

**Dublin Business School**

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**Thesis Title:**

**An Exploration of what the Therapeutic Relationship  
Represents and the Impact of Mandatory Reporting.**

**Thesis submitted in partial fulfilment of the requirements  
of the BA Counselling and Psychotherapy**

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LIFE IS DIVIDED INTO THREE TERMS,  
THAT WHICH WAS,  
WHICH IS,  
AND WHICH WILL BE.

LET US LEARN FROM THE PAST,  
TO PROFIT BY THE PRESENT,  
AND FROM THE PRESENT,  
TO LIVE BETTER IN THE FUTURE

*William Wordsworth*

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## **Abstract**

The aim of this study was to examine therapists' awareness and perceived ideas of what the therapeutic relationship represents and the impact of mandatory reporting. The study interviewed five participants who all on some level have had to take on board the impact of mandatory reporting. These participants were chosen as they all vary in their professional experience both in years and within the professional capacity with which they work in.

The research study uses a qualitative approach with semi structured interviews that are made up of nine questions that were construed to lend as open an exploration as possible. The findings reveal that there are different opinions around what it is that the therapeutic relationship represents, especially now with the impact of mandatory reporting. It was found that there was for some of the participants a confusion around what was and what is now, in terms of the responsibility of the therapist.

This responsibility has been challenged in a way that with the impact of mandatory reporting, the dynamics of the therapeutic relationship have had to be addressed. The therapist having always put the client first, being held in a relationship of trust and confidentiality and being given that feeling of safety is now challenged. The research reveals that the therapeutic relationship is not just about the client. The therapist with mandatory reporting must also take society into the equation for the purpose of protecting children and vulnerable adults through reporting.

# **CHAPTER 1.0**

## **Introduction**

### **1.1 Background**

This exploration of the impact of mandatory reporting on the therapeutic relationship is certainly a topical one at present. It brings to the forefront the hugely important essence of the therapeutic relationship. This being the fundamental element of building a trusting, safe relationship, where vulnerabilities can be explored and held in the utmost confidentiality. Studying the themes of what a therapeutic relationship means; the trust; and the effect that mandatory reporting will have on the client/therapist contract, are all key to the exploration of what is and what may be as a result of the implication of the mandatory reporting. In examining what is core to the therapeutic relationship, one must now look at how it is that mandatory reporting will become part of therapy. How it puts vulnerable adults and children first, in order to protect and safe guard them from abuse or neglect.

### **1.2 Raising concerns**

Miller (1993) says, a child that is suffering, lonely and in complete isolation, struggles to come to terms or even comprehend what it is going on in their world. Not knowing how to voice their concerns, their feelings, possibly not even having any such understanding of what life is outside their dark world, yet always knowing it is not right, survives as best they can, surrounded by complete disregard for any type of real humanity. Their

world is one of pain, hurt, loneliness, lost on a world of inhumane ignorant untrusting adults whom abuse their power out of a control and a self gratification of power (Miller 1993). The child remains completely defenseless, disoriented and humiliated. A powerful picture that can only but make an impact, is also the depth of what may be asked of the therapist within the therapeutic relationship to be able to hold in confidence, in support, creating the safe place the client needs to address their abuse of younger years (Miller 1993).

### **1.3 Exploration**

Clients whom have suffered abuse have a hard time trusting others as it is, and the therapeutic relationship is no different, as trust has to be earned. Courtois, (2010) says, trust is hard earned, in particular if one has come from a background of being let down, and any trust that they thought they had, in reality had being broken, leaving them with the despair of living within an untrusting lonely world. Clients that come to therapy from a background like this, make it very difficult to work with. As a trusting relationship develops, something a client may have never experienced, it is slow to build, as their belief in trusting has been compromised.

In exploring the impact of mandatory reporting, the best way is through further insight in order to explore the ability and consequences of integrating the changes into the therapeutic relationship. Looking internationally, possibly gives the best insight towards how to incorporate and adopt learning on how mandatory reporting may be integrated into the relationship and to educate around the further support systems that are key to its success.



Kalichman (1999) says, in all 50 states of the USA, all working professionals such as teachers, therapists, and social workers are required in the event of any kind of known or any suspected abuse or neglect of children to make a report for the protection of the child. In Ireland there was a Children's Referendum held on 10<sup>th</sup> November 2012. This in turn had the result of making amendments to the Children's First National Guidance 2011, to bring in mandatory reporting. Mandatory reporting is key in the legislation towards the protection of children, serving as a tool that gives the power of interception within a worrying or troubling situation where there are children at risk of abuse.

#### **1.4 An Outlook**

The introduction of mandatory reporting on one hand may give us a powerful tool, a law, to help in the implementation of protecting the child. Through the therapeutic work, disclosures may come up identifying cases of child maltreatment and abuse. On the other hand, in exploring the impact of this on the therapeutic relationship, there will be much to take on board, much to be learnt and much to be examined of the therapeutic alliance. It is important to look within our own culture of understanding of what is the underlying core and true purpose of the therapeutic relationship.

## **CHAPTER 2.0**

### **Literature review**

#### **2.1 Exploring a therapeutic relationship.**

With the recent introduction of mandatory reporting it is paramount that there is an exploration of the therapeutic relationship that has been known to date and the therapeutic relationship that will now develop moving forward, working within the new regulations of mandatory reporting. The person-centered therapist is working with the client, towards building a relationship with the core concepts of empathy, congruency and unconditional positive regard (Rogers, 2004). It is important that these are in some form or other present for the client, so that these conditions can together lead towards the possibility for new growth moving forward, (Bryant-Jefferies 2003). The person centered approach takes the point that the client knows best and will bring into the room what they are ready to address at that moment and time. The person-centered therapist believes in allowing the client to explore whatever it is that may be present for them in the moment. If in the event that there has being some horrific traumatic experience, like sexual abuse, that has been experienced by the client, it is they whom must be allowed to bring this into the therapeutic space at their own pace. The therapist avoids being suggestive or leading in any manner, and allows the client have their own experience, thus giving the client their own presenting understanding or meaning around their developing unfolding events within the therapeutic space (Bryant-Jefferies 2003).

If the client is able to bring in past traumatic experiences, like sexual abuse, there will be resounding questions hanging in the air initially. Will the therapist be able to hold the client? Be able to contain the client? These questions may seem obvious, yet with the implications of mandatory reporting they are very prevalent and poignant in the face of support, protection, holding, containment and disclosure. If a client has experienced a trauma in the context of a sexual abuse, there may very well be strong underlying feelings of shame and guilt, possibly accompanied by doubts and fears around the capability of the therapist in being able to work with them. These are crucial for the client in feeling that they can be themselves and within this be supported throughout their experience (Hollin and Howells 1991). The relationship that exists and develops may be regarded as one that focuses on the clients needs. This gives the client the assistance in addressing any difficulties that are being experienced and hence causing conflict within their everyday engagement in life, and how best they may implement change that would best serve them in their lives. Buhari (2013) says, that in exploring the person-centered therapeutic relationship, the therapist themselves is crucial, and their awareness of their own feelings, emotions and body sensations. Buhari (2013) has a further view that within this piece is the therapist's connection with themselves, which in itself gives the therapist an understanding of their own boundaries. These are vital in setting up the boundaries within the therapeutic space, which serves to give a better clarity, structure and direction to the relationship. Boundaries are so important in the identity and responsibility around the point of view that the therapist should 'Care about' and not 'Care for' the client (Buhari 2013). If boundaries are to become foggy, the point and focus of the therapeutic relationship can be lost and damage done, irrelevant of whether the intentions were only

good (Buhari 2013). This is a key piece as one now assesses the incorporation of mandatory reporting into the relationship, and with this, have a sense of understanding around what it is that confidentiality and trust represent within the boundaries of the therapeutic relationship, and the impact around disclosure and the effect this will have on the developing therapeutic alliance.

## **2.2 The significance of trust in the therapeutic relationship.**

Addressing trust is crucial to the therapeutic relationship as without trust there can be no true therapeutic alliance. In psychotherapy there can at times be problems around direction and the ability to work together if there is a feeling of being let down or a fear and doubt around being accepted. The danger here is if this feeling is allowed to manifest itself and grow to the point where any trust seems to be far fetched, a breakdown of any type of therapeutic relationship may very well ensue. It is vital that a trust is built so that the client does not feel betrayed to the point of prematurely dismissing and ending the therapy (Nolan 2012).

With mandatory reporting now having been introduced, the element of ‘repairing’ could be a key towards playing a very important role in navigating new waters so to speak, for both therapist and client. Society has a huge part to play today in the element of trust and how this is to be recognized, understood or seen. Within society there has been reluctance and a resistance to look at and critically examine the traumatic disclosures from children and adult survivors of sexual abuse. These experiences have been dismissed as fantasy, as society has really struggled with any possibility that these disclosures could be fact, (Wyatt & Powell 1988). This only serves to emphasize the importance of trust within the

therapeutic relationship, working to prevent re-traumatizing the client, or isolating them. With mandatory reporting having now been implemented the effects of this on the trust of the therapeutic relationship will be interesting, remembering it is not only the client that may be affected here. There are others outside the actual therapeutic relationship that must also be taken into account, as they are also part of the bigger picture of the clients' world. Family and friends may also suffer greatly and be traumatized as history unravels. As the clients' internal world slowly becomes conscious and a narrative of the trauma around abuse is shared, the implications now with the mandatory reporting are truly significant and possibly devastating to partners, children of patients, friends and so forth, (Clarkson 2003).

One may imagine already, that if the relationship between the client and therapist is unclear around the boundaries of trust, confidentiality and privacy, that this will only serve to impede the development of any true therapeutic alliance and will lead to a fundamental breakdown in any valuable communication (Younggren & Harris 2008). Exploring the concept of change will be a challenge for the therapist, to facilitate the trust and support in the relationship that the client will need, recognizing the crucial piece around confidentiality. Though it is worth acknowledging that mandatory reporting as difficult to the relationship as it may appear, there are other aspects that should be considered. Kremer and Gresten (1998) say that if one can acknowledge in reflecting back to times past, that issues were considered private matters that the family would hold and be dealt with in their present society, combining both values and beliefs deemed to be proper and appropriate. As times changed, so did people and policy, and with this society grew and adapted to new pressures and new directions. Issues once dealt with in the

family were now dealt with through the professional therapeutic relationships in Counseling and Psychotherapy. Kremer and Gresten (1998), further reflect that this professionalism would give the client and therapists a special relationship, out of which the client would in most cases expect that confidentiality within the relationship, was absolute. Though the reality of there being absolute confidentiality may be very appealing, it would in essence impede on the therapists ability to have sufficient structures in place outside the therapeutic relationship. These are vital for the protection of a client and others at times where there appears to be exaggerated client behaviors that could be impeding their judgments that in turn may cause harm to themselves or others (Kremer & Gresten 1998). As appealing as confidentiality is, there is room for mandatory reporting, and importantly so, in cases which require an act out of protection and perseverance. This is not just of each other, but possibly also of society's values and beliefs that are being learnt and accepted as morally right or wrong. After all it seems necessary that if there is a sense of obligation to be bound by trust and confidentiality within the therapeutic space, one must define what it is that this is actually representing to the client. The relationship may represent an environment of complete safeness where all can be told, held and contained, but then there would be no repercussions to whatever unnerving traumatic events may enter the therapeutic space. This could be construed as a way towards creating a sense of confession in secrets to be held in confidentiality. The trust and confidentiality could better fit with the idea and knowledge of mandatory reporting, representing perhaps change, new growth and healing with the support of the therapist and other professional body's aimed to assist development. Kalichman (1999) say, when it comes to reporting abuse that comes to the attention of the therapist,

no matter what the time period may be, that the reporting in itself is saying something to the client. It suggests that the therapist does care and is taking what has been said seriously enough that it must be acted upon. The client recognizes that their disclosure of abuse has been heard and taken on in a professional manner in order that it is dealt with in the appropriate manner.

On the other hand if a client chooses not to disclose for whatever reasons, this too will have an affect on the therapeutic relationship. The trust or lack of trust will have significant implications, and this raises issues that there is a resistance and reluctance to enter into a therapeutic dialogue, possibly damaging any level of true therapeutic alliance. It is essential that the therapist be transparent with the client in order to build that trust that is to be earned as the relationship is developed. If a client is not given the full understanding around the limits of confidentiality and mandatory reporting, it may be reasonable to question this. A professional, intentionally not presenting fully the limits of confidentiality and mandatory reporting as a way of encouraging the client towards sharing an important therapeutic disclosure is a real concern, as is a professional just letting the clients make their own informed assumption around confidentiality. Both of these would appear to be worrying and most troubling (Kremer & Gresten 1998).

### **2.3 Client / Therapist Contract Agreement and Mandatory reporting.**

The contract that is discussed and set out between the client and the therapist is about setting out an agreement between two parties in which each has appropriate responsibilities, expectations and an understanding of obligations around care and safety for the client, therapist and any other third party that in any way may be adversely affected (Fisher & Oransky 2008). When working with adult clients that bring prior child sex abuse into the therapeutic relationship, there may well be questions around, what will be the implications of mandatory reporting on the therapeutic alliance. Buckley, Skehill, and O'Sullivan (1997) reflect that a public health nurse says of mandatory reporting, that with there being more awareness of reporting and the possible implications that this may have, one will need to be very much aware of not accusing someone in the wrong. With mandatory reporting there is a fear that you will see more anonymous calls being made and that there will be very little that will be able to be done about it.

Buckley et al, (1997) go on further to say, though there is an acknowledgment that it is difficult not to focus on what is immediate, a social worker voices concern, in acknowledging the importance that there is needed an approach that will install support and structure in working towards a protection that is well defined as opposed to being reactionary. Though this all sounds positive, there is concern that it will become too inflexible in manner with fixed guidelines, leaving little room for intellectual considerations (Buckley et al, 1997).

Taking into account that mandatory reporting has been designed to facilitate within the therapeutic relationship, a protection of children, there may be some who may manipulate this. To some there would already be considered to be an imbalance in the client and



therapist relationship and with mandatory reporting this in essence may be giving the client and therapist relationship a further imbalance. This in turn could possibly be used for all the wrong reasons, unethically, in a power play within a frustrating role of therapeutic circumstances (Anderson et al, 1993). This, in itself a concern, seems only to highlight the importance of a well presented contract of agreement between the client and therapist, that is fully explained and discussed so there is absolute clarity in respect of its meaning and representation for all parties concerned. A point of awareness around this is where possibly in treatment centers the contract of agreement or informed consent contracts are drawn up by administration staff. This may lead to a more professionally adopted language including therapeutic and maybe even legal jargon, around issues of confidentiality, payment and many more issues. These may in turn be difficult for a client to truly understand unless it is purposefully and professionally discussed openly to eradicate any kind of misunderstanding (Fisher & Oransky 2008, Younggren & Harris 2008).

Looking internationally to the U.S.A where mandatory reporting is practiced, Kalichman (1999), makes the point that, although the mandatory reporting has the right intention for the protection of children from any form of abuse, one must also take into consideration the effects of what the implications of reporting will have on families and any third parties, understanding that they may have the opposite effect than was intended from a therapeutic perspective. The limits of confidentiality, how they are communicated, and what they represent within the therapeutic contract, lay down the ground rules so to speak as to how the therapeutic relationship develops, with both client and therapist knowing

full well that implications of certain disclosures will possibly lead to mandatory reporting and the consequences of responsibilities that this may bring about.

There are always exceptions to the rule, and in relation to confidentiality, in keeping with the U.S.A. one thing that all the states agree on is the protection of children against the dangers of abuse and neglect, and in doing so going to the extreme of putting the children first and foremost rather than protecting the privacy of the patient (Younggren & Harris 2008). This in turn could have the effect of positioning the therapist in a role of conflict, leading to possible loss of any true therapeutic alliance, especially if the contract agreement had been skated over and not explained or understood properly.

In looking at the therapeutic alliance and the significance around the importance of disclosure, there have been concerns by some therapists around reporting, feeling that if they were to perhaps report too early that the effect on the client could be detrimental possibly leading to an abrupt ending of any therapeutic relationship and any hope of disclosure dissolved (Finlay & Koocher 1991). This is only reinforced by suggestions that even in the face of very obvious abuse that could not be doubted, there may still be a reluctance to report the abuse. Possibly due to a fear of irreversible damage that may be done to the therapeutic relationship due to breaking trust and confidentiality (Watson & Levine 1991).

Other reasons that may be used for not reporting are excuses of lack of understanding or ignorance around mandatory reporting and therapists having a negative view of reporting, all leading in a failure to comply. The therapeutic relationship being encompassed within trust and confidentiality may produce feelings and ideas from the therapist that in

reporting child abuse, this is going to have a more negative effect than positive one, interfering with the therapeutic process (Swoboda, Elwork, Sales & Levine 1978). Mandatory reporting is here to serve for the protection of the child, families and even the therapists as neither of these have the understanding, the knowledge or the authority to carry out what will inevitably be a somewhat legal investigation around the reported abuse and around what will inevitably go on with the families outside of the therapeutic environment (Finlayson & Koocher, 1991). Reporting may actually give rise to a positive effect and of a benefit towards the therapeutic alliance, with the child now receiving the help and protection needed and the perpetrator possibly receiving therapy. With reporting sending a distinct message to the overall family and any third party involvement, around the importance and the seriousness of the reported abuse and behaviors, it sets a presidency within a structure that can be implemented to facilitate positive patterns of intervention for all family members in order to help in the best possible way (Kalichman & Brosig 1993).

Mandatory reporting within Ireland has been implemented as a result of the findings within the Ferns inquiry (2005), around the failures of senior clergy in the Catholic Church in having failed to report proven sexual abuse to the legal authorities. It was within this published report 2005, that a recommendation was made that Ireland adopt and put into practice an identical legislation to protect children and implement mandatory reporting, to that of Massachusetts, USA (Department of Health and Children, 2005). In looking outside just the therapeutic alliance, it seems to be a worrying observation within the UK, and the USA, that within different groups, like for example, teachers, counselors and nurses, that there are numerous factors that seem to be causing a haziness around

‘non-reporting’, which in themselves are significant issues. Greater evidence been a key factor and the difficulty in assessing the level of abuse and if this warrants action.

Without physical evidence there was great uncertainty around interpretations of behavior and emotional symptoms, though with more awareness of sexual abuse this is improving, yet the barriers seem to be hard to circumnavigate as the professionals understandings that the potential to possibly make things better are been weighed up against the potential to make things worse, for all parties concerned (Bunting, Lazenbatt & Wallace 2010).

There are lots of opinions around mandatory reporting and the implications on the relationship, trying to weigh up the positives and the negatives. The underlying precedence being that of acknowledging that mandatory reporting is here for the protection of children.

# **CHAPTER 3.0**

## **METHODOLOGY**

### **3.1 Purpose of the research**

The purpose of this study was to investigate and endeavor to open up an exploration and understanding of the therapeutic relationship and thought processes through the interviewee (Patton, 2002). To examine what the therapeutic relationship represents, and the impact that mandatory reporting may have on the trust and confidentiality. The purpose being to understand the therapist's role within the therapeutic relationship, and their role in establishing a strong, and safe therapeutic alliance, even in the face of controversy. To evaluate this research from a humanistic therapeutic perspective and how mandatory reporting will effect the therapeutic alliance. Importantly taking into account, the embodiment of trust and confidentiality, and the possibility of isolating a client, and where will this leave the therapeutic relationship.

### **3.2 Research objectives**

The following list outlines the specific objectives of the research:

1. To understand how the therapists see their role in building a therapeutic alliance.
2. To determine the therapists experience of adapting change into the therapeutic relationship.
3. To take into account the recent introduction of mandatory reporting, investigate the therapists approach towards confidentiality and building trust.
4. To explore the possible impact of mandatory reporting on the therapeutic alliance.

5. To evaluate the structure and strength of the client/therapist contract or agreement in view mandatory reporting.
6. To contribute to an exploration of ever changing laws, obligations and expectations that have an impact on the therapeutic alliance.

### **3.3 Data Analysis**

The research used thematic analysis (Braun & Clarke, 2006), as a way of identifying, analyzing and reporting themes within the data that was gathered. This allowed for a more open-ended exploration of the questions asked and the responses received.

Assessing themes and/or patterns within the data gathered was done in an inductive approach so identifying themes to the data gathered. With each data item they were given the same attention with the coding process being comprehensive. After this had been done the codes were sorted into possible patterns/themes to bring about a thematic content analysis, providing a map of evaluation. This was further analyzed with the intentions to refine each theme in order to illustrate the core concepts to bring together the key themes.

### **3.4 Research Design: Sampling**

This research required investigation using a qualitative approach, the goal being to explore through the means of interviews, and uncover meanings and understandings (McLeod, 2003). A sample of five psychotherapists, were purposively selected for their

relevant and appropriate experiences in the field. Their experience allowed them to talk in detail about their understanding of this topic of research. Five humanistic psychotherapists, with a minimum of one year professional experience were selected.

The participants have been selected through recommendation and by using the IACP website as a way of vetting the participants for their acquired skills and knowledge. The psychotherapists that have been chosen have the required professional experience and accountability as they are accredited by the IACP a professional counseling and psychotherapy association. This is crucial as not only are the participants accredited, but they have been selected based on their varying years of experience, as well as professional capacity, so that they fitted the criteria required for the research.

### **3.5 Materials**

Each participant was sent a introductory cover letter (appendix 2), that outlines and explains what the piece of research was about and who the researcher is. This gave the information required so that the participants were able to make an informed decision around choosing to participate in the research or not.

### **3.6 Data collection: Semi-Structured interview**

Data were collected by a semi-structured interview with five participants allowing an explorative gathering of data. The questions was structured in such a way that allowed consistency of information gathered so as to provide good structure and good depth of

detail that can be used in the thematic analysis. In following a semi-structured procedure the questions (appendix 1), were open-ended to encourage a full and proper exploration of the topic of research?

To this end the agreeing participants were forwarded the questions before hand, in the hope that this will create a more open explorative interview, one that will not become tied up in too much analysis and theory. Within the semi-structured interview, the objective was to encourage and accommodate flexibility in order to allow for an individuality of each interview (Dallos & Vetere, 2005). The intention was to support ones own line of inquiry, insight and expectations of what each interviewee may feel were the most poignant points to be put forward from their own experience in the therapeutic relationship.

Semi-structured interviews were considered the most useful method of exploring perceptions and attitudes of the interviewees in an in-depth way. Five interviews were conducted in person and the interviewees were asked questions by the researcher. An interview guide as shown in appendix 1 setting out open-ended explorative questions, derived mainly from the literature review was developed to guide and support the researcher, while also permitting a level of individuality to develop during the interview process.



### **3.7 Data recording**

All five interviews were recorded and transcribed. The interviews lasted around from fifty minutes to a half hour and the data recorded was assessed.

### **3.8 Ethical Issues**

In exploring the impact of mandatory reporting and the affect on the therapeutic alliance it is important to take into consideration that all participants were afforded the rights to make an informed consent as to whether or not to be a part of this research. Participants were given all information around the topic of research and structure of interview that was summarized in written format and sent to interested participants prior to interview. The identity of participants was protected by using pseudonyms. The participants may withdraw from the research for whatever reason they choose or at any time. Thus the participants were given all relevant information prior to the recorded interview so they understood what they were agreeing to, prior to actually agreeing to it (Howitt & Cramer, 2010). Only the researcher will have the full interview recordings so as to prevent access to the confidential material.

# CHAPTER 4.0

## RESULTS

### 4.1 Introduction

Five participants were interviewed for the research study. One of them was a final year student and is seeing clients' for the past two years. The four others were all fully qualified and accredited. Of these four therapists they had between 5 and 20 years experience, working in different professional capacities from the HSE to St John of Gods to private practice.

As the research interviews were analyzed five main themes emerged. These were the Client / Therapist Contract Agreement, Therapeutic relationship, Trust and Confidentiality, Mandatory reporting – Impact, and Structural Supports. Each theme is set out below.

### 4.2 Client / Therapist Contract Agreement.

In exploring what the therapeutic relationship represents and the impact of mandatory reporting, the Client / Therapist Contract agreement was explored. All therapists reflected the importance of the contract agreement. T5 mentioned the need for boundaries, “*If there isn't some kind of boundary fence saying, okay so far and no further*”, and going on to say “*I am always very careful when I do a contract with a client*”.

The importance of clarity came up as it was pointed out the significance of the client understanding what was in the contract agreement and what this represented? T4 highlighted this saying:

*but it should be clear as day that confidentiality will be breached if and here are the conditions and that that should be as clear as day. If you have a sense that the client doesn't understand that then you need to spend more time on that but you check it out, you know*

This is echoed by T1 saying:

*...your contract is key with your client and reminding them of your obligations and your bounds within which you have to go outside confidentiality and I think people need to be reminded of that.*

Taking into account the impact of mandatory reporting on the therapeutic relationship T3 in talking of the contract agreement says, “*I think with mandatory reporting there, I think you have to put it out front*” and T4 says, “*It has to be something that was initially introduced*”, and T2 goes on to say, “*I'm not sure how you would...or how I would approach this*”.

All therapists agree there is an element of confusion for the client with an innate human tendency to focus on one thing that may catch their eye and mandatory reporting could be one of those things. T1 highlights this in saying:

*I think there is always going to be a certain amount of confusion because I think again, you know, no matter how much you explain it to the client then they tend to only hear one thing and that's the mandatory reporting piece...*

To clear up misunderstanding is important to setting up a good contract agreement that binds the therapeutic relationship, and minimizes confusion. T1 points out, “*you may have to keep revisiting...eliciting questions*”. The point around the mandatory reporting and the disclosure being very relevant to the contract agreement is highlighted by T4 saying, “*...we might have to do something then with the information that you disclose, so it is being put out there in the very beginning as part of the contract...*”.

The client gaining a full knowledge of the contract agreement also brings up an important insight that is pointed out by T1 as they say, “*I think it protects the client as well, you know, it really does and it also protects the therapist because the therapist can be vulnerable in the relationship as well*”.

### **4.3 Therapeutic Relationship**

When the therapists were asked about what the therapeutic relationship was, numerous words came up such as, safety; trust; congruency; empathy; energy; supporting; and encouraging.

T2 says, “*I suppose it is empathy and non-judgmental, being congruent, and I think if you can bring those to work, I think that is really important*”.

T2 highlighted the therapeutic relationship saying:

*It is Carl Rogers and his believing that the client knows best, that they are their best judges of what they need...my sense is that the relationship is paramount and I think that the focus is on the client.*

T3 echoes this saying:

*If you offer the core conditions to a client...I think it's the basis for any rapport, for the trust, you know, they feel held, they feel cared for. You are probably the first person that they feel truly understands them you know.*

The therapists agree that the importance of the therapeutic relationship is not to be taken lightly, as it is this relationship that builds the core for the therapeutic development, as T3 says:

*I think the client cares and takes it seriously enough to come to you and I think that you should be there supporting and holding that client until a time that they are strong enough.*

It was pointed out that as important as empathy, congruency and unconditional positive regard are to the therapeutic relationship, T4 highlighted, “*it is something about presence and unconditional positive regard*”, yet there is another dynamic that is present. This is the energy in the room. T4 says, “*It is not so much the words, as energetically how you are in the room*”.

T4 highlighted this further saying:

*there is something I think about, energetically the client knows if you are to be trusted or not... energetically what's your energy, are you anxious, are you thinking ok my God, shit, they mentioned abuse, are you calm, are you containing, are you sort of unflappable, you know, are you warm, are you empathetic, it's all of those things but that's an energy*

The therapeutic relationship develops and is continually being challenged bringing about changes that may be difficult. T1 made an important observation and highlighted the

point that, “*yeah it can be quite frightening but again you need to be watching out, you need to be hearing what your clients are saying*”. T1 in talking of the therapeutic relationship highlighted both the clients’ presence and the therapists’ position saying:

*They [clients] do have the innate abilities to cope with difficult situations but again they need to be supported through that so the therapist really is the facilitator within that, you know, supporting them and guiding them*

T1 is putting the point forward of the importance and ability to create a trusting and supportive environment for the therapeutic relationship to develop, saying “*I think it is fostering the safety within the relationship*”.

T5 explains that the therapeutic relationship is a continuous unfolding and growing and has the observation that, “*...it is almost like watching a flower unfold*”.

#### **4.4 Trust and Confidentiality**

When asked about the trust and confidentiality in the therapeutic relationship, all the therapists acknowledged the upmost importance of these key elements to the therapeutic alliance.

T5 highlighted this saying:

*Well it is a trusting relationship. It is a relationship where the client’s best interest are held at heart...because if your client does not trust you, they certainly are not going to trust you to be on their side*

What also came across was importance of the trust and confidentiality for the client and how difficult this may be for the client who is unsure of what to expect from the therapeutic relationship.

T2 points this out saying:

*Because it is so difficult for them [clients] because I think it is that they might trust the relationship. They may even go so far as to trust the reporting. And that's all they can do with the therapist.*

T2 goes on to further say, “you're hoping that through empathy and being non-judgmental and all of that that they [clients] would get more confident in...in trusting you. A lot of it is about trust”.

In building the trust it was seen as important to work with the client at their pace. T3 says, “I would not force them to look at an issue...I think you can do more damage...it is an indication that they are not ready”. A further point was brought up around the client’s becoming comfortable within the relationship and the issues this may bring into the therapy.

This was highlighted by T1 saying:

*... I think sometimes clients become secure within the relationship and they almost forget that piece at the beginning, the contracted piece, because they are working with the therapist so long that they develop that relationship and they almost forget.*

The stage of the therapeutic relationship and to what degree it has being established was put forward as being critical in the ability to hold a client at a point where confidentiality may have to be addressed and a report made.

T4 highlighted this saying:

*if the relationship is established then I don't think it's a hindrance because if the client has stayed with you and there is an alliance there they then will*

*kind of trust you in terms of what you are saying and what you are trying to encourage them to do maybe in terms of reporting.*

Though it was a dominant factor throughout all the research interviews that clients were of utmost importance, as T1 says, “*I advocate for the client all of the time*”, there were exceptions to this that were covered in the client / therapist contract agreement, where confidentiality could be broken. These being that if the client were going to harm themselves or others.

T1 reflected this saying:

*with some clients you can actually work through that [reporting] with them ... in terms of trying to support them around it and maybe they will come to that realization themselves but a lot of the time what I have seen is that it does damage the relationship*

It was genuinely felt that it was difficult to attain that balance between trust and confidentiality, and wanting to look after your client, as T1 highlighted saying “*...it is one thing to protect your clients but again as professionals we can not collude with this*”.

In addressing the difficulties around trust and confidentiality in relation to disclosure was for some of the therapists unnerving, as they consider the affects on the relationship.

T4 pointed this anxiety out saying:

*... to understand that this is difficult and it is not going to be simple and there are repercussions if there is disclosure... so that you are understanding of all of that, but you are there to support them*

Within the trust and confidentiality it was generally agreed that this is core to the developing therapeutic relationship with the support and safety that this encompasses.



T3 reflected this saying, *“They are coming to you for support, so if you can not provide support for them, where are they going to go”*.

## **4.5 Mandatory Reporting – Impact**

### **4.5.1 The Therapeutic Alliance**

There was many different views and opinions voiced here as T1 says, *“There is a huge amount of confusion for people”*.

Concerns were voiced around mandatory reporting, with T5 saying, *“Well I would say it is absolutely...a hindrance...because our relationship is all about the client and what happens between us [therapist] and the client”*. T5 goes on to say, *“I do seriously think...the therapeutic relationship is damaged if you have to break the confidentiality”*.

T3 goes further saying, *“I think it just shuts the door...I think it could destroy it [relationship] ...I think it could be detrimental...with somebody who is that fragile that they are in therapy”*.

T3 reflecting on the mandatory reporting and the therapeutic alliance, says:

*I think because of that therapeutic piece, the mandatory reporting should understand that a therapist is qualified enough to know that it's not a good time now and that they can hold that information for a period until the abused is strong enough to report the abuse.*

T2 has concerns around this, saying *“Do we silence the client...Do I inform others about what is going on to protect the rest of society, or do I protect the client who is here in front of me”*. The fear and confusion of the implications of reporting were highlighted by T2, saying, *“It is scary from the perspective that there is an expectation of me to perform*

*this kind of requirement [reporting] and at the same time to be aware of the client and their needs". T4 highlighted the point of timing and how crucial this can be in the relationship, especially around reporting, saying, "If it [reporting] is brought in too early on when the alliance is not there and they really do not know you...then absolutely what they [clients] may do is bolt".*

T4 reflects of risk to the therapeutic alliance with reporting saying:

*...it is a risk that it will damage the thing [relationship] or alter the thing [relationship] because in some ways you have gone from the therapeutic relationship to something that had to step into the practical clinical reporting piece and then how do you go back into well let's talk about your childhood.*

T2 made the point that "some would say it [reporting] is a good thing because it shows you are helping the client...there is support". Another point came up around the piece of mandatory reporting having a protective piece outside the therapeutic relationship. This was given in an example with T1 saying:

*I suppose mandatory reporting it does have that protective element... I would know of people that have worked with clients for two years and then they having had to report it, has damaged the relationship with the therapists and the client, but it has protected children that were in a very vulnerable situation.*

T2 looking forward to the implications of mandatory reporting says:

*I am not sure how mandatory reporting will impact, but maybe over time, if it is out there in society and people understand...it is going to be opened, then I think it may work, but it's going to take a fair bit of time.*

#### **4.5.2 The Therapist**

In addressing the therapists' role and the implications of their understandings and actions taken, and the relevance of mandatory reporting and the way it may impact the therapist were important. T2 says, "*I suppose a lot of it is around for us therapists to know what we feel about it and how we are going to manage it*". In addressing the understanding T1 says, "*...you very much take your client as far as you know or what your knowledge is*", going on to say, "*...it is very much directed by your own organization and you have to follow the policies and procedures within your own organization*".

T1 brought this piece further saying:

*...you can ring the social work departments, they are very good, the senior social workers in the HSE and as long as you are not giving them any identifying details, you are asking them for advice just around reporting.*

T1 makes a further point saying, "*...if in doubt ...you need to report especially with the designated officer...they do not have to take it forward but at least it is on record*". T1 highlighted the point that it is our responsibility as therapists to educate ourselves in procedure to have a better understanding saying, "*...you can sit down with the social worker and ask them the next procedure... so... you can inform your client*".

T4 says, *“If I have learnt anything...it is then you need to call... to explore it with the social worker”*.

T5 has a view that appears to highlight a fear and anxiety of reporting saying, *“I have spoken to people who have said, you do not actually even go there in the first place with the client”*, going on to say *“you just warn them off and say, if you continue down this road we may be going into the confidentiality, breaching the confidentiality there”*.

T3 talks of the emotional well-being of the client saying:

*If I suspected it[disclosure] was there I would say to them, ‘listen I just want to work around this,’ the disclosure hold onto it, and try and work on their emotional well-being and get them stronger, because they need to come from a place of strength. If not they’d be crushed.*

T4 highlighted the therapists’ responsibility in being aware of the wider picture, even though it *“might rupture our relationship”*, going on to say, *“...it is that the therapist has to care for more than just the client...they also have to think about the estate and the kids in the estate”*.

T2 had a concern around an imbalance in the relationship saying, *“... is it the power...the therapist is in control...that should not be the case”*. T2 goes on to say, *“...as a therapist, I am kind of torn by the therapeutic relationship, being there for the client or for society in general”*.

### **4.5.3 The Client**

It was felt by the majority of participants, that the overall impact on the client of mandatory reporting would be a hindrance, leading possibly to one of withdrawal or

avoidance. T4 talking of the client highlighted this saying, *“the whole reluctance to deal with it at all...if it has not being reported...I would prefer not to talk about it at all”*.

Clients' being reluctant to disclose issues, as T4 gives an example of a clients' voice, saying, *“But I do not think that has any bearing, I do not think I need to discuss the abuse because I think I have dealt with that”*.

T1 agrees with the view that a client would feel uncomfortable with mandatory reporting saying:

*...from the perspective of the client I would say that they would find it as a hindrance very much... they are already coming in kind of feeling that nobody has ever listened to them or nobody can manage that, that it is so overwhelming that nobody can even sit with them in the room...*

T3 says, *“...they [clients] are often of the view that it is only them”*, going on to say *“...they [clients] will hold back for fear of it being reported”*. T5 echoed this anxiety of the client saying, *“If they had a doubt and a fear...that you might have to tell someone else... it would be a hindrance”*.

T2 put forward an opposing position saying, *“...the client that will come in maybe and want to disclose and needs to disclose and wants help to deal with it”*.

## **4.6 Structural Supports**

In posing a question around informing the client of the availability of prominent well established structural supports, once the mandatory report had being made, was generally frowned upon. T1 says, *“you can get all the knowledge from the social workers...ask them what the next stage is likely to be”*, but as T1 goes on further to say, *“No social*

*worker can tell you that that is definitely what is going to happen in every case because you do not know”.*

T3 highlighted that saying, “... *they bring out these things [mandatory reporting] and the supports are not in place...you [therapist] are the support*”. T3 goes on to say, “*I think the judiciary needs to change*”. T4 echoes these concerns saying, “*I think from a clients point of view I do not think they will necessarily feel that the social worker, HSE, Garda involvement...as structural supports*”. T5 agrees saying, “...*we would probably have to have a more effective social worker system...for the structural supports to really be visible and to be really effective*”. T2 reflects back on the past and what we can learn from this, saying, “...*there was an imbalance there...and the power struggle that goes on in that*”. T4 highlighted an important awareness saying, “...*look for as long as you are here in counseling we will provide as much support as we can, but we are not there with them with the Guards*”. T3 says, “*They [clients] generally would have a fear of social workers or a fear of the Garda...They have this fear with social work department like being the child snatchers*”.

# **CHAPTER 5.0**

## **DISCUSSION**

This chapter reviewed the results from the research interviews and ascertained what has emerged from this process. The findings were analysed in light of the literature review in order to present the relevant connections. The limitations of the research will be discussed with suggested recommendations for the future research.

### **5.1 Therapeutic Contract Agreement**

The participants in this research were all aware of the recent introduction of mandatory reporting. This was important as all the therapists agreed that the therapeutic contract agreement was paramount to the success of a trusting working relationship. In order to set out the conditions and obligations of the contract, the therapist has a responsibility to present this to the client in a clear and fully understanding manner. This coincides with Buckley et al (1997) and their views on the appropriateness of responsibilities of the contract agreement.

It was further put forward by a number of participants, that there was a certain amount of confusion that they felt would arise for the client. As it was human nature to focus on certain points that captured their attention, this in itself could be problematic in fully understanding the full implications of the contract agreement. It was felt that the therapist may need to go back to the contract a few times to ensure confidence in understanding for the client. Buckley et al (1997) pointed out that the contract is between the client and the therapist in setting out the agreement.

The language used along with the clarity and representation of what the therapeutic contract is all about sets the tone. One of the participants highlighted this point in reflecting on the relevance of mandatory reporting and disclosure as being part of the contract. Fisher and Oransky (2008), in talking of the contract agreement pointed out that, absolute clarity in respect of its meaning and representation for all parties concerned are of great importance.

It was suggested by one participant that both the client and therapist can be in a vulnerable position. It was felt that the importance of a fully understood and agreed contract agreement would serve to protect both parties. Without clarity for all parties around the contract agreement, there runs the risk of imbalance in the client and therapist relationship, (Anderson et al, 1993).

## **5.2 The Relationship and what it represents**

The participants in this research study were all working in different positions that required numerous skills. Some were working in professionally run companies and others were in private practice. All the participants emphasised the importance in the therapeutic relationship of the core concepts, of empathy, congruency and unconditional positive regard (Rogers, 2004).

One participant put forward the point that the therapist could possibly be the first person who actually does understand them. This highlighted even further the importance of the core conditions and what they represent in providing an environment for potential new growth and development (Bryant-Jefferies, 2003).



Further to this another participant had pointed out that it is the clients that have brought themselves to therapy. Therefore it is crucial that the therapist is present to support and hold the client throughout their journey (Hollin and Howells, 1991).

As the relationship and what it represented was explored further it became evident that as important as the core conditions were to the relationship, there was also a piece around the actual presence of the therapist. One participant had highlighted points around the presence of the therapist in terms of energy. Reflecting on the therapist as have the ability to remain calm, be present, be able to hold and contain the client, so not be over- reactive to what may possibly be disclosed. All these combining aspects of the therapist and the way they interact, are been seen as the therapists energy in the relationship. Buhari (2013) reflects this in pointing out the importance of the therapist themselves and their ability through awareness, to be in touch with their own feelings, emotions and body sensations. This in turn highlights the connection with themselves, with their own energy so to speak. Another participant points out that even though clients may indeed have an ability to cope with difficult situations, it is still crucial that the therapist has the ability to create feelings of safety in the therapeutic relationship. Containing the safety along with that of support will in turn represent within the therapeutic relationship, more confidence in exploration towards growth and development. It was pointed out that it is in truly hearing what the client is saying that will inevitably lead to more clarity. Buhari (2013) reflects this in highlighting the importance to the therapeutic relationship in setting up boundaries within the therapeutic space, which in turn give better clarity, structure and direction to the relationship.

### **5.3 Trust and Confidentiality in the Therapeutic Relationship**

All participants in this research study conveyed the importance of trust and confidentiality within the therapeutic relationship. Emphasizing the point that the relationship is trust, and without trust there is no relationship. Nolan (2012) makes the point that it is vital that trust is built so that the client does not feel betrayed. The participants all echoed that having the trust will encourage the client to engage in a more positive manner.

One participant goes on to point out that as the client learns to trust the relationship this may in turn lead the client to trust the reporting around disclosure. It is around this level of trust and confidentiality that the boundaries must be very clear around what actions will need to be taken. Failure to implement a true clarity and understanding could lead to a fundamental breakdown in valuable communication (Younggren and Harris 2008).

The trust is significant and was deemed to create more openness within the relationship, creating for both the therapist and the client a more integrated process. Though as one participant pointed out, it may arise that a client has being in therapy for a considerable amount of time, and may have forgotten the initial contracted agreement. The ability of the therapist to be able to address this with the client and reiterate the structure of the contract and the implications of certain behaviours and disclosures are important. Kremer and Gresten (1998) highlight the point that the ideal of having absolute confidentiality may be very appealing, however this would in reality impede on the therapists ability to truly carry out their full responsibilities, both for the client and society.

This beckons the question to be asked around the trust and confidentiality, and it representing such significance to the therapeutic relationship. To understand at what point

this trust and confidentiality has to be broken is of course laid out in the contract agreement, but in reality it is a continually developing piece in the relationship. This continuous development encompasses all the true qualities of the therapeutic relationship that are, safety, listening, understanding, empathy, congruency and unconditional positive regard. The combination of all these within the relationship help inform the client on numerous levels as to how the relationship is establishing. One participant in reflecting on reporting makes a point that if a therapeutic relationship and alliance are well established, then reporting may not be seen as a hindrance. The client already having being informed and having a complete understanding of when trust and confidentiality would need to be broken is key, but also knowing that the therapist is there to support them. Kalichman (1999) reflects this piece as the view is put forward that the therapists' action in reporting is in itself saying something to the client.

Though the point has been made that with some clients you are able to work through breaking the trust and confidentiality and the reporting element, with others this is not so easy. Kremer and Gresten (1998) reflect back to the past when disclosure was hidden. Secrets were kept within families and society according to values and beliefs of that era. As times changed and professional counselling and psychotherapy practices were established, these were seen as places that all could be revealed in complete trust and confidentiality. With new pressures and directions in society, and these impacting the therapeutic relationship, there became an obligation that required the breaking of trust and confidentiality in order to protect the client and others if danger or harm was imminent.

If therapists were to fear reporting and avoid doing so out of respecting the trust and confidentiality within the therapeutic relationship, is there an element of collusion going on, as one participant had pointed out. Is this possibly a reflection of, or resemblance of what went on in society of times past?

One participant put forward the view that in a lot of cases reporting would damage the relationship as the trust and confidentiality are broken. Another participant makes the point that it is going to be difficult, and there will be repercussions with disclosure.

Kremer and Gresten (1998) in reflecting on society's values and beliefs and what is being learnt and accepted as morally right or wrong, that though difficult there are cases that will require one to act out of protection and preservation for both client and society. This is challenging and will require the trust and confidentiality to be broken for what some may see as the greater good.

#### **5.4 The Possible Impacts of Mandatory Reporting**

Participants in this research study had many different opinions around the possible impacts of mandatory reporting on the therapeutic relationship. There was underlying tones of confusion and with three of the participants there were genuine feelings that mandatory reporting within a person centered relationship would definitely have a negative affect on the therapeutic relationship, to the point of destroying it. It may be that the client is in a vulnerable and fragile state. Rogers (2004) makes the point that the person centred therapist is working with the client, towards building a relationship.

One participant puts forward the point that in relation to mandatory reporting, that there should be an understanding that the therapist is professional enough to know when it is or

is not a good time to report, focusing on the clients strengths, ability and readiness to take that next step. Bunting et al (2010) makes the point that even with more awareness around sexual abuse, the barriers are still difficult to circumnavigate as professionals understandings puts them in a more educated position to weigh up the possibilities of making things better, against the possibilities of making things worse, for everyone concerned. Finlayson & Koocher (1991) put forward the view, that mandatory reporting is there to protect the therapist as well as the child and families. The point been portrayed that neither of these, including the therapist, have the understanding, knowledge or authority to carry out what will inevitably be a somewhat legal investigation. Once the report has been made and other professionals like social workers and Guards become involved, this all goes on outside the therapeutic space.

It was viewed by two of the participants as being very difficult to know what to do, as they weigh up what the client is bringing into the room, against how this may impact on others in society. Unsure of reporting to protect others, or is it best to protect the client and their needs. One participant highlighted the damage that could be caused if reporting is made too early on in the therapeutic alliance. Swoboda et al (1978) would reflect this as they would see the therapeutic relationship being so bound up within trust and confidentiality. This in turn may produce feelings within the therapist, that reporting is going to be more negative then positive, interfering in the therapeutic process.

Though it must also be pointed out that some participants put forward the view that reporting may actually be seen as a good thing, as it is seen that you are helping the client and with this there is a protective element. Kalichman & Brosig (1993) would reflect this making the point that reporting may actually be positive and a benefit towards the

therapeutic alliance, with the child now receiving the help and protection needed. It sets a presidency in place, to facilitate positive patterns of intervention for everyone involved, in order to help in the best possible way.

Mandatory reporting for the therapist is challenging, as there are mixed feelings around what is good and what is not. One participant highlighted the piece that for therapists it is about what they feel about mandatory reporting, and also how they will manage it.

Another participant highlighted the point that you can only take your client as far as your knowledge allows you. It is important as a therapist that one does not lose track of their responsibility. Buhari (2013) highlights the importance of boundaries in identity and responsibility and the danger of these becoming foggy at the risk of causing damage to the therapeutic relationship. Going on to make the point that as therapists we should 'care about' and not 'care for' the client.

In looking at our responsibilities as therapists, one participant highlighted the point that when working within an organisation there is direction within the policies and procedures that we must adhere to. If in doubt this participant made the point that you need to make the report to the designated officer or get in contact with the relevant social work departments to ask them for advice. Clarkson (2003) makes the point that the implications of mandatory reporting are truly significant and possibly devastating. All the same, as therapists there needs to be an informed understanding that there are others outside the therapeutic relationship that must also be taken into account for, as they are also part of the wider picture of the clients world. One participant put forward the view that the therapist has more to care for than just the client, there are others to consider too.

One participant highlighted that if they have learnt anything, it is that you need to make that call to explore the possibilities with a social worker.

Looking at the therapists' role in mandatory reporting, it was highlighted by one participant that it had been suggested by some in the profession that as a therapist you would warn off your clients around disclosure or the confidentiality would have to be broken. Another participant made the point that they may encourage the client to hold onto the disclosure for the moment, so they can work on the emotional well-being of the client. A further participant voiced concern around the possibility of mandatory reporting giving more power to the therapist. In reflecting on this Anderson et al (1993) makes the point that mandatory reporting in essence may be bringing to the therapeutic relationship a further imbalance. Further to this, Anderson et al (1993) put forward the view that it could possibly be used for all the wrong reasons, unethically, in a power play within a frustrating role of therapeutic circumstances.

It was generally felt by most of the participants that the client would initially see mandatory reporting as a hindrance. One participant giving clients possible reactions put forward the point that the client will avoid disclosing any abuse, dismissing it as something they have already dealt with, so there is no need to revisit. Another participant highlighted the point that the client would find mandatory reporting a real hindrance as they are coming from a place where no one listens to them, they can not trust anyone. Then they come to therapy build a relationship of trust only to be let down by someone they trusted. Kremer & Gresten (1998) make the point that the relationship between the client and therapist is a special one, and it may be that the client would come to the assumption and expectation of absolute confidentiality.

Though one participant highlighted that there may very well be a case where a client comes into therapy looking to use the therapeutic relationship as a way to help them in the reporting process. Kalichman (1999) suggests that the client does recognise that their disclosure has been heard and taken on in a professional way that it will be dealt with in the appropriate manner. This been reflected through the therapists actions and the client recognising that the therapist does care enough to act upon the disclosure.

## **5.5 The supports and what they represent.**

As part of the research study there was a question poised around the informing of a client of the support elements that may be place and what they represent to the client. One participant made the point that you can talk to the social workers and find out what the next step will be. But no social worker will be able to tell you what will definitely happen as every case is different. Another participant pointed out that legislation like mandatory reporting are brought in, but the supports are not in place. Further to this one participant made the point that they feel clients would not necessarily feel that the social workers and Guards are a structural support. Buckley et al (1997) through a social worker, makes the point that there needs to be an acknowledgement around the importance of needing an approach that will install support and structure in working towards a protection that is well defined as opposed to being reactionary.

One participant highlighted, in reflecting on the past history the imbalance of power and the repercussions this has had on society. Wyatt & Powell (1988) point out that within society there has been reluctance and resistance to critically examine disclosures from children and adult survivors of sexual abuse. Wyatt & Powell (1988) go on to point out



that these experiences have been dismissed as fantasy, as society has really struggled with there being any element of truth in these disclosures.

One participant highlighted that as therapists we can be there to support them within the therapeutic relationship, but we cannot be with them outside this. Another participant highlighted that clients generally would have a fear of social workers and Guards and what they represent to them. Hollin & Howells (1991) points out that it is crucial for the client in feeling that they can be themselves and within this to be supported throughout their experience.

## **5.6 Limitations**

The main limitation of this study was that most of the research was based on an international investigation, as mandatory reporting has just recently been implemented in Ireland, with the published Ferns report (Department of Health and Children, 2005). As such, each participant was interpreting the questions in the light of their own experience, view point and knowledge of the subject at the time of the interviews. This in turn led sometimes to quite emotive and reactive responses due to the hot topic that mandatory reporting has become.

Considering the newness of the subject, mandatory reporting is challenging Irish society, past values and beliefs, and rising to the surface previously hidden secrets. On this point another limitation to this research was the small sample used in gathering the findings. It was not the researcher's intention to generalise from the finding but mainly to explore a small professional sample and their view on what the therapeutic relationship represents and the impact of mandatory reporting.

## **5.7 Further Research**

This study found that due to the limited parameters of the research, there may well in time be areas of significant relevant interest to the therapeutic relationship and the impact of mandatory reporting that can be addressed. In time with the legal consequences that mandatory reporting will install into the responsibility of the therapist, it could be fascinating to look at the therapeutic relationship and what change if any has mandatory reporting has brought in. It may be interesting to address the therapist using mandatory reporting as a power play to control a relationship, certainly controversial, a study around the imbalance of power and how this impacts the therapeutic relationship to legal and ethical perspectives. It may also be worthwhile in time to address the generational gaps and society. Looking into values and beliefs that are unacceptable in today's society that were hidden in previous generations, and the impact of these findings on the therapeutic relationship. With this piece of research will mandatory reporting be more acceptable with further generational education around morals of good and bad, right and wrong. As interesting as these questions may be, time is needed before one can truly address these with confidence in order to attain a true outcome from the research.

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## Appendix 1

1. The person centered approach takes the point that the client knows best and will bring into the room what they are ready to address, when they are ready to address it!!

I was wondering based on the therapeutic relationship and on your experience, what insight this has brought about for you?

2. If a client has experienced a trauma in the context of a sexual abuse, and holds feelings of shame and guilt, accompanied by doubts and fears around the capability of the therapist in being able to work with them!

Would you determine mandatory reporting as being a help or a hindrance?

3. Looking to the past and society's reluctance and resistance to critically examine the traumatic disclosures around sexual abuse...

What would you determine the most critical essence that is crucial to developing a therapeutic alliance?

4. In looking at cases that require the therapist to act out of protection and preservation, taking into account how important trust and confidentiality are, perhaps there is room for mandatory reporting.

How in your experience would you see mandatory reporting playing its role?

5. What would you consider the implications of mandatory reporting on the therapeutic relationship as a whole?
6. Looking at mandatory reporting, could it perhaps be suggested that the therapist does care and is taking what has being said seriously enough that it must be acted on?
7. Looking at the importance of the client/therapist contract agreement, and having a full understanding around the limits of confidentiality and mandatory reporting, I wonder how this may be best approached so as to avoid any confusion?
8. What do you feel about those who say that mandatory reporting sends a distinct message to the client that structural supports will be made available for them?
9. Would you like to say anything else about the therapeutic relationship and the impact of mandatory reporting?



## Appendix 2

Dear xxxxxxxxxxxx,

I am a student who is currently studying at DBS School of Arts, Dublin, doing a BA in Counseling and Psychotherapy. I am in the process of writing a Thesis on:

***An exploration of what the therapeutic relationship represents, and the impact of  
Mandatory reporting***

Therefore I am looking for professional therapists/counselors to participate in a short interview lasting no more than 30 minutes. The interview will be recorded and transcribed. You can request a copy of this interview, once transcribed. This interview process will be completed face to face.

Please note that the information from the interview that you provide will be shared among my colleagues and with anyone who wishes to read this Thesis. However your personal information will remain anonymous and no one will be able to trace the information back to you. Your name will not be requested during the interview.

You can also freely withdraw from this research at anytime. All information provided will be stored securely under the Data Protection Act. Please sign below if you give consent for the interview to occur and we can arrange a time and date that suits you.

Thank you very much for your time. I really appreciate it.

Kind regards,

xxxxxxxxxx

Contact details

XXXXXXXXXXXXXXXXXX

Ph:- XXXXXXXXXXXXX

Email:- XXXXXXXXXXXXXXXXXXXXX

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I, \_\_\_\_\_, give permission for XXXXXXXX to use the relevant information in her/his research. I am aware that I can withdraw at anytime and that all information will be protected under the Data Protection Act. I am also aware that I will remain anonymous throughout this process.

Signed: \_\_\_\_\_