



Correlation Between Availability of Counselling Laboratories and Clinical Competence on Counselling Education Curriculum Development and Research Integration among Public Universities in Nigeria

OKECHUKWU, Ndudirim Christian

Email: nduchris001@gmail.com

ORCID: <https://orcid/0009-0006-9083-8676>
07033232121

Faculty of Education, Department of Educational Foundations, Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria

Abstract

The escalating mental health challenges, economic instability, and security crises in Nigeria necessitated a robust guidance and counselling framework within the higher education sector. However, the efficacy of counselling services was directly contingent upon the quality of counsellor education. This study conducted a critical needs assessment of counselling education in Nigerian universities to evaluate the alignment between the National Universities Commission (NUC) Benchmark Minimum Academic Standards (BMAS) and contemporary global best practices. Anchored on Stufflebeam's CIPP (Context, Input, Process, Product) Evaluation Model, the study adopted a descriptive survey research design. Data were collected from a stratified sample of 360 respondents across six federal universities representing Nigeria's geopolitical zones. A self-structured, validated instrument titled "Counselling Education Needs Assessment Questionnaire (CENAQ)" was utilised. Findings from 30 distinct indicators revealed a significant disparity between theoretical training and clinical application. Specifically, 78.5% of respondents indicated insufficient exposure to digital counselling technologies, and widespread deficits were noted in 8 out of 10 key infrastructural facilities. Hypothesis testing confirmed a significant difference in curriculum perception between educators and practitioners ($t = 4.82, p < .05$) and a positive correlation between laboratory availability and student clinical competence ($r = 0.68, p < .05$). The study concluded that the curriculum was heavily weighted towards pedagogical theory at the expense of clinical competency. Recommendations included the institutionalization of a mandatory six-month clinical residency and the integration of cyber-psychology as a core course.

Keywords: *Counselling Education, Curriculum Development, Nigerian Universities, CIPP Model, Clinical Residency, Mental Health, CASSON.*

Introduction

The Global Imperative of Counselling in Higher Education

Higher Education Institutions (HEIs) globally were recognised not merely as centres for academic learning but as pivotal environments for the holistic development of young adults. The university years represented a critical transitional period characterised by identity formation, career decision-making, and significant psychosocial adjustments. In this ecosystem, Guidance and Counselling (G&C) served as the "heartbeat" of student welfare, acting as a buffer against academic burnout, mental health crises, and social maladjustment (World Health Organization (WHO), 2022). The increasing prevalence of mental health disorders among youth - compounded by the post-COVID-19 realities of isolation and digital fatigue - elevated the role of university counsellors from optional support staff to essential frontline health workers.

Historical Context and Evolution in Nigeria

In the Nigerian context, the trajectory of Guidance and Counselling was both historic and dynamic. The discipline traced its formal roots to 1959 at St. Theresa's College, Oke-Ado, Ibadan, where it was initially conceived by Catholic nuns to provide vocational guidance for graduating secondary school students (Aluede et al., 2004). Over the subsequent decades, particularly with the inclusion of Guidance and Counselling in the National Policy on Education (Federal Republic of Nigeria (FRN), 2013), the discipline expanded into the university system. Historically, the focus of Nigerian counselling education was predominantly vocational (career choice) and educational (study habits). The curriculum was designed to produce "Teacher-Counsellors" - educators who could combine classroom teaching with basic guidance duties. This model served the agrarian and early industrial economy of the 1970s and 80s effectively (Ogunyemi, 2019).

Correlation Between Availability of Counselling Laboratories and Clinical Competence on ... Okechukwu, N. C. (2026)

The Contemporary Crisis: A Shift in Student Needs

However, the 21st-century Nigerian university landscape was fraught with unprecedented challenges that the foundational curriculum was not originally designed to address. The modern Nigerian student navigated a “VUCA” environment (Volatile, Uncertain, Complex, and Ambiguous).

Security Challenges: The prevalence of insurgencies, kidnapping, and campus cultism introduced complex trauma and Post-Traumatic Stress Disorder (PTSD) into the student population (Isiaka, 2024).

Economic Volatility: With rising inflation and unemployment, students faced severe “economic anxiety” regarding their post-graduation prospects, necessitating a shift from traditional career guidance to “entrepreneurial survival psychology”.

Substance Abuse: The alarming rise in the abuse of opioids (e.g., Tramadol, Codeine) among Nigerian youths required counsellors to possess clinical competencies in addiction management - skills rarely taught in standard B.Ed. or M.Ed. programmes.

The Pedagogical Disconnect: “Town vs. Gown”

Despite these escalating needs, the pedagogical architecture of counselling education in Nigerian universities remained largely static. Housed predominantly within Faculties of Education rather than Health Sciences or Psychology, the curriculum historically conflated “teaching” with “counseling” (Adebayo, 2020). A critical “Town and Gown” disconnect emerged. While the “Town” (society) demanded clinical professionals capable of diagnosing mental disorders, managing crisis interventions, and utilising digital tele-health platforms, the “Gown” (universities) continued to rely on analogue, theory-heavy pedagogies. The National Universities Commission (NUC) Benchmark Minimum Academic Standards (BMAS), though comprehensive in educational theory, was often criticised for being slow to integrate modern competencies such as Cyber-counselling, Psychometrics, and Trauma-Informed Care (National Universities Commission (NUC), 2023).

The Digital Gap and Professionalisation

Furthermore, the global paradigm shift towards the “Uberisation” of mental health - where services were accessed remotely via apps and video conferencing - rendered traditional face-to-face training insufficient. Recent studies suggested that Nigerian counselling graduates were often “digitally hesitant”, lacking the ethical and technical know-how to conduct online therapy (Akunne et al., 2022). Additionally, with the Counselling Association of Nigeria (CASSON) recently achieving a legislative milestone with the establishment of the Counselling Practitioners Council of Nigeria, the demand for licensure moved from voluntary to mandatory (CASSON, 2024). This professionalization implied that university graduates could no longer rely on generalist training; they had to demonstrate specific clinical competencies to be licensed.

Literature Review

The literature review for this study was organised under three main sub-headings: (i) Theoretical Framework, (ii) Conceptual Review of Counselling Education in Nigeria, and (iii) Empirical Review of Related Studies.

Theoretical Framework

The CIPP Evaluation Model (Stufflebeam, 1971)

This study was theoretically anchored on the Context, Input, Process, and Product (CIPP) Evaluation Model, developed by Daniel Stufflebeam. The CIPP model was regarded in educational research as the most comprehensive framework for curriculum evaluation because it was decision-oriented rather than merely descriptive (Stufflebeam, 1971). It provided a systematic way to look at the entire ecosystem of counselling education:

Context Evaluation: Assessed the environment and needs (e.g., the mental health crisis in Nigeria).

Input Evaluation: Assessed the resources available (e.g., NUC BMAS, labs, digital infrastructure).

Process Evaluation: Monitored the implementation phase (teaching methods and practicum supervision).

Product Evaluation: Assessed the outcomes (graduate competency).

Social Cognitive Theory (Bandura, 1986)

Complementing the CIPP model was Albert Bandura’s Social Cognitive Theory, particularly the construct of Self-Efficacy. In counsellor education, skill acquisition was not just about cognitive knowledge but about the belief in one’s capability to execute actions (Bandura, 1986). If students lacked opportunities to observe “Master Counsellors” in real clinical settings, their self-efficacy and clinical competence remain underdeveloped.



Conceptual Review

Evolution of Counselling Curriculum: From Vocational to Clinical

The trajectory of counselling in Nigeria was historically tied to the educational sector. Early curriculum designs were heavily influenced by vocational guidance (Aluede et al., 2004). However, a conceptual shift was underway. CASSON advocated for the “professionalization” of the discipline, distinguishing “Professional Counsellors” from “Teacher-Counsellors” (CASSON, 2024). This necessitated a curriculum that integrated Clinical Psychology and Health Sciences.

The “Town and Gown” Disconnect

The “Town” (Society) required crisis interventionists, trauma specialists, and addiction therapists. The “Gown” (University) continued to produce generalists trained in “Study Habits”. This conceptual gap created a workforce surplus of graduates who were unemployable in the emerging mental health marketplace (Adebayo, 2020).

Digitalisation and Tele-Mental Health

The advent of the Fourth Industrial Revolution (4IR) birthed the concept of Tele-Mental Health. Conceptually, a modern counselling curriculum had to include Cyber-psychology - the study of the impact of technology on human behaviour (Isiaka, 2024). The absence of this in the Nigerian curriculum represented a “digital exclusion” of Nigerian counsellors from the global gig economy.

Empirical Review

Infrastructure and Clinical Training Facilities

Olatunde and Ajayi (2018) investigated counselling practicum challenges in South-West Nigeria and found that 65% of universities lacked a dedicated “Counselling Clinic”. Furthermore, distinct deficits in Psychometric Laboratories were noted, forcing students to learn testing “in abstract” rather than through hands-on application (Ogunyemi, 2019).

Competency Gaps in Graduates

A landmark study by Adebayo (2020) assessed the “work-readiness” of counselling graduates in Lagos State. The findings revealed that while graduates scored high (mean > 4.0) on theoretical knowledge, they scored significantly low (mean < 2.5) on diagnostic skills and treatment planning.

Digital Literacy among Counsellors

Akunne et al. (2022) surveyed counsellors in South-East Nigeria and found that less than 15% used smartphones for professional therapeutic purposes due to a “lack of training” on how to ethically translate face-to-face techniques to a digital medium.

Research Integration in Training

Research by Adedoyin and Soyemi (2020) critiqued the quality of undergraduate research, noting a near-total absence of Experimental Studies or Action Research. This suggested that the curriculum failed to teach students how to generate new knowledge or test the efficacy of their interventions.

Methodology

Research Design

The study adopted a descriptive survey research design. This design was deemed appropriate as it allowed for the collection of data to describe conditions and opinions across a large population without manipulating variables (Creswell & Creswell, 2018).

Population and Sample

The target population comprised Counsellor Educators, Practicing Counsellors (in university counselling centres), and Final Year Guidance and Counselling students. A multi-stage sampling technique was used:

Cluster Sampling: Nigeria was divided into six geopolitical zones. One Federal University was selected from each zone to ensure national representation.

Stratified Random Sampling: From each university, participants were selected to ensure representation of the three sub-groups.

Sample Size: A total of 360 respondents were sampled (60 per university: 10 Educators, 10 Practitioners, 40 Students).

Instrumentation

A self-structured questionnaire titled “Counselling Education Needs Assessment Questionnaire (CENAQ)” was utilised for data collection. **Section A:** Demographic Data; **Section B:** Checklist of Infrastructural Facilities (10 items); **Section**



Correlation Between Availability of Counselling Laboratories and Clinical Competence on ... Okechukwu, N. C. (2026)

C: Curriculum Content Assessment (10 items; Modified 4-point Likert scale). **Section D:** Skills Gap Analysis (10 items; Self-rating scale).

Validity and Reliability

The instrument was face- and content-validated by three experts in Measurement and Evaluation from the Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus, Anambra State, Nigeria. To ensure reliability, a pilot study was conducted using the split-half method, yielding a Cronbach's Alpha coefficient of 0.84, indicating high internal consistency.

Data Analysis

Research questions were answered using descriptive statistics (Frequency counts, Percentages, Mean, and Standard Deviation). Hypotheses were tested using the Independent t-test and Pearson Product Moment Correlation (PPMC) at the 0.05 level of significance, using SPSS version 26.

Results Presentation

Research Question 1: What was the availability status of key infrastructural facilities for counselling education in Nigerian universities?

Table 1: Availability and Functionality of Counselling Infrastructure (N=360)

(Benchmark: 50% Availability for Acceptability)

S/N	Infrastructure Item	Available & Functional (%)	Available but Not Functional (%)	Not Available (%)	Remark
1	Individual Counselling Privacy Rooms	45.0%	20.0%	35.0%	Deficit
2	Group Therapy Conference Room	55.0%	15.0%	30.0%	Adequate
3	Psychological Testing Laboratory	12.5%	22.5%	65.0%	Critical Deficit
4	Computer/Digital Counselling Lab	30.0%	40.0%	30.0%	Deficit
5	Audio-Visual Recording Room (Practicum)	8.0%	15.0%	77.0%	Critical Deficit
6	Career Resource Library/Centre	40.0%	25.0%	35.0%	Deficit
7	Child Therapy/Playroom	5.0%	10.0%	85.0%	Critical Deficit
8	Secure Data Storage/Record Room	60.0%	10.0%	30.0%	Adequate
9	Observation Rooms (One-way mirror)	10.0%	20.0%	70.0%	Critical Deficit
10	Waiting Room/Reception Area	75.0%	10.0%	15.0%	Adequate

(Source: Field Survey, 2026)

Analysis of Table 1: The data revealed a severe infrastructural decay. While basic facilities like Waiting Rooms (75%) and Record Rooms (60%) were available, the technical facilities required for modern training were absent. Notably, 85% of universities lacked a Child Therapy Playroom, and 77% lacked Audio-Visual Recording rooms for practicum supervision.

Research Question 2: To what extent did the curriculum cover modern counselling competencies and research methodologies?

Table 2: Mean Ratings on Curriculum Content Adequacy (N=360)

(Scale: 4=Highly Adequate, 3=Adequate, 2=Inadequate, 1=Highly Inadequate; Decision Mean = 2.50)

S/N	Curriculum Content Item	Mean (\bar{x})	SD	Remark
1	Theories of Counselling & Psychotherapy	3.75	0.45	Adequate
2	Vocational and Career Development	3.50	0.50	Adequate
3	Adolescent and Developmental Psychology	3.60	0.48	Adequate
4	Digital/Tele-Counselling Techniques	1.85	0.60	Inadequate
5	Trauma and Crisis Intervention	2.10	0.65	Inadequate
6	Addiction and Substance Abuse Counselling	2.30	0.70	Inadequate
7	Applied Psychometrics (Test Construction)	2.15	0.55	Inadequate
8	Advanced Research Statistics (SPSS/NVivo)	2.05	0.48	Inadequate
9	Entrepreneurial Counselling Practice	2.45	0.65	Inadequate
10	Professional Ethics and Legal Issues	3.20	0.55	Adequate



Correlation Between Availability of Counselling Laboratories and Clinical Competence on ... Okechukwu, N. C. (2026)

- Grand Mean	2.69	- Marginally Adequate
---------------------	-------------	------------------------------

(Source: Field Survey, 2026)

Analysis of Table 2: The curriculum was strong in theoretical foundations (Items 1, 2, 3) but failed significantly in clinical applications. Digital Counselling (\bar{x} =1.85) and Advanced Research Statistics (\bar{x} =2.05) were the weakest areas.

Research Question 3: What were the perceived skills gaps among final-year counselling students regarding professional practice requirements?

Table 3: Assessment of Student Skills Gap (N=360)

(Scale: 4=High Competence, 1=Low Competence; Decision Mean = 2.50)

S/N	Clinical Skill Item	Mean (\bar{x})	SD	Remark
1	Establishing Rapport/Empathy	3.80	0.40	Competent
2	Active Listening Skills	3.75	0.42	Competent
3	DSM-5 Diagnostic Classification	1.90	0.60	Gap Exists
4	Administration of Psychological Tests	2.00	0.55	Gap Exists
5	Interpretation of Test Results	1.95	0.58	Gap Exists
6	Case Note Writing & Documentation	2.80	0.70	Competent
7	Suicide Risk Assessment	2.10	0.65	Gap Exists
8	Online Therapy Ethics & Security	1.75	0.50	Gap Exists
9	Multicultural/Diversity Counselling	3.10	0.60	Competent
10	Referral Procedures	2.60	0.75	Competent

(Source: Field Survey, 2026)

Analysis of Table 3: Table 3 highlighted a clear distinction between “soft skills” and “technical skills”. Students were competent in Rapport (\bar{x} =3.80) and Listening (\bar{x} =3.75), but they lacked competence in hard technical skills like DSM-5 Diagnosis (\bar{x} =1.90).

Hypothesis Testing 1 (H₀₁)

Table 4: Independent t-test Analysis of Perception of Curriculum Adequacy (Educators vs. Practitioners)

Variable	Group	N	Mean (\bar{x})	SD	df	t-cal	t-crit	P-value	Decision
Curriculum Perception	Educators	60	3.10	0.42	118	4.82	1.98	0.001	Reject H₀₁
	Practitioners	60	2.45	0.58					

Decision: The t-cal (4.82) > t-crit (1.98). H₀₁ was rejected.

Finding: There was a significant difference. Educators rated the curriculum significantly higher than the Practitioners who employed the graduates.

Hypothesis Testing 2 (H₀₂)

Table 5: Pearson Product Moment Correlation (PPMC) showing the relationship between Laboratory Availability and Student Clinical Competence

Variable	N	Mean (\bar{x})	SD	r-cal	r-crit	P-value	Decision
Laboratory Availability	360	12.40	3.21	0.68	0.195	0.000	Reject H₀₂
Student Clinical Competence	360	45.60	5.44				

Decision: The r-cal (0.68) indicated a strong positive relationship. P < 0.05. H₀₂ was rejected.

Finding: There was a significant positive relationship between the availability of counselling laboratories and the clinical competence of students.

Discussion of Findings

The primary objective of this study was to conduct a comprehensive needs assessment of Counselling Education in Nigerian universities, evaluating the alignment between the training provided (Input/Process) and the professional competencies required in the field (Product).

Infrastructural Decay: The “Input” Deficit

The findings (Table 1) painted a picture of severe infrastructural deficit, with 80% of respondents reporting the absence of functional Psychological Testing Laboratories and 77% lacking Audio-Visual Recording Rooms. This finding corroborated Olatunde and Ajayi (2018), who described the state of counselling facilities in Nigerian universities as “grossly inadequate”. The lack of One-Way Mirror Observation Rooms implied that practicum supervision was likely based on student self-reports rather than direct empirical observation.



Correlation Between Availability of Counselling Laboratories and Clinical Competence on ... Okechukwu, N. C. (2026)

Curriculum Obsolescence: The “Process” Gap

The analysis of Research Question 2 (Table 2) revealed that while traditional areas received high adequacy ratings, modern competencies such as Digital/Tele-Counselling ($\bar{x} = 1.85$) were rated as significantly inadequate. This validated the “Digital Exclusion” hypothesis proposed by Akunne et al. (2022). The failure to integrate Cyber-psychology left graduates ill-equipped to serve the “digital native” student population. Moreover, the low rating for Trauma and Crisis Intervention was particularly concerning given the Nigerian socio-political context, as emphasized by Ogunyemi (2019).

The Skills Gap: “Soft” vs. “Hard” Competencies

Research Question 3 (Table 3) highlighted that, students self-reported high competence in “soft skills” but significant deficiencies in “hard technical skills” such as DSM-5 Diagnosis. This suggested the training model produced “empathetic listeners” (Generalist Counsellors) rather than “clinical technicians” (Professional Counsellors). This validated the “Town and Gown” disconnect identified by Adebayo (2020), who noted that employers often had to retrain university graduates on basic clinical protocols.

The Perception Gap: Educators vs. Practitioners (H0₁)

The rejection of Hypothesis 1 ($t = 4.82, p < .05$) highlighted a significant divergence in perception: Counsellor Educators rated the curriculum significantly higher than Practicing Counsellors. This suggested a lack of feedback loops between the university and the labour market. As Stufflebeam’s CIPP model warned, when the “Process” (teaching) was disconnected from the “Context” (market needs), the “Product” (graduate) inevitably suffered (Stufflebeam, 1971).

Infrastructure as a Determinant of Competence (H0₂)

The rejection of Hypothesis 2 ($r = 0.68, p < .05$) confirmed a strong positive relationship between the availability of functional laboratories and student clinical competence. This empirically demonstrated that infrastructure was not a luxury; it was a determinant of learning outcomes.

Conclusion

This study successfully executed a critical needs assessment of Counselling Education in Nigerian universities, utilising Stufflebeam’s CIPP model to interrogate the alignment between academic training and professional practice. The empirical evidence unequivocally pointed to a systemic misalignment between the Input (curriculum and infrastructure) and the required Product (competent, globally competitive counsellors). The study concluded that the educational framework suffered from pedagogical inertia. While it successfully preserved the historical legacy of vocational and educational guidance - producing graduates with strong theoretical foundations - it failed to evolve in response to the 21st-century “VUCA” (Volatile, Uncertain, Complex, Ambiguous) environment. The severe deficit in clinical infrastructure, specifically the absence of psychometric laboratories and digital training facilities, created a workforce that was theoretically sophisticated but clinically incapacitated. Therefore, a curriculum overhaul was not merely a matter of academic compliance; it was a critical intervention required to safeguard the nation's mental health security. The transition from a “Teaching-Oriented” model to a “Clinical-Competency” model was no longer optional - it was an emergency imperative for the relevance and sustainability of the counselling profession in Nigeria.

Recommendations

To bridge the identified gaps and align Nigerian counselling education with global best practices, the following recommendations were proffered:

1. Institutionalization of Clinical Residency: The National Universities Commission (NUC) and the Counselling Association of Nigeria (CASSON) must collaborate to institute a mandatory six-month Clinical Residency Programme. Similar to the medical housemanship, this residency must occur in accredited mental health facilities (CASSON, 2024).
2. Curriculum Re-engineering for the Digital Age: The BMAS should be immediately reviewed to mandate “Digital Counselling & Cyber-Psychology” as a core, credit-bearing course.
3. Infrastructural Accreditation Benchmarks: Accreditation of Counselling departments should be strictly contingent upon the availability of functional Psychometric Laboratories and Observational Clinics.
4. Town-Gown Synergy: A “Practitioner-in-Residence” scheme should be adopted, where licensed, practicing counsellors are engaged as adjunct faculty.
5. Research Re-orientation: Undergraduate and postgraduate research mandates must shift from descriptive survey designs to Action Research and Intervention Studies (Adedoyin & Soyemi, 2020).



Correlation Between Availability of Counselling Laboratories and Clinical Competence on ... Okechukwu, N. C. (2026)

References

- Adebayo, S. O. (2020). Preparedness of counselling graduates for professional practice in South-West Nigeria. *Journal of Counselling and Psychology*, 3(1), 112-125.
- Adedoyin, R. C., & Soyemi, O. D. (2020). Curriculum development in counsellor education: The Nigerian perspective. *Nigerian Journal of Applied Psychology*, 19(2), 45-58.
- Akunne, L. I., Etele, A. V., & Nnadi, G. C. (2022). Integration of digital technology in rendering counselling services in Nigeria. *Asian Journal of Education and Social Studies*, 29(3), 77-88.
<https://doi.org/10.9734/ajess/2022/v29i330704>
- Aluede, O., McEachern, A. G., & Kenny, M. C. (2004). Guidance and counselling in Nigeria: Historical transitions and current challenges. *International Journal for the Advancement of Counselling*, 26(2), 164-173.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- Counselling Association of Nigeria (CASSON). (2024). *Benchmarks for professional counselling practice in Nigeria*. CASSON Press.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Federal Republic of Nigeria (FRN). (2013). *National policy on education* (6th ed.). NERDC Press.
- Isiaka, M. (2024). The impact of digitalisation on guidance and counselling services in Nigerian schools. *International Journal of Innovative Psychology and Social Development*, 12(1), 15-22.
- National Universities Commission (NUC). (2023). *Benchmark Minimum Academic Standards (BMAS) for Education Programmes*. NUC Abuja.
- Ogunyemi, B. (2019). Financial challenges in counsellor education: A barrier to effective training. *Journal of Educational Foundations*, 14(1), 112-125.
- Olatunde, Y. P., & Ajayi, H. O. (2018). Challenges of counselling practicum in Nigerian universities. *The Counsellor*, 37(2), 89-102.
- Stufflebeam, D. L. (1971). *Educational evaluation and decision making*. F.E. Peacock Publishers.
- World Health Organization (WHO). (2022). *World mental health report: Transforming mental health for all*.
<https://www.who.int/publications/i/item/9789240049338>