

ADVANCED DIPLOMA IN GUIDANCE AND COUNSELLING (DGC)

DGC 203: COMMUNITY PSYCHOLOGY AND COUNSELLING

UNIT ONE: THE CONCEPT OF COMMUNITY PSYCHOLOGY

INTRODUCTION

This unit introduces the student to the concept, assumptions and belief of community psychology. The influence of the community over the individual's state of well-being is discussed. The focus of community psychology is presented as well as the relationship between the community psychologists and some other helping professionals. The unit ends with the description of job possibilities for the community psychologist.

OBJECTIVES

At the end of this unit, you should be able to:

1. explain the concept of community psychology; and
2. compare and contrast the basic assumptions and beliefs of community psychologists about maladjustment with those of counseling psychologist

HOW TO STUDY THIS UNIT

1. Read the unit carefully noting important points discussed.
2. Take notes of new words used and check their meaning in your dictionary
3. Answer questions in the activities under this unit.

WHAT IS COMMUNITY PSYCHOLOGY?

Community psychology is relatively a new area of applied psychology that is concerned with the well-being of the individual in the community. Cook (2000) sees it as a branch of psychology that is concerned with person-environment interactions and the ways society impacts upon individuals and community functioning. A person's environment includes the social environment (made of the people around the person) and the physical environment (made up of things such as weather, buildings, town structures and layout etc). Community psychology is about understanding people within their social worlds and using this

understanding to improve people's well-being (Oxford, 1992 in Cook 2000), It is a science that addresses the relationship between environment conditions and the development of health and well-being of all members of the community and primarily oriented to the community rather than the individual as the basic unit of analysis and intervention.

BASIC ASSUMPTIONS AND BELIEFS OF COMMUNITY PSYCHOLOGISTS

Community psychology assumes that most aspects of mental and physical health are strongly shaped by powerful socio-cultural and institutional forces. Poor mental health would result from the disempowerment of those affected. (McKenna & Fryer, 2001). Community psychologists recognize that problems that confront people do not arise from disturbances within their individual psyche but from the failures of community systems to adequately socialize and support its citizens. This represents a new way of working at problems of daily living. It is actually a shift that differs markedly from the traditional view point. Traditional "helping" sees all people as being empowered with strength and competencies therefore anything else signals pathologies i.e sickness and defects. Community psychologists seek other alternatives for dealing with deviance based on society norms. They therefore view the helping process as a mental one where they work collaboratively with people and groups in their everyday contexts to shift the balance of power in the direction of the client(s). According to McKenna & Fryer (2001), community psychologists believe that the "expertise and insights needed to prevent or reduce mental health problem lie within the community while the resources required to implement the necessary changes are often to be found outside them". Community psychologists believe that wellness can be enhanced by social and environmental influences, that the influence of community is more dominant in determining wellness than forces within the individual. Prevention and intervention for maladies will therefore be community oriented.

THE GOALS AND FOCUS OF COMMUNITY PSYCHOLOGY

Understanding the goals and focus of community psychology will help us understand better, the concept of community psychology. According to Ebersohn (2000). Community psychology is "in part, an attempt to find other alternative for dealing with deviances from societal norms" The goal of community psychology as appropriately articulated by the Department of Psychology, University of Alaska, Fairbanks is:

The optimize the well being of individuals and communities with innovative and alternative interventions designed in collaboration with affected community member and with other related disciplines inside and outside psychology.

The focus of community psychology is environmental influences on social issues, social institutions and other settings that influence individuals, groups and organizations. It looks systematically at the ways individuals interact with other individuals, social groups, clubs, churches, schools, families, neighborhoods and the larger culture and environment.

Issues that interest the community psychologist include poverty, school failure, delinquency, drugs use and abuse, aggression, violence, child labour, social justice, liberation, high risk

behaviours, empowerment, diversity and inclusion of marginalized people and groups, community development and coping with multi-faceted problems facing communities.

DIFFERENCES BETWEEN COMMUNITY PSYCHOLOGISTS AND OTHER HELPING PROFESSIONALS

Helping professionals concern themselves with well-being and optimal functioning of individuals. The Community Psychologists see such power as lying in the community. They place a lot of importance on the community, social processes and psychosocial environment in the development and maintenance of mental health of individuals.

In training community psychologists emphasis is placed on the acquisition of skills that will enable individuals cope with various problems and needs of contemporary communities most of which are pluralistic and heterogeneous. These skills enable them to contribute to inter-disciplinary efforts for the prevention and rehabilitation of many types of illness and social issues.

Public health, sociology and social work have similarities with community psychology but public health has its roots in medicine while community psychology has its root in behavioural sciences and focuses on prevention and intervention for wellness while public health looks generally at communities. Community Psychology is more concerned with the social systems in the community.

Sociology like community psychology is interested in social influences on behaviour but unlike it, does not have the interventionist orientation of community psychology.

Social work shares common roots with psychology and shares common values and concern with social justice, multiculturalism, social welfare, etc. Community psychology, however, focuses on individual and family domain although like social work it also looks at schools, organizations, communities and system (Cook, 2000).

JOBS FOR THE COMMUNITY PSYCHOLOGISTS IN THE SOCIETY

We have noted the goals, beliefs and focuses of community psychology. The similarities and differences between community psychology and other allied disciplines have also been pointed out. Community psychologists are trained to work in different places depending on the level of training. The Department of Psychology, University of Alaska lists their job possibilities as city managers, Regional Planner, Chiefs of Police, Directors of residential life at colleges (similar to the dean of students' affairs in the universities), Director of alternative school, various positions in hospitals, schools, universities, programmes for the homeless and public health settings.

Community Psychologists can do a lot of work in schools. Their multi-disciplinary orientation makes it possible for them to work with other staff and counsellors to design and implement prevention and intervention programmes that enable schools cope with various societal problems already mentioned above.

SUMMARY

- Community psychology is a relatively new area of psychology that focuses on the influence of the environment and community on the individual's mental health and well being. This unit has given several definitions of community psychology, examined its basic assumptions, goals and focuses and has compared it with related disciplines and given ideas of possible work opportunities for the community psychologist. With this background you now have, you can read the remaining unit after you have answered.

ACTIVITIES

1. Define community psychology?
2. List 7 key words that will explain the term Community Psychology?
3. Community psychology is a relatively new area of psychology. What is its basic relief about maladjustment?
4. Outline the goals of community psychology? What do you see as the major focus of community psychology?
5. Make a list of issues that interest the community psychologist.
6. Distinguish between community psychology and social work; community psychology and sociology; community psychology and public health.

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UNIT TWO: DYNAMICS AND FORCES OF CHANGE IN THE NIGERIAN COMMUNITIES

INTRODUCTION:

In Nwabunike's novel, the story is told of a young lady, whose family was happy and stable in a city until her husband lost his job as a middle level staff of a company. He could no longer provide for the family as he used to. Although, he struggled to do odd jobs for little money, this was not enough to keep the standard he had built up in his home. Eventually, the items in the small shop he established for his wife was depleted and could not be replaced. The beautiful village girl he married and loved tenderly now changed him and called him names. Cordial relations broke down between them. Neighbors confirmed his suspicion that his wife was going out with other men. His own patience ran out when he found out that the legitimate wife of his wife's boyfriend had actually come to their home to fight his wife. That woman inflicted visible injuries on his wife. He no longer could restrain himself from physical aggression on her and after receiving a big slap from him, she left home and never returned even for the sake of her tender-aged children. She became a prostitute.

A similar story is told by Adegoke (2003) of a man who lost his job in similar circumstances. He became aggressive in the home. His oldest daughter began to seek solace outside the home and ended up a prostitute. His son took to aggression, pilfering and later street fighting and eventually dropped out of school.

Incidentally, both families lived in cities. Their stories are not strange to Nigerians. The scenario is becoming common. The forces responsible for the change that brought these about and the counseling implications of these forces is the subject of this unit. The unit therefore, looks at the things and major events that have had strong influences in the lives of Nigerians. The way they think, behave, react and affect each other. These will include urbanization, modernization, globalization and mass media, demographic changes and economic changes.

OBJECTIVES

1. At the end of the unit, you should be able to identify the forces of and dynamics of change in the Nigerian Community. Relate contemporary counseling problems to their sources in the Nigerian society.

HOW TO STUDY THIS UNIT

1. Get your note book and writing materials.
2. Do the general reading of the unit without writing anything in your note book.
3. Note all the new words and use your dictionary to check the meaning.
4. Close your book and try to remember what you have just read.
5. Read through the unit again to master it.

6. Attempt all the activities at the end of the unit.

Word Study

Dynamics: is defined by Longman Dictionary (1995) as “the way in which the members of a group behave towards each other” “the way in which things or people behave, react and affect each other”

Forces “Some or someone that has a strong influence on the way events develop on people’s lives of the way people think” (Longman, 1995)

URBANIZATION AND MODERNIZATION

It is commonly believed that the history of human civilization is the history of urban life. (Asike, 2004. Man’s culture is therefore a product of urbanization. There is also a high commutation between economic growth and urbanization. It is believed that cities are the main agents and instruments of urbanization and consequent social changes. IT is beyond the scope of this unit to trace the history of urbanization but it is interesting to show how urbanization influences the lives of people and their psychological well-being.

Africa is the least urbanized continent of the world but has the fastest rate of urban growth. Although, only a small fraction of its population lives in cities,” the rise of the cities is probably one of the most significant events behind the great transformation of contemporary Africa. Nigerian towns are now clearly the motors of development; the main agents of social change” Asike, 2004). The urban centres which are growth centres attract people from the villages. Of these migrants, some have qualification that can earn them “white collar” jobs but most do not. The cities thus become convergence centers for people from different ethnic groups. A lot of these people are actually fleeing from their rural farming societies and are happy, willing and ready to embrace the new” civilized” city culture. Unfortunately, the cities are ill-prepared for this in flock of people who have left established homes, family patterns and tradition to embrace greener pastures and “better life” and who unfortunately end up jobless, losing their identity and self-esteem and live in slums and sub-standard conditions. The kind of control the villages had over their population no longer exists. In anonymity and deprivation of the most basic human needs, people end up in violence, street crimes, stealing, gangs, drugs and substance abuse, prostitution and a lot of the “modern crimes”. This is complicated in Nigeria by the political and religious set-up which encouraged banding together of people from one ethnic group for security reasons. Each group then struggles to maintain an identity and assume some aggressiveness to be able to fight back in case of any attack on them.

As people migrate away from the villages, the extended family system which was a source of support and control for people loses its contribution to family and societal stability. Even nuclear families are affected a more women join the work force and the men leave their families to sojourn elsewhere in order to earn a living.

The family, the most basic and fundamental unit in the community is greatly affected by this. Many families no longer perform their traditional roles especially in socializing it’s young.

In cities, peer influence is great on the your whose parents are away at work most of their active days and the extended families are no longer there. For most people generally, the support of the traditional societies are no longer available.

Urbanization and modernization bring “city life” which affects the lives of Nigerians especially those in urban areas deeply and variously. Asike aptly summarizes this in his statement:

Traditional social supports (the extended family), kinsmen, age-groups, organizations of the migrants according to their rural origin are no longer relevant or operative. The inability of urban centers to provide substitutes creates problems of mental stress, personal disorientation, and social disorganization of many people. “This is regarded as partly responsible for the high incidence of all forms of psycho-pathological phenomena in urban centers”. (Asike, 2000, P. 11).

GLOBALIZATION

The past two decades have recorded unparalleled development in technology resulting in constriction of time and space in world communications and a world wide interdependence of countries and individuals politically, culturall6, socially and economically (Obidoa, 2003). New and super fast means of communications, information technologies, electronic communication network cable satellite super-highways make it possible to disseminate information and this had helped to break down former barriers and establish greater integration. (Anyakoha, 2002, Obidoa 2003). The entire world is now contracting into one global village and this has its positive and negative effects on the lives of people everywhere. Globalization promises prosperity and opportunities for nations and workers In fact, it is defined by Condoensus, the Managing Director of International Monetary Fund as “the continuation of the trend of growing openness and integration among economies that has brought the world a half-century of unparalleled prosperity” (cited in Anyakoha, 2000). However, there are people who warn that globalization may bring with it, job insecurity, neo-colonization, illicit markets, criminal networks, trans-border pollution and transfer of pathogens. (Annan, 2000); Edukugo, (2002) cited in Anyakoha (2003) said that no country in the world is exempted from globalization and its effects and it is already digging deep into the life of Nigeria.

Lives of people are touched by what they see and hear. The cable television network exposes people, men, women and children to a lot of new ideas, in all realms of life, be it religion, economy, politics, fashion etc. Some of these lead to a reexamining of old values and traditions especially among the youth. A new youth culture has emerged and can be identified across the country from Sokoto to Lagos, Maiduguri, to Port Harcourt. The youth fashion, music, slangs, food, games etc are easily identified. Cell phones have made communication super fast and the cyber cafes that spring up ubiquitously in our cities and even villages offering affordable internet services to the public are signs of globalization. All these affect the life of individual in different ways and tend to loosen traditional controls on people and their behaviours and create new opportunities especially for the young. Several young people have emigrated from Nigeria to different countries of the world. International trade has stimulated the economic sector. Like urbanization, it has its negative impacts.

Women and child trafficking, increased, child labour, voluntary emigration, drug trafficking are all offshoot of globalization. I will like to conclude this section with the words of Bolanle Awe, who writes that with all the recent relentless exposure to external influences produced by a fast globalizing world, many of our institutions customs, traditions and values which provided coping mechanisms for the emerging adolescents in our traditional societies have been undermined “(In Adegoke, 2003)”.

DEMOGRAPHIC CHANGES

Africa like other developing countries of the world has a very high population growth rate about the highest in the world. This growth rate is particularly among the youth and the aged. The number of youths is growing at a faster rate than the population growth rate with the age group 15 – 24 growing fastest of all (Gyepi Garbrah, 1985). According to the 1993 United Nation Population Information (POPIN) report, “population size, growth and distribution remain major challenges to the revitalization of economic growth and social development in developing countries, and to the preservation of the environment”.

Great numbers of youths in the population structure are still dependants, unemployed, out of school and underutilized. This affects the numbers of youth who are lured into drug abuse, prostitution, alcohol, street violence, robbery and all kinds of social crimes. People now live longer because of improved health and standard of living. It is projected that older people will out number the young in the next 3 of 4 decades (Mori, 2004). This longevity threatens not only economic stability but family structure, traditions, societal stability, work force composition, and house-hold composition. Providing care for the elderly who have higher levels of impairments, disobedience and dependency, poses its own challenges. Formerly in traditional settings the extended family, spouses and daughters provided them care but with increasing mobility of people, women in the workforce, changing patterns of family relationship, this has declined. In some cities, old people’s homes have been established to provide care for the elderly – a thing that would have been regarded as a abomination in Nigeria some years ago. This social and economic transition has a lot of impact on the lives of people and inter-generational relationships. Older people are now force to be reckoned with in the workforce. The society has also to think about meeting the needs of these people, contending with their values and aspirations, providing care and harnessing their abilities and enthusiasm through voluntary services.

Increase in population generally makes its impact on the social and economic life of people. When the increase causes age shifts like it has done for the youths and the aged in Nigeria, it poses fresh challenges for the public, civic and corporate sections just as it does for the counseling sector. Mori (2004) concludes that these changed in society will build up resentments:

- “young against old;
- poor against rich;
- Rural against urban;
- Scientist against the people;

- Producers against consumers;
- The people against the institution;
- Central government against local government;
- Everybody against big businesses;
- The globalized (many) against the globaliser (few)” (Mori, 2004, P. 2).

Will the guidance counselors be prepared to manage these conflicts as and when they arise? These community problems may best be matched with community – based intervention strategies. Are you conversant with these strategies? You need to start getting prepared through this course to handle the counselling needs changes are bringing.

ECONOMIC CHANGES

The state of the economy of a nation has a direct bearing on the life of the people. Economic rise and decline take their toll on the people. The economy of Nigeria experienced a boom in the 1970s when the oil trade brought in a lot of money to Nigeria.

Although, this wealth was not equitably distributed, its impact was felt among the populace. There were jobs and several people were employed. In the 1980s however, there was a big economic decline and the World Bank reported that many African countries declined in economic status from “middle” to ‘low’ income during these years (Adegoke, 2003). The Structural Adjustment Programme (SAP) was introduced in Nigeria that required people to “tighten their belts”. In the series of retrenchments that followed in the private and public sectors, many people lost their jobs. Retrenched breadwinners of families became unemployed and unsure of their next meal. This was a devastating experience for the families concerned. Impatience and aggression replaced cordiality, love, and concord in families.

The stories in the introductory section of this unit illustrate how family members are affected by this situation. Coupled with this, is the teeming number of youth school leavers who cannot find jobs and can only see hopelessness around them. Several of these people are frustrated and resort to crimes, armed robbery, drugs, violence and prostitution.

The situation affects the quality of children’s upbringing. Their training and care are not as they should, the facilities that the government communities should provide them such as health care, libraries, play grounds are not there.

Parents are sad and feel they have failed in their duty to provide optimally for their children. Marriage relationships are affected and inter-generational relationships too. Generally, individuals suffer and behave in deviant ways under harsh economic conditions.

SUMMARY

- Nigerian communities have some major forces that have greatly influenced them. This unit examined the complex interrelationships between globalization, urbanization, population growth, the changing demographic make-up and patterns,

and economic development on the lives of Nigerians. Although, the forces look independent, they actually have deep-seated effects on the way Nigerians behave, react and affect each other. Given this knowledge, the counselor can better appreciate the origins of a lot of the contemporary behaviours in schools and society at large.

ACTIVITY

1. Read the stories in the introduction of this unit again:
 - (a) List the socially unacceptable behaviours indulged in by members of those families.
 - (b) What would you attribute these unacceptable behaviours to?
2. List the forces that are responsible for major changes in the lives of Nigerians.
3. Compile three lists of socially unacceptable behaviours that could be exhibited by:
 - (a) Parents and adults;
 - (b) Female youths;
 - (c) Male youths;as a result of forces discussed in this chapter.
4. Now that you are conversant with these problems, brainstorm with a friend on the ways of tackling or preventing them

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Unit THREE: MILIEU THERAPY OR ENVIRONMENTAL COUNSELLING

INTRODUCTION

This unit presents to you the concept of milieu therapy otherwise known as environmental counseling. In the unit, you will read what milieu therapy is all about, the genesis or beginning of the therapy and the values and beliefs about this counseling method. From this unit, you will get to understand that one's physical and social environment can cause problems for individuals and they can also be used to solve the problem.

OBJECTIVES

At the end of this unit, students should be able to:

1. explain the concept of milieu therapy.
2. outline the advantages of milieu therapy.
3. differentiate between Dyadic and Triadic counseling.

HOW TO STUDY THIS UNIT

1. Read through this unit from introduction to the end.
2. Check the meaning of new words you come across using your dictionary.
3. Have you ever thought of using a new environment as a means of treatment? Think about how this can be done.
4. Attempt all the activities under this unit.

GLOSSARY

Milieu	-	this refers to environment or settings.
Dyadic	-	it is an interaction that exists between two persons only.
Triadic	-	this is a relationship between three persons.
Cross-generation	-	it is a situation where two different age groups are in interaction. E.g. mother as an age group with a child of another age group.

WHAT IS MILIEU THERAPY

The word "milieu" derives from the French word for "site", "setting" or "place". Milieu therapy refers to the treatment in which the patient's environment is manipulated for his/her benefit. The patient's environment is planned for treatment and "everyday events and interventions are therapeutically designed for the purpose of enhancing social skills and building confidence" (Focus, 2002). This therapeutic approach has proved to be highly

effective. Individual dynamics and the social system are combined in a planned and meaningful way to manage and change behaviour and relationships. Milieu therapy is therefore a treatment where the patient's physical and social environments are structured and used therapeutically to help a patient's recovery. In typical milieu therapy, patients were taken out of their everyday environment and placed in simpler, more restful environment. When they recover, they go back to their original environment.

BRIEF HISTORY OF MILIEU THERAPY

Although, the word 'milieu' has French origins, milieu therapy was first documented in classic Greece. In the middle ages, the clergy had the responsibility of treating the mentally ill and the abnormal. They were treated in monasteries in fairly human ways and this is a form of milieu therapy. This continued until the asylum era in the nineteenth century when most towns had access to asylums or sanitarium at least in U.S. Several sick people became 'institutionalized' in these asylums or hospitals.

In the nineteenth century, the use of drugs such as thiorazine that control acting out behaviour and anti depressants that control the threat of suicide led to the decrease of hospitalized patients. Progressive de-institutionalization began and necessitated an out patient model".

In the twentieth century, pre-world war II, "diverse practitioners began to apply Freud's insights into intrapsychic life to the group and social arenas and extend the thinking and understanding of the role of the community in the life of the individual". (The Boyer Home Foundation, 2002).

By 1920s, people like August Aichorn, Bruno Bettelheim, Fritz Redl, and David Weinen had used milieu therapy to treat "impulse – ridden and ego-impaired kids in residential and school settings. (Focus, 2002).

VALUES AND BELIEFS OF MILIEU THERAPY

- The Boer Home Foundation (2002) aptly summarized the values and beliefs of milieu therapy as follows:
- That the client's difficulties arise in relationships with other people. Client's difficulties are also expressed in relationship with other people.
- That the milieu allows for highly sensitive and attuned understanding of how a client's relationships are derailed.
- That milieu therapy is an arena where the client is offered several opportunities to find better ways of relating.
- That milieu therapy is basically a learning process that involves both the client and the therapist. For the therapist to be effective, he/she must be available, affected and changed by his/her interactions with the client.

APPLICATIONS OF MILIEU THERAPY

Different types of situations or environments can be used for milieu therapy. One of these is the therapeutic community where a patient stays at a residence. Life in the residence is highly structured. This has proven to be effective in the management of substance abuse and people with severe disorder that impair their ability to function in normal living (Planer psych.com 1999-2004).

Milieu therapy although has its roots in medicine, psychiatry and mental health, has several applications today. It uses the sites and settings of everyday activities in schools and whatever site/setting is used is made therapeutic by paying close attention to physical characteristics. This would involve things such as ensuring that classrooms and dormitories are not extremely dirty, dilapidated, unkempt, dingy and depressing. Adding colour, toys, games and lively activities and brightening up the environment all help to build positive experiences and help eliminate negative behaviours. Attention is also paid to the social environment and this will be dealt with later.

SETTINGS FOR MILIEU THERAPY

The milieu therapy has its roots in therapeutic community movement. This movement emphasizes the role of social and societal relationships in developing, maintaining and reducing mental illness and its symptoms. Social and societal relationships are a major focus in milieu therapy just as the physical environment.

PHYSICAL ENVIRONMENT

The milieu or life space or environment should be arranged so that it provides safety, security and positive feelings. The physical environment that is dull, dingy, disorganized, dirty tend to have a negative and depressing impact especially on persons already experiencing problems. On the contrary, a safe, well structured, orderly and beautiful environment will promote positive feelings of well being.

SOCIAL ENVIRONMENT

Milieu therapy requires careful planning of the social environment. This involves structuring of interpersonal relationship between a patient and a staff or family member. The environment is arranged to give rich social opportunities. Staff in such environments gives immediate feedback, support, attention, praise and reassurance to the client. There is open communication and the patient's individuality is continuously affirmed. While in special settings, patients are encouraged and helped to maintain ties with their families and parents. This enables them to have home therapy. The milieu is not a static environment, but remains flexible and structure. The structure here refers to order of how things are done by all members in the environment.

It is when the milieu is so planned that it consistently provides support, guidance, reinforcement that the patient can learn coping skills, problem solving and academics. The milieu also provides a safe, threat-free arena for the skills acquired to be practiced and integrated into the patient's repertoire of strategies. This integrative and interactive approach

incorporates even the patient's interests and learning styles. All of these help the patients to better understand themselves and their relationship.

ACTIVITY 1

1. Write down two sentences that summarize what you understand to be milieu therapy.
2. What is the basis of milieu therapy?
3. Compile a list of problems you can handle as a counselor using milieu therapy.
4. What do you consider the peculiar advantages of milieu therapy?

TRIADIC AND DYADIC INTERACTION

The family is the smallest unit in the community/society. Community psychology focuses on the society to find the roots and cure for mal-adjustment. Interactions are the family means a lot in community psychology.

When the interaction is between two persons, often, but not always, the mother and the child, it is known as dyadic interaction. But when it is between three persons, it is known as a triadic interaction and this is often, but not always, between father, mother and child. Human capacity for small group interactions whether in two's or three's emerges in the early years of life (Bowen, 1958 Ho, 1999).

DYADIC INTERACTIONS (I.E. RELATIONSHIP BETWEEN TWO PERSONS)

In discussing social behaviour, the most basic and simplest inter-personal relationship is the dyadic relationship. This is a relationship between two persons that could be parent-child, husband-wife, brother-sister, friend-friend. These relationships are usually of great value to individuals. The family is the smallest unit in the human community where the foundations for all relationships are laid, beginning with dyadic interactions.

The child's family is always an indispensable tool in working with children especially those who have problems. Families of children with problem can be involved at different stages as listed below.

- Identification of problems.
- Planning
- Decision making
- Implementing of strategies
- Monitoring stages

The parents are active partners who make a great deal of input in all the stages listed above.

TRIADIC INTERACTION

This type of interaction involves three persons at the same time. The family serves a good base from where this type of interaction begins. It can be an interaction between father, mother and a child. It could be between any of the parents with two other children or even between three children themselves. Therefore, a triadic interaction is that interaction in which three people are involved at a time.

In triadic interaction which can be extended outside the family has the advantage of maintaining individuals' behaviour by the presence of the third person. Triadic interaction also stabilizes individual's behaviour. For example, according to Harleg (1987) where a mother and father are stable in their interactions, the presence of a problem child will change their focus from themselves to the problem child bringing the unstable father and mother together to focus on how to solve the problem child's problem.

Therapists like Bowen (1987), Harlet (1967) and Minuchin (1974) who believed in triadic interaction recommends it for handling cross-generation evolution and problems, child conduct problems, parental style problems and other behavioural problem in a family. It is therefore a good method for you counselors to use. A cross-generation problem is described as a situation where a parent cooperates with a child against the other parent. In other words, it is an agreement between two people against a third person especially where the third person is seen as a problem person. With this understanding, you can appreciate why cross-generation problem can be problematic in a society.

HOW CROSS-GENERATION PROBLEMS CAN BE PROBLEMATIC

- Negative Triadic interactions can stall the development of the child's individualism. A child who is banded to a parent may continue to be over-dependent on that parent. Over-protection from one parent will also encourage this.
- Inappropriate behaviours could be condoned and hidden by such a relationships thus a mal-adaptive behaviour is reinforced by the relationship that exists within the family.
- Effective parenting is hindered by unhealthy coalition as discipline issues cannot be effectively handled.

COUNSELLING STRATEGIES

As noted earlier, triadic interactions and relationships have negative and positive effects. The positive effects of triadic should always be encouraged. In dealing with child problems Camp (1974) gives the following suggestions which also works for adolescents.

- ☞ Weaken existing parental cross-generation alliances.
- ☞ Strengthen parental coalition.
- ☞ Strengthen relationship between less involved parent and symptomatic child.
- ☞ Help parents and children strengthen relationships with peers of their own generations.

SUMMARY

- This unit started with a definition of milieu therapy – the treatment mode in which the patient’s environment is manipulated for the patient’s benefit. A brief history of this therapy was given. Values, beliefs and application of milieu therapy were examined and the process of therapy discussed. The original and basic form of human interaction – dyadic interaction is defined. Dyadic interactions lead to triadic which may be negative or positive. When negative, it forms the basic reinforcer of several mal-adaptive behaviours in the home and other human organizations. These are discussed and counseling strategies for triadic interventions are provided in the unit

ACTIVITY 3

1. Differentiate between Dyadic and Triadic interactions.
2. Assess the potentials of triadic interactions in the management of mal-adaptive behaviours.
3. Design a simple strategy for handling any contemporary problem using triadic interactions.
4. What things would you pay attention to when you are using milieu therapy:
5. As a school Counselor, if you observe that 3 students in junior school are suffering from feelings of rejection, suggest ways in which you can use milieu therapy to alleviate their problem.

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UNIT FOUR: PROBLEMS OF DRUG ABUSE, TEENAGE PREGNANCIES AND COUNSELING INTERVENTIONS

INTRODUCTION

As the tentacles of globalization touch different spheres of people’s lives in the contemporary society, a lot of changes occur in the life of communities. New social problems arise and there is need to deal with these ‘current’ problems. In the Nigerian setting they include substance abuse, teenage pregnancies, HIV/AIDS, child abuse and child labour, women trafficking, prostitution, divorce, mobility and various mental health issues. You will read about substance abuse, teenage pregnancies problems and counseling interventions for them in this unit.

OBJECTIVES

At the end of this unit, you should be able to:

1. list at least five drugs or substances that are being abused in the community.
2. explain how the abuse of any of these substances affect the individual.
3. list at least three problems of teenage pregnancy.

HOW TO STUDY THIS UNIT

1. Read from the introduction of this unit to the end very carefully.
2. Look at the table very well.
3. Take note of new words and check their meaning using your dictionary.
4. Attempt all the activities in this unit.

SUBSTANCE ABUSE

Substance abuse has become a great problem internationally especially in the past two decades, but our focus will be on substance abuse among young people especially in Nigeria. Substance abuse refers to the misuse and addiction to some chemical substance including tobacco, alcohol, stimulants, depressants opiates and unauthorized use of prescription drugs. Some of these substances have other local names as we can see in the table below.

Summary of Drugs Abused in Many African Countries

<i>Type</i>	<i>Example</i>	<i>Street Names</i>
Cigarettes	Benson & Hedges, Malboro	Ciga
Alcohol	Beer, Wines, Spirit	Booze, ogogoro, Emu, Egovin, Burukutu etc, Brandy, Local gin

<i>Type</i>	<i>Example</i>	<i>Street Names</i>
Cannabis	Marijuana, Hashish	Igbo, Stone, Ganja, Pot, Grass, Wee-wee, Indian hemp.
Mild Stimulants	Coffee, Kola nuts	Obi, Coffee.
Mild Stimulants	a) Amphetamines, Dexamphetamine b) Cocaine	Kwaya, Cocaine, Coke, Coco white.
Depressants (Sedative hypnotics)	Barbiturates, Benzodiazepines	Valium 5, Librium
Opiates	Opium, Heroin, Morphine, Codeine	Gbanga, Smack, Brown
Volatile Substances (inhalants)	Glue, Aerosols, Petrol	Glue, Petrol
Over-the-counter drugs	Analgesics	Panadol, Alabukum, After-five, Lailah
Prescription drugs	Antibiotics	Ampicillin/Tetracycline

(Source: Adegoke (2003), 64)

Many cities in Africa are trafficking routes for drugs such as cannabis, heroine and cocaine. According to Day (in Adegoke, 2003), West Africa in the past decade has become an important transshipment route for heroine from South East Africa enroute to Europe and North America as well as cocaine from South America. This has consequently increased the use of heroine in West Africa while the use of cocaine has been reported as a major problem in Nigeria and some other African countries. Adegoke (2003) confirms several newspapers report that teenagers in many cities of Africa smoke Marijuana openly.

THE NATURE AND EFFECT OF DRUGS AND OTHER SUBSTANCES

Drugs can be classified broadly into groups such as stimulants, opiates, cannabis, alcohol, and depressants. Drugs enter the body through different modes of administration, which include snuffing, orally by swallowing, through smoking and by injection. Drugs taken in through snuffing are absorbed into the blood stream through the mucus membrane. They include cocaine and tobacco. Swallowed drugs are absorbed into the blood stream through the intestinal walls. Such drugs include alcohol, stimulants and barbiturates. Smoked or inhaled substances enter the blood stream through the lungs and they include cigarettes (tobacco), marijuana, cocaine. Injected drugs are administered into the muscles or directly into the veins, they include drugs such as cocaine and morphine. Through the blood stream, the drug is carried to different parts of the body. "The effect of a drug depends on several variables including type, potency and purity of the drug, the user's personality, the social environment in which the drug is taken and the individual physiology especially the nervous system". (Adegoke, 2003: 59). Most of these drugs cause serious problems to their users. Mild forms of stimulants include caffeine contained in chocolate, kola nuts and coffee. These

can make one feel nervous, jittery or energetic. Stronger forms of stimulants include cocaine and amphetamines. Cocaine is a white powder made from the leaf of the coca plant. They cause a sense of pleasure for a short time. Prolonged use of these substances makes the brain unable to create a feeling of pleasure without them. Withdrawal from their use also creates an extremely strong craving for it because without it the person cannot feel as much pleasure. Cocaine causes the blood vessels to become narrow constricting the flow of blood and this affects the liver, lungs, kidneys the heart and the brain – the body’s control center (National Institute on Drug Abuse, 1997). Opiates, also called narcotics are made from opium, a white liquid in the poppy plant. Opiates include heroine, morphine and codeine. They are basically pain killers. “Opiates create a quick intense feeling of pleasure followed by a sense of well being and a calm drowsiness” (National Institute on Drug Abuse, 1997). Other effects of opiates include mood changes and reduced mental functioning. These tend to make users depend on them i.e. become addicted to them. Prolonged use of opiates change the way the brain cells work. Opiate-dependent nerve cells can lose their ability to carry messages normally.

Depressants like alcohol have a long duration of action. When the blood alcohol level (BAL) is high, alertness is lowered, inhibitions relaxed, judgment is impaired and there is a general feeling of pleasure. Exceptionally high BAL can lead to death. Prolonged use of alcohol can cause gastritis, hemorrhaging and inflammation of the pancreas, chronic liver disease, inflammation of various nerves and impaired memory (Adegoke, 2003): Bete, 1989; National Institute for Drug Abuse, 1997). Barbiturates may cause drowsiness, lethargy, reduced anxiety/tension while producing a feeling of pleasure and well-being.

Inhalants used in Africa include aerosols, glue and gasoline. They contain chemicals that can cause immediate feeling of pleasure and excitement, disorientation, difficulty in walking, delirium and coma. Prolonged use can lead to damage of organs of the body such as the brain, liver, kidney and nerves (Adegoke, 2003, National Institute on Drug Abuse, 1997).

All of these substances are addictive and once one is addicted, withdrawal from their use become difficult and needs a lot of serious intervention and help. However, due to the effects, those already addicted are encouraged to take the pains of withdrawing. For a counselor to help, you need some methods to use. The next few pages focus on such methods.

INTERVENTION STRATEGY FOR DRUG USE

The most important strategy is to prevent drug use and abuse. In order to prevent this effectively, Guidance Counselors must:

1. Know about drugs and disseminate information about the dangers of drug used and abuse.
2. Recognize and avert factors that are likely to encourage drug use in adolescents.
3. Recognize and teach significant persons in the adolescent’s life, how to recognize the danger signal when an adolescent begins to experiment with drugs.

4. When a youth is into drugs, Guidance Counselor should know how, when and where to handle or refer for help.
5. Finally, when people withdraw from drug use, withdrawal symptoms can be problematic and Guidance Counselor should be conversant with handling such situation.

You will read more about each of the above points.

1. **Disseminating Information About Drug Use**

There are various ways of disseminating this information. This is actually one of the information services the Counselor should give and so the channels are already set in place, for instance the P.T.A. is a good place to give a lot of information about drug use. Information, stories, posters, write ups could be displayed on school notice boards. Talks could be given to students periodically using knowledgeable teachers or Resource persons. Essay competitions, debates and symposia could be organized at different levels for the same purpose. Counselors are advised to use this service and even community prevention programmes.

- ▶ What the Drugs does to the body.
- ▶ Legal problems that might arise from drug use.
- ▶ Economic problems that arise from drug use.
- ▶ Personal problems that arise from drug use
- ▶ How to get help to break a drug habit.

2. **Recognising the Factors likely to Favour Drug Use**

When a Counselor/Parent or teacher can recognize factors that are likely to favour drug use, and address them, the problem is half solved. Several factors can set the stage for drug abuse by youth and even adults as recognized by writers such as Adegoke (2003), Channing Bete (1990), US Department of Health Human services (1991). These include:

- ◆ Psychological problems in individuals like low self-concept,, problem of lack of acceptance and poor adjustment ability.
- ◆ Normal adolescent stress and stress of daily living where the individual has not learnt proper coping skills.
- ◆ Rebelliousness and desire for freedom especially in adolescents.
- ◆ Lack of religious affiliation.
- ◆ Discordance in the family.
- ◆ Poor parent/child relationship
- ◆ Poor parenting
- ◆ Parent or sibling drug user.

- ◆ Peer reinforcement.
- ◆ The pleasant feeling from drugs
- ◆ School failure.

3. **Recognising and detecting Drug Users**

Early detection of drug users helps to nip the problem in the bud. Certain signs accompany drug users and so, parents, teachers and all who work with youths should look out for these signs. According to Adegoke 2003, 58 these signs are:-

- ∇ Excessive time spent out
- ∇ A decline in communication with family members, frequent arguing, and unusual demand for secretiveness.
- ▶ Changes in the way they dress and groom
- ▶ Deteriorating grades at school and a lack of motivation to do well academically.
- ▶ A change in their choice of friends
- ▶ Repeated or unexplained accidents or fights
- ▶ Poor sleeping habit, sluggish behaviour and a lack of energy
- ▶ Irregular eating patterns.
- ▶ Blood shot eyes (particularly with alcohol and marijuana).
- ▶ Frequent “colds” or nose bleeds (especially with cocaine use)
- ▶ Running away from home.
- ▶ Mood changes, including instability and depression
- ▶ Hyper-activity (most often seen with drugs such as amphetamines and cocaine).

4. **Counselling Drug Users:**

- Counselling drug users may be done individually, one to one, or in groups. However, the counselor chooses to do this, the important thing is to:
- Get the users to admit that they are drug users. Often they will deny but if they can be caught red-handed it will help.
- Ensure that they have all the information about the physiological, legal, economic and social effects of drugs.
- Help them to examine their choice of drugs use and all the negative effects.
- Help them consider alternatives.
- Support and encourage them as they take a new decision.

5. Life after Drug Use

Withdrawal symptoms from prolonged drug usage can be very problematic in the body that is already used to the substance and is re-learning how not to be dependent on it. Problems such as confusion, nausea, headaches, and lack of enthusiasm have been listed earlier. The client now has a new life to live without the peers that supported his/her previous life-style. This means that they have to build new and strong relationships. Several will battle for acceptance in the same society that had rejected them and regarded them as outlaws. The counselor can help solicit new peer support. To maintain the decision to withdrawal from drugs, one needs to be assertive. Assertiveness training should therefore be given. For this group as well as all youth, good decision – making skills need to be taught. When people learn the art of making decisions, they are enabled to handle the problems and temptations that come their way.

ACTIVITY 1

1. List the important topics discussed in this section. State why each of them is important.
2. Of the five areas of prevention/intervention for drug abuse which would you like to specialize in? Prepare a text that will help you work in your chosen area.

TEENAGE PREGNANCY

Definition: Some define teenage pregnancy as pregnancies that occur below the age of 18, the legal age of marriage and consent in Nigeria. Technically speaking, teenage pregnancy may be defined as pregnancy that occurs when the biological parents of a baby are still teenagers between the ages of 13 and 19.

PREVALENCE:

Teenage pregnancy is world-wide concern. Almost one million American teenagers become pregnant each year giving rise to more than half a million babies each year. Teenage pregnancy is described as Americas “most serious of social and health Problem” (AGI, 1999, TTP Project Fact Sheet, 1999). In Nigeria, the Demographic and Health survey statistics show that one quarter of girls aged between 15 and 19 are pregnant or have had babies, 43% of them are unmarried, It was also discovered that half of teens aged 18 years have had sex and in Edo State 99% of youth aged 20 years have had sex. (Adegoke, 2003, Mafeni, 2003; Nigeria demographic and Health survey, 1992).

More teenage girls are at risk of becoming pregnant because of the lowering of menarche to 12 – 13 years (Potts, 1990 cited in Planned Parenthood, 2000) and the fact that 80% of youths have sex as teenagers (AGI, 1999).

PROBLEMS OF TEENAGE PREGNANCY

Teenage pregnancies have far reaching medical, economic and social effects on both the parents (especially the mother) and the child.

The body of a woman matures first to enable conception take place before it matures to carry and deliver the baby. Complications of pregnancy is one of the leading causes of death in African women aged 15 – 24 and the chances of younger women under 18 dying from pregnancy-related complications is twice as high as that of older women, (Gerbrals, 1985; Ladipo, et.al. 1983). Health risks for the girls are also high. The pregnancy, which is out-of-wedlock, and unwanted makes the young ladies seek for all kinds of treatment and advice, which ends in wrong kinds of treatment and unsafe induced abortions. Because of stigma, shame, poverty and ignorance these ladies do not get the anti-natal care they should get. The delivery frequently is not attended to properly. Some end with VVF (fistula). At the time of conception, several contract STDS (Sexually Transmitted Diseases).

Research has shown that babies born to teenage mothers have “low birth weight”, experience health and developmental problems and are frequently poor, abused and/or neglected, (Annie E. Casey Foundation, 1998).

Economically, the mother suffers. Frequently the pregnancy terminates their schooling and chances of getting good jobs. Because their schooling is interrupted, they cannot pursue viable economic ventures especially during the pregnancy and several never become economically independent. About this Annie E., Casey Foundation, (1998) writes; “Teen mothers are less likely to graduate from high school and more likely than their peers who delay child bearing to live in poverty and to rely on welfare”.

Teenage pregnancies have psycho-social effects on teen parents; it makes them have a sense of regret and powerlessness. The girls may be married off without their consent frequently to much older, already married men; they lose their self-esteem and independence, and remain controlled either by parent or by husband.

CONUSSELLING INTERVENTIONS FOR TEENAGE PREGNANCY

Counselling *interventions* could be designed for:

- a. Prevention
- b. Dealing with pregnant youth.

The school counselor may not be in a position to assist fully a pregnant youth in school as school children are usually expelled as soon as the pregnancy is found out. It is obviously better to deal with prevention. However, the counselor can encourage the child not to lose hope and advice on the dangers of abortion. The counselor can also encourage the parents on how to accept the pregnant girl so that she can live a useful life after leaving the present school.

PREVENTION

Two major strategies have been adopted in the prevention of teenage pregnancies.

- ♥ **Abstinence** – saying ‘no’ to sex when you are not married.
- ♥ **Informed use of contraception.** This however is not an acceptable form to the majority of Nigerians.

The most popular option is giving youths sound, medically-accurate sexuality education. These preventive methods through constant counseling by public lectures and notices at the counseling notice boards will assist the teenage girls from getting pregnant.

SUMMARY

- In this unit, attention has been focused on drug abuse and teenage pregnancy problems. This is just to sensitize you to other current problems in our society. You have read the types of drugs being abused by our young people and the effects such drugs have in the individual. You have also read about the level of existence of teenage pregnancy, the problems it causes for individual and even the born child. In all these problems, you have been given ways of handling them. You are now in a position to adequately back up with knowledge, to guide both the individual and the community away from these and other problems.

ACTIVITY 2

1. Teenage pregnancy is technically defined as.....
2. Teenage pregnancy has effects on both theand
3. Termination of schooling as a result of teenage pregnancy is an consequences
4. Counselling intervention for teenage pregnancy can be designed to:
 1.
 2.
5. To prevent teenage pregnancy, the counselor can encourage two strategies to be used. Identify and list at least 5 advantages and disadvantages of each.

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