

# The Double Role Dilemma: A Conceptual Analysis of Therapist Strategies in Mandated Counselling

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## Abstract

Mandated counseling, also known as court-ordered therapy or coerced treatment, presents a significant challenge for mental health professionals who must navigate the double role dilemma—balancing their responsibilities as therapists and legal enforcers. Unlike voluntary counseling, mandated therapy requires individuals to engage in treatment under judicial orders, often leading to client resistance, ethical dilemmas, and therapist burnout. This review examines the complexities of therapist-client relationships in mandated settings, emphasizing the impact of confidentiality constraints, trust issues, and legal obligations on therapeutic outcomes. The review synthesizes literature on engagement strategies such as motivational interviewing (MI), cognitive-behavioural therapy (CBT), and trauma-informed care, which have proven effective in reducing client defensiveness and fostering compliance. Furthermore, it explores jurisdictional differences in mandated counseling frameworks across the developed countries, providing insights into the effectiveness of rehabilitative versus punitive approaches. Additionally, this paper highlights the impact of mandated counseling on therapist well-being, examining how emotional strain, ethical conflicts, and role ambiguity contribute to burnout and professional dissatisfaction. Recommendations include supervision, professional development, and policy adaptations to enhance the effectiveness of mandated interventions. By addressing key ethical, psychological, and systemic challenges, this review contributes to ongoing discussions on best practices for mandated counseling, aiming to balance legal compliance with ethical therapeutic care.

## Keywords

Mandated Counseling, Court-Ordered Therapy, Double Role Dilemma, Client Resistance, Therapist Burnout, Ethical Dilemmas, Confidentiality,

## 1. Introduction

Mandated counseling, often referred to as court-ordered or coerced treatment, presents unique challenges for therapists who must balance their dual roles as both caregivers and enforcers of legal and ethical obligations (Cohen et al., 2015). This “double role dilemma” arises when therapists must foster a therapeutic alliance while ensuring compliance with legal mandates (Robertson & Walter, 2008). Unlike voluntary counseling, where clients can seek therapy at their own pace and engage freely in the therapeutic process, mandated counseling is characterized by external authority imposing treatment upon individuals, potentially impacting their willingness to participate fully (Sue et al., 2009). Power dynamics in such settings often lead to increased client resistance, affecting therapeutic progress and requiring therapists to adopt specialized strategies to achieve positive outcomes (Boyd, 1996; Sue et al., 2007).

Clients who seek counselling generally fall into two categories: voluntary and involuntary. By its very nature, counselling is an interactive and collaborative process between a therapist and a client, with the primary goal of enhancing psychological well-being (Mulyana et al., 2024). In voluntary counselling, individuals independently seek therapeutic support to address personal concerns, allowing them to set their own pace and establish goals within a trusted and supportive therapeutic relationship (Kim, 2010; Sarfaraz, 2019). Conversely, mandated counselling involves legally required clients to attend therapy under judicial orders. Such interventions are known by various terms, including “coerced treatment”, “court-mandated treatment”, or “involuntary treatment” (Gilbert & Sheiman, 1995; Kiracofe & Buller, 2009).

A fundamental distinction between voluntary and mandated counselling lies in the therapist’s role and responsibilities. In voluntary counselling, therapists focus exclusively on the client’s well-being, facilitating self-exploration and personal growth without external obligations. However, in mandated counselling, therapists assume a dual function: providing therapeutic intervention while simultaneously acting as an agent of the legal system. This requires therapists to fulfil legal reporting duties, document client progress, assess risks, and report breaches to the court in cases of non-compliance. The requirement to serve both as a supporter and an enforcer creates an ethical challenge, as therapists must carefully navigate trust, confidentiality, and professional integrity issues (Koocher, 2003; Merkt et al., 2021).

The legal framework for mandated counselling varies across different jurisdictions. In many developed countries, mandated counselling is a rehabilitative measure to reduce recidivism, protect vulnerable individuals, and facilitate behavioural

change (Asa, 2021). For instance, in the United States, court-ordered counselling is standard in cases involving substance abuse, domestic violence, and juvenile delinquency, with offenders required to participate in treatment as part of sentencing or probation conditions (Dill & Wells-Parker, 2006; Hachtel et al., 2019; Tomaz et al., 2023). Similarly, in the United Kingdom, mandated therapy is integrated into correctional rehabilitation programs to address underlying psychological and behavioural issues (Asa, 2021). In Singapore, court-mandated counselling is administered through specialized courts, including the Family Justice Courts and the Youth Court, to address family violence, parental concerns regarding youth behaviour, and rehabilitation for first-time offenders (Loi & Chin, 2021; Keng Yeow, 2018).

One of the significant concerns associated with mandated counselling is client resistance. Research indicates that involuntary clients are more likely to exhibit defensive attitudes, hostility, and reluctance to engage in therapy compared to voluntary clients (Hachtel et al., 2019; Honea-Boles & Griffin, 2001). This resistance often stems from the perception that therapy is punitive rather than supportive, leading clients to view therapists with scepticism or as extensions of the judicial system (Kastrup, 2008). Furthermore, in cases involving domestic violence or youth delinquency, clients may deny responsibility for their actions, further complicating the therapeutic process (Brodsky & Lichtenstein, 1999; Lin & Cheung, 1999). To address such resistance, therapists must employ specialized techniques, such as motivational interviewing and collaborative goal-setting, to enhance engagement and foster a sense of autonomy in clients (Kastrup, 2008).

Beyond client resistance, therapists in mandated settings face professional and ethical challenges. The dual role conflict, where therapists must balance empathy and enforcement, can create emotional strain and ethical dilemmas. Confidentiality agreements bind therapists but must also disclose critical information to legal authorities when required, creating potential breaches in trust with clients (Gopalkrishnan, 2018; Rubin, 1997). Research suggests that this ethical tension can contribute to therapist burnout, emotional exhaustion, and professional dissatisfaction (Durocher & Kinsella, 2021). Therefore, therapists must receive adequate supervision, peer support, and professional training to navigate these challenges effectively.

Given the complexities of mandated counselling, various strategies have been developed to ensure therapeutic effectiveness while upholding legal obligations. Empathy, unconditional positive regard, and active listening remain foundational principles for maintaining the therapeutic alliance (Sass et al., 2021). Additionally, structured interventions such as cognitive-behavioural therapy (CBT), trauma-informed care, and systemic therapy have been identified as practical approaches for addressing client resistance and promoting behavioural change (Macneil et al., 2009; Yaman, 2021). Furthermore, involving family members in the therapeutic process, particularly in cases of youth delinquency and family violence, has been shown to enhance client accountability and long-term rehabilitation outcomes

(Robbins et al., 2011).

This narrative review aims to synthesize existing literature on the double role dilemma faced by therapists in mandated counselling settings across developed countries. It seeks to identify key challenges and explore evidence-based strategies employed to maintain ethical and practical therapeutic practice (Muhammed & Imam, 2020). By analysing current research and best practices, this review contributes to the ongoing discourse on how therapists can effectively manage the complexities of mandated counselling while safeguarding client well-being and professional integrity. The findings of this review will also provide valuable insights for policymakers, mental health practitioners, and judicial authorities to enhance the effectiveness of court-mandated interventions.

In conclusion, mandated counselling remains critical to rehabilitative efforts in legal systems worldwide. However, the ethical tensions and professional challenges it presents necessitate ongoing research and the development of refined therapeutic strategies (Rosenbaum et al., 2003; Shearer, 2000). By addressing client resistance, implementing structured interventions, and supporting therapists through supervision and professional development, it is possible to optimize the impact of mandated counselling and promote meaningful behavioural change among clients. As this field evolves, further empirical research is needed to explore innovative approaches that balance legal compliance with ethical counselling practices, ensuring that mandated counselling achieves its intended rehabilitative objectives.

### 1.1. Purpose of the Conceptual Analysis

Mandated counselling, also known as court-ordered or coerced treatment, presents a unique challenge for therapists who must balance their dual roles as both caregivers and enforcers of legal and ethical obligations. This “double role dilemma” arises from the tension between fostering a therapeutic alliance while ensuring compliance with legal mandates. Unlike voluntary counselling, mandated therapy introduces external authority into the therapeutic process, which can impact client willingness, engagement, and treatment outcomes. This narrative review aims to synthesize existing literature on the ethical, practical, and professional challenges faced by therapists in mandated counselling settings across developed countries (Robbins et al., 2011). Specifically, it explores the nature of the therapist’s dual role, client resistance and engagement strategies, and therapist burnout and coping mechanisms. Additionally, the review examines various theoretical frameworks and intervention strategies, such as cognitive-behavioural therapy (CBT), motivational interviewing (MI), trauma-informed care, and systemic therapy, which have been employed to enhance client engagement and compliance (Durocher & Kinsella, 2021).

Furthermore, this review provides insights into how mandated counselling policies vary across jurisdictions and their implications for therapist practice. The findings aim to contribute to a deeper understanding of how therapists can navigate the complexities of mandated counselling while maintaining professional in-

tegrity and safeguarding client well-being. By examining best practices and challenges in the field, this review offers recommendations for policymakers, mental health practitioners, and judicial authorities to enhance the effectiveness of court-mandated interventions.

## **1.2. Search Methodology**

This review adopts a narrative synthesis approach to explore the literature on mandated counselling, focusing on the challenges and strategies associated with the therapist's dual role. A broad search of academic databases, including PubMed, PsycINFO, Scopus, Google Scholar, and Web of Science, was conducted to identify relevant peer-reviewed journal articles, books, and review papers. The literature search was conducted using a combination of keywords and Boolean operators, including: "Mandated counselling" OR "court-ordered therapy" OR "coerced treatment" OR "Therapist dual role" OR "ethical dilemmas in therapy" OR "confidentiality in mandated counselling" OR "Client resistance in therapy" OR "engagement strategies for involuntary clients" OR "Cognitive-behavioural therapy (CBT) in mandated counselling" OR "Therapist burnout in court-mandated settings" OR "mental health of therapists in legal interventions".

### **1.2.1. Inclusion Criteria**

Studies published in peer-reviewed journals from 2000 onward, unless foundational theories required earlier references. Research focusing on therapist experiences, ethical dilemmas, and intervention strategies in mandated counselling. Empirical studies, systematic reviews, and theoretical papers examining client resistance, therapist coping mechanisms, and treatment effectiveness. Studies conducted in developed countries (e.g. the United States, United Kingdom, Canada, Australia, and Singapore) provide a comparative analysis of mandated counselling frameworks.

### **1.2.2. Exclusion Criteria**

Studies focusing solely on voluntary counselling without reference to mandated settings. Research that did not address therapist perspectives, ethical considerations, or client engagement strategies. Studies related to general forensic psychology without a direct connection to mandated counselling. By applying these criteria, this review aims to highlight key themes, identify research gaps, and propose best practices for therapists working within the constraints of mandated counselling. This exploratory approach ensures a comprehensive understanding of how therapists navigate the double role dilemma while balancing legal compliance with ethical therapeutic practice.

## **2. Theoretical Frameworks for Mandated Counselling**

### **2.1. Person-Centered Therapy**

Person-centered therapy (PCT), developed by Carl Rogers, is built on the principles of empathy, congruence, and unconditional positive regard. This therapeutic

approach emphasizes the importance of creating a supportive and nonjudgmental environment to facilitate client growth and self-exploration (Meany et al., 1951). In mandated counselling, where clients may feel coerced into therapy, PCT principles help foster trust and encourage voluntary participation. Therapists can mitigate resistance and enhance engagement by demonstrating genuine empathy and providing a safe therapeutic space (Tudor & Worrall, 2006).

## **2.2. Cognitive-Behavioural Therapy (CBT) for Resistance Management**

Cognitive-behavioural therapy (CBT) is widely used in mandated counselling settings to address resistance and promote behavioural change. CBT-based psychoeducation helps clients identify negative thought patterns, reframe maladaptive beliefs, and develop coping strategies. Given that mandated clients often experience resentment and defensiveness, CBT techniques such as cognitive restructuring and behavioural activation play a critical role in enhancing motivation and compliance. Research indicates that CBT is particularly effective in reducing recidivism among individuals undergoing court-mandated interventions (Attiah, 2023; Ellis, 1997).

## **2.3. Good Lives Model (GLM) for Criminal Rehabilitation**

The good lives model (GLM) is a strengths-based approach to offender rehabilitation that focuses on enhancing well-being rather than solely addressing deficits. GLM posits that individuals engage in harmful behaviours due to unmet psychological needs and that rehabilitation should prioritize positive goal-setting and skill-building (Fong & Tripathi, 2021). In mandated counselling, GLM encourages clients to develop prosocial strategies to fulfil their needs, fostering long-term behavioural change and reducing the likelihood of reoffending (Barnao, 2013; Kiracofe & Buller, 2009; Purvis et al., 2011).

## **2.4. Family Systems Theory**

Family systems theory (FST) highlights the interconnectedness of family dynamics and individual behaviour. In mandated counselling cases involving youth offenders or family violence, FST provides a framework for understanding how family relationships influence behavioural patterns. Therapists using FST interventions work with clients and their families to improve communication, set healthy boundaries, and address dysfunctional relational patterns. This approach is particularly effective in youth counselling, where parental involvement plays a crucial role in rehabilitation (Alexander, 2023; Robbins et al., 2011).

## **2.5. Psychodynamic Theory**

Psychodynamic theory, rooted in the work of Sigmund Freud, emphasizes unconscious processes, defense mechanisms, and early life experiences in shaping behaviour (Freud, 1915). In mandated counseling, psychodynamic approaches can

be valuable in understanding client resistance, emotional distress, and relational patterns with authority figures. Clients may unconsciously project feelings of resentment or distrust onto therapists, viewing them as extensions of the legal system rather than sources of support (Lemma, 2016).

Therapists using a psychodynamic approach can explore transference and countertransference dynamics to enhance therapeutic engagement. By addressing unconscious conflicts and defense mechanisms, such as denial and projection, therapists can help clients develop insight into their behaviors and motivations (Batesman & Fonagy, 2019). While mandated clients may initially resist introspective exploration, integrating psychodynamic techniques with motivational interviewing or cognitive-behavioral strategies can foster deeper self-awareness and long-term behavioral change (Gabbard, 2020).

By integrating these theoretical frameworks, therapists can navigate the complexities of mandated counselling while enhancing client engagement, ethical practice, and treatment outcomes.

### 3. Ethical Dilemmas in Mandated Counselling

#### 3.1. Dual-Role Conflict

One of the most significant ethical dilemmas in mandated counselling is the dual-role conflict, where therapists must balance their responsibilities as caregivers and enforcers of legal mandates (Kiracofe & Buller, 2009). While therapeutic practice is traditionally built on principles of trust and client autonomy, the legal requirement to monitor compliance and report non-compliance places therapists in a difficult position. This role conflict can impact the therapeutic alliance, as clients may view the therapist as an extension of the judicial system rather than a source of support. To navigate this dilemma, therapists must clearly communicate their dual responsibilities from the outset, ensuring that clients understand the scope and limitations of confidentiality (Younggren & Harris, 2008).

#### 3.2. Client Autonomy vs. Coercion

A fundamental principle of ethical therapy is voluntary participation, where clients have the right to seek or decline treatment. However, in mandated counselling, this principle is compromised as clients are legally required to attend therapy (Talib, 2010). This raises the ethical question: Does mandated counselling violate the principle of voluntary consent? Critics argue that coerced treatment undermines autonomy and may lead to superficial compliance rather than genuine behavioural change. To address this, therapists can employ motivational interviewing techniques to foster intrinsic motivation, helping clients see the personal benefits of therapy beyond legal compliance (Hachtel et al., 2019).

#### 3.3. Confidentiality Challenges

Confidentiality is a cornerstone of ethical therapy, ensuring that clients feel safe to disclose personal information without fear of legal repercussions. However, in

mandated counselling, therapists are often required to report non-compliance, potential harm to self or others, and progress updates to legal authorities (Lestari et al., 2020). This creates a tension between maintaining client trust and fulfilling legal obligations. Ethical guidelines suggest that therapists should clearly outline confidentiality limits at the start of therapy, ensuring that clients understand what information may be disclosed and under what circumstances (Appelbaum, 2002).

### **3.4. Ethical Guidelines in Developed Countries**

Ethical frameworks in developed countries guide the management of the complexities of mandated counselling. For example, the American Psychological Association (APA) emphasizes the need for informed consent and transparency in therapist-client relationships. British Association for Counselling and Psychotherapy (BACP): Advises therapists to balance duty of care with respect for client autonomy. Australian Psychological Society (APS) encourages ethical decision-making models when facing dilemmas in mandated treatment. By adhering to these ethical guidelines, therapists can navigate the challenges of mandated counselling while upholding professional integrity and ensuring that client well-being remains the central focus of therapy (Sass et al., 2021).

## **4. Client Resistance and Engagement Strategies**

### **4.1. Why Clients Resist Mandated Counselling?**

Resistance in mandated counselling is common and can stem from several factors. One major reason is the perceived loss of autonomy (Gold, 2008). Clients who are required to attend counselling may feel that their freedom of choice has been stripped away, leading to resentment and a reluctance to engage in the therapeutic process. This resistance is particularly prominent in cases where clients do not acknowledge the need for counselling, such as individuals convicted of domestic violence or substance abuse offenses (Yaman, 2021). Another critical factor is the perception of counselling as punishment. Many mandated clients do not view therapy as an opportunity for self-improvement but rather as a punitive measure imposed by the court system. This perception can create hostility toward the therapist and the therapeutic process, making engagement more difficult (Lestari et al., 2020).

Additionally, some clients exhibit denial and minimization of responsibility. In cases involving criminal behaviour or domestic violence, clients may refuse to accept responsibility for their actions, believing that they have been unfairly targeted. Such denial can significantly impede the progress of therapy, as genuine behavioural change requires acknowledgment of problematic behaviour (Levenson, 2010).

### **4.2. How Therapists Manage Resistance?**

To effectively manage resistance, therapists employ various engagement strategies. Motivational interviewing (MI) has been shown to enhance client coopera-

tion in mandated settings (Tomar et al., 2016). MI is a client-centered approach that encourages individuals to explore their own motivations for change, rather than feeling coerced into therapy. By using open-ended questions, reflective listening, and affirmations, therapists can help clients identify personal reasons to engage in treatment (Wang et al., 2024). Building rapport is another essential strategy. Research suggests that active listening, self-disclosure, and the use of humor can help reduce resistance and foster a more collaborative therapeutic relationship. When clients feel heard and understood, they are more likely to engage in the process (Spencer et al., 2019).

Therapists may also employ behavioural techniques, such as goal setting and skills training, to help clients experience tangible benefits from counselling. This can shift the client's perception of therapy from a punitive measure to a valuable resource for personal growth and skill development. Finally, collaborative goal-setting aligns client motivation with legal requirements. By involving clients in defining their own therapeutic objectives, therapists can increase their sense of ownership over the process, making them more willing to participate actively in counselling sessions (Dyer & Vriend, 1977; Kiselnikova et al., 2019; Willer & Miller, 1976). Through these strategies, therapists can navigate resistance effectively, fostering engagement even in clients who initially approach mandated counselling with reluctance.

## 5. Impact of Mandated Counselling on Recidivism and Family Well-Being

### 5.1. Effectiveness of Mandated Counselling in Reducing Recidivism

A critical objective of mandated counselling is to prevent reoffending, particularly among individuals involved in criminal or high-risk behaviours. Research has shown that structured counselling interventions can significantly reduce recidivism by addressing underlying psychological, behavioural, and social factors that contribute to criminality (Harding, 2001). By engaging clients in therapeutic interventions, mandated counselling aims to develop coping mechanisms, enhance self-regulation, and foster behavioural accountability.

However, the effectiveness of mandated counselling in reducing recidivism depends on various factors, including the quality of therapeutic engagement, client motivation, and the appropriateness of intervention strategies. Studies indicate that individuals who actively participate in therapy, particularly those who develop intrinsic motivation for change, demonstrate lower rates of reoffending (McMurrin & Ward, 2010). On the other hand, those who remain resistant or view counselling as a punitive requirement may exhibit higher dropout rates and limited behavioural change. Additionally, research suggests that mandated counselling programs that incorporate cognitive-behavioural approaches and motivational interviewing techniques tend to yield better outcomes in reducing recidivism (Tomar et al., 2016). These interventions help clients identify negative thought patterns, develop prosocial behaviours, and enhance decision-making skills, ultimately re-

ducing their likelihood of reoffending.

### **5.2. Family Violence Cases: Impact of the Duluth Model and Structured Interventions in Singapore**

Mandated counselling plays a crucial role in addressing family violence, particularly in cases involving intimate partner violence (IPV) and domestic abuse. One widely implemented approach is the Duluth Model (Shepard et al., 2000), which focuses on addressing power and control dynamics in abusive relationships. The Duluth Model incorporates group interventions, psychoeducation, and behavioural accountability to encourage non-violent relationships and promote attitudinal shifts among perpetrators of domestic violence (Harding, 2001).

In Singapore, structured interventions have been developed to address family violence through court-mandated counselling. Programs under the Ministry of Social and Family Development (MSF) provide counselling services aimed at rehabilitating offenders and ensuring victim safety. Such interventions include structured psychoeducational sessions that help perpetrators recognize abusive behaviours, develop empathy, and learn healthier conflict resolution strategies. Research suggests that individuals who complete such programs demonstrate reduced recidivism in family violence cases, particularly when interventions involve structured follow-ups and community support mechanisms (MSF, 2021). However, challenges remain, particularly in engaging resistant clients who minimize their abusive behaviours or view mandated counselling as unjustified. To enhance effectiveness, family violence interventions must be tailored to individual risk levels and include culturally sensitive approaches that align with clients' social backgrounds (Mulyana et al., 2024).

### **5.3. Youth Interventions: Impact of Family Guidance Orders (FGO) in Reducing Risky Behaviours**

For at-risk youth, mandated counselling through Family Guidance Orders (FGO) serves as a preventive measure against escalating behavioural issues. The FGO is a legal order that allows parents to request mandatory counselling for youth under the age of 16 who exhibit delinquent or high-risk behaviours. The goal of FGO interventions is to address underlying family conflicts, improve parenting strategies, and prevent youth from engaging in criminal activities.

Research indicates that youth who receive counselling under FGO programs demonstrate improvements in emotional regulation, social skills, and school engagement (Shepard et al., 2000). These interventions often incorporate family therapy components, ensuring that both parents and children work collaboratively toward behavioural change. However, the success of FGO programs depends on consistent parental involvement and a supportive therapeutic environment that fosters trust and cooperation. One of the key challenges in FGO interventions is the stigma associated with mandated counselling, which may cause youth to resist participation. To address this, therapists employ strengths-based approaches that emphasize empowerment and goal-setting, helping youth view counselling as an

opportunity for personal growth rather than a punitive measure.

#### **5.4. Youth Level Service (YLS) Risk Assessment in Behavioural Intervention Planning**

To enhance the effectiveness of youth interventions, structured risk assessment tools such as the youth level service (YLS) assessment have been integrated into mandated counselling programs. The YLS assessment evaluates various risk factors, including family environment, peer influence, substance use, and prior delinquency, to tailor intervention strategies according to individual risk profiles (Li et al., 2023).

By using evidence-based risk assessments, therapists can implement targeted interventions that address the specific needs of at-risk youth. For instance, youth who exhibit high impulsivity and aggression may benefit from cognitive-behavioural techniques, while those struggling with academic disengagement may receive structured support to improve educational outcomes. Research has shown that personalized interventions based on YLS assessments contribute to lower recidivism rates among youth offenders (Hoge, 2001). However, challenges exist in ensuring the consistency and accuracy of risk assessments, particularly in diverse socio-cultural contexts. Therapists must undergo specialized training to effectively interpret YLS scores and apply intervention strategies that align with the unique needs of each youth client (Shepard et al., 2000).

### **6. Therapist Burnout and Support Needs**

#### **6.1. Challenges Faced by Mandated Counsellors**

Therapists working in mandated counselling settings face significant challenges that can lead to burnout, emotional exhaustion, and professional dissatisfaction. One of the primary concerns is emotional exhaustion and depersonalization, where therapists experience chronic stress due to the dual role of supporting clients while also enforcing legal mandates (Kastrup, 2008). The pressure of managing resistant clients, dealing with emotionally intense sessions, and fulfilling legal obligations often contributes to professional fatigue (Yaman, 2021).

Another key challenge is the difficulty in maintaining neutrality in court-mandated settings (Hachtel et al., 2019). Unlike voluntary counselling, where therapists can focus solely on client well-being, mandated counselling requires therapists to balance therapeutic engagement with legal compliance. This dual function can lead to ethical dilemmas, where therapists must make difficult decisions regarding reporting non-compliance or breaches of court orders. Such challenges may compromise the therapeutic alliance and impact the effectiveness of the intervention (Spencer et al., 2019).

#### **6.2. Role of Supervision in Preventing Burnout**

Supervision plays a crucial role in mitigating burnout and ensuring that therapists can navigate the complexities of mandated counselling effectively. Reflective su-

pervision and self-care strategies allow therapists to process their experiences, receive feedback, and develop coping mechanisms to handle workplace stress (Muhammed & Imam, 2020). By engaging in reflective supervision, therapists can gain insights into their professional challenges, reduce emotional strain, and enhance their ability to manage dual-role conflicts (Kastrup, 2008).

### 6.3. Training Needs for Therapists in Mandated Counselling

Given the complexities of working with court-mandated clients, ongoing professional development is essential for therapists. Training programs should focus on developing skills in managing client resistance, ethical decision-making, and trauma-informed care. Additionally, therapists should receive specialized training in motivational interviewing, risk assessment tools, and cultural competency, as these skills enhance engagement and effectiveness in mandated counselling settings (Sue et al., 2009).

By addressing the support needs of therapists through structured supervision, professional training, and self-care strategies, the field of mandated counselling can improve therapist retention, reduce burnout, and ultimately foster more effective interventions for mandated clients (Sass et al., 2021).

## 7. Conclusion and Future Research Directions

Despite the growing body of research on mandated counselling, there is a need for longitudinal studies that assess its long-term effectiveness. Current research primarily focuses on short-term outcomes, making it difficult to determine whether mandated counselling has a sustained impact on reducing recidivism, improving family dynamics, or enhancing client well-being. Long-term studies would help policymakers and practitioners refine intervention strategies to maximize therapeutic effectiveness. Another important research area involves comparative studies between voluntary and mandated counselling. Understanding the differences in client engagement, therapeutic progress, and long-term behavioural change between these two groups can provide valuable insights into how mandated counselling programs should be structured (Robbins et al., 2011). If significant differences exist, adaptations in therapeutic approaches may be necessary to improve engagement and outcomes for mandated clients. Mandated counselling is often used as a diversionary measure in place of incarceration or other punitive actions. However, alternative models, such as restorative justice programs, may offer a more rehabilitative approach for certain offenses. Future research should explore whether restorative justice interventions, which focus on offender accountability, victim reconciliation, and community involvement, are more effective than traditional mandated counselling in reducing recidivism and promoting behavioural change.

Mandated counselling remains a critical component of rehabilitation and intervention strategies in legal systems worldwide. However, the double role dilemma faced by therapists, ethical challenges, and client resistance highlights the complex-

ities of working within these settings. While research demonstrates the effectiveness of mandated counselling in reducing recidivism and improving family well-being, there is still a need for ongoing evaluation and adaptation of therapeutic approaches (Muhammed & Imam, 2020). This review emphasizes the importance of balancing therapeutic goals with legal mandates to ensure that mandated counselling remains both ethical and effective. Future research should explore longitudinal impacts, alternative intervention models, and cross-cultural comparisons to enhance the effectiveness of mandated counselling programs. Additionally, the well-being of therapists must be prioritized through structured supervision, specialized training, and support systems to mitigate burnout and improve professional satisfaction. By addressing these challenges and refining mandated counselling frameworks, mental health professionals, policymakers, and researchers can work collaboratively to ensure that court-mandated interventions lead to meaningful behavioural change, rehabilitation, and long-term well-being for clients and their families.

### Conflicts of Interest

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

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