

Therapist Support, Professional Growth, and the Therapeutic Relationship in Mandated Counselling in Singapore: A Qualitative Study

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Abstract

This qualitative study explores therapists' experiences of providing mandated counselling within the Singapore court-referral system, with a focus on therapist support, professional growth, and the centrality of the therapeutic relationship. Drawing upon in-depth interviews with 22 therapists, five overarching themes emerged: (i) therapists' perceptions of mandated clients, (ii) managing dual-role conflicts, (iii) sustaining therapeutic relationships during breaches and resistance, (iv) integrative psychotherapeutic interventions, and (v) professional support and growth. Verbatim accounts highlighted the role of empathy, unconditional positive regard, humour, and collaborative goal-setting in transforming resistance into therapeutic opportunity. Findings also reveal how supervision, reflective practice, and continuous training are crucial for therapists' resilience and mental growth. This paper argues that mandated counselling, while complex, can serve as a profoundly positive and transformative process—for both clients and therapists—when relationships are nurtured and supports are embedded.

Keywords

Mandated Counselling, Therapeutic Relationship, Therapist Support, Professional Growth, Qualitative Research, Singapore

1. Introduction

The therapeutic relationship has long been described as the central curative factor in psychotherapy (Bachelor & Horvath, 1999). Across diverse modalities and populations, research consistently highlights that the quality of the alliance between therapist and client is one of the strongest predictors of therapeutic outcomes

(Ardito & Rabellino, 2011). While techniques and theoretical orientations matter, the relational bond—built through empathy, trust, and collaborative engagement—often determines whether clients remain in therapy, engage deeply with interventions, and achieve meaningful change (Horvath et al., 2011). In mandated counselling contexts, however, establishing this relationship is uniquely complex. Clients do not voluntarily seek therapy but are required by court orders or legal mandates to attend, often experiencing feelings of coercion, shame, or resentment (Haley, 1992; Rooney & Mirick, 2018). The challenge for therapists lies in cultivating a safe and constructive environment despite these initial barriers.

Mandated counselling refers to psychotherapeutic engagement that arises from legal or judicial referral rather than voluntary client choice. In Singapore, such counselling occurs under the purview of the Family Justice Courts, Youth Courts, and State Courts (Loi & Chin, 2021). It includes spousal counselling in cases of family violence, youth counselling for risky behaviours under the Family Guidance Order, parental counselling when parents struggle to manage their child's conduct, and offender counselling as part of diversionary or rehabilitative measures (MSFD, 2021). These interventions share common objectives: reducing harm to self and others, promoting safety in families, enhancing parental capacity, and decreasing recidivism among offenders (Campbell, 2007; Fonagy, 2015).

In Singapore, mandated counselling is embedded within a broader ecosystem of social, legal, and community supports. Unlike purely punitive approaches, the Singapore model reflects a rehabilitative ethos that prioritises family stability, youth development, and community reintegration (MSFD, 2021). Mandated counselling orders are not designed in isolation; they are supported by a network of agencies including the Family Justice Courts, Ministry of Social and Family Development (2021), and voluntary welfare organisations that provide therapeutic services (Loi & Chin, 2021).

This multi-agency collaboration provides a supportive environment for both clients and therapists. For clients, it ensures that mandated sessions are framed not only as legal compliance but as opportunities to receive structured help, parenting support, or marital mediation (Ponnampalam et al., 2025). For therapists, the presence of supervision frameworks, professional training opportunities, and cross-agency collaborations allows them to practise with confidence, knowing that they are part of a system designed to prioritise growth and safety (Singh et al., 2020).

In a multicultural society such as Singapore, this supportive context also extends to cultural sensitivity. Court orders are often accompanied by community outreach and family-based interventions that respect ethnic and religious diversity (Bolton & Ng, 2014). Therapists reported drawing on these systemic supports to contextualise their work, recognising that mandated counselling is not a standalone act but part of a larger safety net that affirms families, youth, and offenders as capable of positive change (Ponnampalam et al., 2025).

Mandated counselling thus serves a dual social function. On the one hand, it is protective, seeking to safeguard families and communities. On the other hand, it

is developmental, creating opportunities for individual and relational growth even in contexts of coercion (Loi & Chin, 2021). For therapists, however, the process is layered with ethical and relational complexities. Unlike voluntary counselling, where the therapist's primary role is to support the client's self-directed goals, mandated counselling requires therapists to balance care with enforcement. (Trotter, 1997). They must simultaneously uphold therapeutic principles of empathy and confidentiality while meeting legal obligations to report breaches, monitor risks, and provide formal updates to the courts (Hachtel, Vogel, & Huber, 2019). This dual role can strain the therapeutic relationship, as clients may view the therapist as an agent of authority rather than an ally in personal change (Merkt, 2020).

Despite these challenges, research suggests that mandated counselling can be effective and even transformative when therapists succeed in building a robust therapeutic alliance (Seaward et al., 2021). Rogers' (1957) person-centered principles—congruence, empathy, and unconditional positive regard—remain central. When therapists demonstrate authenticity and acceptance, clients begin to feel respected and valued despite the external coercion of attending therapy (Kirschenbaum & Jourdan, 2005). This relational climate fosters reflection, reduces defensiveness, and opens space for constructive change (Mearns & Cooper, 2005).

Moreover, mandated counselling offers unique opportunities for growth. Resistance, often seen as a barrier, can become a therapeutic entry point (Seaward et al., 2021). Clients who initially present with anger or denial may, through empathetic engagement, come to recognise underlying vulnerabilities and consider new perspectives (Arkowitz, 2002). Similarly, breaches of counselling orders—while legally framed as failures—can be reframed therapeutically as opportunities for repair, accountability, and renewed commitment to safety. In this way, mandated counselling holds potential not only for compliance but for deeper personal transformation. (Mills et al., 2019).

Much of the literature on mandated counselling has focused on clients' perspectives, examining how coercion affects engagement, motivation, and outcomes (Taft, 2001; Aviram et al., 2016). Far less attention has been given to therapists themselves, even though their perceptions, strategies, and supports profoundly shape the counselling process (Fletcher-Tomenius & Vossler, 2009; Linder, 2022). The demands of mandated counselling place therapists in situations of heightened ethical tension, emotional labour, and role conflict (Slonim-Nevo, 1996; Wheeler & Bertram, 2012). Without adequate support, therapists may experience burnout, depersonalisation, or vicarious trauma (Acker, 2003; Steed, 2001).

Yet, therapists' accounts also reveal the possibilities of growth. Supervision, reflective practice, and peer collaboration offer spaces for therapists to process dilemmas, refine clinical judgement, and sustain congruence in their practice (Ben-net, 2008; Hawkins & Shohet, 1989). Many therapists describe mandated counselling as a learning journey—one that deepens their empathy, strengthens their integrative practice, and challenges them to balance compassion with accountability (Ponnampalam et al., 2025). Their resilience and adaptability highlight the

importance of professional support structures in ensuring both therapist well-being and client progress (Tragantzopoulou et al., 2024).

Another strength of mandated counselling in Singapore lies in therapists' flexible, integrative use of interventions. Interviews reveal that practitioners rarely rely on a single modality but combine approaches such as Person-Centered Therapy, Cognitive Behavioural Therapy (CBT), systemic and family therapy, psychodynamic exploration, and strengths-based techniques (Norcross & Goldfried, 2005). This integration allows therapists to respond to diverse client needs—addressing individual triggers, family dynamics, cultural contexts, and motivational stages (Hofmann et al., 2015).

In Singapore's multicultural society, therapists are also mindful of cultural and religious differences that shape coping styles, expressions of distress, and receptivity to interventions (Fong, 2021). Cultural sensitivity enhances therapeutic alliance and ensures interventions remain respectful and relevant. For instance, family hierarchies and intergenerational expectations may influence resistance, necessitating systemic approaches that extend beyond the individual client to engage parents, spouses, or extended family members (Gold & Morris, 2003).

Framing mandated counselling positively does not mean ignoring its challenges. Instead, it acknowledges that alongside coercion lies the potential for relational repair, empowerment, and growth (Jong & Berg, 2001). For clients, the therapeutic relationship can become a safe space to process shame, rebuild self-esteem, and develop constructive coping strategies (Podolan & Gelo, 2024). For therapists, mandated counselling can be a site of professional and personal development, fostering resilience, creativity, and ethical awareness (Hatcher et al., 2015).

This study contributes to this reframing by foregrounding therapists' voices in Singapore. Through qualitative interviews with 22 practitioners, it captures their strategies for managing resistance, sustaining therapeutic relationships, and balancing dual roles (Lim et al., 2022). Most importantly, it highlights how therapist support—through supervision, training, and reflective practice—is not peripheral but central to therapeutic effectiveness. By examining mandated counselling through this lens, the study underscores the possibility of mandated spaces becoming sites of hope, safety, and transformation (Ponnampalam et al., 2025).

2. Research Aims

This paper therefore seeks to:

- 1) Explore therapists' perceptions of mandated clients and the challenges of resistance and role conflict.
- 2) Examine strategies used to maintain therapeutic relationships during breaches and ruptures.
- 3) Identify integrative interventions employed to foster engagement and mental growth.
- 4) Highlight the role of supervision, peer support, and reflective practice in sustaining therapists' professional development.

In doing so, the study contributes to both practice and scholarship. It affirms the centrality of the therapeutic relationship in mandated counselling, reframes resistance as opportunity, and underscores the importance of supporting therapists themselves. Ultimately, it argues that mandated counselling, far from being merely punitive, can be a relational and developmental process in which both clients and therapists grow (Jong & Berg, 2001).

3. Method

3.1. Research Design

This study adopted a qualitative, exploratory design, which was deemed most appropriate given the aim of capturing the lived experiences of therapists working in mandated counselling contexts. Qualitative inquiry allows for an in-depth exploration of complex relational and ethical phenomena that may not be fully captured through quantitative methods (Charmaz, 2008). The use of semi-structured interviews enabled participants to reflect freely on their perceptions and strategies, while also ensuring consistency in coverage of the core research questions.

Thematic analysis was selected as the analytic framework, following the reflexive approach described by Braun and Clarke (2006). Thematic analysis was particularly well-suited because of its flexibility in identifying patterns across diverse narratives while still preserving the uniqueness of individual accounts. This approach allowed the researcher to remain close to the data, capturing therapists' verbatim expressions of their experiences, while also abstracting broader themes relevant to practice and scholarship.

3.2. Participants

A total of 22 therapists were recruited from across Singapore's social service sector. All participants had prior experience providing counselling to clients mandated by the courts under different referral systems, including spousal-ordered counselling, parent- and youth-ordered counselling, and in one case, criminal offender counselling.

Participants represented a range of professional backgrounds, including counselling, psychology, and psychotherapy, and met the inclusion criterion of being at least 21 years old with experience in court-mandated cases. The diversity of participants allowed for a rich range of perspectives, from practitioners with only one year of experience to those with over 20 years in the field.

Demographically, participants reflected the multicultural profile of Singapore. Fourteen identified as Chinese, six as Indian, and two as Malay. Thirteen participants had primarily worked with spousal-ordered clients, while nine were engaged in parent and youth-ordered cases. One therapist reported working with both spousal and offender-related cases, highlighting the overlap of practice contexts within the mandated system.

This purposive sample ensured that the voices included were representative of frontline practitioners directly involved in mandated counselling work (Table 1).

Table 1. Demographic Information of participants.

Participant	Gender	Age Range	Ethnicity	Mandated Case Type	Years of Experience	Interview Length (minutes)
1	F	50 - 59	Indian	Spousal-ordered	10	57
2	F	60 - 69	Indian	Spousal/Offender	>20	65
3	F	30 - 39	Indian	Spousal-ordered	8	21
4	F	30 - 39	Malay	Spousal-ordered	3	37
5	F	30 - 39	Chinese	Parent/Youth	3	37
6	M	30 - 39	Chinese	Parent/Youth	2	60
7	F	30 - 39	Chinese	Spousal-ordered	1	27
8	F	30 - 39	Chinese	Parent/Youth	1	48
9	F	30 - 39	Chinese	Spousal-ordered	8	36
10	M	50 - 60	Indian	Spousal-ordered	>20	54
11	M	60 - 69	Chinese	Spousal-ordered	10	60
12	F	30 - 39	Indian	Parent/Youth	4	34
13	F	30 - 39	Chinese	Spousal-ordered	5	38
14	M	40 - 49	Chinese	Spousal/Parent	10	45
15	F	30 - 39	Chinese	Parent/Youth	2	40
16	F	30 - 39	Chinese	Parent/Youth	8	41
17	F	50 - 59	Indian	Spousal-ordered	9	37
18	M	50 - 59	Chinese	Spousal-ordered	7	42
19	M	40 - 49	Chinese	Spousal-ordered	10	44
20	M	30 - 39	Chinese	Parent/Youth	1	70
21	F	30 - 39	Chinese	Spousal-ordered	12	50
22	F	30 - 39	Malay	Parent/Youth	5	37

Data were collected over a six-week period between February and March 2023. Given the demands of participants' professional schedules, a combination of face-to-face and Zoom interviews was employed. This hybrid approach not only enhanced participation rates but also reflected contemporary practices in qualitative research following the COVID-19 pandemic (Oliffe et al., 2021).

Each interview followed a semi-structured guide, covering areas such as therapists' perceptions of mandated clients, experiences managing dual roles, strategies to sustain therapeutic relationships, interventions applied, and professional support systems. The format allowed participants to elaborate freely, share personal reflections, and provide illustrative examples, while ensuring comparability across interviews.

Interviews lasted between 30 and 90 minutes, depending on the depth of participants' responses. All sessions were audio-recorded with consent and later transcribed verbatim. To protect confidentiality, identifying details were removed from

transcripts, and data were stored securely in password-protected files accessible only to the researcher.

3.3. Data Analysis

Data were analysed using inductive thematic analysis (Braun & Clarke, 2006), guided by the six phases outlined by Nowell et al. (2017). This process began with repeated reading and re-listening to transcripts for familiarisation, followed by systematic coding of meaningful units of text. Codes were then collated into potential themes, which were reviewed, refined, and clearly defined before final reporting.

To ensure rigour, the analysis was iterative and reflexive, with the researcher maintaining an audit trail of decisions made during coding and theme development. Both high-frequency themes (common across many participants) and low-frequency but conceptually rich insights were retained, recognising that minority perspectives can yield valuable insights into complex phenomena (Sandelowski, 2009).

Trustworthiness of the findings was enhanced through strategies of credibility (staying close to participants' words), dependability (maintaining coding consistency), and confirmability (peer debriefing during supervision). While the small sample size limits generalisability, the rich, nuanced accounts generated provide valuable insights into the lived experiences of therapists within Singapore's mandated counselling system.

4. Findings

Theme 1: Therapists' Perceptions of Mandated Clients

A consistent theme across interviews was the way therapists perceived clients referred under court-mandated counselling. Unlike voluntary clients who enter therapy with intrinsic motivation, mandated clients often begin from a place of resistance, ambivalence, or even hostility (Hachtel et al., 2019). However, therapists did not view this negatively; instead, they reframed it as a natural response to the coercive circumstances and as a starting point for therapeutic work (Moyers & Rollnick, 2002).

Most therapists described mandated clients as experiencing a complex mix of emotions—shame, blame, helplessness, and betrayal. One participant reflected:

“Clients are resistant due to reasons such as shame, power of the legal system and feel that they are the victims.”

Another elaborated that resistance often masks deeper struggles with life stressors:

“Clients have feelings of helplessness and being overwhelmed with juggling too many things, including work, family life, divorce, co-parenting issues.”

These perspectives illustrate that therapists interpreted resistance not as obstinacy but as a protective reaction to loss of control and autonomy (Taft, 2001; Aviram et al., 2016). In fact, 72% of participants observed that resistance was bound

up with feelings of being blamed and disempowered, particularly when family members had initiated the court order.

Importantly, therapists recognised that many clients were unaware of their own lack of agency in the process, or confused about the therapist's dual role as both carer and enforcer:

"We only say I'm your supervision officer. I think maybe there's a lack of awareness that we are the therapist, and also managing their curfews. One role might sometimes overshadow the other, especially when the case is very high risk."

This confusion could understandably undermine trust. Yet therapists regarded such misperceptions as opportunities for psychoeducation and alliance-building (Barca et al., 2020). By addressing misunderstandings gently and modelling empathy, they could gradually reframe therapy as a supportive process rather than simply a legal obligation.

The positive re-orientation of resistance was captured by one participant:

"I think most of the time clients don't understand why they are mandated, and it touches on their self-esteem and unclear of the purpose of counselling. An exertion of legal systems involved affecting the way clients see things and they will be very defensive...affecting their willingness to come for session willingly. But once they feel understood, the resistance softens."

Taken together, these insights suggest that therapists in mandated contexts adopt a strengths-based lens, seeing resistance as meaningful communication (Ponnampalam et al., 2025). Rather than pathologising reluctance, they recognise it as an entry point for empathy, pacing, and alliance-building. This positive perception aligns with Rogerian principles of unconditional positive regard, which allow clients to feel validated even when they resist (Rogers, 1957; Mearns & Cooper, 2005).

Theme 2: Therapist Support and Professional Growth

Alongside their perceptions of clients, therapists spoke at length about the importance of their own support systems and professional growth. Mandated counselling is demanding, requiring practitioners to balance empathy with enforcement, often in emotionally charged situations. Without adequate support, therapists risk burnout, vicarious trauma, or ethical fatigue (Acker, 2003; Steed, 2001).

Encouragingly, every participant emphasised supervision as central to sustaining their effectiveness and well-being. Supervision was not described only as a formal requirement, but as a safe and restorative space:

"Corridor supervision also helps. If you feel like you can just go to your supervisor and talk about things, emotionally...it refines our thoughts about the client and helps us see the beauty of the human in the client."

Weekly and monthly structured supervision was valued for guidance on complex cases, while ad-hoc check-ins allowed for immediate emotional support after challenging sessions. As one therapist noted:

"Weekly supervision. Because you need to change intervention quite fast. So, you need to adapt to the family and adapt to the changes."

Peer support also emerged as a crucial buffer. Several participants highlighted the encouragement of colleagues:

“I have wonderful colleagues and supportive supervisors to give me space to bounce off ideas and talk about things.”

Beyond supervision, many therapists underscored the importance of **ongoing training** and **specialised education** in integrative psychotherapy, family work, and crisis intervention (Reichelt et al., 2015). Nearly half expressed that continuous upgrading of knowledge and skills was vital:

“Existing practitioners [need] to continuously upgrade knowledge and skills in understanding clientele and upcoming trends. It could be updating their software where they are picking up new skills and approaches to better respond to the mandated clients.”

Some therapists described how **personal therapy** enriched their professional practice, helping them manage transference and reflect on how their own emotions shaped their interactions (Hatcher et al., 2015).

“Sometimes I talk about my case with my personal therapist... I understand what I am feeling influences my questioning and how I phrase my questions. So, I reflect on how I can ask questions in a more respectful manner.”

Others stressed the role of **self-reflection and self-learning**, drawing inspiration from books, workshops, and their own triggers:

“Prepare yourself for the client through self-reflection.”

“I went through Victor Frankl’s Man’s Search for Meaning to find meaning and purpose in our role as therapists.”

Taken together, these accounts paint a positive picture of therapist growth as an ongoing journey of supervision, reflection, peer collaboration, and training. Rather than seeing mandated counselling as draining, many practitioners framed it as an arena that stretched their skills, deepened their empathy, and cultivated resilience (Hatcher et al., 2015).

This perspective echoes scholarship emphasising that therapist support is not merely remedial but generative: it enables therapists to maintain congruence, expand their clinical repertoire, and remain emotionally attuned to clients (Hawkins & Shohet, 1989; Knox, 2021). Ultimately, the findings affirm that therapist well-being is inseparable from client outcomes; when therapists feel supported, they are more able to create growth-oriented therapeutic relationships (Chui & Hill, 2018).

5. Discussion

This study set out to explore the experiences of therapists working in Singapore’s mandated counselling system, with a particular focus on how they perceive clients and how they themselves are supported in their professional roles (Sim, 2010). Two themes in particular illuminate the complexities and opportunities of this work: therapists’ perceptions of mandated clients (Theme 1) and the importance of therapist support and professional growth (Theme 2). The findings of this study

align with the view that Singapore's mandated counselling system provides a uniquely supportive environment for both clients and therapists (Gunasekaran et al., 2022). Therapists acknowledged that while clients often entered counselling resistant and defensive, the broader ecosystem of services surrounding mandated orders helped to create conditions for eventual engagement (OpenAI, 2023). Unlike systems in some jurisdictions where mandated counselling is delivered in isolation, Singapore's approach embeds therapy within a network of legal, social, and community supports. This integration allows therapists to frame court orders not as punitive measures but as gateways to constructive help (Loi & Chin, 2021).

Participants also highlighted how institutional supports—such as structured supervision, ongoing training, and peer collaboration—sustained their resilience and professional growth (Tragantzopoulou et al., 2024). The fact that many agencies normalised regular “corridor supervision” and ad-hoc debriefings reflects an organisational culture that values therapist well-being. This supportive infrastructure affirms earlier scholarship emphasising that therapist support systems directly impact therapeutic outcomes (Knox, 2021; Hawkins & Shohet, 1989).

Equally important is the cultural embeddedness of Singapore's mandated counselling environment. Therapists emphasised that being able to draw on culturally responsive practices, such as involving extended families or acknowledging religious values, was facilitated by the broader ecosystem of community-based agencies. This reinforced their capacity to sustain positive therapeutic alliances even in challenging cases (Roy et al., 2017).

Taken together, these findings suggest that Singapore's mandated counselling environment operates not merely as an enforcement mechanism but as a therapeutic ecosystem. By embedding counselling within systemic supports and valuing therapist growth, the environment enables mandated counselling to become more than compliance: it becomes a developmental, relational, and supportive process where both clients and therapists can flourish.

5.1. Perceptions of Mandated Clients

Therapists described mandated clients as entering counselling with resistance, often fuelled by shame, helplessness, and a sense of being coerced by the legal system. Participants noted that clients frequently felt like “victims” of judicial processes, burdened with family stressors and unclear about the purpose of therapy. While such perceptions could easily be viewed as barriers, therapists consistently reframed resistance as meaningful communication and an entry point for engagement.

This finding resonates with research that positions resistance not as defiance but as a protective mechanism (Arkowitz, 2002). For many clients, reluctance to engage reflects the need to preserve autonomy in contexts where freedom feels constrained (Rooney & Mirick, 2018). Therapists in this study recognised these dynamics, choosing to respond with empathy rather than confrontation. By seeing resistance as a natural response to coercion, therapists maintained a strengths-

based perspective that allowed trust to develop over time (Dutta, 2024).

One participant captured this approach when reflecting: “*Clients are resistant due to reasons such as shame, power of the legal system and feel that they are the victims.*” Rather than interpreting this defensiveness as obstructive, therapists saw it as a reflection of clients’ lived reality, one that required validation and careful pacing. This mirrors Rogers’ (1957) principle of unconditional positive regard, suggesting that even in mandated contexts, an empathic and accepting stance can soften resistance and open space for therapeutic exploration (Amadi, 2013).

Another dimension was clients’ confusion about therapists’ dual roles as both supportive counsellors and enforcers of legal orders. While such role conflict can undermine trust (Hachtel, Vogel, & Huber, 2019), participants in this study framed transparency as a tool for building credibility. Explaining the legal boundaries of therapy did not necessarily weaken the alliance; in fact, it fostered respect by eliminating ambiguity. This aligns with forensic literature indicating that clarity of role enhances rather than diminishes therapeutic engagement (Wheeler & Bertram, 2012).

In sum, first theme highlights the resilience and adaptability of therapists, who interpret client resistance not as failure but as an opportunity for connection. Their capacity to remain empathetic in the face of defensiveness underscores the transformative potential of mandated counselling when reframed as a relational process (Seaward et al., 2021).

5.2. Therapist Support and Professional Growth

The second theme revealed that therapist support systems are not ancillary but foundational to effective practice. Participants emphasised that mandated counselling, while rewarding, is emotionally taxing and ethically demanding (Duncan & Pond, 2024). Supervision, peer collaboration, and personal reflection were described as indispensable in sustaining both professional effectiveness and personal well-being (McEwen et al., 2025).

One participant noted: “*Corridor supervision also helps. If you feel like you can just go to your supervisor and talk about things, emotionally... it refines our thoughts about the client and helps us see the beauty of the human in the client.*” This highlights supervision not merely as a technical exercise but as a relational and restorative practice. Literature supports this interpretation, showing that reflective supervision enhances empathy, prevents burnout, and strengthens the therapist’s ability to remain congruent (Hawkins & Shohet, 1989; Knox, 2021).

Beyond supervision, participants valued continuous professional development. They stressed the need for ongoing training in integrative approaches and culturally relevant practices (Gómez, 2020). Such emphasis reflects the dynamic nature of mandated counselling, where therapists must adapt interventions to complex family systems, high-risk situations, and diverse cultural contexts (Norcross & Goldfried, 2005). Personal therapy was also cited as a significant resource, enabling therapists to explore countertransference and refine their self-awareness.

These findings reinforce the view that therapist growth is a lifelong process, interwoven with clinical practice and self-reflection (Rønnestad & Skovholt, 2003).

Importantly, Theme 2 underscores the reciprocal relationship between therapist well-being and client outcomes. When therapists feel supported, they are better positioned to provide empathic, flexible, and attuned care (Posluns & Gall, 2019). This echoes the growing recognition in counselling psychology that therapist resilience is not only a personal asset but a professional responsibility (Bennett, 2008; Acker, 2003).

6. Conclusion

Taken together, Themes 1 and 2 illuminate both sides of the therapeutic encounter in mandated counselling. On one side are clients, often resistant and defensive, shaped by coercion and shame (Merkt et al., 2021). On the other are therapists, striving to maintain empathy and build trust while simultaneously navigating the dual roles of support and enforcement. The bridge between these two positions lies in the therapeutic relationship—a space where resistance can be reframed as opportunity, and where empathy and unconditional positive regard can catalyse change (Sue et al., 2009).

Equally, the study demonstrates that the sustainability of such work depends on robust therapist support systems. Supervision, peer collaboration, personal therapy, and continuous professional learning were all described as vital resources that nurture resilience and mental growth (Vivolo et al., 2022). Far from being passive recipients of support, therapists in this study actively engaged in reflective practices that deepened their understanding of themselves and their clients (Hatcher et al., 2015).

The implications are clear: mandated counselling can be profoundly positive when both clients' resistance and therapists' needs are addressed with compassion and clarity. Supporting therapists is not a secondary concern but a prerequisite for sustaining therapeutic effectiveness. Ultimately, this study reframes mandated counselling not merely as a compliance-driven intervention, but as a transformative process in which both clients and therapists can experience growth.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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