Advocating Rogerian Forensic Counseling

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From the initial stages of counseling and its evolution into a formal profession, helpers have moved from the role of advice-givers to academically trained and licensed individuals who have roots in the psychological, scientific and medical communities. They share life journeys and offer observations and insight to the client from empirically based research and methods guided by best practices. The profession, methods and practices have evolved slowly and not without growing pains. The vocation itself has developed providing for specialization, including the field of Forensic Counseling.

Forensic Counseling is relatively new to the therapeutic arena. As with any evolving effort, forensic treatment modalities had humble beginnings in Abstinence, Relapse-Prevention and Containment. Each of these modalities has brought varying influences on the therapeutic endeavor including the client-counselor relationship, effectivity of treatment and recidivism.

The forensic client, typically mandated to services includes those persons who have committed felonious crimes including sex offenses. Because of the nature of their behavior, a great social stigma exists and the forensic client lives under the dark cloud of it. Although constrained by a code of ethics, the clinical agent may find himself or herself caught up in societal emotional vigor supportive of these attitudes. "Griffin and West (2006) contend, however, that as a group, sex offenders are treated as "outcasts" of many communities, "stigmatized and exiled" by law enforcement personnel, the media, other offenders, and mental health professionals." (Interviewing and Change Strategies for Helpers 6th ed, Cormier, Nurius, Osborn-P.22)

When we parallel client profiles, one clear distinction is obvious. The forensic client, unlike conventional others, has been convicted of committing a crime involving a vulnerable and often helpless victim. In the case of sex offenses, that victim can typically be a child. A natural counselor response toward that client could include countertransference in the form of antagonistic or adversarial emotions and behavior. "It is important for counselors to discover factors that influence their perception of sex offenders (Kaplan, 1984; Ray, McKinney, & Ford, 1987), because their perceptions may cause them to view sex offenders as criminals needing punishment instead of clients needing counseling." (Nelson, Meredith; Herlihy, Barbara et al-2002) In addition, the client may not see the need for counseling or be outright resistant to it. As counselor, to engage the counseling relationship on that emotional level is counterproductive. "It is imperative that counselors, if they are to provide services effectively to sex offenders, explore their own biases about counseling this population." (Nelson, Meredith; Herlihy, Barbara et al-2002)

What are the alternatives? Many practitioners have posited theories and approaches to counseling. Each makes a contribution to the whole and each in its own way has value. One set of techniques that are foundational to counseling as a whole and have also demonstrated great positive effect on Forensic Counseling in particular: the core belief that Carl Rogers places on the Person Centered approach.

Rogers held three essential points: 1.) The therapist is congruent with the client. Congruence is also genuineness. 2.) The therapist provides the client with unconditional positive regard. Concerning unconditional positive regard, Rogers believed that for [people to grow and fulfill their potential it is important that they are valued as themselves. 3.) The therapist shows empathic understanding to the client. Empathy is the basic human ability to understand what the other is feeling.

Although certain treatment perspectives and modalities within the forensic field have proved effective, Risk Need Responsivity (Andrews and Bonta -2007) and Good Lives Model (Tony Ward-2002) to name two, any successful effort must begin with a healthy therapeutic alliance. The paradox is that many, if not all counselors, will attest that they are warm, empathic, encouraging, engaging and non-directive toward the client. This is simply not true.

Humans have a "6th sense" (in a manner of speaking) and heightened emotional awareness when the "other" is disingenuous. "Professional helpers themselves may not be able to muster the unconditional positive regard needed to provide helpful care to these individuals. As persons committed to genuine authentic practice, we really cannot fake empathy or only pretend to really care about our clients' well-being." (Interviewing and Change Strategies for Helpers 6th ed, Cormier, Nurius,Osborn-P.22) Falling short in any of Rogers' three core beliefs can surely contribute to a less than optimal treatment experience and outcomes.

In no way should these observations be construed as an endorsement of violative behaviors. Conversely, in no way should client violative behaviors negate their expectation that the counselor be "universal, instill hope, altruistic and cathartic" (Yalom 1995). "Marshall et al (1999) quoting research from Schaap, Bennun, Chindler & Hoogduin, (1993) writes; "Clients do best in treatment when they feel supported and are comfortable discussing personal problems without feeling attacked, and they do better when they perceive the therapist as sympathetic, warm, understanding, empathic and confident" (Ringrose-unpublished). As a treatment provider, can being less than genuine, not offering unconditional positive regard and not having empathy… even for the client who has committed egregious acts…be helpful?

Although much documentation exists validating the effectiveness of Rogers' Humanistic perspective and core beliefs, there are some concepts that transcend scientific scrutiny and empirical validation. Sometimes (and this is one of those times) a concept boils down to common sense.