

Psychotherapy And Effective Counseling In Social Casework Practice

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Abstract

Counseling is a process in which the counselor assists the counselee to make interpretation of facts relating to a choice, plan, or adjustment. This assistance may take many forms such as educational, vocational, social, personal, emotional and moral. While psychotherapy is the treatment of mental illness by discussing somebody's problems with them rather than giving them drugs. This paper attempts to look at how professional counseling should be done, the key difference between the two courses of therapeutic communication treatment and how do contemporary theories of counseling work with families' adjustment and solving problem. The study was conducted using secondary method of data. The secondary sources used data from internet, newspapers and journal articles. The paper recommends the need for psychotherapy and counseling practice in Nigeria; for a long time, the problem of integration of the different ethnic groups in Nigeria may well be a problem which psychotherapy and counseling may help to solve.

Key words: *Psychotherapy, counseling, Social casework, adjustment, problem-solving*

Psychotherapy in Nigeria

Counseling someone with personal problems is neither magical nor mystical. Although training and experience in counseling is beneficial, everyone has the potential of helping others by listening and talking through their difficulties. Counseling with a successful outcome can be done by a friend, neighbour, relative, the local barber, hairdresser, banker, and bartender, as well as by social workers, psychiatrists, psychologists, guidance counselors, and the clergy. This is not to say that everyone will be successful at counseling. Professional people, because of their training and experience, have a higher probability of

being successful. But competence and concern, rather than degrees or certificates, are the keys to desirable outcomes. According to Social Development Policy for Nigeria (1989), Counseling in social development, is a process by which an individual (or group) is helped to improve his social behaviour through the improved knowledge of self and the significant others that promote useful and harmonious social living. While psychotherapy is the treatment of mental illness by discussing somebody's problems with them rather than giving them drugs. Social casework is work on cases guided by certain principles and the use of knowledge and human relation, skills with

the object of fulfilling the function of a particular agency.

The focus of this paper is on how professional counseling should be done, the key difference between the two courses of therapeutic communication treatment and how do contemporary theories of counseling work with families. Since all of us at one time or another counsel others, the closer the counseling (including friend-to-counseling) approaches professional counseling, the higher the probability of a successful outcome.

Counseling from the Helper's Perspective

Most simply stated there are three phases to counseling: (1) building a relationship, (2) exploring problems in depth, and (3) exploring alternative solutions, with the client then selecting a course of action. Successful counseling gradually proceeds from one phase to the next, with some overlap of these stages. For example, in many cases while exploring problems the relationship between the counselor and the counselee continues to develop; and while exploring alternative solutions the problems are generally being examined in greater depth. At the end of a series of counseling interviews there is often the fourth phase of "Evaluation".

Many times before the initial interview a counselor is unaware of the reasons or problems that new clients have. The questions arise as to what the counselor's objective should be in the first interview. In such initial interviews the counselor should seek to build a "helping" relationship, and seek to begin to explore the client's problems. The third phase-of examining alternative solutions- may or may not be arrived at in the initial interview. Every interview has a goal or objective, and the counselor should have this on his/her mind prior to and during the interview to give focus to the interview. (Zastrow, 1985).

On many occasions the first problem that clients present may not be the one that they are most concerned about. Clients sometimes initially present problems that they believe are more socially acceptable to have in order to test out how objective, understanding, and helpful the counselor will be.

Counseling from the Helpee's Perspective

The counseling process can also be conceptualized from the client's point of view. In order for counseling to be successful, clients must arrive at a progressive series of "self-talk" statements (that is, clients must arrive at having certain thoughts and beliefs). These self-talk stages are:

- Stage I: Problem awareness: "I have a problem."
- Stage II: Relationship to counselor: "I think this counselor will be of help to me."
- Stage III: Motivation: "I think I can improve my situation."
- Stage IV: Conceptualising the problem: "My problem is not overwhelming, but has specific components that can be changed."
- Stage V: Exploration of resolution strategies: "I see there are several courses of action that I might try to do something about my situation."
- Stage VI: Selection of strategy: "I think this approach might help and I am willing to try it."
- Stage VII: Implementation: "This approach is helping me."
- Stage VIII: Evaluation: "Although this approach takes a lot of my time and effort, it is worth it."

Stage I - Problem awareness: At this initial stage counselees must say to themselves, "I

have a problem-I need to do something about my situation.” If people with problems refuse to acknowledge they have a problem they will, of course, not be motivated to make the efforts needed to change.

For people who deny a problem exists, constructive changes are not apt to occur, unless the counselor finds a way to convince them that a problem exists. When a person denies that a problem exists, counseling needs to focus on this denial by exploring why the counselee believes a problem does not exist and by gathering evidence to document the existence of the problem to the counselee. The client then needs to be confronted, in a tactful manner, with this evidence by the counselor. If after such a confrontation the client still denies a problem exists, the counselor should be aware that the client owns the problem, and there is little more than the counselor can constructively do at this time, except perhaps to indicate s/he will be available in the future if the client wants to talk.

Stage II - Relationship to counselor: In order for counseling to be effective, the counselee must arrive at the point where his or her self-talk is, “I think this counselor will be of help to me.” If the counselee instead has the self-talk, “This counselor can’t help me. I just don’t trust this counselor,” counseling will fail unless a more positive relationship is established. Throughout the counseling process, and especially in the initial meetings, the counselor must be aware and give attention to the kind of relationship between the counselor and the counselee.

Eriksen (1979) emphasizes the importance of a helping relationship being formed with clients:

The relationship that develops between worker and client is the very cornerstone of helping. Through the helping

relationship, the client and worker come together to unblock communication that is preventing problem solving....

Stage III - Motivation: Counsees must come to say to themselves, “I think I can improve my situation- I want to better myself.” Unless a counselee becomes motivated to change, constructive changes are not apt to occur. In counseling, the key variable in determining whether a client will improve his/her circumstances is the client’s motivation to want to improve and put forth the necessary effort (Losoncy, 1977).

Stage IV - Conceptualizing the problem: In order for counseling to be effective a client needs to recognize, “My problem is not overwhelming, but has specific components that can be changed.” Many clients tend to initially view their situation as being so complex that they become anxious or emotional, and thereby are unable to see that their problem has a number of components that they can change in a step-by-step fashion. In order to help clients conceptualise their problems, the counselor needs to explore the problems together in depth with the client.

Stage V - Exploration of resolution strategies: After a subproblem is explored in depth, the next step is for the counselor and the counselee to consider alternative solutions. In exploring alternative solutions it is almost always best for the counselor to begin by asking something like “Have you thought about ways to resolve this?” The merits, shortcomings, and consequences of the alternatives thought of by the counselee should then be tactfully and thoroughly examined. If the counselee has not thought of certain viable alternatives, the counselor should mention these, and the merits and the

shortcomings of these alternatives should also be examined.

Each client is unique, and so are his/her problems. What works for one client may not be in the best interest of another. An abortion, for example, may be compatible with one client's values and circumstances, but may well be undesirable for another unmarried pregnant woman who has a different set of values and goals. If counseling is going to be effective the client needs to say to him/herself, "I see there are several courses of action that I might try in order to do something about my situation." Unless a client comes to realize there are some resolution strategies, counseling is apt to fail.

Stage VI - Selection of a strategy: After the counselor and the client discuss the probable effects and consequences of possible resolution strategies, it is essential that the client concludes, "I think this approach might help me and I am willing to try it." If the client is indecisive or refuses to make an honest commitment to trying a course of action, constructive change will not occur. For example, if a client says to him/herself, "I know I have a drinking problem, but unwilling to take any action to cut down on my drinking," counseling probably will not be successful.

The counselee usually has the right to self-determination, that is, to choose the course among possible alternatives. The counselor's role is to help the counselee clarify and understand the likely consequences of each available alternative, but generally not to give advice or choose the alternative.

Stage VII - Implementation of the strategy: Counseling will only be successful if the client follows through on his/her commitment to try a resolution approach and then concludes. "This approach is

beginning to help me." If the client follows through on the commitment, but instead concludes, "I don't believe this approach is helping me," counseling again is failing. If this occurs, the reasons for no gain need to be examined, and perhaps another resolution strategy needs to be tried.

Stage VIII - Evaluation: If constructive is apt to be long-lasting or permanent, the client must conclude. "Although this approach takes a lot of my time and effort, it is worth it." On the other hand, if he/she concludes, "This approach has helped a little, but it is really not worth what I'm sacrificing for it", then counseling will either be ineffective, or an alternative course of action needs to be developed and implemented.

The Difference between Counseling and Psychotherapy

Counseling usually refers to a brief treatment that centres around behaviour patterns. Psychotherapy focuses on working with clients for a longer-term and draws from insight into emotional problems and difficulties.

A psychotherapist is a trained individual who is able to offer a form of counselling to clients. Someone with the same qualifications however, may decide to be called a counsellor instead. Generally a practitioner offering short-term treatment is known as a counsellor. An individual with two or more years of training will opt to be known as a psychotherapist. To the public the title counsellor appears less intrusive and more easily acceptable than the name psychotherapist suggests. A psychotherapist may therefore call him/herself a counsellor, in order to attract potential clients. A counsellor will offer a more specialised service of communication that concentrates on providing a structure to the counselling experience. So treatment for addiction, for

instance, will be offered in progressive stages over a period of time. A psychotherapist however, will focus on a deeper awareness of emotional issues, and looks at the foundation of the problem (Encyclopedia of Social Work, 1971).

How to Get Your Expectations Met

Entering into any form of counselling requires a firm commitment on the part of the individual in distress, and open communication. In order to get the most out of the therapy it is best to ensure the correct form of counselling is considered. This starts by choosing to visit the type of therapist who is best skilled in the area you most need to focus on. For instance, a psychotherapist is the ideal person to help you deal with deep-seated problems and issues, whilst an addictions counsellor will help you understand dependency issues. (Hathaway, 1948).

Psychotherapy will allow you to examine feelings, actions and thoughts and to learn how to evaluate and adjust where appropriate. Counselling however will enable you to explore personal development and to create adjustments to your life. Making a distinction between the two forms of therapy allows a better understanding of the process involved throughout the course of therapy. Both methods of counselling therapy provide people with a way of dealing with change psychologically. (Hathaway, 1948).

The key differences are: Counseling helps people identify problems and crises and encourage them to take positive steps to resolve these issues. It is the best course of therapeutic treatment for anyone who already has an understanding of wellbeing, and who is also able to resolve problems. Counselling is a short-term process that encourages the change of behaviour.

Psychotherapy: Helps people with psychological problems that have built up over the course of a long period of time. It will help you understand your feelings, thoughts and actions more clearly. Psychotherapy is a longer-term process of treatment that identifies emotional issues and the background to problems and difficulties. (Encyclopedia of Social Work, 1971).

Theories of Psychotherapy and Counseling in Social Casework

How many theories of psychotherapy are there? Before the 1950s there were relatively few, and most were derived from Freud's theory of psychoanalysis. Since that time there has been a marked increase in the number of theories that therapists have developed to help people with psychological dysfunctions. Corsini (2001) summarized 69 new and innovative therapies; now there may be a total of more than 400 (Corsini, 2008). Although most of these theories have relatively few proponents and little research to support their effectiveness, they do represent the creativity of psychotherapists in finding ways to provide relief for individual psychological discomfort.

Psychoanalysis

Sigmund Freud stressed the importance of inborn drives (particularly sexual) in determining later personality development. Others who followed him emphasized the importance of the adaptation to the environment, early relationships between child and mother, and developmental changes in being absorbed with oneself at the expense of meaningful relationships with others. All of these views of development make use of Freud's concepts of unconscious processes (portions of mental functioning that we are not aware of) and, in general, his structure of personality (ego, id, superego). Traditional psychoanalytic

methods require several years of treatment. Because of this, moderate-length and brief therapy methods that use more direct, rather than indirect, techniques have been developed. New writings continue to explore the importance of childhood development on later personality as well as new uses of the therapist's relationship. (Freud, 1924).

Jungian Analysis and Therapy

More than any other theorist, Jung placed great emphasis on the role of unconscious processes in human behavior. Jungians are particularly interested in dreams, fantasies, and other material that reflects unconscious processes. They are also interested in symbols of universal patterns that are reflected in the unconscious processes of people from all cultures. Therapy focuses on the analysis of unconscious processes so that patients can better integrate unconscious processes into conscious awareness (Prochaska, 1979).

Adlerian Therapy

Alfred Adler believed that the personality of individuals was formed in their early years as a result of relationships within the family. He emphasized the importance of individuals' contributions to their community and to society. Adlerians are interested in the ways that individuals approach living and family relationships. The Adlerian approach to therapy is practical, helping individuals to change dysfunctional beliefs and encouraging them to take new steps to change their lives. An emphasis on teaching and educating individuals about dealing with interpersonal problems is another characteristic of Adlerian therapy.

Existential Therapy

A Philosophical approach to people and problems relating to being human or

existing, existential psychotherapy deals with life themes rather than techniques. Such themes include living and dying, freedom, responsibility to self and others, finding meaning in life, and dealing with a sense of meaninglessness. Becoming aware of oneself and developing the ability to look beyond immediate problems and daily events to deal with existential themes are goals of therapy, along with developing honest and intimate relationships with others. Although some techniques have been developed, the emphasis is on issues and themes, not method.

Person-Centered Therapy

In his therapeutic work, Carl Rogers emphasized understanding and caring for the client, as opposed to diagnosis, advice, or persuasion. Characteristic of Rogers's approach to therapy are therapeutic genuineness, through verbal and nonverbal behavior, and unconditionally accepting clients for who they are. Person-centered therapists are concerned about understanding the client's experience and communicating their understanding to the client so that an atmosphere of trust can be developed that fosters change on the part of the client. Clients are given responsibility for making positive changes in their lives. (Rogers, 1942).

Gestalt Therapy

Developed by Fritz Perls, gestalt therapy helps the individual to become more aware of self and others. Emphasis is on both bodily and psychological awareness. Therapeutic approaches deal with being responsible for oneself and attuned to one's language, nonverbal behaviors, emotional feelings, and conflicts within oneself and with others. Therapeutic techniques include the development of creative experiments and exercises to facilitate self-awareness (Levitsky, 1972).

Behavior Therapy

Based on scientific principles of behavior, such as classical and operant conditioning, as well as observational learning, behavior therapy applies principles of learning such as reinforcement, extinction, shaping of behavior, and modeling to help a wide variety of clients with different problems. Emphasis is on precision and detail in evaluating psychological concerns and then assigning treatment methods that may include relaxation, exposure to a feared object, copying a behavior, or role playing. Its many techniques include those that change observable behavior as well as those that deal with thought processes. Chambless *et al.*, 1979)

Rational Emotive Behavior Therapy

Developed by Albert Ellis, rational emotive behavior therapy (REBT) focuses on irrational beliefs that individuals develop that lead to problems related to emotions (for example, fears and anxieties) and to behaviors (such as avoiding social interactions or giving speeches). Although REBT uses a wide variety of techniques, the most common method is to dispute irrational beliefs and to teach clients to challenge their own irrational beliefs so that they can reduce anxiety and develop a full range of ways to interact with others. (Ellis, 1958).

Cognitive Therapy

Belief systems and thinking are seen as important in determining and affecting behavior and feelings. Aaron Beck developed an approach that helps individuals understand their own maladaptive thinking and how it may affect their feelings and actions. Cognitive therapists use a structured method to help their clients understand their own belief systems. By asking clients to record dysfunctional thoughts and using questionnaires to determine maladaptive

thinking, cognitive therapists are then able to make use of a wide variety of techniques to change beliefs that interfere with successful functioning. They also make use of affective and behavioral strategies. (Beck, 1976; Goldfriedd, 1975).

Reality Therapy

Reality therapists assume that individuals are responsible for their own lives and for taking control over what they do, feel, and think. Developed by William Glasser, reality therapy uses a specific process to change behavior. A relationship is developed with clients so that they will commit to the therapeutic process. Emphasis is on changing behaviors that will lead to modifications in thinking and feeling. Making plans and sticking to them to bring about change while taking responsibility for oneself are important aspects of reality therapy. (Ellis, 1958; Glasser, 1979).

Constructivist Therapy

Constructivist therapists see their clients as theorists and try to understand their clients' views or the important constructs that clients use to understand their problems. Three types of constructivist theories are discussed: solution-focused, personal construct theory, and narrative. Solution-focused therapy centers on finding solutions to problems by looking at what has worked in the past and what is working now, as well as using active techniques to make therapeutic progress. Personal construct theory examines clients' lives as stories and helps to change the story. Narrative therapies also view clients' problems as stories but seek to externalize the problem, unlike personal construct theory. Frequently, they help clients re-author or change stories, thus finding a new ending for the story that leads to a solution to the problem. (London, 1964).

Feminist Therapy

Rather than focusing only on the individual's psychological problems, feminist therapists emphasize the role of politics and society in creating problems for individuals. Particularly, they are concerned about gender and cultural roles and power differences between men and women and people from diverse cultural backgrounds. They have examined different ways that gender and culture affect development throughout the life span (including social and sexual development, child-raising practices, and work roles). Differences in moral decision making, relating to others, and roles in abuse and violence are issues of feminist therapists.

By combining feminist therapy with other theories, feminist therapists take a sociological as well as a psychological view that focuses not only on gender but also on multicultural issues. Among the techniques they use are those that help individuals address gender and power inequalities not only by changing client behavior but also by changing societal groups or institutions. (Thomas, 1977).

Family Therapy

Whereas many theories focus on the problems of individuals, family therapists attend to interactions between family members and may view the entire family as a single unit or system. Treatment is designed to bring about change in functioning within the family rather than within a single individual. Several different approaches to family therapy have been developed. Some focus on the impact of the parents' own families, others on how family members relate to each other in the therapy hour and yet others on changing symptoms. Some family systems therapists request that all the family members be available for therapy, whereas others may deal with parents or certain members only. Almost all

of the theories in this paper can be applied to families (Minuchin *et al.*, 1981).

How do these theories work with families?

Proponents of each theory covered in this paper so far have applied its approach to couples and families. The exception is Jungian therapists, who occasionally do couples counseling but rarely apply their work to families, as they tend to focus on individuals becoming more individuated. In the following paragraphs, we will provide a summary of how each theory approaches personality and therapeutic change to help families. We will not introduce new concepts but rather show how the theory tends to work with families.

Psychoanalysis

The work of Nathan Ackerman continues to have an impact on the practice of psychoanalytic family therapy. His theoretical orientation is that of drive and ego theory combined with an active and a confrontive approach to families. Currently, the object relations point of view has great influence in psychoanalytic work with families. Object relations family therapists make observations about the nurturing or caring that family members provide for each other. They provide a safe environment so that family members can deal with issues that are hurtful. Often object relations family therapists attend to concerns that involve attachment and separation from the parents. Interpreting past behavior and therapeutic resistance is often a part of the repertoire of psychoanalytic family therapists. (Ackerman *et al.*, 1966).

Adlerian Therapy

Adlerians have always valued family therapy. In fact, Alfred Adler had conducted 32 child-guidance clinics in Vienna before leaving for the United States. Often,

Adlerians take an educational point of view, teaching parents how to deal with difficulties at home. Sometimes this is done in one or two sessions. For example, they may suggest that parents give information to a child, observe how the child acts, and then allow the child to receive the consequences of the behavior. With conflict within the family, members are taught to resolve conflicts by developing mutual respect for each other, pinpointing the issue, and reaching agreement on how to handle the problem. Such practical approaches are typical of Adlerian family therapy.

Existential Therapy

In existential family therapy, therapists focus not only on the relationship between individuals but also on the awareness that individuals have of themselves and their own being in the world. In work with couples, existential therapists may ask partners to take turns at being the observer in a session so that they can become more aware of their partner's inner world and their own. Another approach would be to ask each partner to keep a secret diary during the course of therapy to make entries about the private world of each member of the couple. A similar approach can be applied in family therapy with older children. (Okon *et al.*, 1980).

Person-Centered Therapy

As in individual therapy, empathy is a central component of person-centered family therapy. Therapists try to understand, at the deepest possible level, the conflict between family members. Family therapists may empathize not only with individual members of the family but also with the relationship issues at hand. When not all family members are present for a session, the therapist could also be empathic with an absent family member. An example of this is "I understand how you might be

disappointed in Martha for not listening to you, but I wonder if she were with us now, if she might feel that she didn't have an opportunity to respond."

Gestalt Therapy

As in individual therapy, gestalt family therapists are quite active. They observe how individuals in the family cause boundary disturbances for each other. The focus is very much on the present. Gestalt family therapists help individuals in the family become aware of their patterns of interactions. Often family members are unaware of their own needs and the needs of other family members. Gestalt family therapists often comment on relationships within the family and the therapist's relationship with the family. They may focus on sensations, listening, watching, or touching to achieve the awareness of boundaries so that appropriate separation and integration can be achieved.

Behavior Therapy

A popular behavioral approach is that of behavioral parent training. In this method, parents apply behavioral and experimental methods to change the behavior of the identified patient. They may first establish a baseline of the child's behavior they wish to change in order to determine its nature and frequency. When the behavior has been observed and measured, parents try behavioral techniques they have been taught by the therapist. For example, a child who screams excessively may be given privileges, such as watching a television program after the usual bedtime, if screaming behavior decreases. This contract can be negotiated, and progress on it can be recorded. In general, parents learn how to make a careful and detailed assessment of the problem and then use specific strategies to modify the contingencies of reinforcement in their child or children.

Rational Emotive Behavior Therapy

The goals of REBT for families are to help members see that they disturb themselves by their irrational beliefs. By learning about their irrational beliefs and giving them up, family members find that they can still have their wishes, preferences, and desires. Family members are taught techniques similar to those taught to individual clients. These techniques follow the A-B-C-D-E therapeutic approach: A (activating event), B (beliefs), C (consequences), D (disputing), E (effect). The therapist uses disputing and a variety of other cognitive and behavioral techniques to help families deal with crises and situations that occur in the present and could occur in the future. Ellis believed that each family member is responsible for his or her own actions and should assume that responsibility. REBT therapists take a teaching focus, emphasizing principles of nondisturbance and self-help that can be applied to families. Therapists often use disputing of *shoulds* and *musts* more than other family therapists using different theories.

Cognitive Therapy

Education is a significant part of cognitive family therapy. Cognitive family therapists often assess individuals' cognitive distortions. They attend to the automatic thoughts and cognitive schemas of individuals so that they can make therapeutic interventions. They may suggest changing distorted beliefs such as "My husband can't do a thing right with the children" to an alternate version, such as "My husband doesn't talk to the children when he arrives home." In this way, beliefs are changed from blaming or hurtful to descriptive. Frequently, therapists may have to deal with anger and other disruptive emotions before they can make such interventions. A common distortion in families is that of mind reading, in which

family members may make comments such as "You're late just because you knew that it would make me angry." Therapists challenge mind reading by showing, for example, that there can be a number of reasons for being late. Although such interventions are made in therapy, many suggestions can be made to each family member about what to do outside of the session to bring about family change. (Goldfried *et al.*, 1975).

Reality Therapy

In recent years, marriage counseling and family therapy have become a particular interest of William Glasser. Reality therapists often observe the choice systems of different family members and how they interact and connect with each other. Attention is paid not just to the shared feelings but also to the wants and values of each family member. After an assessment of wants and needs, suggestions are made to focus on doing things together to promote family harmony. (Glasser, 1972).

However, reality therapists also recognize the need for family members to develop their life separately from other members of the family. Reality family therapists may ask the child what activities she likes and how much of the activity she is doing. This way, reality family therapists can assess how well the family relationship is meeting the child's needs. Suggestions may be made to do activities that bring about interaction. For example, a father walking to the park with a daughter is a better activity than watching television together. Attention is paid to activities the family does as a group, as small groups, and separately so that these activities will meet needs of family members separately and together. (Glasser, 1972).

Feminist Therapy

Family therapy is a very important area of study for feminist therapists, as indicated by the publication of the *Journal of Feminist Family Therapy*. The approach is not on how to help the unfortunate woman who has been mistreated by a “bad” man. Rather, feminist therapists look at political and social factors that provide insight into how family members react to each other. The focus is not on attaching blame or rescuing people but on how gender and power issues affect clients. Feminist therapists are aware of how their own gender can affect their work with different family members, depending on their gender-role expectations and stereotypes. Information may be given about gender role, language usage, and other related activities. Feminist therapists also attend to issues of cultural and racial identity. They may integrate gender-role and power interventions with other theoretical approaches. (Thomas *et al.*, 1977).

Conclusion

Approaches to family therapy are often quite different from each other. Psychoanalytic family therapists may emphasize early relationships of both children and parents in their work. Adlerians may focus on relationships of siblings and family members as well as the need to educate. In contrast, existential therapists focus on knowing oneself and being self-aware. Person-centered therapists are empathic with their clients, while gestalt therapists attend to events happening in the therapeutic hour and are likely to use enactment activities. More structured in approach are behavioral, rational emotive behavioral and cognitive therapists, whose assessments may be quite systematic along with their interventions into the behaviors and thoughts of families. Although emphasizing doing, as behavior therapists do, reality therapists focus on meeting

individual needs and wants and on the different choices that family members make. In contrast to all of these approaches, feminist family therapists look at the impact of society on the family and the internalization of gender and power roles. None of these approaches examines the family as a system in the way that Bowen, Minuchin, Haley, Whitaker, and Satir do. These therapists focus more on the family as one system than as a group of individuals. Brief family therapists also see the family as a system, but they may conduct fewer sessions than other family systems therapists and their interventions may be quite unusual or powerful.

Recommendations

The main objective of counseling is to forestall or deal with situations that dispose an individual or group to react in a manner that is in conflict with his and other people’s interests. Its ultimate aim is to enable the individual or group to make rational decisions that would be beneficial to himself and to the society as a whole. Nigeria needs to establish counseling and Psychotherapy in all their facets in order to:

- i. Prevent deviance at all levels;
- ii. To educate the family to cooperate with counselors and therapists.

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