Abstract

It is in the very nature of counselling psychology to treat, address and manage situations emerging from abusive relationship, dysfunctional families, natural and man-made traumas, and to help toxic families find a new path to a better and functional family structure. It has been referred to as “mental health First aid.” The toxic nature of a dysfunctional family results in child abuse, abandonment, neglect and trauma, which negatively manifests in the child’s behaviour and personality, and subsequently transmitted to the nation. Put it in another way, the mental characteristic of a child bears an indelible resemblance of the environment (family and society) in which he or she is raised. Hence, a corrupt and unjust nation displays a magnitude of dysfunctionality that is harbourd in its families, and the number of delinquent and mentally unbalanced and maladaptive children it generates. With rampant cases of child abuse, dysfunctional family and destabilizing environmental conditions many children are traumatized. Once traumatized, one may also traumatize others, especially if not treated or prevented. This explains why civilized societies put all they have in safeguarding children from toxic homes and abusive conditions. Make no mistake about it, children traumatized do not necessarily become only depressed, isolated or intellectually deprived adults, they do also become charismatic, intelligent, outspoken, and eloquent adults, although with repressed unconscious (deep-rooted) mental injuries. Retrospectively, these undiagnosed and untreated traumatized children may eventually become senator, doctor, lecturer, governor, president, parent, policy-maker, priest or trader. These mental injuries, manifesting in the form
of explosive, heartless, brutal and corrupt behaviour will be imperative and apparent. This paper examines and highlights the essential qualities required of a modern counselling psychologist. These unique qualities qualify a counselling psychologist as a competent clinical practitioner, and an effective change agent and nation-builder. Drawing from many theoretical and scientific reviews, this paper will try to buttress characteristic features, knowledge-base and ethical conduct that befit a modern counselling psychologist.

**Key Words:** Counselling psychology, nation-building, change, competency, effectiveness, proactivity.

When it comes to uplifting and empowering the individuals to become the protagonist of their own future, and an active contributors to nation-building, counselling psychology has a long-standing and encouraging successful track-record to showcase. With Nigeria nation seemingly engulfed in unprecedented number of man-made catastrophic conditions, instituting well-programmed counselling services would usher in a new behavioural outlook that fosters stability and innovative spirit that benefit all. When a nation like Nigeria is engulfed in juvenile delinquencies, brutal violence against the public and massive assaults on properties and the nation, it is a time for meaningful and educated resolutions. These resolutions will be rarely achieved without formulating realistic programmes that address the ultimate issues in child development, child-upbringing and education as well as parenting. These require the professional competency and effective practice of counselling psychologists, as well as a proven determination by leaders and policy-makers to meticulously address problems originating from dysfunctional families.

Counselling psychology has a unique beginning as a distinct branch of psychology that concerns itself with emotional, behavioural, mental, social, vocational, developmental, and organizational concerns of individual, family, group and community. Started as a post-WWII professional career, counselling psychology was created as a hub that links people from different domains of life together to discover their unique problems and find a help through proven best intervention approaches that empower and enthron the individual as the protagonist of his or her own well-being. Building on the theory of human nature and physiological hierarchy of needs, counselling psychology is founded as a grass-root community oriented outreach service, needed to address the traumas and stresses imposed by natural or man-made deserts. It means, therefore, that the fundamental principles of counselling psychology, touches all aspect of human life and endeavour, whether in the family, schools, hospital, clinics or social-networking. Although, it has been used a proactive approach and First Aid measure to mental and emotional conditions.

Naturally, humans react and adapt differently to situations, and due to physical and psychological conditions, some people find life very difficult to navigate if not adequately guided through proven counselling interventions. Psychological counselling, as a technique, has a way of touching and changing individual’s persona, mental framework (mentality) and emotional conditions (American School Counselor Association, 2003/1999). Since humans are controlled -and propelling by complicated and convoluted personality trait and biobehavioural characteristics that sometimes work against their ability and resolve to exist as "normal persons," the science of psychology embedded in counselling psychology becomes imperative in restoring and rehabilitating individuals with mental and emotional traumas.
Furthermore, the complexity of our modern society, coupled with instabilities caused by poor management and distribution of resources, makes adaptability and coping even more precarious for the vulnerable, especially children, women and the elderly (Anda, Felitti, Walker, Whiteld, Bremner... Giles, 2006). This condition is a precursor to dysfunctional family, which subsequently produces other behavioural problems that reduce the potentiality of the individual as well as the nation. For example, the rampant trauma and toxic stress brought about by dysfunctional family (Stoop & Masteller, 1997), have been linked to childhood trauma, child abuse and neglect, which can affect children in many ways (The Child’s Traumatic Stress Network (NCTSN, n.d)). These effects can be discussed as:

**Attachment and Relationships**: When nurtured in a functional family, children develop a healthy attachment and relationship, leading to the ability to trust others, regulate their emotions, and interact with the world, and come to understand their own unique value as individuals (NCTSN, n.d). But with children exposed to trauma, relationships become problematic, hovering on entrenched hatred for authority figures, such as teachers, law maker or police officers (Kaslow, 1996; NCTSN, n.d.).

**Physical Health: Body and Brain**: From infancy through adolescence, the body’s biology develops to prepare the child for adult responsibilities. The brain influences our environment, just as the environment influences our physical and mental compositions (Ajaelu, 2016C). When a child is severely abused and traumatized, he or she grows up afraid and under constant or extreme stress. As the abuse continues, the body is saturated with the HPA-axis hormonal response system, which affects the immune system and body’s stress response systems may not develop normally. These children may develop chronic or recurrent physical complaints, such as headaches, general pain or stomach aches. As adults, they may become hypochondriac, a little stressor becomes catastrophic and unbearable, and could develop chronic physical conditions and problems, like engaging in risky behaviour, including smoking, gambling, substance use, compulsive manipulation and promiscuous sexual activities (Thompson, 2010).

**Emotional Responses**: Being exposed to trauma and abuses, children often have difficulties identifying, expressing, and managing their emotions, and may have great difficulties controlling their emotions. They often internalize and/or externalize stress reactions and as a result, may experience significant depression, anxiety, or anger, which can be explosive and sometimes deadly. When families become dysfunctional and abusive, children learn that the world is a dangerous place, even to the point that they are not loved and protect by their own family, and therefore, perceive people and things as innately dangerous (NCTSN, n.d). This perception becomes problematic and worrisome, when children start to react to every situation with intense aggressive and violent behaviour. As adults, they may become emotional numb to other people’s pains and suffering, and mistreat others with impunity.

**Behaviour**: Lack of impulse control or the ability to think through consequences before acting is a hallmark of children raised in abusive environment. They are unpredictable, oppositional, volatile, and extremely manipulative. As adults, they are temperamental, opportunists, and hardly accept corrections or responsibilities. They are pervasive authority seekers, controlling, and self-centred (NCTSN, n.d; Broady, 2009).

**Cognition-Thinking and Learning**: Children raised in abusive and traumatizing environment grow up under conditions of constant threat, and therefore more of their low part of the brain that is responsible for survival. Such children hardly develop their executive functions which controls in-depth thinking, learning, judgement and decision-making (Ajaelu, 2016C). This is because abusive situations have
conditioned their bodies and minds to be in a chronic stress response mode, and therefore may have trouble thinking a problem through calmly and considering multiple alternatives (MacLachlan, 2011; NCTSN, n.d; Johnson, 1997).

**Self-Concept and Future Orientation:** A child who is abused will often blame him- or herself, leading to guilt or scrupulosity, low self-esteem, and a poor self-image. A complexly traumatized child may view himself as powerless, “damaged,” and may perceive the world as a meaningless place in which planning and positive action is futile. With little or no development in their cognitive abilities, their judgement about future collateral damages of their action is restricted.

**Long-Term Health Consequences:** Traumatic experiences in childhood have been linked to increased medical conditions throughout the individuals’ lives. A study conducted by the Adverse Childhood Experiences (ACE) where nearly 64% of participants experienced at least one exposure, and of those, 69% reported two or more incidents of childhood trauma, showed a connection between childhood abuse, high-risk behaviors (e.g., smoking, unprotected sex), chronic illness (heart disease and cancer), and early death (NCTSN, n.d; Cherry, 2016; Michaels & Aynesworth, 2000).

**Economic Impact:** The economic and social burden imposed by untreated abused and neglected children on family, community and the nation is astronomical. A research in the United States estimated the direct monitory and human resource cost from child abuse and neglect to range from $103.8 to $284.3 billion annually (Thompson, 2010; NCTSN, n.d). This cost when divided according to areas of immediate needs, including, maltreated children (hospitalization, mental health care, child welfare systems, and law enforcement), will be about $70.7 billion. About $33.1 billion goes to long-term effects, which include, juvenile delinquency, mental health and health care, adult criminal justice system, lost productivity to society and collateral damages caused by compulsive embezzlement of public funds (Broady, 2009; Briere, 2002).

From the above, it is believed that the family is the microcosm of a nation, hence, a troubled family is a troubled child, and a troubled child is a troubled nation. Therefore, the problem of a nation can best be handled by protecting and supporting the child through the family (Dayton, 2013). As a change agent and nation-builder, counselling psychologists should be well trained to break cycle dysfunctionality. The governing principle in counselling psychology is to extol proactivity (stop an emerging situation, before it becomes a complicated problem) and to diminish reactivity (address a situation only when it becomes a huge problem). It is on this principle that counselling psychology bases it theoretical assumptions and practical constructs.

A well-trained and knowledgeable counselling practitioner is indispensable and absolutely needed in Nigeria. No one takes such responsibility on him or herself, but should be one dedicated to the pursuit of knowledge, self improvement, advocate of the vulnerable and a nation-builder (Cherry, 2008). Becoming an effective counselling psychologist, therefore, calls for natural inclination and personal disposition to learning, and genuinely embracing a calling to uplift the vulnerable, at-risk population, and those cut up by the complicated nature of our modern society (Ajaelu, 2016). The vulnerable or at-risk population in the Nigerian context are the disadvantaged sub-segment of the society (CIOMS, 2013). They are children, especially those from low-income and low-educated parents, minorities, pregnant women, unemployed, terminally ill, physically and intellectually challenged, the elderly, educationally disadvantaged, the
homeless, and internally displaced population (IDPs) (Shivayogi, 2013; Anda, Felitti, Brown, Chapman, Dong...Giles, 2006; AJMC.com, 2006).

The ability for a nation to care and rehabilitated its vulnerable population is a hallmark of a developed and civilized society. This is why in developed and civilized nations, counselling psychologists are extolled and employed to work in hospitals, family enrichment treatment centres, court, community mental health, child and adolescent mental health centres, and community resource organization (Cherry, 2016; Bass & Bass, 2008). They work as community organizers, child advocacy and child protective agents, expert witnesses in court, schools and Universities, and government establishments (AJMC, 2006).

As a change agent, the prime goal of a counselling psychologist is to apply best and scientifically proven knowledge, skill and ability to treat behaviour and emotional problems, thereby moving an individual from a state of vulnerability to sustainability. In other word, a counselling psychologist is skilled in using intervention models and techniques structured to transform individuals from victims to survivors, ill-health to good health, confused about life to confident about life, at-risk to at-safe, addiction to sobriety, lawlessness to law-abiding, ignorant to knowledgeable, poor reasoning ability to critical thinker, impulsiveness and self-destructive personality to self-controlled and self-regulated personality (Hagedorn, 2009). Even though changing an individual is difficult (Betz, 2008; Bass & Bass, 2008), but a competently trained counselling psychologist uses both learned techniques and personal disposition to foster positive and sustainable change in people with behaviour, emotional, mental and cognitive problems (Carpenter, 2010; Brannon & Feist, 2007). And this is why he or she is called a Change-Agents!

**Historical Background of Counselling Psychology**

Counselling psychology, as pointed out above, started in the United States immediately following the WWII. Although related to applied and clinical psychology, counselling psychology was started to address a wide spectrum of after-war issues, starting with the military and their families to non-combatants, who witnessed the horrors and traumas of war-related catastrophes (Cherry, 2016; Mayne, Norcross & Sayette, 2000). Apart from the servicemen who sustained serious mental and emotional trauma from the war, there were also a greater number with mild war-related problems who needed empowerment in different career strata, vocational training, behaviour and impulsive control management in order to be well re-instate in family and community dynamics (Munley et al, 2004; Heppner, Leong, & Chiao, 2008). In 1945, the US Veterans Administration jumpstarted the initiative by applying to Universities to create a specialty field, apart from clinical psychology and psychiatry, that will not only rehabilitate the US service men and women returning from Germany, but also direct (counsel) them in self-motivated and family-oriented behaviour, career development, and self-reliance (Heppner, P., Leong, F.T.L., & Chiao, H. (2008). Many Universities in the US took up the challenges thrown at them by their government, and came up with what we have today as "counselling psychology," or sometimes called Mental Health counselling. So, the origin of mental health counselling service is linked to post-World War II implementation strategy, structured to benefit the U.S returning military service men and women from Germany.

Such programme became attractive to both the government and the public, and those enrolled in the programme were effectively trained to successfully handle and address the problem of the time (Hohenshil, Amundson, & Niles, 2013). The huge success of the programme warranted its further application to a non-combatant (civilians) situation that was geared toward helping the public achieve the
same successes made by the US service men and women (Brems & Johnson, 1997). Currently, counselling psychology, designed under the Division 17 of American Psychological Association (APA), is structured to be different from clinical psychology, which deals with serious mental problems (Moodley, Gielen & Wu, 2013). Counselling psychologists are trained to address issues with people who are experiencing less severe mental and emotion problems, as well as to identify and prevent situations that will later lead to serious problematic behaviour.

**Mode of Understanding Counselling Psychology**

Counselling Psychology is a specialty within professional psychology that focuses on facilitating personal and interpersonal functioning across the life span (Cherry, 2016; Ladany & Inman, 2008). It focuses on emotional, social, vocational, educational, health-related, developmental and organizational issues concerns (Ajaelu, 2016). It also encompasses research and applied work in mental health domains, like counselling process and outcome; supervision and training; career development and counselling; and prevention and health (Koder, Helmes & Pachana, 2008). The unifying themes among counselling psychologists include a focus on assets and strengths, person–environment interactions, educational and career development, brief interactions, and a focus on intact personalities (Gelso et al, 2014). However, counselling psychology, which deals with emotional health, is not the same with Guidance and Counselling that strictly deals with the development and direction of personal growth in education and career/vocation.

With its focus on both normal developmental processes and issues associated with physical, emotional, and mental disorders (Meissner, 2001), a specialization in counselling psychology includes broad practice-based of advancing psychology as a science and as a practice (Heppner, Leong, Chiao, 2008). In its clinical practice, a counselling psychologist ultimately focuses on prevention and modification of behaviour or lifestyles that militate against optimum functions or believed (Moodley et al, 2013). Treatment strategies include prevention, personal and collective development, management and adjustment of cognitive-behaviour processes across the life-span (Ladany & Inman, 2008; Moodley et al, 2013). Of course, the individual approach a therapist adopts depends on a variety of factors including his or her educational background, training, and theoretical perspective (Society of Counseling Psychologists, n.d.). However, training and treatment approach in clinical psychology are more elaborate and intense.

**Nigerian Experience and Misconception about Counselling Psychology**

In a nation like Nigeria, where about 75% of the people are grossly poor and insecure, lacking basic needs like sustained and balanced human growth, a professional services of counselling psychologists will enthrone a family structure that helps children maximize their potentials. When we consider the circumstances that led to the introduction and establishment of counselling psychology, it should be categorically stated that currently Nigeria is facing similar or even worst predicaments then in the then America post-war situations. Even though counselling psychology was structured and built around emerging human problems (Clarke & Clegg, 2000), in the United States, yet research findings have shown that the structure and frame-of-reference under which it was formulated apply to emerging social and economic problems faced universally (Norcross, Sayette & Mayne, 2008; Clarke & Clegg, 2000). In the same perspective, the present-day Nigerian situations bear the hallmark of the same conditions embedded in the original need to start counselling psychology, namely, to restore human dignity through
planned lifestyle that leads to holistic and meaningful human functioning (Heppner, Leong & Chiao, 2008).

While the global expansion in the practice of counselling psychology remains impressive, the Nigeria's inability to recognize and promote the inherent benefits of this discipline contributes to its inability mobilized natural and human resources available in the nation. (Constantine & Sue, 2007). The basic problem with the Nigerian leaders and policy-makers is not their inability copy enriching programmes from more advanced and experienced countries, rather the major obstacle is on the implementation stage. The inherent disorganized and corrupt nature of Nigerian administration makes it very possible for incompetent and unskilled people to start and implement sensitive programmes (Zamani, 2015). As we know, this pattern has not only devastated the Nigerian education system, it has also weaken its productivity and efficiency.

We must therefore take it seriously when Heppner and colleagues (2008) cautioned leaders and policy-makers that only well-trained counselling psychologist should be allowed to handle mental health matters in public domain. They warned that even though many leaders in developing countries are yet to understand the urgency involved in controlling the threat posed by dysfunctional families and environments, it is necessary that strategic counselling services should be made mandatory in schools, works place, and communities. To achieve this, more work is needed on the part of Nigerian Universities, governments, policy-makers and counselling professionals to create favourable environment, awareness and to train of effective and competent counselling psychologist that will stand the test of time. (Constantine & Sue, 2007).

**Element of Effective and Component Counselling Psychology**

A counselling psychologist is one trained to analyse and understand people’s behaviour, attitude and cognitive abilities, as necessary mechanisms in relating mentally, emotionally and physically to the external world (society, families and communities). To be a seasoned and efficient counselling psychologist, one must be adequately and appropriately equipped with personal and interpersonal skills that enable him or her analyze, synthesize, understand, and pro-actively handle and address different emerging physical, behavioural, cognitive, and mental conditions (Ajailu, 2016/2011).

**Personal and interpersonal skills**

Personal and interpersonal skills are based on personal qualities of a counselling psychology to understand the dynamism in human person, and the versatility of a client's needs and compositions. This can be demonstrated in personal relationship and care the counsellor developed and acquired as a person (ethical disposition) and as a professional (knowledge-base). The knowledge-base in the science of human behaviour and cognition is vital to one's personality, sense of responsibilities and accountability (Northouse, 2007; Shaffer, Vogel, & Wei, 2006). In counselling psychology, therefore, knowledge-base is structured elements and techniques of the trade that enables a student counselling psychologist gain basic and required knowledge, ability and skill in component areas of psychology (Horacio, 2005), which include:

- nature and science of human behaviour;
- theory and practices in applied psychology;
- behaviour and its pathology;
• Ethical issues in clinical practices and scientific research;
• community development and organization;
• family dynamics, planning and human sexuality;
• implementation of therapeutic processes and principles;
• treatment application to behaviour problem; and
• the socio-cultural or multicultural issues in human behaviour and actions.

It means, therefore, that personal or interpersonal development is a lifelong process, rooted in the professional's ability to analyze, synthesize, understand different emerging physical, behavioural, cognitive, and mental conditions (Betz, 2008). These skills are locked up in the power of decision-making ability, and a sense of commitment that goes beyond egocentrism (Corey, 2009). Rather they are structure around selfless services geared toward empowering people to maximize their potential to address repressed traumatic conditions that stand in people’s way to positive growth and development (Gelso & Fretz, 2001). From this perspective, counselling psychologist’s personal and interpersonal skill is rooted in the ability to help people initiate a change that may lead to achieving self-actualisation (Haslam & Haslam, 2000).

Meaningful inner change can lead to self-actualization (Lambert, Gregerson & Burlingame, 2004) only when one can resolve internal mental conflicts and then starts off processes that lead to satisfying essential needs. This is the central concept of Maslow's hierarchy of needs, in which it is maintained that it is impossible to achieve self-actualization, when the basic needs are impossible to achieve. As change occurs throughout life span, the level of need motivating someone’s behaviour at any given time also changes (Levy & Scala, 2012). So, as a change agent and a nation-builder (Zimmerman, Olsen, & Bosworth, 2000), a counselling psychologist must be one endowed with personal characteristics and knowledge that commend a great sense of commitment to empowering individuals who have problems navigating through the pendulum of changes that inevitably occurs in live (Gielen, Fish, & Draguns, 2004; Zimmerman et al, 2000).

However, the metaphor, "the blind leading the blind" makes sense here because it is ironical or even scary to assume the mantle of a change agent when you yourself is as stiff as a rod-resisting change yourself and be satisfied with outdated knowledge. Therefore, training under counselling psychology should be structured to equip students with the ability to develop a personal skill in critical and creative thinking that cuts across personal conduct, intellectual ability and skill to diagnose the underlying problems of a client. This training must encompass relative and actual conditions in the lives of individuals, groups, families, and communities (Gielen, et al, 2004).

Counselling psychology, as we can identify, is not just a mere talk, advice, or guidance directed to someone in order to resolve an impending problem, but a technique built around personal in-depth knowledge of human behaviour, personal integrity, character and skill. It involves therapeutic methods formulated under scientific psychological models, and based on the natural laws of mental and physical change designed under cybernetic processes (Clarke & Clegg, 2000). In other words, the major component in a counselling model is a behavioural change that leads to self-motivation, and subsequently to self-actualization (Zimmerman et al, 2000).
**Personal Characteristics and Attributes**

Unlike clinical psychology that deals with diagnosis and treatment of serious mental and emotional problems, historically, counselling psychology focuses on the client's intrinsic ability to personally improve him or herself (Israel, Gorcheva, Walther, Sulzner & Cohen, 2008). This is to say that, all things being equal, a person wants the best for him or herself, family, children, community, and indeed his or her country. But battling with the circumstances of genetic, behavioural, intellectual, environmental, and physical disabilities, humans are driven to impaired judgement that militates against this intrinsic ability to become the protagonist of his own life and environment. To restore, redirect and empower such a “broken” person, an effective treatment model that enthrones skill-building resources, assessment of special circumstances, and integrated treatment planning is required. Combining these fundamental aspects of counselling practice, a counselling psychologist can lead individuals, families and indeed the whole community toward a new change in perspective and orientation that embraces future success (Gelso, Williams, & Fretz, 2014; Corey, 2009). Beyond the pre-established truth that human nature is complex, the development in science and technology has paved ways for studying and understanding the structural and dynamic characteristics of human behaviour, leading to practical techniques in effective counselling services. These techniques are personalized in the counsellor's physical and mental dispositions that includes self-confidence and mental resilience. Since positive change is very difficult to achieve, and resistance to change is prevalent, counselling psychologists as agent of change need to develop tough-skins (Romano, Fitzpatrick & Janzen, 2008). This is particularly learned as a student early in one's training, supported by the ability to matter core knowledge in one's practice. Confidence comes with assured quality of knowledge in one's area of specialization (Levy & Scala, 2012). Lack knowledge increases lack of self-confidence and extols arrogance that is usually developed into cultural encapsulation syndrome—a situation where a professional believes that his or her own cultural views fits into other people's situations or conditions (Swift & Callahan, 2008).

**Rigorous and Quality Academic Programme**

In Nigeria, programmes with proven record elsewhere are so mutilated that they lose their effectiveness and appeal. Lack of regulation, corruption and lawlessness are at the centre of this problem. As stated previously, corruption in academic institutions looms, unqualified teachers and lecturers who know little or nothing about the course/subjects are recruited (Ajaelu, 2016, Zamani, 2015), hence perpetuating ineffectiveness and mediocrity in professional practice. On the side of students, learned-helplessness, coupled with distorted sense of entitlement diminishes hard work and scholarship. For this reason, many students could pass through an academic institutions without following required rigorous study schedules and hard work and still earn "good grades" and certificates. Hence, some students who graduate from programmes are intellectually inapt, and consequently ineffective (Scouller, 2011).

**Effective Therapeutic guideline and clinical intervention**

As psychoanalytic concept become a prominent therapeutic formula, the believe that human (problematic) behaviour is motivated by unconscious processes present early in a child's development has become a fundamental assumption in psychotherapy (APA, 2004). Based on these concepts, research reveals that effective therapeutic guideline seeks to a) define presenting problem, assess special circumstances, and identify disrupting symptoms (Bentler, 2000); b) develop treatment planning and progress note; c) enhance skill-building resources of both the clinician and the client; d) increase tolerance for emotional experience; and e) Crisis intervention techniques that provide dramatic relief, restoration of some
immediate self-efficacy and extinction of problematic arousal (Prochaska and Clemente, 1984; Walmpold, 2001; Wolfe, 1989). The focus is on creating a quality treatment plan and effective and useful progress notes.

These findings are consistent with the pioneer study carried by Smith, Glass, and Miller (1980) in which they highlight the effectiveness of psychotherapy when properly used. Another study by Lipsey and Wilson (1993) maintained that, "when effectively conducted, psychological treatment in mental health could be equal to or exceed those for medical and educational interventions... (p.1199)." Above all, Lambert and Bergin (1994) maintained that the efficacy of psychotherapeutic interventions is mutual to all treatment models, provided what these models shear in common, namely, catharsis, positive relationship with therapist, advice, behavioural regulation, and cognitive learning and mastery, are effectively blended (aatbs, 2005). It appears therefore, that the relationship in treatments account dramatically for more of the variability in outcomes than does the totality of specific techniques used (Vogel, Wade, & Hackler, 2007).

Not too surprising, however, research also discovered that effective therapists display significantly more affirmation and nurturing behaviours which results in better treatment outcome (Najavits & Strupp, 1994). This finding certainly gives credence to the Rogerian approach, which states that effective therapy starts and ends with a competent therapist, bringing the best out of the client. (Imel & Wampold, 2008; Ilardi & Craighead, 1994; Wilkins, 1984).

**Effective dynamics in case evaluation and treatment planning**

It has been discovered that the effectiveness of therapeutic interventions can be assessed by clinician’s skills in evaluation client, formulating treatment plan, and the ability to establish a positive therapeutic alliance with clients (Fishman, 1999; Hubble et al., 1999). From these characteristics, one can relate effective dynamic to Rogerian techniques, which highlight person-centered approach in therapy is the core principle to effective therapy. This provides the necessary incentive to ensure that clients become engaged within the agreed upon treatment plan. This treatment plan must make sense to the client and coincide with his/her expectations regarding the choice of techniques and interventions (Spengler, White, Aegisdottir, Maugherman, Anderson ... Rush, 2009).

The best approach to client evaluation centres on life-span and lifestyle assessment methods, starting with client’s family constellation, early recollections which offers the client confidence leading to treatment planning and consistent with client’s expectation and efficacy (Vogel, Wade & Hackler, 2007; Williams, Hayes, & Fauth, 2008).

**Conclusion**

The fundamental element of human behaviour in psychology—what makes people do or act the way they do—continues to puzzle humanity, and has been known to extol unimaginable influences in the quality of life of the individual, family, community and the nation. Even though endowed with high intelligence, an ability to form complex and organized society, solve multifaceted problems in the world, yet humans are fragile and volatile. To survive and succeed in this complex world, humans must be well equipped (starting from conception to adulthood) with necessary tools to successfully navigate this complex society. Unfortunately, this complex society is not the only problems humans face, they are also in great...
peril of self-inflicted destructions, steaming from their self-destructive instincts. That is the plight of humans!

Saving and protecting humans from themselves, external (environmental) forces, and from threats imposed on them by psychological forces are critical and fundamental elements central to understanding people’s mental and cognitive functioning across the life span (Poss, 2000; Spengler et al, 2009). The chronological assessment of a life span starts with a decision to start a family, and this decision leads to having a child, who becomes an adult. The damaging consequences (abuse and neglect) of to this child can not only reshape a child’s brain but also inflict lasting destructive consequences on the nation. Having established that child abuse influences the psychobiological functions of the brain (like amygdala, the part of the brain that regulates emotions, and prefrontal cortex (the part of the brain responsible for thinking, planning, reasoning and decision making), the plan to save the child from abusive condition must be proactive and decisive (Fang, X., Brown, Florence, Mercy, 2012).

When untreated, the effects and consequences of child abuse and neglect can profoundly influence and deteriorate individuals’ physical and mental health function (CDC, 2016; Fang et al, 2012, Westefeld, 2009), leading to both childhood and adulthood myriads of psychological, behavioural, physical and economic problems (Finkelhor, Turner, Shattuck, Hamby, 2015). In children, they could lead to inability to control emotions and impulses, impaired cognitive (learning ability) and socio-emotional (social and emotional) skills, lower language development and cerebral palsy (from head trauma), delinquency, and teen pregnancy (CDC, 2016). In adults, they could lead to a lot of complicated behavioural and cognitive problems like, complex personality disorders, higher risk for heart, lung and liver diseases, obesity, cancer, high blood pressure, and high cholesterol, anxiety, smoking, alcoholism, drug abuse, conduct disorder (CDC, 2016; Finkelhor et al, 2015).

Counselling Psychologists are trained to serve persons of all ages and cultural backgrounds in both individual and group settings (Nutt, & Brooks, 2008; Richard, 2002). They also consult regularly with organizations seeking to enhance their effectiveness or the well-being of their members (Prochaska, Prochaska, & Levesque, 2001). Interventions used by counselling psychologists may be either brief or long-term; they are often problem-specific and goal-directed. These activities are guided by a scientific and philosophical assumptions that value individual differences and diversity and a focus on prevention, development, and adjustment across the life-span (Northouse, 2007; Shaffer, Vogel, & Wei, 2006). Government and policy-makers should encourage Universities to establish formidable and renowned counselling programmes, staffed with competent and experienced lecturers. As it is in many other nations, Nigeria should deploy counselling psychologists in colleges, universities and community to initiate catchment area programmes (Collins, 2001).

References


