Summary

The field of social work in Macedonia was developed in several stages; in each of these there has been advancement in education and professional development of social workers. The role of a social worker in the past would be more in administration day, they are analysts and researchers who, coping with the modern day issues and the consequences of the social existence of the growing number of individuals and groups, are facing the challenges of using new modes of assistance and improving the mental and social state of users. Their line of work implies dealing with individuals and groups of various ages, with various problems (misconduct, substance abuse, post-violence effect, stress, mental illness), which, among others, are the result of the detrimental influence of the family and wider social setting, thus creating the need to use alternative therapeutic methods and techniques in reducing the negative social impact.

Which psychotherapeutic techniques can be used by the social worker; are social workers here capable at using a particular psychotherapeutic approaches and what is the need for education in this area, are the main questions in the research paper.

The targets were 40 social workers employed in different areas. Applied technique is questionnaire.

The results show that only a small number of (14%), social workers attend any education programs on specific therapeutic approach.
Conclusion: The need for application of appropriate therapeutic approaches, suitable for professional profile of social worker is not only a challenge for social workers, but also its necessity of professional social work.

Keywords: therapy, therapeutic approaches, professional social work

Treatment- a perspective in social work and a challenge for social workers

Introduction

Social work is a profession where main aim is to provide assistance to people who are unable to resolve their problems and participate actively in the society. Therefore, the main task of the social worker, through expert and professional work is to strengthen individuals, groups and communities in order to create appropriate conditions for solving the problems, meeting necessities and achieving different goals. Many professions are dealing with the problems of individuals and society, but the residence of social work is exactly the interspace between the individual and the society in which he lives. The social worker is a key subject in the intervention when it comes to the interaction between the individual and the environment in which he persist. A social worker, together with the user initiates planning process of changing, where the social worker is using their knowledge and skills. The process of planned changes goes through a number of interactions between the user and the social worker, through different phases from the initial phase to the final.

To deal to these complex tasks, basic education of the social worker it is not sufficient, even specializations or higher academic background. The social worker –practitioner, needs a special education for counseling and application of psychotherapeutic techniques designed to the needs and problems of the client that he/she works with.

Which psychotherapeutic techniques can be used by the social worker; are social workers here capable at using particular psychotherapeutic approaches and what is the need for education in this area, these are the main issues discussed in this research paper.
Theoretical approach to the problem

Counseling

Counseling and psychotherapy as, as tools used in work with clients and patients, appear in many other vocations. They are related in many fields, especially in psychiatry, psychology, social work, pedagogy, law, criminology.

The term „counseling“ is used in different ways. One dimension of this term is related to professionals that offer counseling services.

The following applies to the advisory relationship, the repertoire of interventions and the process itself. For establishing and maintenance of a good advisory relationship, certain features of the advisor and a skill set for establishing good helper relationships are essential.

Counselors have different goals, working with different clients e.g. helping them to overcome emotional difficulties of the past, to resolve current difficulties, to make decisions, to solve various crises and learn specific life skills.

The purposes of the consultation are divided into those relating to mitigate the difficulties and the development objectives, and those that are aimed at growth and development.

Many advisors believe that the advisory relationship is not sufficient or effective enough for the occurrence of structural changes in the client. They proposed addition to this relationship, a set of interventions, counseling methods or assistant strategies.

The advisor decides which of them will be used with certain client, and how likely the interventions are to succeed. Interventions used by the advisor, should reflect his theoretical orientation.

For example: psychoanalytic directed advisor works psychoanalytical interventions, while rational-emotional-behavioral directed advisors are using rational-emotional-behavioral interventions.

Regardless of the theoretical approach, the most important goal of counseling is usually strengthening the client's responsibility for shaping
and creating in their own lives. The client must also learn that there are choices that will enable them to feel better, think and act effectively.

Councilors are most successful when they succeed to empower the client to be indecent. They should be able to help themselves once the counseling has finished.

The most appropriate skills to educate social workers and enable them to successfully implement their skills is in counseling in the area of life skills that are focused towards the individual, with which the client is supported to achieve self-assistance by acquiring new life skills.

Tailored to the needs of ordinary people, life skills counseling means that all people have the same strengths and weaknesses in this area.

Most of the difficulties faced by the clients are consequences of prior learning. Even though there are external factors, clients persist with some problems mainly due to their flaws or weaknesses in their judgment and actions, i.e., lack of skills in thinking and acting.

Councilors are most effective when, within a good advisory relationship, they teach the client on essential life skills needed for thinking and acting.

The crucial goal of counseling in the area of life skills is self-assistance, the capability of clients to maintain and develop their skills, not only to overcome the current difficulties, but to prevent and resolve them in future.

Life skills counseling is directed to an individual, which means that is focused on different skills and abilities, needed to all people for surviving, maintaining and improving their lives.

Counseling in the area of life skills is applicable in different cases facing difficulties and opportunities, from basic skills of thinking and actions, needed in every age stage until increased competencies: e.g. Learning the skill sets for intimate sexual relations during the period of late adolescence and learning skills for managing with aging, partnership, parenthood, choice of occupation and so on.

Councilors that work in this field are practitioners-researchers that
Ivan Trajkov: Treatment- a perspective in social work and a challenge...

request, apply and evaluate assumptions to assist clients for an adjustment. Nelson Jones (Nelson-Jones, R. 1988) said that counselors working in this area are "teacher development". The consulting is directed to:

- Nurturing and recovery of vulnerable clients
- Facilitating customers in solving specific difficulties and decision-making
- Overcoming the crisis and
- Preventive and developing teaching for life skills.

Clients can be: Individuals; groups or organizations

Counselors are directed mostly to the present and future of the client.

Through intensive assistance with the client they will try to determine his specific insufficiencies that maintain difficulty. They offer assistance in mitigating weaknesses and capacity building that relates to life skills required for self-help.

In short: the advisors in the field of life skills try to encourage the client to accept his existential responsibility to modify his own lives.

It can be concluded that counseling in the area of life skills, is approach directed towards people with whom customers are assists in learning self-help skills. Counselors in this area always encourage customers to become their own best advisers.

Counseling may be monitored through its objectives; clientele and relationship regard psychotherapy (Nelson - Jones, R. 2007).

Counseling and Psychotherapy

Most often, counseling is associated with psychotherapy. For Truh and Karhuf (Truax, CB, Carkhuff, RR1967), the terms counseling and psychotherapy are considered as synonyms.

Patterson (Patterson, CH1974), belives that among these terms there is no difference. Basically, in counseling and psychotherapy the same theoretical models with different names but with the same goal are used.
Their goal is to release the client from various inhibitions in order for better self understanding, enhanced understanding of their opportunities, and in order to improve their own social functioning in society. However, due to its interdisciplinarity, many consider its method to be a mixture of many rather than a single method. There are two main differences between counseling and psychotherapy: the complexity of the problem that client is facing and its duration. The consultation lasts shorter and therefore is cheaper, it is focused on a specific problem in some part of life and is direct.

Consultation is particularly applicable if the client is currently facing a simple problem that he fails to solve independently.

The consultation is related to the stabilization of the current situation and maintaining of the functioning of the client, while in psychotherapy are getting into the deeper layers of the person in order removing the causes that led to the problem.

In fact, the main difference between counseling and psychotherapy are in their course. Counseling is oriented to focus on the rational, that is, the act of conscious factors, but in psychotherapy, the attention is focused on the deep emotional and latent factors. Psychotherapy is directed to certain changes in the person, while through counseling we assist people to use the current opportunities how to better cope with their life.

Compared with counselors, therapists listen more, but they teach less, guide and explain. In psychotherapy the imperative is: who, how and to whom something has been done, i.e. the personality of the councilor is important and so is the harmony between councilor and client (Corsini, P.J.1995).

Psychotherapy

It is difficult to respond in simple manner to this question, what is psychotherapy, because psychotherapy is an area that is developing intensively and is still constantly changing.

It has began as a set of methods, procedures and techniques aimed for treating psychological disorders with psychological resources-i.e. Conversation.
In nowadays, psychotherapy is defined as a structured process in which, specially trained expert-psychotherapist helps the client to accomplish the desired change.

Currently, most of the clients are healthy individuals who face immediate difficulties and problems, which is why we can not say that they need treatment; nonetheless they need some kind of professional support to overcome the current problems.

Therefore, a more appropriate definition is: psychotherapy is a structured process with progressive change of the individual in regards to problem solving, resolving of certain disorder or developing their personality, with joined effort between the client and trained expert-psychotherapist.

The goals of psychotherapy can range from support in overcoming the current problems in the area of mental life (e.g. raising motivation, stress management), through treating serious mental problems (phobias, depressions, panic attacks, insomnia) to personal growth and development and detecting new resources and ways of introspection and perception one has in relation to the others.

Psychotherapy is not about giving advice, neither is a process in which expert searches for a solution instead of the client. It becomes a necessity when the advice we received did not help us, why we are looking for something else. Psychotherapy is not just a conversation, nor an area in alternative medicine.

Types of psychotherapy

The types of psychotherapy vary. Under the modality we mean theoretical framework - a course that follows a specific philosophy of building the personality, relationship to the person's behavior, emotions and motivations, in general, an attitude of a persons nature and the causes for disturbance and problems.

Therefore, we distinguish several types of psychotherapy:

- Individual
- Group
- Marriage
- Family
According therapeutic modality:

- Behavioral therapy
- Gestalt psychotherapy
- Cognitive–Behavioral therapy
- Rational emotional behavioral therapy
- Family therapy
- Integrative approach
- Intervention in crisis

All modalities have very similar performance within different problems; therefore freely choose the modality that you believe would be most effective in your case. (www.epsihoterapija.com/kako-odabrati najbolju #sthash.fzsaUkEf.dpuf)

RESEARCH

As a profession, a social worker – psychotherapist is not an unknown in the majority of the world countries and also in the Balkans. They would work in different areas: health services, social protection, education, also in the industry, using different kind of psychotherapy helping their clients.

Our country is an exception, as this profession still does not exist. More than 20 years ago in our country educational centers had been opened for various types of psychotherapy: transactional analysis, family therapy, psychodrama, Gestalt psychotherapy, cognitive behavioral therapy conducted by licensed psychotherapists.

At first place this educations was entirely aimed at psychologists. But later it was allowed to be approached by other profiles too – pedagogues, social workers and others. Missing out on this opportunity, a small number of social workers follow this access and the profession social worker - psychotherapist does not exist yet.

Identifying the reasons for the current situation, what is the social worker’s opinion on the need for psychotherapy and consulting
education, do they need specific therapy methodology in their work with the clients and do the clients need this kind of therapy are the main topics we are researching in this paper.

Questions that are a subject of our studies:
- Which psychotherapeutic techniques for a social worker are the most suitable ones
- Are social workers able to use certain psychotherapeutic techniques and is education needed?

Target and objectives
Main target of this research is to stimulate the interest of social workers for psychotherapy like a professional challenge and encourage education for specific psychotherapeutic access and advising.

Specific task:
Improving personal professional skills and abilities and achieving more successful problem solving.

Sample
Social workers employed in different areas and NGO are the target group. The sample is compound from 40 examinees. Main criteria are: employed like social worker or working with people with social or health problems in NGO.

Methods and techniques
Qualitative and quantitative analysis of the information obtained through questionnaire

Fundamental assumption:
- Social workers are not enough involved in psychotherapeutic education and professional counseling
- The need for this type of psychotherapy is being observed by the social workers
- Family therapy, behavioral therapy and integrative access are considered to be the most adequate access for the most of the clients.
Results and discussion

Description of sample survey

Table 1. Number of respondents by level of education

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed social worker</td>
<td>28</td>
<td>70%</td>
</tr>
<tr>
<td>Specialist in social work in health care</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>Master in social policy</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>Master in social sciences</td>
<td>1</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100,00</td>
</tr>
</tbody>
</table>

Most of the participants are certified social workers, as expected, then specialists in social work in health care and Masters in social work and social policy.

Table 2. Number of respondents according to experience

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 5 years</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>5-10</td>
<td>7</td>
<td>17,5</td>
</tr>
<tr>
<td>Above 15</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Above 20</td>
<td>9</td>
<td>22,5</td>
</tr>
<tr>
<td>Above 30</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 demonstrate that most respondents have experience over 15 years, the number of young people with experience of 5 years and those with the longest experience is equal.

Table 3. Area of work

<table>
<thead>
<tr>
<th>Area</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>Health care</td>
<td>15</td>
<td>37,5</td>
</tr>
<tr>
<td>Education</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>NGO</td>
<td>5</td>
<td>12,5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

According to the number of employed, respondents are most
common in the field of social protection and health, areas in which work most social workers.

Table 4. Type of service users

<table>
<thead>
<tr>
<th>Type of users</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and young people under different type of risk</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Orphans and children without parental care</td>
<td>3</td>
<td>7,5</td>
</tr>
<tr>
<td>Children and young people with behavior disorders</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Victims of domestic violence</td>
<td>5</td>
<td>12,5</td>
</tr>
<tr>
<td>Individuals with mental disorders</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Persons with disabilities</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Families with a different kind of family problems</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>People with health problems and their families</td>
<td>3</td>
<td>7,5</td>
</tr>
<tr>
<td>Drug abusers</td>
<td>1</td>
<td>2,5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

From the table we can conclude that 42.5% of consumers are children and young people, then people with mental disorders and disabilities in 25% and victims of domestic violence in 12.5%.

**Discussion of results**

To the question: Have you visited, education of any type treatment, respondents gave the following answers:

Table 5. Number of respondents who attend certain kind of psychotherapy

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>15%</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
<td>85%</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

The data in the table illustrate that 85% of respondents are were not involved in psychotherapy education
Table 6. Type of treatment and number of participants attending education

<table>
<thead>
<tr>
<th>Type of therapy</th>
<th>Num.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family therapy</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Gestalt</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

Education in family therapy and gestalt psychotherapy are unique two areas where a minimum number of social workers participate.

Results from tables 5 and 6 confirmed the first assumption: Social workers are insufficiently involved in the education of psychotherapy. Far more of the respondents complete specialization in a particular area and master studies (Table 1). However, social work practitioners have a greater need of special education for some kind therapy. This is the because of the variety of clients they encounter and the increasing complexity of their issues. Thus the knowledge gained in regular education is insufficient for social workers to meet the complex needs of clients.

This is perhaps the most important challenge for social workers - practitioners, and perspective in social work as well.

The examination of the second assumption in which we presume that social workers recognize the need for education and practice of certain kinds of psychotherapy was likewise confirmed.

From total respondents, 39 (97.5%) responded that their professional work require application of a therapeutic method for improving the psychosocial functioning of clients. Only one of the respondents disagreed. Asked whether their clients require long-term therapy, all subjects without exception answered affirmatively.

These results confirmed the second assumption.

The third assumption is related to the type of therapeutic approach that is considered as most appropriate for larger number consumers of social workers services.
Table 7. Therapeutic approaches that are most appropriate for professional work of the social worker and assistance of customers

<table>
<thead>
<tr>
<th>Type of therapy</th>
<th>Num</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral therapy</td>
<td>11</td>
<td>27,5</td>
</tr>
<tr>
<td>Gestalt therapy</td>
<td>3</td>
<td>7,5</td>
</tr>
<tr>
<td>Cognitive-behavioral therapy</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Rational emotional-behavioral therapy</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Family therapy</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>Integrative approach</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

As most appropriate therapeutic approaches assumed for users needs, respondents emphasize family therapy (30%), behavioral therapy (27.5%) and integrative approach (17.5%).

Bearing in mind that most social workers operate with children and young people, which among other almost always have behavioral problems, as the most appropriate approach to solve these problems we identified behavioral and rational emotional behavioral therapy (42.5%), family therapy (30%) and integrative access represented in 15%. The results in the table confirm the third assumption.

To the question: If you are able to access education from licensed educators, what kind of treatment would you choose?, the respondents answered similarly to the previous table, highlighting family therapy, rational emotional behavioral therapy and certain number would choose integrative access.

Respondents' opinions about the efficiency of comprehensive therapy in social work are positive and contain messages such as: There is necessity for education about application of counseling and psychotherapy for obtaining necessary skills that social worker needs to acquire; Through qualifying social workers in psychotherapy, this will provide a useful "tool" for solving increasingly difficult problems and to reducing the risks of relapse; psychotherapy and counseling are useful for all social workers in each area with a different type of clients; will allow private practice to social workers etc.
Conclusions and recommendations

The overall conclusion from the results is:

Social workers, even if they are aware of the need for education for some kind of treatment, still, they are insufficiently involved in education.

Education for psychotherapy is an important challenge for social workers -practitioners, and as advancement in social work, because of the increased needs and concerns of users that require a trained practitioner.

Family and behavioral therapy and integrative approach, in the opinion of most participants, are the most applicable for social workers and most useful for assisting customers with various psychosocial problems.

Respondents' opinions about the usefulness of comprehensive therapy in social work are positive. More than 80% feel that the empowering social worker for psychotherapy will providethem valuable "tool" to solve increased complex problems and reduce the risk of recidivism.

The main recommendation that emerges from the results of the qualitative and quantitative analysis from the questionnaire is: Social work is a profession in which practitioner must follow the changes in society that affect the individual. To deal with this issue, a social worker must continuously upgrading his skills, knowledge and capacities in order to respond to the complex needs and problems of clients.

Therefore we can say that the field of psychotherapy is an added benefit in social work and a challenge for social workers.
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