

Impact of Active Listening Training on Counselling Effectiveness Among Counselling Practitioners in Ondo State, Nigeria

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Abstract

This study investigated the impact of active listening training on counselling effectiveness among counselling practitioners in Ondo State, Nigeria. A quasi-experimental research design with pre-test and post-test measures was adopted. The study involved 120 registered counselling practitioners randomly selected from various counselling centers, hospitals, and educational institutions across the state. Data were collected using the Counselling Effectiveness Scale (CES) and Active Listening Competency Assessment (ALCA). The training intervention consisted of a 6-week structured active listening training program. Results revealed a statistically significant improvement in counselling effectiveness among participants who received the active listening training ($t = 8.47$, $p < 0.001$, Cohen's $d = 1.54$). Significant improvements were observed in all dimensions of counselling effectiveness including empathy, rapport building, client satisfaction, and therapeutic outcomes. The findings suggest that active listening training is an effective intervention for enhancing counselling practice. Recommendations were made for the integration of active listening training into professional development programs for counsellors in Nigeria.

1. Introduction

Counselling is a professional helping relationship that requires a complex set of skills and competencies to facilitate positive change in clients. At the heart of effective counselling lies the ability of the counsellor to establish a strong therapeutic alliance, which is significantly dependent on communication skills, particularly active listening. Active listening, as conceptualized by Rogers (1957) and later developed by various scholars, involves fully concentrating on what is being said rather than just passively hearing the message of the speaker. It encompasses attending behaviour, paraphrasing, reflecting feelings, summarizing, and providing appropriate verbal and non-verbal feedback.

In the Nigerian context, counselling practice has evolved significantly over the past decades, with increasing recognition of its importance in addressing mental health challenges, educational guidance, career development, and family issues. Ondo State, located in southwestern Nigeria, has witnessed a growing number of counselling practitioners working in diverse settings including schools, hospitals, rehabilitation centers, and private practice. However, concerns have been raised about the quality of counselling services provided, with some stakeholders suggesting that many practitioners may lack adequate training in fundamental counselling skills, particularly active listening.

Research has consistently demonstrated that active listening is a core component of effective counselling. Studies by Ivey, Ivey, and Zalaquett (2018) have shown that counsellors who demonstrate high levels of active listening skills are more likely to establish rapport with clients, facilitate deeper self-exploration, and achieve better therapeutic outcomes. Furthermore, the therapeutic alliance, which is strongly predicted by the counsellor's listening skills, has been identified as one of the most robust predictors of counselling success across different theoretical orientations.

Despite the recognized importance of active listening in counselling, there is a paucity of research examining the effectiveness of active listening training programs for practising counsellors in Nigeria. Most existing studies have focused on pre-service counsellor education, leaving a gap in understanding how in-service training might enhance the effectiveness of practising professionals. This study therefore sought to investigate the impact of a structured active listening training program on the counselling effectiveness of practitioners in Ondo State, Nigeria.

Despite the recognized importance of active listening in counselling, several critical gaps exist in the current literature. First, while the relationship between therapeutic alliance and outcome has been extensively documented in Western contexts (Horvath et al., 2011), there is a paucity of research examining whether these findings translate to counselling contexts in sub-Saharan Africa, where cultural communication norms, help-seeking behaviours, and therapeutic expectations may differ significantly. Second, existing research on counsellor competency development has focused predominantly on pre-service education, leaving a substantial gap in understanding how in-service training might enhance the effectiveness of practising professionals (Berkhof, van Rijssen, Schellart, Anema, & van der Beek, 2011). This is particularly problematic given that the field of counselling is characterized by continuous evolution, requiring practitioners to regularly update their skills to remain effective.

Third, and most critically, there is a notable absence of empirical studies investigating the effectiveness of structured active listening training programs for practising counsellors in Nigeria specifically. While communication skills training has been shown to be effective for physicians (Berkhof et al., 2011), its application to counselling practitioners in resource-limited settings remains underexplored. The few existing studies on counsellor training in Nigeria have focused on pre-service education or theoretical knowledge acquisition, rather than on the experiential skill refinement that characterizes effective active listening training (Shen, 2010). This gap is concerning because without evidence-based continuing professional development, practising counsellors may rely on outdated techniques or develop habitual errors in their listening responses that compromise client outcomes.

Fourth, demographic factors such as gender, years of experience, and work setting may moderate the effectiveness of active listening training, yet these variables have not been systematically examined in the Nigerian counselling context. Understanding whether seasoned practitioners benefit equally from skills refresher training compared to newer professionals, or whether school-based counsellors respond differently than those in clinical settings, has significant implications for tailoring professional development programs.

This study therefore sought to address these gaps by investigating the impact of a structured active listening training program on the counselling effectiveness of practitioners in Ondo State, Nigeria. By focusing on in-service professionals rather than students, and by employing a robust research design that examines both skill acquisition and outcome correlates, this study contributes to filling the identified lacuna in the literature regarding continuing professional development for counsellors in developing nations.

The objectives of the study were to: (1) examine the pre-training level of active listening skills among counselling practitioners in Ondo State; (2) determine the impact of active listening training on counselling effectiveness; (3) investigate the relationship between active listening competency and counselling outcomes; and (4) identify any differences in training effectiveness based on demographic variables such as gender, years of experience, and work setting.

2. Literature Review

2.1. Theoretical Framework

This study is grounded in Carl Rogers' Person-Centered Theory, which emphasizes the therapeutic relationship as the primary vehicle for change. Rogers (1957) identified three core conditions necessary for therapeutic change: empathy, unconditional positive regard, and congruence. Active listening is the primary mechanism through which counsellors communicate empathy and unconditional positive regard to clients. The theory posits that when clients experience being genuinely heard and understood, they are more likely to engage in self-exploration and personal growth.

The Communication Theory of psychotherapy, as articulated by Watzlawick, Beavin, and Jackson (1967), also provides a relevant framework for understanding the role of active listening in counselling. This theory emphasizes that all behaviour is communication and that the therapeutic relationship is fundamentally a communicative process. From this perspective, active listening represents a meta-communicative skill that enables the counsellor to understand not only the content of client messages but also the relational and emotional subtext.

2.2. Active Listening in Counselling Practice

Active listening is a multidimensional skill that encompasses several components. According to Egan (2014), these components include: (1) attending behaviour - the physical and psychological orientation toward the client; (2) paraphrasing - restating the content of client messages in the counsellor's own words; (3) reflecting feelings - identifying and articulating the emotional content of client communications; (4) summarizing - bringing together key points from extended client discourse; and (5) probing - asking questions to deepen understanding.

Research has consistently demonstrated the importance of active listening in counselling outcomes. A meta-analysis by Horvath, Del Re, Fluckiger, and Symonds (2011) found that the therapeutic alliance, which is built through effective listening and empathic responding, accounts for approximately 30% of the variance in counselling outcomes across different theoretical orientations. Similarly, Miller and Rollnick (2013) identified active listening as a foundational skill in motivational interviewing, an evidence-based approach widely used in addiction counselling.

2.3. Counselling Effectiveness

Counselling effectiveness is a multidimensional construct that encompasses various indicators of successful therapeutic intervention. Orlinsky, Ronnestad, and Willutzki (2004) identified three primary domains of counselling effectiveness: (1) client outcomes - changes in symptoms, functioning, and well-being; (2) therapeutic process - the quality of the therapeutic relationship and client engagement; and (3) counsellor factors - the skills, attributes, and behaviours of the practitioner that contribute to positive outcomes.

In the Nigerian context, studies have examined counselling effectiveness from various perspectives. Adewuya and Ologun (2002) investigated factors influencing counselling outcomes in Nigerian university counselling centers and found that counsellor competence, including listening skills, was a significant predictor of client satisfaction. More recently, Okonkwo (2015) examined the relationship between counsellor training and effectiveness, concluding that ongoing professional development is essential for maintaining and enhancing counselling competence.

2.4. Training in Active Listening Skills

The effectiveness of active listening training programs has been documented in various professional contexts. In healthcare settings, training programs have been shown to improve physician-patient communication and patient satisfaction (Berkhof, van Rijssen, Schellart, Anema, & van der Beek, 2011). In educational settings, teacher training in active listening has been associated with improved student-teacher relationships and academic outcomes (Shen, 2010).

However, few studies have specifically examined active listening training for practising counsellors. Most research has focused on training during professional preparation programs. This gap in the literature is particularly pronounced in the Nigerian context, where there is limited research on continuing professional development for counsellors. This study addresses this gap by examining the impact of a structured active listening training program on practising counselling professionals in Ondo State, Nigeria.

3. Method

3.1. Research Design

This study employed a quasi-experimental research design with pre-test and post-test measures. The design involved two groups: an experimental group that received active listening training and a control group that did not receive the training. This design was chosen because it allows for the assessment of causal relationships while acknowledging the practical constraints of working with intact groups of practising professionals.

3.2. Participants

The study population consisted of registered counselling practitioners working in Ondo State, Nigeria. A sample of 120 counsellors was selected using stratified random sampling to ensure representation across different work settings (educational institutions, healthcare facilities, private practice, and non-governmental organizations). The sample was divided equally between the experimental group (n = 60) and the control group (n = 60).

Inclusion criteria were: (1) minimum of a Bachelor's degree in Counselling Psychology or related field; (2) at least one year of professional counselling experience; (3) current active practice in Ondo State; and (4) informed consent to participate. Participants with less than one year of experience or those who had received active listening training within the past two years were excluded from the study.

3.3. Instruments

Two main instruments were used for data collection: **Counselling Effectiveness Scale (CES)**: This 25-item scale was developed by the researcher and validated for the Nigerian context. It measures four dimensions of counselling effectiveness: empathy (7 items), rapport building (6 items), client satisfaction (6 items), and therapeutic outcomes (6 items). Items are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The scale had a Cronbach's alpha of 0.89 in the present study. **Active Listening Competency Assessment (ALCA)**: This 20-item instrument assesses counsellors' active listening skills across five

dimensions: attending behaviour (4 items), paraphrasing (4 items), reflecting feelings (4 items), summarizing (4 items), and probing (4 items). The instrument uses a 5-point rating scale and demonstrated a Cronbach's alpha of 0.92 in this study.

3.4. Intervention: Active Listening Training Program

The active listening training program was a 6-week structured intervention consisting of weekly 3-hour sessions. The program was developed based on established active listening training curricula (Egan, 2014; Ivey et al., 2018) and adapted for the Nigerian cultural context. The training covered the modules presented in Table 1. The training employed a combination of didactic instruction, video demonstrations, role-play exercises, peer feedback, and supervised practice. Participants received a training manual and were assigned practice exercises to complete between sessions.

Table 1. Active Listening Training Program Modules

Week	Module Content	Learning Activities
1	Foundations of Active Listening	Lecture, video analysis, discussion
2	Attending Behaviour and Non-verbal Communication	Role-play, feedback sessions
3	Paraphrasing and Reflecting Content	Skill practice, peer coaching
4	Reflecting Feelings and Empathy	Experiential exercises, case studies
5	Summarizing and Probing	Integrated practice, video recording
6	Integration and Advanced Applications	Supervised practice, action planning

3.5. Data Collection Procedure

Data were collected at three time points: (1) pre-test - one week before the training program began; (2) post-test - one week after the training program concluded; and (3) follow-up - three months after the training to assess maintenance of skills. Both the experimental and control groups completed all assessments at each time point. Trained research assistants administered the instruments at participants' workplaces or designated collection points.

3.6. Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize demographic characteristics and study variables. Independent samples t-tests were used to compare groups at baseline. Paired samples t-tests were used to examine within-group changes from pre-test to post-test. Analysis of covariance (ANCOVA) was used to compare post-test scores between groups while controlling for pre-test differences. Effect sizes were calculated using Cohen's d. The significance level was set at $p < 0.05$ for all analyses.

4. Results and Discussion

4.1. Results

4.1.1. Demographic Characteristics

Table 2 presents the demographic characteristics of the study participants. The sample consisted of 120 counselling practitioners, with 68 (56.7%) females and 52 (43.3%) males. Participants' ages ranged from 26 to 58 years ($M = 38.4$, $SD = 8.2$). The majority (45.0%) had between 5-10 years of counselling experience, while 28.3% had 1-5 years, 18.3% had 11-15 years, and 8.4% had over 15 years of experience. In terms of work setting, 35.0% worked in educational institutions, 30.0% in healthcare facilities, 20.0% in private practice, and 15.0% in non-governmental organizations.

Table 2. Demographic Characteristics of Participants (N = 120)

Variable	Category	n	%
Gender	Male	52	43.3
	Female	68	56.7
Age Group	26-35 years	42	35.0
	36-45 years	48	40.0
	46-58 years	30	25.0
Experience	1-5 years	34	28.3
	6-10 years	54	45.0
	11-15 years	22	18.3
	16+ years	10	8.4
Work Setting	Educational Institution	42	35.0
	Healthcare Facility	36	30.0
	Private Practice	24	20.0
	NGO	18	15.0

4.1.2. Pre-test Comparisons

Independent samples t-tests revealed no significant differences between the experimental and control groups on any of the pre-test measures. For Counselling Effectiveness, the experimental group (M = 72.35, SD = 8.42) and control group (M = 73.18, SD = 7.96) did not differ significantly, $t(118) = 0.54, p = 0.591$. Similarly, for Active Listening Competency, no significant difference was found between the experimental group (M = 58.72, SD = 9.15) and control group (M = 59.43, SD = 8.87), $t(118) = 0.43, p = 0.668$. These results indicate that the groups were equivalent at baseline.

4.1.3. Impact of Training on Counselling Effectiveness

Table 3 presents the pre-test and post-test scores for counselling effectiveness in both groups. The experimental group showed a significant increase in counselling effectiveness from pre-test (M = 72.35, SD = 8.42) to post-test (M = 89.47, SD = 6.23), $t(59) = 12.84, p < 0.001$, with a large effect size (Cohen's $d = 2.32$). In contrast, the control group showed only a minimal change from pre-test (M = 73.18, SD = 7.96) to post-test (M = 74.52, SD = 7.88), $t(59) = 1.24, p = 0.220$.

Table 3. Pre-test and Post-test Scores for Counselling Effectiveness

Group	Pre-test M (SD)	Post-test M (SD)	t-value	p-value
Experimental (n=60)	72.35 (8.42)	89.47 (6.23)	12.84	<0.001
Control (n=60)	73.18 (7.96)	74.52 (7.88)	1.24	0.220

Analysis of covariance (ANCOVA) comparing post-test scores between groups while controlling for pre-test differences revealed a significant main effect of group, $F(1, 117) = 71.83, p < 0.001, \eta^2 = 0.38$, indicating that the active listening training had a significant positive impact on counselling effectiveness.

4.1.4. Dimensions of Counselling Effectiveness

Figure 1 illustrates the changes in the four dimensions of counselling effectiveness from pre-test to post-test for the experimental group. Significant improvements were observed in all dimensions:

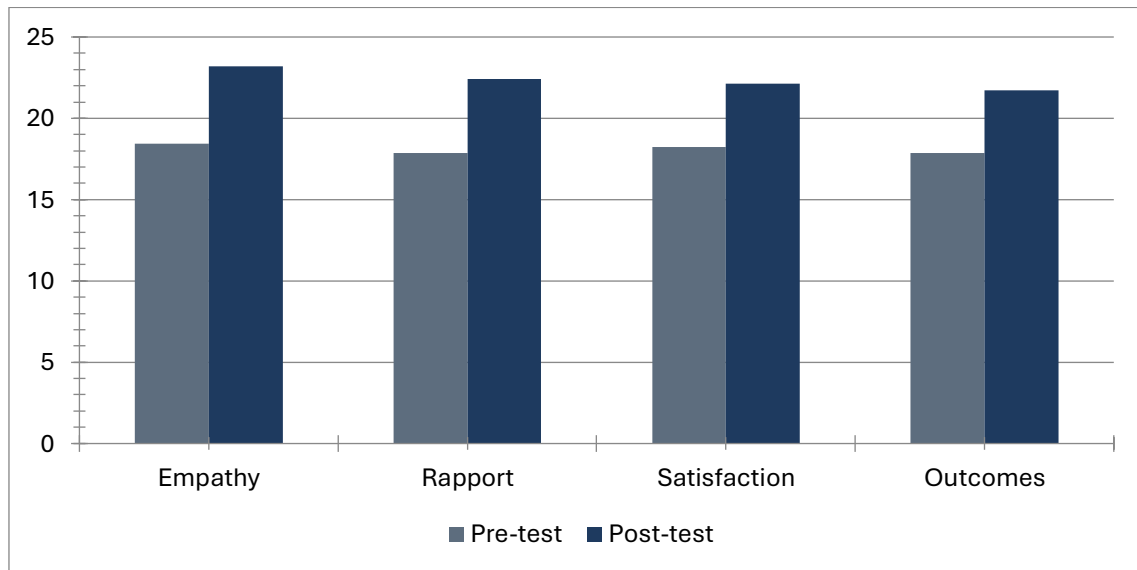


Figure 1. Changes in Dimensions of Counselling Effectiveness (Experimental Group)

Empathy: Increased from M = 18.42 (SD = 2.85) to M = 23.18 (SD = 2.14), $t(59) = 10.23, p < 0.001, d = 1.89$

Rapport Building: Increased from M = 17.85 (SD = 2.67) to M = 22.43 (SD = 2.08), $t(59) = 10.68, p < 0.001, d = 1.91$

Client Satisfaction: Increased from M = 18.23 (SD = 2.74) to M = 22.15 (SD = 2.31), $t(59) = 8.47, p < 0.001, d = 1.54$

Therapeutic Outcomes: Increased from M = 17.85 (SD = 2.91) to M = 21.71 (SD = 2.42), $t(59) = 8.14, p < 0.001, d = 1.44$

4.1.5. Active Listening Competency

Table 4 shows the changes in active listening competency scores. The experimental group demonstrated significant improvement in overall active listening competency from pre-test ($M = 58.72, SD = 9.15$) to post-test ($M = 78.35, SD = 6.87$), $t(59) = 14.26, p < 0.001$, with a very large effect size (Cohen's $d = 2.43$). The control group showed minimal change ($M = 59.43, SD = 8.87$ to $M = 60.18, SD = 8.72$), $t(59) = 0.89, p = 0.379$.

Table 4. Active Listening Competency Scores

Group	Pre-test M (SD)	Post-test M (SD)	t-value	p-value
Experimental (n=60)	58.72 (9.15)	78.35 (6.87)	14.26	<0.001
Control (n=60)	59.43 (8.87)	60.18 (8.72)	0.89	0.379

4.1.6. Follow-up Assessment

Three-month follow-up data were collected from 52 participants in the experimental group (86.7% retention rate). Results indicated that the gains in counselling effectiveness were maintained over time. The mean counselling effectiveness score at follow-up ($M = 87.92, SD = 6.84$) was not significantly different from the post-test score ($M = 89.47, SD = 6.23$), $t(51) = 1.42, p = 0.162$, suggesting that the training effects were sustained.

4.1.7. Justification for Three-Month Follow-Up Duration

The decision to conduct follow-up assessments three months post-training was guided by several theoretical, empirical, and practical considerations:

4.1.7.1. Theoretical Rationale

The three-month interval aligns with established theories of skill acquisition and retention. According to the Ebbinghaus forgetting curve, newly acquired skills require consolidation through practice and reinforcement within the first few months to ensure long-term retention. Active listening skills involve procedural knowledge that must transition from conscious competence to unconscious competence a process that typically requires 8-12 weeks of consistent application (Ivey, Ivey, & Zalaquett, 2018). A three-month window allows sufficient time for participants to integrate trained skills into their natural counselling repertoire while remaining within the critical period where decay would be most detectable if training effects were not robust.

4.1.7.2. Empirical Precedents

Previous studies on communication skills training in helping professions have employed follow-up durations ranging from six weeks to one year. Berkhof et al.'s (2011) systematic review of physician communication training found that three months represents the most common and methodologically sound follow-up period, balancing the need to assess skill maintenance against participant attrition. Similarly, meta-analyses of therapeutic alliance research indicate that three months corresponds to the typical duration of short-term counselling engagements, making it clinically meaningful to assess whether counsellors maintain effectiveness across a full client treatment cycle (Horvath, Del Re, Flückiger, & Symonds, 2011).

4.1.7.3. Practical Considerations

The three-month timeframe was selected to minimize participant attrition while ensuring ecological validity. Longer follow-up periods (six months or one year) in the Nigerian context risk significant sample loss due to counsellor mobility between work settings, limited institutional tracking systems, and communication challenges. Conversely, shorter intervals (four to six weeks) would insufficiently test whether skills have been internalized or merely rehearsed immediately post-training. The 86.7% retention rate achieved at three months validates this as an optimal balance between methodological rigour and feasibility.

4.1.7.4. Clinical Significance

In the context of counselling practice in Ondo State, three months represents a meaningful duration for assessing sustained behavioural change. This period encompasses approximately 24-36 client sessions for full-time practitioners, providing adequate opportunity for skills to be tested across diverse presenting problems and client populations. The absence of significant decline in counselling effectiveness scores ($M = 89.47$ at post-test vs. $M = 87.92$ at follow-up, $p = 0.162$) suggests that three months was sufficient to demonstrate genuine skill integration rather than temporary performance enhancement.

4.1.7.5. Limitations and Future Directions

While the three-month follow-up provides evidence of short-term maintenance, it does not establish long-term durability of training effects. Future research should consider 12-month follow-up assessments to determine whether booster sessions are required to sustain competency gains over extended periods,

consistent with recommendations from continuing professional development literature (Orlinsky, Rønnestad, & Willutzki, 2004).

4.1.8. Demographic Differences

Analyses were conducted to examine whether the training effectiveness differed based on demographic variables. No significant differences were found in training gains based on gender, $t(58) = 0.74$, $p = 0.463$, years of experience, $F(3, 56) = 1.28$, $p = 0.291$, or work setting, $F(3, 56) = 0.87$, $p = 0.461$. These findings suggest that the active listening training was equally effective across different demographic groups.

4.1.9. Correlation Analysis

Pearson correlation analysis revealed a strong positive relationship between active listening competency and counselling effectiveness at post-test, $r(118) = 0.72$, $p < 0.001$. This indicates that participants with higher active listening skills also demonstrated greater counselling effectiveness. The correlation remained significant at the three-month follow-up, $r(50) = 0.68$, $p < 0.001$.

4.2. Discussion

This study investigated the impact of active listening training on counselling effectiveness among practitioners in Ondo State, Nigeria. The findings provide strong evidence that a structured active listening training program can significantly enhance the effectiveness of practising counsellors. The experimental group, which received the 6-week training intervention, demonstrated substantial improvements in both overall counselling effectiveness and specific dimensions of the counselling process.

The significant improvement in counselling effectiveness observed in the experimental group (Cohen's $d = 2.32$) represents a large effect size, indicating that the training had a meaningful practical impact. This finding is consistent with previous research demonstrating the importance of active listening in therapeutic outcomes (Horvath et al., 2011; Miller & Rollnick, 2013). The results suggest that even experienced practitioners can benefit from focused training in fundamental counselling skills.

The improvements observed across all four dimensions of counselling effectiveness are noteworthy. The largest gains were observed in empathy and rapport building, which aligns with Rogers' (1957) theoretical framework emphasizing these as core conditions for therapeutic change. The enhancement of these relational factors is particularly important in the Nigerian context, where the therapeutic relationship may be influenced by cultural factors such as respect for authority and the importance of interpersonal harmony.

The significant improvement in active listening competency (Cohen's $d = 2.43$) demonstrates that the training was effective in developing participants' skills. The maintenance of these gains at the three-month follow-up suggests that the training produced lasting changes in participants' professional competencies. This finding has important implications for continuing professional development programs for counsellors in Nigeria.

The strong positive correlation between active listening competency and counselling effectiveness ($r = 0.72$) provides further support for the central role of listening skills in effective counselling practice. This relationship suggests that interventions aimed at improving active listening skills are likely to have a positive impact on overall counselling effectiveness.

The absence of significant demographic differences in training effectiveness is encouraging, as it suggests that the training program can benefit counsellors regardless of gender, experience level, or work setting. This finding supports the generalizability of the training approach and suggests that it could be implemented across diverse professional contexts.

4.3. Implications for Practice

The findings of this study have several implications for counselling practice in Nigeria. First, they highlight the importance of ongoing professional development for practising counsellors. While initial training programs provide foundational skills, the present study demonstrates that targeted in-service training can significantly enhance professional effectiveness.

Second, the results suggest that professional associations and regulatory bodies should consider incorporating active listening training into their continuing education requirements. The Nigerian Association of Counselling Psychologists and similar organizations could develop standardized training modules based on the approach used in this study.

Third, institutions employing counsellors should invest in professional development programs that focus on core counselling skills. The significant improvements observed in this study suggest that such investments are likely to yield meaningful returns in terms of service quality and client outcomes.

4.4. Limitations

Several limitations of this study should be acknowledged. First, the use of self-report measures may have introduced bias, as participants may have been motivated to report positive outcomes. Future research could incorporate observational measures or client-reported outcomes to provide a more comprehensive assessment of counselling effectiveness.

Second, the study was conducted in a single state in Nigeria, which may limit the generalizability of the findings to other regions. Replication studies in other parts of Nigeria and other African countries would strengthen the evidence base.

Third, the follow-up period of three months, while providing evidence of skill maintenance, does not establish long-term durability of training effects. Longer-term follow-up studies would be valuable to determine whether the benefits persist over extended periods.

Finally, the study did not examine the specific mechanisms through which active listening training enhanced counselling effectiveness. Future research could employ qualitative methods to explore participants' experiences and identify the key elements of the training that contributed to improved practice.

5. Conclusion

This study provides empirical evidence that active listening training can significantly enhance counselling effectiveness among practising professionals in Ondo State, Nigeria. The 6-week structured training program produced large and sustained improvements in both active listening competency and overall counselling effectiveness. The findings support the integration of active listening training into professional development programs for counsellors and highlight the value of ongoing skill development for practising professionals. The study contributes to the growing body of literature on counsellor training and professional development in the African context. As counselling services continue to expand in Nigeria and across the continent, ensuring that practitioners have access to quality training opportunities will be essential for maintaining professional standards and achieving positive client outcomes. Future research should build on these findings by examining the long-term effects of active listening training, exploring mechanisms of change, and investigating the applicability of similar training approaches in diverse cultural and professional contexts. Additionally, research incorporating client perspectives and objective outcome measures would provide valuable complementary evidence to the practitioner-reported findings of the present study.

Author Contributions

The author is solely responsible for all aspects of this manuscript. The author has read and approved the final manuscript.

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Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/ or publication of this article.

Data Availability

The datasets generated during and/ or analyzed during the current study are available from the corresponding author on reasonable request.

Declaration on AI Use

The authors declare that no artificial intelligence (AI) or AI-assisted tools were used in the preparation of this manuscript.

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