



CHAPTER 17

MEETING PSYCHO-SOCIAL NEEDS OF SPECIAL POPULATIONS THROUGH CONSELLING PROGRAMME

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Introduction

Special Populations, as conceived in this chapter refers to individuals with unique challenges, such as economically disadvantaged, physically challenged and emotionally depressed. Some classical examples of these special populations who constitute the focus of this chapter include: autistic children, people living with albinism, children from bonus families the aged, the retired and correctional centre inmate. These individuals do possess and exhibit special needs-psychosocial adjustment that requires unique attention of a psychotherapist.

Psychosocial needs of special populations denote their mental health, emotional, spiritual, and behavioural concerns which are identified as important to their meaningful existence. When these needs are in balance, an individual becomes socially and psychologically adjusted in the sociality. These psychosocial needs if not attended to, adversely affect individuals' over all well-being.

Counselling programme in this context, refers to psychosocial supports made available to guarantee the beneficiaries (special populations) sense of safety, calming, self- and community efficacy, social connectedness and hope. Through Counselling programme, targeted populations and members of their families are helped to cope with their unique challenges. Psychosocial supports help build resilience in clients presented with special needs.

In this chapter, the special populations considered exclusively include: Children living with Autism, people living Albinism, children from bonus families, the Aged, the Retired and correctional centre Inmates. What then are the Psychosocial needs of these special populations that call for psychosocial supports?

Children Living with Autism

Autistic children, according to Haruna (2019), are characterized by significant impairments in social and communication skills. Neurological impairments occur in many aspects of functioning, including intelligence, attention, memory and language functions.

Autism, according to Lord, Cook, Leventhal and Amarel (2000), is a spectrum disorder, which implies that its symptoms and characteristics are expressed in many different conditions and in various degree of severity. Autism is associated with abnormalities in social functioning, language communication and strange/unfamiliar behaviours and interests. It affects many parts of the brain



and determines the traits that make human-social responsiveness, ability to communicate and feelings for other people. It impairs social and communication skills.

Although the precise cause of autism is still unknown, Dawson and Faja(2008), opined that it is a biologically based neurodevelopmental disorder that may occasion from multiple causes. The specific genes are yet to be identified. It is reported (Dawson & Faja, 2008) that, non-autistic relations of autistics children display lower than normal rates of social, language and cognitive deficits and are not associated with intellectual deficits.

The relationship between a child's early risk for autism and later outcomes can be mitigated by alterations in how a child interacts with and adapts to the environment. Intervention for autism is geared towards maximizing a child's potentials and assisting the child and care givers (family) cope more efficiently with the disorder. Treatment focuses on the specific social, communication, cognitive and behavioural deficits displayed by the autistic children. The most efficient interventions use highly structured skills and oriented strategies that are tailored to an autistic child and additionally providing both educational and counselling support for the family.

Counselling, being an interactional, professional and personal relationship is designed to facilitate the personal development, growth and adjustment of clients. This service promotes rationale and informed decision-making leading to realistic self-awareness and modification of one's behaviour in an environment. Autistic children need this genuine self-understanding to develop efficient and productive social, cognitive and behavioural skills to function well in the society. Well attended developmental challenges lead to better psychosocial adjustment. Consequently, psychosocial supports service helps autistic children improve on inter and intra-parsonal interactions. These children experience isolation, depression, neglect, discrimination, stigmatization, label and exclusion from the mainstream of the environment-home and school. These and other violations of human rights cause some autistic children to indulge in physical aggression, self-withdrawal and resistance to change in the environment. Psychosocial support (counseling) helps autistic children fight and overcome instances of self-pity, inferiority complex, lack of self-confidence, low self-esteem and negative self-concept. All these combined, leads to depletion of self-worth and deficit of psychosocial adjustment.

People Living with Albinism

People living with albinism look very differently from other dark-skinned peers in African. These Individuals lack pigment in the hair, skin and eyes, thus appear very white in a black community in addition to experiencing extreme sensitivity to the sun. Dakwak (2019), asserted that people living with albinism manifest mild visual impairment, suffer rejection, beaten for the inability to copy notes on time from the black board, discriminated against, stigmatized and



sometimes starved of basic human needs. In some extreme cases, people living with albinism are perceived as outcast, spirits incarnate and are thrown into bushes to die of starvation. Albinism can be devastating, psychologically and socially. It hampers normal general development of affected children.

Albinism, according to Encyclopedia (2009), is a congenital disorder characterized by the complete or partial absence of the pigment of the skin, hair, and eyes. This condition is associated with a number of vision defects, such as; photophobia, nystamus and amblyopia. Lack of skin pigmentation makes for easy susceptibility to burns skin cancer and other infections. This congenital impairment affects albinos and limits such people's educational abilities and opportunities.

UNICEF (2008) and Dakwak (1019), reported that many children with albinism are not in school, not because of any mental disability, but due to visual impairment, discrimination from peers and social exclusion. Those living with albinism who do make it to school suffer unnecessary stigmatization. This adversely affects such children's self-worth, self-confidence and self-concept. This social discrimination, in addition to the physiological defects leave children living with albinism frustrated and force to drop out of school. Whether in or out of school, albinos who lack psychosocial support, live with low self-assessed performance in life. This affects the albinos social and economic productivity too, due to undiscovered social and vocational skills.

Children living with albinism, especially those in school face such challenges like; barriers to physical access to services, negligence and negative attitudes from both peers and adults. These may not be unconnected with the albinos' increased level of stress and low self-esteem. Such social isolation and restriction of opportunities can lead to anxiety, depression, anger and lack of control over life situations culminating in suicide.

Socialization and soft skill (interpersonal) are key to successfully managing obstacles with low vision and perception of persons with albinism in an unfamiliar environment. Although taunting and teasing are not surprisingly more prevalent when marked physical differences are apparent, care givers can reduce the dismay on initial rejection that may be encountered which young ones with albinism experience, Accordingly, Dakwak (2019), posited that a good support network is an awesome strategy to mitigate social adjustment issues associated albinism. This view had earlier been expressed by Olagunju (2012), that psychosocial counselling of pupils living with albinism who are emotionally, socially and physically devastated should include rehabilitation.

The implication of the rehabilitation is that the sense of industry of the albinism can be revitalized thus giving confidence in learning and achievement. Psychosocial counseling will enhance psychosocial support, love, emotional and spiritual well-being of pupils living with albinism. Children living with albinism are able to maintain sound mental and emotional health, possess positive self-concept, attain high self-esteem, experience and express joy and happiness,



demonstrate rewarding intra and interpersonal relationship, when exposed to psychosocial counselling.

Children from Bonus Families

The term bonus families is used in literature interchangeably with such terms as: reconstituted, remarried, partnered, merged, synergistic, social parent and blended family. A bonus family depicts a picture of a single parent living with his/her biological children and another adult partner with his/her biological children. These children are neither from both adult partners, but from previous marriages which no longer exist due to either divorce, separation and/or death. A bonus family, thus, is composed of an adult couple, married or single, living with at least one child born from a previous union of one of the partners. Bonus families therefore includes: a bonus father, mother, and their biological children-joining two sets of children together from different previous unions. Another set of children would be the one born by the current union. Consequently, in a bonus family, three sets of children may be found.

Globally, according to Kison (2011); Zeleznikow and Zelznikow (2015), the number of children living with biological parents have declined, whereas the number of children living in blended families has increased. These changes in family structure occasioned by either death, divorce and separation, affect children's psychological well-being and academic adjustment. Children in bonus families are placed in a stage of maladjustment, thus experience more social, mental, emotional and spiritual challenges, than children from two parents-intact family (Zeleznikow & Zeleznikow, 2015).

Furthermore, literature has established a correlation between family type and overall adolescents' well-being adjustment (Amato, 2006; Amato & Cheadle, 2008). Accordingly, family attitudes, such as over protection, rejection, lack of love, lack of prompt response from parents, lack of encouragement and discipline may give impetus to children indulgence in criminality. Some Adolescents in bonus families are more susceptible to both delinquent behaviours, such as substance abuse and psycho-academic adjustment, than those from intact families. This is however, not the case with every child in a bonus family.

Children from bonus family have been reported to demonstrate jealousy and anger when their biological parents share time with new partners or bonus siblings. This can be worse if a child is having trouble forming own relationship within the new family. Bonus family members have some challenges adjusting and consequently might feel unsecured, disillusioned, hopeless, helpless and lonely (Coelho, 2005).

It can therefore be deduced from literature that Bonus family can impact on children in a number of ways more especially when some of such children may have little control of personal affairs-decisions and choices. Such children might experience conflict, strained interpersonal relationships with step parent and step siblings, broken emotional bonds with biological parents, unknown roles and



expectations, lowered well-being and adjustment, lowered school achievement, initiative and security, loyalty problems, feeling of anger, confusion and betrayal. All these adversely affect the psycho-academic adjustment of children in Bonus families.

These myriad challenges call for the dispensation of psychosocial supports service, particularly empowering children from Bonus families with life coping skills, decision-making skills and reality therapy. All these have implication for cognitive Behaviour Therapy of children from Bonus families.

The Aged

The concept of the aged refers to individuals who are in the terminal phase human development process. For instance, Erickson (1976), opined that old age is the last stage of human life which is characterized by a growing awareness of the finitude of life and of one's closeness to death. At this stage, the critical task is to evaluate one's life and accomplishments. This phase conveys to one, an integrity of experience regardless of the decline of bodily and mental functions. Thus old age is a period of physical and physiological decline.

On account of these declines, the aged are confronted with a myriad and interrelated physical, social, economic, emotional and mental challenge. For instance, the aged may experience economic problem of not meeting personal, family and social needs. This may arise due to poor financial management skills and/or inadequate financial resources, lack of alternative and appropriate vocational skills, lack of physical energy or good health, all of which results in problems of health management.

The aged suffer from preventable and non-preventable diseases cause by heredity, malnutrition and lack of physical exercises. Some common disease of the aged include among others: Alzheimer, Arthritis, vision impairment, auditory impairment, Parkinson diseases, Depression, Gall and bladder problems, liver cirrhosis, constipation, faecal and Urinary incontinences, Heart diseases, Diabetes, Hypertension and Sexual difficulties. The aged also experience social challenges such as loneliness. This is not just being alone, but also feeling isolated even when "surrounded" by people. This may be occasioned by loss of status attached to jobs and social class earlier held.

The aged further suffer from depression- a prolonged stressful psychological condition which leads to lack of enthusiasm and loss of hope. Similarly, some aged experience rejection due to lack of attention, care and affection by family members and the society. Rejected aged are usually unhappy, depressed and have the tendency to commit suicide. The aged also experience worthlessness- a feeling of having no value, use, good and useful skills, no longer relevant in decision-making process at both family and community levels.

In view of these documented evidences of challenges of the aged, the old people whose age- range lies between 56+ need psychosocial supports in order to age gracefully. Just as premarital and pre-retirement counselling serve as



preventive and proactive measures in empowering intending couples and retirees to live meaningful lives as couples and retired, young adults require gerontological counselling in order to age gracefully.

The aged need alternative-age related vocational skills to survive the reality of economic challenges at old age. Furthermore, the aged need financial management skills, dietary and personal health hygiene education, life coping skills at old age, such as; becoming a member of clubs and societies, investment in young people's life, preparing for death, cutting or scaling down life expenses, being positive in life world view, investment, where possible, in life insurance and cooperative societies.

The Retired

Retirement, whether voluntary, compulsory and mandatory, like aging is an inevitable reality to be experienced by any worker-be it in public or private sectors. Like aging, it is a process. If planned for, it is very rewarding and fulfilling. If otherwise, it is frustrating, bitter, traumatic and suicidal. The later may not be unconnected with unpreparedness, negative attitude towards retirement, lack of setting and achievement of life goals, lack of prudent financial management skills, poor networking and lack of mounting pre-retirement counselling programmes for workers who are at the near retirement phase that is 5-10 years to retirement. Kazeem (2001), and Adegoke (2006), reported that retirees demonstrated poor coping skills, health accelerated aging, sudden death, loneliness, lack of affection, loss of social status, dwindled financial income and apathy towards social activities once enjoyed.

Pre-retirement programmes would help retirees cope with developmental tasks, which include: improving self-esteem, positive development of self-concept, identification of personal assets and liabilities, and rational decision-making regarding post retirement life. This is anchored on the fact that work life provides to a worker not only financial benefits, but also regulates life activities and gives a sense of identity and self-concept. Thus, when an individual, due to retirement and old age, ceases to meaningfully engage in daily work routine, anxiety and depression might set in with accompanying physical and social consequences.

Retirees, through psychosocial programme (counselling), can be helped to adapt to retirement life and adapt, among others, the following life styles: own land and landed properties, embark on regular visits to home communities, acquire alternative vocational skill before retirement, complete training of children while still working, building personal family accommodation, adopting life style that suits community life investing in the life, of junior workers by being a mentor, establish mutual and respectful relationship with spouse. Other life habits that must be stopped while still in service include, among others: monetary gifts not commensurate with one's income, having multiple cell-phones, spending on wants instead of on needs, indulging in frequent buying of social-gathering uniforms and indulgence in substance abuse.



The Correctional Inmates

It is argued herein that correctional inmates who are rightly convicted and sentenced to serve various jail terms for crimes committed, are victims of social, economic and psychological forces in the society. Consequently, the society has the moral responsibility to treat convicts compassionately in order to salvage and rehabilitate such convicts. Imprisonment, whether for the purposes of retribution, deterrence and rehabilitation, needs to take into account the basic inviolable human dignity of the convict(s).

The Nigerian correctional centres within the last two decades have been faced with a high increase in the size of inmates, poor and bad living conditions, unfair treatment, inept and vacillating management. Consequently, there are reported cases of “regressive” psychological effects of detention, the peculiar liability of imprisonment to move back the clock and to foster a slow but progressive return to psychic stages of childhood and infancy (Linder, 1984 & Mamman, 1991).

Consequent upon being touched off; most inmates tend to move back psychosocially upon personal timeliness. Some are drained of all that make for maturity, thereby abandon whatever independent qualities earlier possess. Such inmates are robbed of all independence of thoughts and decisions. Some inmates suffer beating, robbing, harassment and visited with all sorts of indignities and outrages from fellow inmate and /or officials of correctional centres. These conditions help to deepen and sharpen the rage and bitterness of the inmates both emotionally and psychologically. This is at variance with the central goals of correctional center-reformation and social rehabilitation of inmates.

Inmates in correctional centres need life coping and vocational skills to live meaningfully especially after serving jail terms. That is, acquire skills to earn decent living and support family members. A good number of ex-convicts are discriminated against in job opportunities. Some experience rejection, stigmatization, isolation, loneliness and self-worth.

Among other psychological dispositions and challenges of inmates in correctional centres are: Ego threat (deprivation of heterosexual relationship) impaired health, debased in intellect, corrupted in principles, incarcerated with hardened criminals thus promoting learning other criminal acts, isolation, which leads to loss of emotional and social relationship, distorted self-concept and hopelessness. Some inmates become dehumanized, degraded, disenchanted, fearful, see all others as hypocrites and untrustworthy. Others feel a sense of injustice, frustration, helplessness and hopelessness of the future, become anxious about welfare of family members.

The obvious implications of all these psychosocial issues is counseling, which helps inmates attain and regain positive self-understanding (inherent potentials), self-adjustment-during and after jail term and self-fulfillment-self-actualization. This will reduce the rate of recidivism of inmate.



Conclusion

The essence and thus the rationale to offer psychosocial support to all the identified special populations in this chapter is to ensure and guarantee their educational and social inclusiveness. All special populations experience and demonstrate some forms of trauma, low self-esteem, hopelessness, rejection, isolation, depression, loneliness, worthlessness and anger, among other dehumanizing tendencies. All of these impinge on the mental well-being, social competencies and personality adjustment of the focused special populations.

Special populations desire the need to attain self-fulfillment by being responsible and productive citizens. This can only be achieved when the psychosocial atmosphere around them is that of acceptance, non-discrimination, trust and egalitarian. Their potentials (abilities), and not their deficits (disabilities) should be the basis of their treatment.

Implications of Psychosocial Support to Special Populations

Provision of psychosocial support to the special population presented in this chapter would ensure that the autistic, albinos and children from bonus families will be socially, emotionally and mentally adjusted to learn and maintain healthy intra and interpersonal relationships within their environment. Teaching learning process is given impetus when learners are psychosocially adjusted. Such become self-motivated to learn. In other words, their achievement-motivation is given a boost. When special populations acquire life coping skills, they gain self-confidence, self-worthiness, self-efficacy, set and pursue realistic life goals.

Furthermore, the employability chances and opportunities of inmates, the aged and the retired will be enhanced when both acquired appropriate entrepreneurial skill-creativity, communication, finance and management and vocational skills. Such will become self-employed, wealth and job creators. By this, their depleted self-worth, self-concept, hopelessness, loneliness and suicidal thoughts will be addressed. This calls for family and community counselling.

Overall, psychosocial service to the special populations will ensure attainment of personality stability, correcting misconceptions/prejudices against people living with disabilities and, enhance public trust, confidence and attitudes towards the special populations. These will bring about the much needed educational and social inclusiveness of the special populations.

Suggestions

Based on the identified psychosocial needs of the special populations highlighted in this chapter, the following suggestions are made:



1. for effective programme implementation, there is need to either adapt or develop local screening test to detect early signs and symptoms of Autism among children.
2. gender, family and school based violence against people living with albinism be documented and addressed on the basis of human right act in order to ensure their total social inclusiveness.
3. longitudinal and gender-based studies on psychosocial adjustment of children from bonus families are needed to generate sufficient data that will guide the direction of programme intervention in Nigeria.
4. other than psychosocial supports program for the aged, there is need to determine the combined efficacy of social security measures on the mental physical and social wellbeing of the aged in Nigeria.
5. for the complete rehabilitation and reduction of the rate of recidivism among inmates in correctional centres, administration of aptitude test to determine their vocational competency skills is compelling.
6. a comparative work to determine if any correlation exists between psychosocial adjustments of retirees exposed to pre-retirement counselling and those who were not will give impetus to psychosocial support to workers white still in active service.

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