



CRITERIA-1
CURRICULAR ASPECTS
1.1.1 Curricular Planning and Implementation
Supporting Documents

Mentoring System

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Over view of the ‘mentoring program’ in the institution

Mentoring program named *WE - ‘WE will walk together’* in the institution focuses on the present and future of the students and there by support and guide them for professional and personal development. It is an ongoing relationship that can last for long time. Mentoring interaction can be rewarding and lead to new insights for both mentee and mentor. Mentor - mentee relationship is therapeutic in nature and has six phases, viz, i) preparation, ii) negotiation, iii) action iv) evaluation v) termination and vi) follow up. This is a sequential process, with several steps such as i) monitoring students' progress ii) administer individualized strategies to help students to succeed ii) expose the students to new perspectives and opportunities iv) support and guide to deal with personal, academic and professional concerns v) provide motivation to expand their skills vii) provide constructive feedback.

The mentoring system in the institution is coordinated by the Department of Social Work. All teachers in the institution received workshop on the ‘mentoring program’ and all departments in the college follow a uniform, contextualized and evidence-based format for the assessment and intervention with mentees. Students in each department are divided into groups of 15-20 each, and a teacher is deputed as the mentor for each student. Initially students are oriented on the concept of ‘mentoring system’ and the way of functioning. In the preparation phase, the mentor and mentee get to know each other and discuss about the developmental goals. The mentor understands the biopsychosocial factors associated to the mentee’s development, perception on life and academic activities, learning style, strengths and weaknesses of the mentees etc. In the negotiation phase, regular meetings are held between mentor and mentee, and the collaborative goals are established. In the action phase, the mentee is provided with timely support. Activities to achieve the collaborative goals are rigorously practiced and positive behaviors of the mentee are reinforced. In the evaluation phase, all the micro and macro goals are evaluated in terms of process and outcome. Further, in the termination phase, the mentee is informed on the concept and need of termination. Future action plans are planned in the same phase. And finally, in the follow up phase the mentee can be contacted by the mentor over the phone/mail/any other convenient platform on regular intervals initially and later based on the need. Apart from the regular follow up, mentee can contact mentor as per the requirement. The whole program aims at the holistic development of the mentee.

Dr Muhammed Fareed T P

Principal
W.M.O. Arts & Science College
Muttill P.O., Wayanad



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WE

'WE will walk together'

MENTORING PROGRAM



DEPARTMENT OF SOCIAL WORK


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Muttill P.O., Wayanad

Developed by

Faculties, Department of Social Work, WMO Arts and Science College, Muttill

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Mr. Abdul Nizar Maliyekkal

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Principal's message

“Mentoring is for the mentee. Most of all, for the mind of the mentee. I think that Mentoring needs to focus on and develop the mentee’s finest independent thinking about their work, their career, their life, and their dreams. The Mentor’s perspective is an important ingredient in this special relationship. But it feeds. It is not the feast” – (Kline 2009)

The purpose of mentoring is to grow by tapping into the knowledge and experience of someone further along than yourself. It's the best way to accelerate your development.

By having someone who knows more than yourself share advice, offer guidance and be a sounding board for your thoughts you stand to benefit from experience beyond your own. Whether in your professional or personal life, having a mentor is crucial to all of our continued growth and development.

Both mentor and mentee grow through mentoring. Let's walk together with our mentees and see a better tomorrow with this therapeutic process.



Dr Muhammed Fareed T P

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PREFACE

“The ignited minds of the youth are the most powerful resource on the Earth.”

Dr A P J Abdul Kalam

Student–teacher relationship is the most important pillar of education, the professional and personal growth of the student and teacher.

This manual on ‘Mentoring Program’ provides insight into the process and the need for mentoring programs. This is a platform for students and teachers to grow as individuals and professionals through an in-depth interactive, therapeutic process.



Mr Ahammed Munavvir B M

Head

Department of Social Work



Principal
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Short handbook on Mentoring

CONTENT

- I. Mentor – Mentee Cell
- II. Psychotherapy Service
- III. The GROW model.
- IV. Communication with parents/ guardian/ family
- V. Appendix I - Assessment Proforma (mentee)



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I. MENTOR- MENTEE CELL

Mentor (Teacher) – Mentee (Student) Cell is founded with a vision to extend support and guidance to the students for the betterment of their academic, professional, and personal life and thereby contribute towards the development of the country. It is an evidence-based system that is aimed to narrow down the gap between the mentee and the mentor. The students may come across difficulties during the course and have to face various personal, academic, and professional challenges. To support them to cope up with such problems and to enable them to excel in life as per their potential, a Mentor-Mentee Program for the students of the institution has been developed. The mentor builds a therapeutic relationship with the mentee through personal attention and regular dialogues.

OBJECTIVES

- Bridge the gap between the mentor and the mentee
- Holistic development of the mentee
- Develop a congenial learning environment
- Develop a biopsychosocial perspective on mentee's problems
- Rebuild the value system

PROCESS

Mentor - mentee relationship is therapeutic in nature and has six phases;

- i) Preparation
- ii) Negotiation
- iii) Action
- iv) Evaluation
- v) Termination
- vi) Follow Up

This is a sequential process, with several steps such as i) monitoring students' progress ii) administer individualized strategies to help students to succeed ii) expose the students to



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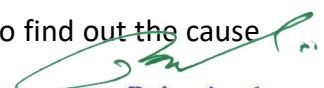
new perspectives and opportunities iv) support and guide to deal with personal, academic, and professional concerns v) provide motivation to expand their skills vii) provide constructive feedback.

In the preparation phase, the mentor and mentee get to know each other and discuss developmental goals. The mentor understands the biopsychosocial factors associated with the mentee's development, perception of life and academic activities, learning style, strengths, and weaknesses of the mentees, etc. In the negotiation phase, regular meetings are held between mentor and mentee, and collaborative goals are established. In the action phase, the mentee is provided with timely support. Activities to achieve collaborative goals are rigorously practiced and the positive behaviours of the mentee are reinforced. In the evaluation phase, all the micro and macro goals are evaluated in terms of process and outcome. Further, in the termination phase, the mentee is informed of the concept and need for termination. Future action plans are planned in the same phase. And finally, in the follow-up phase, the mentee can be contacted by the mentor over the phone/mail/any other convenient platform at regular intervals initially and later based on the need. Apart from the regular follow-up, the mentee can contact the mentor as per the requirement.

The whole program aims at the holistic development of the mentee. The whole program aims at the holistic development of the mentee.

PROGRAMME DETAILS

- Mentees shall be assigned to the mentors right from the first year of the programme.
- A mentor shall not have more than 15- 20 mentees at a time.
- The mentees preferably be attached to the same mentor for the entire duration of the programme.
- The mentor shall meet the mentees on regular interval and record the outcome of the meeting in the hard copy. The details about each mentee will be recorded, periodically updated, and will be kept confidential.
- The mentor shall identify the issues of the mentee in academic and non-academic matters. The mentor shall interact with the student and try to find out the cause


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of the problem. If required the mentor will involve various systems associated to the mentee to address the issue.

- The following areas will be focused in the mentoring program;
 - a. Mental Health and physical well being
 - b. Behavioural and discipline matters
 - c. Attendance: The mentor shall observe and monitor the attendance of the mentee.
 - d. Academic Matters: The mentor shall also keep a track of the academic performance of mentees including continuous assessment, term and examination and help the mentee through counselling or by arranging remedial coaching (each department can decide on that).
 - e. Achievements, talents and co-curricular activities
 - f. Other needs of the mentee

DUTIES/RESPONSIBILITIES OF MENTOR

- i. Introduce and discuss the concept of mentor- mentee system with the assigned mentees.
- ii. Build a collaborative relationship with the mentee
- iii. Ensure the holistic development of the mentee
- iv. Maintain a record of the progress

DUTIES/RESPONSIBILITIES OF MENTEE

- i. Attend meetings regularly
- ii. Build a collaborative relationship with the mentor
- iii. Work towards the holistic development of self



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II. PSYCHOTHERAPY SERVICE

The faculty belongs to the Department of Social Work, trained in psychotherapy, functions for the Psychotherapy Service.

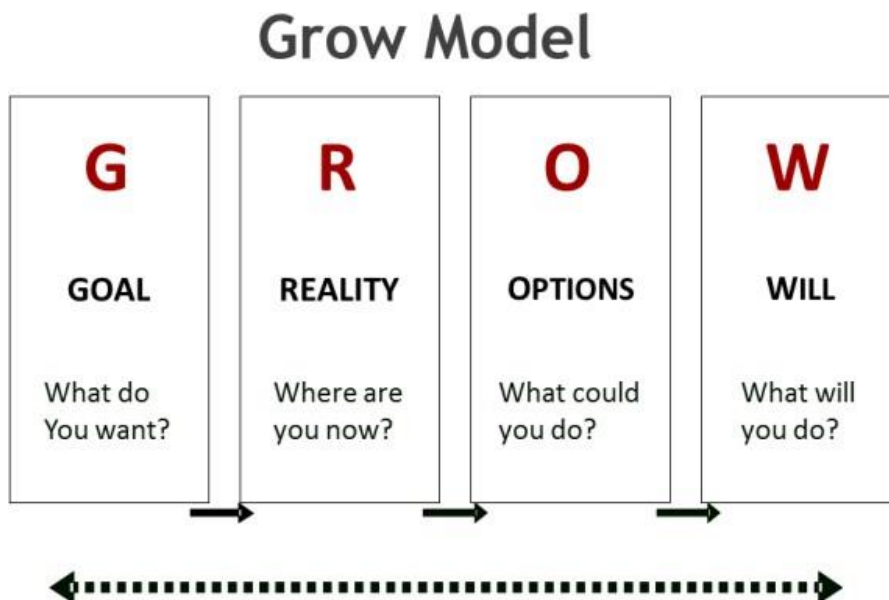
Psychotherapy is the use of psychological methods, particularly when based on regular personal interaction, to help the mentee to change behaviour, increase happiness, and overcome problems. Psychotherapy aims to improve an mentee's well-being and mental health , to resolve or mitigate troublesome behaviours, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social skills. It motivates the mentees to identify their inner strength which will enable them for their holistic development.



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III. THE GROW MODEL

The GROW Model is a straight-forward four-step process that can be used for structuring the mentoring processes and reflecting on how to explore directions and priorities for the holistic development.



Expected Outcomes:

- Evidence and outcome based professional and personal holistic development.
- Development and nurturing the deep understating of personal motivation.
- Enhancement in regularity and involvement in classroom teaching- learning and Enhanced interest in the chosen subjects.

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IV. COMMUNICATION WITH PARENTS/ GUARDIAN/ FAMILY (only if applicable)

In India, though the nature of family has been changed over the period of time, family still plays a crucial role in an individual's life. Disclosure of the mentee's problem can have a profound impact on the parent/ guardian/family. This impact may be minimized if the mentor is aware of some simple techniques of communication.

One of the commonest models used to communicate bad news which can be extrapolated to this scenario goes with the acronym **ABCDE**.

I – A (Advance Preparation)

- Ensure you arrange an undisturbed time and place for the meeting
- Prepare yourself emotionally
- Evaluate what the parent already knows/understands
- Arrange for the presence of a support person if required
- Decide on the words and phrases to use (if you assess that it may be a difficult discussion)

II- B (Build a therapeutic environment/ relationship)

- Provide adequate seating for all
- Sit at comfortable distances
- Introduce yourself and others
- Begin with some neutral discussions to break ice – maybe regarding the weather, bus service etc.

III- C (Communicate Well)



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- Be direct - Start with some general details of the student. State how he/she was doing before concerns were raised, what are the concerns now and why there was a need to inform the family
- Do not use euphemisms, jargon, acronyms
- Allow for silence
- Use non-verbal communications skills including those for managing silence (refer to the module on communication skills)

IV- D (Deal with family reactions)

- Encourage, validate emotions
- Assess the parents/family reaction: denial, anger, bargaining, accusatory or acceptance (common reactions) or maybe a combination of these. State that their reaction is quite understandable given the difficult circumstances (please see more details below)
- Listen actively, explore, have empathy. But explain consistently the concerns. It may be helpful to do so by comparing observations regarding the person, before and after.
- Address further needs: What is the person's immediate and near-term plans. This includes therapeutic options.
- Make appropriate referrals for more support, if required.

V- E (EDUCATION)

- Incorporate a psycho-educative component in the disclosure session.
- Educate the family properly on the needs and problems of the child.


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APPENDIX - I

WE

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MENTORING PROGRAM

ASSESSMENT PROFORMA

I. SOCIODEMOGRAPHIC DETAILS

- a. Name
- b. Sex
- c. Age
- d. Religion
- e. Previous educational qualification
- f. Occupation/ if any parallel job
- g. Marital status
- h. Domicile
- i. Socioeconomic status

III. **MAJOR COMPLAINTS/NEEDS/SYMPTOMS/SIGNS OF THE STUDENT** with duration of the problem and precipitating life event (if any)

IV. FAMILY HISTORY

a. **Family constellation** (this can be very brief as per your convenience)

Family member	Age	Educational status	Occupation	Marital status	Income /Month	Health

b. Family interaction pattern

How do family members communicate with each other (before and after the onset of the problem of the student)

V. IMMEDIATE SYSTEMS INVOLVED IN THE PROBLEMS OF THE STUDENT

1. Family
2. Peer
3. Teachers
4. College authorities
5. Others, specify

VI. MANAGEMENT PLAN

1. Supportive work (acknowledgment, ventilation, reassurance etc)
2. Referral
3. Others, specify

The student can be referred for 'Psychotherapy Service' under the Department of Social Work if necessary.

Can attach more pages as per the requirement



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WORKSHOP ON MENTORING PROGRAM

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Department of social work

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Shall we go back to our childhood for a while... .. ?



What's mentoring !



It's all about being unconditionally with your child (student) !

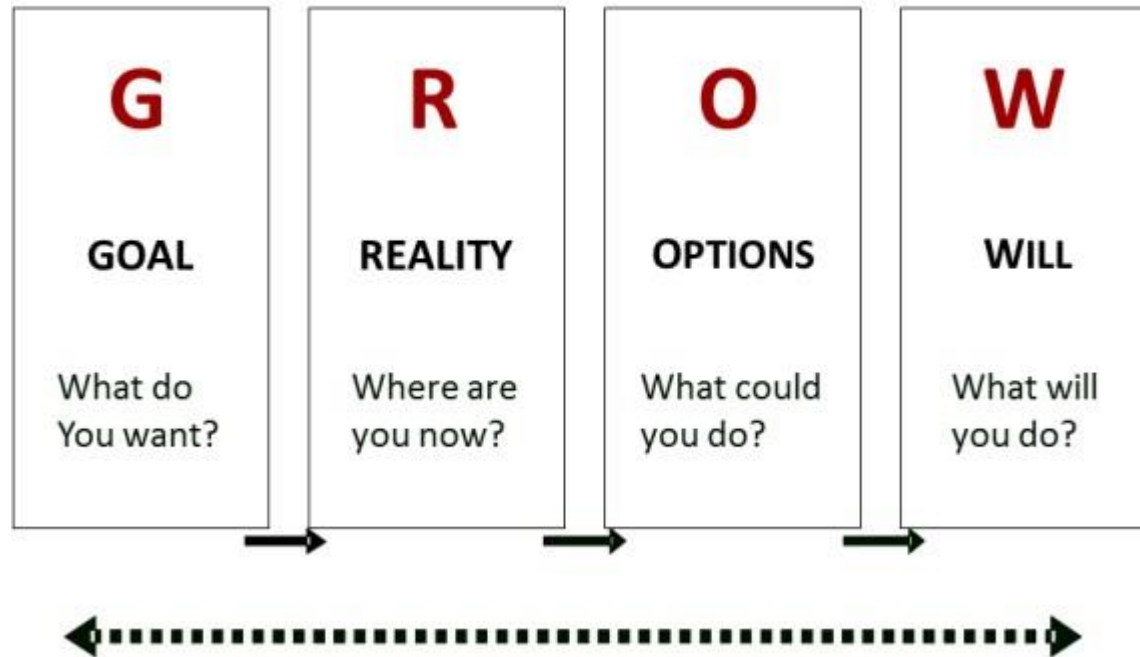
Core mentoring skills

- Listening Actively
- Building Trust
- Encouraging
- Identifying Goals and Current Reality
- Instructing/Developing Capabilities
- Inspiring
- Providing Corrective Feedback
- Managing Risks

The GROW Model

The GROW Model is a straight-forward four-step process that can be used for structuring the mentoring processes and reflecting on how to explore directions and priorities for career development.

Grow Model






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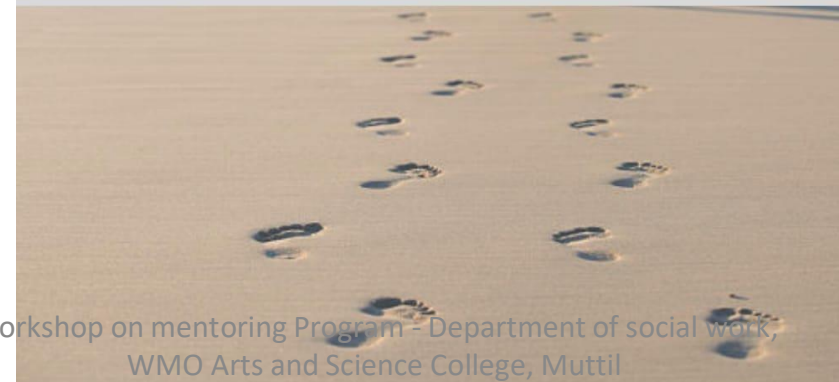
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MENTORING PROGRAM



Discussion on the assessment format



“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

— Maya Angelou

WE

‘WE will walk together with our children’

THANK YOU



MENTORING PROGRAM

WE
'WE will walk together'

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News / Education Today / Featurephilia / Mental health issues that students are facing today

Mental health issues that students are facing today

As we speak there is one suicide attempt every three seconds and one death by suicide every forty seconds by our youth. These statistics alone are alarming enough to take cognizance of the fact that mental health among students is going to be the next crisis.

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THE TIMES OF INDIA

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WEATHER KARNATAKA ELECTIONS

NEWS / CITY NEWS / MANGALURU NEWS / Mental Health Deteriorating Among College Students...

Mental health deteriorating among college students: Study

TNN / Apr 30, 2022, 03:29 IST



Fear of COVID-19, psychological distress, well-being and life satisfaction: A comparative study on first and second waves of COVID-19 among college students in India

Remya Lathabhavan¹ 

Screening for overall mental health status using mental health inventory amongst medical students of a government medical college in North Karnataka, India

Yuvaraj B. Y., Poornima S., Rashmi S.



Epidemiology of Dyspepsia and Irritable Bowel Syndrome (IBS) in Medical Students of Northern India

Sumeena Basandra¹, Divyansh Bajaj²

¹ Resident, Department of Community Medicine, Maulana Azad Medical College & Associated LN, GNEC and GB Pant Hospitals, New Delhi, India.

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Common clinical expressions among college students

Depression

Cardinal symptoms

- Sadness
- Loss of interest
- Sleep

Symptoms of Depression in Teens



Feelings of worthlessness or hopelessness



Loss of interest in things he or she used to enjoy



Withdrawal from friends and family



Crying



Inability to sleep, or sleeping too much



Loss of appetite, or increased appetite



Anxiety

SYMPTOMS OF ANXIETY

Physical

- Heart pounding
- Flushing
- Shortness of breath
- Dizziness
- Sweating
- Headache
- Dry mouth
- Stomach pains
- Nausea
- Diarrhea
- Muscle aches/pains
- Restlessness
- Inability to relax

Psychological

- Excessive worry
- Irritability
- Impatience
- Feeling "on edge"
- Fatigue
- Vivid dreams
- Mind racing
- Mind going blank
- Indecisiveness
- Difficulty concentrating
- Decreased memory

Behavioral

- Obsessive or compulsive behavior
- Phobic behavior
- Avoidance of situations
- Distress in social situations



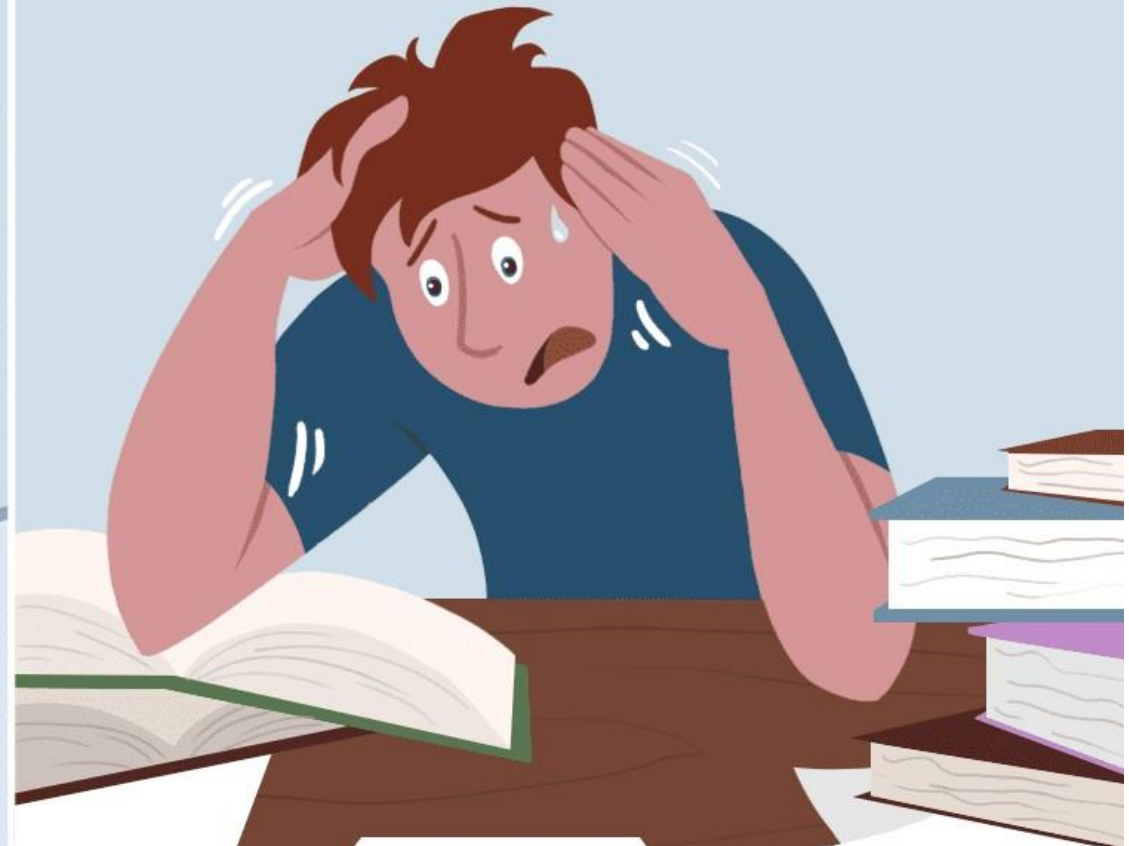
Normal

- Triggered by certain events and situations
 - Intermittent
 - Beneficial



Problem

- Interference with daily life
 - Irrational
 - Chronic



Suicide

According to the NCRB's Accidental Deaths and Suicides in India (ADSI) report, 2020, around 8.2% of students in the country die by suicide.



The Changing Face of ADHD

Adult ADHD

Childhood	→	Adulthood
Hyperactivity (can't sit still, always "on the go," climbs or runs at inappropriate times)	May Become	Restlessness (can't stay focused on one thing; fidgety; impatient)
Physical Impulsivity (doing things that result in a lot of injuries; problems waiting one's turn)	May Become	Verbal Impulsivity (saying the "wrong thing" or speaking out of turn; interrupting others excessively)
Inattention (problems paying attention in class or completing school work)	Often Remains	Inattention (difficulty concentrating at work; problems finishing tasks)

Substance abuse

**WHAT TO
DO WHEN
YOU GET
BORED**



Temperament to personality

Types of Personality Disorders



CLUSTER A:

Odd thinking and eccentric behavior

- ✓ Paranoid personality disorder
- ✓ Schizoid personality disorder
- ✓ Schizotypal personality disorder



CLUSTER B:

Dramatic and erratic behavior

- ✓ Antisocial personality disorder
- ✓ Borderline personality disorder
- ✓ Histrionic personality disorder
- ✓ Narcissistic personality disorder



CLUSTER C:

Severe anxiety and fear

- ✓ Avoidant personality disorder
- ✓ Dependent personality disorder
- ✓ Obsessive-compulsive disorder

verywell

Emotionally unstable personality



Fear of abandonment.



Unstable, intense relationships.



Unstable self-image or sense of self.



Rapid mood changes.



Impulsive and dangerous behavior.



Repeated self-harm or suicidal behavior.



Persistent feelings of emptiness.



Anger management issues.



Temporary paranoid thoughts.

Antisocial personality



Antisocial Personality Disorder

- disregard for rules
- disregard for the rights of others
- deceitfulness
- manipulation
- aggressiveness

Histrionic personality



Histrionic Personality Disorder

- dramatic behavior
- inappropriately sexual or provocative
- need to be the center of attention



THANK YOU

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MENTORING PROGRAM
2022

"The ignited minds of the youth are the most powerful resource on the Earth"

Dr A P J Abdul Kalam

Dear colleagues

Greetings from the Department of Social Work

First of all, we would like to express our gratitude for the opportunity given and for the immense support we have received from your end.

'By having someone who knows more than yourself share advice, offer guidance and be a sounding board for your thoughts you stand to benefit from experience beyond your own. Whether in your professional or personal life, having a mentor is crucial to all of our continued growth and development.'

As we have been discussing (hope all of you have started the program), please find the 'short handbook' on mentoring program and assessment proforma. 1 handbook and 10 copies (you can take more copies of the same as per the requirement) of proforma have been enclosed. Please find the handbook for basic details on 'mentoring program'.

Kindly follow the below mentioned instructions:

1. Mentor- Mentee ratio – 1: 15-20
2. Each mentor has to keep a confidential file for 'mentoring program' (hardcopy on mandatory basis considering the confidentiality and other ethical concerns)
3. Utilize the given proforma for the assessment (extra assessment components can be added as per the requirement)
4. Have a periodical, structured, outcome-based session with your mentee
5. Refer the mentee to 'Psychotherapy Service' at Department of Social Work if required

'Let's walk together with our mentees for a better tomorrow'

ALL THE BEST

Thank you

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**SAMPLE OF THE ASSESSMENT OF MENTEE AND
INTERVENTION PROVIDED**



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Dept. of Social works

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MENTORING PROGRAM

ASSESSMENT PROFORMA

I. SOCIODEMOGRAPHIC DETAILS

- a. Name [REDACTED]
- b. Sex [REDACTED]
- c. Age 21
- d. Religion Hindu
- e. Previous educational qualification BA English ~~two~~
- f. Occupation/ if any parallel job
- g. Marital status single
- h. Domicile Kozhikkode
- i. Socioeconomic status low

III. MAJOR COMPLAINTS/NEEDS/NEEDS/SYMPTOMS/SIGNS OF THE STUDENT with duration of the problem and precipitating life event (if any)

low mood
decrease in sleep
low confidence
carelessness in academics

IV. FAMILY HISTORY

a. **Family constellation** (this can be very brief as per your convenience)

Family member	Age	Educational status	Occupation	Marital status	Income /Month	Health
Father	53	10	computer	married	—	—
Mother	43	Pre degree	Home wife	married	—	kidney patient
Sister	4	9	student	Single	—	—
Grand Father	82	8th	—	widowed	—	issues related with age.

b. **Family interaction pattern**

How does family members communicate with each other (before and after the onset of the problem of the student)

Family support reported.

V. IMMEDIATE SYSTEMS INVOLVED IN THE PROBLEMS OF THE STUDENT

1. Family *interacted with great group feel further clarity*
2. Peer *interacted with the teachers*
3. Teachers *interacted with the teachers*
4. College authorities
5. Others, specify *Referred to a psychiatrist because of the possibility of clinical depression.*

VI. MANAGEMENT PLAN

1. Supportive work (acknowledgment, ventilation, reassurance etc) ✓
2. Referral *Referred to psychiatrist* ✓
3. Others, specify ✓

The student can be referred for psychotherapy service under the Department of Social Work if necessary.

Can attach more pages as per the requirement

there is a possibility of clinical depression so that Referred to a psychiatrist at earliest



Abdul Nizor MAM

Tales of workshop



Pre-test done by teachers on their understanding of 'mentoring' prior to the workshop




Workshop for faculty on 'mentoring'

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Workshop for Faculty on 'mentoring and various mental disorders among youth'


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Short film screened during mentoring program for teaching faculties

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