact-based analysis and interpretations of the data collected. The group participated in eight counseling sessions each of 60 minutes in length that were conducted once a week. The Pre-test was conducted a week prior to the start of the group sessions and the post-test was conducted at the concluding session.

2.1 Tools

Data Collection: **The Beck Anxiety Inventory-** To collect the anxiety scores of the group under counseling. BAI administered on all the participants, data collected, recorded and analyzed. Subsequently, 8 counseling sessions were held. Each session was of 60 minutes but was extended to 1.5 hrs to 2.0 hrs, depending on the seriousness of the topic under discussion and the need of the group. Talk Therapy, Relaxation techniques and thought modification techniques were employed during these sessions. On a concluding day, the BAI was administered on the group again to collect the post counseling anxiety scores. 1) The data group for both the Pre Beck Test and Post Beck Test was same. 2) The data collected, analyzed was entirely based on the 14 participants of the group only. 3) Formal Feedback from the group was received on the Counselling Sessions and the Counsellor.

3. RESULTS

Table 1: Degree of Anxiety distribution amongst the group

Anxiety Level	No. of Participants	%
Low	1	7%
Moderate	11	79%
High	2	14%

Table 1 allows us to reject the Null Hypothesis H1 that overall anxiety of adolescent children from low SES is low since we find that 13 out of the 14 participants had moderate to high anxiety. *Low Anxiety (<21): 7%, Moderate Anxiety (22 - 35): 79%, High Anxiety (> 35): 14% as per BAI. Alternately overall (Moderate + High) anxiety of the group is higher. It was found that most of them had Social Anxiety and were fearful of something or the other.

Table 2: Mean, Standard Deviation & t-test

	Mean	SD	Degree of freedom	t (val)	significant difference exists at 0.05% (Val(t) > (t:2.16) at df (13)
Pre Test	28.64	8.13	13	7.98	
Counselling Intervention					
Post Test	11.86	9.23			

Table 2 calculated the ‘Paired two sample for means’ of the Anxiety Scores of the sample (N=14): *t-test performed using sample N=14. There exists a significant difference between the pre and post anxiety scores of the group post counseling intervention and the scores reduced drastically too, hence H2 is accepted. Indeed counseling intervention does play a role in reducing adolescent anxiety from low SES families.

3.1 Data Analysis & Interpretation:

71.43% of the participants come from large families (>7) and that there were more girl participants as compared to boys. This exhibited the girls were more willing to attend the counseling sessions and they spared time for it contrary to few of the boys. The girls attended all the sessions. Almost half (**42.8%**) of the group members are in the tenth standard. It does not imply that all tenth class students are of lesser age because there was no linear relationship between age and their class. **64.29%** of the group exhibited severe levels of anxiety symptoms i.e. unable to relax and feeling of nervousness in social interactive & challenging situations, of which 50% are girls, This depicts the normal temperament of girls, since they seem to worry about things, work, responsibilities etc. **42.86%** are afraid of the worst happening, fears of losing control. These depict an alarming situation of our young generation. Until the scores came and were explained the participants were not aware of these as anxiety symptoms, they thought of it as their way of life.

We also observed girls show greater signs of anxiety than boys. Especially they are nervous and unable to relax. One observation is that most of the boys & girls are the same who show severe anxiety symptoms across the top 5 items. The girls tend to be more associated with and attached to their environment, families, responsibilities hence they are more challenged by the demands of this situation and are affected more by the impacts of anxiety. The *severe anxiety scores* are more than 50% of the total anxiety scores of the group. It was observed that almost **79%** of the participants in the group fall under *Moderate anxiety*, supporting the fact that counseling intervention is the best way to address the problems and issues of such a group. Although high severity items signify

that a continuous counseling & guidance approach is required for this group. The post counseling results revealed a drastic reduction in the anxiety scores. Especially the **severe score** was more than **50%** of the total of the **Pre Counselling Scores**, but now the severe score is **27%** of the total and has dropped by **81%** from the pre-scores. Hypothesis H1 is rejected from the fact that there definitely existed a high level of anxiety in the entire group i.e. 13 out of the 14 members of the group displayed moderate to severe anxiety. The **Total Group Anxiety Score** has also dropped by **58.6%** i.e. from **401 to 166**. This definitely supports the fact that the counseling sessions did help the group in dealing with their problems and issues. Scores from the Pre and Post BAI evaluations conclude that there was **58.6%** reduction in the anxiety scores of the group. 2 cases exhibit little improvement, implying their case requires further scrutiny as the cause of anxiety could be deeper and there are chances of combined issues of anxiety and depression. The average % reduction also suggests that the duration of the counseling exercise needs to be extended to assess further reduction in anxiety and address the more core issues causing anxiety. The BAI scores reveal that urban adolescent children from low-income families are affected by anxiety to a large extent (79%) and they too require interventions, guidance, and support to embrace coping skills for their anxiety situations. Student *t*-test has been used to evaluate the BAI Anxiety scores before and after the counseling intervention. The *t*-test (**1.8**) between the means of Pre & Post Anxiety Score show no significant difference between them. But our *t* value (**7.98**) for the total pre and post Anxiety scores is greater than its critical value at .01% level hence **significant difference** exists between the Post and the Pre Anxiety scores, indicating that there was substantial fall in anxiety levels of the sample post the counseling intervention. Implying that Counselling Intervention does have the ability to reduce Anxiety levels of Adolescent Children thus proving our Hypothesis H2, hence it is accepted.

Table 3: Percentage reduction in group anxiety scores

Post Total	Pre Total	% Reduction
15	49	69.39%
39	45	13.33%*
13	34	61.76%
16	31	48.39%
4	29	86.21%
20	28	28.57%*
11	27	59.26%
5	27	81.48%
4	26	84.62%
4	8	50.00%
7	22	68.18%
10	26	61.54%
9	25	64.00%
9	24	62.50%
166	401	58.60%

* Scores show that further deeper assessment is required since the % reduction is lesser than the majority of the group.

Table 3, above shows that there was a drastic improvement in the anxiety levels of the group, overall **58% of the reduction** in anxiety. The boys seem to be more receptive towards the benefits of the counseling sessions at 68.67% reduction, the lower % reduction of the girls is due to the two extreme cases that show marginal improvement in their anxiety levels. 17yrs age participants show a greater reduction in their anxiety scores as compared to the 18yr old. Though only a year difference between 17 & 18yrs but the scores reflect that there could be additional reasons and factors that affect an 18yr old more than a 17yr old. Their duration of association with the anxiety related issues is longer than that of the 17yr old, thus the hold of the anxiety items is more on them. The 17yr old was more receptive to the counseling sessions. Similarly, we observe that class-wise as well % reduction of anxiety scores is good from 10th and 12th students.

We can interpret from the various scores that continued counseling interventions shall bring in further reduction of the anxiety levels of the adolescent children and that they shall be enabled with more coping skills or completely capable of handling their anxiety experiences.

3.2 Limitations

- Limited professional knowledge/experience on professional therapies and techniques could have restricted the study in some form.
- The study did not assess the effectiveness of any particular intervention technique or approach
- Being a group study the sample was restricted to 14 subjects only.
- Becks Anxiety Inventory is used at a more progressed state of Anxiety, at this point other tools might have given similar or different results could not be evaluated
- BAI scores do not reveal the type of Anxiety Disorder, it provides the evidence of the existence of anxiety.
- There was no way to identify if the responses of the children were absolutely genuine or correct, although a lot of efforts were put in to ensure that each and every subject understood the meaning of the Items and their ratings in the BAI. And that they were providing their true responses.
- The scope of the study did not allow to extend the counseling requirements to parents of the group. Parent awareness and involvement in their child’s psychological needs would have brought a long-term benefit to the participants.
- Touching topics of sex, puberty, and other adolescent developmental experiences was limited due to the tight schedule of the project and reluctance of the group to openly discuss such topics.

4. CONCLUSION

The goal that was set out to evaluate the effectiveness of counseling interventions in reducing adolescent anxiety in children from low SES families was achieved successfully through this project. It was established that there was a significant difference between the pre (401) and post (166) anxiety scores of the adolescent children from low SES families due to effective Counselling Intervention. Implying that the Counselling Intervention exercise did have a role in reducing the anxiety of the group by 66%. This project was able to provide a new perspective on adolescent children from low-income families, where none or very limited work has been done till now. It also opens new research avenues in the field of the anxiety of communities from the low-income group and how it is affecting or impacting their lives. There is sufficient scope of correlational studies which have been missed till now especially in Indian context e.g. Anxiety vs SES across cultures and societies. Through this study, a lot of information was revealed which shall be very helpful for future studies, such as zero percent awareness of urban low SES residents about anxiety. This comes as an alarming phenomenon since already established that anxiety disorders are fast growing and early detection of anxiety ensures cure but if anxiety goes undetected then its impacts are irreversible and may also lead to other mental issues. There is a vast urban population that belongs to the low SES or are below poverty line. We should not forget that they are the lifelines of our urban societies, maids, house help, rickshaw pullers, fruit/vegetable vendors, sweepers, laborers, cleaners, press-walla, dabbawala, drivers and so many others are constantly taking care of our homes and our cities in so many ways. The mental health of this community should be our concern. As responsible citizens, we should try to extend our help and support in form of extending education to them and their children, developing awareness about sanitation, health, psychological issues, substance abuse etc. is also something that we can do. Although many NGO's works at different levels with the underprivileged still its reach is limited.

That adolescent child from low SES experience anxiety at moderate to severe levels counter many studies that fail to agree on this. More studies are hence required to establish that low SES children both from urban and rural settings face a unique set of experiences that have possibilities to be manifested as psychological problems. Adolescent children are facing challenges of various kinds everywhere they require an immense level of love and support to overcome their fears, their troubles and insecurities and not get lost in the sad world of anxiety and depression and other complex psychological issues. This project tries to establish that one doesn't require exhaustive arrangements and programs to assess and address anxiety issues amongst children but the simple approach and willingness to bring good in the society is sufficient to convince and empower children to come out of their troubles. Counselling Intervention of any kind, may it be CBT, or a combination of therapies or even simple relaxation techniques like Yoga, Pranayama, can be the best ways to address and treat Anxiety disorders amongst adolescent children. This aspect is presented through this project. This project was an immensely fulfilling experience and gave encouragement to carry out similar projects in the future with adolescent children from low-income families.

5. FURTHER SCOPE

- Awareness amongst Adolescent children about Anxiety or psychosocial issues in general.
- Assessments of the degree of Anxiety present in Adolescent Children.
- The effectiveness of specific Counselling Interventions in reducing Adolescent Anxiety.
- The effectiveness of Parental involvement in reducing Adolescent Anxiety.

All the above future studies can be done gender-wise to evaluate the degree of effectiveness and extent and impacts of various psychosomatic and psychological problems among boys and girls.

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